



ECHOVANTAGE RELEASE NOTES

VERSION 3.19

NEW FEATURES

Client Payers Priorities

In *Clients > Payers*, there is a new, required, *Payer Priority* field in the Effective Dates list allowing a Payer's priority to be configured over time. A Client Payer can be assigned a different Payer Priority for a given Effective Date range but may not have the same Payer Priority at the same time as another Client Payer. During the upgrade, the existing Default Priority is copied to the new Payer Priority field in the Effective Dates section. If a new priority is assigned to an existing Payer, Start and End Dates are required to end the previously defaulted Payer Priority. The existing Default Priority field will be removed in a future release.

Default Priority *	Policy Number	Effective Dates *		
5	34345345	Start Date	End Date	Payer Priority *
		01/01/2020		10
Group Number	Policy Name			
345345345	NH MEDICAID	01/01/2019	12/31/2019	5
		01/01/2018	12/31/2018	5

When no authorizations are found

The Client Payer list on the left-hand side of the screen is updated and contains two tabs: *ACTIVE PAYERS* and *ALL PAYERS* that displays Payers in priority order. When first navigating to a Client's Payers screen, the list defaults to *ACTIVE PAYERS* as of the current date. Change the date in the *Find Active Payers On Date* field to display Payers in Priority order as of the date entered. Selecting *ALL PAYERS* displays all current and inactive Payers. This option has a *Payer Name* filter that enables searching for a specific Payer. Note that in the *ALL PAYERS* list, the same Payer may appear in more than one Priority section, and Inactive Payers are greyed out.

Default – Active Payers on Current Date	Active Payers on User Entered Date	All Payers Displayed



Claims

On the Claim Details screen, the Payer Priority box now displays the correct, historical Payer Priority order for the Service attached to the Claim. The examples below show the Claim Details for an 08/15/2020 Service and then an 11/23/2020 Service.

Clients > Payers Screen	Claim Details Screen																																
<p>ACTIVE PAYERS ALL PAYERS</p> <p>Find Active Payers On Date 08/15/2020</p> <p>PRIORITY 15</p> <p>Medicaid (MDCD) 06/01/2020 - 10/31/2020</p> <p>PRIORITY 25</p> <p>Anthem BCBS of NH (ANTHBCBS) Start Date: 01/01/2020</p> <p>PRIORITY 99</p> <p>Self Pay (SELF)</p>	<p>Claim Details</p> <p>ANDI, ME MYSELF (asdf0000)</p> <p>Birth Date: 04/19/1971 SSN: 020-43-6798 Address: 16 Solitude Way Solace, RI 28105</p> <p>Case Management T1016 08/15/2020</p> <p>MDCD ANDI's Policy 15 ANTHBCBS BCBS-MMA 25 SELF 99</p> <p>08/15/2020</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Amount</th> <th>Reason</th> <th>Last Billed</th> <th>Authorization</th> <th>Status</th> <th>Procedure Code</th> <th>Diagnosis</th> </tr> </thead> <tbody> <tr> <td>08/15/2020</td> <td>\$ 200.00</td> <td>CHARGE CREATED</td> <td></td> <td></td> <td>ACTIVE</td> <td>T1016 - TE, HE,</td> <td>F10.14</td> </tr> <tr> <td colspan="2">Balance:</td> <td colspan="6">\$ 200.00</td> </tr> <tr> <td colspan="2">Total Balance:</td> <td colspan="6">\$ 200.00</td> </tr> </tbody> </table> <p>Billing History</p>	Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis	08/15/2020	\$ 200.00	CHARGE CREATED			ACTIVE	T1016 - TE, HE,	F10.14	Balance:		\$ 200.00						Total Balance:		\$ 200.00					
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Eligibility

In the Eligibility Details screen, the *Current Payers* box displays Payers in Payer Priority order. Inactive Payers are listed at the bottom with an *End Date* in place of a priority value.

Eligibility Details

BARN01 Barnhill, Kelsy
Medicaid (MDCD)

Current Payers MANAGE

MEDB	HN4564654	30
MITS	25412341	50
SELF		99
CC01	KB-010119	(End Date: 12/31/2019)



Resources on the Scheduler

On the *Clinical Home > Scheduler* and the *Clients > Schedule* tab, select the gear icon to enable the *Show Resources* configuration setting. When enabled, a *Resources filter displays between the Clients and Location* filters on the Scheduler.

Scheduling Options

Show Resources
View availability of resources.

Show Staff Schedule Filters
These filters allow you to limit available time slots to those that match the selected Location and Category as configured in Staff Schedules. Scheduled events are not affected by these filters.

Time Per Row

5 Minutes

10 Minutes

15 Minutes

30 Minutes

60 Minutes

Scheduler Colors

Event, Service

Event, Template

Event, Staff Time

Service

Note Status Colors

Missing

Unsigned

Complete

When *Show Resources* is enabled, the Scheduler defaults to *Compare* (formerly Team) view. As *Resources* are selected, a column for that Resource is added in the Compare view. The Event Time and Client connected to that Resource displays in the appropriate column. If a Client List Filter is in place, and the current user does not have access to the Client on the Event associated with the Resource, the Client name is redacted on the Resource booking displayed.

The screenshot shows the Scheduler interface with the following details:

- Navigation:** CLINICAL HOME | FISCAL OVERVIEW | DASHBOARDS | INSIGHTS
- Staff:** Select staff or teams... (dropdown)
- Clients:** Select clients... (dropdown) | 11/30/2020 (calendar icon)
- Resources:** Family Meeting Room, Media Room, White Van (tags)
- Location:** Select location... (dropdown) | **Category:** Select category... (dropdown)
- View:** Day | Week | Month | **Compare** (selected) | Today | Navigation arrows
- Grid:**
 - Columns: Family Meeting Room, Media Room, White Van
 - Rows: 7:00 AM to 5:00 PM (15-minute intervals)
 - Bookings:
 - 8:00 AM - 8:30 AM: 000070 Allen, Daniel - ADP (Family Meeting Room)
 - 8:00 AM - 8:30 AM: AA0000 Aarlyne, Ashely - ADP (White Van)
 - 9:00 AM - 9:30 AM: Redacted - ADP (White Van)
 - 10:00 AM - 10:30 AM: Redacted - ADP (Family Meeting Room)
 - 11:00 AM - 11:30 AM: Redacted - ADP (Media Room)
 - 11:00 AM - 11:30 AM: AA0000 Aarlyne, Ashely - ADP (White Van)
 - 1:00 PM - 1:30 PM: Redacted - ADP (White Van)



Search for Next Available

The *Search for Next Available* feature now includes a Resources search filter. When the required *Date and Time* search fields are completed, and a **single** Resource is selected, the results display where both the Staff and the Resource are available for the specified duration. If a results row is selected, the SFNA screen closes, and the Scheduler displays columns for the Staff and Resource from the result. The SFNA screen layout is also updated to accommodate viewing the search results *BY DATE* or *BY STAFF*. Toggle between the two by selecting the labels at the top of the results column.

Selecting Multiple Acorns for a Payer

A change was made to allow the selection of multiple Acorns from the Acorn drop-down list in *Configuration > Services/Payers > Payers > Processing*.



The Acorn lists now only show the values that are appropriate for that screen. The Type column in the dbo.AcornRegistrations table is used to determine which Acorns display.

Screen	Type
Configuration > Services/Payers > Payers > Processing	SERVICE_PROCESSING and CHARGE_CUSTOMIZATION
Configuration > Services/Payers > Payers > Billing Methods	837P and 837I
Forms > State Reporting	STATE_REPORT

State Acorns

The following New Acorns are available:

- NC DSS Custom Billing, 1.0.9.RELEASE
- WI PPS State Reporting, 1.0.181.RELEASE

The following Acorns were updated:

- BHOLD RI State Reporting, 1.0.59.RELEASE
- RI Custom Billing, 1.0.19.RELEASE
- WI Custom Bundling, 1.0.36.RELEASE

[Click HERE for the Acorn Release Notes](#) page of the Echo Online Help site.

IMPROVEMENTS

Updated ICD-10 Code Values

The dbo.Codes table is now updated to the 2021 ICD-10-CM code values, which became effective October 1, 2020. The update adds 762 new codes for a total of 72,616 in the new ValueSet. Some codes in the previous ValueSet are discontinued and no longer available in the Diagnosis drop-down listing. If a removed Diagnosis code is currently in use, edits can be made to the existing diagnosis. However, it is not possible to create a new diagnosis with an invalid ICD-10 code.

Clients and Authorized Representatives Cannot Use Common Passwords

The Password Creation/Reset process used for Clients and Authorized Representatives (Person Type Supplemental Users) allows the Client or Representative to create their password. The password resets are now validated against an independently compiled list of the most commonly used password to improve security for these accounts. If the password entered matches an entry on the list, the following message displays, and the user is prompted to choose a different one.

The screenshot shows the EchoVantage password reset interface. It includes a logo at the top, followed by two input fields labeled "Password *" and "Confirm Password *". Below these fields are three validation messages: a red "X" indicating the password must be at least 8 characters, a green checkmark indicating it must be less than 65 characters, and a green checkmark indicating passwords must match. A blue "RESET PASSWORD" button is positioned below the messages. At the bottom, a red error message states: "The provided password is commonly used or compromised. Please choose a different one." The footer of the form reads "Peer to Peer Behavioral Health".



Scheduling Events for the Same Time

Updates to the Scheduler now allow an Event to be created for the same time as an existing Event. Previously, a scheduled Event took up a column's full width forcing an Event to be created for the wrong time and then updated to the desired time. The shading for an existing Event is reduced to allow room to click and open the new Event screen for the desired time.

Scheduler Version 3.18 and Earlier			Scheduler Version 3.19		
Wed, October 28	Thu, October 29	Fri, October 30	Wed, October 28	Thu, October 29	Fri, October 30
8:00 AM Travel to/from Location: Berlin Correctional Institute	8:00 AM Conference: MHA Annual Conference	8:00 AM Conference: MHA Annual Conference	8:00 AM Travel to/from Location: Berlin Correctional Institute	8:00 AM Conference: MHA Annual Conference	8:00 AM Conference: MHA Annual Conference
9:00 AM Intake Assessments: Berlin Correctional Institute			9:00 AM Intake Assessments: Berlin Correctional Institute		
12:00 PM Travel to/from Location: Berlin Correctional Institute			11:30 AM BEAS0000 Reach -Sandy -	12:00 PM Travel to/from Location: Berlin	
			1:30 PM Alcohol Recovery Group		

Scheduler Colors and Style

The Scheduler Colors now pass accessibility guidelines and are colorblind distinct for all Event types: Service, Template, and Staff Time. The Contrast was adjusted for clearer, more legible Event text, and the Scheduler configuration *Scheduler Colors* section is updated with the new colors. Each Event also has a sidebar in the same color scheme for that Event's color. When the *Show Time as Available* checkbox is not selected on the Event, the bar is solid. If the *Show Time as Available* checkbox is selected, the bar is alternating.

The screenshot shows the Scheduler interface with various filters and a calendar view. On the right, the 'Scheduler Colors' legend includes:

- Event, Service (Blue)
- Event, Template (Teal)
- Event, Staff Time (Purple)
- Service (Grey)
- Note Status Colors: Missing (White), Unsigned (Orange), Complete (Green)

Red arrows in the image point to the 'Scheduler Colors' legend and the 'Show Time as Available' checkbox in the 'Scheduling Options' section.



CMS-1500 Improvements

In *Configuration > Services/Payers > Payers > Billing Methods > CMS 1500*, there is a new Configuration option "Report Supervisor's NPI in Box 24J." When selected, if the Service being processed has a Supervisor, that Supervisor's NPI is reported in box 24J instead of the Rendering Provider's NPI.

- Report Referring Provider in Box 17
- Report Organization Taxonomy in Box 32B
- Report Organization Taxonomy in Box 33B
- Report Staff Taxonomy in Box 24j
- Report Supervisor's NPI in Box 24J
- Report Supervising Staff in Place of Rendering in Box 31
- Report Staff Taxonomy in Box 31
- Accept Assignment
- Payer Accepts Corrected Claims

In addition, a "0" is now placed in the *ICD Ind.* section of Box 21 on the CMS-1500 form to indicate that ICD-10 codes are being reported. A sample CMS-1500 excerpt is shown below.

F10.14

Box 21 → 0

11 20 20 11 20 20 11 99292 HB A 20.00 2 N 123

Box 24J → asdf0000

235135513 X asdf0000 X 20.00 0.00 6034478600

Jon Austins
JA12345678
11/23/20
Echo Management
15 Washington St
Conway, NH 03818-1234
8888888888

Echo Management
15 Washington St
Conway, NH 03818-1234
8888888888

Deleting a Previously Signed Form

Unlocking a previously signed form and then deleting the form no longer leaves signatures orphaned in the dbo.Signatures table.

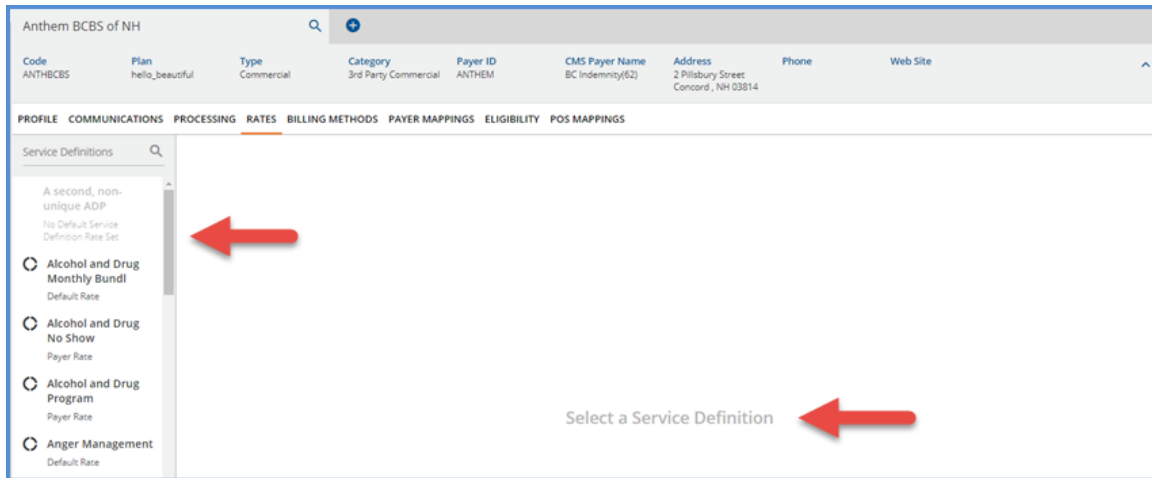
Separate Agency Image Folders in SaaS

An update now allows Form DesignEHR to look for images in an Agency-Specific folder using information from the Tenants table in the redirector database. This change prevents an agency's image from being overwritten by another agency and allows the same images to be shared between an agency's production and test environments.



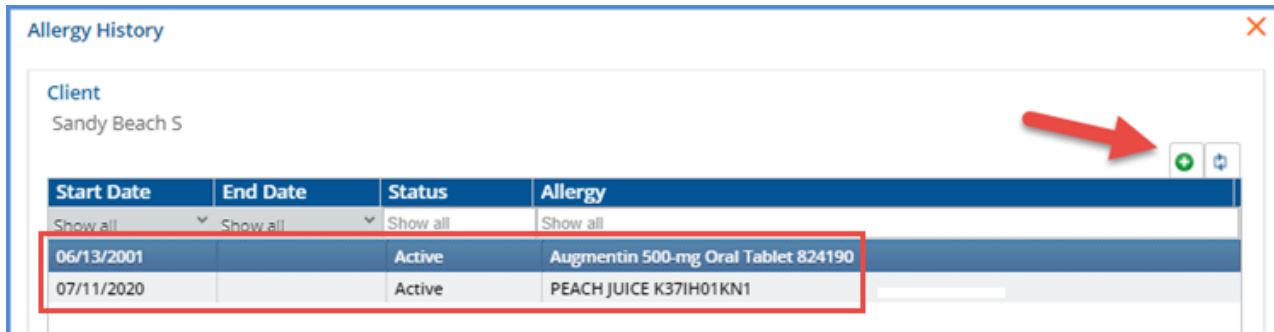
Payers Rates Tab

A *Select a Service Definition* message now displays after navigating to *Configuration > Services/Payers > Payers > Rates*. A scroll bar was also added to the left-hand list to allow independent viewing of the Service Definitions list.

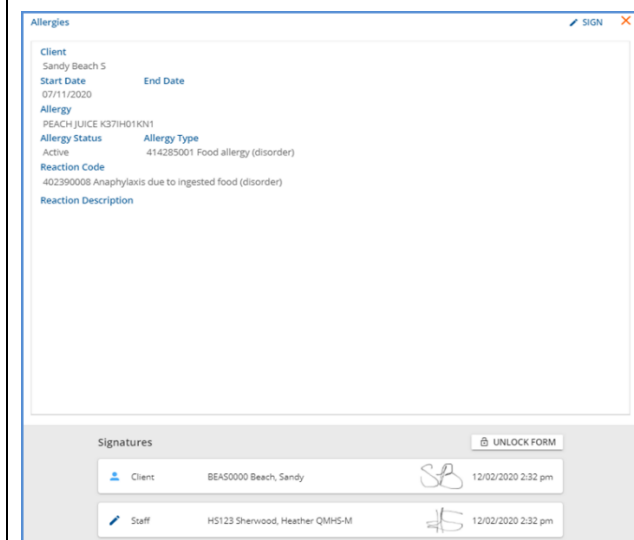


Core History Forms

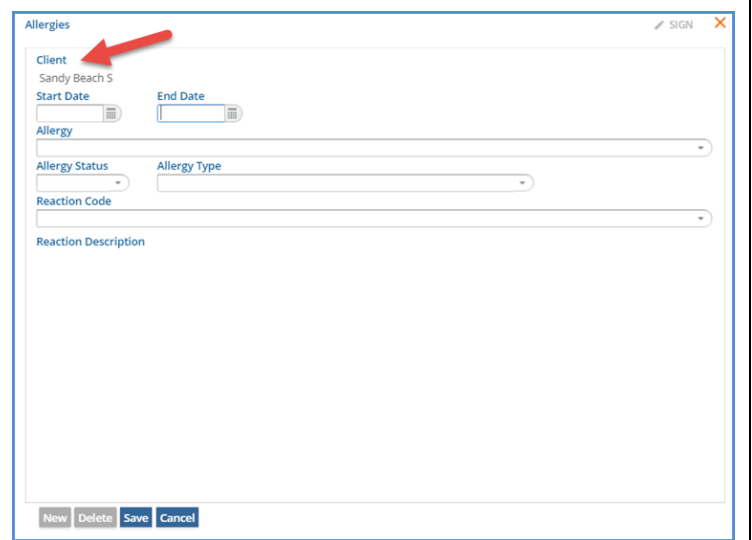
Core History forms on the VHR Timeline are no longer *Read Only*. When an existing row is double-clicked in the grid, the row information is displayed in the main form window. When the green plus "+" button is selected on the grid's top-right, a new record opens with the correct Client selected, even if all the grid records are signed.



Double-Clicking an Existing Record



Selecting the Green Plus "+"



The current Core History Forms are *Allergies_Hx*, *Amendments_History*, *Care_Plan_History*, *Implantable_Device_HX*, *Medications_HX*, *QuickMarHistory*, *RadiologyOrderHistory*, and *VitalSignsHX*.



User Entered Validation Values

User entered Validation Values now no longer require a Start Date to appear in a Form DesignEHR form's drop-down list. If a Start Date is entered, the valid list values are based on the date entered. If validated list values do not have a Start Date, the Start Date is now treated as "beginning of time," and the values appear in the drop-down list when viewing a Form DesignEHR form.

Form DesignEHR

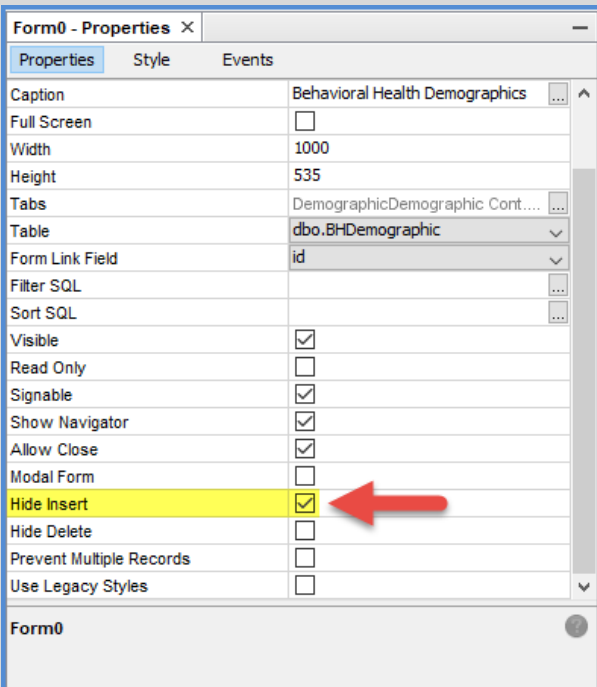
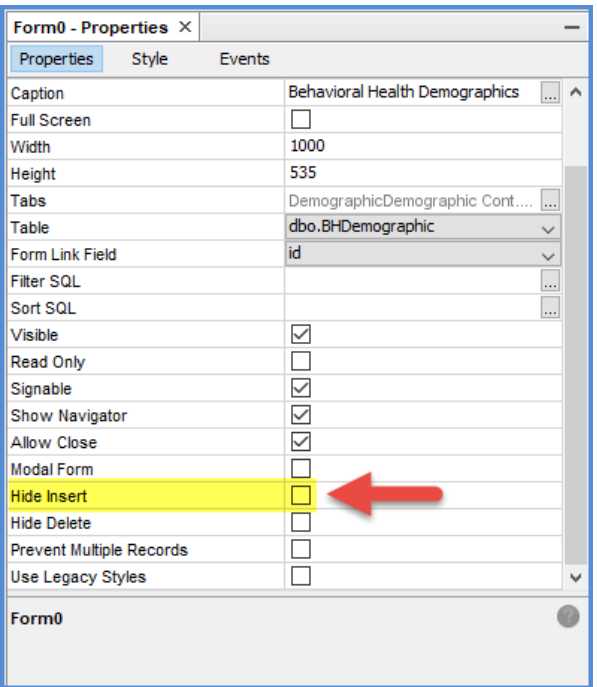
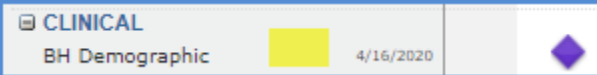

Form DesignEHR version 6.0.27 is available with the release of EchoVantage version 3.19. This new version includes:

Form DesignEHR Move Script No Longer Deletes Existing Form

The Form DesignEHR moveForm SQL script no longer tries to delete the record in the dbo.Forms table for the form being installed. Instead, the script updates the Forms and FormDefinitions tables with everything except the id. Previously, when a Form DesignEHR form was exported, the script to install the form itself tried to delete the form if it already exists. Issues arose if there were already foreign key constraints pointing to the form.

Form DesignEHR Now Stamps the AllowNew Column

An update to allow Form DesignEHR to stamp the AllowNew column of the dbo.Forms table based on the Hide Insert "Form Properties" setting when saving a form or installing a form using the moveForm SQL script was made. This change addresses an issue where the Timeline allowed new records when the Form was set not to allow new records. The column is updated on save or install based on this setting, even if signatures exist for the form. The result is

 <p style="text-align: center;">Hide Insert is selected.</p>	 <p style="text-align: center;">Hide Insert is NOT selected.</p>												
<table border="1" style="width: 100%;"> <thead> <tr> <th>FormCaption</th> <th>FormType</th> <th>AllowNew</th> </tr> </thead> <tbody> <tr> <td>Behavioral Health Demographics</td> <td>JDESI</td> <td>N</td> </tr> </tbody> </table> <p style="text-align: center;">FD Save sets AllowNew to N.</p>	FormCaption	FormType	AllowNew	Behavioral Health Demographics	JDESI	N	<table border="1" style="width: 100%;"> <thead> <tr> <th>FormCaption</th> <th>FormType</th> <th>AllowNew</th> </tr> </thead> <tbody> <tr> <td>Behavioral Health Demographics</td> <td>JDESI</td> <td>Y</td> </tr> </tbody> </table> <p style="text-align: center;">FD Save sets AllowNew to Y.</p>	FormCaption	FormType	AllowNew	Behavioral Health Demographics	JDESI	Y
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FormCaption	FormType	AllowNew											
Behavioral Health Demographics	JDESI	Y											
 <p style="text-align: center;">This results in no Add button available on the Timeline.</p>	 <p style="text-align: center;">This results in the Add button being available on the Timeline.</p>												



GL Credit/Debit Account Code Fields

In *Configurations > Set Up > GL Mapping*, the Credit and Debit fields (stored in the `dbo.GLAccountCodeMappingItems` table) now hold up to 20 characters instead of a maximum of 10 characters.

Edit Configuration
✕

Mapping Type *

319B - Sprint 319B

Start Date

11/20/2020

📅

End Date

📅

TRANSACTION TYPES	DEBIT	CREDIT
Charges	12345678912345678912 <input type="text"/>	12345678912345678912
Contractual Adjustments	12345678987456321233	12345678963258741236
Expected Adjustments	65468565468746541321	63541687468465132132
Client Fee Adjustments	35646879876543213216	35468798768465132165
Credits	32165468798643513216	35213216546897651321
Losses	16354168546541321032	13521321032165465413
Payments	35416854651321321316	12345678912345678912

REVERT CHANGES SAVE

To support the increase to the GL Credit/Debit Account Code columns maximum, the following column changes were also required:

Table	Column	Previous Maximum	New Maximum
GLAccountSegmentMappings	Account	10	20
ClientPayments	GLCreditAccount	32	200
ClientPayments	GLDebitAccount	32	200
UnappliedPayments	GLCreditAccount	32	200
UnappliedPayments	GLDebitAccount	32	200
Adjustments	GLCreditAccount	54	200
Adjustments	GLDebitAccount	54	200
Charges	GLCreditAccount	54	200
Charges	GLDebitAccount	54	200
Payments	GLCreditAccount	54	200
Payments	GLDebitAccount	54	200



REPORTS

Updated and New Reports

The following Reports have been updated:

Billing Reports

_CMS1500 – The report form was updated to accommodate the changes in boxes 21 and 24J as indicated in the CMS 1500 section above. Updates were also made so the report would not throw an error when: 1) there is no PCCN and the "Payer Accepts Corrected Claims" is selected in the Billing Methods config and 2) a set of staff credentials, where *Include in Signature* box is set to "Yes" for all, exceeds 20 characters. Now only a group of credentials less than or equal to 20 characters is passed to the report. For example, if a Staff has (3) nine-character credentials, the CMS-1500 report only includes (2) of the credentials.

_GL Audit Report – The sort by filter was removed from the GL Audit Report in *Fiscal Overview > Unposted GL Transactions > History*. The unions and merge were also updated to ensure the Payer Name and Account numbers display properly on the report.

Fiscal Reports

Unapplied Payments Report – The date filter was updated to use the Remittance TransactionDate instead of the CreateDate of the Unapplied Payment. Now the report total and the total on the Fiscal Overview screen agree.

Client Reports

_Clients By Enrollments for Exports – Fixed a dataset issue that was causing an error when the CSV friendly link was selected.

UPDATES

Ticket #	Description
11102	Updated the Signature Block so that long Attestations and Staff Titles do not collide in the display.
11160	Removed the double scroll bars in the <i>Fiscal Overview > Unprocessed Services</i> modal when using Firefox.
11169	The <i>fromEmailAdress</i> column for the Client Portal was removed from the Redirector database Tenants table.
11188	Renamed the Team button to Compare on the <i>Clinical Home Scheduler</i> .
11435	Updated Scheduler colors and color key in the Scheduler configuration.
11444	In <i>Clients > Payers</i> , the base Priority field label was changed to <i>Default Priority</i> .
11498	Changed the Unapplied Payments report date filter to compare on the Remittance TransactionDate instead of the CreateDate of the Unapplied Payment. The report and the Fiscal Overview totals now match.
11592	Updated the GL Audit Reports unions and merge to ensure that Payer Name and Account display properly.

BUG FIXES

Ticket #	Case #	Description
8881	71358	Timeline no longer allows new records when the Form is set not to allow new records.
11066		Fixed the Implantable Devices - Bean Creation error when Transmitting saved ID to FDA.
11166	76143	CMS 1500 job no longer fails when there is no PCCN and the "Payer Accepts Corrected Claims" is selected in the Billing Methods config.
11172		Multiple Diagnoses are now sorted by Type (i.e., Primary - first, Secondary -second).



11180		Sharing forms to a newly created Client AppUser no longer results in an Unexpected Error if the cache is not cleared in advance.
11181		When working in <i>Configuration > Services/Payers > Service Definitions > Progress Notes</i> , the progress note defined for a Service Definition no longer carries over when switching to a Service Definition that did not have a Progress Note defined.
11226		CAS reasons and amounts now always show under <i>Messages & Notes</i> regardless of the Import Contractual Adjustments checkbox selection. When <i>Import Contractual Adjustments</i> is selected, a separate remittance record is generated for every CAS*CO segment with a Transaction Type of <i>Contract Adj</i> and an Amount equal to the CAS adjustment amount.
11229		Charge Increasing Credits now display in the GL Activity Reports.
11255		A Null Pointer Exception is no longer triggered when finalizing a Remittance posting that contains only adjustments, no payments, for a bundled charge.
11273		Updated the date filtering in the logic that fetches the TxPlan Diagnosis List so that only the diagnoses for the current Client.
11293		Changes to the <i>Contractual Adjustments Waterfall to Next Payer</i> checkbox on the <i>Configuration > Services/Payers > Payers > Processing</i> tab no longer triggers a Null Pointer Exception error on <i>SAVE</i> .
11296		The Medications form now receives the current Client when opening a new form from the history form.
11364	75566	Resolved an issue where an "Arithmetic error" occurred in Finalize Remittance Processing.
11366		Updated the Scheduler Month View Styling to display the same as Day or Week mode.
11367		Fixed the scrolling issue in <i>Configuration > Setup > Forms</i> that prevented the ability to scroll to and view forms past the bottom of the page. Now the Form scrolling works as expected and the entire list is viewable.
11368		Clients can now sign Progress Notes without an error being triggered.
11377		Voided charges are no longer being considered when evaluating how many units are available
11450		Unchecking the <i>Proceed to next Payer when payment amount is 0</i> checkbox on the 835 import was not deselecting the <i>Proceed to Next Payer</i> checkbox on the 835 Remittance screen. Now selecting the <i>Proceed to next Payer when payment amount is 0</i> checkbox deselects the <i>Proceed to Next Payer</i> checkbox on the Remittance screen as expected.
11462	76143	Resolved a CMS1500 failing to generate - data would be truncated error. If a set of staff credentials, where <i>Include in Signature</i> box is set to "Yes" for all, exceeds 20 characters, only a group of credentials less than or equal to 20 characters is passed to the report. For example, if a Staff has (3) nine-character credentials, the CMS-1500 report only includes (2) of the credentials.