Care Portal™ - April 2006 Updates

Dear Care Portal Clients,

There is an update available for Care Portal™. Below you will find a list of the projects describing the new features and corrections included in this release. Please contact our Support & Solution Center to schedule an appointment to have the update installed on your server at support@goldenrulesoftware.com or (800) 408-5503 ext 2.

We would also like to take this opportunity to update you on the Support process. In order for us to better serve your support needs in a timely, accountable manner, we recommend that you use our "Online Help Desk" to report problems and/or submit questions you have about the software. This approach allows us to respond quicker and track each issue through to their resolution. It also allows us to escalate issues, as needed, to our development team.

The "Online Help Desk" also allows you access to the "Care Portal Knowledgebase" for issues that have been resolved or questions about the use of Care Portal™. This will be very useful for you as a user, to logon and get answers to questions you might have about Care Portal™. The "Knowledgebase" is updated regularly as new questions and issues become available.

Thank you for continued support in Golden Rule Software, Inc. and Care Portal™.

The following information outlines the features / corrections included in your latest update:

ID	Summary
492	Resolved a display issue with Agency Patient ID field in ANALYSIS & REPORTING grids
958	Allow users to change the sequence of patient medications
966	Event Details Link no longer displays a blank screen from the 'Both Events' view in SCHEDULING calendar when clicking on a patient name
1024	Font size in SCHEDULING calendar is selectable by the user
1147	'View PDF' field formats in ANALYSIS & REPORTING - FINANCIAL - Monthly Billing Recap Detail have been updated to match grid field formats
1192	ANALYSIS & REPORTING - FINANCIAL - non-PPS payment grid - patient name field sort by [last], [first] [mi]
1200	add 'primary payer' field to ANALYSIS & REPORTING – Clinical - Patient Admissions

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1201	Adjust 'fit to print width' for calendar in SCHEDULING
1202	Create new reporting grid for supplies assigned to patients in ANALYSIS & REPORTING - OPERATIONAL – Patient Supplies
1206	WORKFLOW – non-PPS payment grid - patient name field sort by [last], [first] [mi]
1227	ANALYSIS & REPORTING – CLINICAL – Therapy Visits grid - M0825 therapy visit analysis to allow users to be pro-active in their episode visit management
1250	add new fields [2nd Mail/Request Date; 3rd Mail/Request Date; Fax Sent Date; Courier Delivery Date] to ANALYSIS & REPORTING – OPERATIONAL - Clinical Tracking grid
1274	create reporting grid for PPS billing/payment tracking in ANALYSIS & REPORTING-Financial-PPS Claim Tracking that contains the following fields/columns - patient name - agency ID - SOC date - episode # - episode start date - episode end date - HIPPS code - HHRG code - HHRG amount - RAP generate date - RAP paid date - RAP paid amount - RAP take-back date - RAP take-back amount - Final Claim generate date - Final Claim paid date - Final Claim paid amount
1301	add 'claim status' of CLEAN or PENDED for RAP and FINAL CLAIMs to ANALYSIS & REPORTING – OPERATIONAL – Patient Assessment Tracking grid
1307	Remove time from date of birth in 485 box 8, and prevent overflow problem
1372	ANALYSIS & REPORTING module: convert patient name format to [last] [suffix], [first] [mi] - [agency_ID]
1373	WORKFLOW module: convert patient name format to [last] [suffix], [first] [mi] - [agency_ID]
1381	FINANCIAL – Invoice Processing: Corrected the CLEAN CLAIM report so that erroneous duplicate lines no longer appear
1402	Ensure that scheduled activities are generated for first week of orders when order start day is the same as agency start of care week day.
1407	Prevent 485 box 13 diagnosis descriptions from wrapping to the next line

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1408	Remove extra spaces from medications in 485 report
1410	Prevent 485 box 11 diagnosis description from wrapping to the next line
1411	When a patient admission is deleted by the user, show patient status as Discharged, and allow user to create a new referral.
1418	ANALYSIS & REPORTING module: add feature to enable/disable merging of cells in column 1
1420	Allow user to create a Start of Care or Recert assessment without using "Override RFA Sequence" if a supplemental order has already been created for the cert period.
1424	Remove codes from orders treatment lookups
1425	Prevent end date/time from preceding start date/time in Visit Notes and Assessment SJ Generation forms
1426	Enlarge the edit box for treatments in the Orders Treatment Maintenance form to allow the user to see the full text
1428	Add patient HIC# to ANALYSIS & REPORTING – CLINICAL – Patient Census grid
1429	Improved efficiency of Patient Face Sheet report processing
1431	Filter out deleted and inactivated assessments from OBQI export process
1432	include 'print date' in report footer of POT/485
1433	Use new Verbal Start of Care date physician order date for orders copied from a previous cert period to a new cert period, and new cert start date for order start date.
1434	Prevent duplicate Service Journal transactions from being entered via assessments and visit notes.
1445	add 'reimbursement rate' and 'rate basis' to Worker Incurred Cost UI in ADMIN-Financial Maint-Worker Incurred Cost -- the rate basis should have options of 'fixed amount' or 'per WIC value' add a database function to calculate the reimbursement amount -- if rate basis is 'fixed' then reimbursement amount equals the reimbursement rate; if rate basis is 'per' then reimbursement amount equals the reimbursement rate times the worker incurred cost amount add the calculated value above to the GRAD row in patient demographics-visit notes-worker incurred costs UI add the calculated value to AAR-Operational-Worker Incurred Cost grid
1447	In SCHEDULING, worker calendar, suppress the patient ID
1450	Remove line breaks from certain diagnosis descriptions so they don't take more than one line on 485 report.
1451	Remove "Completed" checkbox from Clinical Tracking form and set record to Complete if Signed Date is specified.

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1452	Ensure that all text elements in Inactivation export records are set to upper case.
1456	Allow user to clear out discharge date and discharge reason if patient is discharged in error.
1458	Prevent the creation of an assessment or supplemental order whose date is more that two days after the cert end date.
1459	Increase amount of "Other" text users can enter and print on 485 report. This is for all the boxes that contain checkboxes options with an "Other..." field.
1465	Ensure that master payer/discipline/account number assignments are in place in order to reference results in Monthly Billing Recap Detail report.
1467	Ensure that Service Journals, when billed, are properly associated with invoice numbers when a claim is run so these transactions will show in Monthly Billing Recap Detail report.
1476	Ensure that non-exported inactivated assessments always appear in Create New Batch list so they can be exported.
1479	Eliminate duplicate rows per episode in ANALYSIS & REPORTING - FINANCIAL - Actual Visit Costs by episode grid
1491	Prevent scheduled activities from being generated prior to order start date when using Orders Schedule Maker form.
1497	Modify/Enhance SyncLog ANALYSIS & REPORTING grid by: 1) Add 'Ready for Review' column 2) Remove entries for sub-assessments (e.g., vital signs) 3) Swap Sync Time and Device Name columns so rows are grouped by Sync Time. 4) Format Assessment Date to strip out time (12:00)
1498	add county and CBSA columns to the ANALYSIS & REPORTING - FINANCIAL - Projected visit costs and Actual visit costs grids
1499	Allow users to view/edit an SJ transaction generated from the Oasis/POT/Suppl Order form after the SJ transaction has been generated.
1503	add 'directions to home' from patient demographics page to the patient face sheet report.
1524	Prevent duplicate Service Journal transactions from being entered via assessments.
1526	Add agency information to visit note report footer
1527	Ensure that all the frequencies from a previous assessment or supplemental order are carried forward into the new one.
1535	Restrict length of MSA code in patient demographics in order to prevent possible error when creating OASIS batches.
1543	Correct ANALYSIS & REPORTING – CLINICAL - Therapy Visits grid to show proper # of Therapy Visits

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1547	Ensure that cert periods without billable assessments are not included in the Exclude PPS Claims workflow grid.
1549	Modify overlapping visit note/service journal start/end time constraint so end time of first service journal can be same as start time of next service journal.
1550	Add the full text of the ADL/IADL question labels in Start of Care and Resumption of Care assessments.
1552	Added CarePortal release/version to main page
1555	Ensure that the Primary Diagnosis ANALYSIS & REPORTING grid returns results from the most recent assessment / POT / suppl order
1562	Prevent Patient Primary Diagnosis ANALYSIS & REPORTING grid from timing out and not displaying results
1579	Set primary key values when inserting new remittance- advice-related records through the Remittance Advice forms
1581	Prevent a Cert Period from being created for which Cert Start Date is greater than Discharge Date for the same admission
1583	Prevent foreign key constraint violation error when saving a Service Journal entry with custom worker-incurred cost code
1585	Display OASIS-related Service Journal transactions in CLINICAL Visit Notes form
1586	Suppress (hide) all Reason Code and Remark Code controls from the Remittance Advice forms
1588	Allow only one claim of the same type (RAP or Final Claim) to be generated per episode.
1591	add footer total row to Analysis & Reporting / Financial / Projected Visit Costs by Episode grid -- 'sum' totals for each discipline visit count, each discipline cost amount, the HHRG amount, total projected cost amount and profit/loss amount columns
1592	add footer total row to Analysis & Reporting / Financial / Actual Visit Costs by Episode grid -- 'sum' totals for each discipline visit count, each discipline cost amount, the HHRG amount, final claim amount, confirmed total cost amount and profit/loss amount columns
1594	Ensure that M0210 ICD9 lookups are pop-up instead of drop-down lookups. Drop-down lookups only show first 500 items.
1597	Add Billable and Payable checkboxes to Visit Notes form, along with non-billable and non-payable reason selection drop-downs.
1599	Prevent System.OverflowException when viewing/printing electronically imported Remittance Advice
1630	Prevent 'entry locked' message when trying to edit freq/ duration for first assessment within a cert period.
1631	Ensure that hospitals and skilled nursing facilities are included in referral source lookup

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1632	Ensure that newly entered charge rates show up in the charge rate maintenance list in Administration/Clinical Maintenance
1633	Prevent timeout when filtering for RAP types in ANALYSIS & REPORTING – OPERATIONAL – Patient Assessment Tracking grid
1634	Added a ANALYSIS & REPORTING – FINANCIAL – Remittance Advice Analysis and Reporting grid to display summary and detail information.
1637	Show proper therapy visit counts in ANALYSIS & REPORTING – CLINICAL - Therapy Visits
1638	Move Verbal Start of Care date to the left side of box 23 to allow more room for RN signature to the right where more space is available.
1639	Ensure that all Service Journal-related ANALYSIS & REPORTING grids include work-based SJ transactions, not just patient-based SJ transactions