



eRAD RIS

RELEASE ANNOUNCEMENT

Build 4.2023.036

UPDATED JUNE 6, 2023

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PUBLICATION HISTORY

Revision	Author	Description
June 6, 2023	Kevin Brooks, Michelle Mahabir / Hilary Saltmarsh	<ul style="list-style-type: none"> ▪ Commercial release.

SUMMARY

Release Announcement

This release of eRAD RIS 4.2023.036 introduces messaging and calculation enhancements to Insurance Eligibility.

New Features

This release introduces the following features and enhancements:

Category	Redmine #	Subject	Description
Insurance Eligibility	33041	Enhanced user messaging when insurance out-of-pocket maximum is reached	This enhancement to Insurance Eligibility provides more visible messaging to the end user when the patient's out-of-pocket maximum has been reached via the Insurance Eligibility Tool Tip and Patient Insurance Policies dialog.
Insurance Eligibility	33186	Enhanced user warnings when a requested Location and Carrier combination is not allowed	This enhancement to Insurance Eligibility introduces the ability to create validation rules based on the most recent active eligibility response, such as allowing the scheduling workflow to either alert or prevent the user from scheduling when a Location and Carrier combination is not a valid selection.
Insurance Management	32649	TOS Payment: Configurable Order of Operations for applying Deductible/Copay based on Payer ID or Carrier	This enhancement to Insurance Management introduces the ability to configure the amount to collect calculation behavior to specify the order in which copay and deductible are applied.

SORTED BY CATEGORY AND REDMINE

Resolved Issues

This release resolves the following issues:

Category	Redmine #	Subject
Insurance Eligibility	33285	Resolved Insurance Eligibility issue that was causing the RIS UI to loop when Carrier switching via Warnings would conflict with Carrier switching via the AI.
Insurance Eligibility	33275	Resolved Insurance Eligibility issue that was causing the Eligibility Shield to present the incorrect icon for invalid insurance returns.

SORTED BY CATEGORY AND REDMINE

FEATURE DETAILS

Insurance Eligibility

Feature #33041 – Enhanced user messaging when insurance out-of-pocket maximum is reached

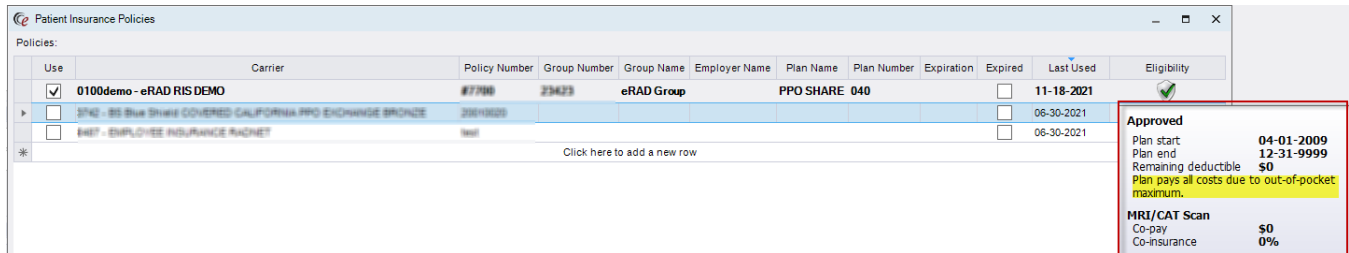
Summary

This enhancement to Insurance Eligibility provides more visible messaging to the end user when the patient’s out-of-pocket maximum has been reached via the Insurance Eligibility Tool Tip and Patient Insurance Policies dialog.

Feature Description

Previously, the Insurance Eligibility Details via the Manage Policies shield would have to be reviewed to locate information regarding the patient’s out-of-pocket maximum.

With this change, when the out-of-pocket maximum is reached a message will be displayed via the Eligibility shield on the tool tip and in the Patient Insurance Policies dialog.



Configuration Instructions

No System Administrator actions are necessary to enable this feature.

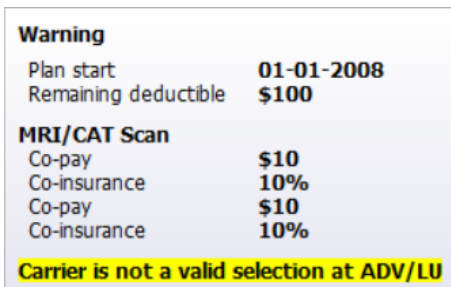
Feature #33186 – Enhanced user warnings when a requested Location and Carrier combination is not allowed

Summary

This enhancement to Insurance Eligibility introduces the ability to create validation rules based on the most recent active eligibility response, such as allowing the scheduling workflow to either alert or prevent the user from scheduling when a Location and Carrier combination is not a valid selection.

Background

Previously, although the scheduling workflow would alert users that a site and carrier combination was inappropriate, the desire was to have a more visible ("toast") message appear, or to prevent scheduling from proceeding altogether when they attempted to schedule.



EXISTING WARNINGS WERE NOT VISIBLE ENOUGH TO USERS.

Feature Description

With this change, a validation rule can now be created to either display a warning dialog message when scheduling, or display the dialog and prevent scheduling from proceeding whenever the Location and Carrier combination is not a valid selection.

The configuration section below provides the specifics for implementing this particular validation rule.

However, this is only one example of the possibilities that are now available with this change to validation rules.

Validation rules may now be created that are based on the most recent active eligibility response. A new `_active_flag` field was added to the `c_eligibility_response` table, which allows RIS administrators to properly write validation rules against the current eligibility response. Previous to this the validation rules against the eligibility response could have matched the response from when the screen was opened or before the most recent carrier change.

Now rules can be written in RIS to where:

```
AdditionalRowFilter: _active_flag = 'Y'
```

```
ExpressionFilter: warning like '%<text shown in the eligibility response warning>%'
```

Or just using the expression filter:

```
ExpressionFilter: warning like '%<text shown in the eligibility response warning>%'  
and _active_flag = 'Y'
```

Other valuation rules are possible. For example, a rule to warn the users with a popup before saving a screen that has an eligibility response of failed. Failed is any eligibility response with an `internal_status` of 2 or 4:

```
ExpressionFilter: internal_status in (2,4) and _active_flag = 'Y'
```

Configuration Instructions

System Administrators must complete the following actions to enable this feature:

Validation Rules

To create a validation rule that alerts the user earlier in the workflow when a Location and Carrier combination is not a valid selection:

- Create a validation rule with as follows:

▼ Data Mapping	
DataSetName	Visit
DataTableName	c_eligibility_response
FieldName	(ComputedExpression)
▼ General	
ActiveFlag	True
AlertType	PreventSave
IgnoreNulls	True
MessageTemplate	Carrier selection is not valid in the scheduled location.
Name	CarrierInvalidLocationAtSelection
Negated	True
PracticeCode	
ValidatorType	RangeValidator
▼ Misc	
EntLibValidator	
▼ Misc Parameters	
AdditionalRowFilter	_active_flag = 'Y'
DefaultValue	
DomainMembers	
RegexPattern	
▼ Range Parameters	
LowerBound	1
LowerBoundUnit	None
UpperBound	1111
UpperBoundUnit	None
▼ Status Filters	
IntendedUIAction	
OnOrAfterStatus	
▼ Table Expressions	
Expression	count(eligibility_request_key)
ExpressionFilter	warning like '%Carrier is not a valid selection at%' AND _active_flag = 'Y'

Insurance Management

Feature #32649 – TOS Payment: Configurable Order of Operations for applying Deductible/Copay based on Payer ID or Carrier

Summary

This enhancement to Insurance Management introduces the ability to configure the amount to collect calculation behavior to specify the order in which copay and deductible are applied.

Background

The order in which deductible and copay are applied impacts the calculation of the amount the patient owes.

Previously, when determining the Amount to Collect, the inconsistent order in which insurance payers process these components was causing variances when reporting on the time-of-service payments within RIS.

Feature Description

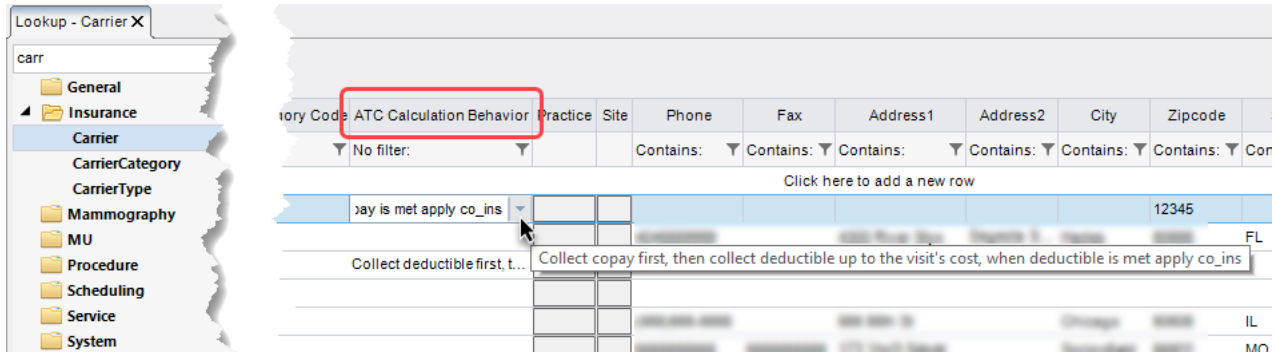
With these changes, the order of operations for the calculation of the Deductible and Copay components will be consistent. As a result, Time of Service reporting will become more accurate with fewer reportable variances.

A new `ATC_Calculation_Behavior` column has been added to the `AvailityPayers`, `EligiblePayers`, and `Carrier` lookup tables. Note the column functionally differs from Payer ID to Carrier.

Carrier

The `Carrier` lookup's new `ATC Calculation Behavior` column dropdown menu displays the following options:

- Collect copay first, then collect deductible up to the visit's cost, when deductible is met apply co-insurance
- Collect deductible first, then collect copay up to the visit's cost, when deductible is met apply co-insurance

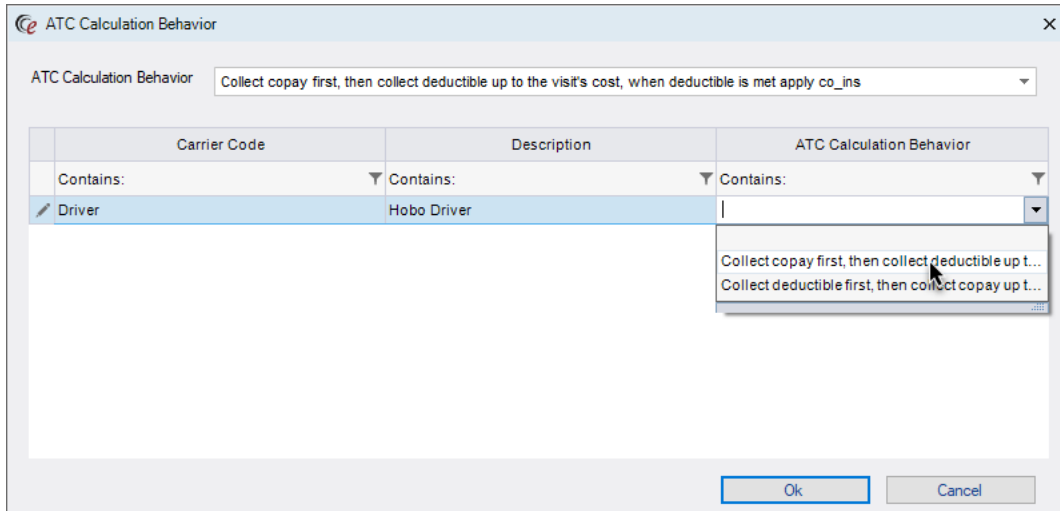


USE THE TOOLTIP TO REVIEW THE FULL TEXT OF THE FIELD.

Availity and Eligible Payers

The `AvailityPayers` and `EligiblePayers` lookup's new `ATC Calculation Behavior` column opens a dialog box with the same values as the Carrier table.

Additionally, the dialog box contains a grid displaying the Carriers associated to that particular Payer ID, and allowing the Amount to Collect configuration to be overridden on a per-carrier basis.



Configuration Instructions

System Administrators must complete the following actions to enable this feature:

RIS Client

Changes AvailityPayers, EligiblePayers & Carrier Lookup Tables

- Configure the `ATC Calculation Behavior` column and overrides as desired for all three tables.