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Version 3.5 Overview

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Enhancements

Charge Entry - Eligibility

The Eligibility status and generating an Eligibility request are now available from the Insurance Coverage section of the Encounter form. The status display and request feature are identical to the functionality on the Patient form Insurance Coverage.

Charge Entry - Move an Open Encounter to another Batch

Open Encounters can now be moved to another open Encounter Batch or added to a new Encounter Batch. This will be especially useful if you are using Charge Entry Status and need to group Encounters with similar issues.

After clicking the Change Batch button, you will be prompted for the Batch to move the Encounter to.

The default is to create a new Batch, but you can click the drop down and choose from the existing Open Batches.

If you select "New" and click OK, the create Encounter Batch form will open and you will need to complete the required fields and then Save the Batch to continue.

After saving the new Batch or selecting an existing Batch and clicking OK, the Batch ID on the Encounter will update to show the Batch it will be moved to. **You must save the Encounter for the move to be completed.** If you exit without saving changes the Encounter will remain in the original batch.

Pay/Adj Transaction Sub Codes

ERA CAR Codes

Along with the existing function that allows you to define a Transaction Code to use for CAR code during ERA processing, you can now also specify a Transaction Sub Code. You must have a Transaction Code to enter a Sub Code. Both fields are optional and have drop down lists of values. Go to Tables -> Transaction Sub Codes to add/modify Sub Codes.

Transaction Batch Report

TX Sub Codes have been added as a column and Totals on the Transaction Batch Report.
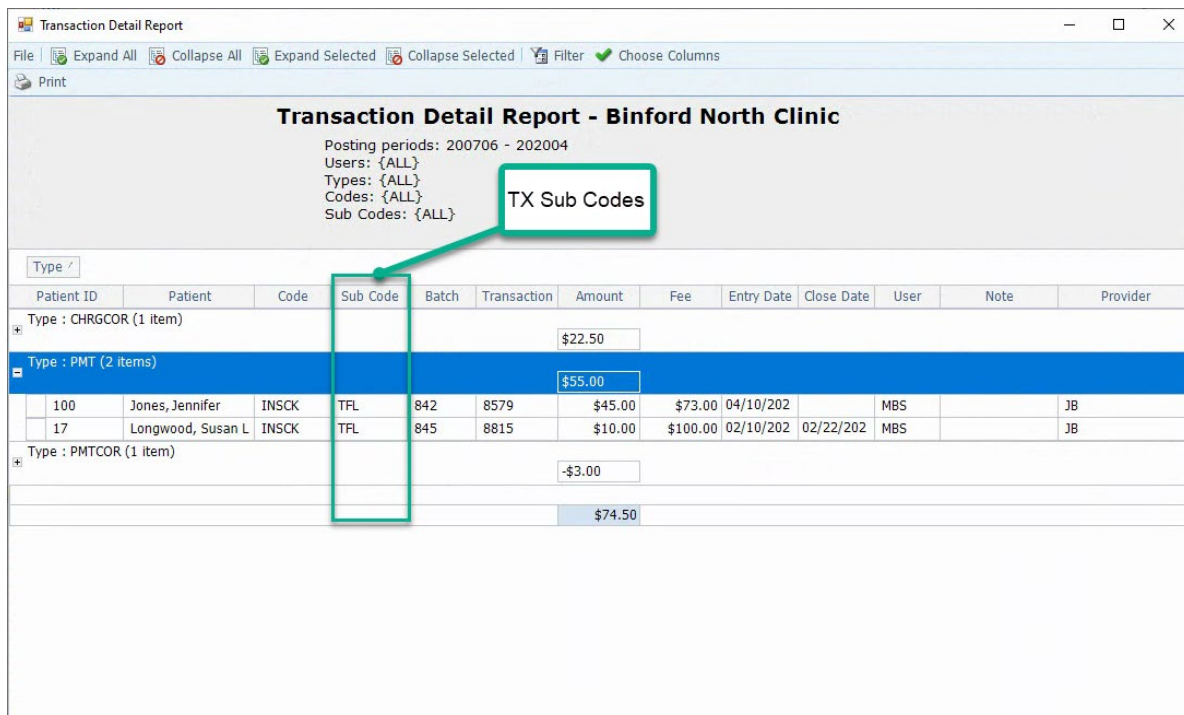
Transaction Detail Report

TX Sub Codes have been added as a criteria and column on Transaction Detail Report

Click one or more of the Transaction Sub Codes to limit the report to those codes. If you don't check any boxes all TX Sub Codes will be included on the report.

Ledger – Charge Entry Status, Transaction Sub Codes and Collection Highlight

The Ledger now has columns for the Charge Entry Status and Transaction Sub Codes and will highlight Services in the C (Collection) status.

Encounter Batch – Display Charge Entry Status

A column has been added to the Encounter list on the Encounter Batch detail form to display the Charge Entry Status field if one has been entered on the Encounter.

Corrected Claim

The Corrected Claim feature will now properly handle Service with a $0 balance and will now create copies of any Pay/Adj Transactions on the old services and write-off the transactions on the original. Complete documentation of the feature is included here for context.

Create the Corrected Claim

When the corrections needed are to a field that is read-only because the Encounter has been closed you can now use the "Correct Claim" feature to adjust off the Service and Pay/Adj Transactions of the original Encounter and create a new Encounter that you can fully edit. The new Encounter will start as an exact copy of the original Encounter but like all open Encounters you may edit all information on the Encounter. The new Encounter will have all the Pay/Adj activity of the original and when a claim is generated it will have the correct coding as a Corrected Claim and include the payer's Claim Number.

To access the feature, click the "Corrected Claim" button on the main toolbar. If the button is not visible click the toolbar expansion button and then click "Corrected Claim".
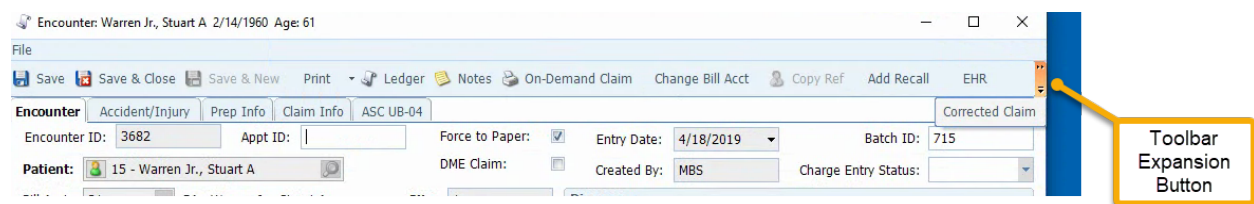
You will then be prompted to select an Encounter Batch and TX Batch (Pay & Adj Batch). This is like the COPAY function where we need to know which batches to put the new Encounter and Adjustment(s) into.
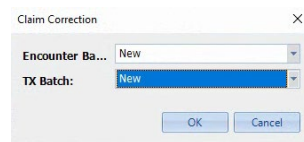
If you select "New" for either the Encounter or TX Batch clicking the "OK" button will bring you to the usual windows to create an Encounter and/or TX Batch. After you have created and saved your new Batches or If you selected existing Batches, you get a confirmation popup.
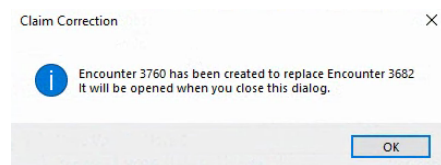
Click "OK" and the new Encounter will open so that you may make your edits.

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Pay/Adj Transactions

If you review the batches you selected you will see the new Encounter in the Encounter Batch, a COR adjustment in the Pay/Adj Batch that wrote off the fee of the original Encounter and additional Pay/Adj Transactions as needed to write-off and recreate the Pay/Adj activity. As usual the Encounter will need to be Closed and Prepped to generate a claim.

Ledger

After the new Encounter is created the ledger will show the original Encounter and new Encounter, the COR Pay/Adj to write off the original Fee and additional Pay/Adj to write off and move the Pay/Adj activity to the new Encounter.

Insurance Plans – New Defaults

When creating a new Insurance Plan there are additional fields with default values in the Claims section.
Here is an example of what will be defaulted.

Patient Registration – Check for Duplicates

After entering the last name, gender and date of birth, the Patient form will now warn you if a Patient/Guarantor/Subscriber already exists with those same values.

After clicking OK you can close the form without saving and use the person identified in the message or continue with the registration if you are certain they are different people.

Bugs Fixed

- ERA EOB Report doesn't print claim level information if there isn't any service level detail
  - Claim level information now prints regardless of the presence of service level details.
- ERA EOB Report isn't printing PLB detail
  - The PLB information will now be printed at the end of the report.
- Email address can be saved with trailing spaces
  - Email address leading and trailing spaces are now trimmed. There is no other validation of email addresses.
- EDI Encounters aren't loading Referring Providers
  - Referring Providers will now display on the EDI Encounters grid if that option has been enabled.
- Pay/Adj Batch doesn't allow a negative value for Amount
  - You can once again enter negative amounts for the Batch Amount.
- Expanded maximum size for eligibility reports from payer
  - Eligibility Results (X12 271) can now be up to 1,000,000 characters.
- Insurance Prep passes subscribers with missing address fields
  - The Prep will now generate errors if the address information is missing on the Subscriber.
- Scheduling Agenda view shows cancelled appointments
  - Cancelations will no longer appear on the grid.
- CMS 1500 errors on some combinations of POS and Patient Name
  - Paper claims with Home as the Place of Service and a Patient with a middle name will no longer cause the Claim Run to break.
- CMS 1500 Claim Run reprint does not print COB pages
  - COB pages will be included if requested by the user when prompted.
- Encounter incorrectly requires Facility and Admit Date for some POS
  - Facility is now required on IH, OH, HER, SNF, NH, PFI, IRF
  - Admit date is now required on IH, SNF, NH, PFI, IRF
- HL7 Scheduling messages include HL7 delimiters if they are present in the appointment data
  - HL7 SIU messages will replace delimiters (|, ^, &, ~) in the note field with a dash.
- Corrected Claims aren't properly handling services with a zero balance
  - Corrected Claim logic has been updated. See the full note above under Enhancements for details.
- Users with the Administrator permission cannot set the Administrator permission on other users
  - Administrator users can now update all permissions.