Allscripts Homecare™ 15.3

WHAT’S NEW AND RELEASE NOTES

Learn more about Allscripts Homecare™ 15.3:

1. Access all of our documentation through the new Allscripts® Central Product Documentation Portal.
   a. Log into Allscripts Central.
   b. From the Allscripts® Central drop-down list, select Product Documentation. The Product Documentation Portal is displayed.
   c. Click the magnifying glass next to the search box. You are taken to the results page.
   d. In the right pane, click Switch to all Documents. This button is highlighted in gray, and is displayed under the documents with the PDF icon.
   e. In the left navigation pane, under PRODUCT, click More, and click Allscripts Homecare.
   f. In the left navigation pane, under VERSION, click 15.3. All of the 15.3 documentation is displayed.
   g. To narrow your results, from the left navigation pane, select a DOCUMENT TYPE:
      i. To access the release notes, from the left navigation pane, under DOCUMENT TYPE, click Release Notes.
      ii. To access User Guides, Setup Guides, and so on, under DOCUMENT TYPE, click Manuals and Guides.
      iii. To access Installation Guides and information, under DOCUMENT TYPE, click Installation Instructions.
      iv. To access Quick Reference Guides, under DOCUMENT TYPE, click Quick Reference or Quick Reference Guides.

   Note: To view all of the documentation posted for the release, do not select a value from Documentation Type.

2. Review the Help.
   To access Help, press F1 from within the application.

3. Subscribe to Allscripts Learning Center (ALC).
   Education Services Portal subscribers can access training on new features.

Important: If you upgrade Allscripts Homecare to a non-consecutive version, for example from version 15.1 to version 15.3 (and skip version 15.2), you must review the release notes for all intermediate versions. Application functionality is cumulative, and release notes pertain only to functionality specific to that version. Reviewing the release notes for all of the intermediate Allscripts Homecare releases helps you understand how functionality changes in previous versions might affect your environment.
This document is organized into three major groups:

- **NEW FEATURES**
- **RESOLVED ISSUES**
- **KNOWN ISSUES**

**NEW FEATURES**

The features are designed to assist in providing the best care for your patients and improve the efficiencies in your business. Many of the features were designed in partnership with you and other clients in Focus Groups, User Groups, surveys, and submitting product suggestions. We hear you, value your input as we design, and develop award-winning, user-centered solutions. Thank you!

**Important:** No changes are required to the configuration of interfaces to support compatibility with the Allscripts Homecare™ 15.3 release.

**Allscripts Homecare™ What’s New and Release Notes**

The release notes available through the application menu and in the Welcome dialog might not contain the latest updates. For the most recent version of this document, please review the release notes posted to the Allscripts Product Documentation Portal.

**Allscripts FollowMyHealth® integration with Allscripts Homecare™**

Allscripts Homecare™ and Allscripts FollowMyHealth® Patient Engagement Platform are integrated with this release.

Allscripts FollowMyHealth® Patient Engagement Platform is an EHR-agnostic solution that integrates seamlessly across your organization. FollowMyHealth® provides your patients with a single point of access to their providers and to their health information, regardless of the software installed at a particular office or provider.

FollowMyHealth® enables the patient to not only view their health information but to also securely send discrete data back to the EHR. This data is then automatically added back into the patient’s official medical record. The patient is also able to easily communicate with their care team, review results, make appointments, and so on, all on their own schedule.

When integrated with Allscripts FollowMyHealth®, patients whose health care providers use Allscripts Homecare can view information that is added to the EHR application from home health agencies to hospital settings to physician practices, all in 1 central place.

**Note:** Patients must have a valid email address entered in Patient > General > Basic > E-mail to receive the initial invitation for the portal, to receive other portal notifications or provider messages, and to send messages to their provider.

For more information about setting up this feature at your organization, contact your Allscripts FollowMyHealth® Sales representative.
Allscripts® Homecare Mobile (tablet)
The release notes for Allscripts® Homecare Mobile (tablet) release notes are posted with the other Allscripts Homecare™ documentation on the Allscripts Product Documentation Portal. To locate these release notes after you have accessed the documentation using the instructions in the beginning of this document, make the following selections from the left navigation pane:

- PRODUCT: Allscripts Homecare
- VERSION: Tablet 3.0

Allscripts® Mobile Homecare (phone)
The release notes for Allscripts® Mobile Homecare are posted with the other Allscripts Homecare™ documentation on the Allscripts Product Documentation Portal. To locate these release notes after you have accessed the documentation using the instructions in the beginning of this document, make the following selections from the left navigation pane:

- PRODUCT: Allscripts Homecare
- VERSION: Mobile 4.2

Assessment Release Notes
The Allscripts Homecare 15.3 What's New and Release Notes document contains a list of the assessment issues that were corrected for the release. For more details about what changed in the assessment templates, see the Assessment Release Notes which are posted with the other Allscripts Homecare™ documentation on the Allscripts Product Documentation Portal. To locate these release notes, after you have accessed the documentation using the instructions in the beginning of this document, make the following selections from the left navigation pane:

- PRODUCT: Allscripts Homecare
- VERSION: 15.3
- DOCUMENT TYPE: Assessments

Deleting and modifying Master Scheduling Records
If you delete the master scheduling record, the future events (that are not locked or started) generated by this master scheduling record will be deleted from the calendar.

If you modify the master scheduling record and specify the earlier Build Through Date for it, then the events generated after the new date will be deleted from the schedule.

For more information, see “Master Scheduling Window” in Allscripts Homecare Schedule User’s Guide.

Home Health Change Request (CR-9189) – Certifying Physician Statement
To comply with CR-9189, a Certifying Physician Statement tab has been added to Administration > Configuration > Organizations > Basic > Settings.
You can configure different statements based on the following criteria:

- Patient class (Home Health, Hospice, Other)
- Effective date
- Type of certification (initial certification or recertification)
- Form (generic or form 485)

**Hospice and other agencies:** Because CR-9189 is a Home Health regulation, the default text delivered in Allscripts Homecare is formulated for Home Health agencies. If your agency services hospice or “other” patients, you should configure the text for each of those patient classes to meet the needs of your organization. Alternately, to continue using the statements defined in Administration > Configuration > Business Units > Settings > Hospice Orders, when you first install or upgrade Allscripts Homecare, go to Administration > Configuration > Organization > Basic > Settings > Certifying Physician Statement, select Hospice or Other and set Effective Date on each certification and recertification statement to a date in the future. Until that date is reached, the prior functionality is used.

For more information, see “Organizations – Settings – Certifying Physician Statement Tab” in the Allscripts Homecare Administration User’s Guide or in the Help.

**Home Health Change Request (CR-9189) – Estimated Length of Service**

CR-9189 requires that the estimated length of service be included on all recertification orders for Home Health patients. To comply with this regulation, Allscripts Homecare has added an Estimated Length of Service grid to the Visit Frequency window (Patient > Clinical > Visit Frequency).

For information about entering the estimated length of service, see “Estimated Length of Service” and “Entering Estimated Length of Service for a Home Health Recertification” in the “Visit Frequency” section of the Allscripts Homecare Clinical User Guide or in the Help.

**Home Health Final Rule (CMS-1625-F)**

Allscripts Homecare™ 15.3 has been updated to help you manage the changes implemented in Home Health Final Rule CMS-1625-F, effective January 1, 2016:

1. **Administration > Configuration > PPS > Post-Refinement PPS Parameters:**

   A new tab with an Effective Date of 01-01-2016 is added on Administration > Configuration > PPS > Post Refinement PPS Parameters and populated with the new rates for Home Health agencies that submit quality data.

   - National Standard PPS Rate, Urban is updated to 2965.12.
   - National Standard PPS Rate, Rural is updated to 3054.07.
   - Non-Routine Supplies Factor, Urban is updated to 52.71.
   - Non-Routine Supplies Factor, Rural is updated to 54.29.
   - Remaining entries on the Post-Refinement PPS Parameters tab are unchanged from the 01-01-2015 values.
For more information about PPS parameters, see the “Administration > Configuration > PPS Reimbursement Setup” section in the Help.

2. **Administration > Configuration > PPS > PPS HHRG Case-Mix:**

A new line with an Effective Date of 01-01-2016 is added for each HHRG Code on **Administration > Configuration > PPS > PPS HHRG Case-Mix**. The parameters are updated to reflect the HHRG changes required to comply with the final rule.

For more information about PPS HHRG Case-Mix, see the “Administration > Configuration > PPS Reimbursement Setup” section in the Help.

3. **Per visit billing rates must be entered manually:**

Per visit billing rates are not staged automatically. Agencies must manually enter the new per discipline billing rates on **Administration > Financial > Billing Rates** with the January 1, 2016 effective date.

For detailed information about the revised per visit billing rates, go to [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1625-F.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1625-F.html).

Download and view the CY-2016-HH-PPS-wage-index.zip file.

For information about updating billing rates in the application, see the “Administration > Financial > Billing Rates” section in the Help.

4. **Updated grouper logic:**

Allscripts Homecare 15.3 uses Jan 2016 HH PPS Grouper Software (version 5116) from CMS to incorporate the grouper calculation updates required for assessments to comply with CMS-1625-F. The software includes the following changes:

- Code J95.850 is removed from primary awarding flagging.
- A new case-mix adjustment variables and scores table is incorporated.
- A new clinical and functional threshold table is incorporated.
- New initial encounter codes are added to the diagnosis groups and NRS groups, effective January 1, 2016.

5. **Administration > Financial > CBSA/MSA Codes:**

A new line with an effective date of 01-01-2016 is added on **Administration > Financial > CBSA/MSA Codes > Home Health Wage Indexes** for non-expired CBSA codes. The wage indexes are updated with the new Home Health wage index values effective January 1, 2016 according to the final rule.

Note: In 2015, transitional CBSA codes were implemented and are no longer applicable for Home Health agencies as of January 1, 2016. For agencies that are also Hospice agencies, these codes are in use until October 1, 2016 and so are not expired in the application. To use these codes you must add a status line in **Patient > General > Admissions & Status** with an effective date of 01-01-2016 for patients that are active on that date and include the correct CBSA code for 2016.

For more information about CBSA codes, see the “Administration > Financial > CBSA/MSA Codes” section in the Help.
Hospice Payment Reform (CMS-1629-F)

Beginning on January 1, 2016, the Center for Medicare and Medicaid Services (CMS) is implementing hospice payment reform for all hospice agencies. There are 2 primary components to this reform:

- **A service intensity add-on payment (SIA)**
  Agencies are reimbursed $9.84 for each hospice unit (or $39.37/hour) up to 4 hours per day for routine home care (RHC) services provided by registered nurses (RNs) or medical social workers (MSWs) during the last 7 days of a patient’s life.

- **Multiple payment rates for RHC**
  Agencies are reimbursed at a higher rate for RHC services during the first 60 days of a patient’s hospice admission.

To track the number of days that a patient has been receiving hospice care, Allscripts Homecare added a new **Patient Day Count** button at the bottom of the Admission & Status window. For more information about the SIA payment or the rates for RHC services, see “Hospice Payment Reform” in the Help. For information about the patient day count, see “Calculate Patient Day Count” in the Help.

To help agencies determine if their patients are eligible for SIA payments, Allscripts Homecare created 2 new reports:

- **Patient Day Count Report**
  Shows a list a patients and the number of days they have been receiving hospice care. For more information, see the “Patient Day Count Report” in the Help.

- **Service Intensity Add-On (SIA) Tracking Report**
  Shows a list of patients who are eligible for a SIA payment. For more information, see the “Service Intensity Add-On (SIA) Tracking Report” in the Help.

The following Allscripts Homecare reports have also been updated to reflect the SIA payment:

- Accounts Receivable
- AR by Billing Month
- Billing Register
- Revenue and Expense

This regulation also requires that all diagnoses are reported on claims, not just those related to terminal illnesses. Ensure that the **Report all terminal illness diagnoses** print variation is deselected for Medicare benefit claims. For more information about print variations, see the “UB-04 Form” in the Help.

**Note:** There are no new billing templates specific to hospice payment reform. If billing templates were updated for other issues included in 15.3, those are identified elsewhere in these release notes.
Installation/Upgrade

Important: Please ensure that you have reviewed the Allscripts Homecare Hardware and Software Requirements and Allscripts Homecare Installation Instructions before Allscripts Homecare installation or upgrade.

Allscripts Homecare supports upgrades from the following versions:

- 15.1, 15.1.1, 15.1.2
- 15.2

If upgrading from earlier versions, upgrade to one of the supported versions first, and then proceed with upgrading to 15.3. For more information, refer to the Allscripts Homecare Installation Instructions.

Important: Ensure that you synchronized all field devices and uploaded all data before the upgrade. The workstations must not be used again until the upgrade process is completed on the server and the client self-update process is finished.

For more information about these requirements, refer to Allscripts Homecare Hardware and Software Requirements.

Homecare Installer

If you install Homecare Mobile, Mobile Homecare, or Physician Portal, you need to enter the external DNS (Domain Name System) name of the host in the Host Name Setting dialog. This is an FQDN (Fully Qualified Domain Name) used for applications connecting from the Internet. In some cases, it may be different from the DNS name specified in the previous field of the dialog, for example, if the Server is accessed via the load balancer. For more information, see Allscripts Homecare Installation Instructions.

Homecare Mobile Tablet Requirements

For information on Homecare Mobile Tablet requirements, refer to the Allscripts Homecare Mobile Tablet Setup Guide or Hardware and Software Requirements.

Link security enhancement

As a security enhancement, configuration settings that are no longer used in the Link interface of Allscripts Homecare are removed from the Link configuration file.

Medication Invoices Import Utility

The Medication Invoices Import Utility has been updated; see the release notes and updated documentation which are posted with the other Allscripts Homecare™ documentation on the Allscripts Product Documentation Portal. To locate these documents, after you have accessed the Allscripts Homecare™ documentation using the instructions in the beginning of this document, in the Keywords box, enter Medication Invoices Import Utility, and click the magnifying glass.
New York Episodic Payment System (NY EPS) changes effective October 1, 2015

Allscripts Homecare™ has been updated to help you manage the changes to the New York episodic payment system (NY EPS) rates and HHRG (Home Health Reimbursement Grouper) parameters effective October 1, 2015.

The updates in the patch can be used for new episodes entered on or after October 1, 2015.

1. Administration > Configuration > NY CHHA EPS > NY CHHA EPS HHRG Case Mix:
   On Administration > Configuration > NY CHHA EPS > NY CHHA EPS HHRG Case Mix, a new line with an Effective Date of 10-01-2015 has been added for each HHRG Code. The parameters are updated to reflect the HHRG changes.

   Note: The application will not create a new line for the PRIA HHRG Code on 10-01-2015. Previous definitions will still be in effect. If necessary, you can add a new line manually for 10-01-2015.

   Important: If your organization configured Episodic Parameters information manually with an October 1, 2015 effective date before receiving this update, upgrading to Allscripts Homecare™ v15.2 Patch 3 will not overwrite those changes. Calculations will be based on the numbers provided by your organization and cannot be guaranteed.

   For more information about the NY CHHA EPS HHRG Case Mix, go to Administration > Configuration > New York CHHA EPS HHRG Case Mix Window in the Help.

   For detailed information about the case mix index changes, go to http://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_revised_base_price.htm.

2. Grouper calculation logic is changed:
   The revised grouper logic is added. Now, all ICD-10 template-based assessments will be calculated according to the new grouper logic.

   For detailed information about the grouper changes, go to http://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_medicaid_grouper_summary_13_base_year.htm.

3. Per discipline billing rates must be entered manually:
   Per discipline billing rates are not staged automatically. Agencies must manually enter the new per discipline billing rates on Administration > Financial > Billing Rates with the October 1, 2015 effective date.

   For detailed information about the per discipline billing rates, go to https://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_weighted_average_rates.htm.

4. Episodic parameters are staged with new values:
   The Episodic Parameters will be staged with new values using the effective date of 10-01-2015 for all EPS payers in:
   - Administration > Financial > Insurance Codes > Episodic Parameters tab
   - Administration > Financial > Insurance Company (if applicable to your organization)
• Wage Index is left blank. You must manually update Wage Index with the wage index applicable to the region where the agency is registered, as defined by the New York State Department of Labor. To find the correct new wage index for your region, go to http://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_region_wage_ind_factors.htm.

• If your organization configured Episodic Parameters for October 1, 2015 manually before receiving this update, upgrading to Allscripts Homecare v15.2 Patch 3 will not overwrite those changes. Calculations will be based on the numbers entered by your organization and cannot be guaranteed.

For more information about the Episodic Parameters tab, see “Insurance Codes – Episodic Parameters Tab” in the Help (Administration > Financial > Insurance Codes).

5. Agency action required:

5.1. For episodes that were entered using ICD-10 assessments on or after October 1, 2015, but before Allscripts Homecare 15.2 Patch 3 was applied, use the latest release of the Update HHRG & HIPPS Code Utility to recalculate the HHRG using the new grouper logic.

5.2. To identify any ICD-9 assessments that need to be recalculated with the new grouper scoring for an episode that started on or after October 1, 2015, run the new NY EPS query. This query will be delivered separately to ClientConnect and can be located in the Homecare product community under Queries > Billing & Financial.

To update the HHRG data for these assessments, you can do 1 of the following:

5.2.1. Enter a new ICD-10 assessment for the episode and reselect it’s ID on the proper line on the EPS Information tab of the Admissions & Status window (Patient > General > Admissions & Status).

5.2.2. Manually calculate and enter the new scores using the new grouper point scale, the updated grouper scoring module, and the updated rates.

To recalculate for the new values, complete the following steps:

5.2.2.1. Compare your entries in the assessment to the revised grouper point values. For details, go to http://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/medicaid_grouper_scoring_13_base_year.htm.

5.2.2.2. Determine your Clinical and Function group values. For details, go to http://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_medicaid_grouper_summary_13_base_year.htm.

5.2.2.3. Using your Clinical and Functional group values, determine your case mix index, outlier threshold, rate code, and rate. For details, go to http://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_revised_base_price.htm.

5.2.3. After the HHRG data is corrected, run the Recalculate Claims function (Administration > Maintenance > Recalculate Claims) to recalculate existing claims according to the new parameters. If there are closed claims that must be updated, go to Transactions > General > Episodic Claims Void and Replace.
Reassign Events window

The Reassign Events window now contains an Unassign option button, which enables you to unassign a resource from selected visits. If you select the Unassign radio button for Select Mode and then select at least one event, the Unassign button appears, and you can unassign a resource from one or more visits. For more information, see “Reassign Events Window” in Allscripts Homecare Schedule User’s Guide.

Selecting payer in Master Scheduling window

The Master Scheduling window (Schedule > Events) now contains a new IC (Insurance Code) column, where you can specify the payer for the master scheduling record. This payer also will be shown on the Recurring Master Schedule Report (Schedule > Reports or Reports > Scheduling). If you do not specify the payer, the primary one (as defined in Patient > General > Payers) will be assigned to the scheduled events. Please note that the selected payer should be active for the period that you want to generate events.

For more information, see “Master Scheduling Window” in Allscripts Homecare Schedule User’s Guide.

Showing Call Log When Deleting Events

When you delete an event, the Call Log window must be completed if Require Call Log When Changing Visits is selected in Administration > Configuration > Business Units > Settings > Scheduling. For more information, see “Logging Changes to the Events” in Allscripts Homecare Schedule User’s Guide.

RESOLVED ISSUES [top]

The items below are issues in Allscripts Homecare that have been resolved in this release.

837I 5010 Emdeon Commercial Home Health updates

To accommodate payers who require that the initial service date print instead of the admission date in FL 12 of the UB-04 form, the “Print first service date instead of Admit Date” print variation is added in the Locator 12 category of Administration > Financial > Insurance Codes > Print Variations. This print variation is enabled for Regular, PPS, Benefit, and Hybrid insurance types, and, if selected, negates the other print variations under the Locator 12 category.

Additionally, a new template was created to accommodate the “Print first service date instead of Admit Date” print variation. To use this print variation, ensure that you are using the 837I 5010 Emdeon Commercial Home Health Min 15.3.0 v1 billing template. (10018065)

ACE Activity Report

Previously, if you had more than 5,000 pages of the ACE (Automated Communication Engine) activity records, you could not preview the ACE Activity report. This is corrected. (05653769)
ACE not creating patient tasks

Previously, if you defined an ACE > Clinical Notes rule and created a new patient task with text in the Comment field, and then you created, updated, or deleted a clinical note that had more than 1,000 characters in the Note field, ACE did not create the patient task. This issue is resolved. (06404964)

ACE service stops sending emails in case of any SMTP error

Previously in Allscripts Homecare, if the Automated Communication Engine (ACE) was configured to send emails to multiple email addresses and the SMTP server returned an error for 1 of the email addresses, then emails were not sent to the remaining email addresses in the list. This issue is corrected. (10596543)

Accrual PPS Revenue Report

Previously, if services occurred after Acuity (on Patient > General > Admissions & Status) was changed from a PPS level to a non-PPS level for a discharged patient, those services were included on the Detail page of the Accrual PPS Revenue Report (Reports > Accrual Accounting > Accrual PPS Revenue) but not on the Summary page of the report. This issue is resolved, and only services provided prior to the date of the non-PPS acuity are included on both pages of the report.

Accrual Revenue Report

Previously, if you configured a general ledger definition (in Administration > Financial > General Ledger Definitions) to use the Billing Rate level for Per Diem details, and then recalculated accrual accounting (Administration > Maintenance > Recalculate Accrual Accounting) with the General Ledger Account Numbers option selected, the Billing Rate general ledger level was not linked to the Per Diem details on the Accrual Revenue Report (in Reports > Accrual Accounting > Accrual Revenue Report). The GL Summary page of the Accrual Revenue Report did not include the values defined for the Billing Rate level of the general ledger definition. This issue is resolved, and the correct values are displayed on the GL Summary page of the report. (10018463)

Additionally, the billing rate values defined in Administration > Financial > General Ledger Definitions are now correctly reported for the following accounting detail items in the Accrual Revenue Report, Accrual Expense Report, and Accrual Accounts Receivable Report:

Accrual Revenue Report
- Services
- Supplies
- DME
- Drugs
- Room and Board
- Room and Board ARC
- Continuous Care
- Per Diem

Accrual Expense Report
- Services
Supplies
DME
Drugs
Room and Board
Room and Board ARC

Accrual Accounts Receivable Report

Services
Supplies
DME
Drugs
Room and Board
Room and Board ARC
Continuous Care
Per Diem
CSP

Active Patient Report not displaying facility name
Previously, the Active Patients Report (in Reports > General) did not display the name of the facility where a patient was receiving treatment if that patient was in resumption status (ID required in Admission & Status). This issue is corrected. (01953733)

Activity Summary report not showing activities with 3-character codes
Previously, the Activity Summary report (Reports > General > Activity Summary) did not show activities (in Administration > General > Service Codes/Staff > Type: Activity) with 3-character codes. This issue is resolved, and now activities with both 3-character and 4-character codes are included in the Activity Summary report. (09205300)

Assessment Conversion service availability
Previously, the interval for checking the availability of the Assessment Conversion service was set to 15 seconds, causing performance issues in the application. This interval is now set to 10 minutes and the connection to SQL Server is reestablished in the application server if the connection fails. (10722273)

Assessment processing failed due to unprintable characters
Previously, assessment processing failed if, somewhere in the assessment, there was an unprintable character. This issue is corrected, and now, the assessment is processed without errors. (09374962)
Assessment report missing discharge and transfer information

Previously, assessment data from the Discharge/Transfer section was missing from the Assessment report (in Patient > Documents > Assessments) in the SN-Nursing C1\ICD9 v.9.1 template. This issue is corrected for the SN-Nursing C1\ICD9 v.15.1, SN-Nursing C1\ICD9 v.15.2, and SN-Nursing C1\ICD10 v.15.2 templates. (09357801)

Assessment Reservation Report generates error

Previously, the Assessment Reservation Report (in Reports > Field Use) generated an error when it was run with the individual patient option. This issue is resolved, and now the report is processed without errors. (08818548)

Assessment synchronization

Previously, after adding or deleting assessments in Field Mode and then synchronizing with Host Mode, all assessments were loaded instead of just the updated assessments, causing a performance issue. This issue is corrected, and now only the updated assessments are synchronized. (10762973)

Assessment templates not displaying care type descriptions

Previously, some assessment templates (PT with treatments) that included options for the type of assistance provided by a caregiver (speech language pathology, occupational therapy, physical therapy with or without treatment, or SN nursing) did not display the complete descriptions of those options. This issue is corrected. (09416553)

Availability of Discontinue All and Copy buttons in Patient > Clinical > Medications

Previously, the Discontinue All and Copy buttons in Patient > Clinical > Medications were always active, even if the operator’s access to the Medications screen was read-only. This is corrected, and now, the Discontinue All and Copy buttons are inactive for operators with the read-only access to the Medications screen. (05364914)

Beneficiary Notices option missing in assessments

Previously, the Beneficiary Notices option was missing under Care Management > Discharge Planning in the following assessments:

- Speech Language Pathology C1/ICD9 v9.1
- Occupational Therapy C1/ICD9 v9.1
- Physical Therapy C1/ICD9 v9.1 and Physical Therapy with Treatment C1/ICD9 v9.1

This issue is corrected. (09338248)
Bereavement letters configuration not functioning correctly

Previously, after a patient's death bereavement letters (in Reports > Letters > Bereavement Mailing) were sent to recipients who were identified as either Primary Care Giver (PCG) or Next Of Kin (NOK) in Patient > General > Family & Friends even if the PCG & NOK option was selected in the Recipient field (in Administration > Configuration > Business Units > Settings > Bereavement). This issue is corrected, and now bereavement letters are sent only to those recipients who have both the PCG and NOK options selected in the Family & Friends window. (00914789)

Billing with 837I 5010 Kentucky Medicaid Home Health templates

Kentucky Medicaid Home Health claims now require that the type of bill (locator 4 on the UB-04 form) is reported as 321 as opposed 331. Updated templates were released prior to 15.3 and can be used to report 321 on the claim. Go to Administration > Financial > Claim Constants to enter the correct code. (10782412)

Billing with 837I 5010 Michigan (MI) Medicaid Hospice templates

Due to new requirements, effective January 1, 2016, the Hospice Certification Date (occurrence code 27) must be reported on each hospice claim. The date of death must also be reported if you report an applicable value in occurrence code 55.

To accommodate these changes, Allscripts Homecare has enabled the Print Occurrence Code ‘55’ with date of death print variation under the Locator 31 – Occurrence Code ‘55’ category (in Administration > Financial > Insurance Codes > Print Variations) for the Michigan Medicaid specialized hospice template:

Billing with 837I 5010 Iowa Medicaid Hospice templates

Due to new requirements effective July 1, 2015, the Hospice Certification Date (occurrence code 27) must be reported on each hospice claim.

To accommodate these changes, Allscripts Homecare has enabled the following print variations (in Administration > Financial > Insurance Codes > Print Variations) for the Iowa Medicaid specialized hospice template:

Locator 31 – Occurrence Code ‘27’

- Print "27" occurrence code with admit date
- Print "27" occurrence code with most recent recert date
- Print "27" occurrence code + recert date when "included" in claim/NOE
(10130513)

California State Report excludes bereavement visits

Previously, the California State Report (Reports > General > State Reports > California State > Visits by Staff During the Reporting Year sub-report) did not include bereavement visits that occurred after the date of death. This issue is resolved, and now, the report correctly shows bereavement visits that occur on or after a patient's death. (1684629)
**Can Access Call Log privilege**

Previously, the Allscripts Homecare application did not offer a permission to control access to the call log screen. Now, a ‘Can Access Call Log’ privilege is added to Administration > Configuration > Operators > Privileges: [Scope] > Scheduler, which allows you to access the Call Log window (in Schedule > Events) and view the information on it. If access to this privilege is denied, you cannot view the call log information.

**Important:** After an upgrade to Allscripts Homecare 15.3, this privilege is selected by default only if the ‘Scheduler’ privilege is selected for the operator. If not, then you can select the ‘Can Access Call Log’ privilege manually.

(10107816)

**Claim Alerts report**

Previously, if you ran the Claim Alerts report (in Reports > Financial), and selected filtering by branches on the Consolidation tab, then the report did not display any data for Hospice claims without DPC services. This is corrected, and now, the report shows data for Hospice claims without DPC services consolidated by branches. (10226289)

**Claim Alert report generates error**

Previously, if you ran the Claim Alert report (in Reports > Financial > Claim Alert) for multiple, but not all, business units on the Consolidation tab, the report generated an error. This issue is corrected, and the report loads correctly for any combination of business units. (09432238)

**Client backup running on each login**

After installing 15.2 Patch 2, a backup process was run every time you attempted to log into the client, regardless of the number of times you had logged in previously. This issue is resolved, and now the backup is run only once. (10621780)

**Clinical Monitoring Report not showing clinical monitoring information**

Previously, the Clinical Monitoring Report (in Report > Clinical) did not show clinical monitoring information, such as pain, nausea, anxiety, or shortness of breath, if the business unit did not use the team level. This issue is corrected. (01601660)

**Cost Reimbursement Reports calculate services as per-visit**

Previously, if a discipline cost rate (Administration > Clinical > Disciplines > Cost Rate) was set to per-hour (Administration > Financial > Staff Cost Rates > Basis = H), the costs for services on the Cost Reimbursement - Services and the Cost Reimbursement - Services and Supplies Reports (Reports > Episodic) were calculated as per visit. This issue is resolved, and if the cost rate is defined as per hour, the service costs are correctly calculated. (09583733)
Cost Reimbursement Reports show duplicate service records and costs

Previously, service records and costs were duplicated on the Cost Reimbursement - Services and the Cost Reimbursement - Services and Supplies Reports (in Reports > Episodic). This issue is corrected, and now, the reports show the correct visit and cost amounts. (03733024)

Creating the unassigned contractor services in the Schedule component

Previously, if you created the contractor service without assigning a resource, an error message appeared. This is corrected, and now, you can create an unassigned contractor service without errors. (10456713)

Deleting inactive patient tasks

Previously, inactive clinical and non-clinical tasks were not deleted from Patient > Clinical > Patient Tasks depending on the settings defined in Administration > Configuration > Business Units > Settings > Task/Alert Management. This issue is corrected. (02606635)

Deleting Services after the Discharge Date

Previously, if a prospect patient became discharged without being admitted, then all services after the date of discharge were not deleted from the Schedule component. This issue is corrected. (10201145)

Demographic value description incorrect

Previously, if the Active column was cleared for a patient demographic value (in Administration > General > Demographics) after being selected, then an internal ID, instead of a description of that value, was displayed on that patient's Demographics screen (Patient > General > Demographics). This issue is corrected. (05784270)

Demographic values displaying as number string

Previously, patient demographic values (in Patient > General > Demographics) were displayed as numeric strings, instead of the specified text, if the demographic was deactivated in Administration > General > Demographics. This issue is resolved, and the specified text displays correctly, even if the demographic is deactivated. (05285844)

Detailed Respiratory/Nutritional page incorrect, and Neurological Disorders and Respiratory/Nutritional tabs show duplicate information

Previously, the Neurological Disorders and Respiratory/Nutritional tabs in the SN Hospice and Inpatient Unit assessments showed duplicate information. Now, the duplicated information is removed from the Neurological Disorders and Respiratory/Nutritional tabs, and the following sections remain on these tabs:

Neurological Disorders tab:

- Comatose patient
- Related conditions
• Supporting factors
• Supporting information

**Respiratory/Nutritional tab:**

• Critically Impaired Respiratory Function
• Nutrition
• Comments

In addition, in the SN Hospice and Inpatient Unit assessments, the label name of the Detailed Respiratory/Nutritional page (in General > Cancer/Non-Cancer Diagnosis Worksheets) is changed to Respiratory/Nutritional. *(09875964)*

**Deyta Home Health CAHPS query updates**

The Deyta Home Health CAHPS query has been updated to comply with the current specification. *(10696067)*

**Diagnosis description does not populate**

Previously, if you searched for and selected a diagnosis that had duplicate descriptions, the description of that diagnosis did not populate on the main screen in Patient > General > Diagnosis. Now, when you select this kind of diagnosis, the description populates as expected. *(10356358)*

**Diagnosis window not displaying Inpatient Diagnoses section**

Previously, medical and inpatient diagnoses were not displayed in the M1010/1011 and M1016/1017 OASIS questions in host mode. This issue is corrected, and now, a patient's medical and inpatient diagnoses are displayed in M1010/1011 and M1016/1017 OASIS questions in host and field modes and in Allscripts Homecare Mobile. *(09588502)*

**Diagnostics table showing error**

Previously, if an Automated Communication Engine (ACE) rule was triggered after a patient admission was deleted, errors were logged in the Diagnostics table. This issue is corrected.

**Discharge Summary Report displays incorrect information**

Previously, the Discharge Summary Report (in Reports > Clinical > Discharge Summary) showed summary information from a previous assessment. This issue is resolved, and the report correctly displays the current discharge assessment. *(02320437)*

**Discipline Visit Analysis Report**

Previously, when running the Discipline Visit Analysis report with the ‘Multi-level payer consolidation’ option selected, the Patient Class filter was ignored and services for all patients for all classes were displayed on the report. This issue is resolved, and when you use the class filter together with the ‘Multi-level payer consolidation’ option, only services for patients with the selected classes are displayed on the report.
Discipline Visit Analysis Report generates error with For All Closed Claim Cycles and Select Individual Claim Cycles options

Previously, an error was generated if you accessed the For All Closed Claim Cycles or Select Individual Claim Cycles options in the Discipline Visit Analysis Report (in Reports > Financial). Now, the report correctly displays information for these options.

Discipline Visit Analysis Report shows incorrect supply amounts

Previously, incorrect amounts were shown for supplies when you previewed the Discipline Visit Analysis Report (Reports > Financial) in For All Closed Claim Cycles mode. This issue is corrected, and now, correct amounts are shown for supplies in all modes. (03845176)

Displaying the Baseline Signature

Previously, in some cases depending on the time of the first signature capture, the baseline signature was not displayed in the following places in the application:

- Event window
- TimeLog
- Reports > General > Patient Signature
- Patient > Documents > Patient Signature

This issue is corrected. (09123638, 10066389)

Displaying the ‘Maximum visit frequency’ error

Previously, the ‘Maximum visit frequency is exceeded’ error was displayed if there were multiple overlapping visit frequencies (in Patient > Clinical > Visit Frequency). This issue is corrected, and now, the error message displays only if all visit frequencies exceed the number of planned visits by the specific discipline. (05236935)

Encounter Date Report display issue

Previously, if the Face to Face document was created in Pending state and later changed to Signed after discharging (D/C Deceased) the patient, the Encounter Date Report did not display any values and created additional unnecessary rows in the Encounter Information tab (Patient > Admissions & Status). This issue is corrected, and now, the patient Face to Face details are displayed correctly in all 3 Face to Face statuses (Pending / Signed / Rejected). (1684124)

EPS claims deferred incorrectly

Previously, electronic claims for EPS payers that spanned multiple admissions and that had certification orders signed for both admissions were incorrectly deferred when the 'Defer claims when orders are not signed' option was selected for the payer (in Administration > Financial > Insurance Codes > EMC). This issue is corrected. (10151827)
Error message displaying for resource type with a space in the Code field

Previously, if you added a new resource type (in Administration > General > Resource Type > General) and entered two letters in the Code field, and then removed the first letter, the first letter was replaced by a space. When selecting this resource type in the HCPCS Code for Specific Resource Type (in Administration > Financial > Billing Rates > Rates), an error message was displayed. This issue is corrected, and now after removing the first letter in the Code field for a new resource type, the space is not inserted and no error message is displayed. (09978038)

Error message displaying operator that was not saved

Previously, after adding a new operator in Administration > Configuration > Operators > Basic, and not saving the data, and then changing the domain identity for this operator, an error was displayed. This issue is corrected, and now a warning message is displayed asking you to save the operator data before changing the domain identity. For more information, see "Change Domain Identity Window" in the Allscripts Homecare Administration User’s Guide or in Help. (05109843)

Events verified in Field Mode are not shown as verified

Previously, if you created an event in the Schedule component in Host Mode and verified this event in Field Mode, this event was not shown as verified in the Schedule component in either Field or Host Modes (the Verified check box was clear and inactive in the Event window). However, this event was shown as verified in TimeLog. This issue is corrected, and now, events verified in Field Mode are shown as verified in Host Mode as well. (10162033)

Event Viewer and database error

Previously, if two clinical notes for the same patient were added to the database at the same time, the system generated two elements with the same ID, did not add those elements to the same dictionary, and the following error message displayed: An item with the same key has already been. This issue is corrected. (08288140)

Exporting patient diagnosis codes using Home Health CAHPS query

Previously, if you ran the Home Health CAHPS query in September 2015 and patients had ICD-9 primary diagnosis codes, but an ICD-10 primary diagnoses was inserted in October, the ICD-9 diagnosis codes were not included in the export. This issue is corrected. (10679722)

Falls Risk Assessment score not printing

Previously, the Falls Risk Assessment Score for SN Hospice assessments did not print on assessment documents (Patients > Documents > Assessments). This issue is corrected. (01544328)

FastMM error when exiting from Allscripts Homecare

Previously, after you exited out of the Allscripts Homecare application, you might have seen a message about an error related to FastMM. This issue is corrected. (10146310)
Field Mode: Visit Frequency synchronization
Previously, if you added, modified, or deleted the visit frequency (Patient > Clinical) in Field Mode, then the Admission & Status window, instead of the Visit Frequency window, was shown on the synchronization dialog. This issue is corrected. (09489032)

Future Self Update Download Statistics report missing releases
Previously, releases 9.0 and 15.1 were not available in the Allscripts Homecare Version box on Reports > System > Future Self Update Download Statistics. This issue is corrected. (10136788)

HCFA-485/487 order truncates long diagnoses
Previously, if the description of the principal diagnosis or surgical procedure consisted of more than 30 characters, the text in their respective boxes (11 and 12) on HCFA-487 orders (in Orders > Order run) was truncated. This issue is corrected, and now for descriptions longer than 30 characters, "See 487" prints in these boxes, and the full descriptions print on page 485 (the addendum). (09398162)

HIS form not including NPI and CCN numbers
Previously, if a patient was admitted in field mode and pay control was not present, the generated HIS form did not include the National Provider Identifier (NPI) or CMS Certification Number (CCN) numbers. Now, if pay control is entered in host mode, the NPI and CCN numbers are automatically populated on the generated HIS forms. (04780184)

HL7 enhanced security
As a security enhancement, proxy network credentials for the HL7 interface are now accessible only through the configuration service.

Home Health CAHPS Deyta Query
Previously, an error occurred during the installation of the stored procedure for the Home Health CAHPS Deyta query. This issue is corrected, and now, the Home Health CAHPS Deyta query is installed without errors. (10175480)

Hospice and IPU templates not allowing date of last battery check
Previously, in the Hospice and IPU templates (in Patient > Clinical > Assessment), you could not enter a date for the last battery change or check (in Symptom Management > Cardiovascular > Pacemaker tab). This issue is corrected for the 15.3 versions of the Hospice and IPU templates. (09450162)

Imported medications and MAR not synchronizing for medication deletion
Previously, if you deleted a medication in field mode (in Patient > Clinical > Medications) and added it to a MAR in host mode (in Patient > Clinical > MAR), an error occurred, and synchronization was not performed. This issue is corrected. (10066398)
Imported medications and MAR not synchronizing for medication denial

Previously, if you denied an imported medication (in Patient > Clinical > Medications) in field mode and added it to a MAR in host mode (in Patient > Clinical > MAR), an error occurred, and synchronization was not performed. This issue is corrected. (10066417)

Inactive patients displaying in Quick Sync Window

Previously, if you searched for prospective patients in the Quick Sync window in field mode (by selecting Prospects in the drop-down list), inactive patients were displayed if. This issue is corrected. (09577639)

Inbound HL7 Message Processing validation error

Previously, after admitting a new patient (in Patient > General > Admissions & Status) or adding a new procedure (in Patient > General > Diagnoses), and then validating inbound HL7 messages with a new procedure of the A04, A31, or A08 type (in Interface > HL7 > Inbound HL7 Message Processing), the "(1.) Column 'START_ORDER_ID' does not belong to table PTC_DIAGNOSIS_SURGICAL" validation error message displayed. This issue is corrected. (10029850)

Incomplete Continuing Symptom Management section appears complete

Previously, the Continuing Symptom Management section of a Hospice Assessment (in the Discharge/Transfer Summary) appeared complete (indicated by a full blue circle), even though required comments were not entered. This issue is resolved so that the Continuing Symptom Management section is marked as complete only when text is entered in the Comments section. (08714507)

Incorrect alignment of the scroll bar on the left pane of the Assessments window

Previously, after opening an assessment with a long name, the horizontal scroll bar on the left pane of the Assessments window was aligned at the middle. The issue is corrected, and now, if an assessment with a long name is opened, for example, Physical Therapy with Treatment C1/ICD9 v9.1, the horizontal scroll bar on the left pane of the Assessments window is aligned left. (09574278)

Incorrect value calculated in the Consolidated Patient Statistics report

Previously, after generating the Consolidated Patient Statistics report in Reports > General, the value in the Average Daily Census field was not calculated correctly. This issue is corrected. (08555698)

Incorrect value displaying for B and H clinical notes

Previously, the Sign Date was displayed instead of the Provided Date (in Patient > Documents > Certificate of Terminal Illness and Patient > Documents > Charts/Clinical Notes) for the Clinical Notes with the B - CTI Brief Narrative Statement and H - HO Face-to-Face Encounter Use Codes. This issue is corrected. (09308042)
Length of string errors for Allscripts Link

Previously, when patient appointments were sent through Link Telephony, if there were more than 500 interventions associated with the appointments to be sent at one time, an error could cause the transaction tracking data to not be saved into the database. This might have caused telephony appointments to be re-sent or telephony appointments to have failed to send. Error messages would have been displayed in the Windows Event Viewer stating "The length of the string value exceeds the length configured in the mapping/parameter." This issue is corrected. (10638013)

MAR confirmation window displaying again after cancellation

Previously, if you wanted to confirm an imported medication (Patient > Clinical > Imported Medications) in an active medication authorization record (MAR) for a patient but clicked Cancel in the confirmation window, and then you modified the medication, the confirmation window displayed again for the cancelled medication. This issue is corrected. (10066392)

MAR not displaying changes across simultaneous sessions

Previously, if two operators were working on a MAR (in Patient > Clinical > MAR) for the same patient and one operator saved his or her changes, the changed data was not updated in the MAR window for the other operator. For example, if an operator created and activated a new patient MAR, and a second operator deactivated that MAR, the first operator would not see that the MAR had been deactivated, even after refreshing the MAR. Additionally, the Deactivate MAR, Delete MAR, and Document buttons were still displayed in the first operator’s MAR window. This issue is corrected, and now, MAR changes are updated in real-time. (10066385)

MAR not reverting changes or saving

Previously, if you added a new medical authorization record (MAR) in Patient > Clinical and then reverted the changes by pressing F8, a warning message displayed that the record index is out of range, and the MAR did not save. This issue is corrected, and you can now revert changes by pressing F8. (10066409)

Medication Evaluation tab disabled in pediatric assessments

Previously, the Medication Evaluation tab in some pediatric assessments (Assessments > Pediatric Assessments) was disabled. The tab is now enabled, and the fields on the tab can be completed. (09470839)

Multiple active addresses can be entered

Previously, if a patient's Basic screen was open on two machines, active addresses could be entered on both machines, causing that patient to appear twice. This issue is corrected. (01836584)

MSP Tracking Report does not populate Matching Key field

Previously, the Matching Key field was left blank on the MSP Tracking Report if patients were discharged within 5 days of their admission date. This issue is corrected, and now, the matching key is properly displayed in the Matching Key field. (01679187)
My Tasks window opening slowly

Previously, in some cases, opening the **My Tasks** window (in **Alerts and Tasks > General**) took longer than expected. This was related to simultaneous diagnosis validations that caused performance issues. This issue is corrected, and now, the My Tasks window opens without delay. *(10717523)*

NOE Alert is not printing the correct notice type

Previously, if a patient was discharged with the Transfer Out check box selected in **Administration > General > Patient Status Codes**, the notice type B was printed in **Reports > Hospice > NOE Alert**. This issue is corrected, and now the notice type B is not printed in the NOE Alert report if the Transfer Out check box is selected. *(09918616)*

Numeric Pain option missing in assessments

Previously, the Numeric Pain, 0-10 (see locations) option was missing under **General Systems Review > Pain Evaluation > See Pain Assessment Scales** in the following assessments:

- Speech Language Pathology C1/ICD9 and Speech Language Pathology C1/ICD10
- Occupational Therapy C1/ICD9 and Occupational Therapy C1/ICD10
- Physical Therapy C1/ICD9 and Physical Therapy C1/ICD10
- Physical Therapy with Treatment C1/ICD9 and Physical Therapy with Treatment C1/ICD10

This issue is corrected. *(09390213)*

OASIS assessment warning message

Previously, after validating an OASIS assessment in **Patient > Clinical > Assessments > Validate Assessment**, a warning message stating "Warning: Episode timing (M0110) must be answered early or late (current answer is NA) in order to generate PPS data for this assessment" was displayed when the following conditions were met:

- Patient had an OASIS assessment with the Reason for Assessment (RFA) set to 3 - Resumption of care (after inpatient stay) or 5 - Other follow-up (full assessment due to major changes).
  -and-
- M0110 had NA option selected.
  -and-
- M0150 had 2 - Medicare (HMO/managed care/Advantage plan) option selected.

This was a warning only and did not affect the final validation of the assessment. However, this issue is corrected and now, the warning is not displayed. *(08733454)*
OASIS Export record did not contain SUBM_HIPPS_VERSION value

Previously, after exporting an OASIS assessment (in Transactions > General > OASIS Export) with the Reason for Assessment (RFA) set to 1, 3, 4, or 5 and SUBM_HIPPS_CODE left blank, a warning message was received from Centers of Medicare & Medicaid Services (CMS) because the exported record did not contain SUBM_HIPPS_VERSION value and instead of version a caret (^) was shown. This issue is corrected, and now SUBM_HIPPS_VERSION displays the version value. (09933012)

OASIS Export record should not contain SUBM_HIPPS_CODE information

Previously, after exporting a completed OASIS assessment (in Transactions > General > OASIS Export), the exported record contained SUBM_HIPPS_CODE information if the following conditions were met:

- In Allscripts Homecare Mobile, patient had a completed OASIS assessment with the Reason for Assessment (RFA) 1, 3, 4, or 5 that had NA option selected in M0110 or M2200.
- Fee-for-Service (FFS) payer was selected for this patient (FFS payer is defined in Administration > Financial > Insurance Codes > Billing Rules or in Administration > Financial > Insurance Companies > Billing Rules).

Because Centers of Medicare & Medicaid Services (CMS) should validate SUBM_HIPPS_CODE information, CMS might reject this assessment. This issue is corrected, and now the exported record contains no information in SUBM_HIPPS_CODE.

Orders Audit Report shows duplicate orders

Previously, the Orders Audit Report (in Reports > Clinical) displayed duplicate orders if a patient was admitted and died on the same day with Hospice class. This issue is corrected. (09689835)

Orders printing and deleting correction

Previously, when one user printed an order in Orders > General > Order Run, and at the same time another user deleted this order from Order Run, the unlinked order became unavailable for further processing. This issue is corrected, and now such orders are not marked as printed, and a warning message notifies you that the order was removed from print by another user and that it can be reprocessed. (05566842)

Outbound telephony messages cause out-of-memory error

Previously, when processing outbound telephony messages, the Allscripts Homecare Services service used excessive amounts of memory and ultimately stopped running. This issue is corrected. (10667724)
Outbound telephony services might be interrupted after changing patient status in Allscripts Homecare Mobile

When a patient had a transferred to a facility status, and Allscripts Homecare Mobile (tablet) was used to change the patient to another status without a facility association, then the patient status data might be stored incorrectly. The Link and Telephony services might stop working during processing and sending the patient messages. This issue is corrected. (10785065)

Patient age is incorrect for deceased patients

Previously, if a patient was declared deceased at the time of discharge, that patient's age was calculated according to the current date (instead of the date of death) in the Care Plan, Discharge Summary, Face Sheet, and MAR windows (in Patient > Documents) and in the On-Call Summary window (in Reports > Clinical). This issue is corrected.

Patient age is incorrect in Basic tab and Discharge Summary documents

Previously, a patient's age (in Patient > Basic) was calculated according to the discharge date, instead of the current date, and the age displayed incorrectly in the Basic tab and Discharge Summary documents. This issue is corrected, and now, the correct patient age is displayed in both the Basic tab and Discharge Summary documents. (04719003)

Patient Care Contacts not displaying doctors without phone numbers

Previously, medical doctors who were patient contacts but who did not have work or cellular phone numbers listed did not display in the Patient Care Contacts window (Patient > General > Family & Friends). This issue is corrected, and doctors are now identified in the Patient Care Contacts window.

Patient date of birth deleted and synced with no errors

Previously, when a patient’s date of birth was deleted or left blank (in Patient > General > Basic) in field mode, the application successfully saved and synced the patient data with host mode. Additionally, when you returned to host mode, the patient’s date of birth was missing. This issue is corrected, and now, a runtime message displays if you try to save or sync patient information without the patient's date of birth entered. (10117901)

Patient diagnoses have Related Diagnoses option

Previously, if you searched for a patient diagnosis, the search process could take a long time because of the large amount of data that the system was processing. Now, when you search for a patient diagnosis, related diagnoses are better classified, improving application performance and enabling you to specify related diagnoses for a patient. (10822400)

Patient diagnoses inactivated incorrectly

Previously, due to an issue in Allscripts Terminology Platform (ATP), patient diagnoses were improperly inactivated. Asterisks were displayed next to the diagnosis description in Patient > General > Diagnosis. This issue is corrected. (10569713)
Patient Module window not resizing

Previously, if you opened either Therapy Treatments or Visit Notes (from Patient > Documents), along with the patient workflow, the Therapy Treatments or Visit Notes window displayed in restore mode (a smaller window), and the patient workflow displayed in maximum mode. The issue is corrected, and now the patient workflow and the Therapy Treatments and Visit Notes windows open in maximum mode. (08592716)

Patient status not updated when patient is discharged

Previously, patient status was not updated correctly when a patient was discharged (in Patient > General > Admissions & Status) and, on the same day, you hovered over that patient's name to view the discharge date. This issue is corrected. (08831324)

Patient tasks not displaying

Previously, after changing the status of a patient task from 'Completed' to 'In Progress' (in Patient > General > Patient Tasks), patient tasks were not displayed after processing in the My Day > My Tasks section and Alerts and Tasks > General > My Tasks. This issue is corrected, and now, patient tasks are properly displayed, regardless of their status. (01824028)

Payer information in Home Health CAHPS accounting exports not populating

Previously, payer information was not populated in the export file because of incorrect pointer keys for some assessments. The pointer keys are updated and this issue is corrected. (10580455)

Payroll report values incorrect

Previously, if you ran a payroll report (in Reports > Financial > Pay Rates Calculator > Payroll) for individual or multiple resources, the total values were not correct. This issue is resolved. (10181036)

Pay Source Status column is not automatically updated

Previously, the Pay Source Status column was not automatically updated with the setting defined in the Use drop-down list in Administration > Financial > Insurance Codes if the Charity payer was selected in Patient > General > Payers. This issue is corrected, and now if Charity is selected as the payer, the usage setting is automatically updated in the Pay Source Status column. (09983430)

Payers window: Value in 'From' column of Pay Control section disappearing

Previously, in the Pay Control section of the Payers window (in Patient > General > Payers), after you selected a value in the 'From' column and pressed Enter or added a new row manually, the value you selected in 'From' disappeared. This issue has been corrected, and the value entered in 'From' remains as expected. (05483000)
Peds #01-10 assessments missing the "Score 0 (No pain)" option

Previously, the "Score 0 (No pain)" option was missing in Physical Exam > Pain > Infant/Child Pain Assessment in Peds #01-10 assessment templates. This issue is corrected, and now, all scores (0-4) are automatically calculated and displayed in the Total Score for Pain box based on the corresponding answers. Also, the Legend box has been added under the Infant/Child Pain Assessment section and contains the list of the following scores with the descriptions:

- 0 - No pain
- 1 - Slight pain
- 2 - Moderate pain
- 3 - Severe pain
- 4 - Worst pain possible. (10528849)

Predictive Modeling evaluation error

Previously in Allscripts Homecare Mobile, after running Predictive Modeling from the Assessments screen, the functionality might fail or cause incorrect predictive modeling results if several users were running it simultaneously for the first time after starting the Tablet backend service.

Also, if an ACE condition rule with predictive modeling was configured in Administration > Configuration > ACE > Configure Rule, the condition rule might fail or cause incorrect functioning of the rule if the corresponding data was changed for several patients simultaneously for the first time after starting the ACE service. This issue is corrected.

Preview Report shows inactive and active patients

Previously, if you selected the All Active Patients option (in Reports > Field Use > Assessment Reservation), the report populated active as well as inactive (discharged or deceased) patients. This issue is corrected. (08888080)

Query Module and Revision History Reports cannot be opened

Previously, technical operators that were created by the Allscripts Client Support Login Utility could not open Query Module and Revision History reports. This issue is corrected, and Query Module and Revision History reports are available for technical operators. (09161298)

Queued Supplemental Orders displaying incorrectly

Previously, for patients with prospect admission status (in Patient > General > Admissions & Status), Queued Supplemental Orders were not generated in the database, but were displayed in Patient > Documents > View Orders even though the Allow pre-admission orders check box was not selected in Administration > Configuration > Business Units > Settings > Orders Settings. This issue is corrected, and now if the Allow pre-admission orders check box is not selected, then the Queued Supplemental Orders for prospect patients are not displayed in Patient > Documents > View Orders. (05846144)
Recalculate error

Previously, in Administration > Maintenance, an error was displayed if you ran Recalculate Accrual Accounting or Recalculate Authorizations for All Patients if the All Patients option and at least one other additional option on the window were selected. This issue is now resolved, and no errors are generated. (10060234)

Reconciled count and cost incorrect on contract invoices

Previously, the reconciled count and cost in contract invoices (in Transactions > General > Contract Invoices) were calculated incorrectly (the number of saves instead of the true count) if entries in the invoices were marked as Verified, the cost marked as Confirmed, and you selected and cleared the Reconciled column. This issue is corrected, and now, the reconciled count and cost are calculated correctly. (1684607)

Releases missing from Future Self Update Download Statistics report

Previously, releases 9.0 and 15.1 were not available for selection from the Allscripts Homecare Version box on Reports > System > Future Self Update Download Statistics. This issue is corrected. (10136788)

Renaming No Mailings to Mailings

The No Mailings check box has been renamed to Mailings in Resource > General > Address & Phones. Now, if the Mailings check box is selected, then this resource can receive mailings. And if the Mailings check box is cleared, then this resource cannot receive mailings. The Mailings check box is selected by default. For more information, see "Managing Resource's Addresses" in Help. (01941739)

Reporting Services Manager Utility

Previously, the Reporting Services Manager utility configured the Reporting Services URL only with the short DNS name of its host. This issue is corrected, and now, if the Reporting Services host server has the fully qualified DNS name, the Reporting Services Manager utility includes this name to the Reporting Services URL. (10201144)

Reports not resized when opened

Previously, some reports, for example Open Orders or Medication List, displayed as fully maximized when opened. But when you tried to open other reports, such as Therapy Treatments, Medi-Cal TAR Report, or Visit Notes, any previously opened reports resized to the top left corner. For example, if you opened the Therapy Treatments report and clicked on the Open Order or the Medication List tab, all 3 windows were resized to the top left corner. This issue is corrected, and now, these reports now open fully maximized. (09819063)
Resource demographics not displaying default values

Previously, the resource demographics defined as default (in Administration > General > Demographics > Resources) did not display the selected default demographics in Resource > General > Demographics. This issue is corrected, and now the selected default demographics are properly displayed. (09890509)

Revenue and Expense Report shows incorrect hospice day count

Previously, if room and board details included ARC rate amounts (Administration > Financial > Billing Rates > Other tab), the Detail page of the Revenue and Expense report (Reports > Financial > Revenue and Expense) showed 0 Hospice days (in the Visits/Days column) instead of the correct number. This issue is corrected. (08987932)

Revision History performance issues

Previously, opening the Revision History Log Panel (in Patient > Help > Show Revision History) or the Revision History Report (in Reports > Security Management > Revision History) could take a long time when a large amount of data was loading. This issue is corrected. (10763110)

Revision History scalability improved

Database changes were made to reduce number of locks in Revision History functionality and reflect the Revision History changes to the user sooner. (10763237)

Save button is enabled

Previously, the Save button on the main toolbar was enabled when, in field mode, you saved a completed assessment and then clicked Cancel when the electronic signature was displayed, thus deleting the assessment. This issue is corrected, and now, the Save button on the main toolbar is unavailable after you delete a new assessment. (09819052)

Saving the 'Proof of Possession' setting in Configuration Service

Previously, the 'Proof of Possession' setting in Configuration Service value was not retained during the Homecare upgrade but reverted to the default value. This is corrected. (10638645)

Services Summary Report not displaying 3-character service codes

Previously, if you selected only Activity Code Criteria (in Reports > General > Services Summary), the Services Summary Report did not display service codes with 3 characters. This issue is corrected, and now, the report displays service codes properly, regardless of options that you select. (07418185)

Schedule error displays for future-dated visits

Previously, if you created a patient visit with a future date, the following message displayed: "The visit for [patient_code] [patient_name] appears to be complete. Should it be marked as Verified?" This logic is incorrect and should present a visit verification message only for completed visits. This issue is corrected, and now, this message is not displayed if a visit is scheduled in the future. (10212743)
Scheduler not generating warning message with Don't Match condition

Previously, if a resource was set to “Don’t Match” for a specific patient and then assigned to that patient, a warning was not generated. This issue is corrected, and now, a warning message is displayed when you are in patient mode of the Scheduler module and a "Don’t Match" condition is identified. (10263145)

Simultaneous future self update download sessions permitted setting

Previously, when the Simultaneous future self update download sessions permitted setting was set to 1 (on the Self Update tab of the Allscripts Homecare Server Settings window), more than 1 client could simultaneously download Allscripts Homecare updates. This issue is resolved, and now, only the number of clients specified by the setting can simultaneously download the updates. However, since this fix involves the pre-deployment process, the fix will not be available until a pre-deployment package is released in a subsequent version of Allscripts Homecare. (09162039)

SN-Hospice assessment template not supporting options for Is the Hospice Aide following the Care Plan? box

Previously, in the SN-Hospice version 8.2 assessment template, you could not select more than 1 item in the Is the Hospice Aide following the Care Plan? box (in Hospice > Supervision > Supervision > Aide Supervision). This issue is corrected in the 15.3 version of the template. (08634555)

Sorting the Medications list

In the previous release, when you sorted the Medications list (in Patient > Clinical > Medications) by clicking the up or down arrows to the right of the list, or by using the column sort option, an “Edit Medication Options” message was displayed, even if the only change to the medication was to the sort order. When the new sort order was saved, the application discontinued the existing medication order and created a duplicate medication with a new start date. The new medication was generated under the name of the user who sorted the medication. This issue is resolved and, now, the edit message is not displayed and sorting the list is not recorded as a medication change. (10340553)

Text procedure conversion for a patient with the defined Dx Group

Previously, an error message appeared when free text procedure was converted in the Patient > General > Diagnoses > Procedures tab for a patient having the defined diagnoses groups. This issue has been corrected, and now, the converted ICD records can be saved without errors. (09819112)

The Time field in Admissions & Status not prefilled with data from Allscripts Homecare Mobile

Previously, if the Require Time Entry check box was selected for a particular patient status code, for example for the "Admitted" status (in Administration > General > Patient Status Codes), after adding this status for a patient (in Allscripts Homecare Mobile > Admission & Status), the Time field in Patient > General > Admissions & Status was not prefilled with the time entered in Allscripts Homecare Mobile. This issue is corrected. (10029840)
The "Telemonitoring Program" title cut in the Discharge Summary report

Previously, after discharging a patient that had completed SN-Nursing C1/ICD9 v15.2 or SN-Nursing C1/ICD10 v15.2 assessments with the Reason for Assessment (RFA) set to Initial visit and then generating the Discharge Summary report (in Patient > Documents or in Reports > Clinical) the "Telemonitoring Program" title was cut. This issue is corrected, and now the full "Telemonitoring Program" title is displayed in the Discharge Summary report.

Therapy Utilization (PPS) Report not calculating visits

Previously, if you generated a report for projected, scheduled, and actual physical, speech, and occupational therapy visits versus projected therapy visits from OASIS M2200, the number of projected visits was not always accurately calculated (in Reports > Episodic > Therapy Utilization (PPS)). This issue is corrected, and the number of projected visits for each discipline is calculated, according to the values in Patient > Clinical > Visit Frequency, as (the number of high visits x the number of scheduled weeks) + the number of PRN visits during the patient’s certification period. (08859102)

TimeLog changes saved without warning

Previously, when you navigated to a different date after changing TimeLog information for any resource (in Transactions > General > TimeLog), the TimeLog data changes were automatically saved without displaying a message asking you to save the changes. This issue is corrected, and a message is now displayed asking you to confirm that you want to save the changes made in TimeLog before you move to a different date or to another resource. (08809349)

TimeLog totals not calculated correctly

Previously, if a service code was configured with the Exclusion Indicator set to "Exclude from Conflict checking and Activity’s Productivity calculations" (in Administration > General > Service Codes/Staff) was added to the TimeLog (in Transactions > General > TimeLog), that service code was not included in the totals displayed in Items, Total, Direct, Indirect, Travel, Miles, or Cash beneath the table of services on the TimeLog window. This issue is corrected, and now, the totals are adjusted correctly. (03542673)

Unable to view deleted inbound patient messages

Previously, an error message was displayed when you tried to view a list of deleted inbound CCD messages from the Interface > Receive Messages > Deleted Patient Messages window. Inbound patient messages are deleted and moved to this list when they are attached to a patient. This has been corrected and messages that have been attached to patients can now be viewed on this window.

Using the Copy Week functionality in the Schedule component

Previously, if you used the Copy Week functionality (in the Schedule component) and the week included both patient and staff services, you could not copy only the staff activities without copying patient services as well. This is corrected. (08923090)
View Patient Lists not displaying active patients

Previously, if a patient had multiple admission, discharge, and readmission cases in Patient > General > Admissions & Status in both Host and Field Modes, after readmitting this patient in Host Mode, and then synchronizing previous admission and discharge data from Field to Host Modes, this patient was not displayed in Patient > File > View Patient Lists, even though the patient was active. This issue is corrected. (09971052)

Viewing suppressed NOE information in Accumulated NOEs

To verify that a NOE was suppressed on a claim, complete the following steps:

1. Go to Claims > Process > Accumulated NOEs. The EMC file, which contains all accumulated NOEs, prints automatically.
2. Click Close to return to the Accumulated NOEs window.
3. Click Generate to generate the corresponding NOEs for claims.

The generated NOE Register report opens and lists all the generated and suppressed NOEs.

Important: The Suppress NOE check box must be selected in Administration > General > Patient Status Codes for the applicable patient status code.

For more information, see "Processing Accumulated NOEs" in Help. (09888326)

VIP patients cannot be accessed

Previously, operators could not access VIP patients in specified business units (in Administration > Configuration > Operators > Patient Access > VIP), even if privileges were granted, if the default business unit did not have privileges to access VIP patients. This issue is corrected. (05502324)

Visit Frequency calculation

Previously, if you selected the ‘Based on Visit Frequency Start Date’ calculation for a month (in Administration > Configuration > Business Units > Settings > Clinical Miscellaneous), the calculation logic did not work correctly. As a result, when a second Visit Frequency record was added, its start date was automatically defined as the first day of the next month. This issue is corrected, and now, the start date of a second Visit Frequency record is defined as the day after the end date of the previous Visit Frequency record. (03790109)

Visit Frequency report displaying incorrect patient names

Previously, the Visit Frequency Report (Reports > Clinical) displayed incorrect patient names for PRN visits. This issue is corrected. (04381800)

KNOWN ISSUES [top]

The items below are issues in Allscripts Homecare. Workarounds are included, if available.
**Installation and Upgrade**

During the Allscripts Homecare installation or upgrade, the following message might appear: “Allscripts Homecare Server Setup has stopped working”. To proceed with the installation, just close the message box.

**Revision History Log**

If you restore the Allscripts Homecare databases from a backup, the revision history log (Patient > Help > Show Revision History) does not work because settings that are required for the revision history log do not recover after the restore. Contact Allscripts Homecare Support for assistance.

**Stopping Services during upgrade**

In some cases, you might experience the issue with stopping the Allscripts Homecare Link and Allscripts Homecare Service Windows services on Allscripts Homecare 9.0 and 9.1. During upgrade to 15.1, if the mentioned services cannot be stopped, please cancel the upgrade process and restart your computer.

**SMTP Server**

If the user who changes SMTP Server in Administration > Configuration > Organizations > Basic > Settings > Basic does not have the Windows administrator privileges to access the Server as Windows user, the updates to the SMTP Server cannot be changed. This may happen on Windows Vista, Windows Server 2008, or Windows 7 when UAC is turned.