

Attention all eHCS Corporate Clients and Distributors,

The following list comprises updates to the practice management software from July 2007, through February 27, 2008. Please distribute this information to all appropriate staff or clients effected by these changes.

Please note: Certain modifications may **not** apply to your organization.

eHCS Support Team

Key: [C] = Change; [F] = Fix; [N] = New; NMP = Non-Medi-cal Provider. Set up access on Rendering Doctor page. Used by CHS/RHS/FQHC clinics only; All Areas = All hosted web servers; Testing Area = for use by eHCS Dev Team only.

Note: Update Notices are in descending, chronological order.

Practice Management Update notice received as of 02/27/2008

All areas

1. Fixed the appt error of not updating last appt update date and operator

Practice Management Update notice received as of 02/15/2008

All areas

1. Referring doctor loop of ANSI institutional: Only prints when destination is Medicare. (We had the logic of not printing this loop when destination is UGS).
2. AR aging report (by details/by summary), AR aging by Facility, AR aging by insurance and AR aging by category: at the end of these reports, two entries were added. One is unapplied payments (those are encounter payments not posted to claims). The other is claim payments made before reporting cutoff date but claim creation date is after cutoff date.

Practice Management Update notice received as of 02/06/2008

All areas (except Testing area)

1. PM160 – fixed age and body weight issues
2. Unclaim – fixed member # truncation error
3. Chart note report – fixed the error of printing wrong guarantor

Practice Management Update notice received as of 02/05/2008 – PM160 Issues only

All areas

1. On the Green form (laser), the PROVIDER NUMBER at the bottom of the form needs to be moved over 4 spaces to the right – fixed
2. On both forms the member's age needs to show, Y for Year, M for months, D for Days and W for weeks - fixed

3. On the Brown form the laser format shows number of months (76) and the impact printer form for the same encounter show (6) - laser format changed to be the same as impact format
4. On Brown form the comments do not show up, impact is ok - fixed
5. Signature Date does not show up on laser but is ok on impact - fixed
6. Next Appointment calculation is incorrect. Example: Patient needs to return in 2 years 2010, systems show 201 - fixed
7. Weight needs to be three (3) characters, logic - if patient is under 100 pounds system needs to show leading zero (085) - Note: the leading zero is pre-printed on the form. No change made.
8. On data entry screen, user cannot manually enter "Accompanies Prior PM 160 Date", currently user has to click on the calendar - fixed
9. Date of Service does not appear on the PM160 ticket - fixed

Practice Management Update notice received as of 02/01/2008

All areas (except Testing area)

1. CHDP encounter closing page - added primary insurance and other insurance dropdown boxes
2. Annual Utilization Report - Section 6 fixed

Practice Management Update notice received as of 01/31/2008

All areas

1. Claim Summary by Diagnosis Codes Report - Quantity is now counting by claim and not by line item
2. PM160 - changed laser output to new PDF version. (Impact printer output still uses Crystal Report format)
3. Rendering doctor page - hid DMERC label on Provider Demographics page

Practice Management Update notice received as of 01/25/2008

All areas

1. Deposit slip report - opened up claim type and Medicaid visit type filters
2. ANSI institutional - fixed CLM segment
3. CHDP ticket - uploaded the new version (printed encounter format changed to .RTF)

Practice Management Update notice received as of 01/24/2008

All areas

1. Payment type - added Discover

Practice Management Update notice received as of 01/23/2008

All areas

1. CHDP (PM160 form) Demanding or Batching process - added printer option Impact printer or Laser printer)

Practice Management Update notice received as of 01/18/2008

All areas

1. [F] Re-aligned PM160 form
2. [F] Re-aligned Unclaim form
3. [C] CHDP allows up to 21 years old

Practice Management Update notice received as of 01/05/2008

All areas

1. [C] ANSI / HCFA1500 – Tie NMP logic to claim payor type instead of claim type (**NMP = Non-Medi-cal Provider. Set up access on Rendering Doctor page**)
2. [C] CHDP encounter closing – if payor type is HMO or Medical HMO, auto check prepaid box
3. [C] Encounter closing / claim page – changed the logic of populating signoff doctor. In case of multiple facility setup for rendering doctor, only signoff doctors set up on service facility page will be populated. This new logic fixed the reported error of not carrying over signoff doctor to claims.

Practice Management Update notice received as of 01/03/2008

All areas

1. [C] PM160 prints NPI #
2. [C] CHDP encounter / claim – do not allow entry of future service date

Practice Management Update notice received as of 12/29/2007

All areas

1. [C] NMP related changes (**NMP = Non-Medi-cal Provider. Set up access on Rendering Doctor page**)
2. [C] Med/Den application version – changes previously reported: a) Encounter page – added primary dental and secondary dental display; b) Encounter page – changed face sheet button text from 'Patient Label' to 'Face Sheet'; c) Encounter checkout – if payor type is Medicaid and account type is Med/Den, claim Medicaid visit type is set to Medi-Cal FFS
3. [F]CHDP encounter closing – (a) fixed the error of not grabbing signoff doctor; (b) fixed the error of assigning rendering doctor to referring doctor

Practice Management Update notice received as of 12/27/2007

All Areas

1. [C] Appt Detail page – if account type is med/den,
 - a. make visit format blank by default
 - b. change primary insurance company label to primary medical insurance company
 - c. add primary dental insurance company box
2. [C] Encounter page – if account type is med/den,
 - a. make visit format blank by default
3. [C] Encounter page – added Face Sheet button
4. [F] ANSI – replaced ":" with a space after NPI for NMP

Practice Management Update notice received as of 12/22/2007

Testing areas

1. [N] Finished NMP Setup and Billing program additions (**NMP = Non-Medi-cal Provider. Set up access on Rendering Doctor page**)

Practice Management Update notice received as of 12/18/2007

All areas

1. [C] Allow claims to be saved with ICD-9 codes that are require 5th digit, if DOS occurs **before** ICD-9 effective date

Practice Management Update notice received as of 12/15/2007

All areas

1. [F] Fixed surgical center ID printing on HCFA1500 and ANSI – Medicare claims only
2. [C] Provider billing information setup – a) When editing existing record, set button text to "Update"; b) Populate Organization's physical name and address from selected service facility
3. [C] Renderer log – now recording changes to scheduling and billing information
4. [F] Regular / Detailed encounter check-out methods – if claim type is cash, auto blank primary and secondary insurances. This process fixes the error of automatically adjusting HMO cash claims
5. [F] Billing OA with ANSI Medicare secondary – fixed REF segments under NM1*82

Practice Management Update notice received as of 12/12/2007

All areas

1. [F] Patient Claim List page – fixed the error of not showing DOS when displaying by details
2. [F] CHDP encounter closing – fixed the error that cap rate was not applied to CHDP/HMO visit type [**CHS/RHS/FQHC clients only**]

Practice Management Update notice received as of 12/08/2007

All areas

1. Quick patient registration – fixed phone number preferred checkbox clicking error
2. Medicaid visit types – added CHDP/HMO
3. Encounter page – added CHDP/HMO to encounter format
4. When checking out CHDP/HMO encounters, the Medicaid visit type is set to CHDP/HMO by default
5. PM160 claim form – print provider billing ID from cap rate table
6. CMC CHDP claim file – print provider billing ID from cap rate table
7. Claim submission – ANSI institutional: Program will auto-check 'Include zero claims' if Rebill Medi-Cal Differential filter is checked [**CHS/RHS/FQHC clients only**]

Practice Management Update notice received as of 12/06/2007

All areas

1. [F] Duplicate Patient Search – fixed ignore and save error
2. [C] CHDP encounter closing – allow wrapping in comment field

Practice Management Update notice received as of 12/05/2007

All areas

1. [C] ANSI institutional – do not print NM1*DN and REF segment if destination is UGS
[CHS/RHS/FQHC clients only]

Practice Management FYI as of 12/03/2007

1. Copay due amount shown on Patient Encounters List Page: For all existing patient encounters, copay due = sum (copay amt due) – sum (copay amt paid)

Practice Management Update notice received as of 11/21/2007

All areas

1. [F] ANSI Claims - NM1*85 with more than 35 characters – fixed

Practice Management Update notice received as of 11/20/2007

All areas

1. [C] Encounter report – opened up service facility filter
2. [C] Billing summary report – opened up service facility filter
3. [C] HCFA1500 – treat Medi-cal HMO payer type using the same logic as HMO payer type

Practice Management Update notice received as of 11/16/2007

All areas

1. [C] UB04 – box 77 only print NPI #
2. [F] Encounter closing – fixed the error of carrying rendering doctor to referring doctor field

Practice Management Update notice received as of 11/15/2007

All areas

1. [F] 1500 form – fixed box 33b when doctor billing as individual
2. [C] Ansi – took off REF*EI segment for facility
3. [C] Insurance company page – set Accept Assignment box to checked by default
4. [C] UB04 – print box 77

Practice Management Update notice received as of 11/14/2007

All areas

1. Ansi – do not print REF*EI segment if billing State is Nevada or Arizona

Practice Management Update notice received as of 11/13/2007

All areas

1. ANSI Institutional – fixed the issue of patient name being more than 35 characters long
2. Encounter printing preferences – only list active code set in the dropdown

Practice Management Update notice received as of 11/10/2007

All areas

1. Custom tickets #1 through #3 uploaded – client request
2. Custom ticket #2 replaced with newest version – client request
3. [C] ANSI Professional – Print NPI # for facility
4. [C] ANSI Professional / ANSI Institutional – added up to 8 diagnosis codes (was 4)
5. [N] Claim billing history – record operator
6. [F] Claim billing history – fixed the error that ANSI, NSF and CMC not being recorded as the *billing* method
7. [C] Rendering doctor scheduling and billing information page – opened up specialty dropdown for facility setup

Practice Management Update notice received as of 11/08/2007

All areas

1. [C] Rendering doctor scheduling and billing information page – opened up 'Is signoff doctor' radio button even if facility is not flagged as a billing facility

Practice Management Update notice received as of 11/07/2007

All Areas

1. [C] AR Aging by category report – Added new filters: Exclude Appeal Claims; Exclude Denial Claims
2. [C] Claims Submission HCFA, ANSI Professional, ANSI Institutional – Added new filter: Service Place
3. [N] PM160 Claim printing – Added new form layout
4. [C] Management report – adjusted the positions of recap sections
5. [F] Claim Payment page – Fixed secondary payment balance calculation logic

Practice Management Update notice received as of 11/06/2007

All areas

1. [F] Encounter closing – fixed logic for HMO auto adjustment issue when checking out encounters to empty claims

Practice Management Update notice received as of 11/03/2007

All areas

1. [F] Encounter closing – fixed HMO auto adjustment logic
2. [F] ANSI Professional / ANSI Institutional – fixed NM1*85 when renderer facility is marked as billing address
3. [F] ANSI Professional and HCFA – fixed facility code for DMERC

Practice Management Update notice received as of 10/30/2007

All areas (except Testing area)

1. [F] HCFA1500 – fixed quantity truncation error
2. [F] Insurance company page – fixed the page opening up error
3. [C] Admin – Users Search Page corrected misspelling for user Activity Log

4. [F] Processed claims list – fixed insurance company filter when billing status is set to secondary insurance
5. [C] Receipts – change label from “Donation Receipt” to “Receipt”
6. [F] Encounter closing – fixed the error of not carrying referring source to claims
7. [F] Claims table – globally added referring source that were not carried over from encounters

Practice Management Update notice received as of 10/26/2007

All areas

1. [C] Demand/Batch patient statement printing window – added “Exclude ICD-9 Codes” option
2. [F] HCFA 1500 – fixed Renderer’s NPI # when billing as individual
3. [C] Encounter closing – put sliding scale logic back **[CHS/RHS/FQHC clients only]**

Practice Management Update notice received as of 10/16/2007

All areas

1. [N] Encounter deletion log – added new log to track deleted encounters
2. [N] Encounter copay update/deletion log – added new log to track deleted or modified encounter copays
3. [N] AR Aging by category report – added employer insurance filter

Practice Management Update notice received as of 10/12/2007

All areas

1. [C] Claim charges entered and claim charges entered audit reports fixes
2. [N] Claim submission page – added DMERC Region D to Filter by Category option

Practice Management Update notice received as of 10/11/2007

All areas

1. [F] Deposit slip report – fixed payment distribution summary
2. [C] Encounter page – adjusted security logic for SOFP encounters in **[CHS/RHS/FQHC clients only]**
3. [F] ANSI Professional - Ref*1c

Practice Management Update notice received as of 10/10/2007

All areas:

1. [C] Encounters Logic changed when appointments are ‘Un’ checked in
 - a. If user does not have encounter deletion right, encounter will be kept (previous logic whenever apt was unchecked in, encounter was always deleted)
 - b. If user has encounter deletion right **and** encounter has copay, guarantor, or other payment(s), encounter will be kept
 - c. Otherwise, on uncheck in, encounter will be deleted
2. [F] Reports – fixed insurance label sizing problem
3. [C] Processed/Unprocessed claim list – if payer type is country program, show *County* as claim type

4. [N] Deposit slip report – added recap of current year payments (payment distribution summary) by claim entry date to the end of report

Practice Management Update notice received as of 10/06/2007

All areas:

1. [F] Claim payment page – fixed return focus error when clicking find patient button
2. [N] Rendering doctor report and referring doctor report – added fax number
3. [C] Claim billing history – now recording billing program used (ANSI, HCFA, etc) and billing mode (Demanded – from claim or Batched – via claims submission)
4. [F] ANSI Institutional – fixed REF*1D
5. [C] CHDP encounter closing – mapping Ethnicity code from patient’s demographic page data
6. [F] HMO automatic adjustment logic fix (reference unknown)

Practice Management Update notice received as of 10/05/2007

All areas

1. [F] ANSI Professional/ANSI Institutional/HCFA 1500 fixes (reference unknown)
2. [F] Demand Employer Statement – fixed error of not recording billing history when demanding statement from claim page **[OccMed Clients only]**
3. [F] Account modifier update – error fixed (reference unknown)
4. [N] Unduplicated patient report – added patient type and Medicaid visit type filters
5. [C] HMO auto adjustment – when Bill to patient only is marked, line item will not be adjusted to zero (in testing area only)
6. [C] ERAs – added checkbox option to Payment preferences ‘Do not auto-adjust claim balance if claim was not paid’
 - a. Logic: If ERA payment is 0 and this checkbox is marked, an adjustment amount from ERA to claim payment will not be applied
7. [F] Comm Log Follow-up Reminders – fixed error of inconsistently sending reminder follow-up notices

Practice Management Update notice received as of 10/04/2007

All areas

1. [N] Custom Tickets (.RTF version only) Encounter header data elements – added rendering doctor’s work phone/fax and referring doctor’s work phone/fax
2. [F] Custom Tickets (.RTF version only) Demanding Encounter ticket – fixed copay amount and copay due on printed ticket
3. [N] Appointment schedule report – added filter to include rescheduled appointments (excluding by default)
4. [C] Rendering doctor Scheduling and Billing Information page - Facility setup – all required (mandatory) fields must be entered to save a facility setup
5. [F] Re-fixed ANSI/ANSI institutional logic (reference Inpatient/outpatient facility issue)
6. [F] HCFA 1500 – fixed inpatient/outpatient facility issue
7. {N} Reports – New A/R aging by insurance
8. [F] Reports – Management report calculations fixed (reference unknown)
9. [F] Reports – Performance tracking report calculations fixed (reference unknown)
10. [C] Lag report changes (reference unknown)

Practice Management Update notice received as of 10/03/2007

All areas

1. [F] SOFP claims – fixed error when attempting to save claim [**CHS/RHS/FQHC clients only**]
2. [C] Claim page – made service facility box wider

Practice Management Update notice received as of 10/02/2007

All areas

1. [F] Claim page – fixed insurance form type when set billing type to Hold
2. [C] Claim page – moved claim entry date down and made primary facility dropdown list wider
3. [F] Reports - Ppractice performance – fixed (reference unknown)

Practice Management Update notice received as of 09/29/2007

All areas

1. [C] Patient demographics – added Mexican American
2. [F] CHDP ethnicity table – removed Mexican American
3. [C] Make calendars look past 2020
4. [C] Include "Rescheduled" Appts on Appt schedule and Appt productivity reports
5. [C] CHDP partial visits – made the NEXT VISIT compute from prior PM160 date.
6. [C] CHDP partial visits – removed requirement for WIC
7. [N] Unprocess claim list – a) added claim entry date and service facility b) When checking no line item option, select zero claims automatically
8. [C] ANSI Professional / ANSI secondary payor – print referring doctor NPI number if present
9. [F] Claim billing history – fixed recorded billed insurance company
10. [C] Patient registration – fixed duplicate patient search; b) On duplicate patient list page, added 'Jump to patient record' button
11. [F] LAG report fix (reference unknown)

Practice Management Update notice received as of 09/27/2007

All areas

1. Appointment Productivity Report – filter by appt creation date or appt date

Practice Management Update notice received as of 09/26/2007

All areas

1. [F] ANSI Institutional – fixed UGS billing issues [**CHS/RHS/FQHC clients only**]
2. [N] Added new Medicaid visit type FQHC/CPSP
3. [C] UB04 forms and ANSI Institutional – changed to accommodate new Medicaid visit type

Practice Management Update notice received as of 09/25/2007

All areas

1. [N] Uploaded 2008 ICD-9 codes
2. [N] CHDP Assessment items – added 77 and 78 (HPV Vaccine)

Practice Management Update notice received as of 09/22/2007

All areas

1. [N] Unprocessed Claims List – new filter added 'Claims with no line items'
2. [C] AR aging by facility – added 'as of date'
3. [F] ANSI Professional – fixed NM1*77 segment
4. [C] Demanding Encounter ticket – if no encounter payment applied, get copay due from primary insurer page
5. [F] Appt details page – do not add appt type to appt note if appt type setup setting says no
6. [F] Insurance claim verification report – fixed issues found when running from claim submission page (reference unknown)

Practice Management Update notice received as of 09/21/2007

All areas

1. [N] Patient claim list page – added payments made list page. Access using 'Payment Made' button
2. [N] Reports – added A/R Aging by facility
3. [F] Encounter closing – fixed error 'Do not post copayments to claim payments' if encounter printing preference is marked 'Copay is memo only'

Practice Management Update notice received as of 09/20/2007

All areas

1. [F] Deposit slip – carry user ID from encounter payment to claim payment. This will fix deposit slip error
2. [N] Encounter ticket font size – added ability to change font size on printed encounters
 - a. To set up, follow these steps: Administration Preferences General
Added default font size under encounter ticket section.
 - b. This setting will affect default encounter ticket font size on encounter page.
 - c. Font size may be changed 'on-the-fly' when creating an encounter but will default to setting established as the general preference
 - d. Users must re-login before change will take effect
3. [F] Patient claim list page – Show by Details error fixed (reference unknown)
4. [F] Medicaid Secondary billing - Fixed HCFA1500 printing

Practice Management Update notice received as of 09/19/2007

All areas

1. [F] ANSI Institutional fixes for secondary payor
2. [N] Appt Scheduling Details Appt note auto population – once option marked, appt note will not be populated automatically
 - a. How to set up: Administration Appts Mark 'Do not auto populate appt note' option
 - b. Users must re-login to take effect
3. [C] Appt detail page – Re-adjustment page layout
4. [F] Report – Doctor payment history report fix (Reference unknown)

Practice Management Update notice received as of 09/18/2007

All areas

1. [F] Doctor payment history report – fixed page not found error
2. [N] Appointment Scheduling – Do not allow uncheck in of 'Walkout' appointments
3. [N] Do not allow uncheck in of appointments if EMR status history exists.
 - a. Once EMR is turned on for an account, appointment cannot be unchecked in anymore
4. [F] Encounter ticket font – fixed issue
5. [C] Reloaded Thawte SSL seal
6. [N] Claim page – if no line item is entered, prompt user whether to proceed with Save

Practice Management Update notice received as of 09/15/2007

All areas

1. [N] Claim audit report – added primary and service facility filter
2. [F] Production by CPT Cat/Class report – calculation errors fixed
3. [N] Reports – added new report 'Doctor Payment History'

Practice Management Update notice received as of 09/14/2007

All areas

1. [F] ANSI Institutional – fixed DX codes segment for SOFP claims
2. [F] Encounter page – fixed the error of missing Medicaid visit type dropdown
[CHS/RHS/FQHC clients only]
3. [N] Charges entered report – added service facility filter
4. [F] Charges entered report – fixed the error of two billing status filters

Practice Management Update notice received as of 09/13/2007

All areas

1. Added new payor type Medicare PFFS

Practice Management Update notice received as of 09/12/2007

LA, Testing and Demo areas

1. [C] User security setting page – hide EMR related contents if EMR is not enabled
2. [C] Rendering facility setup – populate signoff doctor list with current signoff doctors in current facility

Practice Management Update notice received as of 09/11/2007

LA, Testing and Demo areas

1. [C] Appointment search – remember slot description
2. [N] Patient Search Preference – added new patient search option. Users may default search preference
 - a. How to set up: Administration Users Select User select search preference from Patient Search Preference droplist
 - b. Update user profile
 - c. Users must re-login to take effect

Practice Management Update notice received as of 09/08/2007

All areas

1. [C] Patient Label – increased font; stripped off blank space
2. [C] Encounter page – if encounter is closed, do not allow the addition of new payment(s) to the encounter
3. [C] Claim page – a) When today's payor type is Medicaid, open Medicaid visit type b) When today's payor type is Medi-Cal HMO, open Medicaid visit type and default to HMO
4. [F] HCFA 500 – a) fixed box 32b when printing facility surgical center ID b) fixed logic for header name/address printing c) fixed provider billing fac update error
5. [F] Claim page – fixed the error of not pulling default signoff doctor

Practice Management Update notice received as of 09/07/2007

Testing and Demo areas

1. [N] Quick Patient Registration – added duplicate patient search option

Practice Management Update notice received as of 09/06/2007

All areas

1. SOFP claim update – fixed the error that changing of rendering doctor on regular claim page is not reflected on SOFP claim page

Testing and Demo areas

1. [C] Reports – added detailed option to 'Appeal by Line Items' report

Practice Management Update notice received as of 09/05/2007

All areas

1. Added Line of Business to Insurer LOB table PFFS

Testing and Demo areas

1. [N] Reports – added new report 'Appeal by Line Items'
2. [F] Charges entered audit report – fixed the copay paid and copay due columns
3. [C] Rendering doctor profile Scheduling and Billing Information page – added Renderer Category and FTE
4. [C] Category and FTE changes applied to FPAR, OSHPD, UDS reports

Practice Management Update notice received as of 09/01/2007

All areas

1. [C] Changed ANSI Institutional to include new destination UG [FQHC Medicare]
2. Posted 'Preview' message and link

Practice Management Update notice received as of 08/31/2007

All areas

1. [C] Appointments Next Available Search page - changed logic so that if available time slot is clicked, appointment detail page opens (previous functionality – daily appointment book would open)

Practice Management Update notice received as of 08/24/2007

All areas

1. [C] All ANSI programs – eliminated address line 2 in all N3 segments
2. [C/F] DB writer report fixed or changed (reference unknown)
3. [C/F] FPAR, UDS, and OSPHD reports fixed or changed (reference unknown)
4. [C] Encounter label – added patient DOB

Practice Management Update notice received as of 08/24/2007

Testing area

1. [C] Print order number on barcode label and lab order form printout
2. [C] If an ordering doctor does not have a lab ID setup, an alert message will open; user must clear; lab order cannot be saved

Practice Management Update notice received as of 08/23/2007

All areas

1. [N] Patient Ethnicity code table – a) added Korean (code 01); b) changed code of more than one race from 09 to 07
2. [F] Fixed the blowing up error for chart note report

Practice Management Update notice received as of 08/22/2007

All areas

1. [C] Claim page – open up text boxes and dropdown lists for CHDP/SOFP claims (line items are still locked)
2. [C] Demanding PM160 form – added 'Do not update billing history' option to pop up option window
3. [F] Claim page – fixed incorrect claim processed status displayed when do not update billing history is marked while demanding insurance forms

Testing and Demo areas

1. [N] Added a new user security category for Encounters
 - a. Access rights to encounters initially inherited Patients & Claims security setting
 - b. Patient encounter list page and encounter details page will do security check against this new category
 - c. Appointment scheduler functions also do a check against this new category

Practice Management Update notice received as of 08/22/2007

All areas (except Demo area)

1. [F] Fixed Cap rate adjustment calculation for CHDP/FQHC Medicare visit type

Practice Management Update notice received as of 08/17/2007

All areas

1. [F] Encounter check out on patient encounter list page – fixed the error of allowing checking out multiple times if encounter is checked out to empty claims

2. [F] CHDP encounter closing – fixed the error of not carrying over facility from encounter
3. [C] HMO Auto adjustment – do not adjust line item amount if item is on hold or bill to patient only
4. [N] Process claim list / unprocessed claim list – added facility filter
5. [N] Fixed ANSI file extension for AIA [**CHS/RHS/FQHC – clients in Los Angeles region only**]
6. [C] DMERC changes

Practice Management Update notice received as of 08/17/2007

All areas

1. [C] ANSI files – changed name file extension as "DAT" if destination is AIA
2. [F] Bulk payment – fixed the error of amounts not matching

Practice Management Update notice received as of 08/15/2007

All areas

1. [N] SOFP claim/encounter – added new data validations
2. [F] Claim submission – fixed the error of ANSI institutional secondary payer (receive box was disabled and blanked out)
3. [N] Claim page – open up claim type dropdown box for SOFP claims if user is an administrator
4. [F] FPAR download error fixed

Testing / Demo areas

1. 1500 – fixed heading for county program
2. Account admin -> general preference page added new PM160 option

Practice Management Update notice received as of 08/14/2007

All areas

1. [F] HL7 Lab order transfer – a) fixed the broken connection problem b) fixed the error of not transferring first name
2. [F] SOFP claim – fixed the error of creating duplication line items when saving record fails
3. [N] Medicaid visit type – added Queenscare

Practice Management Update notice received as of 08/11/2007

All areas

1. [N] Employer batch statement – added new filter to include or exclude credit balance statements
2. [F] Production by CPT code report fixes (reference unknown)

Testing /demo

1. [N] Unprocess claim list – added filtering by primary facility or service facility

Practice Management Update notice received as of 08/10/2007

All areas

1. [C] Patient label – added option to print by label writer format or laser printer format

Testing and demo

1. [N] Process claim list – added filter by primary facility or service facility

Practice Management Update notice received as of 08/09/2007

All areas

1. [F] Fixed Next Available Appointment Search – returning incorrect results
2. [F] ANSI 835 – fixed transfer to secondary flag error

Testing area

1. [C] HCFA 1500 and ANSI Professional DMERC changes

Practice Management Update notice received as of 08/08/2007

All areas

1. [F] HCFA – fixed 1500 form box 33b (client-specific issue)
2. [F] Backup Retrieval – fixed account data downloading error
3. [C] HL7 Lab order scheduler – truncate white spaces after patient name in HL7 message
4. [F] Employer batch statement – fixed the error reported 'Include zero balance claims' option not working

Testing and Demo areas

1. [N] Rendering doctor 'Provider Demographic' page – added DMERC field. This field is used when account does not setup multiple facilities for doctors
2. [N] Rendering doctor 'Scheduling and Billing Information' page – added DMERC fields for doctor and group

Practice Management Update notice received as of 08/07/2007

All areas

1. [N] Patient income alert – only show alert for CHS/RHS/FQHC account types **and** if income is greater than 0
2. [F] Appointment search – a) fixed the error of unable to find available slots when appointment type is (specified) b) Changed the label "Appointment Type" to "Slot Description"

Testing area

1. [N] CHDP encounter/claim – added Body Mass Index
2. [N] Facility page – added DMERC Region D column

Practice Management Update notice received as of 08/07/2007

All areas

1. [C] Patient label – truncated space between city, state and postal code
2. [N] Added CHDP/FQHC Medicaid visit type

Testing area

1. [N] Patient page – income verification alert added
2. [N] Accommodate facility surgical ID in HCFA1500 and ANSI Professional programs
3. [N] My page – tied all lists to rendering doctor instead of login user

Practice Management Update notice received as of 07/28/2007

All areas

1. [F] HCFA 1500 form – fixed box 19 truncation error for ambulance account
2. [F] ANSI Institutional secondary payer billing – fixed SV2 segment
3. [N] ANSI Institutional – apply differential rate
4. [F] ANSI Professional – fixed the error of resetting destination when 'bill Secondary Payer' is marked
5. [N] FPAR report spelling errors fixed
6. [C] ANSI Institutional and UB04 forms – get profession and specialty field from Rendering doctor file, even if signoff doctor exists

Practice Management Update notice received as of 07/27/2007

Testing and Demo areas

1. [N] Insurance company page – added Allow Diff Rate
2. [C] Changed UB04 for CHS/RHS/FQHC billing

Practice Management Update notice received as of 07/26/2007

All areas

1. [F] New claim button on patient page – fixed
2. [N] Find my Lab Orders search page – added test result filter
3. [C] HL7 Lab Test Results page – added range flag column
4. [N] Unprocessed claim list – show claims with no line items when 'Include zero balance claims' option is checked
5. [C/F] AR Aging summary report (reference unknown)
6. [F] Claim page – fixed issues report on supplemental info page
7. [C] Lab log report – show breakdown tests of Pap Smear

Practice Management Update notice received as of 07/25/2007

All areas

1. [F] Appt check in from patient appointment history page – fixed the error of not carrying over service facility

Testing and Demo Areas

1. [N] Encounter closing (applies to regular encounters; CHDP encounters; SOFP encounters) will update patient registered referring doctor and ICD9 codes if patient preference is setup
2. [F] Copay print – fixed reported issues (reference unknown)
3. [C] Temporarily enable "Lab Order" button on home page when EMR is turned on
4. [N] Lab order search page – added a new filter (with/without result)

Practice Management Update notice received as of 07/24/2007

Testing and Demo areas

1. [F] Encounter page – added collected by column to copayment list
2. [F] Copay receipt printing – fixed the error of not printing operator
3. [N] Patient list report – added total number of patients at the end of report
4. [N] Dental claim page/claim payment page – show option window (don't update billing history) when demanding Denti-cal and unclaim forms
5. [N] Administration patient preference page – added Update Referrer/Diag checkbox (the logic is not implemented yet)

Practice Management Update notice received as of 07/21/2007

All production areas

1. [F] DB writer report fix
2. [N] Production by CPT category/classification report added

Practice Management Update notice received as of 07/20/2007

All areas

1. [C] Referrer login – referrers can only see regular users
2. [C] Dental claim – updated billing history window
3. [F] Claim page – fixed the error asking for Medicaid visit type for cash payer

Testing area

1. [N] Dental claim – added buttons to top of the page

Practice Management Update notice received as of 07/19/2007

All areas

1. [N] Encounter report – Added encounter code set filter
2. [F] ANSI – fixed the error of stripping off colons
3. [F] Encounter label – fixed the payer type
4. [C] Encounter closing – if today's payer type is charity, do not ask for Medicaid visit type
5. [C/F] Annual utilization report fix (reference unknown)

Testing area

1. [F] Encounter ticket – fixed the error of printing wrong copay due and copay paid
2. [C] Account administration Finance page – moved Finance Category

Practice Management Update notice received as of 07/18/2007

All areas

1. [N] DB writer report – added patient demographic table
2. [N] Encounter label printing
3. [N] Facility page – added DBA and to be printed in UB04 and HCFA 1500
4. [N] UB04/UB92 demanding – Show option window
5. [N] Strip special characters in ANSI program

Testing area

1. [F] Patient encounter list page – fixed the error of printing zeros for patient summary info (patient balance and account balance)

Practice Management Update notice received as of 07/18/2007

Testing area

1. [N] Encounter copay printing – added operator name
2. [C] Encounter label printing – adjusted according to instruction
3. [N] UB04/UB92 demanding – Show option window

Practice Management Update notice received as of 07/14/2007

All areas

1. [F] Fixed UB04 box 76

Practice Management Update notice received as of 07/13/2007

All areas

1. [F] ANSI Institutional fixes as reported
2. [F] Employer service encounter ticket printing – fixed DOS **[OccMed clients only]**
3. [F] Patient insurance – fixed the error of not saving line of business when inserting insurer

Practice Management Update notice received as of 07/12/2007

All areas

1. [N] Added County Program to line of business table
 - a. On Patient Insurer page, default line of business to 'County Program' if payor type is county program
2. [C] CPT Productivity Report updated
3. [N] Added Licensed Clinical Social Worker to provider specialty table

Testing area

1. [N] Encounter label is finished

Practice Management Update notice received as of 07/11/2007

All areas

1. [C] Lab order barcode label has been adjusted
2. [F] Encounter closing – fixed the error of not carrying service facility to claim
3. [N] Encounter page – open up Medicaid visit type for county program type of patient
4. [N] UB04 new form changes
5. [N] Cap rate new logic

Practice Management Update notice received as of 07/10/2007

All areas

1. [F] Fixed encounter ticket printing error
2. [F] Claim adjustment – fixed the error when updating record

3. [C] DB Writer: Added more filters from patient demographics table
4. [F] Encounters Summary page fixed Prev, Next, Current Page number in textbox

Testing area

1. [N] UB04 New Form
2. [N] Cap rate logic

Practice Management Update notice received as of 07/07/2007

All areas

1. [F] CHDP encounter/claims page – fixed the error of unable to enter referrer phone
2. [N] Claim payment – added option to print patient receipt
3. [N] Procedure code – added category and classification
4. [N] Claim payment – record both entry date and time
5. [N] Appt details page – if new patient, add “NP” to appointment note and it will be carried over to appointment schedule report

Practice Management Update notice received as of 07/03/2007

All areas

1. [N] Insurance company page – added PM160 to form list
2. [C] Appt book – after changing provider, stay on the same date

Testing area

1. [N] Claim payment print
2. [C] UB04 changes