

expEDlum Medical Billing v4.8

Release Notes

Release Date | Dec 07, 2019

Table of Contents

expEDlum Medical Billing v4.8 Release Notes.....	3
1) [Ticket #10423] MDR: Appointment Scheduler Check Duplicate Appointments	3
2) [Ticket #10527] MDR: Print Claim Bill Confirmation Box + Customize Remit To, From/Return To	5
3) [Ticket #10528] PH: Format Amount Display using \$ and commas Selected Reports and Modules-Phase 1	7
4) [Ticket #10529] PH: Posting Module UI/UX Enhancements Add/Edit Posting Batch/Check Auto-suggest in Payer filter	10
5) [Ticket #10530] PH: Posting Module UI/UX Enhancements Add Claim Screen Enter Key press for Search.....	11
6) [Ticket #10531] PH: Posting Module UI/UX Enhancements Add Claim Screen Post As dropdown & Check Box	11
7) [Ticket #10559] iTech Report Segregation Enhancement EDI Transaction Set Detection Logic.....	12
8) [Ticket #10564] PH: Semi-automated mechanism to add SFS Adjustment from Claim List Screen under Posted Batches	12
9) [Ticket #10608] MDR: Save Search feature in Denied Claims Search Module.....	15
10) [Ticket #10656] MDR: (Hot Patch=4.7.1) Saved Search - Reset feature	21
11) [Ticket #10657] MDR: (Hot Patch=4.7.1) Saved Search - Minor enhancements	21
12) [Ticket #10682] MDR: Appointment Scheduler User Trail Enhancement Show Reschedule Flag, Confirmation Details (Flag, Notes, By, On)	21
13) [Ticket #10686] PH: Claim Detail Report Display Date(s) Forwarded to Payer/Claim Sent Date(s).....	23
14) [Ticket #10687] PH: Ledger Receipt Template Support for Ledger Transaction Notes	24
15) [Ticket #10707] PH: Claim Search Back Button Issue.....	25
16) [Ticket #10746] Performance Improvement Real Time Eligibility Inquiry	25
17) [Ticket #10750] MDR: Claim Search Adjustment Code Filter Allow if Secondary Pending option is checked or unchecked	26
18) [Ticket #10760] (Interim Release=4.7.2) MDR: Patient Appointment Outbound XML Schema Support for PAN	26
19) [Ticket #10786] PH: Billing provider taxonomy code Needs to send in EDI for Medicaid Wisconsin-MCDWI Payer.....	27
20) [Ticket #10836] iTech: Support for Atlantic, Alaska and Hawaii time-zones of USA in expEDlum.....	28
21) [Ticket #10857] iTech: NDC Drug Quantity field length	28
22) [Ticket #10877] Performance Improvement Claim Revenue Summary Report	28
23) [Ticket #10905] Florida State Data Reporting AHCA ASER Support for additional fields in the claim data fetched	29
Bugzilla List of tickets.....	30

expEDlum Medical Billing v4.8 Release Notes

This release note describes tickets that are either enhancements or new features or bug fixes. Some tickets may refer to other tickets from previous releases. These tickets are combination of change requests from any of our partners and that are internally identified at iTech. A summary of tickets is provided in the last page of this release note. 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> for the last few releases.

1) [Ticket #10423] MDR: Appointment Scheduler | Check Duplicate Appointments

There was a client request to have an enhancement in the Appointment module – to check for duplicate appointments while creating a new appointment and Editing an existing appointment. As per the clinic request, we have introduced the “**Duplicate Appointment**” feature in appointment details screen. This feature is implemented in the Add and Edit Appointment screen. When the user is scheduling an appointment for a patient in the appointments detail screen, the system will check for duplicate appointment based on

- 1) Patient (internally the unique patient key is used) AND
- 2) Provider (internally the unique provider key is used) AND
- 3) Facility (internally the unique facility key is used) AND
- 4) Appointment Start/End Date and Time.
 - a) If the start date/time is between start date/time and end start/end of another appointment.
 - b) If the end date/time is between start date/time and end start/end of another appointment.
 - c) If any other appointment is in the same period of the appointment.

[illegible]

With the above duplicate check, if a duplication appointment is found, the system will display an alert message before creating an appointment “Duplicate Appointment found. Please choose a different

schedule.". This feature will work only if the "Check duplicate appointment" check box is enabled in the appointment settings screen.

Edit Appointment

Edit Appointment [NEW PATIENT] [07:20 AM - 07:50 AM]

Appointment Details

Patient

Providers

Facility

Appointment Type

Appointment Status

Referring Provider

Notes

Rescheduled ☐

☐ Confirmed

Alert

Duplicate Appointment found. Please choose a different schedule.

OK

Schedule

07:20 AM 26 November 2019 - 07:50 AM 26 November 2019

Save Cancel Delete

Add Appointment

Add Appointment

Appointment Details

Patient

Providers

Facility

Appointment Type

Appointment Status

Referring Provider

Notes

☐ Confirmed

Alert

Duplicate Appointment found. Please choose a different schedule.

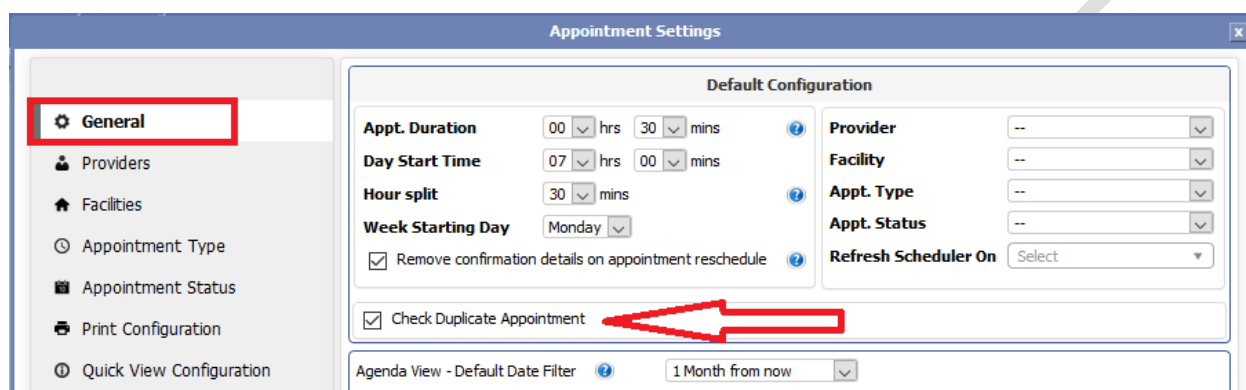
OK

Schedule

07:20 AM 26 November 2019 - 07:50 AM 26 November 2019

Save Cancel Delete

A new check box “**Check Duplicate Appointment**” is introduced in the Appointment settings screen. This is available under **Appointment Settings >> General >> “Check Duplicate Appointment”**. By default, the “**Check Duplicate Appointment**” feature will be disabled. The clinic can enable or disable the feature as per their requirement. When the “**Check Duplicate Appointment**” check box is **enabled**, the system will check for duplicate appointments with an alert message and restrict the user from creating/updating a duplicate appointment.



The screenshot shows the 'Appointment Settings' window with the 'General' tab selected. In the 'Default Configuration' section, the 'Check Duplicate Appointment' checkbox is checked and highlighted with a red box and a red arrow. Other settings include 'Appt. Duration' (00 hrs 30 mins), 'Day Start Time' (07 hrs 00 mins), 'Hour split' (30 mins), 'Week Starting Day' (Monday), and a 'Remove confirmation details on appointment reschedule' checkbox. On the right, there are dropdown menus for 'Provider', 'Facility', 'Appt. Type', 'Appt. Status', and a 'Refresh Scheduler On' button.

2) [Ticket #10527] MDR: Print Claim Bill | Confirmation Box + Customize Remit To, From/Return To

There was a request for a feature enhancement in the Print Claim Bill. The clinic requested us to make the “**Remit To**” and “**From/Return To**” address details configurable in the print claim bill screen. Previously, our system was designed to fetch the “**Remit To**” and “**From/Return To**” details from Patient Statement settings while printing a claim bill. The users had to configure the address details from the patient statement settings each time they had to print the claim bill and that was inconvenient. Hence, we have introduced a new window with the “**Remit To**” and “**From/Return To**” address details when “**Print Claim Bill**” is clicked from Claim Ledger Summary screen (opened from Patient Ledger Screen and Patient Balance Summary >> Claims tab). The users can choose the **Remit to** and **From/Return to** address details as per their choice on the fly before printing each claim bill. This feature is introduced for both Public Health and Non-Public Health accounts in the practice/user login.

The “**Remit To**” and “**From/Return To**” window when Print Claim option is chosen from **Claim Ledger Summary** screen.

The screenshot shows a software window titled "Patient Ledger - Claim Summary". At the top, there is a "Claim Bill" section with a date of "07/08/2019". Below this, there are two main sections: "Remit To" and "From/Return To". Each section contains a form with fields for "Address Type" (set to "Practice"), "NPI", "Tax ID", "Name", "Address1", "Address2", "State" (set to "NC"), "City", and "Zip". The "Remit To" section has NPI: 17...K 7021 and Tax ID: 7...792. The "From/Return To" section has NPI: ... 8...21 and Tax ID: 2...179 '1. At the bottom of the window is a "Print Claim Bill" button.

The “Remit To” and “From/Return To” window when Print Claim option is chosen from **Patient Balance Summary** screen.

The screenshot shows a software window titled "PATIENT BALANCE SUMMARY". At the top, there is a "Claim Bill" section with a date of "07/08/2019". Below this, there are two main sections: "Remit To" and "From/Return To". Each section contains a form with fields for "Address Type" (set to "Practice"), "NPI", "Tax ID", "Name", "Address1", "Address2", "State" (set to "NC"), "City", and "Zip". The "Remit To" section has NPI: 1790087021 and Tax ID: 272179271. The "From/Return To" section has NPI: 1790087021 and Tax ID: 272179271. At the bottom of the window is a "Print Claim Bill" button.

This feature and the above said functionalities will be available only when feature “**Confirmation on Print Claim Bill**” is **enabled** by the clinic from patient ledger section in Feature Settings. By default, this option would be **disabled**, and the Print Claim Bill option would work as before without popping up the “Remit To” and “From/Return To” window.

The screenshot shows the iTech Workshop interface. On the left is a sidebar menu with various options: Eligibility, Claim, Posting, Reports, Patient Demographics, Preferred Language, Patient View List, **Patient Ledger** (highlighted with a red box), Notes, Super Bill, and Other. On the right is the 'Feature Settings' panel. It contains several settings: 'Default Sort Criteria - Patient Ledger' set to 'Transaction Date', 'Default Claim Closure Status' set to 'Opened', 'Default Claim Type' set to 'All', and 'Confirmation on Print Claim Bill' which has a checked checkbox. A red arrow points to this checkbox.

The Administrator can also enable or disable “Confirmation on Print Claim Bill” check box in the feature settings for each practice account. This is available under **Accounts >> Search >> Feature Settings**.

3) [Ticket #10528] PH: Format Amount Display using \$ and commas | Selected Reports and Modules-Phase 1

One of the clients had reported an issue in reading high value numbers carrying 100s of thousands of dollars or millions of dollars. It was difficult for users to read such high value amounts. As per the client request, we have introduced **\$, comma and %** to all the amounts having values greater than \$1000. We believe this shall make the amounts more readable to the users.

As per the International numbering system in US Dollars the **\$, comma and %** symbol is added in all the reports and modules having amount \$1000 or greater than \$1000.

In this version, we have implemented **\$, comma and %** symbol in all reports and other modules as well in four separate phases.

In the phase 1, we have added this in the following reports in Practice, Admin and Manager modules.

Phase 1

In Admin Module

- 1) Claim - Detail
- 2) Claim - Revenue Summary
- 3) Claim - Billing
- 4) Claim - Late Filing
- 5) Claim - Claim Export
- 6) Batch

In Manager Module

- 1) Claim - Detail
- 2) Claim - Billing

- 3) Claim - Late Filing
- 4) Claim - Claim Export
- 5) Batch

In Practice/User Module

- 1) Batch
- 2) Claim - Detail
- 3) Claim - Master
- 4) Claim - Closed
- 5) Claim - Anticipated Revenue
- 6) Claim - Contracted
- 7) Claim - Billing
- 8) Claim - Late Filing
- 9) Claim - Claim Export
- 10) Service Line - Details
- 11) Service Line - Master
- 12) Service Line - Denied Services
- 13) Patient - Cash Posting - Default
- 14) Patient - Cash Posting - By Program
- 15) Patient - Collection
- 16) Aging - Insurance Claims
- 17) Aging - Self Pay Claims
- 18) Aging - Aging By DOS
- 19) Aging - A/R
- 20) Aging - Revenue

Phase 2

The modules and reports where the \$, comma and % symbol is implemented as Phase 2 are in practice module and are listed below

In Practice Module

- 1) Ledger Balance Aging - Default
- 2) Ledger Balance Aging - By Program
- 3) Medicaid claims by RA date - Default - Summary
- 4) Medicaid claims by RA date - Default - Detail
- 5) Medicaid claims by RA date - By Site Code - Summary
- 6) Medicaid claims by RA date - By Site Code - Detail
- 7) Medicaid Claims by RA Date and By Payer report - Summary
- 8) Medicaid Claims by RA Date and By Payer report - Detail
- 9) By RA Date and Payer - Default - Summary
- 10) By RA Date and Payer - Default - Detail
- 11) By RA Date and Payer - By Site Code - Summary
- 12) By RA Date and Payer - By Site Code - Detail
- 13) Claim Invoice Report - Summary
- 14) Claim Invoice Report - Detail
- 15) Revenue Summary Report

- 16) Practice Analysis By claims
- 17) Practice Analysis by Procedure
- 18) Practice Analysis by Procedure and Modifiers
- 19) Practice Analysis by Procedure and RVU
- 20) Practice Analysis by Procedure, Modifiers and RVU
- 21) Practice Analysis by Procedure - Provider Summary
- 22) Practice Analysis A/R Summary
- 23) Insurance Analysis by Payer
- 24) Insurance Analysis Totals
- 25) Insurance Analysis by Procedure - Procedure
- 26) Insurance Analysis by Procedure - Procedure and Modifiers
- 27) Activity Summary by Provider
- 28) Activity Summary by Insurance
- 29) Activity Summary by Insurance by Program
- 30) Patient Activity
- 31) Billing Activity
- 32) Insurance Payment Activity - For all Report Types
- 33) SFS Totals Report
- 34) Claim Anticipated Revenue by Pickup Zip Report - Summary and Detail
- 35) ALS / BLS Report
- 36) Appointment Detail Report - Detail and Summary

Phase 3

The modules and reports where the \$, comma and % symbol is implemented as Phase 3 are in practice module and are listed below

In Practice Module

- 1) Patient List - Balance Due
- 2) Patient List - Claim - Amount
- 3) Patient Level Transactions - Amount
- 4) By SFS Programs - Amount
- 5) Ledger - Co-pay, Charges, Payments/ Credits, Adjustments, Patient Responsibility, CURRENT BALANCE DUE
- 6) View ESB - Copay, Amount
- 7) Batch Status - Total Amount
- 8) Batch Summary - Total Batch Amount, Claim Total
- 9) Batch Search - Total Amount
- 10) Claims Search - Co pay, Amount, Payer Paid, patient paid
- 11) Claim History - Total claim amount, Amount paid
- 12) Denials search - % of claims
- 13) Denials search list - Co pay, Amount, Payer Paid, patient paid, balance
- 14) Rejections search - % of claims
- 15) Rejections search list - Co pay, Amount, Payer Paid, patient paid, balance
- 16) Errors search - % of claims
- 17) Errors search list - Co pay, Amount, Payer Paid, patient paid, balance
- 18) Posting - Batch List - Total amount, total paid amount

- 19) Claims for batch - Amount, Amount Paid, Total amount paid, balance
- 20) Claim payment details - Total claim amount, charge
- 21) check search - Total amount, total paid amount
- 22) Batch/ claim search - Total amount, total paid amount
- 23) ERA Payer/ payee search - Total amount, total paid amount
- 24) Patient Statement - Patient view - Amount Due, Current balance due
- 25) Patient view - Additional Information - Days

Phase 4

The modules and reports where the \$, comma and % symbol is implemented as Phase 4 are in practice module and are listed below

In Practice Module

- 1) Debt Set Off
- 2) Bad Debt Write Off
- 3) Debt Set Off Summary

4) [Ticket #10529] PH: Posting Module | UI/UX Enhancements | Add/Edit Posting Batch/Check | Auto-suggest in Payer filter

One of the clients had requested us for a new UX enhancement in the manual posting screen for Payer ID and Payer Name while creating a new batch/editing an existing batch. This is available under **Posting >> Manage >> Create Batch** - for new batches

In this version, we have implemented an auto suggestion filter in payer details tab for Payer ID and Payer Name filter to reduce the number of mouse clicks.

The Payer ID text box is enhanced by adding an auto suggestion dropdown and will appear when user types minimum 2 letters of the payer id.

The Payer Name text box is enhanced by adding an auto suggestion dropdown which will appear when user types minimum 3 letters of the payer name.

Payer Details

ID	Type at least 2 letters <input type="text"/>			<input type="button" value="Q"/>	<input type="button" value="X"/>
Name	Type at least 3 letters <input type="text"/>			<input type="button" value="X"/>	
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
City	<input type="text"/>	State	<input type="button" value="Select"/>	Zip	<input type="text"/>

Also, a clear button is added to clear the payer details. The same is put in Payee section as well.

5) [Ticket #10530] PH: Posting Module | UI/UX Enhancements | Add Claim Screen | Enter Key press for Search

One of the clients had requested for a UX enhancement in the manual posting screen to search for claims using the **enter** key from keyboard. Previously, in **Posting >> Manage >> Batch List >> List of claims >> Add Claims** screen, while searching for claims using the fields such as Claim Type, Patient First Name, Patient Last Name, PCN, Claim Amount, Date of Service, Payer ID, Payer Name, Claim ID and External Claim ID, the search button had to be clicked for fetching claims. In this version, we have enhanced UX in this screen where user can just press the enter key to search claims for the criteria, rather than pressing the search button.

For backward compatibility, we are not disabling the **search** button in the add claims screen. The user can still search for claims using the search button or by using the enter key from keyboard.

6) [Ticket #10531] PH: Posting Module | UI/UX Enhancements | Add Claim Screen | Post As dropdown & Check Box

One of the clients had requested us for a new UX enhancement in the manual posting screen to avoid multiple clicks while adding claims to a batch. This is available under **Posting >> Manage >> Batch List >> List of claims >> Add Claims**.

Previously, when the user was adding claims to a batch, they had to select the **Post As** drop down as Primary or Secondary and enable the check box on each claim to add claims to the batch.

In this version, we have enhanced UX where choosing the **Post As** type as Primary or Secondary the check box will be auto selected and will be deselected or will show was unchecked when **Post As** shows "--". The user can add claims to the batch by clicking on Add option. The extra step of user selecting the check box is removed by making the checkboxes read-only. This saves the number of buttons clicks as originally requested by the client.

Search Claims

Claim Type

All

Patient First Name

Patient Last Name

PCN

Claim Amount

Date of Service

09/19/2019

To

11/19/2019

Payer ID

Payer Name

Claim ID *

External Claim ID *

Clear

Search

	Claim ID	Patient Name	Date of Service	Amount	Carrier	Other Carrier	Amount Paid	Status	Insurance Type	Post as
<input checked="" type="checkbox"/>			2019-11-15	\$220.00	SELF PAY		\$50.00	Posted	Primary	Primary
<input type="checkbox"/>			2019-11-14	\$199.00	SELF PAY		\$0.00	Pass	Primary	--
<input type="checkbox"/>			2019-11-13	\$100.00	Blue Cross Blue Shield of North Carolina		\$0.00	Posted	Primary	--
<input checked="" type="checkbox"/>			2019-11-12	\$15.00	Blue Cross Blue Shield of North Carolina		\$0.00	Posted	Primary	Primary
<input type="checkbox"/>			2019-11-06	\$5,000.00		Medicaid - North Carolina	\$0.00	Posted	Secondary	--
<input checked="" type="checkbox"/>			2019-11-06	\$5,000.00	Medicaid - North Carolina		\$2,600.00	Posted	Primary	Primary
<input type="checkbox"/>			2019-11-01	\$15.00	Blue Cross Blue Shield of North Carolina		\$0.00	Pass	Primary	--

Total Claims: 7

Page 1

Page 1 of 1

7) [Ticket #10559] iTech | Report Segregation | Enhancement | EDI Transaction Set Detection Logic

There was an issue with the index of the (Enveloping) element values in the EDI transaction file. As part of EDI transaction set detection logic in expEDlum report segregation component, it was noticed that for some EDI files (835s), when we get the index of GS segment start and ST segment start the system was getting the wrong index. This resulted in the EDI files failed to be detected as EDI file and moved to "Unsupported" files directory. We have seen this happening only a very small number of files and only from "Ability / MD Online" clearinghouse. This issue has been fixed in v4.8 and such EDI files which were earlier failed would be processed correctly.

Currently, these few files are surgically corrected by our support team and fed into the system so that it gets the index correctly and process them.

8) [Ticket #10564] PH: Semi-automated mechanism to add SFS Adjustment from Claim List Screen under Posted Batches

There was a client request to enhance a feature in the posting module. They requested us to add SFS Adjustment button in the claims list screen under posted batches. This is available under Posting >> Manage >> Batch List >> List of claims. We have introduced a new **SFS Adjustment button** in the posting batch screen and this button will appear only for Public Health accounts. The **SFS Adjustment button** will calculate the SFS Adjustment amount based on the SFS Percentage only for insurance claims (not self-pay claims). When the user clicks on "Apply SFS Adjustment" button in the posting batch screen, system will automatically calculate the adjustment amount based on the SFS adjustment percentage and the adjusted amount will be applied to the claim balance due.

The SFS Adjustment amount is calculated based on Patient Responsibility and the SFS percentage for the balance amount.

Formula:

SFS adjustment amount = Patient Responsibility * SFS percentage/100.

The **Apply SFS Adjustment button** will appear in claims for posting batch claim list in the posting module for the following pre-conditions are met:

- 1) Public Health Account
- 2) If it is a primary claim which is listed
- 3) If the **SFS Adjustment** transaction is not already added for the claim in the claim ledger summary screen.
- 4) If the claim balance due is not \$0.00
- 5) If the primary claim does not have a secondary claim created and associated.

Below is the screen shot for **SFS Adjustment button** in the posting batch screen.

Edit Batch [ID: 0984614743, Name: Bat11042019073427, Created Date: 2019-11-04 07:34:36, Total Amount: 1772.64]

Claims for Batch [ID: 0984614743, Name: Bat11042019073427, Total Amount: 1772.64]

Claim ID: Rendering Provider: All Claim Type: All
 Patient First Name: Patient Last Name: Claim Closure Status: All
 Patient Account No.: Sec. Pending: ☐ Clear Search

	Claim ID	Check No.	Check Amount	Payee	Patient Name	Amount	Amt Paid	Total Amt Paid	Balance			
<input type="checkbox"/>	145498484		\$1,500.00	COUNTY HEALTH		\$100.00	\$0.00	\$0.00	\$15.00			
<input type="checkbox"/>	145498484		\$1,500.00	COUNTY HEALTH		\$1,202.64	\$0.00	\$0.00	\$7.00			
<input type="checkbox"/>	145498484		\$1,500.00	COUNTY HEALTH		\$340.00	\$100.00	\$120.00	\$0.00			
<input type="checkbox"/>	145498484		\$1,500.00	COUNTY HEALTH		\$130.00	\$0.00	\$0.00	\$0.00			

Total Claims 4 Page 1 of 1 Go

Some of the conditions to allow the user to make SFS Adjustment, can be checked only when the SFS Adjustment is displayed after the pre-conditions are met. When the user clicks on SFS Adjustment, the below listed post conditions will be checked before bringing up the Add Transaction window.

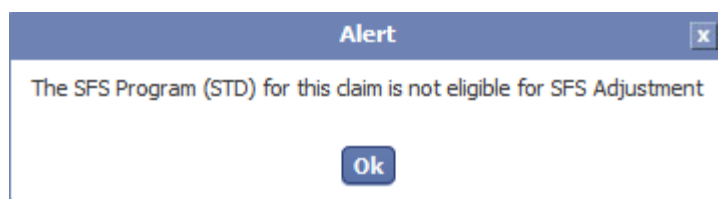
- 1) If SFS Adjustment transaction is disabled in the Ledger Transaction Type maintenance screen, the system will pop up a message window with the message **SFS Adjustment Transaction Type is disabled for your setup and hence this transaction cannot be added. Please go to "Maintenance >> Ledger Transaction Types" to enable it, or please contact the administrator.**

Alert

SFS Adjustment Transaction Type is disabled for your setup and hence this transaction cannot be added
 Please go to "Maintenance >> Ledger Transaction Types" to enable it, or please contact the administrator.

Ok

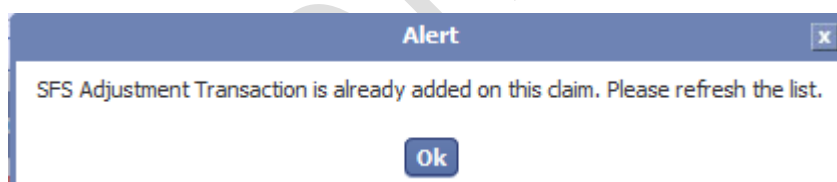
- 2) If the SFS Program is not eligible for SFS Adjustment for a claim then, the system will display an alert message **The SFS Program (<program name>) for this claim is not eligible for SFS Adjustment**.



Once the above post conditions are passed, the system will auto calculate the SFS Adjustment amount and displays it in the Add Ledger Transaction window. The user can confirm the details and add the transaction. Once the transaction is added, the claim balance will be recalculated. However, this information will not be refreshed on screen automatically. The user is expected to click on the refresh button available on the claim list table to refresh the values. If not manually refreshed, the "Apply SFS Adjustment" button will still display on the screen (even though the SFS Adjustment is already added). Now, to handle this - when user clicks on this button again for that claim, the system will do a condition -

- 3) If the **SFS Adjustment** transaction is already added for the claim.

So, when the user has already added the SFS Adjustment amount using the semi-automated SFS Adjustment button and the user tries to add the SFS Program again for the same claim then, system will display an alert message **SFS Adjustment Transaction is already added on this claim. Please refresh the list** and system will not allow the user to SFS adjustment amount.



If all conditions are passed -

When the user clicks on **SFS Adjustment button**, a new window will pop up on screen - **Add Transaction Details**. This window will have transaction details such as **Transaction date, Transaction Type, Amount, SFS Program, Facility and Notes**. The mandatory fields such as **Transaction date, Transaction Type, Amount and SFS Program** fields will be auto populated when the **Add Transaction Details** window appears on screen. The user can change the **Transaction Date** and select **Facility** from the drop down and enter **Notes** if any while adding the SFS adjustment or leave it empty and add the **Transaction Details**. The fields such as **Facility, Practice and Receipt Number** will appear in the **Add Transaction Details** window only if the "Show Facility", "Show Practice" and "Show Receipt Number" fields are enabled in the Global Transaction Types screen under Ledger Transaction types. The user can click on **Add** button for applying the SFS Adjustment amount and Click on **Cancel** button to close the Add Transactions Details screen without applying the SFS Adjustment amount. The **SFS Adjustment amount** will be added at claim level in patient ledger.

Below is the screen shot of **Add Transaction Details** window which appears after clicking on **SFS Adjustment button** in the posting batch screen.

Transaction Date *	11/07/2019
Transaction Type *	SFS Adjustment
Amount *	0.00 (Claim Balance: \$7.00)
SFS Program	Public Health Preparedness - PHEP
Facility	Select
Notes	

Add Cancel

9) [Ticket #10608] MDR: Save Search feature in Denied Claims Search Module

One of our clients had requested us for a feature enhancement in the denials claim search screen. The clinic wants to save the search criteria and search for denied claims based on those “Saved search” criteria.

Previously in v4.7 release, we had introduced a new claim search screen as “Claims (New)” for saving the searched criteria. In this version, we have introduced the saved search criteria in Denials claim search screen as well which will work same as the save search that is in the “Claims (New)” screen.

The following screen shows the **Denials** search screen as implemented in v4.8.

Search Denials

(Only production claims in Posted status are considered)

Insurance Type	Primary
Claim Type	All
Claim Closure Status	All
Claim ID *	
Patient First Name	fgghdsfn
Patient Last Name *	
Patient Date of Birth *	
Insured ID *	
Insured First Name	
Insured Last Name *	
Rendering Provider	All
Location	All
Procedure Code	
Diagnosis Code Version	All
Diagnosis Code	
Claim Notes	All
Claim Attachments	All

Search

?
⚙

↺
?
Save Search

The “Save search” feature is helpful for users to save the combination of filters that are used frequently for searching denials, and search denied claims based on those saved criteria.

When a user clicks on **Save Search** button to save the chosen criteria, a new pop up window will appear on screen asking the user for **confirmation**. This window will have a **Name** field with two options **Default** and **Visible to All** as check boxes for the user to enable the type of saved search. The user can enter a name of his choice. The **Default** option will set that saved search criteria as default for that user and will load it when the Search Claims page is opened next time. Select the option **Visible to All** option if this user wants all other users in the same clinic to see this Saved Search Criteria entry and use it.

The user can save the criteria by clicking on **Save** button or click on **Cancel** to exit the confirmation window without saving the criteria.

Confirmation
X


Name :


☐ Default ☐ Visible to All

Save

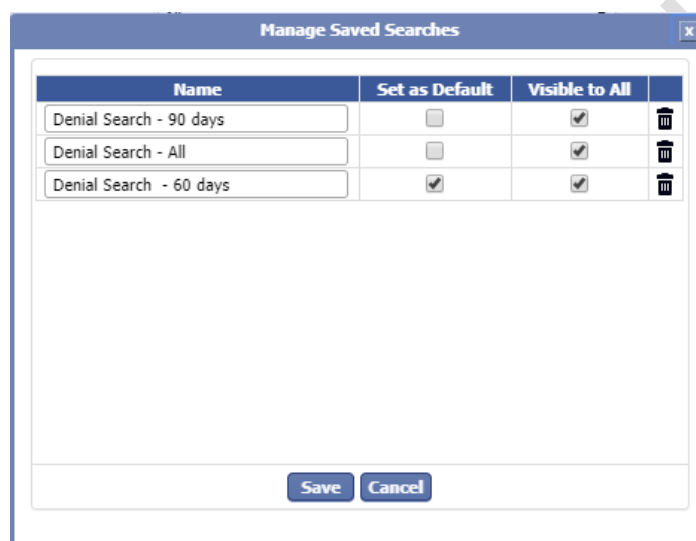
Cancel

The user can **Add** Save Search by clicking on the **Save Search** icon to add a new saved search.

The user can **Edit/Modify** an existing save search by clicking on the  icon in the claim form.

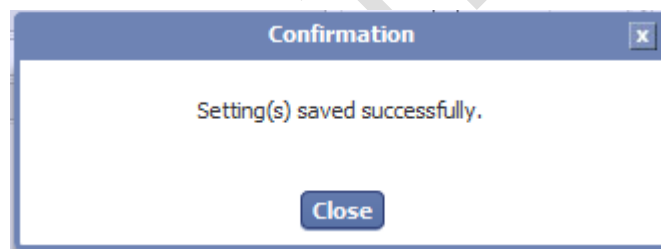
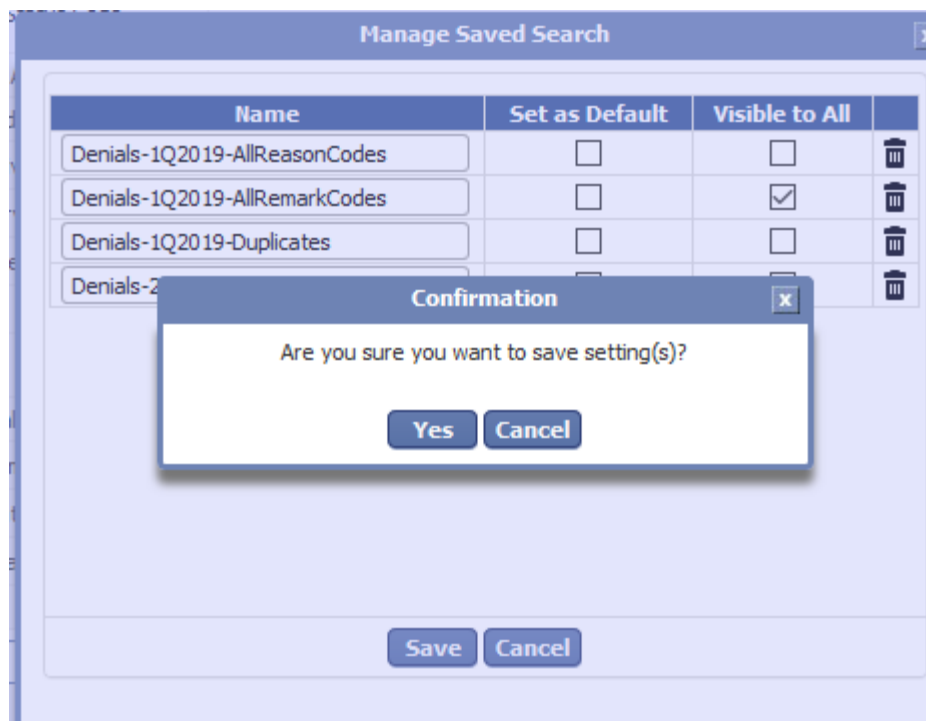
The user can **Delete** an existing save search by clicking on the  button from the **settings** icon in the claim form.

The settings icon will display a new window **"Manage saved search"**. This window will display a list of saved searches with columns such as **Name**, **Set as Default**, **Visible to All** and a **delete** button for each of the saved searches.

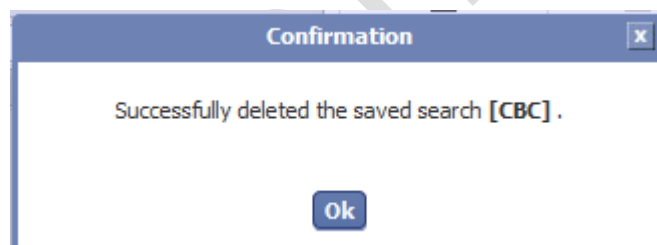
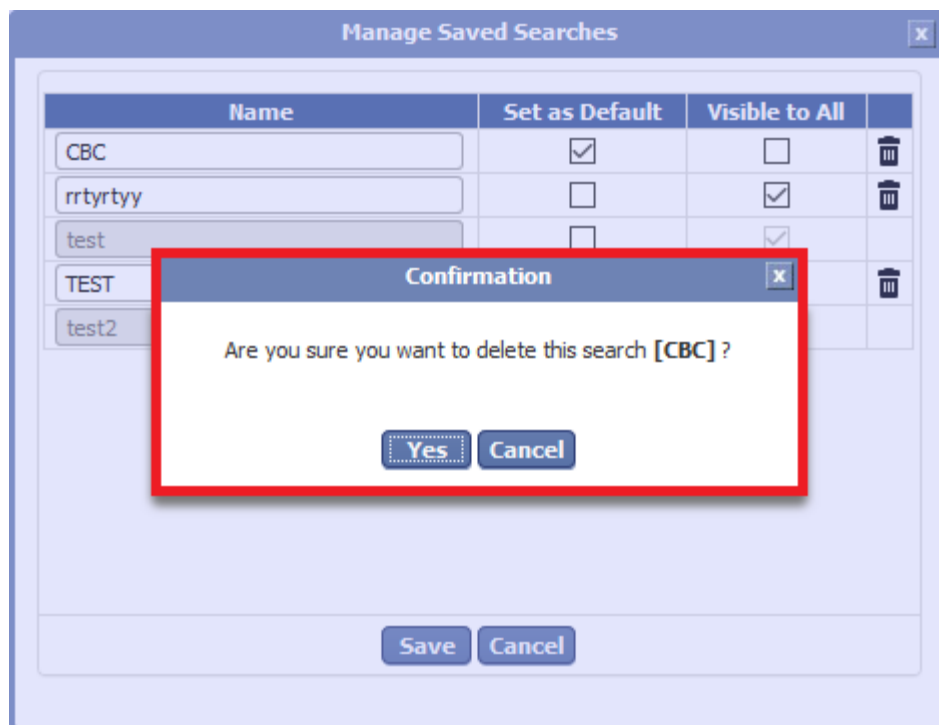


The user can edit or modify saved searches by changing a **name** of his/her choice, by enabling or disabling **Set as Default**, **Visible to All** check box, delete a saved search by clicking on the **Delete** icon. The user can delete only the criteria created and saved by them and not the criteria created by other users and made visible to all users. Also, the option **Visible to All** cannot be changed for the criteria created by other users. Those saved searches created by other users will be shown as grayed.

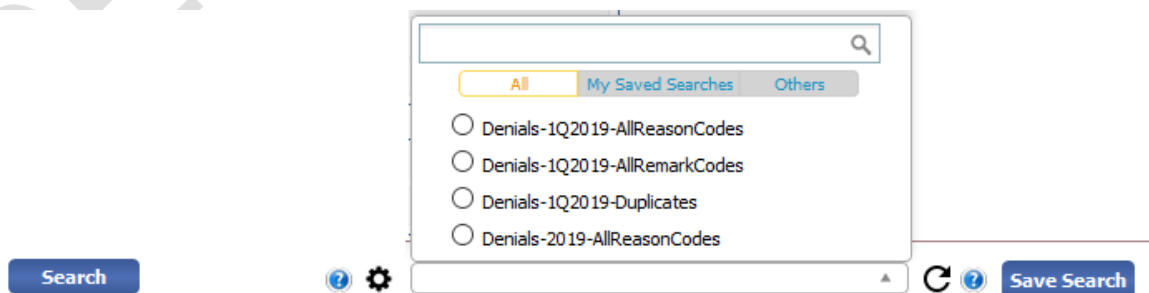
When a name is edited or modified with a new name, the user can save changes by clicking on the **Save** button or click on **Cancel** to exit from the manage saved search. When the user clicks on **Save** button to save the changes, a new window will pop up will appear on screen asking the user for confirmation to save the settings. To save the changes made, the user must click on **Yes** and to revert the changes click on **Cancel** option. When user clicks on **Yes** to save the changes, a confirmation window will appear on screen **"Setting(s) saved successfully"**.



The user can delete a saved search criterion by clicking on the delete icon. When the user clicks on the delete icon, a new window will appear on screen asking the user for confirmation “**Are you sure you want to delete this saved search <name>**” with a Yes and a Cancel option. To delete a saved search, the user must click on **Yes** and to cancel click on **Cancel** option. If the user selects **Yes**, a confirmation window will appear on screen “**Successfully deleted the saved search <name>**”. The deleted saved search criteria will be removed from the manage Saved Search list.

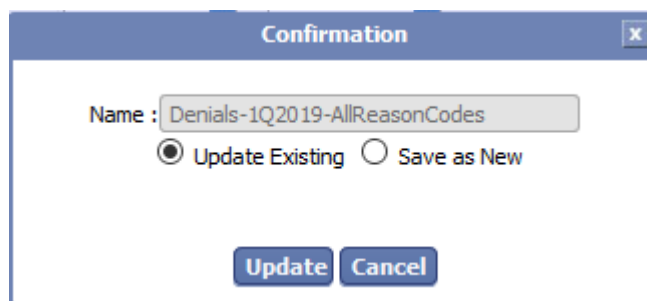


The saved search will have a drop-down option with the list of existing saved search criterions. The user can select the saved search criteria from this drop-down menu and load that criteria on search screen and search the claims using **Search** button.



- 1) **All** – The “All” tab will display all Saved Searches.
- 2) **My Saved Searches** – The “My Saved Searches” tab will display Saved Searches created by the user.
- 3) **Others** – The “Others” tab will display Saved Searches created by other users.

After the criteria is selected and loaded, the user can make changes and save it back by clicking on Save Search button. The following confirmation box will appear –



A confirmation dialog box titled "Confirmation" with a close button (X) in the top right corner. It contains a text field labeled "Name :" with the value "Denials-1Q2019-AllReasonCodes". Below the text field are two radio buttons: "Update Existing" (selected) and "Save as New". At the bottom are two buttons: "Update" and "Cancel".

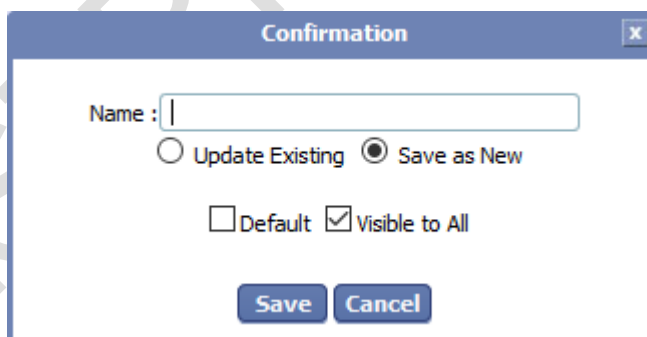
By default, there would two options given to the user to save –

- 1) Update Existing (default)

This is the default option. Click on update button to update the Saved Search Criteria.

- 2) Save as New

Select this option to save the edited criteria as a new saved search instead of updating the existing criteria. Two new sub-options will also appear – (a) Visible to All, and (b) Default with option to specify a name of the criteria. Specify the name, select the relevant sub-options and options



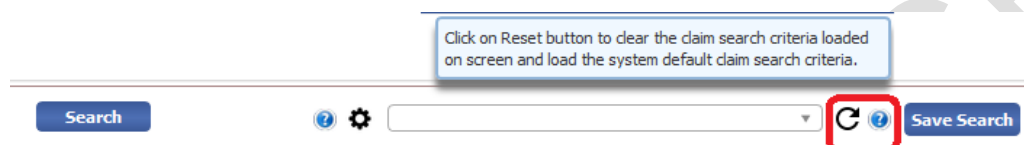
A confirmation dialog box titled "Confirmation" with a close button (X) in the top right corner. It contains a text field labeled "Name :" which is empty. Below the text field are two radio buttons: "Update Existing" and "Save as New" (selected). Below the radio buttons are two checkboxes: "Default" (unchecked) and "Visible to All" (checked). At the bottom are two buttons: "Save" and "Cancel".

The new saved search will appear in the list of saved searches.

This **Reset** button on the search denial screen will reset the search screen to system default screen with default search criteria. This button is helpful when wants to go back to the default search screen any time and search, or create a new search criteria from scratch.

10) [Ticket #10656] MDR: (Hot Patch=4.7.1) Saved Search - Reset feature

One of the clinics had reported an issue in the claims search screen to set the search criteria to default screen. As per the client request, we have introduced a new **Reset** button in the claims (new) search screen with a tool tip. This Reset button on the search denial screen will reset the search screen to system default screen with default search criteria. This button is helpful when wants to go back to the default search screen any time and search, or create a new search criteria from scratch. This enhancement is also available in v4.8



A hot patch (v4.7.1) is applied on few production servers on Oct 29, 2019, and others on Nov 19, 2019 together with the intermediate release v4.7.2

11) [Ticket #10657] MDR: (Hot Patch=4.7.1) Saved Search - Minor enhancements

One of the clients had reported this issue, the clinic was unable to save the selected Rendering Provider details in the claims search screen. The rendering provider filter was set to "ALL", for all the saved search criteria's and default saved search criteria even after the rendering provider was chosen from the drop-down menu. Also, while loading the default saved search screen, the Billing Provider drop-down menu pop up was appearing on screen with the selected Billing Provider. In v4.7 release, we had introduced a new feature "Saved Search" in the claims search screen for saving the Searched Criteria. However, the above two filters were causing an issue to save the searched criteria in the claims (new) search screen. This was fixed and released in v4.7.1 patch. This fix is available in v4.8 too.

A hot patch (v4.7.1) is applied on few production servers on Oct 29, 2019, and others on Nov 19, 2019 together with the intermediate release v4.7.2

12) [Ticket #10682] MDR: Appointment Scheduler | User Trail | Enhancement | Show Reschedule Flag, Confirmation Details (Flag, Notes, By, On)

There was a client request to enhance a feature in the Appointment module – to add Reschedule Flag and Confirmation Notes in the user Trail. Previously, while editing an appointment, when a user enables the **rescheduled** check box, the system was saving the scheduled appointment details as rescheduled appointment even though the date and time of the appointment was not changed. When the user enables the **Rescheduled** check box, Date or Time must be changed for the appointment to be Rescheduled, however system was not displaying an alert message. In this version, we have introduced a Rescheduled flag as an alert message "**The Reschedule option is changed to Yes now,**

but start date/start time is not moved". Now, system will not allow the user to save appointment details if the date or time is not changed while rescheduling an appointment.

The screenshot shows the 'Edit Appointment' form. The 'Appointment Details' section includes fields for Patient, Providers, Facility, Appointment Type (NEW PATIENT), Appointment Status (ARRIVED), Referring Provider (Select), and Notes (sdfsdfsdf). The 'Rescheduled' checkbox is checked. An 'Alert' dialog box is displayed in the center, stating: 'The Rescheduled flag is enabled now, but the start date/time is not changed.' with an 'OK' button. The 'Schedule' section shows a date range from 07:25 AM to 07:55 AM on 22 November 2019. At the bottom are 'Save', 'Cancel', and 'Delete' buttons.

The confirmation notes were not appearing in the user trail while adding or editing an appointment. In this version, we have introduced Confirmation details in the **Info** button which will display the confirmation details such as **Confirmation Status**, **Confirmed By**, **Confirmed on** and **Confirmation Notes** for created, update and deleted actions for an appointment. The main **Info** button for each appointment will display the latest confirmation details.

User Trail									
Date	Appt. Type	Appt. Status	Rescheduled	Provider	Facility	Notes	Created	Last Updated	
2019-12-06 03:00 PM	OFFICE VISIT	ARRIVED	Yes				2019-12-05 06:41 AM	2019-12-05 06:41 AM	
2019-12-06 03:30 PM									
Date	Patient Name	Appt. Type	Appt. Status	Rescheduled	Provider	Facility	Notes	Date/Actor	Action
2019-12-06 03:00 PM		OFFICE VISIT	ARRIVED	Yes					
2019-12-05 03:00 PM		OFFICE VISIT	ARRIVED	No					
2019-12-05 03:30 PM									
<div> <div>Confirmation Status: No</div> <div>Confirmed By:</div> <div>Confirmed On:</div> <div>Confirmation Notes :</div> </div>									
Total: 1									

Also, a new confirmation tab is introduced for an appointment for all the actions such as created, updated and deleted in the user trail screen.

User Trail										
Date	Appt. Type	Appt. Status	Rescheduled	Provider	Facility	Notes	Created	Last Updated		
2019-12-03 09:05 AM	OFFICE VISIT	ARRIVED	Yes				2019-12-04 01:28 AM	2019-12-04 01:36 AM		
2019-12-03 09:35 AM										
Date	Patient Name	Appt. Type	Appt. Status	Rescheduled	Provider	Facility	Notes	Date/Actor	Action	
2019-12-03 09:05 AM		OFFICE VISIT	ARRIVED	Yes				2019-12-04 01:36 AM	Updated	
2019-12-03 09:35 AM										
Confirmation Status		Confirmation By		Confirmation On		Confirmation Notes				
No										
2019-12-04 09:05 AM		OFFICE VISIT	ARRIVED	No				2019-12-04 01:36 AM	Created	
2019-12-04 09:35 AM										

13) [Ticket #10686] PH: Claim Detail Report | Display Date(s) Forwarded to Payer/Claim Sent Date(s)

The claim detail report is enhanced to display the dates on which each claim is forwarded/sent to payer.

In the Claim Detail Report, we have introduced a new check box **“Show Claim Forwarded to Payer Date(s)”**. This field is introduced in Practice, Admin and Manager module. When a user enables the check box, the claim detail report will display a new column having the Date forwarded to payer/Claim Sent Date for each claim respectively. This date is fetched from the Claim History for each claim for the history entry “Sent to carrier”.

This column is shown in the report only if the **“Show Claim Forwarded to Payer Date(s)”** check box is enabled, and the column will be hidden if the check box is disabled. The **“Show Claim Forwarded to Payer Date(s)”** check box will be available for report types both “Default” and “By zip code”. in the Claim Detail report. If the claim is sent to payer/clearinghouse multiple times, then those multiple dates will be displayed in comma separated format.

The following screen shows the Claim Detail Report Search screen.


The following screen shows the Claim Detail Report showing Claim Forwarded to Payer date in the last column.

14) [Ticket #10687] PH: Ledger Receipt Template | Support for Ledger Transaction Notes

For Restricted Use

The below screen shows how the transaction notes will appear if the template is configured accordingly

Ledger Transaction Receipt

 [Print](#)

Tel:

Fax:

Payment Receipt

Date	Payment Num
10/31/2019	

Bill To

Patient Account No.

SNo.	Description	SFS	Amount
1	Balance Forward Charge	CH - Child Health	\$12.00
Total			\$12.00
Current Balance Due			\$12.00

Notes:
TEST transaction details.

15) [Ticket #10707] PH: Claim Search | Back Button Issue

One of the clients had reported an issue with the “Back Button” in claims search result screen in the Practice module. When the user was searching for claims and the claim was opened in Edit mode, the back button was returning to the claim form that was opened previously and not to the claims search screen. This issue was happening after v4.7 upgrade. It was due to a missing session variable from the “back button” script. This issue is now fixed for the “Back Button” in claims search result screen and the back button is returning to the claims search screen as expected.

16) [Ticket #10746] Performance Improvement | Real Time Eligibility Inquiry

One of the clinics had reported an issue in performing the Real Time Eligibility Inquiry verification task for a patient. Previously, while sending the Real Time Eligibility Inquiry for a patient the system was taking time and there was a delay in response if there are multiple Real Time Eligibility Inquiries sent concurrently in a short span of time. This was caused by the fact that we had only one thread instance of “service component” (the component that services the IEV requests) configured. Now, we have increased the maxSession of these components from 1 to 5 to minimize the time taken to perform the Real Time Eligibility Inquiry verification task when many arrive concurrently within a short span of time. The maxSession parameter of the database component to which the other two components queue messages are also increased from 1 to 2 for improved performance

This performance tuning was released in v4.7.2 patch on Nov 19, 2019. This fix is available in the current version v4.8 too. We had observed the performance after this patch was delivered on Nov 19th, 2019. We found that the performance had increased 5-fold in situations when many concurrent IEV requests arrive in a short span of time.

17) [Ticket #10750] MDR: Claim Search | Adjustment Code Filter | Allow if Secondary Pending option is checked or unchecked

One of the EMR partners had requested earlier to add the adjustment code filter in claim search screen, when user selects the claim status as “**Posted**” and **Secondary Pending** option is enabled. An enhancement was again requested to show the Adjustment Code Filter only when Claim Status is chosen as Posted, irrespective of whether Secondary Pending option is checked or not. This enhancement is implemented in this version.

This is available in the old claim search screen and also in the new claim search screen with “Saved Search” feature. The existing saved searches will be backward compatible and will continue to work with these changes.

Search Claims

Insurance Type	All	
Claim Type	All	
Patient First Name		
Patient Last Name *		
Patient Date of Birth *		
Batch ID *		
Claim ID *		
Claim Status	Posted	Multiple Postings <input type="checkbox"/> Denials <input type="checkbox"/> Sec. Pending <input type="checkbox"/>
Adjustment Codes	All	
Payer Paid Amount	Reason Code	
Patient Paid Amount	Remark Code	
Claim Mode	Production	
Claim Closure Status	All	

18) [Ticket #10760] (Interim Release=4.7.2) MDR: Patient Appointment Outbound XML Schema | Support for PAN

As per the client request, we are supporting the Patient Account Number (PAN) in the Patient Appointment Outbound XML. We have implemented this field in Add, update and delete Patient Appointment XML outbound payloads. The XML outbound generated from the system will have Patient Account Number for the following patient appointment payload.

The XML variable introduced is **<patientAccountNumber>**

This is released in the intermediate release v4.7.2 on Nov 19, 2019 and will be available in v4.8 as well. This fix is available in v4.8 is too.

19) [Ticket #10786] PH: Billing provider taxonomy code Needs to send in EDI for Medicaid Wisconsin-MCDWI Payer

expEDlum does not send billing provider taxonomy code by default on all claims. However, if the claim has the payer ID for payers which are not configured in the B/P taxonomy code edit, then B/P taxonomy code is populated if R/P taxonomy code is not present.

As most of the payers expect only rendering provider taxonomy code, we send only rendering provider taxonomy code in the outbound EDI. However, we have an edit to send both, that is Rendering Provider Taxonomy code and Billing Provider taxonomy code for a list of payers that are configured under this edit. We have the following payer IDs added to this EDI edit for 837P and 837I Outbound. A new payer **MEDICAID WISCONSIN (MCDWI)** is also added to this list in this version.

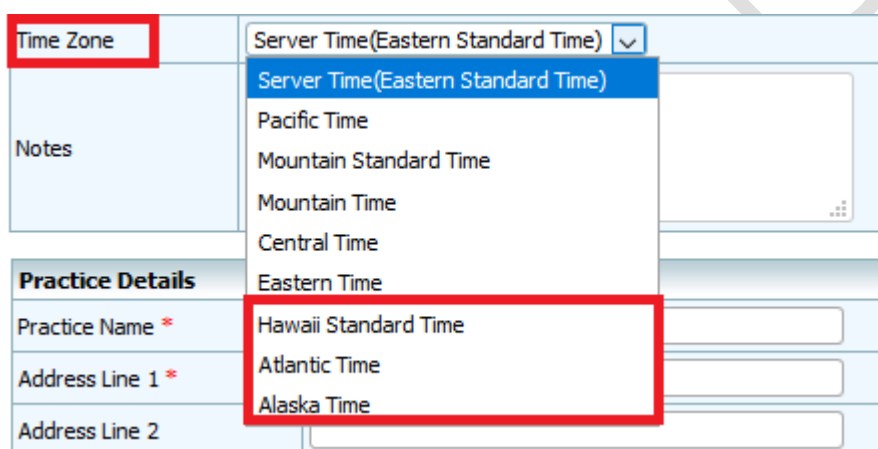
#	Payer ID	Payer Name
1	NCXIX	NC MEDICAID
2	11502	NC MEDICARE
3	SKDE0	DELAWARE MEDICAID
4	MCDIL	ILLINOIS MEDICAID
5	77046	MEDICAID WYOMING
6	MCDND	MEDICAID - NORTH DAKOTA
7	13010	VAYA HEALTH
8	MC006	MEDICAID - WASHINGTON
9	06607	CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS
10	23071	ALLIANCE BEHAVIORAL HEALTH
11	13141	PARTNERS BEHAVIORAL HEALTH MANAGEMENT/PBHM
12	ORDHS	OREGON MEDICAID
13	MCDMT	MONTANA MEDICAID
14	08044	EASTPOINTE
15	95378	UNITEDHEALTHCARE COMMUNITY PLAN / TN
16	78375	CONNECTICARE MEDICARE
17	MCDMO	MEDICAID MISSOURI
18	SHC303	SANDHILLS CENTER
19	13189	MERIDIAN HEALTH PLAN
20	MCDWI	MEDICAID WISCONSIN

Now the claims sent to the above listed payers shall carry both billing provider and rendering provider taxonomy code in the outbound EDI.

20) [Ticket #10836] iTech: Support for Atlantic, Alaska and Hawaii time-zones of USA in expEDlum

Previously, the system was not having an option to support time zone for Alaska, Atlantic and Hawaii Standard Time zones since we were not listing these time zones in expEDlum Admin and hence we could not set up accounts that fall into these time zones. Now, expEDlum Admin lists eight time zones as shown in the following screen shot. In this version of expEDlum Admin, we have added the following three time zones.

- 1) **Hawaii Standard Time - US/Hawaii (No Daylight saving)**
- 2) **Atlantic Time - America/Puerto Rico.**
- 3) **Alaska Time**



Time Zone	Server Time(Eastern Standard Time) ▼
Notes	Server Time(Eastern Standard Time)
	Pacific Time
	Mountain Standard Time
	Mountain Time
	Central Time
	Eastern Time
	Hawaii Standard Time
	Atlantic Time
Alaska Time	
Practice Details	
Practice Name *	
Address Line 1 *	
Address Line 2	

21) [Ticket #10857] iTech: NDC Drug Quantity field length

Previously, the NDC **Drug Quantity** field in admin module (NDC Code>> Add new >> Drug Quantity) field was not allowing more than 5 digits (values). The administrator was unable to add more than 5-digit value because the value in the drug quantity field limit was set to only 5 digits. In this version, we have increased the field length of the **Drug Quantity field** up to 10 digits and is now fixed. With this fix, we are able to add values such as 100000 whereas earlier, we could add values up to 99999 only. Additional validations are added to ensure only numeric values are saved from add/edit screens.

22) [Ticket #10877] Performance Improvement | Claim Revenue Summary Report

The stored procedure for the report Claim Revenue Summary is optimized to execute faster. During controlled testing after optimization, it was found that the stored procedure execution is taking only 1/10th of the time compared to the previous versions on many filters that we tried.

23) [Ticket #10905] Florida State Data Reporting | AHCA ASED | Support for additional fields in the claim data fetched

We have added support for the following additional fields in the AHCA Florida State Data Reporting format for Ambulatory Surgery and Emergency Department claims in the stored procedure to fetch claim data.

- 1) Serviced by Provider First Name
- 2) Serviced by Provider Middle Initial
- 3) Serviced by Provider Last Name
- 4) Serviced by Provider NPI
- 5) Serviced by Provider Taxonomy Code

Now, in the expEDlum Reports production, if billing provider is same as rendering provider, and serviced by provider NPI is available, then ACHA fields ATTENDING_PRACT_NPI and ATTENDING_PRACT_ID will be populated with this newly fetched Serviced by Provider NPI and Serviced by Provider Florida State License Number. Else, Rendering Provider NPI and Rendering Provider State License Number will be populated.

Bugzilla List of tickets

#	ID	Client	Ext. Ticket #	Summary	Version
1	10423	MDR	via email	MDR: Appointment Scheduler Check Duplicate Appointments	V4.8
2	10527	MDR	via Email	MDR: Print Claim Bill Confirmation Box + Customize Remit To, From/Return To	V4.8
3	10528	PH	733405	PH: Format Amount Display using \$ and commas Selected Reports and Modules	V4.8
4	10529	PH	733803	PH: Posting Module UI/UX Enhancements Add/Edit Posting Batch/Check Auto-suggest in Payer filter	V4.8
5	10530	PH	733803	PH: Posting Module UI/UX Enhancements Add Claim Screen Enter Key press for Search	V4.8
6	10531	PH	733803	PH: Posting Module UI/UX Enhancements Add Claim Screen Post As dropdown & Check Box	V4.8
7	10559	iTech	Internal	Report Segregation Enhancement EDI Transaction Set Detection Logic	V4.8
8	10564	PH	733606	PH: Semi-automated mechanism to add SFS Adjustment from Claim List Screen under Posted Batches	V4.8
9	10608	MDR	Via email	MDR: Save Search feature in Denied Claims Search Module	V4.8
10	10656	MDR	-	MDR: (Hot Patch=4.7.1) Saved Search - Reset feature	V4.7.1
11	10657	MDR	-	MDR: (Hot Patch=4.7.1) Saved Search - Minor enhancements	V4.7.1
12	10682	MDR	Via email	MDR: Appointment Scheduler User Trail Enhancement Show Reschedule Flag, Confirmation Details (Flag, Notes, By, On)	V4.8
13	10686	PH	15019	PH: Claim Detail Report Display Date(s) Forwarded to Payer/Claim Sent Date(s)	V4.8
14	10687	PH	828362	PH: Ledger Receipt Template Support for Ledger Transaction Notes	V4.8
15	10707	PH	885974	PH: Claim Search Back Button Issue	V4.8
16	10746	iTech	Internal	Performance Improvement Real Time Eligibility Inquiry	V4.7.2
17	10750	MDR	Via Email	MDR: Remark codes appear without having to check secondary pending" in claim >> search	V4.8
18	10760	MDR	Via Email	MDR: Patient Appointment Outbound XML Schema Support for PAN	V4.7.2
19	10786	PH	885969	PH: Billing provider taxonomy code Needs to send in EDI for Medicaid Wisconsin-MCDWI Payer	V4.8
20	10836	iTech	Internal	iTech: Support of Atlantic, Alaska and Hawaii time-zones of USA in expEDlum	V4.8

21	10857	iTech	Internal	iTech: NDC Drug Quantity field length	V4.8
22	10877	iTech	Internal	Performance Improvement Claim Revenue Summary Report	V4.8
23	10905	iTech	Internal	Florida State Data Reporting AHCA ASER Support for additional fields in the claim data fetched	V4.8

*** END OF DOCUMENT ***