



ECHOVANTAGE RELEASE NOTES

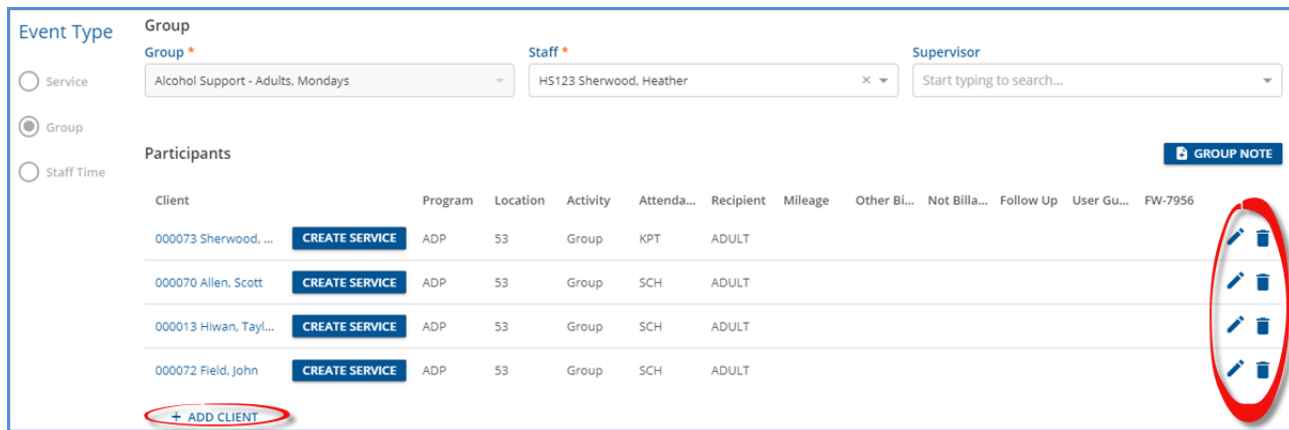
VERSION 3.22

NEW FEATURES

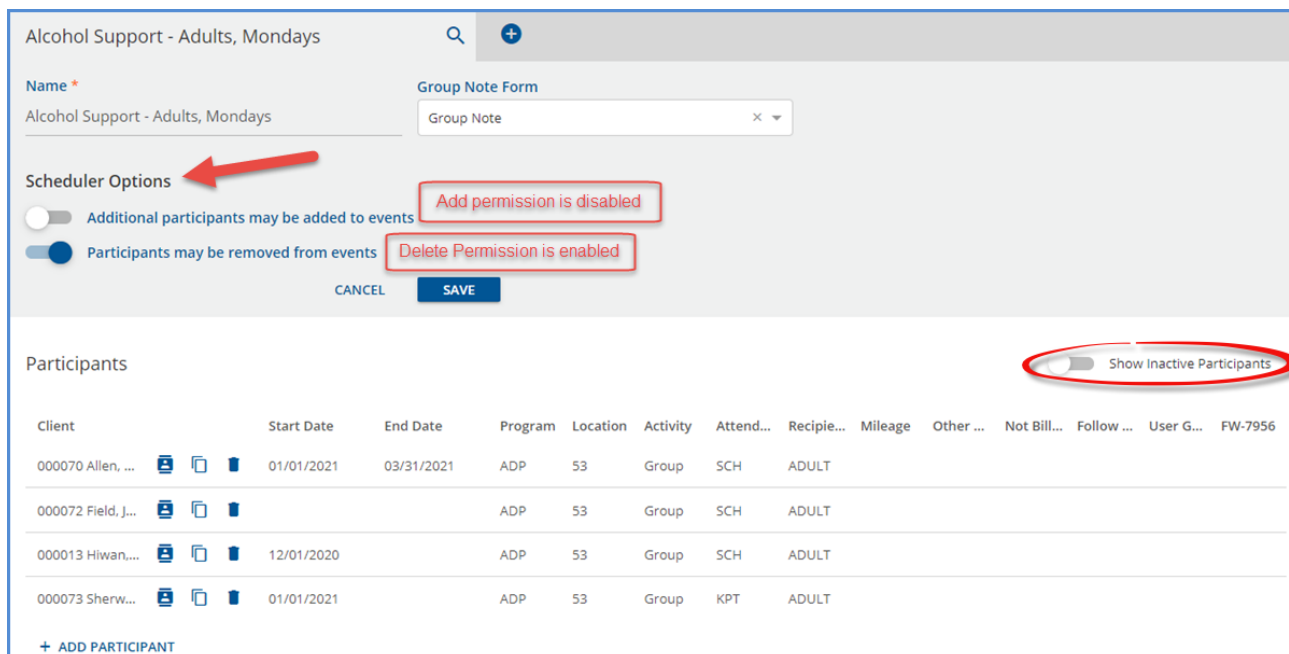
Dynamic Group Management

Group Events are now easier to manage from the *Edit Scheduled Event* screen on the Scheduler. Once a Group Event is created, users can,

- Add Participants using the blue + *ADD CLIENT* button.
- Edit the Service Components of individual Group Participants (pencil icon) without creating a Service.
- Delete Participants by selecting the blue trash can.



Changes made using any of these three options affect that Event only. Permanent additions, edits, or deletions for the Group should still be managed through the Groups main menu option. To accommodate both Open and Closed Group management, the options to add or remove participants can be enabled/disabled by Group. These permissions are found in the new *Scheduler Options* section on each Group's page.

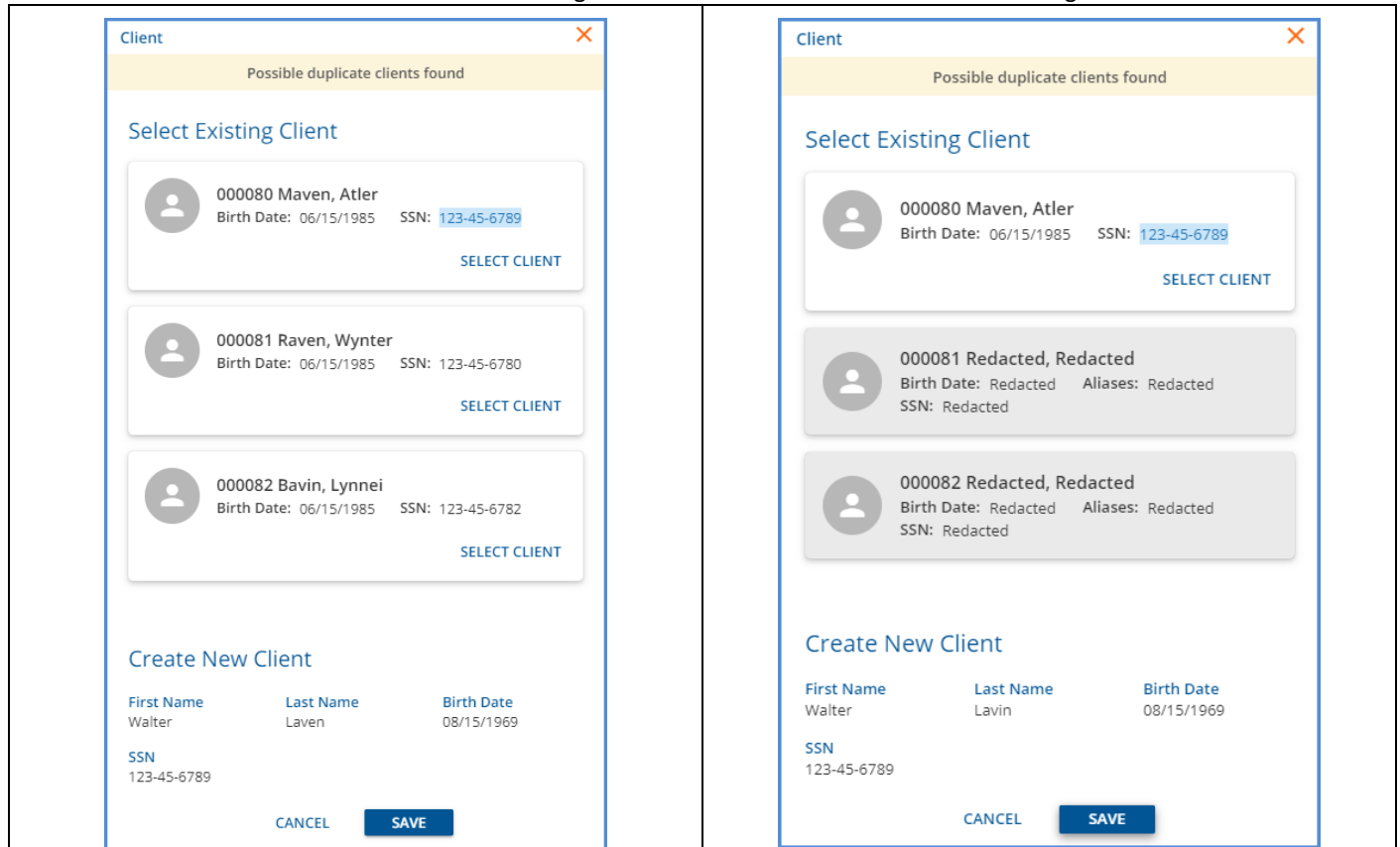


A toggle was also added, circled in the image above, allowing inactive Group Participants to be filtered out of the displayed Clients. This filter keeps the Client list smaller and more manageable, especially for Groups with fluctuating participation.



Duplicate Client Checking

When adding a new Client, the application now checks for possible duplicates and displays up to three potential matches. Select the results card to view the *Client > Profile* information of the potential match. If a result Client is excluded from the user's Client List filter, all except the Client Code information is *Redacted* on the card. The *View Existing Client* option is disabled for the redacted results. Users can *SAVE* and continue adding the Client or *CANCEL* and exit without adding the Client.



- Possible duplicates are returned when there are fuzzy matches to First Name, Last Name, and birth date, and SSN are both provided.
- Possible duplicates are not returned with a fuzzy name match and an exact dob or an exact name match and a fuzzy date of birth unless an SSN is also entered.

Planned Improvements

- Exact SSN matches will always return a result regardless of name or date of birth matching.
- Confidential Clients will be included in the results with Confidential Client displayed for the name.

New Form DesignEHR Release

Form DesignEHR version 6.0.29 is available with the release of EchoVantage version 3.22. [Click HERE for the Form DesignEHR release notes.](#)

IMPROVEMENTS

Custom Denial Transaction Types

An Agency's custom Transaction Types for tracking denials, i.e., *Denial-Diagnosis Issue*, *Denial-Duplicate*, *Denial-Authorization Missing*, are now configurable to report "Denied" in the Charge Status when processed. For processing to recognize the custom type as a denial, the new *UserTransactionType* column in the *dbo.TransactionDefinitions* table must be set to 'DNL' for the custom denial type. A script is available to set this column to 'DNL' for any record with a ReasonName containing the word Denial. Please contact Support to request the script or for more information.



Episode Sort Order

Updates were made to the sort order of the Episodes displayed on the *Clients > Episodes* tab to help prevent entering supporting information (Staff, Presenting Problems, Services requested) to a closed Episode in error. These updates include:

- Open Episodes are listed before Closed Episodes
- Open Episodes are sorted by Start Date descending (most recent start date listed first)
- Closed Episodes are sorted by Start Date, descending

Type	Start Date	End Date	Status	Category	End Reason
PRE-ADMISSION	03/02/2021		Eligibility Verification	Other	
ADMISSION	08/08/2018		OPEN	Standard	
ADMISSION	11/01/2020	12/07/2020	CLOSED	AODA	01 Completed - major improvement
ADMISSION	09/30/2020	12/31/2020	CLOSED	CORE	03 Completed - no change

Remittance Entry

More information is now available when selecting a Charge in the Remittance screen. A card displays for each Charge that matches the entered Service Date in place of the Charges drop-down list. Previously, the information displayed in the Charge drop-down selection included Service Date, Billing Code, Charge Amount, and Charge Status. In addition to the previous information, the cards also display:

- Service Definition Name
- Service Staff
- Charge Balance
- *View Claim* link

Client & Service

Payer * MDCC - NH Medicaid Client 000007 Maven, Atler Service Date 03/03/2021

- Evaluation & Mgmt Service 90833 03/03/2021
 Staff H51 Heather, Sherwood
 Amount \$ 250.00 Balance \$ 250.00 OUTGOING [VIEW CLAIM](#)
- Case Management 90865 03/03/2021
 Staff AJD001 Drosa, Aksel J
 Amount \$ 20.00 Balance \$ 20.00 OUTGOING [VIEW CLAIM](#)
- Case Management 90865 03/03/2021
 Staff EH123 Hadam, Elijah
 Amount \$ 20.00 Balance \$ 0.00 DONE [VIEW CLAIM](#)
- Mental Health Counseling 90866 03/03/2021
 Staff JD123 Duncan, Julie
 Amount \$ 100.00 Balance \$ 100.00 OUTGOING [VIEW CLAIM](#)

0 Messages & Notes Status * Not Ready

+ SAVE AND ADD ANOTHER DELETE CANCEL SAVE

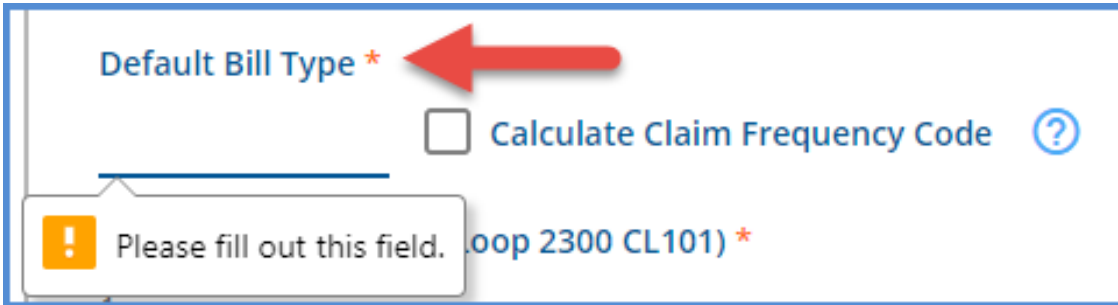
- Use the tab key to move from the Service Date to the first card in the list.
- Tab again to move to the *VIEW CLAIM* button and again to move to the next card.
- Once on a card, the keyboard arrow keys (up, down, left, right) allow you to navigate directly from one card to the next without stopping on *VIEW CLAIM*.
- The currently selected card has a light blue background.
- Charge Status of *DONE* displays in green for easy identification.



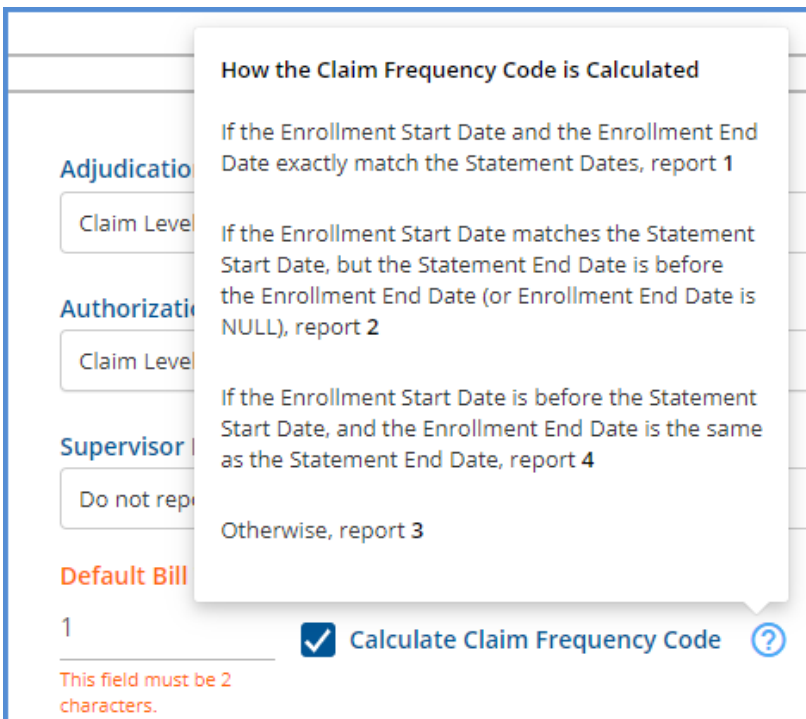
837I Improvements

Multiple improvements and bug fixes were applied to the 837I this release. Each change is detailed below.

Configuration changes in *Configuration > Services/Payers > Payers > Billing Methods 837I*,



- The *Default Bill Type* field (previously just *Bill Type*) is now a required configuration, indicated by the orange asterisk. Attempting to *SAVE* without a value in this field results in a “Please fill out this field.” validation prompt.



- An option was added that allows the application to determine the third value of the Bill Type or *Claim Frequency Code* based on the Client's Enrollment dates.
 - If there is already a 3-digit value in the Default Bill Type field when this checkbox is selected, a validation message displays indicating that the field must be two characters.
 - A help button (blue "?") provides information on how the Claim Frequency Code is calculated.



<input type="checkbox"/>	Report Staff Taxonomy (Loop 2310A, PRV)
<input checked="" type="checkbox"/>	Report Admission Date/Hour (Loop 2300, DTP)
<input checked="" type="checkbox"/>	Report Days in Place of Units (Loop 2400, SV204)
<input checked="" type="checkbox"/>	Report Service Date a
<input type="checkbox"/>	Report Diagnosis Present At Admission b
<input type="checkbox"/>	Provider Accepts Assignment (CLM07)
<input type="checkbox"/>	Assignment of Benefits Indicator (CLM08)
<input type="checkbox"/>	Payer Accepts Corrected Claims

- Checkboxes were added to include optional reporting of the **(a)** Service Date segment and the **(b)** Diagnosis Present At Admission Indicators.
 - Select the (a) *Report Service Date* checkbox to include the Service Date in the DTP*472 segment of the 837I file; leave the box unchecked to exclude the segment.
 - When selected, a line similar to `[L.2000C!L.2300!L.2400]DTP*472*D8*20210305` displays.
 - When unselected, the DTP*472 line is excluded from the file.
 - Select the (b) *Report Diagnosis Present At Admission* checkbox to report 'Y', 'N', or 'U' in the 9th of the Principal Diagnosis segment, i.e., `[L.2000C!L.2300]HI*ABK:F10950:::Y`
 - If the Service's Principal Diagnosis is present in the *Clients > Diagnosis* tab AND the *Present At Admission* checkbox is selected, a 'Y' is reported.
 - If the Service's Principal Diagnosis is present in the *Clients > Diagnosis* tab AND the *Present At Admission* checkbox is NOT selected, an 'N' is reported.
 - If the Service's Principal Diagnosis is not present in the *Clients > Diagnosis* tab, a 'U' is reported.

Value Codes

Revenue Code		<input type="checkbox"/>	Exclude Billing Code and Modifiers
9902			
Value Code	Value Code Amount		
A24	\$ 19.00		

Value Codes are now configurable on the Rates screen of both Service Definitions and Payers. The two new fields, *Value Code* and *Value Code Amount*, are optional, but if one Value Code field is populated, an entry in the other field is required. When the 837I is created and value code information is configured for that Service Definition, the code and amount are reported in the 2300 Loop, i.e. `[L.2000C!L.2300]HI*BE:A24:::19`.

Reporting Diagnoses

An update was made so that only one diagnosis is reported in the Principal Diagnosis segment, even when multiple Charges with differing Diagnoses are included in a claim, i.e., `[L.2000C!L.2300]HI*ABK:F10950:::Y`

**Statement Dates**

The statement dates reported in the **DTP*434** segment now encompass all claim Services. The Start Date is the earliest Service in the claim, and the End Date is the last Service in the claim. The statement date and each claim Service date segments are highlighted in the example below.

```
[L.2000C!L.2300]CLM*000041-5858*550***13:A:3**A*Y*I
[L.2000C!L.2300]DTP*434*RD8*20210301-20210309
[L.2000C!L.2300]CL1*9*9*30
[L.2000C!L.2300]HI*ABK:F10950:::::Y
[L.2000C!L.2300!L.2310A]NM1*71*1*SHERWOOD*HEATHER***XX*0004191971
[L.2000C!L.2300!L.2400]LX*1
[L.2000C!L.2300!L.2400]SV2**HC:90837*200*UN*4
[L.2000C!L.2300!L.2400]DTP*472*D8*20210309
[L.2000C!L.2300!L.2400]REF*6R*000041-5858
[L.2000C!L.2300!L.2400]LX*2
[L.2000C!L.2300!L.2400]SV2*363.**50*UN*10
[L.2000C!L.2300!L.2400]DTP*472*D8*20210301
[L.2000C!L.2300!L.2400]REF*6R*000041-5856
[L.2000C!L.2300!L.2400]LX*3
[L.2000C!L.2300!L.2400]SV2*9902*HC:T1016:TE:HE*300*UN*6
[L.2000C!L.2300!L.2400]DTP*472*D8*20210305
[L.2000C!L.2300!L.2400]REF*6R*000041-5859
```

Bug Fixes

- An issue was fixed where the 837I created a new file every time a job was retried. Now the same file is updated when retrying.
- The 837I respects the selection on the *Report Staff* checkbox in *Configuration > Services/Payers > Payers > Billing Methods > 837I*. Previously, Staff were included even when the checkbox was not selected.

835 Import Improvements**Reprocessed Charges**

Now both original and reprocessed charges are checked when importing an 835 file. Reprocessing a charge after it is already billed archives the original Charge and creates a new charge with a new id (Id837). If an 835 import references the original charge id, it does not find a matching *Active Charge*. Now when the import process does not find a matching id in *ACTIVE* charges, *DONE* charges are compared. If a match is found, the payment links back to the related *Active Charge*. When this happens, the following message is logged "*Original Charge was reprocessed. Remittance has been attached to latest Charge.*"

Batch ID

The Traceld value (Batch Id) is now included when importing an 835 for Contractual Adjustments to allow processing all specific batch adjustments. The imported Contractual Adjustments have a Status of *Ready*.

Crossover Payments

When a Primary Payer passes a charge on to subsequent Payer (i.e., Medicare to Medicaid) the crossover is indicated in loop 2100, NM1 Segment, i.e., **NM1*TT*2*Medicaid*****XX*1699743740~**. If an 835 payment indicates a crossover, EchoVantage sets the *CrossOverIndicated* column (new with this release) in *dbo.Remittances* to 'Y' and automatically sets the waterfall charge to *OUTGOING* for the next Payer.

Providers no longer need to bill the subsequent Payer separately for the Primary Payer's deductible, coinsurance, or co-pay amounts when a Crossover is indicated. When the 835 from Payer 2 is imported, the application matches the payment to the waterfalled Payer 2 Charge even though the 835 references Payer 1's Charge information.



For example, the Claim Details for a single Charge before Payer 1, Medicare, responds with payment is shown below.

Claim Details ✕

Beckham, Evan (000057)

Birth Date: 04/23/1984
Phone: (603)447-8600
Address:
 1600 Washington St
 Conway, NH 03818

Name	Policy Number	Priority	Notes
MEDB	P-123	10	
MDCD	P-1234	15	

Case Management T1016 03/09/2021 Show Reprocessed Charges

MEDB NOTES & TASKS

Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis
03/09/2021	\$ 200.00	CHARGE CREATED	03/10/2021		OUTGOING	T1016 - TE	F10.10
Balance:	\$ 200.00						
Total Balance:	\$ 200.00						

Billing History

MEDB 03/10/2021

An 835 from Medicare is imported, paying \$125.00 of the \$200.00 Claim.

MARK (0) READY	DELETE (0)	Status	Payer	Client	Amount	Service Date	Transaction ...	Allowed Am...	Matching Charge	Messages & ...
<input type="checkbox"/>	<input type="checkbox"/>	Ready	MEDB - Medicare P...	000057 Beckham, ...	\$ 125.00	03/09/2021	03/10/2021	\$ 200.00	\$ 200.00	1

A crossover is indicated in the NM 1 Segment of loop 2100.

```

LX*13~
TS3*1699743740*11*20210309*6*200.00~
CLP*000057#5861*1*200.00*125.00*10*MC*COP·FW-11687*11*1**0~
NM1*QC*1*EVAN*BECKHAM***MS*106971215499~
NM1*TT*2*Medicaid*****XX*1699743740~
DTM*232*20210309~
DTM*233*20210309~
SVC*HC:90837;HE*200.00*125.00**1~
DTM*472*20210309~
CAS*PR*2*~
REF*6R*000057#5861~
  
```

Once the Medicare Remittance is processed and finalized, a Waterfall job for Payer 2, Medicaid, is in *PREVIEW* Status in *Fiscal Overview > Unprocessed Services > History* tab.

Date	Status	Created By	Message	Services	Errors	
03/10/2021	Preview	heather.sherwood	Waterfall: E Beckham MCR Remittance	1	0	FINALIZE ▼

And the Waterfall charge is already set to *OUTGOING*, shown in the Claim Details below.



Claim Details

Beckham, Evan (000057)

Birth Date: 04/23/1984
 Phone: (603)447-8600
 Address: 1600 Washington St
 Conway, NH 03818

Case Management T1016 03/09/2021

Name	Policy Number	Priority	Notes
MEDB	P-123	10	
MDCD	P-1234	15	

Show Reprocessed Charges

MEDB NOTES & TASKS

Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis
03/09/2021	\$ 200.00	CHARGE CREATED	03/10/2021		DONE	T1016 - TE	F10.10
03/10/2021	\$ 125.00	PAYER PAYMENT					
03/10/2021	\$ 75.00	BALANCE ZEROING CREDIT					
Total Balance:	\$ 0.00						

MDCD NOTES & TASKS

Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis
03/10/2021	\$ 200.00	CHARGE CREATED			OUTGOING	T1016 - TE, HE	F10.10
03/10/2021	\$ 125.00	PAID BY OTHER					
Balance:	\$ 75.00						
Total Balance:	\$ 75.00						

Billing History

MEDB 03/10/2021

Medicaid’s 835 references the Claim information for Medicare. The CLP and REF*6R segments, highlighted below, match those in the Medicare 835 example above.

```

LX*13~
TS3*1699743740*11*20210309*6*200.00~
CLP*000057#5861*1*200.00*75.00*10*MC*COB.FW-11687*11*1**0~
NM1*QC*1*EVAN*BECKHAM***MS*106971215499~
NM1*82*1*****XX*1699743740~
DTM*232*20210309~
DTM*233*20210309~
SVC*HC:90837:HE*200.00*75.00**1~
DTM*472*20210309~
CAS*PR*2*~
REF*6R*000057#5861~
REF*HPI*1699743740~
AMT*B6*200.00~
  
```

When the 835 from Medicaid is imported,

MARK (0) READY	DELETE (0)	Status	Payer	Client	Amount	Service Date	Transaction ...	Allowed Am...	Matching Charge	Messages & ...
<input type="checkbox"/>	<input type="checkbox"/>	Ready	MDCD - Medicaid	000057 Beckham, ...	\$ 75.00	P 03/09/2021	03/10/2021	\$ 200.00	\$ 200.00	1

- The Remittance is attached to the Waterfall Charge – Payer is Medicaid
- The Status is set to Ready
- And the following message is included - “Payer Category does not match Charge Category, but found an Active Charge with matching Payer Category”



Messages & Notes

ADJUSTMENT MESSAGES NOTES

Remark: Crossover Pmt Recd
Payer Category does not match Charge Category, but found an Active charge with matching Payer Category

If an 835 is imported and the Payer Category does not match, i.e., the Medicaid Payment references Medicare claim information, and there is *NOT* a matching Active Charge,

<input type="checkbox"/>	Status	Payer	Client	Amount	Service Date	Transaction ...	Allowed Am...	Matching Charge	Messages & ...
<input type="checkbox"/>	Not Ready	MEDB - Medicare P...	000057 Beckham, ...	\$ 75.00	P 03/11/2021	03/11/2021	\$ 200.00	\$ 200.00	1

- The Remittance is attached to the Charge referenced in the 835 – Payer is still Medicare
- The Status is set to *Not Ready*
- And the following message is included – “Payer Category does not match Charge Category”
- These Remittances should be reviewed before processing

Messages & Notes

ADJUSTMENT MESSAGES NOTES

Remark: Sample Message
Warning: Payer Category does not match Charge Category

Better Recurring Event Options

Improvements were made to the existing Daily and Weekly recurring Events options in the Scheduler; a Monthly recurring option was also added. The options available for scheduling change based on the *Recurs* option selected.

Recurs

Daily Repeat every 2 days until 03/31/2021

Daily – Use Daily recurring Events to schedule Events every 1 or more days until the specified end date. When the Event is saved, a green toast confirmation indicates the number of Events successfully scheduled. Weekends are included.

Recurs

Weekly Repeat every 2 weeks until 04/30/2021

Mon Tues Wed Thurs Fri Sat Sun

Weekly – Use Weekly recurring Events to schedule Events on a specific day of the week to recur every 1 or more weeks until the specified end date. The week is displayed using Echo's standard Monday through Sunday view.

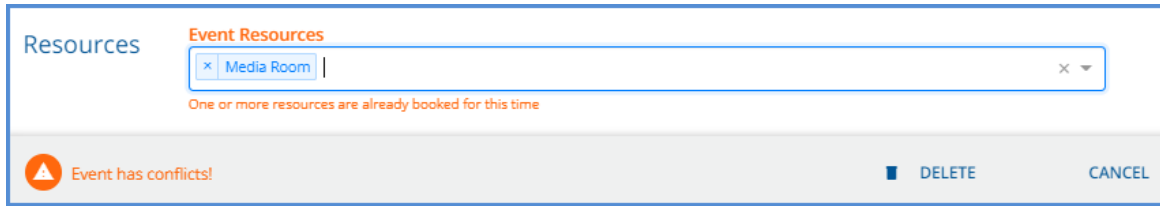
Recurs

Monthly Repeat every 1 months until 12/31/2021

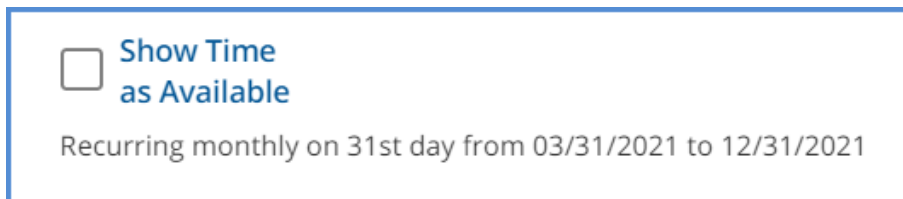
on 28th day on 4th Sunday on last Sunday



Monthly – Use Monthly recurring Events to schedule Events to recur every 1 or more months until the specified date. Depending on the date of the first Event in the series the “on” options may include: a specific date – 28th day, day of the week – 4th Sunday, or the last day – last Sunday. Recurring Events using the 31st day of the month are scheduled on the last day of the month for any month that has less than 31 calendar days. Weekends are included.



Conflicts for Event Resources, if used, are checked when the recurring Event is saved. If a conflict is found for any Event in the series, a warning is displayed, and no Events are created. If no Resource conflicts are found, a count of successfully created Events displays in a green confirmation in the screen's upper right-hand corner.



When Events are successfully saved, details of the Event series are displayed beneath the *Show Time as Available* checkbox.

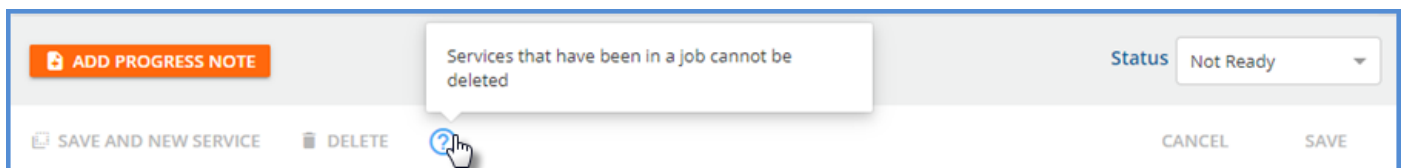
Planned future improvements

- An “on last day of the month” option will be available for scheduling a monthly recurring event when the date of the initial Event in the series is on the last day of the month. This is the current functionality for scheduling Events on the 31st, the change addresses creating the recurring series when scheduling on the 28th or 30th of the month.
- If a recurring series fails to SAVE due to scheduling conflicts or DELETE due to Service creation, a list of the Event Services Conflicts, with clickable links, will display.
- Additional DELETE options will be available for a user to: DELETE only that Event, DELETE all Events in the Series, or DELETE all future Events in the Series.

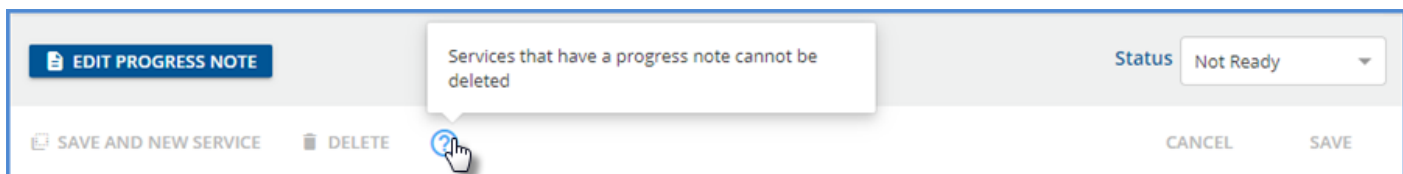
Improved Messages for Service Deletion

When on the Service Entry screen, the DELETE button is disabled when the Service cannot be deleted, even when it has a *Not Ready* Status. Clicking on the help icon, blue "?" now provides detailed information for why the Service cannot be deleted. Examples are below.

- A *Not Ready* Service that was previously processed in a *Fiscal Overview* job displays



- A *Not Ready* Service with a progress note displays





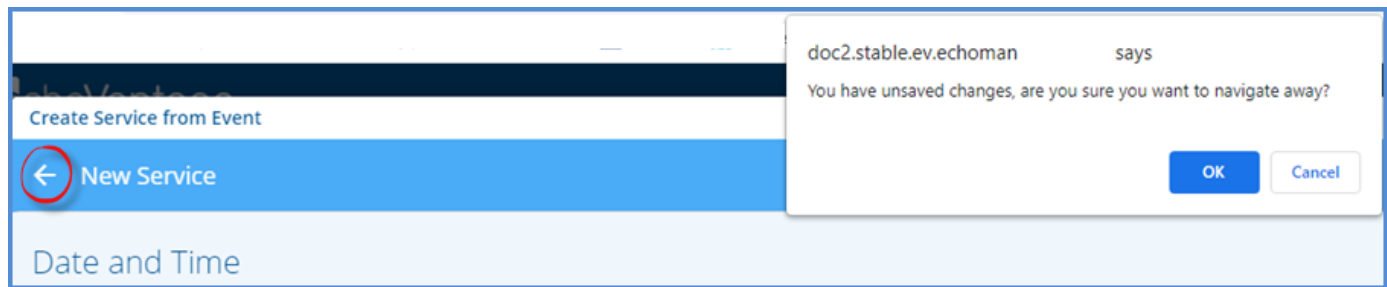
GL Posting Errors

The Errors screen in *Fiscal Overview > Unposted GL Transactions* now displays the Service Date and the Service Components and links back to the Service when the error is Service related. A *Not associated with a service* message displays when the error is not Service related.

03/09/2021	<i>Not associated with a service</i>	BCBSNH - Anthem BCBS ...	\$ 25.00	P	0	0	1	
03/09/2021	<i>Not associated with a service</i>	undefined	-\$ 225.00	D	0	0	1	
03/09/2021	000009 Johnson, Scott	08/12/2020 - CASE (CM, 11, CASE, KPT, ADULT)	MDCD - Medicaid	\$ 200.00	D	0	0	1
03/09/2021	VONV0000 Naylor, Scott	02/19/2021 - CASE (CM, 11, CASE, KPT, ADULT)	BCBSNH - Anthem BCBS ...	\$ 50.00	D	0	0	1

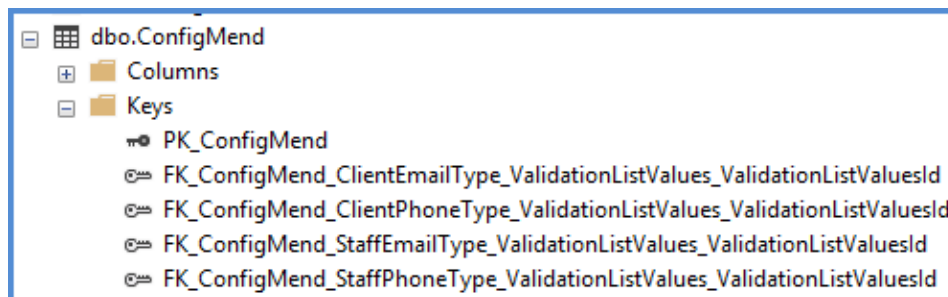
Group Events

There is now a button to quickly go back to a Group Event from the *New Service* form. Previously, the Service had to be saved before the back button was available. A confirmation box displays indicating that there are unsaved changes when the back button is selected without first saving the Service.



Mend Configuration

The Email and Phone Types selected in *Configuration > Setup > Third Party Integration > MEND* are saved in the database as ids pointing to the *dbo.validation_list_values* table but were missing a foreign key constraint. The missing FK constraint allowed the Phone or Email Type backing the MEND configuration to be deleted, resulting in MEND records being unable to load. The foreign key restraints are added to the *dbo.ConfigMend* table for Staff/Client Email Types and Staff/Client Phone Types when upgrading to v3.22 to prevent this from happening in the future.



End Date Column for Gender Identities

In *Configuration > Setup > Defined Lists* there is now an End Date column for Gender Identities. This value is stored in the *EndDate* column of the *dbo.GenderIdentities* table. End Dated Gender Identities do not show in the Gender Identity drop-down list on the *Clients > Profile* tab. This allows an agency to discontinue use of a Gender Identity term without affecting previously reported data. End Dated Gender Identities already in use continue to display correctly due to the *Validation Description SQL Form Property* defined for the drop-down field. Custom Client Profile forms must be updated to take advantage of the new End Date



functionality included in version 3.22. A copy of the v3.22 Client Demographic form must be made, and then agency customizations can be applied to the copy.

Gender Identities

Contains values for Client Gender Identities

Description *	EndDate
Cisgender	2020-12-31
Female	
Gender Fluid	
Gender Neutral	
Gender Queer	
Male	
No	
Non-Binary	
REFUSED	
Transgender	
Two-Spirit	2021-02-28
UNKNOWN	
Yes	

TIMELINE SCHEDULE PROFILE HOUSEHOLD CONTACT INFO EPISODES ENR

Last * Abbott **Alternate Client Code**

First * Pialele **Social Security #** XXX-XX-XXXX Show / Hide

Middle **MPI**

Suffix **Birth Date** 10/22/2001 **Age:** 19

Preferred Name **Legal Gender** M Male

Preferred Pronouns **Gender At Birth**

Confidential Client **Gender Identity** Two-Spirit (Deprec

Unique State Identifier

State Acorns

The following Acorns were updated:

- RI Custom Billing, 1.0.53.RELEASE

The following new Acorns were added:

- NH Custom Billing Acorn, 1.0.18.RELEASE
 - Includes NH Doc on Site – New
 - Packaged with existing NH Special Bundling Acorn

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

BUG FIXES

Erroneous Remittances Created When Applying Unapplied Payments

FW-11776

An issue was found where Remittances with a Status of "Reprocessed" were created erroneously during Unapplied Payment processing. In the example below, an Overpayment type Unapplied Payment was applied using the *Increase Charge To Payment Amount Action* - \$10 Overpayment shows applied as \$10 Payer Payment and the *Charge Increasing Credit* is -\$10.



CC								NOTES & TASKS
Date	Amount	Reason	Last Billed	Authorization	Status	Procedure Code	Diagnosis	
04/28/2020	\$ 50.00	CHARGE CREATED	01/19/2021		DONE	90865	F10.150	
12/31/2020	\$ 50.00	PAYER PAYMENT						
01/20/2021	\$ 10.00	PAYER PAYMENT						
01/20/2021	-\$ 10.00	CHARGE INCREASING CREDIT						
Total Balance:		\$ 0.00						

The processing, however, created a copy Remittance (Status of Reprocessed) as if the original applied payment amount was reversed and not applied. The full amount of the original Remittance is applied, so this Reprocessed Remittance should not have been created. If the Reprocessed Remittance is applied to the Charge, it results in a duplicate payment.

MARK (0) READY	DELETE (0)	Status	Payer	Client	Amount	Service Date	Transaction...	Allowed A...	Matching Charge	Messages &...
<input type="checkbox"/>		Reprocessed	CC - Carroll County	RA0000 Raven, W...	\$ 50.00	04/28/2020	12/31/2020	\$ 0.00		0

Now when an Overpayment is converted to a *CHARGE INCREASING CREDIT* using *Vantage Point > Fiscal Overview > Unapplied Payments*, a copy Remittance with a Status of Reprocessed is not created.


FW-12006

A temporary report, *Claim_Identification*, helps identify potential erroneous Remittances. The report is designed to give quick access to the Claim Details for each returned record. Use the following steps to configure and launch the report:

1. Copy the agency’s domain name, i.e., <https://www.myagency.echoehr.com> - make sure the trailing “/” is removed.
2. Open the Claim_Identification report located in the *Fiscal Reports* folder in the Reports menu.
3. Paste the domain name into the **Base EV URL** field, then select *View Report*.

Base EV URL  

The report lists the *Service Date*, *Remittance Amount*, and *Client* of the potential duplicates. If configured properly before launching, clicking on the Service Date links to the Claim Details for that Service. If multiple Remittances need reviewing, right-clicking on the Service Date and selecting “*Open link in a new tab*” is recommended as using the browser’s back button after viewing clears the *Base EV URL* field.


EV-103 Claim Identification

Service Date	Remittance Amount	Client
2020-08-02	225.00	ANTH0000
2021-02-03	150.00	BEAS0000

Print Date: 3/12/2021 11:28:38 AM
Peer to Peer BH
1 of 1

The report results should be reviewed carefully as false positives are possible. Remittances which are determined to be invalid duplicates should be set to *Not Ready* and then deleted. Please contact Support for more information.

REPORTS

[Updated and New Reports](#)

**The following Reports were updated:****Client Reports**

Medical Face Sheet – Updated to use the Priority column in dbo.ClientPayerEffectiveDates. The report content remains unchanged.

Fiscal Reports

Aging Report by Payer – Subtotals were added for each Payer.

Remittance Report – A filter was added to exclude reprocessed transactions. This filter is enabled by default. A new Program column was also added.

_Remittance Report for Export - The CSV-friendly report available within the main report above.

Cash Receipts Journal – A filter was added to exclude reprocessed transactions. This filter is enabled by default.

_Cash Receipts Journal for Export – The CSV-friendly report available within the main report above.

UPDATES

Ticket #	Description
FW-11591	Updates were made to Remittance Entry that prevents a <i>Non Specific Payer Payment</i> from being saved against a specific Charge. Previously if a Transaction Type of <i>Payer Payment</i> was entered against a Charge and then the Transaction Type was changed to <i>Non Specific Payer Payment</i> , the Service Date and Charge id were still saved with the payment in the database.
FW-11805	The number of rows allowed in <i>Configuration > Services/Payers > Sliding Fees</i> was increased to 2000.
FW-12029	The CMS 1500: Box 33 now has a Pay-to Name and Address if one is present.

BUG FIXES

Ticket #	Case #	Description
FW-10026		Client tabs using Form DesignEHR forms (Profile, Episodes, Enrollments) no longer get out of sync if selected before the first tab finishes loading.
FW-11686	76233	The Staff fields in the Client Header now only display Primary/Secondary/Tertiary active Staff from all active Client Episodes. <ul style="list-style-type: none"> Inactive Staff on an open Episode do not display. No staff display for a Closed Episode.
FW-11725		The date fields displayed on the Fiscal Overview Errors tabs now correctly adjust for local time. Previously, jobs run close to midnight were displayed with the next day's date instead of the current date.
FW-11781		Waterfalling a bundled charge with no bundled services no longer causes service processing to crash.
FW-11830		When a reprocessing job is created in Claims, all previous messages for items in the job are now removed. Previously, a Service's prior error message could prevent a Charge from creating.
FW-11842		Transaction Detail now continues to display on the Claim Details modal after a Client Payer is end-dated for the Service date. Previously the Details were not displayed if the Payer was not active as of the Service date.
FW-11870		New Version Available Toast in Firefox now refreshes after selecting Reload.
FW-11937		The Group Note now considers the status of Group Participant Progress Notes to determine if the Group Note should be locked. Previously, the Group Note remained locked even after unlocking individual Progress Notes.
FW-11947		Progress notes now correctly forward the Client to popups opened from a grid.



FW-11956		Popups from a custom Profile tab now correctly receive the Client param.
FW-11957		Form DesignEHR DateTime fields now save and render forms based on local browser time.
FW-11968	76642	Special characters in Depiction Labels (i.e., apostrophes, double quotes, backticks) no longer cause an Unexpected Error.
FW-11990		Resolved an issue that caused the application to crash when opening the Eligibility Details Modal.
FW-12000		A Fatal error no longer occurs when adding a Client to a Group Event when the selected Group is empty OR no longer has active members as of the Event date.
FW-12037		When attempting to schedule recurring Events with a date in the <i>Until</i> more than a year after the initial Event Date, the warning message now states, " <i>Cannot be more than one year after the Event date.</i> "
FW-12055		Fixed an issue where Staff Modifiers could not be added to Rates in Service Definitions or Payers.
FW-12056		Fixed an issue where multiple Procedure Code Modifiers with Defined Filters could not be added to Rates in Service Definitions or Payer.
FW-12100		Update the Group Code enumeration in OAK to "PR" in place of "CR" to avoid issues importing the 835.