

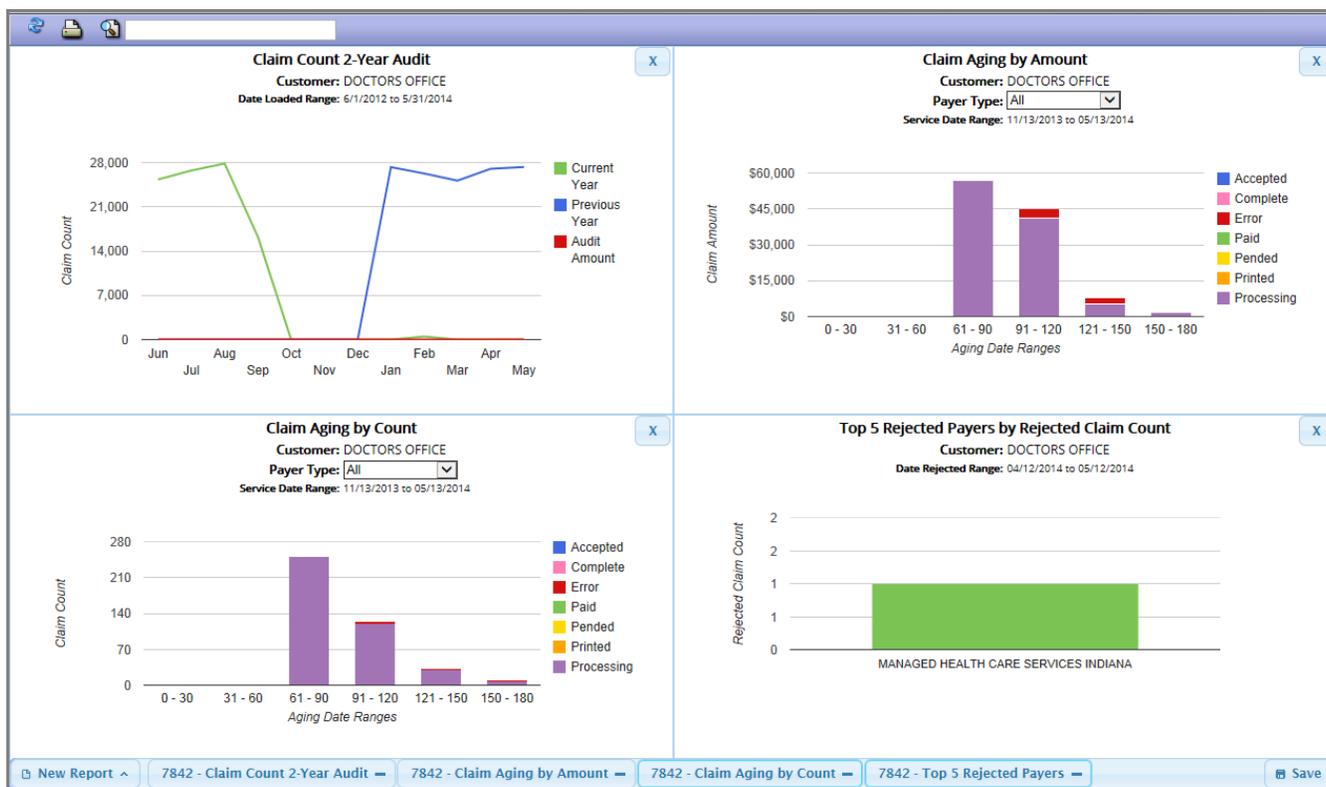
2014 Release 1 Notes

TASK MANAGER

ENHANCEMENT

IMPROVED! MY DASHBOARD

- Claim Dashboard Reports have been stylistically improved!
- From the Welcome Screen, the user can choose which report to run in the dashboard format. Up to 4 reports can be chosen to display at one time from the “New Report” button.



- Once the user has chosen the desired configuration, the report can be saved using the “Save” button in the bottom right corner and the next time the user logs into the Dashboard, the report configuration will be remembered.
 - *Impact: All Customers*
 - *Benefit: Reports now have an update look and feel*

IMPROVED! CLAIM TASK

The screenshot shows the CLAIM Task software interface with several tabs and fields. The 'Claim Selections' tab is active, and the 'Advanced Selections' sub-tab is selected. Fields are grouped into categories highlighted in yellow: PATIENTS, CLAIM AMOUNT, FACILITY, PAYERS, and PROVIDERS. Other fields are highlighted in green, indicating they have been changed. A legend in the bottom right corner states: 'Yellow = NEW', 'Green = CHANGED'.

NEW! CLAIM SELECTIONS TAB

- Several fields have been reordered and grouped based on their related categories. Titles have been added to group related fields together (highlighted in yellow).
- DX Version and Policy Search are new fields that have been added to the Claim Selections Tab (highlighted in yellow).
- Two fields have been renamed: Staff Assigned is now Claim Staff and Status is now Claim Status (highlighted in green).
 - *Impact: All Customers*
 - *Benefit: The fields in the Claim Task are better organized and new fields have been added to enhance the user's search.*

The screenshot shows the CLAIM Task software interface with the 'STATUS SETTINGS' and 'TRANSACTION SETTINGS' tabs. The 'STATUS SETTINGS' tab is active, and the 'TESTER/PAYER EDITS' section is highlighted in green. The 'TRANSACTION SETTINGS' tab is also visible, with the 'CPT/HCPCS CODES' section highlighted in yellow. A red box highlights the 'Warning Errors' section in the 'STATUS SETTINGS' tab, and a red arrow points from this box to the 'TESTER/PAYER EDITS' section.

NEW! ADVANCED SELECTIONS TAB

- Advanced Selections is a new tab that has been added to the Claim Task. This tab contains some fields that could previously been found on the far right side of the old claim task screen (highlighted in green) as well as new fields for Transaction Settings (highlighted in yellow).
- New Fields include:
 - **CPT/ HCPCS CODES:** Users can enter in a single CPT/ HCPCS code (99213), multiple CPT/ HCPCS codes separate by commas (99213, 99070), and/or CPT/ HCPCS code ranges separated by a hyphen (80000-89999). Also, users can select to include or exclude values in the Procedure Code(s) box.
 - **MODIFIER CODES:** Users can select up to 4 modifiers and choose to include or exclude their selections.
 - **Revenue Codes:** Users can enter in a single Revenue code (0401), multiple Revenue codes separate by commas (0101, 0320), and/or Revenue code ranges separated by a hyphen (0100-0199). Also, users can select to include or exclude values in the Revenue Code(s) box.
 - *Impact: All Customers*
 - *Benefit: Users now have the ability to filter their search criteria by CPT/ HCPCS codes, Modifier codes, and Revenue Codes.*

IMPROVED! ERA TASK

The screenshot shows the ERA Task form with various fields. A red box labeled "New Fields in the ERA Task!" points to three specific areas: the "Policy Search" field at the bottom left, and the "Procedure List" and "Revenue List" fields on the right side, both of which are highlighted in yellow. The form includes fields for Customer ID, Staff ID, Description, ERA AGE (Begin/End Date, Age Range by), ERA AMOUNT (Minimum/Maximum Amt, Amount of), ERA Type, ERA Status, Follow Up Status, Claim Status, Resp Payer, Payer ID(s), Payer ID List, Group Code, Group List, Reason Code, Reason List, Code Type, Remark Code, Remark List, Procedure Code(s), Revenue Code(s), Unmatched Claim, Provider(s), Provider List, and Customer List.

NEW! FIELDS

- The ERA Task has been modified to give the user the ability to Include/ Exclude Procedure Code lists and Revenue Code lists.
- The Policy Search field has been added in order to perform searches using a portion of the Insured ID field. Users can perform a wildcard search in order to find plan-specific claims that are designated by a set suffix or prefix.

Examples: (XYZ%%) - Finds Insured IDs beginning with pattern 'XYZ'.

(%%XYZ) - Finds Insured IDs containing pattern 'XYZ'.

- *Impact: All Customers*
- *Benefit: The Customer has more inclusions and exclusions as well as to distinguish between healthcare plans by insured ID*

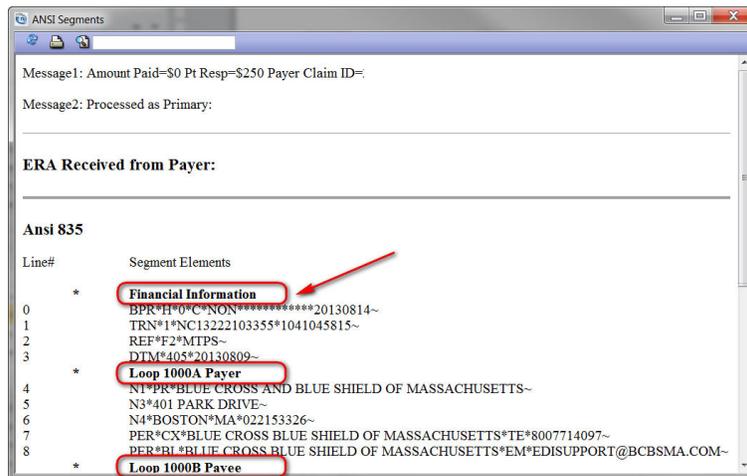
IMPROVED! COPY TASK

- When a task is copied, the data from the Description Field of the copied task will now be populated in the new task.
 - *Impact: All Customers*
 - *Benefit: The description will now automatically crossover to avoid manual entry.*

ENHANCEMENT

IMPROVED! VIEWING ANSI 835 DATA FROM THE STATUS LINE

- The ANSI 835 data view is now easier to read! When selecting an ERA status on a claim from any application using the View ANSI Data option (right-click “a”), the user will now see bolded loop headers to help identify the different parts of the 835.
 - *Impact: All Customers*
 - *Benefit: ANSI segments are easier to identify with new bolded Loop Details*



IMPROVED! CLAIM EDIT - COB INFORMATION SCREENS

- From within a claim, when a user adds CAS segments to the COB Information screen, they can now search by Code Description and all columns with an asterisk are now sortable.
 - *Impact: All Customers*
 - *Benefit: Searching and sorting are made easier with the added functionality*

IMPROVED! CLAIM LETTER - TITLE CHANGE

- The Medical Records Request Letter has been renamed to Medical Records Submission Form to better reflect the purpose of the letter. This letter is a response to a payer request for medical records.
 - *Impact: All Customers*
 - *Benefit: The purpose of this letter is more clear with the title change*

IMPROVED! CBO USER CUSTOMER ID SEARCH

- CBO users can now type in a desired customer ID in the Customer ID search to select a known customer. Previously, typing in an ID would have resulted in a search screen with a list to select from.
 - *Impact: All Customers*
 - *Benefit: Customer ID search now smarter and more efficient*

MAINTENANCE

IMPROVED! SEARCH FUNCTION: INSURED AND PATIENT LAST NAME FIELDS

- Search logic has been added to the Insured Last/ Patient Last fields. Values entered in this field will be considered a range if the user enters one to three lower case characters separated by a dash (aaa-doe or aa-do). If the value is more than three characters and/or contains an upper cased value, the hyphen is treated as a hyphenated last name.
- Logic has been modified so that users can now search Last Names containing an apostrophe (') or a hyphen (-).
 - *Impact: All users; Claim Manager, ERA Manager, Find Similar Claims function*
 - *Benefit: Names with apostrophes Hyphenated last names can now be searched.*

The screenshot shows the CLAIM MANAGER application interface. At the top, there is a blue header with the text 'CLAIM MANAGER' and a 'SELECT Claims' button. Below the header, there is a dropdown menu for 'Assigned To' with the value '0' and '-Unknown-'. The 'Insured Last' and 'Patient Last' fields are highlighted with a red border. A yellow callout box is overlaid on the 'Insured Last' field, containing the following text: 'Enter: 1) a last name (Doe or DOE) 2) a range of one to three characters (a-d or aaa-doe) 3) a comma-separated last/first combo (Doe, Jane or DOE, JANE)'. Below the callout box, there are several input fields: 'Insured ID #', 'Facility', 'Pt Account #', 'EDI Claim ID', 'EDI Scrub ID', and 'EDI Batch ID'. At the bottom, there are three checkboxes for 'Resp Payer': 'Primary', 'Secondary', and 'Tertiary', all of which are checked.

ELIGIBILITY FROM A CLAIM

- The software will now check a customer's fee record before running an eligibility request in the Claim Manager application. If the customer does not have an eligibility fee record listed, the software will prevent the eligibility check from a claim and display an error message.
 - *Impact: All Customers*
- When users check eligibility from a claim, the software will now display an "E" for payers that are solely enhanced eligibility payers.
 - *Impact: All Customers*

AUTO CREATE SECONDARY

- The Primary Payer Address (Loop 2010BB) on the primary claim will now copy into the new secondary claim's Other Payer Address (Loop 2330B).
- The Secondary Payer Address (Loop 2330B) on the primary claim will now copy into the new secondary claim's Payer Address (Loop 2010BB).
 - *Impact: All Customers*

FIND SIMILAR CLAIMS FEATURE – (Ctrl+F)

- The Find Similar Claims feature has been modified so that when searching for a claim with an Insured Last or Patient Last name containing an apostrophe (') or hyphen (-) the similar claims will now be found.
 - *Impact: All Customers*

UPDATED EOB/MREP VIEW

- CMS has released a new version of the Medicare Easy Print format (MREP 4.1). Both the Standard EOB and Medicare Easy Print (MREP) views have been updated to reflect the added information. New information includes:**
 - Claim Adjustment Reason Codes - CARC (CAS02 codes and amounts)
 - The CARC field is the sum of the Claim Adjustment Reason Codes (CARC-AMT) from all lines of the claim.
 - The CARC field appears near the end of the claim data between Patient Responsibility (PTRESP) and the claim totals.
 - Remittance Advice Remark Codes-RARC (LQ03 when LQ02=HE)
 - The RARC field provides a supplemental explanation about the adjustment.
 - The RARC value appears in the first column underneath the Rendering Provider (REND-PROV) if the ANSI Loop 2110 includes at least on LQ element with LQ02=HE.
 - The blank line between the individual service lines of the claim will no longer appear.
 - The Line Control Numbers (CNTL) and Health Care Policy Identification (HPCI) appear on the same line as CARC adjustments.
 - *Impact: All customers*
- ** Added fields are only present in view if data exists on the 835
- The EOB and MREP views have been updated to reflect the 5010 value for the Assignment (ASG) field.
 - *Impact: All Customers*
- Modified both EOB and MREP views to reflect the Medicare Easy Print logic pertaining to 835s sent back with no NPI at the service line (Loop 2100). Now there will be no ID shown if no NPI exists. Previously the Tax ID was displayed causing denials in the appeal process.
 - *Impact: All Customers*

MREP VIEW – PRINTING GLOSSARY

- The Medicare Easy Print View (MREP View) accessed from the EOB view on an ERA claim status will now print the glossary on the same page as the remittance data.
 - *Impact: All Customers*

Claim Forms

CMS1500 (02-12) ALIGNMENT

- The new CMS1500 (02-12) form has been modified to correctly align the text when printing and viewing multi-page claims.
 - *Impact: All Customers*

CMS1500 (02-12)

BOX 17

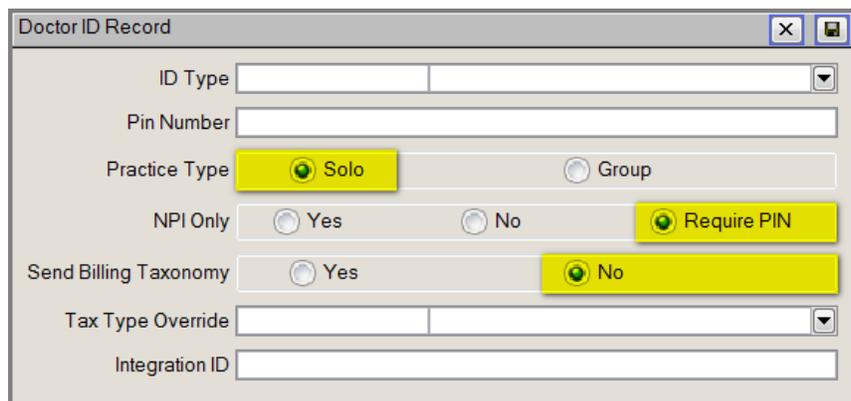
- Box 17 (Referring Provider) has been modified to format name as First Middle Last to match the guidelines from NUCC.org.
 - *Impact: All Customers*

BOX 32

- Logic has been modified so that Box 32 (Service Facility Location Information) will now use the Billing Providers physical address to populate the service facility location information if the address is not submitted in the Facility Loop (2310C).
 - *Impact: All Customers*

BOX 33

- When printing claims from the Claim Form View, if the Practice Type in the selected provider's Doc ID record is set to "Solo" then the Rendering Provider information will display on the form in Box 33 (Billing Provider) and Box 24J (Rendering Provider) will be blank.
- When printing claims from the claim form view, if the NPI Only in the selected provider's Doc ID record is set to "Require PIN", then the provider's PIN number will display on the form in Box 33B (Billing Provider) or 24J (Rendering Provider) for Billing and Rendering providers.
- When printing claims from the claim form view, if the Send Billing Taxonomy in the selected provider's Doc ID record is set to "No", then taxonomy code will not be shown on the form in Boxes 33B (Billing Provider) or 24J (Rendering Provider).
 - *Impact: All Customers with the settings mentioned above*



The screenshot shows a window titled "Doctor ID Record" with several input fields and radio button options. The "Practice Type" field has "Solo" selected. The "NPI Only" field has "Require PIN" selected. The "Send Billing Taxonomy" field has "No" selected. Other fields include "ID Type", "Pin Number", "Tax Type Override", and "Integration ID".

BOX 30

- Box 30 (Rsvd for NUCC Use) will no longer be printed on the CMS1500 (02-12) form as it is no longer used.
 - *Impact: All Customers*

UB04 CLAIM FORM

- The FL02 (Pay-To Address) on the UB04 will now populate the pay-to address from the billing provider record if it exists in the record and is different from the billing address.
- Data is now truncated in the FL01 (Billing Provider) and FL02 (Pay-To Address) so that information in those locations will not bleed into other boxes.
- The FL55 (Est Amount Due) will now be blank instead of defaulting to 0.00 as it is no longer used in ANSI 5010 format.
 - *Impact: All Customers*

Loaders

NSF3.01 LOADER

- The NSF3.01 claim loader has been modified to correctly pull Other Payer Address information from the DA1 record.
 - *Impact: All Customers*
- The loader has been modified to replace all forward and back slashes (/ and \) with a space when loading claims to resolve loading issues.
 - *Impact: All Customers*

NSF3.01 LOADER - ICD-10 CLAIMS

- The NSF3.01 loader has been modified to load ICD-10 claims! The new EDX segment will allow for ICD-10 codes. To obtain specifications for this new segment please contact PI support.
 - *Impact: All Customers using NSF3.01 format for claims*
 - *Benefit: Customers that use NSF3.01 format will be able to send ICD-10 claims*

UBNSF LOADER

- The Occurance Span Date fields have been corrected to include leading zeroes upon loading.
 - *Impact: All Customers*

HCFA/CMS 1500 LOADER

- The HCFA/ CMS 1500 loader has been updated to accommodate Ordering Providers at the line level. This is a new feature of the CMS 1500 (02-12) form.
 - *Impact: All Customers*

Builders

5010 BUILDER

PROFESSIONAL & INSTITUTIONAL CLAIMS

- CONNECTICARE (06105), CONNECTICARE MEDICARE VIP (78375), MED3000 CMS TITLE 21 (M3FL0014), and QUALCARE (23342), were added to the list of payers that will suppress the facility NPI if they have the same billing provider NPI and the address is not the same.
 - *Impact: Customers who submit claims to CONNECTICARE and QUALCARE*

ENHANCEMENT

NEW! FILTER LIST BUTTON

- Uploaded batch searching is now much easier! The new “FILTER List” button is located in the Upload files section (top section) of Transfer Claim Files.
- Users now have the ability to filter their searches by the following criteria:
 - File ID – The EDI ID assigned to the inbound claim batch
 - File Name – The file name associated with the inbound claim batch
 - Received Begin Date – Beginning date range for the received inbound claim batch
 - Received End Date – Ending date range for the received inbound claim batch
 - Total Claims – Total number of claims in an inbound claim batch
 - Total Amount – Total dollar amount of claims for an inbound claim batch
 - *Impact: All Customers*
 - *Benefit: Searching for uploaded claim batches is made easy by using the Filter List button*

MAINTENANCE

FILTER LIST

- The Filter List has been modified to show SCRUBBER and SCRUBREG types when selecting SCRUB as the File Type.
 - *Impact: All Customers; Claim Manager, Task Manager*

ERANSF VIEW

- Modified the response file viewer to allow the viewing and downloading of archived and / or zipped ERANSF files.
 - *Impact: All Customers*

ENHANCEMENT

NEW! RIGHT-CLICK MENU OPTION

DELETE STATEMENT OPTION

- The “Delete Statement” function has been added to the statement list view’s Right-click menu so that users have a visible right-click option available for deleting statements.
 - *Impact: All Customers*
 - *Benefit: The ability to delete statements is now listed as a right-click function*

IMPROVED! PRINT STATEMENT LIST BUTTON

- In the Statement Selection Criteria section of Statement Manager, the “PRINT Selected Statements” button has been renamed to “PRINT Statement List” in order to be consistent with other applications.
 - *Impact: All Customers using Statement Manager*
 - *Benefit: The functionality of this button is clearer*

The screenshot shows the 'Statement Selection' criteria form. At the top, there are four buttons: 'SELECT Statements', 'CLEAR Selections', 'SELECT Invalids & Rejects', and 'PRINT Statement List'. The 'PRINT Statement List' button is highlighted with a green border. Below the buttons, the form contains various input fields for search criteria:

- Customer ID: 0, -Unknown-
- Patient Name: [Text Field]
- City: [Text Field]
- Stmnt Status: MULTI, 16 Selected Statuses
- Guarantor Name: [Text Field]
- State: [Text Field]
- Search Last: 30 Days, 60 Days, 90 Days, 180 Days, All
- Pt Account #: [Text Field]
- Zip: [Text Field]
- Beginning: mm/dd/yyyy
- Ending: mm/dd/yyyy
- EDl Stmt#: [Text Field]
- eStmnt Ref ID: [Text Field]
- Date Range: by Date Uploaded, by Date Printed
- EDl Batch ID: [Text Field]
- Connection ID: 0, -Unknown-
- Uploaded Batch: 0, -Unknown-
- Method: Mail, Email
- Vendor ID: 0, -Unknown-

MAINTENANCE

RETEST STATEMENT BUTTON

- When a statement is retested the statement status will change only if the current status is VALID, INVALID, READY, or LOADED. Printed statements will not change status.
 - *Impact: All Customers*

STATEMENT BUILDER

- The statement builder will now strip any semi-colons (;) from the statement message fields to prevent data building issues.
 - *Impact: All Customers*

ENHANCEMENT

IMPROVED! 271 VIEW

- The 271 Eligibility and Benefit Information View has been modified to show the words “Deductible” and “Remaining” in capitalized letters.
 - *Impact: All Customers*
 - *Benefit: It is easier to identify important information*

ELIGIBILITY DETAILS

PHYSICIAN OFFICE VISIT

EMPLOYEE

Active Coverage

(Pcp Selection) Limitations - (Plan Includes Nap)

Benefit Description

IN NETWORK INDIVIDUAL

DEDUCTIBLE - \$400.00 (Spinal Manip)

DEDUCTIBLE - \$400.00 **REMAINING** (Spinal Manip)

Co-Insurance - \$2250.00 (Ind Coins Lmt)

Co-Insurance - \$2250.00 **REMAINING** (Ind Coins Lmt)

Limitations - Healthcare Services Delivery: 35 Visits , 1 Visits per Year (Manipulatn Chro/spinal Manip)

Limitations - Healthcare Services Delivery: 35 Visits per **REMAINING** (Manipulatn Chro/spinal Manip)

Limitations - - \$3000000.00 Lifetime (Medical Max)

Limitations - - \$3000000.00 Lifetime Remaining (Medical Max)

OUT OF NETWORK INDIVIDUAL

DEDUCTIBLE - \$800.00 (Spinal Manip)

DEDUCTIBLE - \$800.00 **REMAINING** (Spinal Manip)

Co-Insurance - \$4500.00 (Ind Coins Lmt)

Co-Insurance - \$4500.00 **REMAINING** (Ind Coins Lmt)

ENHANCEMENT

NEW! REDESIGNED SELECTION CRITERIA

The screenshot shows the 'ERA Selection Criteria' form with the following fields and options:

- Buttons:** SELECT Denials, SELECT Transactions, CLEAR Selections, PRINT ERA List
- Customer ID:** 7842, DOCTORS OFFICE
- ERA ID:** [Empty]
- Check Number:** [Empty]
- ERA Status:** NONE, No Status Selected
- Follow Up Status:** NONE, No Status Selected
- Search Last:** 30 Days (selected), 60 Days, 90 Days, 180 Days, All
- Beginning:** mm/dd/yyyy
- Ending:** mm/dd/yyyy
- Date Range:** Date Issued (selected), Date Loaded, Service Date
- Provider NPI:** NONE, No Provider Selected
- Group Reason:** NONE, No Code Selected
- Remark:** [Empty]
- Procedure Code:** [Empty]
- Expect ID:** [Empty]
- Inbound Payer Name:** [Empty]
- Payer ID:** NONE, No Payer ID Selected
- Retrieved ID:** [Empty]
- Resp Payer:** Primary (checked), Secondary (checked), Tertiary (checked)
- Assigned To:** 0, -Unknown-
- Pt Last Name:** [Empty]
- Pt Account #:** [Empty]
- Insured ID #:** [Empty] (highlighted in yellow)
- EDI Claim ID:** [Empty]
- Claim Status:** NONE, No Status Selected
- Payer Trace #:** [Empty]
- Type:** Service-Level, Claim-Level, All (selected)

- The ERA Selection Criteria Fields have been reordered to into the following groupings:
 - ERA Record IDs – Customer ID, ERA ID, Check Number, ERA Status, Follow Up Status
 - Date Search – Search Last, Beginning, Ending, Date Range
 - Provider Info – Provider NPI
 - ERA Data Related – Group Reason, Remark, Procedure Code
 - Expect / Payer Related – Expect ID, Inbound Payer Name, Payer ID, Payer Trace #, Resp Payer
 - Working by Patient – Assigned To, Pt Last Name, Pt Account #, Insured ID #
 - Claim Related Info – EDI Claim ID, Claim Status, Retrieved ID
 - Adjustment Related – Type
 - *Impact: All Customers*
 - *Benefit: The ERA Selection Criteria has better organization for users*
- The Insured ID field has been added to the Selection Criteria. This will allow users to search for a patient’s HIC (Health Insurance Claim) number in a task. This field is a free-form text field that has the ability to perform wildcard searches.
 - *Impact: All Customers*
 - *Benefit: The Customer has more inclusions and exclusions as well as to distinguish between healthcare plans by insured ID*

MAINTENANCE

FIND SIMILAR CLAIMS

- The Find Similar Claims function in ERA & Denial Manager will now leave the Claim Amount field blank when searching.
- The default search fields are now Date of Service, Patient Account #, and Patient Last Name.
 - *Impact: All Customers*

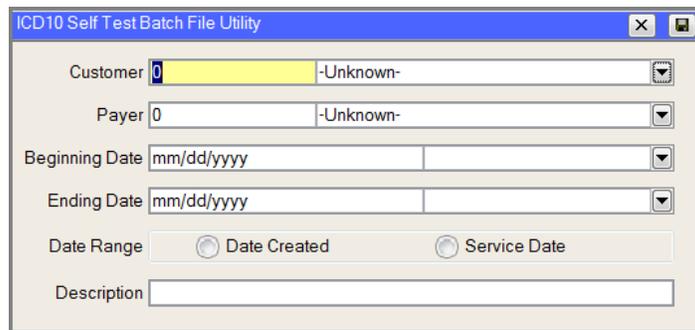
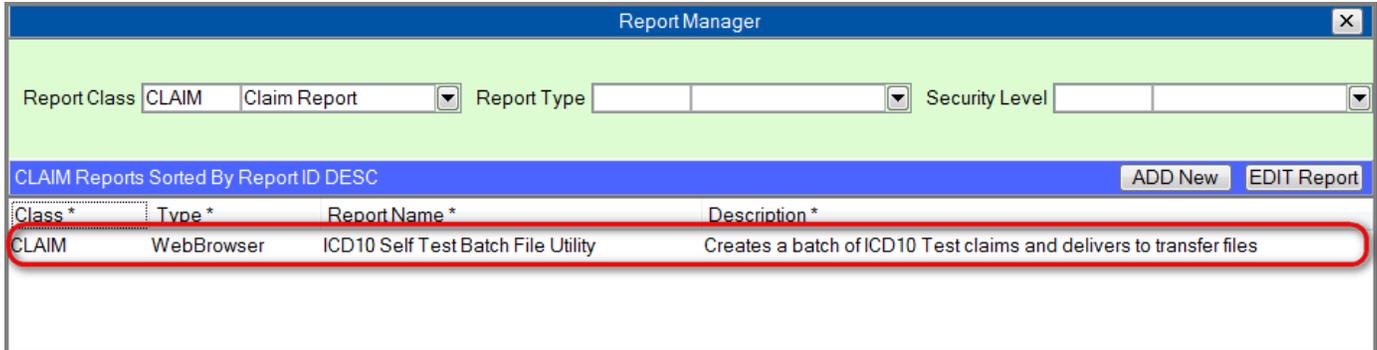
EOB WARNING MESSAGE

- When a user selects the "E" option (View EOB) on a non-ERA status record, a warning message will appear to let the user know that an EOB is not present on the status record they selected.
 - *Impact: All Customers*

ENHANCEMENT

NEW! ICD-10 SELF TEST BATCH UTILITY

- A new utility was added to Report Manager in Search Tools that will allow a user to manually build an ICD-10 batch of test claims! The test batch will be delivered to the customer's Transfer Files screen where the user can download the file in order to submit directly to payers.
 - *Impact: All Customers*
 - *Benefit: Providers can now test ICD-10 directly with payers that have invited them to test*



NEW! STAFF RECORD – USER CLASS MENU OPTION

- A new user class menu option (USER35: TASK_CLM_STM_SRCH_SUP) has been added to the staff record. This menu includes Task Manager, Claim Manager, Statement Manager, Search Tools, and Support Manager.
 - *Impact: All Users*
 - *Benefit: A new menu option is available for all users*

NEW! CHECK SEARCH – CLAIM COUNT COLUMN

- There is a new column in the Check Search List view that shows the number of claims that the check has marked.
 - *Impact: All Customers*
 - *Benefit: Users can now see how many claims are associated with each check*

The screenshot shows the 'Check List Manager' application window. At the top, there are search filters for Check Number, Customer ID (20), Payer Name, Check Amount, Check Status (New/Recvd), Payee NPI/TaxID, Response File ID, Response Version (4010/5010/NSF), Date Range (Issued/Loaded), and Pay Method. Below the filters is a table with 161 checks found. The table has columns for Payee ID, Payee Other ID, Handling Code, Payment Method, Payer ID, Retrieved ID, Connection ID, Create Date, Resp Status, Resp Version, Received, Downloaded, and a new 'Claim Count' column highlighted in red. The 'Claim Count' column shows values ranging from 1 to 343.

Payee ID	Payee Other ID	Handling Code	Payment Method	Payer ID	Retrieved ID	Connection ID	Create Date	Resp Status	Resp Version	Received	Downloaded	Claim Count
22277777	BP340	ACH			802490	19	01/20/09 01:08pm	RECVD	4010	08/07/2008	08/07/2008	1
22277777	BS373	ACH			807385	19	01/20/09 01:08pm	RECVD	4010			2
22277777	BS373	ACH			807391	19	01/20/09 01:08pm	RECVD	4010			4
22277777	BS372	ACH			807410	19	01/20/09 01:08pm	RECVD	4010	08/07/2008	08/07/2008	5
22277777	P1988616	ACH			807456	19	01/20/09 01:08pm	RECVD	4010	08/07/2008	08/07/2008	6
1972531523	22277777	Notification O.	NON	87726	813432	19	01/20/09 01:08pm	RECVD	4010	09/11/2008	09/11/2008	7
22277777		Remittance Info	ACH	87726	813443	19	01/20/09 01:08pm	RECVD	4010	09/11/2008	09/11/2008	17
1972531523	22277777	Remittance Info	ACH	87726	813480	19	01/20/09 01:08pm	RECVD	4010	09/11/2008	09/11/2008	10
1447457403	22277777	Notification O.	NON	87726	813516	19	01/20/09 01:08pm	RECVD	4010	09/11/2008	09/11/2008	343
1447457403	22277777	Notification O.	NON	87726	855319	19	01/20/09 01:09pm	RECVD	4010			6
22277777		Notification O.	NON	87726	855323	19	01/20/09 01:09pm	RECVD	4010			7
22277777		Remittance Info	ACH	87726	855335	19	01/20/09 01:09pm	NEW	4010	10/14/2013		8

IMPROVED! CHECK SEARCH – PAYMENT METHOD COLUMN

- The "Payment Method" column in Check Search is now sortable!
 - *Impact: All Customers*
 - *Benefit: Users can now sort and search by the Payment Method for checks*

IMPROVED! TAXONOMY CODE SEARCH

- The software has been changed so that a user can now enter in either an EDI Taxonomy record ID in the EDI ID field or a Taxonomy Code in the Taxonomy field when assigning/ searching for a Taxonomy Code. The taxonomy search now shows the EDI ID as the first column.
 - *Impact: All Customers*
 - *Benefit: Users can now search base on EDI ID for a taxonomy code or an actual taxonomy code*

MAINTENANCE

PRINT REPORTS – CUSTOMER PROMPT

- All Customer ID prompts within report forms will now remember the last Customer ID selected. This functionality is identical to Search Tools- Report Manager.
 - *Impact: CBO and Vendor User*

CBO CUSTOMER SELECTION

- Now CBO users have the ability to type in the Customer ID of a desired customer to select a customer from the customer drop down field. Previously, typing in the Customer ID would always return a search screen.
 - *Impact: CBO users; available in all programs where a Customer ID prompt is present*

ENHANCEMENT

NEW! UPLOADED CLAIM FILE SUBMISSION LIST REPORT (Report ID 184)

Claim File Submission List					
Any Vendor (151)					
Date Range: 02/08/2014 - 03/10/2014					
Export to CSV					
ID	Name	File Type	Total Uploaded Claim Count	Total ICD-10 Claim Count	Vendor ID
Customers	Any Vendor				151
3687	Alligator Doctor	0	0	3	151
4392	Android Optoid	0	0	0	151
4367	Another Doctor MD	0	0	0	151
4084	Arandom Medical Imaging PC	0	0	0	151
4451	Better Business Bureau Favorite	0	0	0	151
4016	Callous City Orthopaedics, PC	0	0	0	151
4170	Carecloud Diagnostic Radiology	0	0	0	151
4173	Doctor J Anyguy MD	0	0	0	151
4061	Endo Associates LLC	38	38	0	151
4263	Endo2 Associates, LLC	0	0	0	151
5715	Harry Henderson, MD	0	0	0	151
4366	Jerry Anybaum, MD	0	0	0	151
4741	John P Someguy, PA	0	0	0	151
6159	Just Anotherdoc, MD PLLC	0	0	3	151
4324	Justin Mechanic, MD PC	0	0	0	151
5483	Landof Internal Medicine	0	0	0	151
5333	Leonard Skynryd MD PC	0	0	0	151
4975	Lizzie McGuire MD	0	0	0	151
4364	Mark Mywords, MD	0	0	0	151
4182	Michael Misterberg, MD	0	0	0	151
4157	Mister Doctor MD	0	0	0	151
4129	NeverFear Lab Ishere	0	0	4	151
4403	New York Surgical	0	0	0	151

- The Uploaded Claim File Submission List shows the last 30 days of uploaded claim file types and ICD10 claim counts. This report was designed for vendors to review customer’s file format submission to determine ICD-10 readiness.
- Users can view the following information on the report:
 - ID –The identification number of a CBO, child of a CBO, and/ or other customers of a vendor
 - Name – The Name of the CBO, Customer or Vendor if applicable
 - File Type – The column headers will reflect the types of files uploaded by the selected customers. If no files of a certain type exist, the column will not be shown. (837D4010, 837D5010, 837I4010, 837I5010, 837P4010, 837P5010, HCFA, UB04, NSF 3.01, NSF 3.04, NSFUB)
 - Total Uploaded Claim Count – The total number of uploaded claims for all “File Type” columns
 - Total ICD-10 Claim Count – The total number of ICD-10 claims regardless of type
 - Vendor ID – The identification number assigned to the vendor internally by the EDI software
 - Impact: All Vendors
 - Benefit: Now vendors can manage their customer’s claim file types and ICD-10 submissions

NEW! EOB VIEW

“VIEW ALL CHECKS” BUTTON FUNCTIONALITY

- The "View All Checks" button in the EOB view has newly added functionality! The "View MREP Style" button and the "View PC Print Style" button have been added to the "View All Checks" mode.
 - *Impact: All Customers*
 - *Benefit: Customers can now see all checks in the EOB, MREP, and PC Print views*

IMPROVED! TOP 5 DENIAL CODES REPORT (Report ID 174)

- The Top 5 Denial Codes Report now allows for searches based on the Date Issued, Service Date, or Date Loaded.
 - *Impact: All Customers*
 - *Benefit: Customers now have more search criteria*

MAINTENANCE

CLEAN CLAIM REPORT (Report ID 154)

- The Clean Claim Report will now sort claim data by year and month instead of just month.
 - *Impact: All Customers*

STAFF PRODUCTIVITY REPORT (Report ID 90)

- If you select Customer-Staff prompt option, the report now correctly shows the report with Customer as the first column and Staff as the second column.
 - *Impact: All Customers*

CLAIM AUDIT – LOADED CLAIMS REPORT (Report ID 57)

- The Claim Audit Report has been modified to list ICD-10 test claims that have been in a READY status for over 30 hours.
 - *Impact: Vendors on private databases*

CUSTOMER AUDIT REPORT (Report ID 164)

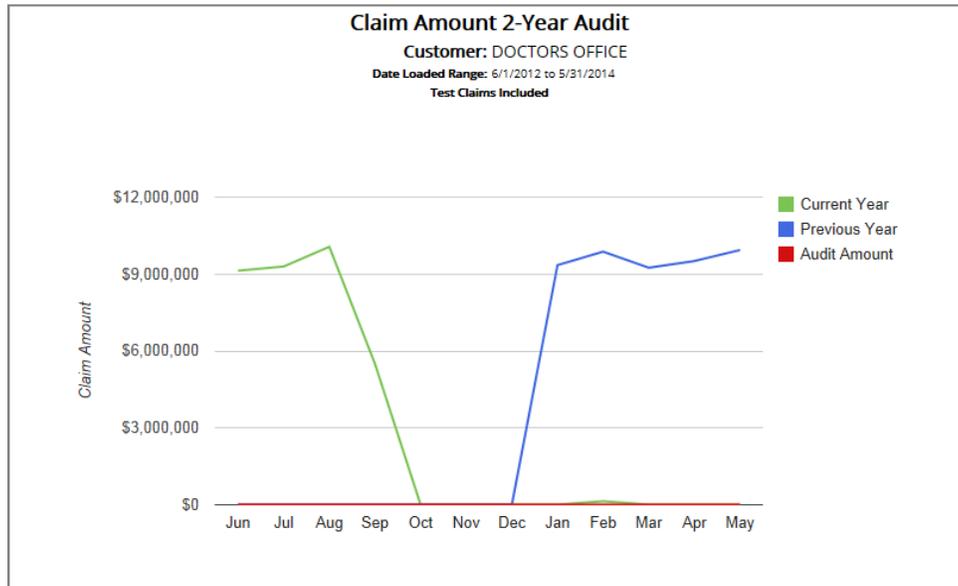
- Corrected the Claim Response and ERA Response fields to search for the format listed in the corresponding customer record fields.
 - *Impact: Vendors*

IMPROVED! CLAIM DASHBOARD REPORTS

All Claim Dashboard Reports have been stylistically improved!

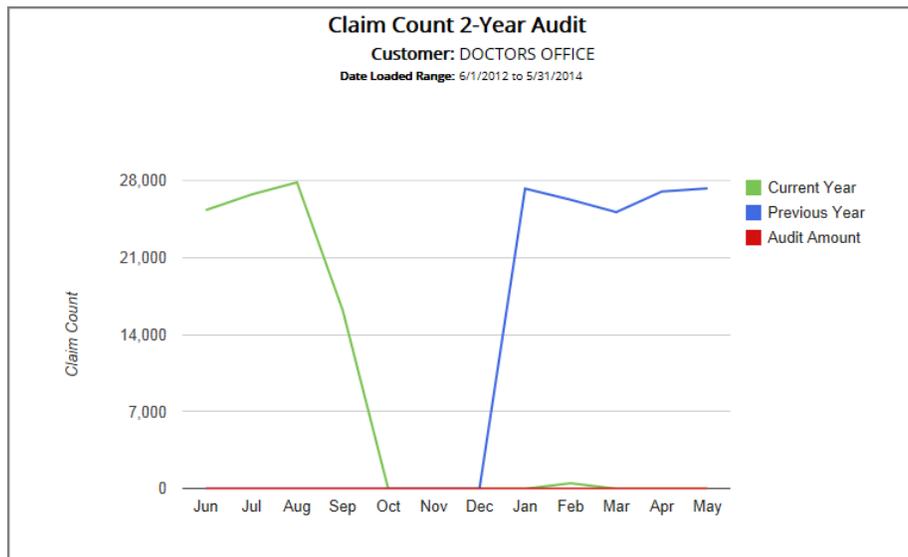
CLAIM AMOUNT 2-YEAR AUDIT (Report ID 128)

- The previously named “Audit Alert - Claim Amount, Year-by-Year Comparison” report has been renamed to “Claim Amount 2-Year Audit” and the description located in the Report Manager list view for this report has also changed.
 - *Impact: All Customers*



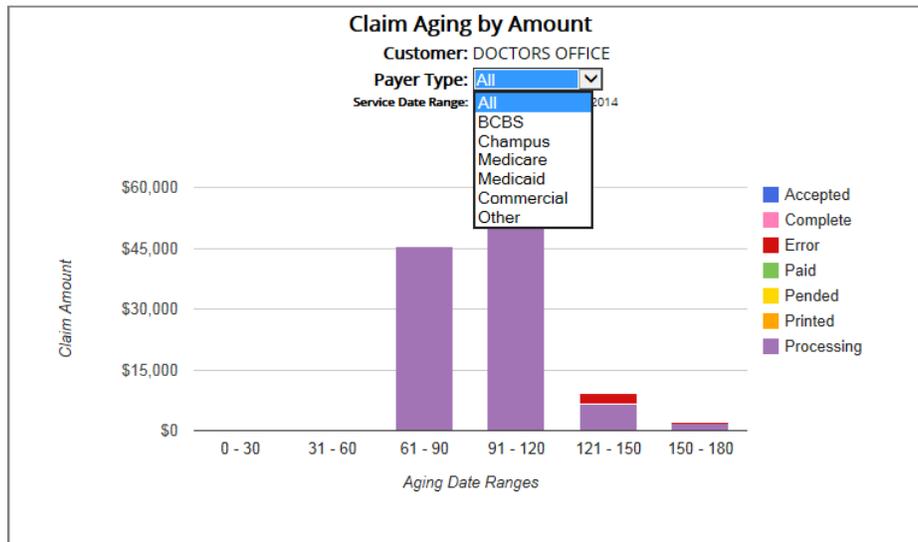
CLAIM COUNT 2-YEAR AUDIT (Report ID 122)

- The previously named “Audit Alert – Claim Count, Year-by-Year Comparison” report has been renamed to “Claim Count 2-Year Audit” and the description located in the Report Manager list view for this report has also changed.
 - *Impact: All Customers*



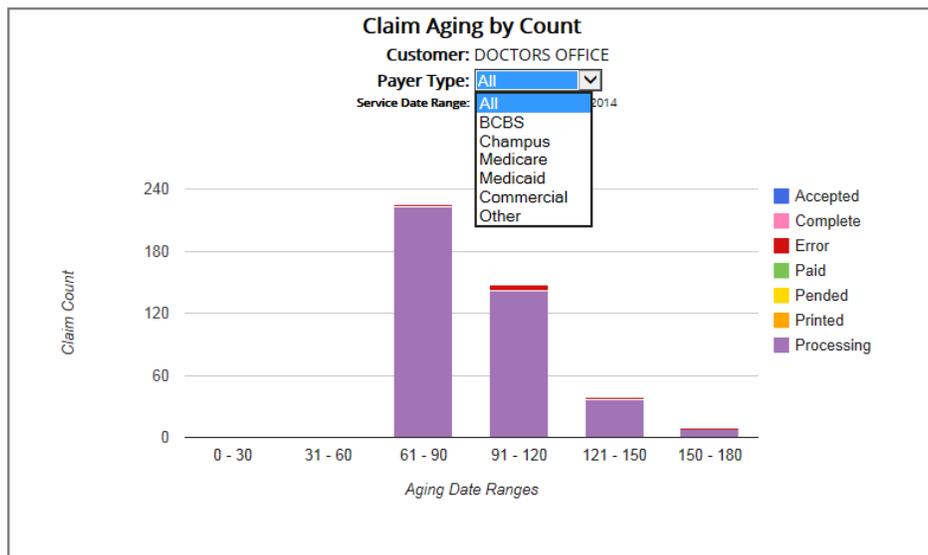
CLAIM AGING BY AMOUNT (Report ID 135)

- The description in the Report Manager list view for the “Claim Aging by Amount” report has changed and this report now has a drop down menu to view Payer Type selections.
 - *Impact: All Customers*



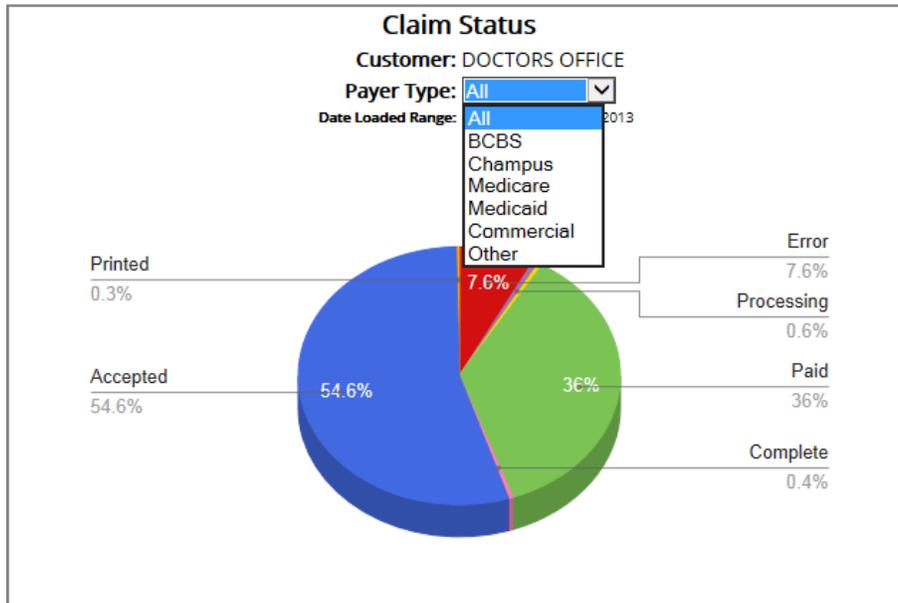
CLAIM AGING BY COUNT (Report ID 121)

- The previously named “Claim Aging by Payer” report has been renamed to “Claim Aging by Count” and the description in the Report Manager list view for this report has also changed. This report now has a drop down menu to view Payer Type selections.
 - *Impact: All Customers*



CLAIM STATUS (Report ID 123)

- The previously named “Claim Status by Payer” report has been renamed to “Claim Status” and the description in the Report Manager list view for this report has also change. This report now has a drop down menu to view Payer Type selections.
 - *Impact: All Customers*



ERA DASHBOARD REPORTS

ADJUDICATION SUMMARY GRAPH (Report ID 120)

- This report has been reformatted to select payers based on their 5-digit universal payer ID instead of the EDI payer record ID. The sub-headers in this report have been reformatted to center align.
 - *Impact: All Customers*

TOP 5 DENIAL CODES (Report ID 174)

- The Top 5 Denial report will now show Total Amounts and Total Counts for the top 5 denied codes associated with ERA records that were created within the selected date range, as opposed to showing the amounts and counts for the top 5 denied codes for all time. Also, the Total Denials at the bottom of the report now shows the total amount sum alongside the total count.
 - *Impact: All Customers*

ENHANCEMENT

CUSTOMER EDIT SCREEN

NEW! SETUP SPECIFICATIONS

ERA Response	ANSI5010	ANSI Payer Format 835
Deliver ERAs	Key	Description
PatientAct Prefix	ANSI	ANSI 4010 Format 835
	ANSI5010	ANSI Payer Format 835
Claim Response	ANSI5010_S	Single Check - ANSI 5010 For...
Change Log	ANSI_S	Single Check - ANSI 4010 For...
Auto Mark Recvd	NSF	NSF Format
	NSF_S	Single Check - NSF Format

- There are 3 new selections available in the ERA Response field that enable users to have their ERA Responses split into multiple files by number of checks. The new options include:
 - ANSI5010_S – ERA Responses will be delivered in the format that we received them, no up convert or down convert
 - ANSI_S – ERA Responses will down convert 5010 ERA files to 4010
 - NSF_S – ERA Responses will be converted to NSF format and delivered by check
- In the event that a conflict arises between a customer’s Software Package logic and ERA Response selection the Software Package selection will take precedence over the ERA Response selection. If there no conflict the ERA Response selection will work in addition to the Software Package Logic it exists.
 - *Impact: All Customers*
 - *Benefit: Users can have their ERA Responses split by checks for better compatibility with their PM systems*

NEW! POST LOADERS

AutoAdd Providers	Key	Description
	AddOrdPrv	postLoader_ordtrans
	EPSDT	postLoader_epsdt
	FILIND16	postLoader_filind16
	OTHPYRID	postLoader_othpryrids
	POSTLOAD	postLoader_spec
Doctors for Customer	ProcNOS	postLoader_procNOS
	RmPurchPrv	postLoader_rmPurchPrv
	SMUB04	postLoader_SourceMedUB04

- A new generic post loader has been added that can be used to set the Filing Indicator to 16 in the other policy for certain other payers of MCDNY secondary claims. To set this post loader, access the Claim Services Tab in the Customer Record and set this option in the “Post Loader” field.
 - *Impact: Customers sending secondary claims to certain payers of MCDNY*
 - *Benefit: This custom programming is now available in a self-serve format.*
- A new generic post loader has been added to clear the unneeded IDs in the Other Payer Loop (Loop 2330B).
 - *Impact: All Customers*
 - *Benefit: This logic can now be applied with a self-service option*

NEW! PROMPT FOR VALID CLAIMS FIELD

- A field has been added to the customer record to turn off the "Set all VALID claims to READY" prompt upon exiting Claim Manager.
- If a CBO record is set to “No”, the CBO users will not be prompted for any of their customers; however, this will not impact their children records. The customer record setting will always take precedence over a CBO record setting.
 - *Impact: All Customers*
 - *Benefit: Vendors can now control this function by customer*

NEW! CUSTOMER SEARCH – COLUMN SORT *

- The following columns in the customer search are now sortable:
 - Zip Code Search
 - Taxonomy Code Search
 - Taxonomy Code Search
 - Vendor Search Connection Search
 - Provider Search Payer Search
 - ERA Payer ID Search
 - ERA Provider Search
 - *Impact: CBO and Vendor Users*
 - *Benefit: Columns can now be sorted to allow for easier searching*

*This feature is available from anywhere a customer search is accessible.

USER CLASS

IMPROVED! CBO STAFF CUSTOMER RESTRICTIONS

- The CBO Staff Customer Restrictions list is now sorted by “Bill To” and “Customer” in ascending order.
 - The CBO Staff Customer Restrictions list is accessed within the CBO Staff Record.
 - *Impact: CBO Customers*
 - *Benefit: The CBO Customer Restrictions List is now sorted for ease of use*

IMPROVED! RULES- ATTACHMENTS

- Rules can now be created for testing attachments on claims.
 - *Impact: All Customers*
 - *Benefit: The attachment table is now testable*

MAINTENANCE

CUSTOMER EDIT SCREEN

CLINICAL CLAIM SCRUBBING STATUS

- If Clinical Claim Scrubbing registration is set to “Terminate”, a message box will appear asking the user "Are you sure you wish to terminate customer registration for Clinical Claim Scrubbing?". If the user selects "No" their Claim Scrubber status will not change. If the user selects “Yes” then an update will automatically be sent to the scrubbing partner terminate the customer’s Clinical Claim Scrubbing.
 - *Impact: Customers that are registered for Clinical Claim Scrubbing*
 - *Benefit: The scrubbing partner will be automatically notified when clinical scrubbing is terminated*

EDITING PROVIDER RECORD

SPECIALTY FIELD

- The software has been changed so that a user can now enter in either an EDI Taxonomy record ID in the EDI ID field or a Taxonomy Code in the Taxonomy field when assigning/ searching for a Taxonomy Code.
 - *Impact: All Vendors*
 - *Benefit: Users can now search base on EDI ID for a taxonomy code or an actual taxonomy code*

HISTORICAL SEARCH - INACTIVE PAYERS

- Inactive payers will now be included task payer lists, rule payer lists, and report payer lists in order to allow for historical claim searches.
 - *Impact: All Customers*

MAINTENANCE

SELECTION CRITERIA

- The Vendor Filter on the Selection Criteria will now only select issues belonging to the selected vendor.
 - *Impact: Vendors in EDI01*

ENHANCEMENT

NEW! CHANGE LOG – CLAIM FORMAT FIELD

- A 12th field has been added to the flat file change log to indicate claim format (P-Prof, I-Inst, D-Dent).
 - *Impact: All integrated customers receiving a flat file change log*
 - *Benefit: The claim format is now passed back to the PM*

IMPROVED! SFTP INACTIVATION

- Practice Insight will no longer change the SFTP login when the login is inactivated but will block access to the server. This way when a login is re-activated, the user will not have to reset the password.
 - *Impact: All Customers*
 - *Benefit: SFTP login re-activation will now be easier*