

ECHOVANTAGE RELEASE NOTES

VERSION 3.32

NEW FEATURES

Client List Filtering Applied to Core Reports

Client List Filters, defined in *Configuration > Staff/Users > Client List Filters*, are now applied to all Client-related Core reports, excluding Billing Reports. For example, a Staff with an Episode type Client List Filter applied now only sees Clients for whom they are listed as Episode Staff when running the *Client List* report. Previously, that Staff person would see a list of *ALL* Clients when the *Client List* report was run.

A new hidden parameter containing the AppUser ID is passed from EchoVantage to the report and is used to filter down the Client list and other related queries. A new view, dbo.VClientFilter_All was added to facilitate these changes.



Agency created custom reports must be updated for Client List Filters to be applied. Step-by-step instructions for editing custom report *.rdl* files using Report Builder are available at the end of the Release Notes in the <u>Applying Client List Filters to Custom Reports</u> section. If a custom report is not updated, Client List Filtering is not applied.

The following core reports were updated to include Client List Filtering.

Administration Reports			
Admissions By Date Range	Clients By Payer	Clients Missing Payer	Enrollment Census Report
Events Missing Services	Schedule Report	Staff Caseload Detail	Staff Caseload Summary
Wait List Report			

The Enrollments Summary Report does not have Client List Filtering applied, while the Enrollment Census Report is filtered. There is potential for these two reports to appear out of sync if a user with a Client List Filter applied has access to both reports.

Client Reports			
Attendance Report	Client List	Client Medications Detail	Client Medications Summary
Clients By Enrollment	Clients Without Appointments	Clients Without Treatment Plans	Medical Face Sheet
PHQ-9 Adolescent Scores Over Time	PHQ-9 Scores Over Time	Progress Note Basic	Services Without Progress Notes
Treatment Plan	Vital Signs Report	_Clients By Enrollment for Export	

Fiscal Reports			
Aging Detail By Payer	Aging Detail By Program	Aging Report By Payer	AR Status Report for Export
Average Days In AR	Billed vs received	Bundled Services	Cash Receipts Journal
Claims Report	Client Payment Allocation Report	Expiring Authorizations	GL Activity Report
Historical Aging	Outstanding Charges	Payment Detail	Refunds
Remittance Report	Service Authorization Status	Service Detail by Defined Filter	Service Detail With Charges



Service Detail With Charges By Client	Service Detail With Charges By Staff	Service Processing Report	Service Status Report
Unapplied Payments	Unprocessed Services	_Aging Detail For Export	_Aging Report For Export
_Billed vs Received for Export	_Bundled Services for Export	_Cash Receipts Journal for Export	_Claims Report for Export
_Historical Aging Report for Export	_Outstanding Charges for Export	_Payment Detail for Export	_Remittance Report for Export
_Service Authorization Status for Export	_Service Detail by Defined Filter for Export	_Service Detail With Charges for Export	_Service Detail With Charges By Client for Export
_Service Detail With Charges By Staff for Export	_Service Processing Report for Export	_Service Status Report for Export	

Service Definition Management

This release introduces new tools for managing Service Definitions. A copy button is available to the right of the Service Definition search field, which allows users to copy all or selected tabs of an existing Service Definition. This copy feature speeds the creation and entry of Service Definitions, especially those with detailed Charge Calculation structures. An option is also available to copy a Service Definition's Charge Calculation information forward when creating a *New Version of the Charge Calculation*. (A Charge Calculation is the equivalent of a Charge Strategy in the database.) And finally, a *DELETE* option is available when no Charges are associated with the currently selected Charge Calculation. These new tools are covered in more detail below.

Copying Service Definitions

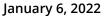
The copy Service Definition icon is to the right of the search in *Configuration > Services/Payers > Service Definitions*.

Intake			۹ 🗖	0
Service Code INT	Billable Yes	CPT 90791	1	HCPCS

When selected, the copy Service Definition screen displays.

Copy Service Definition X	
Code *	• Entry of a <i>Code</i> is required and must be unique.
EM1	Name is pre-populated with the value of the selected Service
	Definition and appended with - COPY
Name *	 The Service Duration is pre-populated with the values from the
Alcohol and Drug Program - COPY	copied Service Definition but may be updated.
Service Duration	Configuration Data to Copy
Minimum Minutes * Maximum Minutes *	 Profile data is always selected and copied to the new
1 1440	Service Definition but can be edited after saving.
	 The contents of each selected tab are copied to the new
Configuration Data to Copy	Service Definition.
computation bata to copy	 Components
Profile	 Rates – When Rates is selected, the buttons next
Components	to All and Active are enabled. Select All to copy
Rates	both active and inactive Charge Calculations or
	select Active to copy the active Charge Calculation
o	only.
Active	 Progress Notes
Progress Notes	• Select SAVE to create the copy.
CANCEL SAVE	





Once SAVE is selected, the Service Definition copy is created as a DRAFT and is easily identifiable in the Service Definition list.

Alco	Q
Alcohol and Drug Monthly Bundl Code: ADPM	Bundled
Alcohol and Drug No Show Code: ADPNO	
Alcohol and Drug Program Code: ADP	
Alcohol and Drug Program - COPY Code: EM1	Draft
Mots Alcohol and Drug Code: MOTSAD	

A yellow banner indicates the copied Service Definition is a draft and remains until the *PUBLISH* or *DISCARD* decision is made. Only published Service Definitions are available in Service Entry. Draft Service Definitions do not affect the duplicate Service Definition check when working in *Events, Per-Diem Services, Service Entry,* or Bundle creation. Click discard to delete the draft, any associated Payer Overrides, and remove the draft from any bundled definitions.

lcohol and Drug Pi	rogram - COPY				A new column,
ervice Code M1 undled o er Diem	Billable Yes Group No	CPT 90837 Add-on No	HCPCS H2020 Direct Fee No	2	 dbo.ServiceDefinitions.Status was added to differentiate Published Service Definitions from Drafts. Published
OFILE COMPONENTS	A This Service Defi		PUBLISH DISCA	RD	Service Definitions have a value of <i>ACTIVE; DRAFT</i> indicates a draft. Custom
Service Code * EM1	Service Name * Alcohol and Drug F	Program - COPY	Billable		reports or forms that reference or match on Service Definitions may need
Other	0		Add-on Service	rting	updating to exclude draft Service Definitions.
Start Date 🚺	End Date		Non-Specific S	ervice	
Service Duration					
Minimum Minutes * 1	Maximum Minutes	*			If an end-dated Service
Billing and Repor	ting Codes				Definition is copied, the new
CPT 90837	HCPCS H2020				Service Definition is also end dated after publishing if the
		CANCEL	SAVE		dates are not updated.

While the Service Definition is in draft mode, information on any tabs may be updated. When changes are complete, select *PUBLISH* to make the Service Definition available in Service Entry. To maintain consistency, all *NEW* Service Definitions added instead of copied are also created as a draft. This draft status allows the new Service Definitions to be configured over the course of hours or days without affecting the duplicate Service Check or other *Service Entry* configuration settings.



January 6, 2022

Managing Service Definition Charge Calculations

The Rates tab in *Configuration > Services/Payers > Service Definitions* is restyled with a blue header indicating the displayed information is part of the Service Definition's *Default Rates*. A *NEW VERSION* action is also available where users can choose to add a new Charge Calculation version by copying the currently selected one or creating a new one. The copy feature is a quick way to accommodate a rate change without the need to reenter Procedure or Staff Modifiers.

PROFILE COMPONENTS RATES PROGRESS N	NOTES				
Default Rates					NEW VERSION V
				Copy S	Selected Charge Calculation
Calculations				New C	harge Calculation
Charge Calculation Met	thod *	Uni	t Calculation *		
Unit		× • M	inutes per Unit	× -	
Start Date	End Date	Min	utes per Unit *		
01/01/2017	12/17/2021	15			
Minimum Minutes	Maximum Minut	es Rou	Inding Rule *		
1	1440	N	o Rounding	× -	
Rates					
Base Rate *					
\$ 50.00					
	Credentialed Rates *				
Credential	Base Rate		Rate * Start Date	End Date	
Credentials	⇒ \$ 50.00	\$ 20.00	01/01/2020		·
C-T - Counselor trainee	× - \$ 50.00	\$ 20.00	01/01/2020	Ē	1 - C
C-T-B - CT - Bachelor	× - \$ 50.00	\$ 35.00	01/01/2020		1 - C
C-T-M - CT - Master	× - \$ 50.00	\$ 40.00	01/01/2020	Ē	•
CMS - Care manageme	. × * \$ 50.00	\$ 30.00	01/01/2020		1 () ()
CMS-B - CMS - Bachelor	× - \$ 50.00	\$ 35.00	01/01/2020	Ē	· · · · · ·
CMS-M - CMS - Master	× - \$ 50.00	\$ 40.00	01/01/2020	Ē	1
+ ADD CREDENTIALED R	RATE				-

When *Copy Selected Charge Calculation* is selected in *NEW VERSION*, all *RATES* tab information is copied from the selected Charge Calculation, including Calculations, Rates (Base and any Credentialed), Billing Codes, and Modifiers. The Start Date is populated with the copied Charge Calculation's End Date plus one day, and the End Date is left blank. This copy or new version functionality replaces the blue *VIEW CHARGE CALCULATIONS* button on the bottom left-hand side of the Service Definition Rates screen in prior versions.

(ChoVantage					Peer to Peer Behavioral Health Welcome Ge						0 9
*	Staff/Users	Individual Therapy	1		۹	0					
-	Staff How Groups	Service Code	Billable	CPT 905		HCPCS H1085	Bundled Yes	Group	Add-on No	Direct Fee	^
45	Remains . Overst List Filters	PROFILE COMPONE	NTS RATES								
	Services/Payers										
	Components Service Definitions	Calculations Charge Calculation Met	had t								
8	Payers. Defined filters	Not billable to most pay		•							
	Scheduler	Start Date 05/01/2019	End Date	3							
18	Event Templates	Minimum Minutes	Maximum Minuter		6						
	Benzus Con	0	992								
-	Clinical Decisions	VIEW CHARGE CALCULAT	IONS		CANCEL	SAVE					
	a state of the second sec										



January 6, 2022

On the copied version, a darker blue banner displays *New Charge Calculation* to indicate the displayed Charge Calculation is not a saved default rate. Note in the image below that the *Start Date* is 12/18/2021, which is one day after the *End Date* of the copied Charge Calculation displayed in the previous image. Enter any required updates to Calculations, Rates, or Billing Code sections, then select *SAVE* to record the new Charge Calculation.

Default Rates									
Jerault Rates									NEW VERSION V
New Charge Ca	alculation								
	Calculations								
	Charge Calculation Meth	hod *		Unit Calc	ulation *				
	Unit	Unit × +						× -	
	Start Date	Start Date							
	12/18/2021	End Da	te 🗇	15					
	Minimum Minutes	Max	imum Minutes	Rounding	Rule *				
	1	144	D	No Roun	ding			× -	
	Rates								
	Base Rate *								
	\$ 50.00								
		redenti	aled Rates *						
	Credential		Base Rate *	Expected Rate	* Start Date		End Date		
	Credentials	*	\$ 50.00	\$ 20.00	01/01/2020				I
	C-T - Counselor trainee	X -	\$ 50.00	\$ 20.00	01/01/2020	ē			
	C-T-B - CT - Bachelor	X -	\$ 50.00	\$ 35.00	01/01/2020				
									-
	C-T-M - CT - Master	× •	\$ 50.00	\$ 40.00	01/01/2020				I
	CMS - Care manageme	× =	\$ 50.00	\$ 30.00	01/01/2020				I
	Civid - Carle manageme								
	CMS-B - CMS - Bachelor	× •	\$ 50.00	\$ 35.00	01/01/2020				T

When a Service Definition has multiple Charge Calculations, these display in a *Versions* drop-down list. There is an important distinction to note regarding the *Start Date*. The Start Date is not required when there is only a single, Default version of the Service Definition Charge Calculation. However, when a new version is created, the *Start Date* field is marked as required (orange asterisk '*') once the new version is saved. This is not new behavior as *Start Date* has always been essential in defining the active date range of each Charge Calculation version. The best practice is to populate the Start Date field, always.

PROFILE COMPONENTS RATES PROGRESS NOTES			
Default Rates	Versions	Start Date: 12/18/2021 (Active)	NEW VERSION 🗸
		Start Date: 12/18/2021 (Active)	h
Calculations		01/01/2017 - 12/17/2021	
Charge Calculation Method *	Unit Calculation *		
Unit X 👻	Minutes per Unit	× -	
Start Date *	Minutes per Unit *		
12/18/2021 End Date 🖬	15		
Minimum Minutes Maximum Minutes	Rounding Rule *		
1 1440	No Rounding	× -	



When copying a Charge Calculation, the selected version must always have an End Date. It can be active (end-dated in the future) or inactive (end-date on or before the current day). If the selected Service Definition does not have an End Date, the following message displays.

	×
All Charge Calculations must be end dated before creat	ing a new version.
CLOSE	VIEW LATEST

- Select *CLOSE* to exit the modal and return to the selected Service Definition.
- Select *VIEW LATEST* to exit the modal and view the most recent Charge Calculation. If there are existing future-dated Charge Calculations, this action does not return you to the active Charge Calculation.

If a future-dated Charge Calculation is viewed, a yellow banner with the following message displays "This Charge Calculation is for a future period."

Alcohol and Drug P	rogram	۹ () O									
Service Code ADP	Billable Yes	CPT 90837	HCPCS H2020	Bundled No	Group No	^						
Add-on No	Direct Fee No	Per Diem No										
PROFILE COMPONENT	PROFILE COMPONENTS RATES PROGRESS NOTES											
Default Rates				Versions 01/01/2023 - 12/31/2	023 -	NEW VERSION 🗸						
		📕 🛆 This Cha	arge Calculation is for a fu	uture period.								

Deleting a Service Definition Charge Calculation

A new *DELETE* option is available on the *Service Definitions* > *Rates* tab. Delete is enabled when the currently selected Charge Calculation is not associated with any Charges.

Case Manag	gement	٩ (j 🖸			
Service Code CASE	Billable Yes	CPT T1016	HCPCS	Bundled No	Group No	^
Add-on No	Direct Fee No	Per Diem No				
PROFILE COM	IPONENTS RATES PROGR	ESS NOTES				
Default Rates	5		Ver	sions 12/18/2021 - 12/31/2	022 (Active) 👻 NEW VER	sion 🗸
	+ ADD PROCEDURE N	IODIFIER				•
		Staff Modifiers				
	+ ADD STAFF MODIFI	ER				-
DELETE	—				CANCEL	SAVE

When a Charge Calculation is deleted, the Rates tab displays the next most recently added Charge Calculation. If there are no further Charge Calculations, the *No Rates* page is displayed.



January 6, 2022

If there are Charges associated with the Charge Calculation, the *DELETE* button is disabled, and a help message containing an explanation is available by clicking on the blue question mark.

PROFILE CO	OMPONENTS RATES PROGR	ESS NOTES				
Default Rat	tes				NEW VERSION \checkmark	
	Start Date 01/01/2015	End Date	Minutes per Unit * 60			•
	Only Charge Calculations with r charges can be deleted	Maximum Minutes	Rounding Rule *	× *		Ŧ
🚺 DELETE	0				CANCEL SAVE	

If the user is in the process of creating a new or copying a Charge Calculation, the *DELETE* button is also disabled, and the Help button is not visible.

PROFILE COMPON	ENTS RATES PROGRESS NOTES		
Default Rates	Versions Start typing to search	▼ NEW VERSION ✓	
New Charge Ca	culation		^
	Calculations		
	Charge Calculation Method * Unit Calculation *		
	Start typing to search	-	
	Start Date * 01/01/2024 Image: End Date		Ŧ
DELETE	—	CANCEL SAVE	

Managing Payer Charge Calculations

Additional tools for managing a Payer's Charge Calculations in *Configuration > Services/Payers > Payers > Rates* were also added. The Rates tab was restyled. A blue header displays the name of the selected Service Definition and the *OVERRIDE SERVICE DEFINITION DEFAULT* button. Like the Service Definitions Rates tab, historical and future Payer Charge Calculations may be selected from a *VERSIONS* drop-down list for viewing. An option to *DELETE* unused Charge Calculations is also included.

When the override default button is selected, the Payers Rates screen becomes editable, and Payer-specific rate and calculation information for the chosen Service Definition can be updated, just as before.

PROFILE COMMUNICATIONS PI	OCESSING RATES BILLING METHODS PAYER MAPPINGS EL	LIGIBILITY POS MAPPINGS
Service Definitions Q	Anger Management (ANGMNG)	OVERRIDE SERVICE DEFINITION DEFAULT
C ACE (ACE) Default Rate	Calculations	
C Aksel Test (NEW) Payer Rate		t Calculation * (ed Unit -



Once a Payer Override is created, the override button is replaced with a NEW VERSION option like that found on the Service Definition Rates tab.

PRO	OFILE COMMUNICATIONS	PRC	CESSING RATES	BILLING METHODS	PAYER MAPPING	S ELIGIBILITY	POS MAPPINGS	
Se	ervice Definitions	۹	Anger Manage	ment (ANGMNG)			-	NEW VERSION \checkmark
C	Alcohol and Drug Program (ADP) Payer Rate	•	Calculations	on Method *		Unit Calculatio	• *	
C	Anger Management (ANGMNG) Default Rate		Flat Rate Start Date		× •	Fixed Unit Units Billed *		× *
Ċ	BULK Services Test		04/01/2016	🖬 End Date		10		

Choose *Copy Selected Charge Calculation* to copy the Rates tab information forward for the current Payer. The selected Charge Calculation must have an End Date for the copy function to be successful as the new Charge Calculation is created with a Start Date that is one day after the copied calculation's End Date. Choose *New Charge Calculation* to create a new Rates tab information without copying any existing values forward.

PROFILE COMMUNICATIONS	PRO	CESSING RATES	BILLI	NG METHODS	PAYER MAPPI	NGS ELIGIBILITY POS	MAPPINGS
Service Definitions	Q	Anger Manage	ment ((ANGMNG)			NEW VERSION \checkmark
C Alcohol and Drug							Copy Selected Charge Calculation
Program (ADP) Payer Rate		Calculations					New Charge Calculation
l ayer Nate		Charge Calculat	ion Met	thod *		Unit Calculation *	
C Anger Management (ANGMNG)		Flat Rate			× -	Fixed Unit	× -
Default Rate		Start Date		End Date		Units Billed *	
C BULK Services Test		04/01/2016		12/31/2020		10	
(BULK) Default Rate		Minimum Minut	tes	Maximum	Minutes		
		0		75			

When copied, a blue banner indicates that the *New Charge Calculation* is currently displayed, and all the Calculations, Rates, and Billing Codes information is copied forward. Update as needed and then select *SAVE*.

PROFILE	COMMUNICATIONS	PRO	CESSING RATES	BILLING METHODS	PAYER MAPPING	S ELIGIBILITY	POS MAPPINGS	
Service I	Definitions	Q	Anger Managem	ent (ANGMNG)				NEW VERSION 🗸
Pr	lcohol and Drug rogram (ADP)	*	New Charge Ca	alculation				
	ayer Rate		Calculations					
(A	nger Management NGMNG)		Charge Calculation	Method *		Unit Calculation	n *	
De	efault Rate		Flat Rate		× -	Fixed Unit		× *
	ULK Services Test 3ULK)	L	Start Date			Units Billed *		
	efault Rate		01/01/2021	End Date		10		
	undled Counseling		Minimum Minutes		n Minutes			
	BUNCOUN) ayer Rate		0	75				



January 6, 2022

When more than one Payer Charge Calculation exists, a *Versions* drop-down is available in the blue header. The selected Charge Calculation displays on the RATES tab.

Servi	ce Definitions	Q	Anger Management (ANGMNG)	Versions	5tart Date: 01/01/2021 (Active) 🔺	NEW VERSION \checkmark
С	Anger Management				Start Date: 01/01/2021 (Active)	
	(ANGMNG) Payer Rate		Calculations		04/01/2016 - 12/31/2020	
C	BULK Services Test	_	Charge Calculation Method *		Unit Calculation *	
0	(BULK)		Flat Rate	× -	Fixed Unit	× -
	Default Rate		Start Date		Units Billed *	
С	Bundled Counseling (BUNCOUN)		01/01/2021 End Date		10	

Copying Rates to Other Payers

In addition to the Rates management for a single Payer and Service Definition, a new copy feature allows the current Payer's Rate Override for the selected Service Definition to be copied to other Payers. This means rate updates can be applied to a single Payer and then copied to multiple Payers without the need to reenter information. Access this feature by selecting the blue *COPY RATE TO OTHER PAYERS* button in the footer of the Rates tab. The Service Definition being copied must have the Start Date populated.

Service Definitions	Q	Anger Managemer	nt (ANGMN	G) V	ersions Start Date: 01	/01/2021 (Active	e) 📼 NEW VEF	sion 🗸
C Anger Management (ANGMNG) Payer Rate	^	Service Definition Ba \$ 50.00	ase Rate					
BULK Services Test (BULK)		Credential	Payer	Rates * Base Rate *	Contracted Rate *	Start Date	End Date	
Bundled Counseling (BUNCOUN) Payer Rate	l	Credentials + ADD PAYER RATE Billing Codes	~	\$ 55.00	\$ 55.00			
Case Management (CASE) Payer Rate		Billing Code *			× •			
Client Incidentals (INC) No Default		Revenue Code	✓	Exclude Billing C	ode and Modifiers			
Clothing (CLOTH) Default Rate		Value Code	Value Co	ode Amount				
CM Case Management (CM) Payer Rate		Condition *		re Modifiers Defined Filte		Code *	Position *	
Counseling (COUN) Payer Rate		+ ADD PROCEDURE	X +	Telehealth	× -	GT	1	-
Counseling Add-on (COUNADD) Default Rate		+ ADD STAFF MODIF		lodifiers				
C Counseling by Telephone (COUNTELE)		COPY RATE TO O	THER PAYERS	[hy			CANCEL	SAVE

January 22



When selected, the following prompt displays.

Copy Payer Rate Override	×
Copy to Payers *	
× MOL - Molina Healthcare	× •
CANCEL SAVE	

- The drop-down list is populated with all active Payers and Payer Codes.
- Multiple Payers may be selected in the *Copy to Payers* drop-down.
- When *SAVE* is selected, the application checks for Start Date conflicts between the existing Charge Calculation(s) of the chosen *Copy to Payer(s)* for the chosen Service Definition and the currently selected Charge Calculation to be copied.
 - If there are no conflicts,
 - Existing Charge Calculations with a Start Date **before** the Start Date of the Charge Calculation being copied are end-dated. The End Date is the day before the Start Date of the Charge Calculation being copied.
 - The new Charge Calculation information is copied over.
 - If there was no previous override, there is now one Payer Rate version.
 - If a previous override was end-dated, there are now at least two Payer Rate versions, the enddated one and the copied one.
 - A success message displays indicating the number of Payers that were updated with the copy.



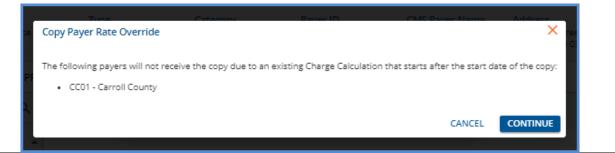
o If there are conflicts for some of the selected Payers, the following message displays.

Copy Payer Rate Override		X
The following Payers will receive the copy and have their Charge Cal	lculations end-dated:	
HA - Health AllianceCI - Cardinal Innovations		
The following payers will not receive the copy due to an existing Cha	arge Calculation that starts after the start date of the c	ору:
CC01 - Carroll CountyMOL - Molina Healthcare		
		IUE

- Choose CONTINUE to copy the Charge Calculations for the Payers without conflict.
 - No update is made to the Payers with conflict.
 - The success message indicates the number of Payers with a successful copy.

Successfully copied Rate to 2 Payers

- Or select *CANCEL* to halt the process and return to the *Copy to Payer* selection prompt.
- If the selected Service Definition does not have a Start Date, the following error message displays when SAVE is selected.



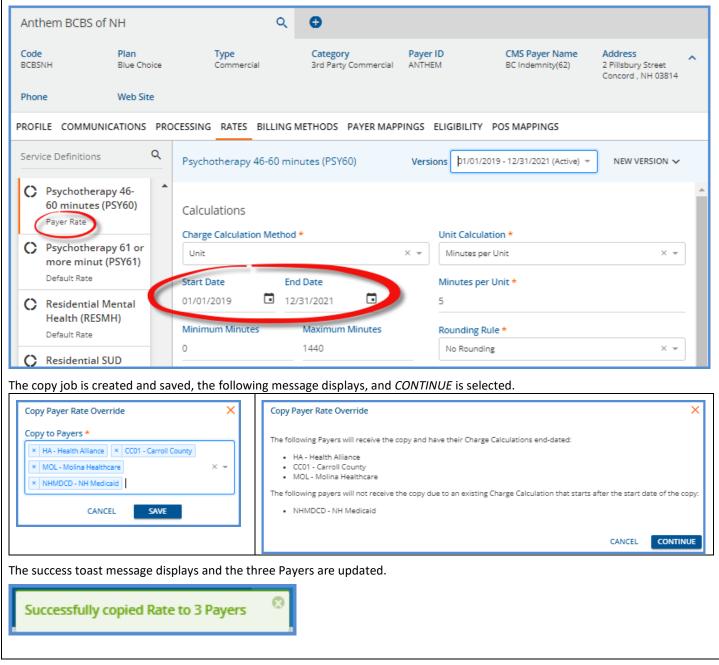


Examples

The following examples illustrate the results of the Copy Rate to Other Payers function in the following four scenarios.

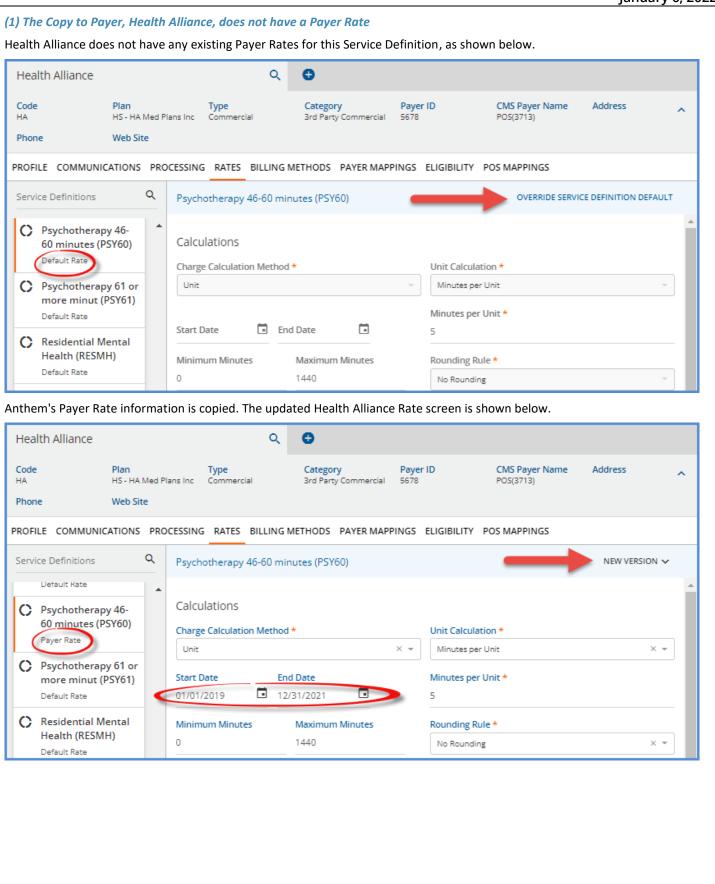
- (1) The Copy to Payer, Health Alliance, does not have a Payer Rate defined for the copied Service Definition.
- (2) The Copy to Payer, Carroll County, has an existing Payer Rate defined for the copied Service Definition, but that Rate does not overlap the copied Service Definition.
- (3) The Copy to Payer, Molina, has an existing Charge Calculation with a Start Date before the copied Service Definition's Start Date.
- (4) The Copy to Payer, NH Medicaid, has an existing Payer Rate with a Start Date after the copied Service Definition's Start Date.

The following Anthem BCBS Payer Rate for Psychotherapy (PSY60) is selected to copy to the four Payers referenced above. *Please note that the copy function copies all sections of the Rates tab, but these examples only capture the Calculations section of the Rates tab to conserve space.*





January 6, 2022





January 6, 2022

Carro	ll County	Q	•				
Code CC01	Plan	Type Commercial	Category County	Payer ID CC01	CMS Payer Name OTHER GOVERNMENT (Federal/State/Local) (excluding Department of Corrections)(3)	Address 2 Pillsbury Lane Concord, NH 03012	^
Phone Billing: (Web Site (800) 731-5555						
ROFILE	COMMUNICATIONS P	ROCESSING RATES BILLING	G METHODS PAYER M	APPINGS ELIGIBILITY	POS MAPPINGS		
Service	e Definitions Q	Psychotherapy 46-60 m	ninutes (PSY60)		\rightarrow	NEW VERSION \checkmark	I,
-	Contraction of the operation	•					
	Psychotherapy 46- 50 minutes (PSY60)	Calculations					
6	sychotherapy 46-	Calculations Charge Calculation Metho	od *	Unit Calcu		× -	
C F	Psychotherapy 46- 50 minutes (PSY60)	Charge Calculation Metho Unit Start Date	od * End Date		per Unit	× •	

Anthem's Payer Rate information is copied, and now when viewing Carroll County's Rates for this Service Definition, there are two Versions.

Carroll County		۹ 🕒			
Code Plan CC01	Type Commercial	Category County	Payer ID CC01	CMS Payer Name OTHER GOVERNMENT (Federal/State/Local) (excluding Department of Corrections)(3)	Address 2 Pillsbury Lane Concord, NH 03012
Phone Web Site Billing: (800) 731-5555					
PROFILE COMMUNICATIONS	ROCESSING RATES BILLI	NG METHODS PAYER MAR	PINGS ELIGIBILIT	Y POS MAPPINGS	
Service Definitions C	Psychotherapy 46-60) minutes (PSY60)	Versions 01/0	1/2019 - 12/31/2021 (Active) 🔺	NEW VERSION \checkmark
D'ETGERT NODE			01/0	1/2019 - 12/31/2021 (Active)	
C Psychotherapy 46- 60 minutes (PSY60)	Calculations		01/0	1/2018 - 12/31/2018	
Payer Rate	Charge Calculation Met	thod *	Unit Calo	ulation *	
C Psychotherapy 61 or	Unit		× - Minutes	per Unit	× -
		End Date	Minutor	per Unit *	
more minut (PSY61) Default Rate	Start Date		winnutes		
Default Rate	01/01/2019	12/31/2021	5		
		-			



January 6, 2022

3. The Copy to Payer, Molina, has an existing Charge Calculation with a Start Date before the copied Service Definition's Start Date.

Molina's Payer Rate for the PSY60 Service Definition has been active since 01/01/2018, before the Start Date of 01/01/2019 on Anthem's Rate.

Molina Healthcare		٥	•				
MOL	Plan Molina HMO Gold Web Site	Type d 201 Commercial	Category 3rd Party Commercial	Payer ID 41971	CMS Payer Name	Address	^
PROFILE COMMUNICA	0	ESSING RATES BILLIN	IG METHODS PAYER MAPP	PINGS ELIGIBILITY	POS MAPPINGS	NEW VERSION V	
C Psychotherapy 60 minutes (PS Payer Rate	46- Y60)	Calculations		Unit Calcu	lation *		Î
C Psychotherapy more minut (PS Default Rate	SY61)	Unit Start Date 01/01/2018	End Date	X v Minutes p		× •]
C Residential Mer Health (RESMH Default Rate	ntal)	Minimum Minutes	Maximum Minutes	Rounding		× •	

When Anthem's Rate is copied, Molina's existing Rate is end-dated on 12/31/2018, and a new version is created for the copied Rate. Either Rate may be viewed by selecting the row in the now visible *Versions* drop-down.

Molina Healthcare			۹ 🕒			
	n lina HMO G b Site	Type old 201 Commercial	Category 3rd Party Commer	Payer I cial 41971	D CMS Payer Name	Address
ROFILE COMMUNICATIO	ONS PRO	CESSING RATES BILL	LING METHODS PAYER N	APPINGS E	ELIGIBILITY POS MAPPINGS	
Service Definitions	۹	Psychotherapy 46-6	0 minutes (PSY60)	Versio	· · · ·	NEW VERSION 🗸
C Psychotherapy 46 60 minutes (PSY60 Payer Rate		Calculations Charge Calculation M	ethod *		01/01/2019 - 12/31/2021 (Active) 01/01/2018 - 12/31/2018 Unit Calculation *	
C Psychotherapy 61 more minut (PSY6 Default Rate		Unit Start Date	End Date		Minutes per Unit Minutes per Unit *	× •
C Residential Menta Health (RESMH) Default Rate	d	01/01/2019 Minimum Minutes 0	Maximum Minutes		5 Rounding Rule * No Rounding	X •



4. The Copy to Payer, NH Medicaid, has an existing Payer Rate with a Start Date after the copied Service Definition's Start Date.

The Start Date of NH Medicaid's Payer Rate, 01/01/2021, is after the Start Date of the Anthem Rate being copied for the PSY60 Service Definition, 01/01/2019. Anthem's Rate cannot be copied over to NH Medicaid.

NH Medicaid		٩	0				
Code NHMDCD	Plan Well Sense	Type Commercial	Category Medicaid	Payer ID 8675309	CMS Payer Name MEDICAID(2)	Address 2 Pillsbury Street Concord, NH 03301	^
Phone Claims: (999) 999-9999 Fax: (999) 999-8888 Susan Biller: (999) 999- 9999	Web Site						
PROFILE COMMUNIC	ATIONS PRO	CESSING RATES BILLING N	METHODS PAYER N	APPINGS ELIGIBILITY	POS MAPPINGS		
Service Definitions	۹	Psychotherapy 46-60 min	nutes (PSY60)			NEW VERSION \checkmark	
C Psychotherap 60 minutes (P		Calculations					*
Payer Rate		Charge Calculation Method	*	Unit Calcu	llation *		
C Psychotherap	y 61 or	Unit		X 👻 Minutes p	per Unit	× *	
more minut (Start Date		Minutes p	er Unit *		
Default Rate		01/01/2021 End	d Date 🗖	5			
C Residential M Health (RESM		Minimum Minutes	Maximum Minutes	Rounding	Rule *		
Default Rate		0	1440	No Round	ding	× -	

Deleting a Payer's Charge Calculation

A new *DELETE* option is available on the *Service Definitions* > *Rates* tab. Delete is enabled when the currently selected Service Definition's Charge Calculation is not associated with any Charges.

Anthem BCBS of N	IH	۹	0			
	Plan Blue Choice	Type Commercial		Payer ID ANTHEM	CMS Payer Name BC Indemnity(62)	^
Address 2 Pillsbury Street Concord , NH 03814	Phone	Web Site				
PROFILE COMMUNICA	ATIONS PRO	DCESSING RATES BILLING	METHODS PAYER MAPPIN	IGS ELIGIBILITY	POS MAPPINGS	
Service Definitions	۹	Anger Management (ANG	GMNG) Version	Start Date: 01/0	01/2021 (Active) ··· NEW VER	SION 🗸
C Anger Manager (ANGMNG) Payer Rate	ment	Calculations Charge Calculation Method	*	Unit Calculatio	n *	A
C BULK Services (BULK)	Test	Flat Rate	X •	Fixed Unit		× •
C Bundled Couns	seling	Start Date 01/01/2021	d Date 🚺	Units Billed * 10		
(BUNCOUN) Payer Rate		Minimum Minutes	Maximum Minutes			
Case Managem (CASE)	nent	•				• •
Payer Rate	-	COPY RATE TO OTHER PA	AYERS 🔋 DELETE 🦰		CANCEL	SAVE



January 6, 2022

Like Service Definitions, when a Charge Calculation is deleted, the Rates tab displays the next most recently added Charge Calculation. If there are no further Charge Calculations, the *Service Definition* default rate page is displayed.

NH	م	0			
Plan Blue Choice	Type Commercial	Category 3rd Party Commercia	Payer ID ANTHEM	CMS Payer Name BC Indemnity(62)	Address Address A Pillsbury Street Concord , NH 03814
Web Site					
CATIONS PRO	CESSING RATES BILLING	METHODS PAYER MA	PPINGS ELIGIBILI	TY POS MAPPINGS	
۹	Anger Management (AN	NGMNG)	_		CE DEFINITION DEFAULT
gement	Calculations				A
	Charge Calculation Metho	od *	Unit Cal	culation *	
e Test	Flat Rate		- Fixed U	Init	~
.5 1 COL	Start Date	nd Date	Units Bil	led *	
	Plan Blue Choice Web Site CATIONS PRO	Plan Type Blue Choice Commercial Web Site CATIONS PROCESSING RATES BILLING Anger Management (Aff Gement Calculations Charge Calculation Methor Flat Rate	Plan Blue Choice Type Commercial Category 3rd Party Commercial Web Site CATIONS PROCESSING RATES Billing Methods Anger Management (ANGMNG) Calculations Charge Calculation Method * Flat Rate Flat Rate	Plan Blue Choice Type Commercial Category 3rd Party Commercial Payer ID ANTHEM Web Site Anger Management (ANGMING) Anger Management (ANGMING) Calculations Charge Calculation Method * Unit Call rs Test Fixed U	Plan Blue Choice Type Commercial Category 3rd Party Commercial Payer ID ANTHEM CMS Payer Name BC Indemnity(52) Web Site Cations Category Anger Management (ANGMNG) OVERRIDE SERVI Gement Calculations OVERRIDE SERVI Gement Calculation Method * Unit Calculation * Flat Rate Fixed Unit Fixed Unit

If the user is in the process of creating a new or copying a Charge Calculation, the *DELETE* button is also disabled, and the Help button is not visible.

Anthem BCBS of NH		Q	0			
Code Plan BCBSNH Blue	Choice	Type Commercial	Category 3rd Party Commercial	Payer ID ANTHEM	CMS Payer Name BC Indemnity(62)	^
Address Phor Pillsbury Street Concord , NH 03814	ne	Web Site				
ROFILE COMMUNICATION	NS PRO	CESSING RATES BILLING N	IETHODS PAYER MAP	PINGS ELIGIBILIT	Y POS MAPPINGS	
ervice Definitions	Q	Anger Management (ANG	imng)			SION 🗸
C Anger Managemen (ANGMNG)	it 🔺	New Charge Calculatio	n			
Default Rate		Calculations				
BULK Services Test (BULK)	:	Charge Calculation Method	*	Unit Calculati	ion *	
(BOLK) Default Rate		Flat Rate	×	- Fixed Unit		× *
C Bundled Counselin	g	Start Date		Units Billed *		
(BUNCOUN) Payer Rate		01/01/2021 🖬 End	i Date 🚺	10		
	_	Minimum Minutes	Maximum Minutes			
Case Management (CASE)	•	COPY RATE TO OTHER PA	YERS DELETE	-	CANCEL	SAVE



January 6, 2022

MPROVEMENTS

Implement Payer Mappings for UB-04 and CMS-1500

The *Create Bills* process for the UB-04 was updated to override the Organization NPI when a Payer Mapping for this value exists in *Configuration > Services/Payers > Payer Mappings.* The NPI value is reported in FL-56. A similar update was applied to the *Create Bills* process for the CMS-1500 to override Organization NPI and Taxonomy when Payer Mappings exist. The NPI is reported in Box 32, and the Taxonomy is reported in Box 33, and reporting of the Staff NPI is not affected.

PROFILE COMMUNICATIONS PROCESSING I	RATES BILLING METHODS	PAYER MAPPINGS ELIGIBILITY
NPI		
Defined Filter *	NPI	
Outpatient MH X 👻	123456789	Î
+ ADD NPI		
Taxonomy		
Defined Filter *	Taxonomy	
Outpatient MH X 👻	251500000X	Î
+ ADD TAXONOMY		

Configure Reported Organization on CMS-1500

The CMS-1500 configuration page in *Configuration > Services/Payers > Payers > Billing Methods > CMS-1500* was updated to allow agencies to define which Organization or Service Facility information is reported in Boxes 32 and 33. A new drop-down with the following options was added for each box.

- Matching Organization (set as default)
- Matching Service Facility
- Default Organization

Matching Organization	× *
Box 32B (Shaded): Report Organization Taxonomy	
Box 33: Billing Provider *	
Matching Organization	× -
Box 33B (Shaded): Report Organization Taxonomy	
Box 33B (Shaded): Qualifer	
77	

When a CMS-1500 bill is created for a Service that matches the Organization's or Service Facility's configured Defined Filter,

- The Name, Address, and ZIP are reported from the selected Organization or Service Facility in Box 32.
- If *Matching Service Facility* is selected, and there is no match, the *Matching Organization* is reported instead.
- If there is also no match on *Matching Organization* or if there is no match on the Defined Filter, the reported value falls back to the *Default Organization*.



Configurable Permissions for Progress Notes

In response to requests to set Permissions around Progress Notes, a new features permission is available in *Configuration* > *Staff/Users* > *Permissions* called *Service: View Progress Note*. When the checkbox for this Permission is selected for a user group with menu access to the Services screen, members of that User Group can view and edit the Progress Note as before. When this checkbox is not selected (for a User Group with access to the Services screen), those members can view the status but cannot open the progress note to view or edit, as shown below.

Service	✓ ADP: Alcohol and Drug Program	
Progress note signed	Status	Not Ready -

The Progress Note status icon and description on the Service Entry screen match those found on the Services home screen.

8	A Progress Note has not been completed and is required for the Service Definition.
B	A Progress Note has not been completed and is not required for the Service Definition.
4	A Progress Note exists but has not been signed.
0	A Progress Note exists and is signed.
•	Completed Note no longer matches Service Definition.

Link from Service Entry to Client Chart

Billing users can now quickly get to the Client Chart while working on the Service Entry page by clicking on the Client's code or name. The Client Charge can also be opened in a new tab or window by right-clicking the Client code or name to open the Client Chart in a new tab or window.

BE0000 Beach, Sand 07/16/2021 9:00 AM, 45 mir	, Open link in new tab	
	Open link in new window Open link in incognito window	
Date and Time -	Save link as	
Date *	Copy link address	Duration *
07/16/2021 🗖	Inspect	45

FD Next Allergies Form is out of Beta

The FD Next Allergies form is out of Beta. All agencies are encouraged to start using this new form as the first step toward deprecating the legacy Allergies form. After the upgrade is complete, agencies with both forms installed will see *(deprecated)* next to the legacy Allergy form.

Allergies (DEPRECATED)	😭 SEND	×
Client		
Sandy Beach		
Handling More Lab Results Returned Than Expected (Included in EV-3.31-Hotfix1)		

Updates were made to the Labs import process to handle receiving more results than expected. Change HealthCare assigns an Order number and a Set ID (the count of the ordered tests) to each Lab Order. EchoVantage uses the Order number and Set ID to



January 6, 2022

match results with the requesting lab order. However, some Change HealthCare laboratories perform an additional test or tests if the result of an ordered test is out of range. When this happened, the Set ID on the results no longer matched the Set ID on the lab order, and the application no longer found a match. The results file was downloaded, but instead of displaying on the Timeline, an error Message was logged in dbo.LabReportErrors. A similar error resulted when additional, unexpected result pdf files were included in the HL7 document.

Now when there is no match on the Order number and Set ID, or when more pdf files are received than expected, the import process checks to see if the order was created by EchoVantage. If a matching Order is found, a new dbo.LabOrders record is inserted for the additional Set(s) with 'Unsolicited –'preceding the inserted test name(s), allowing all results, ordered and unsolicited, to display on the Client's Timeline. A test Client's Orders and Results are shown below.

ROFILE FACE SHEE	ET TI	MELINE	FAMILY	SCHEDULE	CONTACT INFO	EPISODES	ENROLLMENTS	DIAGNOSIS	HOUSEHOLD	PAYERS	ACCOUN	IT DOCUMENTS
//	<	>	November	2021				Decemb	er 2021			
	1	1 11	5 6 7	8 9 10 11 1	12 13 14 15 16 17 1	18 19 20 21 22	2 23 24 25 26 27 28			8 9 10 11	12 13 14	15 16 17 18 19 20 2
Corders						-	Order Date: 11/2	3/21 Test Name: Unso	INCLUDES DIFF/PLT) icited - Lipid 1996 pane	l in Serum or Pla	sma	_
	•						Order Date: 11/2	3/21 Test Name: Unso	icited - T4, FREE			
Results							Order Date:	11/23/21 Test N	ame: CBC (INCLL	JDES DIFF/PI	LT)	
Episodes		1/1/2021										
Services		4/1/2021					Order Date:	11/23/21 Test N	ame: Unsolicited	- Lipid 1996	5 panel in Se	erum or Plasma
Scheduled Events		2/27/2021					-					
Group		11/3/2021		22	22		Order Date: '	11/23/21 Test N	ame: Unsolicited	- T4, FREE		
-												
Demo Form 14P	-	8/12/2021										
					CONTACT INFO	EPISODES	ENROLLMENTS			PAYERS	ACCOUN	NT DOCUMENTS
ROFILE FACE SHEE	ET TI	MELINE	FAMILY November	2021				Decemb	er 2021			
ROFILE FACE SHEE	ET TI			2021			ENROLLMENTS	Decemb	er 2021			NT DOCUMENTS
ROFILE FACE SHEE	ET TI	MELINE		2021			2 23 24 25 26 27 28	Decemb 3 29 30 1 2	er 2021 3 4 5 6 7	8 9 10 11		
ROFILE FACE SHEE	ет ті <	MELINE		2021			2 23 24 25 26 27 28	Decemb 3 29 30 1 2 FF/PLT) Test Date: 1' 1996 panel in Serum 0	er 2021 3 4 5 6 7 //23/21 r Plasma Test Date: 11	8 9 10 11		
ROFILE FACE SHEE	ет ті <	MELINE		2021			2 23 24 25 26 27 24 CBC (INCLUDES DI Unsolicited - Lipid Unsolicited - T4, FR	Decemb 3 29 30 1 2 5 FF/PLT) Test Date: 11 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 <td< td=""><td>er 2021 3 4 5 6 7 //23/21 Plasma Test Date: 11 21</td><td>8 9 10 11 /23/21</td><td></td><td></td></td<>	er 2021 3 4 5 6 7 //23/21 Plasma Test Date: 11 21	8 9 10 11 /23/21		
ROFILE FACE SHEE	ет ті <	MELINE		2021			2 23 24 25 26 27 24 CBC (INCLUDES DI Unsolicited - Lipid Unsolicited - T4, FR	Decemb 3 29 30 1 2 5 FF/PLT) Test Date: 11 2 3 3 7 FF/PLT) Test Date: 11 2 3 3 3 7 FF/PLT) Test Date: 11 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	er 2021 3 4 5 6 7 //23/21 r Plasma Test Date: 11	8 9 10 11 /23/21		
ROFILE FACE SHEE	ет ті <	MELINE		2021			2 23 24 25 26 27 24 CBC (INCLUDES D) Unsolicited - Lipdi Unsolicited - T4, FF CBC (INCLUE	Decemb 2 29 30 1 2 FF/PLT) Test Date: 11 295 panel in Serum o EE Test Date: 11/23/ DES DIFF/PLT)	er 2021 3 4 5 6 7 //23/21 Plasma Test Date: 11 1 Test Date: 11/23/	8 9 10 11 123/21 1/21	12 13 14	15 16 17 18 19 20
ROFILE FACE SHEE	ет ті <	MELINE		2021			2 23 24 25 26 27 24 CBC (INCLUDES D) Unsolicited - Lipdi Unsolicited - T4, FF CBC (INCLUE	Decemb 2 29 30 1 2 FF/PLT) Test Date: 11 295 panel in Serum o EE Test Date: 11/23/ DES DIFF/PLT)	er 2021 3 4 5 6 7 //23/21 Plasma Test Date: 11 21	8 9 10 11 123/21 1/21	12 13 14	15 16 17 18 19 20
ROFILE FACE SHEE	ет ті <	MELINE		2021			2 23 24 25 26 27 24 CCC (INCLUDES D) Unsolicited - Lipid Unsolicited - T4, FR CCC (INCLUCE Unsolicited - 4, FR	Decemb 2 29 30 1 2 FF/PLT) Test Date: 11 295 panel in Serum o EE Test Date: 11/23/ DES DIFF/PLT)	er 2021 3 4 5 6 7 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1/23/21 1	8 9 10 11 123/21 1/21	12 13 14	15 16 17 18 19 20

Update Result Status (HL7) Value Set Codes (Included in v3.31-Hotfix1)

The list of codes in the *Result Status (HL7)* Value Set (Value Set OID 2.16.840.1.114222.4.11.815) was updated to include all listed Concept Codes. EchoVantage now supports the HL7 2.5 Table 0123-Result Status. The Result Status field is required when the OBR segment is contained in a message.

REPORTS

Updated Reports

The following Administration report was deleted.

Clients Missing Paysource – Replaced by the Client Missing Payer report below.

The Following Administration report was added.

Client Missing Payer – Replaced the Client Missing Paysource report and was updated to only include Clients with an open Episode and no assigned Client Payers as of the date the report is run. Results are sorted by the Client's last name.



The following reports were updated.

Administration Reports

Admissions By Date Range – This report was updated to display Episodes grouped by Client, and the count on the report was updated to show the number of unique Episode Admissions. Previously the report displayed a line for each Primary Staff assigned to a Client's Episode and counted each of these listings.

Billing Reports

Selfpay Statement – Now launches without selecting View Report and includes the Address 2 value, if populated.

Client Reports

Medical Face Sheet – References to Episode were removed, and the report now lists all Medications that are active as of the date the report is run. The Dose field now includes the following information.

- Dose
- Dose strength
- Dose unit
- Dose timing
- Route

The information is displayed in the *Dose* field like 1 75mg tablet twice a day by mouth, for example. The medication end date is also listed if available.

Current Medications:				
Brand Name	Generic Name	Dose	Startdate	End Date
doxycycline hyclate	doxycycline hyclate	1 20 mg tablet once a day by mouth	06/20/2019	

Treatment Plan - Updated to ensure all plan signatures are included on a printed report.

Fiscal Reports

Client Payment Allocation Report – The Status filter was removed from this report. The report is only intended to show Client Payments that have been fully processed into a Payment, so only DONE or PREVIEW status apply.

JPDATES												
Ticket #	Description											
EV-1645	Updates were made to the <i>History</i> tab in <i>Unprocessed Services</i> and <i>Unprocessed Remittances</i> to allow the details grid displayed when a job in <i>Preview</i> status is selected to be closed. Previously the details remained until a new row was selected or the page was refreshed. For example, selecting an <i>Unprocessed Services > History</i> Preview job row now displays the <i>Details</i> grid with a blue header and an 'X.' Selecting the 'X' closes the <i>Details</i> grid.											
		ices » Create Charge						×				
	Start Date 07/01/2021	🖬 End Date	User julie.duncar	n Status			X 💌	REFRESH				
	Date	Status	Created By	Message		Services	Errors					
	07/09/2021	Preview	julie.duncan	Waterfall: Julie Test		1	0	FINALIZE 🔻				
	Details							×				
	Service Date	Client	Duration/Units	Payer	Procedure Code	Billed Units	Charge Amount	Balance				
	05/31/2021	Redacted	60 min	WELLNH	90837 - W1, 1	1	\$ 300.00	\$ 150.00				



EV-2096	Event) was	s updated aff are sel	<i>linical Home,</i> the Event sto show the Event stored in the view.	Staff to make de	etermining w	ho is res	sponsibl	e for th	ne Event	easier w	hen				
	CLINICAL HOME FISCAL OVERVIEW DASHBOARDS INSIGHTS														
	Scheduler														
	Sta		Heather, Sherwood × AJ	D001 Drosa, Aksel J	× JE1 Emerson, Jo	× •	QN	EXT AVAI	LABLE						
	Client	s Select	clients			Ŧ	12/14/	2021							
	Resource	s Start ty	ping to search												
	Locatio	n Select	location	▼ Categ	ory Select c	ategory			•						
	Day	Week N	Nonth Compare				Today								
	Mon 1:00 PM	, December 13	Tue, December 14 Wed, Dece	ember 15 Thu, Decembe	er 16 Fri, Decembe	r 17 Sat, D	ecember 18	Sun, Deci	ember 19						
	1:30 PM 2:00 PM		2:00 PM	2:00 PM											
	2:30 PM 3:00 PM		ADF												
	3:30 PM 4:00 PM 4:30 PM 5:00 PM 5:30 PM 6:00 PM	Sherv Emer	LB123 Bradbard, Louis vood AJD001 Drosa, A son, Joe 2:00 PM - 3:30 PM												
EV-2151	Overview)	to only m	e to the search beha atch on Staff Name me erroneous matc	and Staff Code											
EV-2162	In <i>Configu</i>	ration > Se	ervices/Payers > Pay fter the Service Def	vers > Rates, the											
			Before Update				Aft	ter Upo	late						
		PROFILE	COMMUNICATION	NS PRC		PROFI	LE CO	MMUN	IICATIO	NS PRC					
		Service	Definitions	Q		AD				Q					
		N	Icohol and Drug Ionthly Bundl ayer Rate	Â		0	Alcoho Treatr Payer R	nent (-						
		S	lcohol and Drug N how ot Billable for Payer	lo		0	ADP B		(<mark>DB - A</mark>	<mark>.DP</mark>)					



January 6, 2022

EV-2227	In Clients > Payers, users can now search by Payer code in addition to Payer name when All Payers is selected. Payer Name BCBS PRIORITY 10 Anthem BCBS Secondary to Other Anthem BCBS Secondary to Other Anthem BCBS (ANTHOT) Policy Number: 123456 Start Date: 03/01/2020 PRIORITY 23 Anthem BCBS of NH (ANTHBCBS) Policy Number: CAT123 01/01/2019 - 12/31/2020
EV-2228	In Vantage Point > Fiscal Overview > Unbilled Charges > Create Bills, an update was made to prevent the creation of a Create Bills Job when there are no valid job items. Now, if the only job items in a Create Job With Results, Create Bills job are invalid, an Unable to create job, failure message displays.
	Before this change, selecting <i>Create Job With Results</i> included any result, even Charges with a <i>Batched</i> status. If none of the job (charge) items were valid, the toast message indicated the number of Charges not included but still created an empty <i>Create Bills</i> job.
EV-2253	Validation was added for the following date fields to accept values in MM/DD/YYYY format only.
	Vantage Point > Clinical Home > Scheduler
	 Vantage Point > Fiscal Overview > Unbilled Charges > History Vantage Point > Fiscal Overview >Unprocessed Remittances > History
	 Vantage Point > Fiscal Overview > Unposted GL Transactions > History
	 Clients > Schedule Configuration > Services/Payers > Service Definitions > Rates – Credentialed Rates
	 Configuration > Services/Payers > Payers > Rates - Payer Rate Override
	Configuration > Staff/Users > User Groups > Staff
	 Configuration > Services/Payers > Programs > Subprograms



Start Date		End Date	
01/01/2021	Ō	31/12/2021	Ē
		Please enter a date in MM/DD/YYYY format.	

Before this change was made, these fields allowed entry of a date in DD/MM/YYYY but resulted in an error and failed to save.

BUG FIXES Ticket # Case # Description EV-1951 The Status filter was removed from the Client Payment Allocation report as this report is only intended to show Client Payments that have been fully processed into a Payment. Only DONE or PREVIEW status apply. EV-2172 7577 An issue was reported where a printed Treatment Plan did not include all signatures. For adolescent plans specifically, the printed copy listed "signature not required" instead of the actual parent or guardian signature. The report was updated, and now all signatures display on Treatment Plan Report. EV-137 7602 The Self Pay Statement report was updated, so it now launches without the need to select View Report first. An issue was also reported where the Self Pay Statement report did not include the Address 2 value. and EV-2177 The report was updated and now includes the Address 2 value, if populated. EV-2178 7361 The Admissions By Date Range report was updated to display Episodes grouped by Client, and the count on the report was updated to indicate the number of unique Episode Admissions. Previously the report displayed a line for each Primary Staff assigned to a Client's Episode and counted each of these listings. EV-2179 The Clients Missing Pay Source report was renamed *Clients Missing Payer*. The report now only includes Clients with an open Episode and no assigned Client Payers as of the date the report is run. The results are now sorted by the Client's last name. EV-2208 7877 An issue was reported where deleting Remittance Batches failed if the batch contained a contractual adjustment AND was included in an Unprocessed Remittances job that had been Reversed. In this instance, deleting the individual contractual adjustment also failed. Updates were made to ensure that all the job items for Batch Remittance items are cleared when a Process Transactions job is reversed, allowing a contractual adjustment and batches containing a contractual adjustment to be deleted. EV-2212 An issue was reported where the Service Definition List information on the left-hand side of the Configuration > Services/Payers > Payers > Rates screen did not refresh when a different Payer was selected. This issue was addressed, and now the Service Definition information on the Payer's Rate screen displays the corrected information for the selected Payer with the need to manually refresh the screen. EV-2248 An issue was addressed in Form DesignEHR where the mask characters of a field using a custom Display Mask were saved in error when a user edited the masked field but exited without saving. The masked values (****) overwrote the previous value. DATA CONTAINERS Demo Form JAP Resident Sandy Beach Shores Date Time Data Entry System Validation 12/23/2021 ******* A patch was created for Form DesignEHR v6.0.30 to prevent this behavior. Now the masked field is cleared when a user tabs or clicks into it. If the user exits without making changes, the field is set to the same values as before.



		January 6, 2022
EV-2269	тномр	An issue was reported where the Error count on the Vantage Point > Unprocessed Services > History tab did not match the count of Errors on the Unprocessed Services Errors tab or the Fiscal Overview home screen. The History tab was updated to display the count of errors from ServiceProcessingMessages instead of ProcessingMessages and now displays the correct count. The only time the counts differ is when a Reprocessing Job that contains errors exists. In this case, the Reprocessing Job errors are counted in the Errors tab and Fiscal Overview but are not included in the errors count on the Service Processing History tab.
EV-2270	COOS	The <i>Ran on</i> Datetime in the Downloads tab of the Inbox was displaying incorrectly in UTC for the 270 Eligibility Request files. The issue was addressed, and now this date and time display in the user's local time zone.
		ALERTS DOWNLOADS MESSAGES (4)
		270 Eligibility Request Ran on 11/25/2020 2:48 pm
		270 Eligibility Request Ran on 11/25/2020 1:38 pm
		270 Eligibility Request Ran on 11/24/2020 9:49 pm DOWNLOAD
		rather than the expected Transaction Date of the related remittance. This issue was addressed, and now the Apply Unapplied Payment job for a Takeback uses the Transaction Date of the most recent remittance that created the Unapplied Payment. This remittance Transaction Date is used as the Transaction Date for the reversal of prior payment and all associated transactions.
EV-2308		An issue was addressed where the Client Contact Phone Numbers grid had two <i>Type</i> fields. The label on the second <i>Type</i> field was updated to <i>Priority</i> to better reflect the data shown.
		Phone Numbers
		Type Number OK to Leave Msg Start Date End Date Priority Memo
		Work (603)447-8600 No 04/01/2019 1 Cell (603) Yes 12/01/2018 2
		Home (603): Yes 01/01/2018 3
		Work (603) No 04/29/2017 03/29/2019 4
EV-2331	8295	An issue was reported where the 271-job failed to create if there were multiple transaction sets (ST-SE) in the file. The problem was addressed, and the 271-job now successfully creates as expected.
EV-2417	8895	An issue was reported on the <i>Remittances</i> > <i>Batches</i> screen where the PCCN field only allowed entry of numeric characters. The problem was addressed, and now alphanumeric characters can be entered in the PCCN field.
EV-2460	8542	An issue was reported where the <i>Print and Save</i> option in the <i>Clients > Account</i> tab would save successfully



APPLYING CLIENT LIST FILTERS TO CUSTOM REPORTS

The process below demonstrates how the *Service Detail With Charges* report was updated to apply Client List Filtering. The process outlined uses Report Builder and provides detailed steps so the same method may be applied to a custom report. There are four primary tasks.

- 1. Add the new hidden Parameter.
- 2. Update the Query in Datasets with Client-related information.
- 3. Repeat for any SubReports.
- 4. Upload the edited reports to the EchoVantage SSRS report server.

Add the Hidden Parameter

The new hidden Parameter must be added and then moved up in the Parameter list to display just after DatabaseName. With your report open in Report Builder,

1. Right-click on Parameter and select Add Parameter

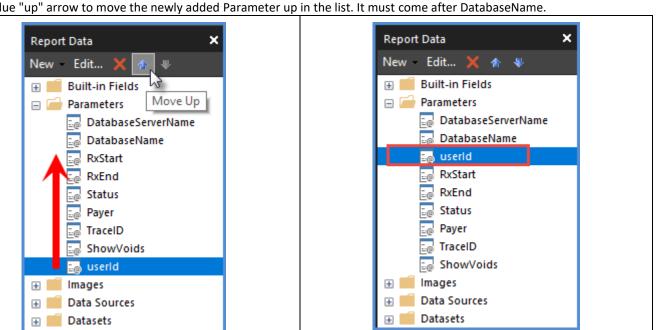
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January 6, 2022

2. Add the Parameter with the following information.

Report Parameter Prop	erties	×	
General Available Values	Change name, data type, and other options.		
Available values Default Values Advanced	Name: userid Prompt: Staff Data type: Text Allow blank value (") Allow null value Allow null value Allow multiple values Select parameter visibility: Visible Midden		
Prompt			
Select (
Move New Par	rameter		
Use the blue "u	o" arrow to move the newly added Parameter up	o in th	e list. It must come after Da
1	Report Data × New - Edit × ♪ ↓ ⊕ 🛑 Built-in Fields		Report Data New Edit) 🕀 🗾 Built-in Fi



Edit Datasets Related to Client Information

Expand Datasets and make a note of any Client-related information sets. Any Dataset that is Client related needs the Parameter added and the Query altered. In the *Service Detail With Charges* report, both the *Detail* and the *ClientData* Datasets have Client-related information. The steps below walk through updating both Datasets.





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1. Right-click on Detail	s, select <i>L</i>	Dataset Prope	rtie	s, and then select Par	ameter.					

- Select Add.
- Enter the Parameter Name of **@userId**
- Enter the Parameter Value of [@userId]. Use either the drop-down list or the function button (fx) to locate the Parameter Value.
- Select Ok.



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New Edit 🗙 🛧 🕸	Dataset Properties	×
		Choose a data source and create a query. Name: Detail O Use a shared dataset. Image: Detail O Use a dataset embedded in my report. Data source: dsForProduction New Query type: Image: Detail Image: Operation of the two starses of the two starses of two starses
Payments Payments ServiceCode ServiceName ServiceProgram ClientCode Sec ClientName ClientNameCode StaffCode StaffName StaffNameCode StaffCredential ServiceID		Scc2.Service, substring((SELECT', '+ cx.Label +':'+ scc1.Name AS [text()] FROM ServiceComponentCodes Scc1 JOIN Components cx on cx.id = scc1.Component WHERE Scc1.Service = Scc2.Service ORDER BY Scc1.Service FOR XML PATH ('')), 3, 100) [ComponentList] V Query Designer Import Refresh Fields
ChargelD ChargelD ClientID	<	Time out (in seconds):
ServiceDefinitionID	Row Groups Help	OK Cancel

2. Right-click on *Details* and then select *Dataset Properties*.

- The Query page displays by default.
- Review the Query as text.
- Make a note of any references to Client data, for example JOINs to the Clients table.
- The *From* clause needs updating in the example.
 - Add the following SQL immediately after any reference to the Clients table or after a Join to the Clients table LEFT JOIN VClientFilter_All f ON c.id = f.Client AND f.appuser = @userId
 - The provided query uses c for the Client's table alias (c.id).
 - The query may need to be updated to match the Client's table alias in your Query.

	_
sv.location	~
FROM dbo.[Charges] c	
LEFT JOIN Bundles b ON b.id = c.Bundle	
LEFT JOIN ServiceDefinitions bsd ON bsd.id = b.ServiceDefinition	
JOIN dbo.[Services] s on s.id = c.Service	
JOIN VServices WithComponents sv ON s.id = sv.id	
JOIN dbo.[ServiceDefinitions] sd on sd.id = s.ServiceDefinition	
· · · · · · · · · · · · · · · · · · ·	
JOIN dbo.[ClientPayers] cp on cp.id = c.ClientPayer	
JOIN dbo.[Payers] p on p.id = cp.Payer	
JOIN dbo.[Staff] st on st.id = s.Staff	
JOIN dbo.[Clients] cl on cl.id = s.Client	
LEFT JOIN VClientFilter_All f ON cl.id = f.Client AND f.appuser = @userId	
WHERE (F.Staff IS NOT NULL OR NOT EXISTS(SELECT 1 FROM Staff s1 JOIN	
ClientListFilters cf ON s1.id = cf.staff AND s1.AppUser = @userId)) AND	
c.void <> 'Y' AND	~
0	•
 In the Service Detail With Charges report, the Client's table alias is cl. In 	ie Quely a



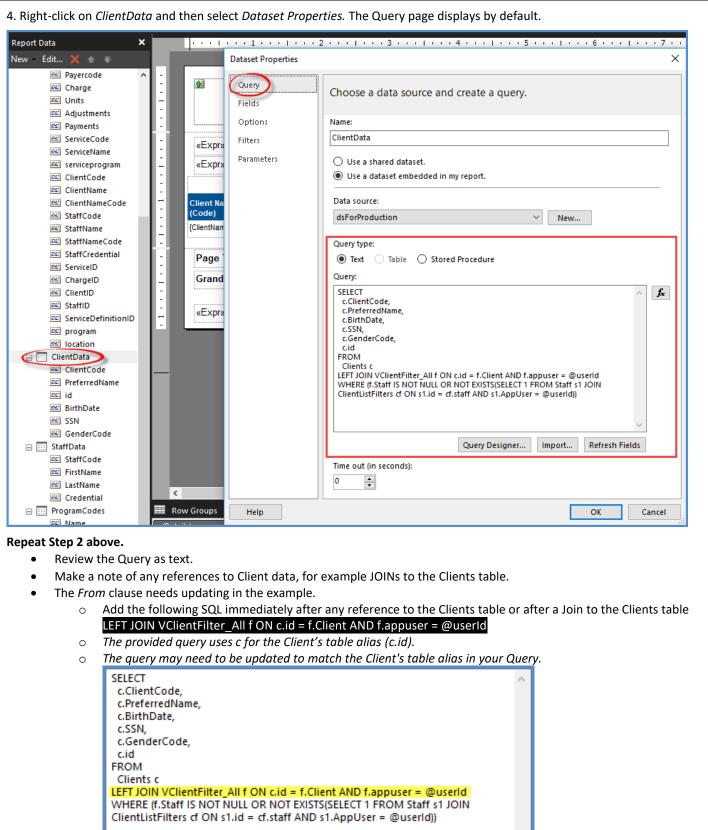
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January 6, 2022

And the Where clause needs updating in the example. Add the following SQL immediately after Where 0 If.Staff IS NOT NULL OR NOT EXISTS(SELECT 1 FROM Staff s1 JOIN ClientListFilters cf ON s1.id = cf.staff AND s1.AppUser = @userId)) AND JOIN dbo.[Payers] p on p.id = cp.Payer ^ JOIN dbo.[Staff] st on st.id = s.Staff JOIN dbo.[Clients] cl on cl.id = s.Client LEFT JOIN VClientFilter_All f ON cl.id = f.Client AND f.appuser = @userId WHERE (F.Staff IS NOT NULL OR NOT EXISTS(SELECT 1 FROM Staff s1 JOIN ClientListFilters cf ON s1.id = cf.staff AND s1.AppUser = @userId)) AND c.void <> 'Y' AND (s.startdate between @from AND @to) AND (@scode = " OR st.StaffCode in (SELECT TRIM(value) FROM string_split(@scode,','))) AND (@ccode = " OR cl.Clientcode in (SELECT TRIM(value) FROM string_split(@ccode,','))) AND 0 Select OK after the query updates are complete. 3. Right-click on ClientData, select Dataset Properties, and select Parameter. Report Data New Edit... 🗙 🛧 🐺 × **Dataset Properties** 📧 Payercode Query 📧 Charge Choose query parameter values. 📧 Units Fields e Detail With Charges 📧 Adjustments Options 🖭 Payments Add Delete 🕁 🕀 ServiceCode Filters «Expr For .CSV friendly format click HERE Parameter Name Parameter Value ServiceName Parameters «Expr» serviceprogram @userld [@userld] ✓ f_x E ClientCode 📧 ClientName E ClientNameCode lient N Charge Code) Units Adiust 📧 StaffCode ClientNa [Charge] justments] Payme 📧 StaffName [BillingCoc [Units] 📧 StaffNameCode 📧 StaffCredential Page «Expr» «Expr» «Expr» 🖭 ServiceID 📧 ChargelD Grand «Expr «Expr» «Expr» 📧 ClientID 📧 StaffID «Expr [&PageNumber] of ServiceDefinitionID 🖭 program 🖼 location 😑 📰 ClientData --- ClientCode PreferredName 🞫 id 📧 BirthDate 🛋 SSN 📧 GenderCode 🖃 🔜 StaffData 📧 StaffCode 📧 FirstName 📧 LastName < Credential Row Groups ProgramCodes Cancel Help OK 📧 Name Repeat step 1 above. Select Add. Enter the Parameter Name of @userId

- Enter the Parameter Value of [@userId]. Use either the drop-down list or the function button (fx) to locate the • Parameter Value.
- Select Ok.





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January 6, 2022

- And the *Where* clause needs updating in the example.
 - Add the following SQL immediately after *Where,* remove the ending *AND* if not needed

SELECT c.ClientCode,	\sim	
c.PreferredName, c.BirthDate.		
c.SSN,		
c.GenderCode,		
c.id ROM		
Clients c		
EFT JOIN VClientFilter_All f ON c.id = f.Client AND f.appuser = @userId VHERE (f.Staff IS NOT NULL OR NOT EXISTS(SELECT 1 FROM Staff s1 JOIN		
ClientListFilters cf ON s1.id = cf.staff AND s1.AppUser = @userId))		

• Select *OK* after the query updates are complete.

5. If the report has any SubReports, the hidden Parameter must be added to the *Go to report* action.

• Right-click on the SubReport's HERE link and select Text Properties

F	or .CSV	/ friendly f	ormat clic	k HI	Ж	Cut	
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ingCoc	[Units]	[Charge]	justments]	Pay		Summarize By	P
					8- -	Text Properties.	

- Then select Actions.
- Add the new hidden Parameter Name and Parameter Value.

General Alignment	Change action	options.		
Action	Use these paramete		fx.	Browse
	Add Delete	Value	- J.*	Omit
	scode	√ [@scode]	 ✓ f_x 	fx
	ccode	[@ccode]	~ f x	f _x
	program	√ [@program]	~ f x	j. Jx

• Note the location of this Parameter in the list. When the Parameter is added to the SubReport .rdl file, it must be in the exact location in that report's Parameter list.

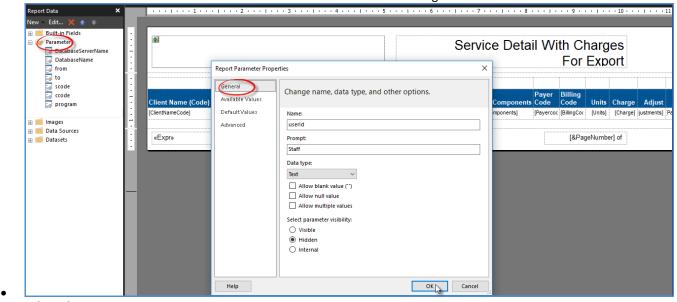


Update the SubReport .rdl File

If your custom report has any SubReports, these must also be updated. The process is the same except for one critical distinction; the hidden Parameter must be listed in the same order that it is called from the main report on the *Go to report Action* page (see number 5 above). The example below details the changes made to the *Service Detail With Charges for Export* SubReport.

1. Open the Service Detail With Charges for Export SubReport in Report Builder.

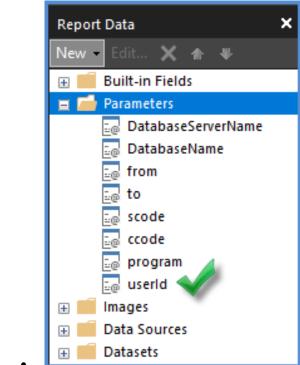
- 2. Add the hidden Parameter.
 - Right-click Parameter and select Add Parameter
 - Add the hidden Parameter Name and Parameter Value as shown in the image below.



Select ok

3. Review the Parameter list to ensure the new Parameter displays in the list in the exact location as listed in the *Use these parameters to run the report* section of the *Go to report Actions*. (Step 5 above.)

• On the SubReport Parameter list, the userId parameter is last after the program.





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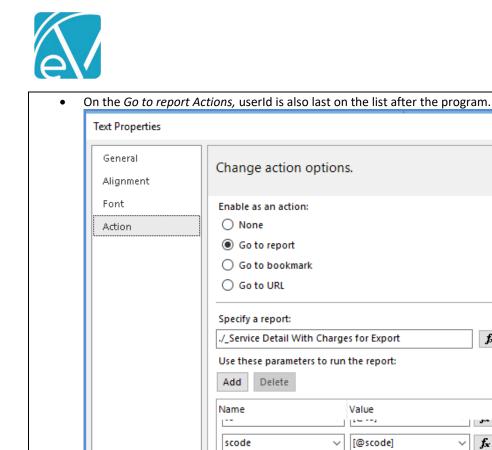
fx

fx. v

Cancel

Version 3.32

January 6, 2022



4. Edit DataSets related to Client information. For this SubReport, these are the same actions as Steps 1-4 of the Edit DataSets related to Client information section above.

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[@ccode]

[@userId]

[@program]

- ٠ Step 1 – Add Parameter to the *Details* DataSet.
- Step 2 Alter the Query for the *Details* DataSet. ٠
- Step 3 Add the Parameter to the *ClientData* DataSet. •

ccode

program

userld

• Step 4 – Alter the Query for the *ClientData* DataSet.

Upload Edited Reports to EchoVantage

Help

When all necessary edits are complete for applying Client List Filters to reports, the updated report .rdl files must be uploaded to the EchoVantage SSRS report server.