Santrax® Agency Management and Santrax® Payor Management 6.9.35

Release Date: Thursday, September 27, 2018

UNIVERSAL RELEASE NOTES

The content of the enclosed Release Notes is dependent upon final Quality Assurance validation. If you have any questions or concerns about the content therein, please contact Customer Care at your agency's designated telephone number. The final version will be available in your online library post-release.

Valued Provider:

We are now including all items in the release notes. They may or may not apply to your configuration.
In reviewing the notes below, please refer to the "prerequisites" line which indicates the required functionality, product, or audience associated with the item.
If the functionality is not automatically available, please contact your Sales Representative or Customer Care for additional information.

CLIENT

1. **CLINICAL INTEGRATION CHECKBOX MODIFICATIONS.**
    Users with **Add** and **Edit** *Client: Clinical Integration* permissions can select and deselect the **Clinical Integration** checkbox on the *Service for Client* screen, for clients imported via a data feed. When deselected, data related to the client's selected service is not included in the clinical integration data transfer.
    Prerequisite: Clinical Integration

2. **VNS THIRD PARTY CLIENT DEMOGRAPHIC FILE MODIFICATIONS.**
    Modifications were made to ensure that when importing a client demographic file from the VNS third - party interface, the following process occurs:
    *   If there is a payor coordinator, the payor coordinator maps to an admission type which populates on the client's record in the system.
    *   If there is no payor coordinator, the payor ID maps to a default payer with one admission type which populates on the client's record in the system.
    *   If there is no payor coordinator or a payor ID mapped to a default payer, the record is rejected and the error message "No Payer Coordinator or matching Admission Type" displays in the response file.
    Prerequisite: VNSNY

3. **270 EXPORT MODIFICATIONS.**
    Modifications were made to ensure that when creating a 270 eligibility file the system keeps the exact value formatting as entered, when the 270 format is set to include username (ISA02) and password (ISA04) fields and does not convert the entered value to all capital letters.
    Prerequisite: 270

4. **VNS THIRD PARTY INTERFACE MODIFICATIONS.**
    Modifications were made to allow a discharged client's admission to be reactivated, using the VNS third-party interface. Reactivated admissions must use the same admission ID and retains the original start of care date.
    Prerequisite: VNSNY

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SCHEDULING

5. **SCHEDULING MODIFICATIONS.**

    When scheduling from the New Events screen, the Schedule Detail screen or when using mass edit functionality, users are now:

    - prompted/prevented from scheduling staff with an inactive status
    - prompted for an override, by an admin/manager with override permissions, when scheduling staff with a hold status

    NOTE:

    From the *New Events* screen: this functionality will not apply to PRN schedules. Changes made when mass editing schedules are not saved if any selected schedule includes an inactive staff member. The schedule(s) with the inactive staff member(s) must be corrected or omitted in order to mass edit.

    Prerequisite: None

BILLING

6. **835 IMPORT PROCESS MODIFICATIONS.**

    Modifications were made to ensure the system will accept and post 835s with no value in the MOA03 field if MOA01 and/or MOA02 are included.

    Prerequisite: 835 Functionality

REPORTS

7. **REMITTANCE REPORT MODIFICATIONS**

    Modifications were made to ensure the value displayed in the **Take Back** field in the *Remittance Totals* section of the *Remittance Report* reflects the values from the **Paid** column of the report instead of the **Billed** column.

    Prerequisite: None

8. **UPDATED 'AGED INVOICES' & 'AGED INVOICES-DETAILED EXTENDED BY PAYOR' REPORTS.**

    Modifications were made to ensure the *Aged Invoices* and *Aged Invoices-Detailed Extended by Payor* reports correctly reflect canceled invoices with applied payments and invoices zeroed out by on account cash.

    Prerequisite: None

GLOBAL

9. NEW CMS REQUIREMENTS.

The following modifications were made to accommodate the October 1, 2018 CMS requirements. The new version is 7218. Any updates are applied to visits on or after October 1, 2018. Changes include:

- Updated the OASIS PPS Grouper
- Switching from the OCS dll scrubber to the Access OASIS dll scrubber
- Updated the ICD 10 codes for all agencies that use ICD10 codes

Prerequisite: None

Universal Release Notes   Release: 6.9.35

9/27/2018
Page 4 of 4