



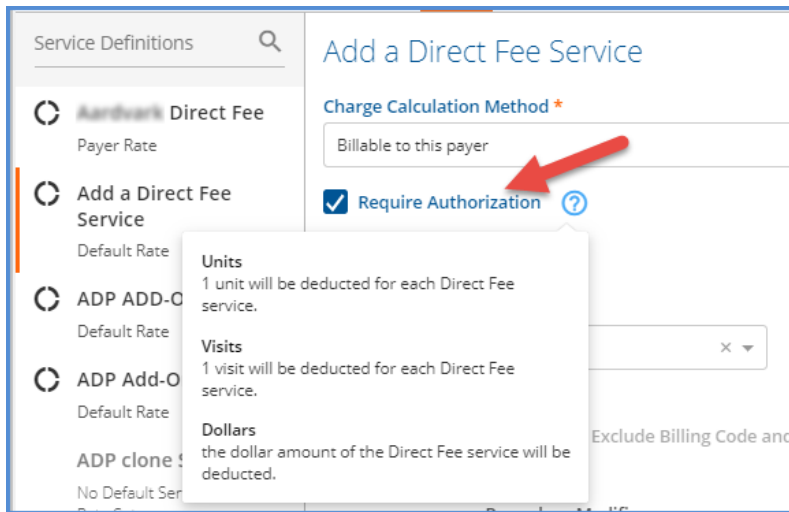
# ECHOVANTAGE RELEASE NOTES

VERSION 3.16

## NEW FEATURES

### Direct Fee Service Authorizations

A *Require Authorization* checkbox is now available in *Configuration>Services/Payers>Payers>Rates* when configuring the Payer Rate for a Direct Fee service. When selected, the *Create Charges* process checks for Authorizations entered in the *Client>Payers* tab. Authorizations for *Visit* or *Unit* types have a quantity of one deducted for each Direct Fee service. When the Authorization type is *Dollars*, the dollar amount of the Direct Fee service is deducted. Services with missing or insufficient Authorizations process according to the *'When no authorizations are found'* selection on the *Client>Payers* tab.



### Updating Authorizations

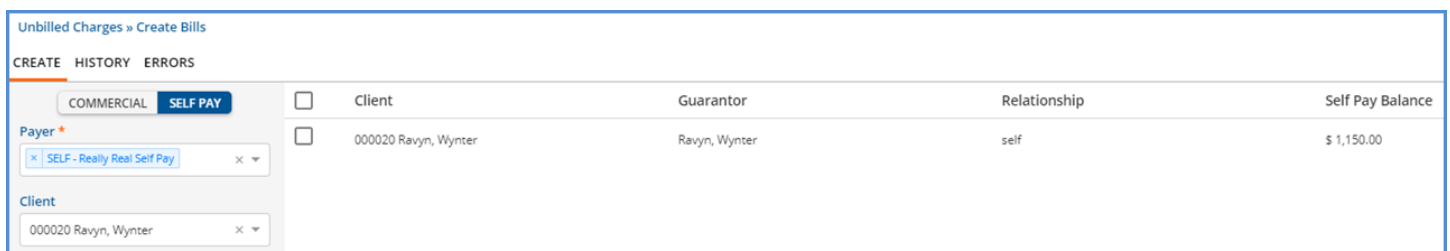
*Used Amount* is now a required field when adding Authorizations in the *Client>Payers* tab. Enter zero up to the Authorized Amount to accurately capture the *Remaining* value of *Units*, *Visits*, or *Dollars* at the time of entry. The Authorization record in the *Client>Payer>Authorizations* section displays the calculated value of the *Remaining* field. The value in the *Used* field may be updated by clicking on the row to open the *Edit Authorization* screen. When Charges are created from the provided Services, the *Used* and *Remaining* values are updated accordingly.

Authorizations					
Dates	Amount	Used	Remaining	Number	Defined Filter
Start Date: 01/01/2020	\$150.00	\$50.00	\$100.00	NHMD-33405	Third Party Items
08/01/2020 - 12/31/2020	30 Visits	5 Visits	25 Visits	Test Auth	At Home

+ ADD AUTHORIZATION

### Self-Pay Client Filter

In *Fiscal Overview>Unbilled Charges>Create Bills*, there is now a Client filter for *SELF PAY*. This Client filter allows users to locate a specific Self-Pay Client and generate a single Self-Pay statement if desired, without the need to scroll through all Clients with a Self Pay balance.





### New Form DesignEHR Release

Form DesignEHR version 6.0.26 is available with the release of EchoVantage version 3.16. This new version of Form DesignEHR contains improvements and bug fixes.

- A foreign key can now be passed from the parent record to a pop-up form when the pop-up opens within a grid.
- An issue was addressed where opening a new child form from an already open parent form on the Timeline cleared the parent form data when the child form was closed.
- Audit views are now captured for all Timeline forms, regardless of type. The audit configuration for each form is enabled by default, and the Form Name displays in the Item column on the audit search screen.

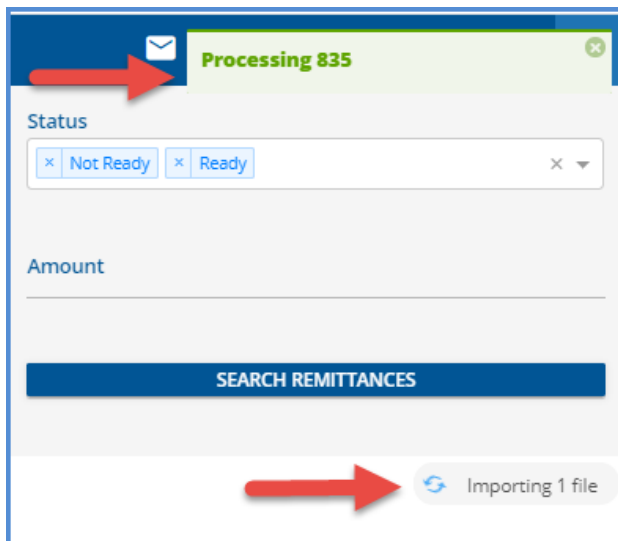
### State Billing Acorns

New State Acorns are available for *RI State Reporting* and *WI Custom Billing*. [Click HERE to view the state-specific Release Notes.](#)

## IMPROVEMENTS

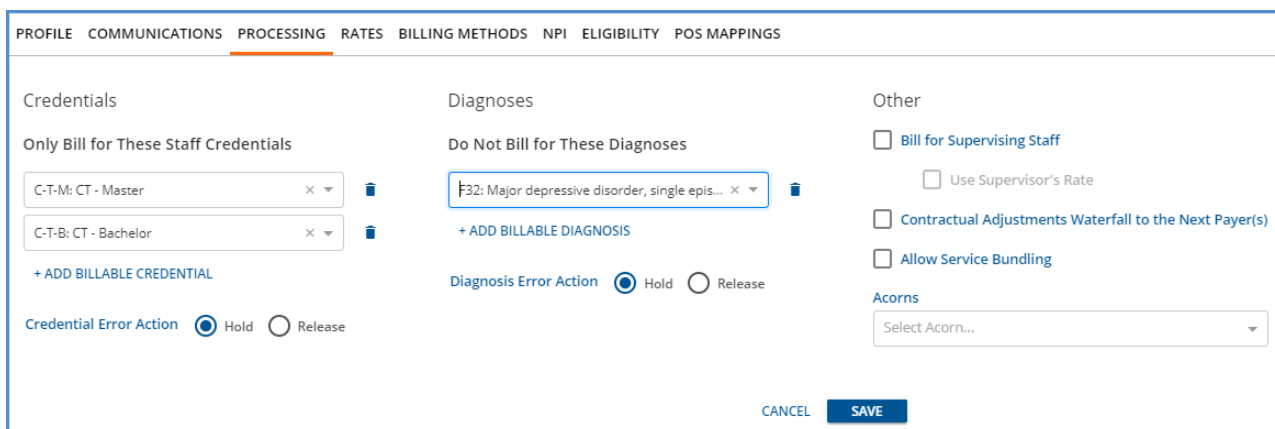
### 835 Import

When an 835 file is successfully submitted, a green toast message displays in the upper right-hand corner with a *Processing 835* message. In addition, the status indicator located just below the blue *SEARCH REMITTANCES* button has an animated icon to show the 835 is actively processing.



### Payer Processing

The Processing tab in *Configuration>Services/Payers>Payers* now has a better flow working from left to right. The selection inputs for both *Credentials* and *Diagnoses* now function the same as similar inputs in other areas of the application like *Configuration>Staff/Users>Staff>Credentials* and *Clients>Diagnosis*.





### CMS 1500 Supervisor Reporting

In *Configuration>Services/Payers>Payers>Billing Methods>CMS 1500*, a **Report Supervising Staff in Place of Rendering in Box 31** checkbox is now available. When selected, the Supervising Staff associated with the Service or Services is reported in place of the Rendering Staff. If the **Report Staff Taxonomy in Box 31** checkbox is also selected, the Supervising Staff's NPI is included alongside the Supervising Staff's name in Box 31. If no Supervising Staff is entered with any Services on the claim, or if the checkbox is not selected, the Rendering Staff is reported in Box 31.

The screenshot shows the 'CMS 1500 Configuration' form. Under the 'Other Payer Reporting' section, the checkbox 'Report Supervising Staff in Place of Rendering in Box 31' is checked and highlighted with a red arrow. Other checked options include 'Report Referring Provider in Box 17', 'Report Organization Taxonomy in Box 32B', 'Report Organization Taxonomy in Box 33B', 'Report Staff Taxonomy in Box 24', and 'Report Staff Taxonomy in Box 31'. Unchecked options include 'Accept Assignment' and 'Payer Accepts Corrected Claims'.

### Client Search

Now when entering a numeric value in Client Search, any field containing that number is returned in the results. Exact matches are ranked higher in the results list than any partial matches. Previously, fields searched were filtered based on the formatting of the search value, if any, and the number of digits entered.

### Default Message Type

When creating a message using the send button in a modal, i.e., from a form on the Timeline, the *Request Review* button is now selected by default, and *Review Requested* is displayed in green. Any time a message requires a Signature, click on *Request Signature* to change the default selection.

The screenshot shows the 'Client Diagnoses' form with a message modal open. The modal has a 'Recipient' dropdown and a 'Message' dropdown. Below these are two buttons: 'Request Signature' (with a pencil icon) and 'Review Requested' (with a green checkmark icon). At the bottom of the modal are 'DISCARD' and 'SEND' buttons. The background form shows details for a client with ICD Code 'F30: Manic episode', Type 'Primary', and Episode 'Standard ADMISSION (07/01/2017 - 09/09/2019)'.

## REPORTS

### Updated and New Reports

The following Reports have been updated:

#### Billing Reports

- *\_CMS 1500 Report* – Added taxonomy to Box 31 on the CMS 1500 Billing Report to accommodate the option of reporting Supervising Staff in place of Rendering Staff on a Service.

**Client Reports**

- *Client List* – This report now displays Client Name, last name first, in addition to Client Code.

**Fiscal Reports**

- *Average Days in AR* – Updated the CSV report header labels to match the main report labels.
- *Cash Receipts Journal* – Updated the query in the Cash Receipts journal to only include Remittances for the date range entered.
- *Services List* – An *Include* filter was added to this report to refine the results to include only Billable Services, only Not Billable Services, or Both in the report.

*The following new Reports have been added:*

**Administration**

- *Expiring Authorizations* – This report lists Clients with authorizations that have expired in the previous 90 days or will expire in the coming 90 days as of the current date. The results are grouped, and may also be filtered, by Payer.
- *Staff Time Events* – This report displays all Staff Time Events that fall within the specified date range, including the Reason and Short Description, and Reminder Note if entered. The list is grouped by Staff Name.

**Fiscal Reports**

- *Historical Aging* – Provides an aging list by GL Period. This report may be grouped by Location or Program and filtered by Location Code, Program Code, and Payer. It has a clickable link for a CSV Friendly version.
- *\_Historical Aging Detail* - This is the CSV Friendly version accessible from the report above.

**UPDATES**

Ticket #	Description
9610	Updated the CSV report header labels to match the main report.
10378	Fixed the Validation Error “The reversalAmount may not be greater than 0” to display “The reversal amount may not be greater than 0”.
10507	Added Client Name to Client List Report.
10538	Added aria-labels to Fiscal Overview Create Job & Reverse/Retry/Finalize modal buttons.
10540	Added a Historical Aging by Location with Payer.
10553	In Fiscal Overview>Unprocessed Services>Create Charges, the Service error “Charge Strategy cannot be configured with zero minutes per unit” now links to the charge strategy.
10581	A filter was added to the Services List report that allows the user to indicate which Services to include: Billable, Non-Billable, or Both.

**BUG FIXES**

Ticket #	Case #	Description
9938		The Payer is no longer skipped when a staff credential processing is set to release, and the diagnosis is set to hold.
10429		The Household tab no longer produces an error if Living Arrangements are not configured in <i>Configuration&gt;Setup&gt;Defined Lists</i> .
10456		Failed jobs now display on the Errors screen with information to help understand why a job failed.
10619		The Cash Receipts Journal was including an extra day in the Remittance results. Updated the query to a simple compare statement to resolve this issue.
10704		Services with No Authorization now correctly trigger an Error and get put on HOLD when: <ul style="list-style-type: none"> <li>• The Place Charge on Hold is selected in the <i>Clients&gt;Payer</i> tab.</li> <li>• And the Payer Rate for a Service Definition <i>Requires Authorization</i> is checked.</li> <li>• And a Flat Rate calculation with a Fixed Unit Unit calculation is selected.</li> </ul>