



ECHOVANTAGE RELEASE NOTES

VERSION 2.32

NEW FEATURES

Eligibility 270/271

EchoVantage now supports eligibility verification using the Batch Eligibility Request (270) and Eligibility Response (271) method.

Configuration

- Under Configuration>Services/Payers>Payers>Eligibility, enter the values needed to create a 270 file that will be accepted by your payer. These values can be found in the Companion Guides published by the payer.
- Grant access to the Eligibility screen in Configuration>User Groups>Menu Options to all appropriate groups.

Creating 270 Files

- Access the Eligibility screen and click the '+' sign button in the lower right.
- Enter the Episode Status.
- Enter one or more Payers for whom a 270 file is to be generated.
- Enter the Eligibility date range that is to be verified.
 - A request will be created for every client who has this Episode Status, with Episode Dates that include the Start and End Date.
 - A request is sent whether the client has the current Payer(s) or not.
- Go to the Downloads tab. A Password must be created before a .zip file containing the 270 file can be downloaded.
- Send the file to your Payer(s) and await the 271 response.
- All Requests are logged on the Eligibility screen (table: ClientEligibilities) with a 'Pending' Status. Only the most recent request by Client + Payer are displayed.

Importing a 271 File

- From the bottom-right of the Eligibility screen, hover to select the orange Import 271 button.
- Browse to select a valid 271 file.
- Select the Payer associated with this 271 file.
- During the import, the TRN*2 value is matched with the ClientEligibilities.id270 value, as it was sent in the 270. Records that do not match are ignored.
- After the import completes, refresh the page to see results.

Reviewing Eligibility Response and Details

- The Eligibility screen may be filtered to display Accepted and Rejected records.
 - Rejected indicates that the client is not eligible. A Reason displays. Click the Information button to see the Action recommended by the payer.
 - Accepted indicates that the client is eligible. Click the row to see further Eligibility Details.
- Eligibility Details include other information pertaining to the client's eligibility.
 - In the top-left, see the client's current payers as on file in EchoVantage. Click Manage to access this client's Client Payer screen.
 - If Eligibility Details pertain to different Service Types, click the Service Types button to see the list.

Future Functionality

Future enhancements are planned for an upcoming release. These include:

- The ability to find differences in Client information between what a Payer has on file vs. what is in EchoVantage.
- The ability to automatically add or update Client Payers when a client is eligible but does not have an active Client Payer record.
- The ability to automatically end-date existing Client Payers if the Client is no longer eligible.



CCD Export

CCD Exports may be done on a One Time or scheduled on a Recurring basis.

- Grant access to the CCD Export screen in Configuration>Staff/Users>User Groups>Menu Options to all appropriate groups.
- From the CCD Export screen, pick a One Time export or configure a Recurring export by clicking on the '+' button in the lower-right corner.
- When a CCD is exported, it is available in the Downloads tab. A Password is required to download.
- CCD Exports display on the Client's timeline.

CCD Import

To allow users to import CCD files from other organizations, set permissions by user group in Configuration>Staff/Users>Permissions>Access. Users must log out and log back in to receive access.

- A CCD file may be imported for a selected Client by clicking CCD Import button by the Search bar.
- Once uploaded, the CCD information may be reviewed.
- The imported CCD displays on the client's Timeline.

Rules Engine

- A Rules Engine to support Clinical Decisions has been added under Configuration>Clinical Decisions>Rules
- Rules may be based on Demographics, Diagnoses, Medications, Allergies, Lab Results, and Vital Signs.
- Multiple Categories can be used for each Rule.
- Once a Category is selected, one or multiple Conditions regarding that Category may be selected.
- The Rule can be saved with a Name and Description for future reference.

Clinical Decision Support and Educational Resources

Under Configuration>Clinical Decisions>Resources, a Resource may be tied to a rule.

- A Resource may be labeled as a Clinical Decision Support or Education Resource.
- One or multiple Rules may be identified.
- The Content can include information or a link to a Web site.
- Resources appear to users in the user groups identified in Configuration>Staff/Users>Permissions>Resources. Permissions are given on each individual Resource.

Time Zone

- A Time Zone for your Organization may be configured under Configuration>Setup>Organizations.
- Only the Default Organization may have a Time Zone configured, and that Time Zone affects all Organizations in the database.
- Select the check box if Daylight Savings Time is observed in your area.
- Currently, the CCD uses the configured Time Zone. Other functionality will use this in the future, and it may be used in reporting.

Episode Status Defined List

Episode Status is now based on a Defined List as set up in Configuration>Setup>Defined Lists. If your Timeline is currently depicting a client's Episode and Status, that depiction will now appear incorrectly. To accurately depict Episode Status, you may use the following SQL as the Label:

```
'Status: ' + ISNULL(CAST((select distinct es.Description from episodestatus es where id = episodes.Status) as varchar), '') + ' | ' +  
'Start Date: ' + ISNULL(CONVERT(varchar, StartDate, 107), '')
```

Service Definitions Procedure/Encounter

Service Definitions may be identified as Procedures or Encounters under Configuration>Services/Payers>Service Definitions by selecting the "Use for Reporting" check box. A Coding System may also be selected.



UPDATES

Ticket #	Description
6046	A unique constraint was added to the DrFirstSyncHistory table
5981	The most recent ICD-10 codes were added.
5985	The Unsigned Medications Alert was modified so that the configured Alert days are compared to the Medication End Date in order to trigger the alert.
5898	The quality of the branding images has been improved in Reports.
6098	The Medications form now closes after data has been synched.
5993	Unsupported Labs data in PID 18 is now "passed-through" to Results
5931	DrFirst Medications data is now continuously updated based on the polling frequency, rather than only being updated when the Medications form is open.
	All Reports have been updated with a consistent style and have been reviewed and updated for data accuracy. Reports can now be saved and exported to Excel.

BUG FIXES

Ticket #	Description
6130	Direct Fee Services were not skipping over a primary payer, if the primary payer was not billable. Now non-billable payers are skipped if another payer is billable.
6002	Files larger than 2MB could now be uploaded in Client Documents.
5909	Birth Date is now validated in Staff Profile
5862	Drop-downs with long descriptions now wrap to make the values more readable.
5429	Client Profile Birth Date can now be edited without causing an error.
6090	Recipient list in the Messages pane will now drop-down so as not to be hidden by the Client List pane.