



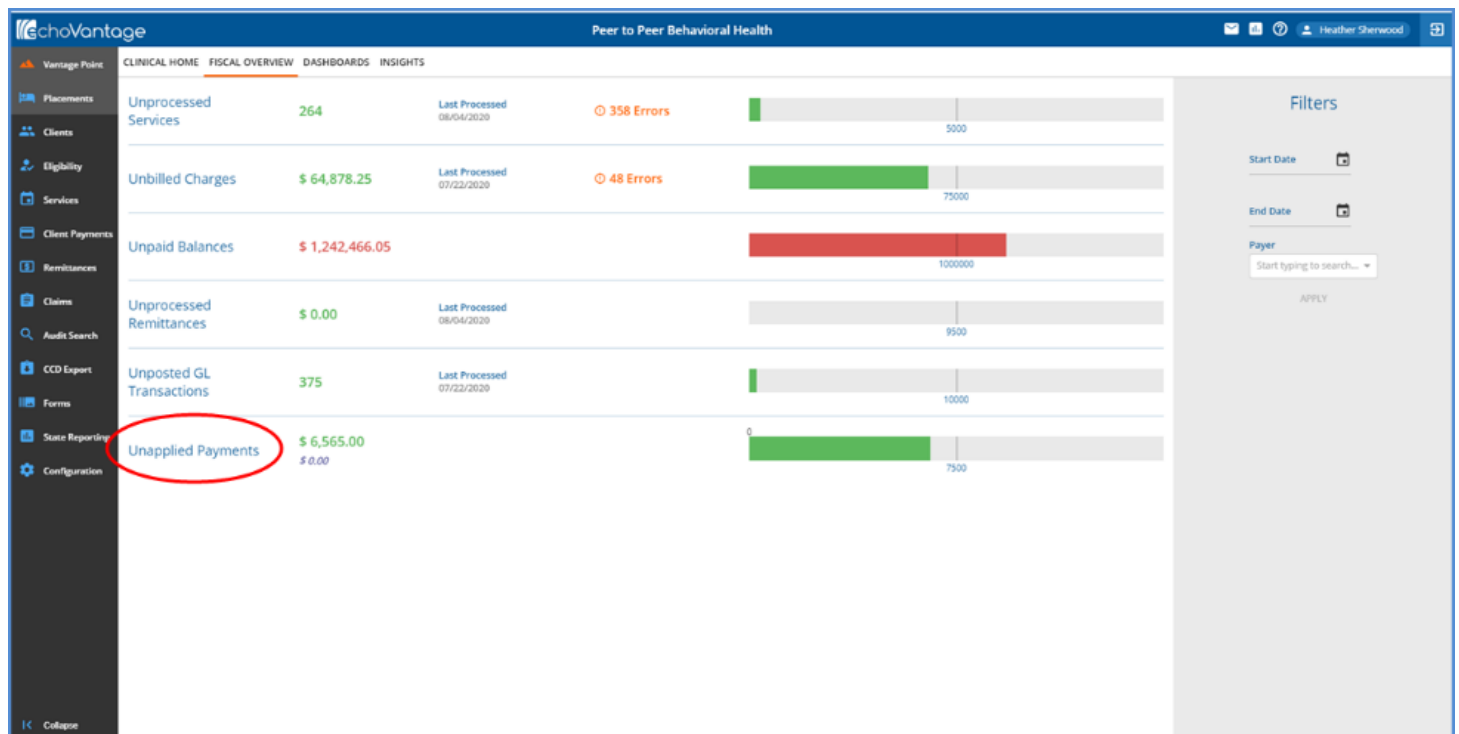
# ECHOVANTAGE RELEASE NOTES

VERSION 3.15

## NEW FEATURES

### Unapplied Payments

The Unapplied Payments option in the *Vantage Point > Fiscal Overview* now provides the ability to manage **Payer** Unapplied Payments.\* These Payer payments are reflected in the Unapplied Payments total, which can be refined just like other Fiscal Overview functions by using the filters to the right. In the prior release, only the total of PLB segment amounts, imported with 835 jobs, displayed.



**\*Note that Client Unapplied Payments posted in the Clients > Account tab are still managed in the Client Payments main menu option and are not included in the Unapplied Payments total in Fiscal Overview. Non Specific Payer Payments also are not included in this total as they are processed without a Client and Charge. The totals for both Client and Payer Unapplied Payments, including Non Specific Payer Payments, are listed in the Unapplied Payments Fiscal Report.**

During an *Unprocessed Remittances > Process Transactions* job, Unapplied Payments are created when:

- There are duplicate Payments, more than one Payment by a Payer on an open (Active, Outgoing) or closed (Done) charge.
- The total of Payments is higher than the Charge amount, i.e., a rate change.
- A Payer pre-pays for Services that have not yet been rendered. \*Not included in Fiscal Overview > Unapplied Payments as noted above.

The Unapplied Payments function can then be used to view and investigate the validity of these transactions. Unapplied Payments that are determined to be valid can be *Marked as Ready*, and multiple Payments can be applied with a single click. All background processing is handled by the application, which means no manual credits or reprocessing involved.



Selecting Unapplied Payments in Fiscal Overview opens the following screen:

Unapplied Payments

Transaction Start Date

Transaction End Date

Payer

Batch ID

Client

Show

TAKEBACKS (2) OVERPAYMENTS (21) OTHER (0)

NEWEST FIRST EXPAND ALL COLLAPSE ALL

000030 Blanchette, Dwayne

Alcohol and Drug Program 90837 - U3

MITS

VIEW CLAIM

READY

Date	Amount	Reason
08/03/2020	-\$ 65.00	REVERSAL OF PRIOR PAYMENT

000021 Appleton, Mary Janie

Case Management T1016 - TE, HE

ANTHBCBS

VIEW CLAIM

Date	Amount	Reason
08/03/2020	-\$ 600.00	REVERSAL OF PRIOR PAYMENT

Past Transactions

Date	Amount	Reason
05/31/2020	\$ 600.00	CHARGE CREATED
06/26/2020	\$ 600.00	PAYER PAYMENT
Balance	\$ 0.00	

Ready to Apply

000021 Appleton, Mary Janie

Case Management T1016 - TE, HE

ANTHBCBS

VIEW CLAIM

APPLY TRANSACTIONS

- Use the filters on the left to work with results in a specific date range, Payer, Batch ID, Client, or Flagged Payments (Show).
- View Unapplied Payment details by *Type*.
  - TAKEBACKS
    - The sum of new payments on a charge is less than the balance of the original charge.
    - *Reversal of Prior Payment* Transaction Type in an 835 job.
    - Light red header on the display card.
  - OVERPAYMENTS
    - The sum of new payments is more than the balance of the original charge.
    - Light green header on the display card.
    - Takebacks, if posted with a positive Payment, display in this Type.
  - OTHER
    - The sum of new payments is the same as the original charge.
    - White header on the display card.
    - **This Type only has the option to Mark as Done.**
- Sort the results of a *Type* by *NEWEST FIRST* or *OLDEST FIRST*.
- *EXPAND ALL* or *COLLAPSE ALL* details for every result of the selected *Type* with just one click.
- Select the flag icon to mark individual Unapplied Payments for easy recall in another session. Use the “Show” filter to display them.
- Mark transactions as:
  - *Ready* - to apply, this moves the Unapplied Payment to the right-hand *Ready to Apply* column.



- If a charge is not eligible for an Unapplied Payments job, the service status is *Batched* for example, a message displays that the Unapplied Payment cannot be added to the *Ready to Apply* list.
    - Return the card to the results list by clicking the left arrow on the Ready card.
  - *Mark As Done* - No action is needed. For example, a Payer reprocesses a claim with no change to the charge and payment amounts, and the agency does not wish to have this additional information in their records.
- Click the *VIEW CLAIM* button to open the Claim Details modal of a single payment - No need to navigate to Claims.
- Expand or Collapse *Past Transactions* detail associated with a single payment by selecting the up or down arrow on the card.
- Apply the transactions.
  - Only applies the Unapplied Payments marked as *READY*. (Those moved to the right-hand Ready column.)
  - Payments of any Type can be applied at the same time.

### Functional Overview

Payer Unapplied Payments are created during an *Unprocessed Remittances > Process Transactions* job when:

- There are duplicate Payments by a Payer on an open (Active) or closed (Done) charge.
- The total of Payments is higher than the Charge amount (rate change or Overpayment).
- A Payer pre-pays for Services that have not yet been rendered.

When a *Process Transactions* job is run, the *History* tab now displays the total number of Remittances and Unapplied Payments created by the job and the number of Errors the job contains. When the job is finalized, the Unapplied Payments are available to view in Fiscal Overview. The examples below walk through viewing and applying a Takeback and an Overpayment.

### Takeback

For this example, a Counseling service of \$200.00 was billed on 8/1/2020. The Payer remitted Payment in the full amount of \$200.00 on 8/3/2020. On 8/5/2020 the Payer determined the amount paid was in error and submitted a takeback of \$200.00, which was posted in Remittance Entry as a *Reversal of Prior Payment*. A corrected payment of \$175.00 was also submitted and posted in Remittance Entry as a *Payer Payment*. After the *Process Transactions* job is finalized, the Reversal and new payment show in the Takeback section.

The screenshot shows the 'Unapplied Payments' interface. On the left, there are filters for Transaction Start Date, Transaction End Date, Payer, Batch ID, Client, and Show. The main area displays a list of transactions for '000030 Blanchette, Dwayne' and 'ANTH0000 Client, Anthem'. A 'Ready to Apply' modal is open on the right, showing a card for 'ANTH0000 Client, Anthem' with a 'VIEW CLAIM' button. A '5 APPLY TRANSACTIONS' button is at the bottom right.

Date	Amount	Reason
08/03/2020	-\$ 65.00	REVERSAL OF PRIOR PAYMENT
08/05/2020	\$ 175.00	PAYER PAYMENT
08/05/2020	-\$ 200.00	REVERSAL OF PRIOR PAYMENT

Date	Amount	Reason
08/01/2020	\$ 200.00	CHARGE CREATED
08/03/2020	\$ 200.00	PAYER PAYMENT
08/05/2020	\$ 25.00	CONTRACT ADJ
08/05/2020	-\$ 25.00	BALANCE ZEROING CREDIT
Balance	\$ 0.00	



1. Expand the *Past Transactions* detail by clicking the single down-arrow. The middle card for Anthem Client is expanded.
2. Collapse this detail by clicking on the single up-arrow. *Past Transactions* show the detail of the charge that was associated with the Unapplied Payment during Remittance entry.
3. After review, it is determined that the Takeback is valid. It was pushed to the *Ready to Apply* column by clicking on the *Ready* button.
4. To return this card to the Takeback results, simply click on the left arrow on the card.
5. Note that the *Apply Transactions* button is now enabled. Select to apply the transactions, in this example, the \$200.00 Takeback and the corrected \$175.00 Payer Payment.

The Claim Details for this record, before applying the Unapplied Payment, are shown below. Note that the Unapplied Payments are listed at the top.

**Claim Details** ✕

**Client, Anthem Test (ANTH0000)**

**Birth Date:** 05/01/1967  
**Phone:** (603)447-8600  
**Address:**  
 16 Belmont Dr  
 Nashua, NH 03801  
 Counseling 90806 08/01/2020

ANTHBCBS	BCBS-ATC-001	15
SELF		99

Show Reprocessed Charges

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**ANTHBCBS** NOTES & TASKS

**Unapplied Payments**

Date	Amount	Reason
08/05/2020	\$ 175.00	PAYER PAYMENT
08/05/2020	-\$ 200.00	REVERSAL OF PRIOR PAYMENT

Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis
08/01/2020	\$ 200.00	CHARGE CREATED	08/05/2020		DONE	99292 - HB	F32.2
08/03/2020	\$ 200.00	PAYER PAYMENT					
08/05/2020	\$ 25.00	CONTRACT ADJ					
08/05/2020	-\$ 25.00	BALANCE ZEROING CREDIT					
<b>Total Balance:</b>		<b>\$ 0.00</b>					

Billing History

ANTHBCBS 08/05/2020

After applying the Unapplied Payments, the Claim Details are now:

**Claim Details** ✕

**Client, Anthem Test (ANTH0000)**

**Birth Date:** 05/01/1967  
**Phone:** (603)447-8600  
**Address:**  
 16 Belmont Dr  
 Nashua, NH 03801  
 Counseling 90806 08/01/2020

ANTHBCBS	BCBS-ATC-001	15
SELF		99

Show Reprocessed Charges

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**ANTHBCBS** NOTES & TASKS

Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis
08/01/2020	\$ 200.00	CHARGE CREATED	08/05/2020		DONE	99292 - HB	F32.2
08/03/2020	\$ 200.00	PAYER PAYMENT					
08/05/2020	-\$ 200.00	PAYER PAYMENT					
08/05/2020	\$ 175.00	PAYER PAYMENT					
08/05/2020	\$ 25.00	BALANCE ZEROING CREDIT					
08/05/2020	\$ 25.00	CONTRACT ADJ					
08/05/2020	-\$ 25.00	BALANCE ZEROING CREDIT					
<b>Total Balance:</b>		<b>\$ 0.00</b>					

Billing History

ANTHBCBS 08/05/2020

Note that there is no longer an Unapplied Payment section. The application:

- Applied the Takeback of \$200.00, this offset the original \$200 Payer Payment.
- Applied the new payment of \$175.00, leaving a balance of \$25.
- Created a Balance Zeroing Credit to complete the processing, because the Proceed to Next Payer box was not selected when the new payment amount was posted.



### Overpayment

For this example, an ADP service of \$200.00 was billed on 8/2/2020. The Payer had a rate change (increase) that went into effect on 8/1/2020 that was not reflected in the agency’s billed amount. On 8/5/2020, a payment was received in the amount of \$225.00. After the Process Transactions job is finalized, the \$25 Overpayment is available to review in the *Fiscal Overview > Unapplied Payments*.

Unapplied Payments

TAKEBACKS (0) OVERPAYMENTS (1) OTHER (0)

Transaction Start Date OLDEST FIRST EXPAND ALL COLLAPSE ALL

Transaction End Date

Payer ANTHBCBS - Anthem BCBS o... x

Batch ID 1

Client Start typing to search...

Show Flagged

ANTH0000 Client, Anthem 2 READY

Alcohol and Drug Program 90837

ANTHBCBS 3 VIEW CLAIM

Date	Amount	Reason
08/05/2020	\$ 25.00	PAYER PAYMENT

Ready to Apply

Mark transactions as ready

APPLY TRANSACTIONS

1. The Payer and Show Flagged filters are used to limit the results displayed.
2. To flag or unflag a card, simply select or deselect the flag icon. Flagging cards is an easy way to create a subset of results across Payers, Batches, and Clients.
3. Clicking on the *VIEW CLAIM* button shows the Claim Details before the Overpayment is applied.

Claim Details

Client, Anthem Test (ANTH0000)

Birth Date: 05/01/1967  
Phone: (603)447-8600  
Address: 16 Belmont Dr, Nashua, NH 03801

Alcohol and Drug Program 90837 08/02/2020

Date	Amount	Reason
08/05/2020	\$ 25.00	PAYER PAYMENT

Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis
08/02/2020	\$ 200.00	CHARGE CREATED	08/05/2020	1 VISITS	DONE	90837	F32.2
08/05/2020	\$ 200.00	PAYER PAYMENT					

Total Balance: \$ 0.00

Billing History

ANTHBCBS 08/05/2020



Just like the previous example, the Payment was moved to the right-hand *Ready to Apply* column by clicking on the *Ready* button. Then the *APPLY TRANSACTIONS* button was selected. The Claim Details after applying the \$25.00 Overpayment is below.

Claim Details

Client, Anthem Test (ANTH0000)

Birth Date: 05/01/1967  
Phone: (603)447-8600  
Address: 16 Belmont Dr, Nashua, NH 03801  
Alcohol and Drug Program 90837 08/02/2020

ANTHBCBS	BCBS-ATC-001	15
SELF		99

Show Reprocessed Charges

Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis
08/02/2020	\$ 200.00	CHARGE CREATED	08/05/2020	1 VISITS	DONE	90837	F32.2
08/05/2020	\$ 200.00	PAYER PAYMENT					
08/05/2020	\$ 25.00	PAYER PAYMENT					
08/05/2020	-\$ 25.00	CHARGE INCREASING CREDIT					
<b>Total Balance:</b>	<b>\$ 0.00</b>						

ANTHBCBS

NOTES & TASKS

Billing History

ANTHBCBS 08/05/2020

Note that there is no longer an Unapplied Payment section, and in this example, the system generated a Charge Increasing Credit of \$25.00 to complete the processing.

### Place of Service Mapping by Defined Filter

In *Configuration > Services/Payer > Payers > POS Mapping*, there is now a toggle to enable the *Use Defined Filters For Mapping* feature. When enabled, an agency can define the Place of Service (POS) based on Location, Program, and/or Activity.

Medicaid

Code	Plan	Type	Category	Payer ID	CMS Payer Name	Address	Phone	Web Site
MDCD	CHIP	Commercial	Medicaid	MDCD	MEDICAID(2)	1600 East Main St Payerville, NH 03211		

PROFILE COMMUNICATIONS PROCESSING RATES BILLING METHODS NPI ELIGIBILITY **POS MAPPINGS**

Use Defined Filters For Mapping

Place of Service Mappings

Defined Filter \* Payer Place of Service \*

WI POS 53: Community Mental Health Center

+ ADD CANCEL SAVE

When mappings of either Type exist, and the toggle is used to change the existing Configuration, the following confirmation box displays:

**Change Mapping Type**

This will clear all of your existing mappings.

CANCEL CLEAR

### New 837I Configuration Items

The following information can now be configured for an 837I in *Configuration > Services/Payers > Payers > Billing Methods*:

- In the *Providers and Subscribers* section:



- **Report Payer Address (Loop 2010BB, N3, N4)**
- Pulls from *Configuration > Services/Payers > Payers > Communications*

Providers and Subscribers

Report Organization Taxonomy (Loop 2000A, PRV)

Payer Id Code (Loop 2010BB, NM109)

Report Payer Address (Loop 2010BB, N3, N4)

- In the *Claims and Services* section,
  - The following information reports based on the configured values instead of being hard-coded:
    - Admission Type Code (Loop 2300, CL101).
    - Admission Source Code (Loop 2300, CL102).
    - Patient Status Code (Loop 2300, CL103).
    - All three fields are required.
    - These fields default to the previously hard-coded values when adding a new 837I.
  - The following information reports if configured:
    - **Report Admission Date/Hour (Loop 2300, DTP)** – from the Admission Date and Time fields of the matching Enrollment.
    - **Report Days instead of Units (Loop 2400, SV204)** – ‘DA’ instead of ‘UN.’

Claims and Services

Adjudication Level \*  
Claim Level x  Report Staff (Loop 2310A)

Authorization Level \*  
Claim Level x  Report Admission Date/Hour (Loop 2300, DTP)

Supervisor Reporting \*  
Do not report Supervising Staff x  Report Days in Place of Units (Loop 2400, SV204)

Bill Type  
Claim

Admission Type Code (Loop 2300 CL101) \*  
9  Provider Accepts Assignment (CLM07)

Admission Source Code (Loop 2300, CL102) \*  
9  Assignment of Benefits Indicator (CLM08)

Patient Status Code (Loop 2300, CL103) \*  
30  Report Staff Taxonomy (Loop 2310A, PRV)

Claims per Subscriber Loop \*  
25  Payer Accepts Corrected Claims

Services per Claim Loop \*  
1



### State Billing Acorns

A new State Acorn is available for *NC Custom Billing*. [Click HERE to view the online state-specific Release Notes.](#)

## IMPROVEMENTS

### Diagnosis Selection in Treatment Plans

The Treatment Plan Diagnosis drop-down list is now validated to include only active Client Diagnoses preventing users from selecting an end-dated Diagnosis when creating a new Treatment Plan.

### Episode Improvements

With this release, Clients can now have multiple open Episodes with a restriction of only one open Episode per Episode Category. If multiple Episodes are used, the new Episode Category defined list must be populated in *Configuration > Setup > Defined Lists*.

The Episode Categories defined list is a single description field with a 50 character maximum. All existing Episodes are assigned a default category description of *Standard*. This default category description may be renamed if desired.

In addition to Categories, an Episode End Reason can now be captured. The *Episode Discharge Reason* defined list must be populated for the Episode End Reason drop-down list to contain values. This field is optional.

Type	Start Date	End Date	Status	Category	End Reason
PRE-ADMISSION	04/01/2019	04/07/2019	CLOSED	Standard	04 Transfer to other comm. resource
ADMISSION	04/08/2019	05/31/2019	CLOSED	Standard	09 Incarcerated
CRISIS	06/01/2019		OPEN	CORE	
ADMISSION	07/23/2020		OPEN	MH	

### Remittances Improvements

#### Selecting a Charge in Remittance Entry

The Remittance Entry form now displays charges with a Status of *Done* in the drop-down listing when a Client and Date are selected, allowing *Reversal of Prior Payment* and duplicate *Payer Payment* Transaction Types to be matched with a charge. Once matched, these Payment types may be marked as *Ready* and processed. Previously only *Outgoing* and *Batched* charges were listed.

**Client & Service**

Payer \* ANTHBCBS - Anthem BCBS of NH Client 000074 Johnson, Lawrence R Service Date 06/03/2019

**Charge**

Select Charge

- 06/03/2019 90816 \$ 1,920.00 (DONE)
- 06/03/2019 90816 \$ 1,920.00 (DONE)
- 06/03/2019 90816 \$ 1,920.00 (OUTGOING)

+ SAVE AND ADD ANOTHER DELETE CANCEL SAVE





### Processing Transactions

Now when Processing Transactions in *Vantage Point > Fiscal Overview > Unprocessed Remittances*, additional job information is displayed on the History screen. Users can now see the total number of Remittances included in the job in addition to the number of Unapplied Payments created and the number of errors contained in the job.

Date	Status	Created By	Batch ID	Message	Remittance	Unapplied	Errors	
07/29/2020	Preview	heather.sherwood	Client Payment	Self-Pay 8/15/18 Clean Up	3	0	0	<b>FINALIZE</b>
07/29/2020	Preview	heather.sherwood		FHC Remittances	2	2	0	<b>FINALIZE</b>
07/28/2020	Done	heather.sherwood	Client Payment	Self-Pay Remittances	10	4	0	

### Increased Number of Blank Default Rows in Sliding Fees Configuration

In *Configuration > Services/Payers > Sliding Fees*, the number of default blank rows when adding a new Sliding Fee Configuration is now 100 instead of 10. The higher number of default rows should reduce the need to add rows and help avoid validation issues that can occur if an empty row is not left after the entered values.

## REPORTS

### Updated and New Reports

*The following Reports have been updated:*

#### Fiscal Reports

All Aging reports now use the Service Date instead of the Transaction Date to prevent conflicting information from being displayed when there is a Waterfall Charge across multiple months. Any Claims with a *Charge Status* of 'Done' are not included in these reports.

- Aging Report by Payer
- Aging Report by Program
- Aging Detail by Payer
- Aging Detail by Program
- \_Aging Detail for Export
- \_Aging Report for Export

*The following new Reports have been added:*

#### Fiscal Configuration

- Service Definition and Payer Rates – This report is grouped by Service Definition and by Payer with detail rows for the credential rate(s). The default rate for the Service Definition is displayed in the grouping header. There is also a CSV Friendly export version of the report.
- \_Service Definition and Payer Rates for Export Report – This is the CSV Friendly Export version of the report above.

## UPDATES

Ticket #	Description
9933	As a WI billing user, I want my services to bundle according to WI Bundling rules.
10241	When entering a <i>Reversal of Prior Payment</i> transaction in Remittances, it must be entered as a negative number.
10356	Adjustments are now displayed for the second Payer in the Aging Reports.
10361	Direct Fee Services no longer display as "Undefined" charge in the Remittances Charge drop-down list.



10385	Unapplied Payment modal no longer changes size horizontally when expanding/collapsing all cards.
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## BUG FIXES

Ticket #	Case #	Description
9516	72652	Fixed an issue where FD was unable to pass the value of a field with a display mask to a stored procedure.
9644		Timeline forms no longer experience intermittent page refreshes when they are signed and unsigned.
9760		Page no longer reloads when unlocking Signatures in Service Progress Notes
9993		Multiple Monthly Maximums using defined filters are now independently treated when calculating the charge amount.
10134		The <i>Progress note signed</i> icon no longer displays when the signature is removed from a previously signed Progress Note. It now defaults to the unsigned note (orange pencil) icon.
10153		CMS 1500 no longer reports the Staff Phone Number in Box 33 instead of the Organization phone number
10207		Credentials are no longer validated for Payers that do not have a billable Charge Strategy for a Service.
10299		Removed dual scroll bars from Config>Service Definitions>Rates and Clients>Payers.
10364		In all <i>Configuration</i> screens, the "+ ADD" <component> beneath the "No <components> have been added" message is now clickable.
10365		In <i>Configuration&gt;Services/Payers&gt;Components</i> , the checkbox visually changes states (checked or unchecked) when clicked. Previously the modal would need to be opened and closed.
10377		Updated the CCD Header namespace by removing reference to a C32 file and replaced it with the currently used standard.
10414		Resolved z index issues that caused forms to display over the Client Search in some cases.
10422		Updated the appearance of the loading spinner on the cards in <i>Vantage Point &gt; Insights</i> . All other functionality remains the same.
10436		The logged-in app user and current date now update the CreateUser/CreateDate or UpdateUser/UpdateDate columns in the database.