

Post V18 Enhancements
Nov 2010 thru Feb 2011

Menu	Module	Description
<i>Registration/ Services/ Schedule</i>		
	<i>Admission/Discharge</i>	Added the client middle name to the demographic screens
		Added a cell phone number to client telephone number search
		Added new external ID fields to the registration screen so an agency can track multiple external IDs for the client if needed
		Added a button in Admission/Discharge to link to the Authorization screens.
		Client service alerts: Alerts are now available for scheduling, check-in, progress notes, and attendance scanning
	<i>Collaterals</i>	Removed all required fields from collaterals except for name
	<i>Medicaid Eligibility Lookup</i>	Add Medicaid ID to the CSV output
	<i>Managed Care Authorizations</i>	When adding new authorizations, add more information to the "dropdown" of available insurance plans
	<i>Daygroup Client Schedule</i>	Remove meals times from printout and view if client has no groups for that day
		QA Reports: Add CSV options to reports
	<i>Services Lookup</i>	Allow the date of the client receipt to be changed even if the amount is not.
		Added display of the insured ID number on the insurance plan tabs
		Allow reports to be run without first loading all services on the screen (Very useful for reporting on large numbers of services).
		Allow fiscal data to be seen by users with 'Display only' permission for this module (Special permission HIDFIN can be used to hide this).
	<i>Clinic Front desk Check-in</i>	Change the "walk-in" window to allow for check-in alerts to display even for these clients.
		A notification message was added on the main screen for client's with no current billing header or no payers in the billing order.
		When posting a cancellation or noshow, display the appointment memo box and allow additional comments to be added.
		When changing location, immediately check for printer change even before clicking to display new appointments
	<i>Program Attendance Scanning</i>	Added support for ID cards with External IDs (Non IMA ID numbers) instead of the IMA Client ID
		Add ability to display photo of client during checkin

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	<i>Scheduling</i>	When clinician is set for STFLD limitation (Caseload only) do not allow viewing of other clinician's schedules.
		Check for holidays when moving visits
		Check for visits below minimum duration when moving visits

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EHR		
	Client home page	Add display of checkin alerts
		Allow Medication list to be sorted
		Display latest Medicaid EMEVS response on the Fiscal tab
		Enhance display in progress notes tab
	Progress Notes	Add option to enforce maximum duration of a service
		When clinician is set for STFLD limitation (Caseload only) do not allow notes from other clinician's schedules.
		Do not allow a note which ends in the future (end time is after current time)
		Add option to check start time of visit to validate it is during clinic's hours (unless it is a crisis visit)
		Add support for exception to overlapping services
		Add support for both a student and supervisors signature on a progress note
		Progress note lookup: Add display of note start and end time to the list and add this to sort of lookup and printing.
	<i>Assessment/Forms</i>	Allow the "copy" forms function to be available for any user that has "display" rights for forms.
		Allow special permission to be added to staff to control which forms they can create.
		Allow form definition to control what participant roles should be available for a form
		Allow form definition to control if author does not need to sign even if others have to (Use WRITER role for this).
		Allow form definition to control if no signature is required
	<i>Treatment Plans</i>	We continue to add many new configuration options to treatment plans
	<i>Medication</i>	Allow the ability to sort the medications listed in the medications module
		Added the option to print prescription comments on the medication report
	<i>Risperdal</i>	Enhanced to also support Invega Sustenna
		Remove requirement for Risperdal prior authorization as of 1/1/11
	<i>IMA-Write</i>	Add ability to prefill data from client record in the IMA-Write tool.
	<i>Assessed Needs</i>	Add program/Unit selection to the Needs report

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	<i>EHR Ticklers</i>	Added the ability to use the clinical admission date to set the tickler dates in place of client's admission date to a program. This is useful when client's transfer from clinic to clinic and you want to retain the original admission date.

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Billing/Finance		
	<i>Billing</i>	Set default version for the HCFA claim form to 0805
		M error list: Reorganize the list to combine the HIPAA and NON HIPAA sections into a single list
		M19: Allow billing to Medicaid with no rate code when client has Medicare (for offsite services)
		M81: Added a check for zip codes that are not 5 or 9 digits and also added logic to strip the "-"
		MA2: Allow override is invoice is set to bill with errors
		MB2: No MB2 error when sending void to medicaid
		MB3: Remove MB3 after 1/1/11 as Risperal no longer needs prior authorization
		MB7 Error: Ignore when insurance plan is marked as being passthru
		Allow billing batch selection by form type and by electronic receiver code
		Diagnosis: Option to bill using client's first Axis I diagnosis instead of the Program primary and Secondary diagnosis.
		UB04 Printing: Add new option for Box 12
	Remittance	Make R24 error optional
		When "pre-processing" a remittance, check for multiple transaction sets and ask to "separate" if they are for different payers. This is important when processing remittances from clearinghouses.
		New optional section in the remittance report to monitor of client copay should be changed based on remittance data (when remittance shows copays and deductibles and client has no other payers)
	Denials	When denial is changed from "D" to "R=0" status, do not create a new remittance history record to allow the adjustments in the "D" record to be used. A record of this change is now made in the services change log (within System Administration Audit tools).
	Revenue Reporting	Modify the revenue forecast routine to calculate COPS and CSP for denied claims.
	Forwarded Claims	New module to view and change forwarded claims records (when one payer reports that they forwarded a claim to another payer)

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<i>Integrated Modules</i>		
	<i>Case Management</i>	Added support for progress notes addendum.
		Allow printing of multiple progress notes at once
	<i>Metrocards PTAR</i>	Format changes to meet new requirements from PTAR
	<i>Restorative Services</i>	Add support for both Medicaid billable and Non Medicaid billable Restorative Services Programs
	<i>ACT</i>	Allow for note signature and addendum
	<i>PROS</i>	Add CSV option to QA reports
		Add new services modifiers to CRS billing
<i>Reports and Performance Tracking</i>		
	<i>Client Invoices</i>	Add option to mark client as "sent to collection" and then choose to include or exclude these from client statement printing
	<i>Remittance History Report</i>	Add more information to CSV output of this report
	<i>On Account Report</i>	Change to list each client only once on the report and not repeat for each program enrollment.
	<i>Uncompensated Care 2010</i>	Added a new report for the 2010 OMH Uncompensated Care Reporting
	<i>UT Visit Report</i>	Added a staff column to the report printout, added the Medicaid ID and changed the date listed from anniversary date to their benefit period.
	<i>To do list</i>	Major overhaul of this report to allow more extensive reporting on staff's to do lists.
	<i>Caseload Summary</i>	Add staff's full name to CSV output
	<i>Fee Service Tracking</i>	Numerous changes made to the service tracking report. We removed the Medicare column, Fixed the Medicaid ID and changed the calculations of the total.
	<i>Nassau County</i>	Added Nassau County Report for PROS programs
		Added GUI version of unduplicated client count
	<i>Ad hoc reports</i>	New special fields NEXT-APPT-DATE and NEXT-APPT-ACTIVITY for client's upcoming scheduled appointment
	<i>No Show Tracking v2</i>	More enhancements to this module which is a new way to monitor and enforce no show policies.

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<i>System Administration</i>		
	<i>Operators</i>	Added special permission: Daygroups to allow a user to only change rosters
	<i>Staff</i>	Add option for batch changes to staff records
<i>General/Behind the Scenes</i>		
	<i>Data file size limit</i>	We have released a new version of our data access routines which remove the 2GB limit on IMA data files. This became an issue for our larger customers and has now been resolved.
	<i>Login</i>	User login window now displays server date and time
	<i>"Pop-up Box" Top window</i>	Made a change to make any pop up box be the "top" window seen. This allows pop ups to not go behind other windows making the windows appear locked.
	<i>Check boxes</i>	Add support for "checkboxes" in registration and forms in user defined screens
	<i>Client middle name</i>	Add support in many places to display and print the client middle name.
	<i>Agency Holidays</i>	Remove support for HOLIDAY text file and replace with Sys admin utility to set holidays for the agency
	<i>Display network settings</i>	Home page now has a new option in the "File" menu to Display network settings. This is useful for network troubleshooting
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