

# Healthcare Assistant Series for Windows

## Version 6.8 Release Notes

June 09, 2010 09:53: AM

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### Version 6.8.10

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#### Enhancements and Feature Requests

##### **#2167 Communications: Added spell check to Notes on Communication Screens**

ENHANCEMENT: We added the spell check to the communication data entry window and communication wizard to restore functionality that was lost in a prior release.

##### **#2179 Plan of Care: Default Orders And Goals**

ENHANCEMENT: Updated "Plan of Care" Default Orders And Goals for Oasis C. Oasis B-1 can be view via notepad for transferring of Orders and Goals. Any existing Orders/Goals are automatically transferred from the Pre-OASIS-C to OASIS-C where items matched. Users can use the Previous Version button to see the Pre-OASIS-C Orders/Goals.

##### **#2182 Claims: Claims List allows editing and printing of claims list**

ENHANCEMENT: A list of claims has been added to the system and can be accessed from the Billing menu. This list is a resource to quickly edit the claims within the system without the need to navigate down to a specific patient. The list can be sorted just like all other lists in the system. The list can also be printed using the Print List button. The list that is printed utilizes the filters that are applied when printing.

##### **#2184 Ledger: Allow selection of multiple items**

ENHANCEMENT: Holding down Shift or Control and left-clicking entries allows for selecting multiple ledger items in the Patient File. This allows users to include to claim; exclude to claim; or delete more than one ledger entry at a time.

##### **#2186 CAHPS: Press Ganey data export**

ENHANCEMENT: The data for a CAHPS survey can now be exported for Press Ganey from within the HealthCare Assistant. Select Press Ganey from the option window displayed when clicking File | Export | CAHPS from the main menu.

**#2187 CAHPS: DSS Research data export**

ENHANCEMENT: The data for a CAHPS survey can now be exported for DSS Research from within the HealthCare Assistant. Select DSS Research from the option window displayed when clicking File | Export | CAHPS from the main menu.

**#2188 CAHPS: Arbor Associates data export**

ENHANCEMENT: The data for a CAHPS survey can now be exported for Arbor Associates from within the HealthCare Assistant. Select Arbor Associates from the option window displayed when clicking File | Export | CAHPS from the main menu.

**#2189 CAHPS: Registration codes required for some vendors**

ENHANCEMENT: SHP and Synovate are preferred vendors for CAHPS and are available for free. Other vendors are supported, but require a registration code and an additional fee for ongoing maintenance. A list of supported CAHPS vendors is available in the help file.

**#2190 Dashboard: OASIS 5 day submit warning**

ENHANCEMENT: A new item "Submission Required" has been added to the Medicare/Medicaid dashboard. This item is a count of how many OASIS assessments are 25 days or more from the M0090 date. Since all OASIS are supposed to be submitted to DHS on or before 30 days of the M0090 date, these assessments should be resolved and submitted promptly.

**#2192 General: Patient code limits special characters**

ENHANCEMENT: Users are limited to alphanumeric and the '-' character when entering a patient code. CMS requires masking of data when entering and submitting private insurance patients. Allowing users to enter characters into the patient code causes DHS to reject submitted OASIS assessments. This occurs because DHS incorrectly interprets these assessments as private pay patients when they see these special characters in the data.

**#2193 Dashboard: Outlier Percentage with Outlier Claim Report**

ENHANCEMENT: The percentage of outlier payment compared to the total claim payments has been added to the Dashboard. Clicking on this dashboard item will print out a report of the claims that are included in these outlier payments. This percentage and report will allow agencies to monitor the outliers and see where they stand with the new CMS 10% Outlier payment procedures.

### **#2194 Claims: Handle CMS changes to Admission Source Codes and Condition Code**

ENHANCEMENT: Beginning July 1, 2010, Medicare will no longer accept the Point of Origin Codes B and C as an Admission Source on new claims. Code C will not be replaced but Code B will be replaced with Condition Code 47 ( "Transfer from another Home Health Agency"). These changes have been addressed in the HealthCare Assistant. Admission Source has been renamed to be Point of Origin on the Intake screen and will no longer include codes B or C. A new question has been added on the Intake screen asking if the "Patient was Admitted from Another HHA?". Selecting Yes will automatically put a Condition Code 47 on any Claims generated from within this Admission.

A Billing Warning is shown for any claims that include an Admission Source of B or C when previewing claims to be sent electronically. Claims effective on or after July 1, 2010 that have this warning will be automatically refreshed after selecting a Point of Origin and answering "Patient Admitted from Another HHA?" on the Intake screen of the associated Claim.

### **#2195: CAHPS: Pinnacle**

ENHANCEMENT: The data for a CAHPS survey can now be exported for Pinnacle from within the HealthCare Assistant. Select Pinnacle from the option window displayed when clicking File | Export | CAHPS from the main menu.

### **#2197 Manual CAHPS export only exports data from the Currently logged in Agency**

ENHANCEMENT: For certain CAHPS vendors, users must manually create the export file to submit to them. This process will only include patient data from the currently logged into Agency. If users have more than one home health agency in their database, they must log in to each agency and create a separate file.

## **Corrections**

### **#2180: Communication: Enter/Return key now creates new line in Notes field**

ISSUE: Pressing Enter/Return in the Notes field of the Communication Wizard would Save the Communication. Many users don't know that you can use the Ctrl + Enter key combinations to create a new line in the notes text box.

RESOLUTION: Pressing Enter/Return now produces a new line for 'Notes'. Users must now click on the Save/New or Save/Close button to save the communication.

### **#2181 Reports: Performance Per Episode By SOC Diagnosis - Total Cost is Incorrect**

ISSUE: The Total Cost calculation in the detail section is incorrect. The amount always shows the first row's Cost amount per diagnosis.

RESOLUTION: The report was modified to show the correct Cost totals.

### **#2183 Agency Setup: Upon creating new Agency clicking on the Offices Tab produces Type Mismatch Error**

ISSUE: Upon creating a new agency, if the user clicked on the second tab "Offices/Location Setup" a type mismatch error would occur.

RESOLUTION: We have corrected the application so that this error no longer occurs. Users will now be required to enter all required fields on the first tab of setup prior to clicking on other tabs.

**#2185 Scheduler: Subscript out of range error when Episode is longer than 10 weeks on Summary Tab**

ISSUE: Clicking on the Summary tab in the Scheduler when the episode is longer than 10 weeks produces a Subscript out of Range error and closes the program. The Week Number column was originally limited to 10 weeks to fulfill the length required for a 60-day PPS Episode.

RESOLUTION: Producing the Week Number column on the Summary Tab has been fixed to display any number of weeks the Episode spans.

**#2196 Insurance and Payment Information: Not allowing to save the Primary TAR for Non-PPS Insurance**

ISSUE: Users were not able to save changes made to Primary TAR for Non-PPS Insurance.

RESOLUTION: The form was modified to allow saving of Primary TAR.

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## Version 6.8.09

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### **Enhancements and Feature Requests**

**#2135 OASIS: M Item numbers have been added to the OASIS validation messages**

ENHANCEMENT: In response to users' feedback, we have added the M Item numbers to the question references within the validation error messages for the OASIS-C. These messages already had the M Item number of the main offending question, but had the question title for other questions referenced in the message. Since many clients are not familiar with the assessment questions, these M Item number should make it easier for clients to locate and verify the answers.

**#2144 OASIS: Printing of the OASIS-C assessment forms with populated data added**

ENHANCEMENT: The printing of the OASIS-C assessment forms with the patients name, SOC date, birth date and patient code have been added to the HealthCare Assistant. Because all Pre-OASIS-C assessment forms should have been completed at this point, we have removed the printing of these forms. To print these forms, go to the Case tab on the patient file and select Print button at the top of the form.

**#2147 Diagnosis Library: Automatically pull key information from Add-In List**

ENHANCEMENT: In response to user feedback, entering or editing a diagnosis code in the library will automatically pull the ICD9 dates and descriptions from the Add-In, if available. The program will ask before replacing diagnosis information.

**#2150: Modified the Electronic Billing file to handle MSP billing**

ENHANCEMENT: Modified Electronic Billing file creation to handle Medicare as a secondary payer billing.

**#2154 Point of Care Tools Interface: Physician's NPI now synchronizes point of care tools**

ENHANCEMENT: If users use any third party point of care tool such as E-Clinical or HealthCare SOS, the physician Library now also synchronizes the physicians NPI as well.

**#2155 CAHPS: Support added for Synovate, OCS, and Fazzi**

ENHANCEMENT: Support has been added to produce Export data files for Synovate, OCS, and Fazzi. These third party vendors are the latest options added for patient satisfaction surveys required for the CMS requirement.

**#2156 CAHPS: Support added to allow patient to opt out of the survey**

ENHANCEMENT: A check box has been added to the bottom right of the Patient File allowing a patient to opt out of the survey. If this box is checked, the patient data will not be included in the CAHPS export data to any CAHPS vendor.

**2157: Added Oasis Rule to insure M0104 Physician Referral Date is less than 140 years ago**

ENHANCEMENT: Added Oasis Rule to insure M0104 Physician Referral Date is less than 140 years ago. A warning will appear for OASIS-C assessments with a referral date that exceeds 140 years in the past. While this is not a documented CMS rule, a client did receive this warning when submitting OASIS data.

**#2158: Automatic CAHPS Export for Synovate**

ENHANCEMENT: The application now has the ability for Synovate (Preferred CAHPS Vendor) to automatically collect CAHPS information. To sign up with Synovate, please contact Chris.Brown@synovate.com or (800) 279-2602 ext. 24

**#2159 Billing: Added ability to designate billing code for Physician**

ENHANCEMENT: Agencies using Outpatient Rehab and billing on CMS 1500 (X98) needed the ability to bill using the rendering physician code instead of referring physician code. A checkbox was added to the Insurance Company Library to support this functionality. If the Rendering Physician check box is checked, the EMC file will include the Rendering physician code (82) instead of the default Referring Physician code (DN). Home Health bill using the Rendering Physician and thus this checkbox defaults to CHECKED.

**#2160: MSP: Added a second Claim Primary Adjustment, when billing secondary insurance.**

ENHANCEMENT: A second primary adjustment section was added to the claim data entry window. This is used when billing Medicare Secondary Payer claims if there are multiple primary adjustments.

**#2161 Billing: Added upcoming CMS changes for admission source**

ENHANCEMENT: Effective July 1, 2010 CMS will no longer allow the use of Admission Source B - Admitted from Home Health Agency or C - Readmitted from same Home Health Agency. Agencies will need to document this type of admission using Condition Code 47. Two new EMC warnings were added to accommodate this change; one warning if B or C is used as admission source on or after 1 July 2010, and one if Condition Code 47 is used prior to 1 July 2010. Condition Code 47 was also added to the software.

**#2162 Eligibility Checks: Request Episode information in the future 4 months**

ENHANCEMENT: In the Eligibility Checks, we have now added the ability to pull down future episode information. In addition to the 12 months of Episode history, we are also including 4 months of future episode information if available from CMS.

#### **#2163 Reports: 485 and Supplemental Reports include Suffix for Patient**

ENHANCEMENT: If a patient has a suffix, it will now be included in the name when printing on the 485/487. The print order will be Last Suffix, First MI. if all four portions of the name are present. The print order will be Last, First MI. if the suffix is not present. The print order will be Last, First if neither the suffix nor middle initial is missing.

#### **#2168 Reports: Added Type of Bill (TOB) and Payment Type to Remittance Advice Report**

ENHANCEMENT: Two new columns were added to the detail of this report. Each detail line now includes the TOB or Type of Bill which comes from the RA or the data manually entered and Payment Type which comes from the chart of account selected or the RA.

#### **#2171 Billing: Added "Received" Subdirectory to intermediary directory for downloaded files**

ENHANCEMENT: In order to keep files downloaded from Visionshare separate from the export files, we added a "Received" subdirectory that will now contain the newly downloaded files.

#### **#2172 EMC: Combined activity of Finding and Previewing Electronic Billing Claims**

ENHANCEMENT: Combined activity of Finding and Previewing electronic billing claims. Clicking "Find Claims" then clicking "Preview Claims" has been replaced with a "Find and Preview Claims" button.

#### **#2177 Billing: Added the 3% Rural add-on**

ENHANCEMENT: CMS finally published the 3% add on rates mandated by the recent healthcare reform package. These updated rates have been added to the software. All affected claims are recalculated during the upgrade of the software for version 6.8.0.9.

### **Corrections**

#### **#2137 Route Sheet: Added missing parameters to prevent "Wrong number of parameters" error**

ISSUE: When posting mileage through the route sheet a "Wrong number of parameters" error was displayed to the user.

RESOLUTION: The missing parameters were added to prevent the error when posting visits with mileage.

#### **#2140 Reports: On Call List corrected to show patients without scheduled visits but suppress ghost visit line**

ISSUE: A change was done in 6.5.04 that would suppress a ghost visit line that showed nothing except 0/0 in the totals portion of the visits for a patient. This change inadvertently also prevented any patients from showing that did not have any scheduled visits.

RESOLUTION: The report has been modified to print patients with no scheduled or posted visits, but also now suppresses the blank line in the visits section where only 0/0 shows in the totals column.

**#2148 EMC Claims File: Rejected because of missing data for claims not covered by a certification**

ISSUE: An entire EMC claims file was rejected by Medicare because of a claim including in the file not covered by a certification period. The application correctly warns the user that the data is missing prior to submission and that the claim may get rejected, but the entire batch should not be rejected.

RESOLUTION: The EMC was modified to prevent rejection of the entire batch of claims file when the scenario above happens. However, a claim within a claims file may be rejected by Medicare if it has a missing data.

**#2149 PPS Pricer by Patient Report: Outlier Payment notification and HIPPS Code Overlaps**

ISSUE: If the report contains outlier payments, printing this report will overlap the Outlier Payment notification and the HIPPS Code in the detail section.

RESOLUTION: The report was modified so "Outlier payment" and HIPPS Code will not overlap.

**#2151 Patient's Admission Status: The newly created status record will be selected instead of the last status record in the list.**

ISSUE: The last status record created will be selected by default, even if it wasn't the last created.

RESOLUTION: The newly created status record will be selected.

**#2152 Electronic Billing: Prooflist Summary file reflects payments posted to existing claims**

ISSUE: When adding functionality to Electronically Bill Medicare Secondary Payer (MSP) claims, we noticed that the Expected payment column on the proof summary report did not reflect any prior payments made to the claim.

RESOLUTION: The Expected payment column on the Proof Summary report now reflects any payments made. The report totals the Reimbursement rate for each charge and then subtracts any insurance payments already made to produce the expected payment.

**#2153 Electronic Billing: Creating an electronic file produces error and does not complete when a claim is missing a Value Amount**

ISSUE: Users could not create an electronic claim file for claims that had a value code with no corresponding value amount.

RESOLUTION: We modified the claim file to not error out in the above case. This would still cause the electronic file to be rejected though, so we also prevent the user from saving a claim if they are missing a value amount.

**#2164 Scheduler: Corrected Overflow error in Scheduler**

ISSUE: An overflow error was being received by some clients when posting visits in the scheduler with sub accounts. We discovered the error occurred for clients who used the scheduler and had a large number of visits.

RESOLUTION: Increased size of internal value holding the visit information; thereby removing size limitation resulting in overflow error.

**#2165 Claims: Medicare Secondary Payer (MSP) claims now include the HIPPS code**

ISSUE: The HIPPS code was not included when billing Medicare as the secondary on claims. This occurs because the original claim billed to private insurance companies does not have a link to the OASIS which generates the HIPPS code.

RESOLUTION: The appropriate OASIS for the claim period is calculated and the HIPPS code is now included in the claim when billing Medicare as secondary payer on claims.

**#2169 Reports: On Call List - Handles patients with the same name**

ISSUE: Patients with the same name were listed multiple times in the report if sorted by patient name.

RESOLUTION: The report was modified to correct the issue.

**#2170 Billing: Medicare Secondary Payer (MSP) billing corrects T3 amount**

ISSUE: The T3 amount in the electronic claim file failed to include a \$0.00 when the primary insurance company did not pay on the claim.

RESOLUTION: The T3 segment now includes a \$0.00 in the EMC file for MSP claims when the primary insurance company did not pay on the claim.

**#2173 EMC: Exporting and Submitting to VisionShare perform in correct order**

ISSUE: Processing with both the "Auto Export" and "Auto Submit to Visionshare" options checked exports the processed file and moves its location on the disk so that VisionShare is not able to find and submit it.

RESOLUTION: The order of operation has been changed so that when both the "Auto Export" and "Auto Submit to Visionshare" are checked, the submission to VisionShare is performed first, then the file is moved to the Export folder location.

**#2174 CAHPS Export: Corrected "Total Patient Visit" to be all Patients with visit in the period. Also added patients under 18 years old as an excluding factor**

ISSUE: Total Patients Visited count was including those patients in the CAHPS sample regardless of whether or not a visit was performed. Also, the program was not excluding patients who were under 18 years of age per CAHPS requirements.

RESOLUTION: Total Patient Visit is now all Patients visited within the sample month even those who are not in the sample. The application is now also excluding patients less than 18 years of age.

#### **#2175 Patient Insurance: Secondary TAR Entry Field is Disabled Appropriately for MSP**

ISSUE: Entering a patient insurance where the Primary Insurance is not Medicare and the Secondary Insurance is Medicare, the Secondary TAR entry field incorrectly remains editable for the user.

ENHANCEMENT: To prevent the suggestion that the Secondary TAR is being saved and used somewhere, if the Secondary Insurance is Medicare, the entry field for the Secondary TAR becomes non-editable.

#### **#2176 Claims List Report: Not sorted in order when no date grouping is chosen**

ISSUE: Claims list is not sorted in order when No Date Grouping is selected.

RESOLUTION: The report was modified to sort by patient name and patient code when No Date Grouping is selected.

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## **Version 6.8.08**

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### **Enhancements and Feature Requests**

#### **#2104 HOSPICE: Handles billing of HCPCS codes and Billing Units in 15-minute increments**

ENHANCEMENT: The 2010 requirements for HOSPICE mandate agencies to bill HCPCS Code and Billing Units in 15-minute increments. The HealthCare Assistant application was modified to comply with the new requirements for HOSPICE Agencies.

#### **#2109 Claims: Manual and Batch Claims Entry continues on pressing Enter**

ISSUE: Previously on the Prompts during Make Claims for batch and single non-PPS patient, pressing Enter would continue with the claim generation. While consolidating features for these Prompts, the ability to press Enter to continue was lost.

RESOLUTION: Pressing Enter continues the claim generation when on the Batch Make Claims screen and on the prompt for Make Claims for non-PPS patients. Pressing Escape on these windows will cancel the claim generation.

#### **#2116 OASIS: Saving and Choosing to view Errors or Inconsistencies will automatically select appropriate tab**

ENHANCEMENT: When saving an OASIS C, choosing to view Errors, Warnings or Inconsistencies will automatically select the appropriate tab to instantly view the Errors, Warnings or Inconsistencies.

#### **#2117 OASIS: Added Validation Rule that confirms that only Procedure Codes can be selected for M1012**

ENHANCEMENT: Added Validation Rule that confirms that only Procedure Codes are assigned to M1012

#### **#2122 General: Important Announcements available in HealthCare Assistant via RSS Feed**

ENHANCEMENT: Announcement of new features, solutions, and releases is now available within the HealthCare Assistant through our RSS feed. Important messages sent through email often times is not read by the actual users of the software. This new feature will enable the actual users to receive these announcements.

#### **#2123 OASIS: OASIS-C skip patterns added**

ENHANCEMENT: The OASIS skip patterns have been added for OASIS-C. This feature automatically disables the M item questions that should not be answered based on previously answered questions. Users will no longer need to manually check the Skip Item check box.

#### **#2134 Reports: Open OASIS-C Report and Summary allows interaction with the application**

ENHANCEMENT: Due to user requests, we have changed the OASIS-C Report and Summary to allow access to the HealthCare Assistant while either of these reports are still open. If users click off of these reports, they can be brought back into focus by clicking on them from the task bar or using the Alt-Tab keys. A new report window will be opened each time the report or summary is printed; thus it is possible to have multiple report windows open at the same time.

#### **#2141 OASIS: Data entry window maximized upon opening**

ENHANCEMENT: The OASIS-C data entry window is maximized when opening via a New or Editing an existing OASIS.

### **Corrections**

#### **#2085 OASIS: Missing Direction for M1310 - M1314**

ISSUE: CMS provided direction on when to enter the pressure ulcer wound measurements for M1310 - M1314 which was not showing on the assessment data entry form. This was causing users to enter measurements only to be given a validation error stating that these questions must be blank.

RESOLUTION: The CMS provided direction for M1310 - M1314 was added to the OASIS assessment form for SOC/ROC and Discharge.

#### **#2107 Eligibility: Error "End Date cannot be null" occurs when patient elects Hospice**

ISSUE: If a patient elected Hospice and a user checked for eligibility the system would produce an error "End Date cannot be null". The eligibility information would be updated correctly though. The system is looking for a beginning and end date for each type of service. Hospice has a start date, but no end date which is the cause of the error.

RESOLUTION: In the above scenario, the eligibility check ignores the Hospice election date and period and continues to only update the Home Health Coverage periods.

**#2108 Patient Insurance: Electronic Billing produces error if Insured's Address is not entered**

ISSUE: Claims submitted through EMC are being rejected by Medicare Intermediaries because the insured's address included in the claim is empty. This can be caused by in Patient Insurance and not adding the Insured's address. No Error is given when Use Patient Address is unchecked and insured's address is left empty upon save.

RESOLUTION: When attempting to save the Patient Insurance, if Use Patient Address is unchecked and the insured's address is not entered an error will show not allowing to save the changes made until the insured's address is completed.

**#2110: Missed Translation of MASK VERSION from Oasis B1 V1.6 to Oasis C V2.0**

ISSUE: MASK VERSION was not being translated correctly between Oasis B1 V1.6 to Oasis C V2.0

RESOLUTION: Since Oasis C V2.0 does not use Masking, it will not take the mask version data from Oasis B1 V1.6.

**#2111: Clear All Inactive M00Questions when Editing Oasis-C (or importing Oasis-C, or from Translating Oasis B1 V1.6 to Oasis-C)**

ISSUE: Some inactive M00 Questions would have Answer set. No way to clear these because inactive M00s are inaccessible.

RESOLUTION: The application clears any inactive M00 Questions prior to editing to prevent reporting errors that questions must be blank, which are not on the assessment.

**#2112: M1012 does not warn when at least one procedure code was given and NA or UK was space filled**

ISSUE: A validation error was not produced when M1012 had one or more procedure code and NA or UK was space filled. If a procedure code is entered then NA and UK must contain a zero (0). It was possible for third party vendors using the HealthCareSynergyOASIS interface to pass in an invalid value for these answer combinations, which could not exist when entering an assessment through the OASIS-C GUI.

RESOLUTION: A validation error was added to prevent locking when M1012 contained one or more procedure code and NA or UK was blank or space filled.

**#2113 OASIS: Formatting of M1310 - M1314 validated on import**

ISSUE: M1310 - M1314 values were not being validated to ensure they contain a decimal point when coming in from third party vendors using the HealthCareSynergyOASIS interface. This caused problems opening an OASIS assessment in the HealthCare Assistant.

RESOLUTION: The values for M1310 - M1314 are now validated for correct formatting when passed by third party vendors.

**#2114 OASIS: Submission does not update the Agency Submitter ID in the OASIS when the ID is changed**

ISSUE: The Agency Submitter ID is now stored in the OASIS data at the time the OASIS assessment is created; it used to be added when the submission file was created. If the Agency Submitter ID was changed after the OASIS assessment was entered, the old ID would be submitted to the state DHS and would result in a rejection.

RESOLUTION: The application was modified to update the OASIS submission data when the Agency Submitter ID is changed. The OASIS is updated with the new Agency Submitter ID when the ID is changed for Open, Valid and Locked assessments. Exported OASIS assessments have this ID updated when an individual assessment is Unlocked or an OASIS Submission file is Reset.

**#2115 OASIS: M1845 appearing on OASIS Report for RFA 4 and 5**

ISSUE: Unanswered M1845 incorrectly showing on the OASIS C Report for RFA 4 and 5 followups. M1845 is not a OASIS Followup question.

RESOLUTION: M1845 was removed on the OASIS Reports for RFA 4 and 5.

**#2118: OASIS: Importing B1 into Has4Win was not reporting B1 structure errors.**

ISSUE: Importing B1 into Has4Win was not reporting B1 structure errors.

RESOLUTION: Errors will be reported if the B1 being entered into Has4Win has structural errors.

**#2119 OASIS: OASIS C Report and Summary Does Not Include the Patient's Suffix**

ISSUE: The patient's suffix was never included in the answer to M0040, nor in the patient name in the header and footer.

ENHANCEMENT: The patient's suffix has been included in OASIS Report and OASIS Summary in the answers for M0040, the reports' headers and reports' footers.

**#2120 OASIS Import: Shows status "Import Successful" but OASIS or Plan of Care was not imported**

ISSUE: If the B1 string being imported has a diagnosis code with invalid ICD-9 code associated with it in the Diagnosis Library, the import process will continue and show an incorrect status of "Import Successful" but the B1 string will not be imported.

RESOLUTION: The OASIS Import Status was corrected to display "Not Imported" and Import Notes were corrected to display "General Oasis Save Error" if the B1 string has diagnosis code with invalid ICD-9 code associated with it.

**#2121 Reports: Caregiver Appointments List - Show Notes renamed to Show Remarks**

ISSUE: In the options for printing the Caregiver Appointments List, "Show Notes" is an option to print on the report. However, the contents this option prints is actually called Remarks on the appointment screen.

RESOLUTION: To improve distinction between Notes In and Remarks, the options for printing the Caregiver Appointments List now includes "Show Remarks" instead of "Show Notes".

#### **#2124 OASIS: Disabled option 3: Edit but keep locked for Exported OASIS-C**

ISSUE: Option 3 for the Unlock OASIS option would unlock the OASIS assessment and display the assessment in the Pre-OASIS-C format regardless of the OASIS type.

RESOLUTION: This feature has been disabled for OASIS-C assessments. A message box will be presented if the user attempts to make edits, but keep the assessment locked when the assessment is in OASIS-C format.

#### **#2125 General: Validate ICD9 codes**

ISSUE: There is no validation process that occurs when users enter/modify ICD9 codes in the Diagnosis Library. The application expects users to enter valid ICD9 codes which is then transmitted to the state DHS. If an invalid formatted ICD9 code was entered into the Diagnosis Library and later used in the OASIS or 485 an error would occur.

RESOLUTION: The Diagnosis Library will now perform validation on the ICD9 codes that users enter to ensure they conform to the standard requirements. Upon upgrading to 6.8.08, 1) all existing DX codes have had invalid spaces removed from the beginning and ending of ICD9 codes, 2) a period was added at the end of all 2 and 3 digit ICD9 codes. OASIS-C validation errors have been improved to better handle and report incorrectly formatted ICD9 codes.

#### **#2126 OASIS-C: Diagnosis Codes not automatically imported when entering an OASIS-C**

ISSUE: When entering a Pre-OASIS-C, if the ICD9 code entered did not exist in the user's Diagnosis Library, the application would automatically import the code from the ICD9 Add-In List to the Library. With the release of OASIS-C, this functionality was left out due to time constraints. Users would have to close the OASIS, find the code in the ICD9 Add-In List and copy it to the Library.

RESOLUTION: The functionality to auto import ICD9 codes has been added back into the program for OASIS-C. Also, as in previous versions of OASIS, the ability to auto-import may be disabled for certain users via User Rights.

#### **#2127 OASIS: Submitter ID and Medicare ID hyphen causing OASIS rejections**

ISSUE: Many users enter a hyphen when entering the Submitter ID and the Medicare ID. These values are not permitted in the OASIS data by CMS. The OASIS submission file grabs the value entered by the user and adds it to the OASIS data. If hyphens are present in the data the OASIS assessment is rejected by DHS.

RESOLUTION: The application now removes the hyphen if it is present for Submitter ID when creating the OASIS submission file. For Medicare Id, an error will be displayed during addition of an OASIS. This is to allow users to make the correction before submitting the OASIS file to the state. No modification is done to the actual data entered into the Agency Setup and EMC Setup.

#### **#2128 OASIS: Unlocking irregularities corrected**

ISSUE: CMS has setup certain rules on how the OASIS data is to be packaged in the Submission file with different codes being used to indicate whether the assessment is active or inactive in the state databases. We discovered that the OASIS-C assessments were receiving the incorrect code entered when unlocking records. If users unlocked assessments and received these incorrect codes it is possible the state would reject the assessment being submitted.

RESOLUTION: The unlocking process was corrected to use the correct code for active and inactive OASIS-C assessments.

#### **#2129 Reports: Claims List - Group By gives Invalid Group Condition error**

ISSUE: Printing the Claims List when selecting a Group By option of Day, Week, Month or Year gives an Invalid Group Condition error and the report does not print. An enhancement made back in 6.5.03 prevented the Group By from operating correctly in versions since.

RESOLUTION: The Group By for Claims List has been fixed to work as intended.

#### **#2130 OASIS: Certain ID values prevent editing of OASIS with illegal characters**

ISSUE: CMS has defined several values that are not allowed to have dashes in the value; OASIS Submitter ID, Medicare ID, Dr UPIN/NPI. Users who enter a dash in one of these fields in the OASIS or another area of the software that is used as a default for these fields will not be able to edit the OASIS data.

RESOLUTION: The checks for these formatting rules have been moved to validation errors when saving the OASIS data instead of checks when loading the OASIS data for display. This will ensure that users are able to make corrections to the OASIS data when these invalid values have been entered.

#### **#2131 Reports: OSHPD report table 1 visits do not match table 4**

ISSUE: The California state annual reports for the ALIRTS system had a discrepancy where table 1 visit total does not match the table 4 visit total. These visits must match for the reports to balance and be accepted by the state.

RESOLUTION: The table source data collection method was modified to ensure these table visits match.

#### **#2132 OASIS: Date errors moved to warnings**

ISSUE: CMS has timing requirements for the OASIS assessments; meaning certain dates within the assessment are supposed to be within a defined number of days from one another. Agencies don't always adhere to the CMS time frames. In cases where these rules were violated an agency would not be able to lock the assessment.

RESOLUTION: These rules have been moved to warnings instead of errors. This notifies the agencies that they are not completing the OASIS within the CMS requirements, but will also allow them to lock the assessment for submission to the state. Agencies will continue to receive warnings from DHS regarding these timing rules and may incur additional scrutinization from DHS for these violations.

**#2133 General: Patient Insurance error could be hidden behind data entry window**

ISSUE: When an error was presented to the user when editing a patient insurance, the error could be hidden behind the insurance form if the user clicked on the insurance form instead of the error message.

RESOLUTION: The method of presenting the error was modified to prevent the error from being hidden behind the insurance form.

**#2139 OASIS: OASIS Summary gives object reference not set error when Print Preview is turned off**

ISSUE: Unchecking Print Preview and printing the OASIS Summary for OASIS C presents an "Object reference not set to an instance of an object." error and the Summary does not print.

RESOLUTION: Printing of the OASIS Summary for OASIS C has been fixed to work correctly when printing directly to the printer.

**#2142 Reports: OASIS Summary report displays patient name correctly**

ISSUE: Patient name prints as Last, First Middle Initial, instead of printing First Middle Initial Last Suffix as indicated by the labels.

RESOLUTION: Patient Name prints in the order of label on the report (First Middle Initial Last Suffix).

**#2143 OASIS: Error due to apostrophes in patient name when sequencing an OASIS-C**

ISSUE: An error occurs when an OASIS-C assessment contains an apostrophe in the patient's name. The error is received when unlocking an assessment that has previously been locked.

RESOLUTION: The apostrophe is now captured and handled to prevent errors when unlocking and editing OASIS-C data.

**#2145 OASIS: Inactive/Active conversion incorrectly selects records**

ISSUE: Inactivating or Activating an OASIS assessment would incorrectly modify assessments for the SOC / RFA / Effective Date. Since OASIS retains copies of the assessments when making Key Field changes, Non Key field changes and Inactive records there are multiple records for a single OASIS.

RESOLUTION: The Inactivating/Activating process was changed to select the specific record affected by the change.

**#2146: Oasis 1.6 Import, indicate success without importing OASIS**

ISSUE: Importing an Oasis 1.6 occasional would report a successful Import, and yet, indicate that the Oasis was not imported.

RESOLUTION: Captured error occurring when importing OASIS 1.6. Reporting it, will now fail Import Wizard with error message.

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**Version 6.8.07**

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## **Enhancements and Feature Requests**

### **#2093 Added Grouper Point Summary Graph to Oasis-C**

ENHANCEMENT: Added Grouper Point Summary Graph to Oasis-C as a choice view.

### **#2098 OASIS: M2200 marked NA warns user if patient is Medicare insured**

ENHANCEMENT: Added a warning to alert the user when the patient is insured by Medicare and M2200 has been checked NA. This answer combination will prevent a HIPPS code from being generated. If no therapy is required, the user needs to actively specify no therapy visits by entering "000" in M2200. This is not a CMS validation rule, but a warning that was brought forward from Pre-OASIS-C.

### **#2100 OASIS: Diagnosis Descriptions Added to OASIS Report**

Enhancement: Descriptions for the diagnosis codes entered in the OASIS now appear on the OASIS Report printed from the Cases Tab in Patient Info.

### **#2105 OASIS: OASIS Summary Report easier to read**

ENHANCEMENT: The first edition of the OASIS Summary report had the entire question title appearing with the M item. Feedback was that this made it too difficult to see the answers to the questions. The report has been modified to show just the M item number and the selected answer(s).

## **Corrections**

### **#2089 OASIS: OASIS Status List prints all OASIS-C as Non-Medicare**

ISSUE: OASIS-C assessments show on the OASIS Status list as Non-Medicare regardless of the answers to M0150 for the assessment.

RESOLUTION: This was due to changes in how OASIS-C is stored internally in the database. Corrected the report to correctly pull OASIS-C using the M0150 answers to decide whether an assessment is for Medicare/Medicaid or Non-Medicaid. There is no action required on the user's part to make these OASIS-C assessments show correctly on the report after updating.

### **#2094 Insurance: Eligibility Log is stopping Patient Insurance from being deleted**

ISSUE: Eligibility Log is stopping Patient Insurance from being deleted which is in turn preventing a patient record from being deleted.

RESOLUTION: Allowed Patient Insurance to be deleted without destroying Eligibility Log

### **#2095 OASIS: No error when M0102 and M0104 are not answered**

ISSUE: Validating OASIS does not give Validation Error when Physician Referral Date (M0104) is left unanswered when Physician Ordered SOC/ROC Date (M0102) is NA.

RESOLUTION: Validating OASIS will now give a Validation Error when Physician Referral Date (M0104) and Physician Ordered SOC/ROC Date are left unanswered.

**#2096 OASIS: Missing validation for M1000 or M1016 and M1018 combination**

ISSUE: If M1000 is discharged to any Inpatient Facilities OR M1016 is NA - Not Applicable (no medication or treatment regimen changes within the past 14 days) AND M1018 is NA - No inpatient facility discharge and no change in medical or treatment regimen is past 14 days, then a validation error must be present.

RESOLUTION: The validation error "If the Patient is indicated as Discharged from a facility within the last 14 days OR has had a Regimen Change in the last 14 days, then 'No Change' cannot be selected for Prior Condition." will show if the above scenario is met.

**#2097 OASIS 01.60: OASIS fails to validate and lock when M0855 is answered 3 and M0900 Respite is answered**

ISSUE: Validating OASIS gives a Validation Error when Admitted Inpatient Facility (M0855) is Nursing Home (3) and Reason(s) Patient was Admitted to Nursing Home (M0900) is answered as Respite. This prevents the OASIS from being locked even though this answer combination is not a CMS violation.

RESOLUTION: The validation check now includes the Respite checkbox in determining whether a violation has occurred, thus validating OASIS no longer gives a Validation Error when Admitted Inpatient Facility (M0855) is answered Nursing Home (3) and Reason(s) Patient was Admitted to Nursing Home (M0900) is answered as Respite.

**#2099 OASIS: Patient First and Last Name reversed on OASIS Report**

ISSUE: The first name and last name of the patient is reversed when printing the OASIS Report from the Cases Tab in Patient Info.

RESOLUTION: The order of the first and last name has been fixed to match M0040's captions.

**#2102 OASIS: OASIS Report Shows Incorrect Answer for M1000**

ISSUE: The OASIS Report shows '1' as the answer for M1000 when '2' was selected as the answer for M1000 in the OASIS, and vice versa.

RESOLUTION: The report was modified to show the correct answer for M1000.

**#2106 Eligibility: Workers Comp is now included as Medicare Secondary Payer status**

ISSUE: Workers Comp insurance was being included in the Other Insurance category when present in the Eligibility check from Vision Share. We have since learned that Workers Comp should be included in the Medicare Secondary Payer category instead of Other Insurance.

RESOLUTION: Included Workers Comp in MSP category.

**#2101: OASIS Validation: Expired DX Warning not working when User Diagnosis Code does not exactly match ICD9Code**

CORRECTION: The Diagnosis Expiration warnings now work correctly where the User Diagnosis Code does not exactly match the ICD9 Code.

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## **Enhancements and Feature Requests**

### **#2076 OASIS: Added HHRG Calculator for OASIS-C**

ENHANCEMENT: Added the HHRG for the new OASIS-C assessments. The calculator is utilized from within the OASIS-C assessment. The point summary and the groups are always available when editing the OASIS-C data. If the user would like to see only the questions that affect the HHRG calculation, then a checkbox in the lower right, "Only Show Casemix M00s", by the Save button must be checked.

### **#2086 OASIS: Questions accept 2-digit years**

ENHANCEMENT: Entering a 2-digit year, such as, "01/01/10", are now accepted as dates on the OASIS-C entry screen. The boxes for entering dates have been changed to accept 2-digit years for the OASIS Validation. When leaving a question set and returning, the date entered as a 2-digit year will then be shown with its full 4-digit year.

### **#2087 Support: Added a link to the Synergy Support Forum to the help menu**

ENHANCEMENT: Added a link to the HealthCare Synergy Support Forum ([support.healthcaresynergy.com](http://support.healthcaresynergy.com)) to the help menu. This is a quick way to get information about the HealthCare Assistant and answers to your questions.

## **Corrections**

### **#2077 Reports: Claims List Report Has No Observable Sorting Order**

ISSUE: The detailed section of the report is not sorted in any useful order.

RESOLUTION: The report was modified to sort by patient last name, first name and start date of claim.

### **#2078 Patient Info: Missing OASIS Option During Some Login Scenarios**

ISSUE: The OASIS option would be missing from the bottom button menu choices of the CASES tab if an agency logged into a HOSPICE agency and then logged into a home health agency without closing the HealthCare Assistant. If a user closed the application after leaving a HOSPICE agency and then reopened logging into a home health agency, no issue was noted.

RESOLUTION: The application was removing the OASIS option from a HOSPICE agency because no OASIS is collected in these agencies, but the OASIS option was not being restored to these button menus when a user logged into a home health agency. The OASIS menu option is now present when logging into a home health agency regardless of whether the application has been restarted or not.

#### **#2079 OASIS: Validation incorrectly produces error that DX Codes do not match the Plan of Care**

ISSUE: Some users are getting "The Diagnosis Codes do not match the corresponding codes in the Plan of Care." error even though they do match when attempting to validate an OASIS. This scenario happens if a user uses a Diagnosis Code where in the Diagnosis library, the User Code is different than the ICD9 Code. For Example, if you had a User Code of 428.0A and an ICD9 Code of 428.0.

RESOLUTION: The OASIS-C's Validation was modified to prevent this error from happening and is fixed in version 6.8.06.

Workaround: Create another Diagnosis Entry where the User Code and ICD9 Code are the same (for example: a User Code of 428.0 and an ICD9 Code of 428.0).

#### **#2080 OASIS: Validation does not check for unanswered M1324**

ISSUE: The Validation for OASIS C in the HealthCare Assistant does not give an error for an unanswered M1324 for RFAs 1,3,4,5 and 9. The rule was included in the Errata Sheet for OASIS-C Version 2.00 Specifications in November 2009.

RESOLUTION: The OASIS C Validation for M1324 will now give an error for M1324 under RFAs 1,3,4,5 and 9 that are not answered.

#### **#2081 OASIS: M1310, M1312, M1314 do not display 00.0 on Edit**

ISSUE: Saving the following questions M1310, M1312, M1314 with a value of 00.0 does not display 00.0 when the same OASIS is edited later. The questions will display empty boxes with single decimals inside, instead of showing the originally saved value of 00.0.

RESOLUTION: The boxes that display the values for M1310, M1312, M1314 have been fixed to format zero correctly as 00.0 so the OASIS may Validate.

#### **#2082 Insurance: Patient Insurance checks Use Patient Info**

ISSUE: When the patient insurance form was opened, the Use Patient Info and Use Patient Address would be checked even if the information entered was different than the patient information. Discovered that the order of checking these boxes was changing due the order of loading information when the form was displayed.

RESOLUTION: Corrected order of checking/un-checking these check boxes during the load process.

#### **#2083 Diagnosis: Corrected long descriptions for V58.61 and V58.62 in Add-In**

ISSUE: V58.61 and V58.62 have the words "Encounter for" at the beginning of the long description. Diagnosis Code manuals include "Encounter for" at the beginning of the description for V58, but this is not present for the more specific codes.

RESOLUTION: The long descriptions for V58.61 and V58.62 have been corrected in the Add-In. The long descriptions were also updated in the Diagnosis Library only if the Long Description was not previously modified by the agency.

#### **#2804 General: Intermittent Cannot Connect to Database message when posting visits corrected**

ISSUE: Users would periodically receive a "Cannot Connect to Database" message when posting caregiver visits. This was occurring when a new check was being made to potentially warn users of visits posted to a claim that had already been billed.

RESOLUTION: The process was changed to ensure the connection to the database is kept after such activity.

#### **#2088 OASIS: OASIS Summary Report Added for OASIS-C**

ISSUE: The OASIS Summary report shows Pre-OASIS-C questions with no data when printing for the OASIS-C assessments.

RESOLUTION: This report was not modified to handle OASIS-C before the release of 6.8. The OASIS Summary report will now print with data for OASIS-C Assessments.

#### **#2090 OASIS: OASIS Error Report - Patient Name in Header doesn't print for OASIS C**

ISSUE: Printing the OASIS Error Report in Patient Info does not show the Patient's Name on the report for OASIS C.

ENHANCEMENT: The report has been fixed to show the Patient's Name on the top of the report as seen when printing the Error Report for a previous version of OASIS.

#### **#2091 Patient Info: Financial Summary does not give Episode Amount until OASIS is Validated**

ISSUE: The process of saving the new OASIS format changed how the Episode Amount was calculated. The calculation for the Episode with an OASIS C would not occur until a claim is generated for the episode. HealthCare Assistant's saving of previous versions of OASIS was performing the Episode Amount calculation as soon as a HIPPS code was generated from the latest episode's OASIS.

RESOLUTION: Saving an OASIS C now calculates the Episode Amount when a HIPPS code has been generated. A claim no longer has to be made in order for an episode with an OASIS C to show an Episode Amount in the Financial Summary.

#### **#2092 OASIS: Oasis-C Grouper reporting warnings using Oasis B1 V1.60 M00 Values**

ISSUE: Oasis-C Grouper reports warnings using Oasis B1 V1.60 M00 Values.

RESOLUTION: Oasis-C Grouper reports warnings are now using Oasis-C M00 Values.

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## **Version 6.8.05**

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### **Enhancements and Feature Requests**

#### **#2068 OASIS: Oasis-C Validation adds Warnings for Expired Dx Codes**

ENHANCEMENT: The OASIS-C Validation will now warn users when expired Diagnosis codes are entered.

### **#2071 OASIS: Upgraded to the latest Home Health Gold Clinical Audits**

ENHANCEMENT: The latest release of the Home Health Gold Clinical Audits tool has been included. A registration code is still required to access this functionality and is available by calling (800) 479-6374. The latest DLL corrects/updates some inconsistencies between the Oasis 1.60 and the latest Oasis 2.00 Question Numbers.

## **Corrections**

### **#2067 OASIS: OASIS Report has multiple issues for questions M1034 and M1330**

ISSUE: Report does not show checkbox for M1034 when "Unknown" is answered. Report's text for M1330 for answers 01 and 02 are still for draft version of Oasis C. Report is missing Answer 03 for M1330.

RESOLUTION: The Report's questions M1034 and M1330 have been fixed to reflect the correct answers and text as when entering the OASIS C.

### **#2069 Auto Update: Addresses Windows security rights on file management and other auto update issues**

ISSUES: Unable to move files to server if user didn't have rights to the client distribution folder. When user had permission to copy files Windows security prevented running installation.

RESOLUTION: Before allowing the user to download updates, we ensure the user has permission to write to the client distribution site. Files are copied with target windows access permission, allowing all users to run the installation once successfully downloaded. There were several additional update issues that were addressed which should ease the update process.

### **#2070 OASIS: Validation errors incorrectly state that M1615 cannot be blank when M1610 is '01' and the RFA is 4 or 5**

ISSUE: When entering an OASIS-C with an RFA as 4 or 5 and M1610 = '01', the OASIS incorrectly displays a Validation Error indicating that if patient is incontinent then M1615 must be answered ('When does UI Occur?'). M1615 is not included in these RFAs.

RESOLUTION: We have corrected the validation rule to no longer give an error for RFA 4 and 5 as M1615 is not supposed to be answered for these RFAs.

### **#2072 Eligibility Checks: All Eligibility Checks Error out if checked on or after 01/01/2010**

ISSUE: Any eligibility checks performed after 01/01/2010 will result in a data error indicating that it was a bad eligibility request. The user is incorrectly instructed to verify the patient information even though the patient information is correct.

RESOLUTION: The issue was caused by a incorrectly formatted Group Control Number in the eligibility request. The Group Control Number has been corrected as well as any erroneous errors will be credited towards the agencies total available eligibility checks.

### **#2073 OASIS C: Private Insurance only for M0150 prevents Validation and Locking**

ISSUE: Medicare's validation rules for OASIS C states that answering M0150 as Private Insurance only is an error. However, this prevents the validation and locking of the OASIS in HealthCare Assistant. The error states "M0150: The patient's care is not paid by Medicare or Medicaid and the assessment will be rejected if it is submitted."

RESOLUTION: The rule pertains to Medicare's change of no longer accepting submissions of OASIS whose payment source is exclusively private insurance. In our application, we realize that this rule is not consistent with the needs of the user and have changed the error to be a warning. Changing the error to a warning will allow agencies to validate and lock the OASIS like in the previous versions of OASIS.

### **#2074 OASIS/Billing: RAP displays incorrect claim amount for high therapy episodes**

ISSUE: Episodes with high therapy projections would have a claim with amount as if the therapy was projected as low. This resulted from a change in how the OASIS data was stored in the application between Pre-OASIS-C assessments and the new storage technique for OASIS-C.

RESOLUTION: Corrected the HealthCare Assistant PPS Pricer to correctly calculate the claim amount regardless of the therapy amount projection for OASIS-C assessments. The affected claims are recalculated when upgrading to 6.8.05 to reflect the amount. Agencies may want to re-bill the RAPS for these affected claims if submitted prior to upgrading to 6.8.0.5.

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## **Version 6.8.04**

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### **Corrections**

#### **#2066 OASIS: Editing 1.60 OASIS receives error during the 1.6 to OASIS-C conversion Process**

RESOLUTION: Version 6.8.03 was not released forcing us to correct the issue and release version 6.8.04.

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## **Version 6.8.03**

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### **Enhancements and Feature Requests**

#### **#2060 OASIS: Translate OASIS-B1 V1.6 to OASIS-C V2.0**

ENHANCEMENT: Translate OASIS-B1 V1.6 that has an M0090 Information Date later than January 1, 2010 to OASIS-C V2.00.

### **Corrections**

#### **#2061 Installation: Report Engine Installations incomplete for 64-Bit OS Machines**

ISSUE: When upgrading to 6.8.02 or higher on 64-Bit OS machines, the report engine installations did not complete. When running the HealthCare Assistant, it would continuously prompt the user to run the Report Engine Installations and not allow them into the application.

RESOLUTION: We have modified the Report Engine installations to now properly install on 64-Bit OS machines.

#### **#2062 HealthCare SOS Compatibility with version 6.8.03 and higher**

ISSUE: The new OASIS-C functionality added to version 6.8.02 was not compatible with the HealthCare SOS interface.

RESOLUTION: We have found the issue and have corrected the compatibility with the HealthCare SOS interface.

#### **#2063 OASIS: Saving OASIS, shows "System could not connect to database." Error**

ISSUE: After Saving an OASIS, users receive a "System could not connect to database." message.

RESOLUTION: Users should no longer receive this error upon saving OASIS.

#### **#2064 OASIS: M1630 Incorrectly showing for RFA 9**

ISSUE: For RFA 9 on OASIS-C, M1630 (Ostomy) was incorrectly showing on the screen. Users received the correct validation error when answering though.

RESOLUTION: M1630 (Ostomy) is no longer shown on RFA 9 for OASIS-C

#### **#2065 OASIS: Switching RFA on Discharge OASIS sometimes causes application to crash**

ISSUE: Editing, then validating or saving an OASIS C for a Discharge after changing M0100 to 7,8,9 sometimes will cause the application to crash. A "Healthcare Assistant for Windows executable" message then displays warning of potentially lost information.

RESOLUTION: The generating of the OASIS Questions for the newly selected Assessment Reason has been fixed to no longer cause the application to crash.

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## **Version 6.8.02**

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### **Corrections**

#### **#2058 OASIS: Users without rights to View or Edit OASIS can view or edit an OASIS C**

ISSUE: If a user does not have rights to View or Edit an OASIS in the User File, they are still able to open, edit and save an OASIS C.

RESOLUTION: The process for opening and editing an OASIS C has been changed to adhere to the Rights of the User.

#### **#2059 Installation: Auto Distribution from Network not installing Report Components causing "Automation Error" when printing**

ISSUE: When the update is installed after a user is prompted to update, the new report components do not correctly install. If the user directly runs the setup.exe to install the application the report components do get installed correctly.

RESOLUTION: The install correctly installs the report components when the installation is run after the user is prompted to update.

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## **Version 6.8.01**

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### **Corrections**

#### **#2053 Reports: List of On-Hold Claims - Automation Error when attempting to print**

ISSUE: For agencies and users running Windows 2000, a "Variable uses an Automation type not supported in Visual Basic" Error would be shown when printing the List of On-Hold Claims report.

RESOLUTION: The report has been corrected to no longer show this error on machines running Windows 2000.

#### **#2054 OASIS: Manifestation Sequencing Error Only does not appear as Warning**

ISSUE: When an OASIS record has a "Manifestation Sequencing Only Error", the message does not appear in the error list. The Manifestation Sequencing Only Error is supposed to appear anytime a Manifestation diagnosis code is entered in M1022. Only if there was a "Clinical Domain Error" along with a Manifestation Sequencing Error would the correct messages appear in the error list.

RESOLUTION: The Manifestation Sequencing Only warning now appears correctly.

#### **#2055 OASIS: Making Corrections to Key fields or Non-key fields does not automatically open up the new OASIS-C for editing**

ISSUE: When making a correction to either key or non-key fields, the new OASIS does not automatically open up for editing. Instead the user must click on the edit button to make changes.

RESOLUTION: We have modified the application to automatically open the new OASIS record for editing when making corrections to an already submitted OASIS.

#### **#2056 OASIS: Text from Medicare's OASIS-C Questions do not match those in the HealthCare Assistant**

ISSUE: A couple questions do not match the text from Medicare's OASIS-C questions. M0032 Resumption of Care on OASIS Report states UK instead of NA - Not Applicable. M1024 Columns 3 and 4 state V- and E-Codes are allowed.

RESOLUTION: The text for these questions now matches the text from Medicare's OASIS-C questions. M0032 Resumption of Care Date now states "NA - Not Applicable" on the OASIS Report. Columns 3 and 4 for M1024 now state "V- or E-Codes NOT Allowed".

#### **#2057 Patient Info: Circumstance where Phone Numbers and SSN are not updated when switching between patients**

ISSUE: This condition occurs upon creating a new patient then selecting an existing patient from the Patient List. A prompt displays asking to save the new patient. Clicking "Yes" will save the new patient and load the patient selected from the Patient List. However, the phone numbers and SSN from the newly added patient will be still displayed on the patient that was just loaded.

RESOLUTION: Selecting an existing patient while saving a new patient now loads the correct phone numbers and SSN of the patient last selected.

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## **Version 6.8.00**

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### **Enhancements and Feature Requests**

#### **#2050: OASIS-C Released**

ENHANCEMENT: This is our initial Release of the new OASIS-C effective 1/1/2010. All Assessments with M0090 (Date Completed) on or after Jan. 1, 2010 must be collected and submitted in the new OASIS-C format. We will be releasing tutorials and how-to videos on the new functionality.

### **Corrections**

#### **#2047 Reports: List of On-Hold Claims - Incorrect Filter by coverage dates of 7/7/09**

ISSUE: The List of On-Hold Claims mysteriously chooses a 7/7/09 to 7/7/09 date range when the "Filter by coverage end date" option is checked and ignores the date range entered by the user.

RESOLUTION: The List of On-Hold Claims report options have been fixed to utilize the date range entered by the user when the "Filter by coverage end date" option is checked.

#### **#2048 Reports: PPS Financial Summary by HHRG - Total cost amount is being cut off**

ISSUE: The first couple of numbers in the Total Cost column do not show on the report if the amount is \$10,000 or greater.

RESOLUTION: The report was modified to show the whole amount of Total Cost.

**#2049 Patient File: Notes Tab - Unable to save changes made if no rights given to view Patient Insurance List**

ISSUE: A user is unable to save changes made to patient's notes if the user does not have rights to view the Patient Insurance List.

RESOLUTION: The Patient File - Notes tab was modified so a user is able to save changes made to the notes regardless of whether or not the user has rights to view the Patient Insurance List.

**#2051 OASIS: Missing Validations for M1320, M1400 and M2310**

ISSUE: OASIS-C Form validates OASIS based on the OASIS-C specifications mandated by CMS. OASIS-C Form is missing validations for M1320, M1400 and M2310.

RESOLUTION: We have modified the validations for OASIS-C to check for valid answers for M1320, M1400 and M2310.

**#2052 Patient Insurance: Editing insurance produces an error**

ISSUE: If a patient's gender is empty, editing the insurance will produce a "Conversion from Type DBNull to Integer is not valid" error.

RESOLUTION: The Patient Insurance tab was modified to handle editing of insurance with patient's gender being empty.