

expEDlum Medical Billing

v4.1.2

Release Note

Release date: 22nd December 2018

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expEDlum v3.6.8_412 & v4.1.2 release note

This release note describes 11 tickets that are either enhancements or new features or bug fixes. Some tickets may refer to other tickets from previous releases. A summary of tickets is provided in the last page of this release note. These tickets are combination of change requests from any of our partners and that are internally identified at iTech. On request, we can provide any specific release note for any earlier release. This release note is also available from our website at <http://www.itechws.com/releasenote>.

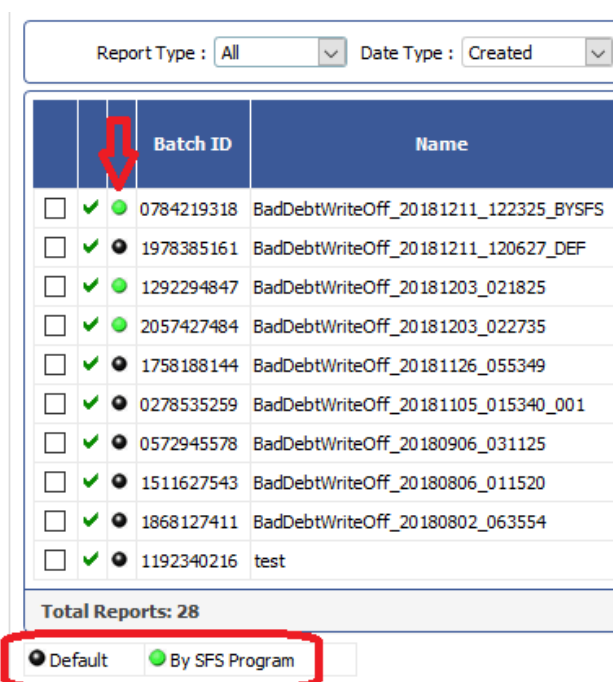
1) [Ticket#8424] PH: Michigan Bad Debt write off Report

This feature is available only for Public Health Clinics. The existing "Bad Debt Write Off" report is a patient level debt report across all SFS Programs. The original debt amount is the patient balance due amount and was not split by program. For instance, let us say the first patient (John Doe) from a given "Bad Debt Write Off" is enrolled in two programs and has a debt amount of \$58. The requirement was to split \$58 between the two programs. Without this split being visible on a report, users had to manually open the ledger and review the amount for each program and that can be time intensive. Hence, we have introduced an additional flavor of "Bad Debt Write Off" that creates a report that shows a split of debt amount split between various programs that the patient might have signed up for.

A new report type filter is added in the Bad Debt Write Off report for report creation. As can be seen below, this lists two options – One is "Default" that creates the existing report that does not split the debt amount between various subscribed SFS Programs and another "By SFS Program". The "SFS Program" report splits the debt amount for each patient between various subscribed SFS Programs.



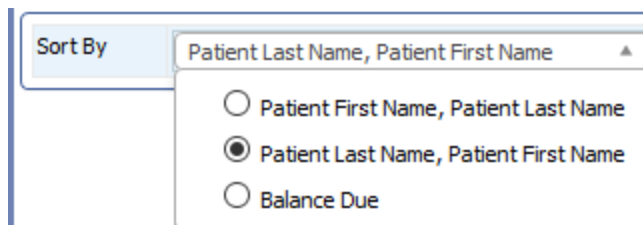
When viewing the various “Bad Debt Write Off” Reports, the screen lists both “Default” and “By SFS Program” with a grey dot and green dot, respectively as shown in the following screen.



The Default report type will be the same as existing report. By SFS Program report type will be grouped by SFS Program. The window title name displayed will be based on the report type. If the report type is default, then the title is Bad Debt Write Off Report – Patients. If the report type is By Program, then the title is Bad Debt Write Off by SFS Program Report – Patients.

In Bad Debt Write off by SFS Program report, the Current Balance Due column will not be displayed as the system does not support pre-calculated SFS Program Based Patient Current Balance Due. Also, this flavor of the report will not have the SFS specific aging amount buckets. The columns will be left empty.

The "Current Balance Due" option is removed in the sort by filter as the Current Balance Due column will not be displayed on "By SFS Program" report. However, the "Current Balance Due" option continues to be available from the "Default" report.

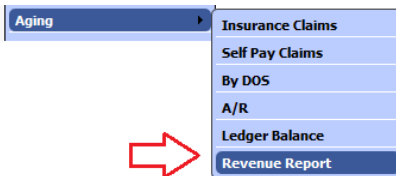


The following screen shot shows a sample of "Bad Debt Write Off by SFS Program" report where the debt amount is split between various SFS Programs for each patient. Please note that the "Current Balance Due" column is not available.

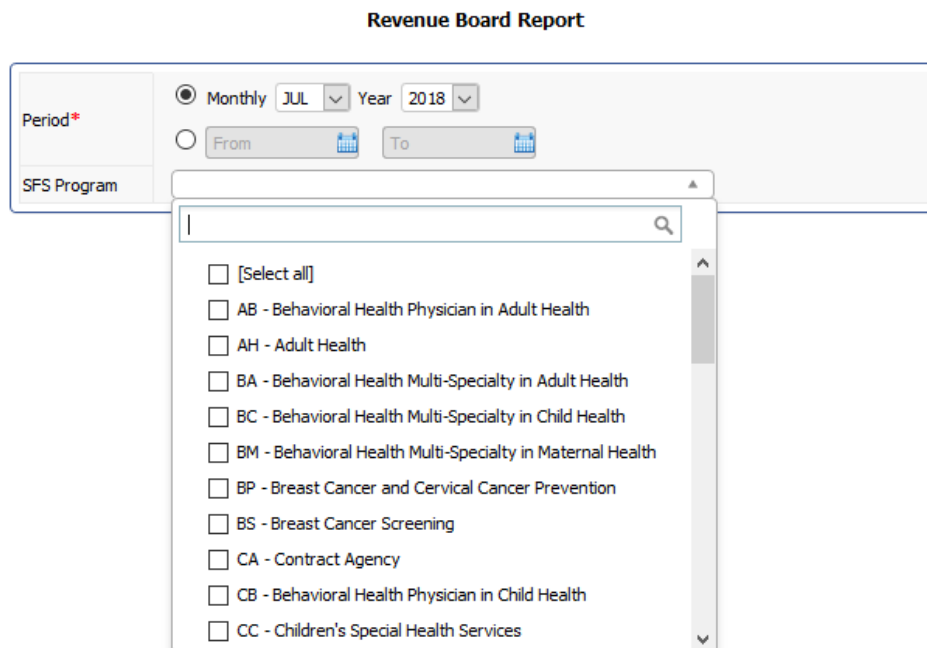
		Patient					Insured		SFS	0-30	31-60	61-90	91-120	>120	Original Debt Amount	Write Off Amount	Debt Amount
		Name	DOB	SSN	PAN	DL No.	Phone	Name	SSN								
<input type="checkbox"/>		DOU, DOU, DOU, DOU						DOU, DOU, DOU, DOU		IM	-	-	-	-	\$217.42		\$217.42
<input checked="" type="checkbox"/>		DOU, DOU, DOU						DOU, DOU, DOU		OH	-	-	-	-	\$0.00		\$0.00
<input type="checkbox"/>		HPVT						HPV		IM	-	-	-	-	\$207.49		\$207.49
<input type="checkbox"/>		DOVE						DOVE		MH	-	-	-	-	\$219.00		\$219.00
<input checked="" type="checkbox"/>		DOVE						DOVE		HC	-	-	-	-	\$0.00		\$0.00
<input type="checkbox"/>		DOVE						DOVE		FP	-	-	-	-	\$3.40		\$3.40
<input type="checkbox"/>		DOVE						DOVE		OH	-	-	-	-	\$1.40		\$1.40
<input type="checkbox"/>		DOVE						DOVE		AH	-	-	-	-	\$223.00		\$223.00

2) [Ticket#8564] PH: Revenue Board Report

A new "Revenue Board Report" is provided from "Reports >> Aging >> Revenue Report" option. This report is available for Public Health Clinics only and it is programmed specially for Public Health Clinics.



This "Revenue Board Report" provides a "period" and a list of SFS Program as filters. The Period can be a specific month and year or a range of date. The SFS Program filter lists all the SFS Programs available or "Select All" option to select all SFS Programs. When SFS Program is left empty, it fetches data for ALL SFS Programs for the provided date range.



The revenue board report will have the details of what is billed, and the payment received this month (irrespective of when it is billed). The period chosen is used as the "claim received date" and "posted date". For instance, the charge amount is computed from all claims received from the period specified. The Payment amount is aggregated from all the payments received (using Posted date) from the period specified and the adjustments are computed from the same posted amounts. We used same special logic as A/R Aging report in this report to fetch adjustment amount. The pending claim amount (it is referred to as "Service Amount" by the clinics) aggregates

the total charges on claims from the specified period (used as received date) that are not posted (that are not paid for).

- a) Program Type (Group Head) – Grouped by SFS Program
- b) Payer Class (Sub Group Head) – grouped by Box 1 Insurance Program Name. The primary and secondary claims will go under the respective payer class.
- c) Charge Amount
 - This is the total charge of claims for the “Period” Range selected.
 - For Self-Pay Claims, the original charges are shown - The Claim Charges + SFS Adjustment are added up and shown as Charges.
 - For secondary claims, as the charges are already considered in the primary claim, the Charge amount will be taken as \$0.00.
- d) Adjustment Amount
 - For insurance claims, the primary insurance adjustment amount is considered. This is the insurance adjustment amount received for the month, irrespective of when the claim is billed. To handle the cumulative nature of insurance adjustment amount in the case of multiple postings, a special logic is used. Refer expEDlum v3.6.5 (page 26) release note for the documentation of this special logic which is also used in A/R Aging report. The secondary insurance adjustment amount is not considered because that will be cumulative. The manually added ledger transaction labelled “SFS Adjustment” is considered.
 - For self-pay claims, the SFS Adjustment Amount from the claim is considered. If there is a manually added transaction “SFS Adjustment” is available, that also will be considered.
- e) Payment Amount - This is the payment amount received for the period, irrespective of when the claim is billed.
 - For insurance claim posting, both primary insurances paid, and secondary insurance paid amount are considered.
 - For self-pay claims, the manually added ledger payment transactions are considered. The information payment transactions are excluded.

- f) Pending claim amount (Service Amount) - This is the Charge amount of claims for the "Period" specified that are not posted.

The following 2 screen shots show a sample of the Revenue Board Report, the first screen shot show the first part of the report that appears on top and the 2nd screen shot show the bottom of the report that includes a "Grand Total" in the last row.

Revenue Board Report

Print

[Date: 07/01/2018 To 07/31/2018, SFS Program: All]

PROGRAM TYPE : AH - (Adult Health)				
Payer Type	Charge Amount	Payment Amount	Adjustment Amount	Pending claim amount (Service Amount)
CHAMPUSVA	\$637.00	\$87.64	\$307.15	\$213.00
CHAMPUS	\$228.00	\$74.38	\$0.00	\$0.00
MEDICAID	\$10752.00	\$4837.76	\$2511.88	\$2888.00
OTHER	\$61658.00	\$8418.16	\$17921.93	\$40885.00
MEDICARE	\$18249.00	\$1721.34	\$1432.08	\$9853.00
Total	\$91524.00	\$15139.28	\$22173.04	\$53839.00

PROGRAM TYPE : BA - (Behavioral Health Multi-Specialty in Adult Health)				
Payer Type	Charge Amount	Payment Amount	Adjustment Amount	Pending claim amount (Service Amount)
OTHER	\$1717.00	\$69.55	\$712.45	\$1549.00
MEDICARE	\$100.00	\$20.00	\$0.00	\$0.00
MEDICAID	\$51.00	\$0.00	\$51.00	\$0.00
Total	\$1868.00	\$89.55	\$763.45	\$1549.00

PROGRAM TYPE : -				
Payer Type	Charge Amount	Payment Amount	Adjustment Amount	Pending claim amount (Service Amount)
OTHER	\$52447.00	\$26924.20	\$7979.00	\$1867.00
MEDICARE	\$5709.00	\$1959.57	\$363.11	\$0.00
MEDICAID	\$24623.06	\$14524.47	\$8402.18	\$128.00
CHAMPUSVA	\$531.00	\$152.75	\$327.34	\$0.00
CHAMPUS	\$278.00	\$124.94	\$138.53	\$0.00
Total	\$83588.06	\$43685.93	\$17210.16	\$1995.00
Grand Total	\$294104.65	\$85095.85	\$77782.68	\$125373.11

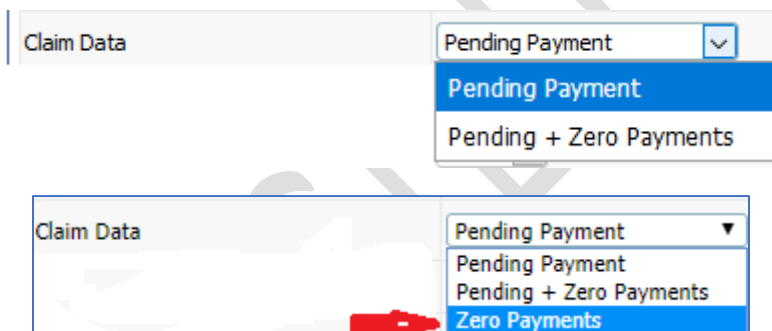
3) [\[Ticket#8718\] PH: Aging report enhancement with claim status and claim data](#)

The "Aging >> Insurance Claims" report has been enhanced to show the claim status too for each claim listed. The following 2 screen shots show the columns reported in the earlier version of this report and the current (new) version of the report.

Payer ID	Payer Name									0-15	16-30	31-60	61-90	91-120	>120 days	Total
Claim ID	Patient Name	PAN	Patient DOB	Insured ID	Insured Name	DOS	SFS Program	Procedure Code								

Payer ID	Payer Name									0-15	16-30	31-60	61-90	91-120	>120 days	Total
Claim ID	Patient Name	PAN	Patient DOB	Insured ID	Insured Name	DOS	SFS Program	Procedure Code	Claim Status							

A new option is added under claim data drop-down as “Zero Payments” in “Aging >> Insurance claims” report for both PHD and NON-PHD. We had “Pending Payment” and “Pending + Zero Payments” in the claim status drop-down in the earlier versions of expEDlum. The following two screen shots show the options available under Claim Data filter in earlier version and the current (new) version of expEDlum.

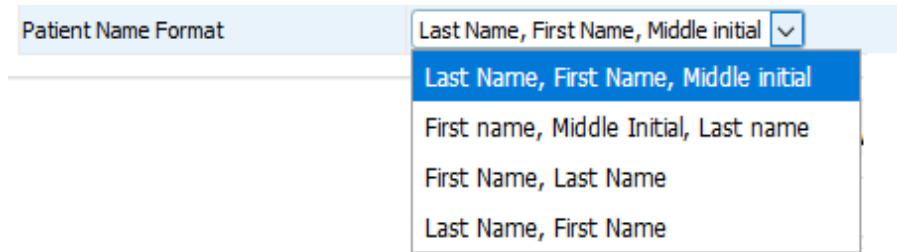


The zero payments drop down in this report will display only “Zero Payments” results and the claims reported in this data set are all “Posted” claims.

4) [\[Ticket#8769\] PH: Billing statements printing as last name, first name](#)

The patient name by default is displayed in the format “last name, first name, middle name” in Patient Statements. However, some clinics wanted configurability that would allow them to choose the way the Patient name is displayed in the Patient Statements.

A new patient name format drop-down is added in the “Patient Statements >> Settings” with the following options to select the patient name formats.



The screenshot shows a dropdown menu for 'Patient Name Format'. The current selection is 'Last Name, First Name, Middle initial'. The dropdown list contains the following options:

- Last Name, First Name, Middle initial
- First name, Middle Initial, Last name
- First Name, Last Name
- Last Name, First Name

The name format selected by the user from patient statement settings will be used in single patient statement from patient ledger, bulk patient statement (all in one file) and bulk patient statement (in separate files). By default, patient name format will be last name, first name, middle initial (this is also the existing name print format).

5) [\[Ticket# 8770\] PH: Cash Posting Report with transaction summary for each program](#)

Some clinics wanted a summary of the transaction types under each program in the "Cash Postings >> By program" report. The transaction type should be summarized under each program in the cash postings by program report. The transactional summary for each program i.e. how much transactions were done through CASH, CHECK and CARD for each program. Now a new check box is added in cash posting by Program report filter screen called "Program wise Transaction Summary". On enabling the check box, the program wise transaction summary will be displayed in the result set.

Search Cash Postings By Program

Posted By	All
Transaction	[All Payments(excluding Write-off/Debt Set Off/Bad Debt Writ...]
Transaction Amount	Select
SFS Program	
Rendering Provider	All
Facility	All
Practice	All
Payer ID	<input type="text"/>
Payer Name	<input type="text"/>
Sort By	Transaction Date
Show Current Balance Due	<input type="checkbox"/>
Show Transaction Notes	<input type="checkbox"/>
Show Posted By	<input type="checkbox"/>
Show Patient Details	<input checked="" type="checkbox"/> All selected
Show Zero Amounts	<input checked="" type="checkbox"/>
Show Program Wise Transaction Summary	<input checked="" type="checkbox"/>
Transaction Date	<input type="radio"/> Daily 11/26/2018 <input checked="" type="radio"/> Weekly/Date range 07/14/2017 08/14/2017 <input type="radio"/> Monthly NOV Year 2018 <input type="radio"/> Yearly 2018

Search

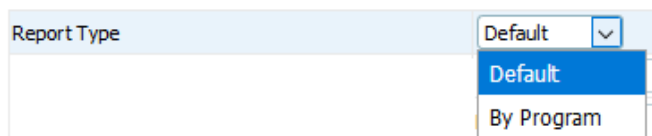
Following screen shows the program wise transaction summary in the result set – this shall be displayed for each program that appears in the report. The “Summary of all Programs” that aggregates this information across all SFS Programs at the bottom of the report continues to be available. When “Show Program Wise Transaction summary” button is unchecked the following program specific summary won’t be printed, however, the Summary of all programs data would continue to appear at the bottom of the report.

PROGRAM TYPE	FP - Family Planning
Transactions	Total Amount
Patient Payment(Cash)	\$266.77
Patient Payment(Credit Card)	\$438.28
Patient Copay(Cash)	\$3.00
Patient Copay(Check)	\$25.00
Patient Copay(Credit Card)	\$40.00
Patient Payment(Check)	\$90.00
Total	\$863.05

6) [Ticket# 8808] PH: Ledger Balance aging report-balance split by SFS Program

Program

A new filter has been introduced in "Aging >> Ledger Balance" report. This filter "Report type" lists two options – "Default" that shows the report as before and "By Program"



The design of "ledger balance by program" looks similar to the newly introduced "Bad Debt Write Off by program" report. The users can now split this report by SFS Program and also filter the report based on SFS Program specific Aging Amount. The SFS Program with aging dimension for "ledger balance aging by program report" comes with a report type drop down as "default" and "By Program".

By default, the existing "ledger balance aging report" will be displayed where the aging is based on patient balance due amount. In "By Program", the SFS Program specific balance due is calculated on the fly and the aging will be calculated on that SFS specific balance due amount

Ledger Balance Aging

Report Type	By Program	?
Current Balance Due	Select	?
SFS Balance Aging*	Last >0 days amount Greater than \$ 0	?
No Patient Payment Activity in the last	1 year	
Additional Filters	Self Pay Patients + No Pending Insurance Payment	
Statements created previously	All	

[Create Report](#) [View Reports](#)

When you create a report with report type "Default" or "By Program" the file name will be saved in LedgerBalanceAgeing_ID_YYYYMMDD_HHMMSS and LedgerBalanceAgeingByProgram_ID_YYYYMMDD_HHMMSS format. For instance, for an account with NYBH as the ID then the file names shall be LedgerBalanceAging_NYBH_20181126_043326 or LedgerBalanceAgingByProgram_NYBH_20181212_041622. Of course, the users can name the

report file per their choice too. Both "Default" as well as the "By Program" reports can be viewed from the View Reports screen.

The following two screen shots shows the reports. The first screen shot below shows the "Default" report and the 2nd screen shot shows the report with "SFS Program"

Ledger Balance Aging

Search Criteria
Current Balance Due : Greater than 100.00
Aging : 0-30 days , Amount Between 0.00 and 100.00
No Patient Payment Activity in the Last:
Additional Filters : All
Statements created previously : All

Patient First Name	Patient Last Name	Patient DOB	Patient SSN	Patient Account Number	0-30 days	31-60 days	61-90 days	91-120 days	> 120 days	Current Balance Due
SILVIA	Al	15		025	0.00	0.00	0.00	0.00	494.00	494.00
BONNIE	Rl	15	2	086	0.00	0.00	0.00	0.00	358.22	358.22
MARIA	Rj	15	0	449	0.00	0.00	0.00	263.00	984.00	1247.00
GARVIE	Hj	15	2	492	0.00	0.00	0.00	0.00	384.08	384.08
MARY	Rl	15	2	958	0.00	0.00	0.00	0.00	389.00	389.00
MARIA	Lc	15	2	192	0.00	0.00	0.00	0.00	163.29	163.29
BARBARA	Tl	15	2	404	0.00	0.00	0.00	0.00	528.62	528.62
BRENDA	Lf	15	2	908	0.00	0.00	0.00	0.00	155.00	155.00
JESSICA	Jc	15	2	656	0.00	0.00	0.00	0.00	145.00	145.00
RONNIE	Ba	15	2	300	0.00	0.00	0.00	0.00	430.17	430.17
COURTNEY	Ml	15	2	899	0.00	0.00	0.00	0.00	197.07	197.07

Ledger Balance Aging By Program

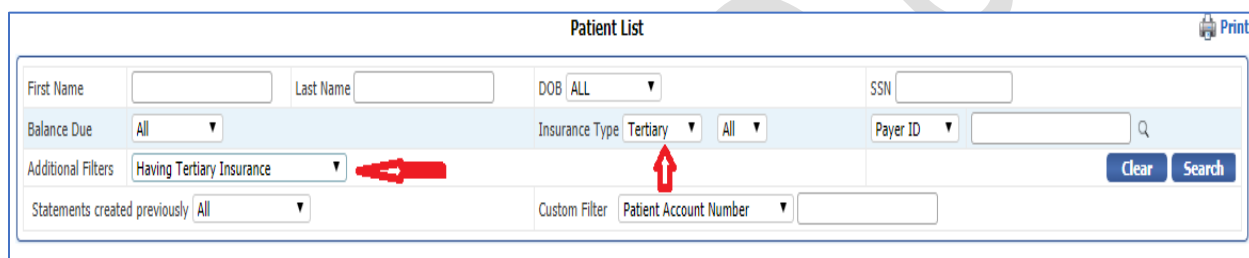
Search Criteria
Current Balance Due : Greater than 100.00
SFS Balance Aging : 0-30 days , Amount Between 0.00 and 100.00
No Patient Payment Activity in the Last:
Additional Filters : All
Statements created previously : All

Patient Name	Current Balance Due	Patient First Name	Patient Last Name	Patient Account Number	Patient DOB	Patient SSN	SFS Program	0-30 days	31-60 days	61-90 days	91-120 days	> 120 days	SFS Balance
Ja	151.74												
Jer				N000	19			0.00	0.00	0.00	0.00	0.00	151.74
Pa	136.80			1000	19			0.00	0.00	0.00	0.00	0.00	136.80
Rk	122.50			0000	19			0.00	0.00	0.00	0.00	0.00	122.50
Ric													
SA	160.00												
SA				1861	19		AH	0.00	0.00	0.00	120.00	40.00	160.00
SA				1861	19		FP	0.00	0.00	0.00	0.00	0.00	0.00
SA				1861	19		MH	0.00	0.00	0.00	0.00	0.00	0.00
GI	1060.76												
Gil				513	19			0.00	0.00	0.00	0.00	0.00	1060.76
An	355.55												
Am				CC000	19			0.00	0.00	0.00	0.00	0.00	355.55
Su	2144.00												
Sur				VE000	19			0.00	0.00	0.00	0.00	0.00	2144.00
Tr	350.66												
Tr				2A000	19			0.00	0.00	0.00	0.00	0.00	350.66

7) [Ticket#8984] Patient Demographics-Add Tertiary related filters

A new option is added under patient list in Insurance Type filter as "Tertiary". Also, one more option "Having Tertiary Insurance" is added in additional filters. If you select "Having Tertiary Insurance" in additional filter, then it will search for patients having "tertiary" coverage.

If you select "Tertiary" in insurance type filter then, the system allows users to search for Patients with the specified payer (name or ID) as their tertiary payer. These search panels are used in many places in patient lookup like Eligibility Batches, Eligibility inquiries and appointments.



The screenshot shows the 'Patient List' search interface. It includes fields for First Name, Last Name, DOB (set to ALL), and SSN. There are dropdown menus for Balance Due (All), Insurance Type (Tertiary), and Additional Filters (Having Tertiary Insurance). A red arrow points to the 'Having Tertiary Insurance' dropdown, and another red arrow points to the 'Tertiary' option in the Insurance Type dropdown. There are also buttons for 'Clear' and 'Search', and a 'Print' icon in the top right corner.

Typically, tertiary coverage is limited, we have seen for instance, with a live patient database of over 50,000 patients, 7500 having secondary coverage (15%) and about 800 patients having tertiary coverage (1.5%). Please note tertiary claims must be submitted on PAPER (HCFA/UB04 stationery) and expEDlum supports printing of Tertiary claims and COB2 (Coordination of benefit) showing both Primary and Secondary adjudication details to be submitted to tertiary payer.

8) [Ticket#8997] PH: Security Handling in Login Module

There were two problems based on HIPAA and network audits that one of our partners had completed.

- a) Network vulnerability
- b) Security of the EMR + PMS (expEDlum) application

The issue reported by production had been fixed for security loop holes like login using some specific URLs that uses expEDlum URL - A hot patch was applied as v3.6.8.4111 on one of the production servers on Dec 03, 2018. We have added specific filters in the code to prevent specific unauthorized access. This is in addition to fixing a handful of application vulnerabilities in expEDlum v4.1.0, reported by a certified security vendor.

9) [Ticket#9013] iTech: Fix Tertiary payer details on paper claim

There was a glitch in populating the tertiary claim details from Claim Print Module. This is fixed in this version.

The details will be populated now using the below logic –

- 1) The insured details from the patient demographics tertiary tab of the patient will be taken and populated in the insured section of tertiary claim.
- 2) The payer details from the patient demographics tertiary tab of the patient will be taken and populated in the payer section of tertiary claim.
- 3) The insured details from the patient demographics secondary tab of the patient will be taken and populated in the other insured section of tertiary claim.
- 4) The payer details from the patient demographics secondary tab of the patient will be taken and populated in the other payer section of tertiary claim.

A hot patch is deployed on one of the production servers on Nov 29, 2018 (v4.1.1.1) and another production server on Dec 03, 2018 (v3.6.8_411). All other servers will be upgraded as part of v4.1.2/v3.6.8_412 release.

As part of Tertiary claim printing to PAPER from "Maintenance >> Claim Print", the Tertiary Payer details are printed in box-0 on top right corner of CMS-1500 form, "T" (as Tertiary) indicator on top left side. The secondary (other payer) information is also printed on relevant CMS-1500 data fields. Note that the Tertiary payer must have the address available from the expEDlum global payer list and updated in the tertiary tab of patient demographics to be able to print the address in box-0 on PAPER claim. It is user's responsibility to print the COB2 (Coordination of benefit

details from both Primary and Secondary payers) from “Maintenance >> Claim Print” and attach it to any tertiary claim printed on CMS-1500 stationery.

10) [Ticket#9042] PH: Exception while Printing batch claims

Users reported an issue that when they print a batch claims (from 835 – Print Claim list for 835 batch) the page was not completely loading, and users were not able to print or export the output. The Claim closure Status column was widened and at the bottom of the screen an exception reported– Now, this issue has been fixed.

11) [Ticket#9058] MDR: VB app Script Error while printing statement

Across all accounts, while generating a single patient statement from the ledger, clinics were getting java script error. This issue was happening from the VBApp to expEDlum and it is specific to Internet explorer. This issue was not reported on Firefox and Google Chrome browsers. This was fixed in v4.1.1.2 (hot patch) and was rolled out in the relevant servers on 13th Dec 2018.

Bugzilla List of tickets available in this release

#	ID	Partner	External Ticket	Summary	Version
1	8424	Patagonia	Via Email	PH: Michigan Bad Debt Write Off Report	v4.1.2
2	8564	Patagonia	Via Email	PH: Revenue Board Report	v4.1.2
3	8718	Patagonia	Via Email	PH: Aging report enhancement with claim status and claim data type as zero payment	v4.1.2
4	8769	Patagonia	31121	PH: Billing statements printing as last name, first name	v4.1.2
5	8770	Patagonia	30112	PH: Cash posting Report with transaction summary for each program	v4.1.2
6	8808	Patagonia	29688	PH: Ledger balance aging report - balance split by SFS program without aging	v4.1.2
7	8984	MB		Patient Demographics - Add Tertiary related filters	v4.1.2
8	8997	Patagonia	Via email	PH: Security Handling in Login Module	v3.6.8_411/v4.1.2
9	9013	MB	Via Email	iTech: Fix - Tertiary payer details on paper claim	v4.1.1.1
10	9042	Patagonia	31429	PH: Exception while Printing batch claims (parsing an empty value in claim balance)	v4.1.2
11	9058	MDR	Via Email	MDR:(All Accounts) VB app Script Error while printing statement	v4.1.1.2

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