



V10 Additions & Changes

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June 11, 2008

- For two decades, ECLIPSE has created seamless integration with other software using DDE. This Microsoft technology now causes ECLIPSE (and many other programs that use DDE) to appear to “freeze” during data export. A new configuration option allows a specific DDE message to be suppressed. Select **System** or **Workstation** from the **File | Utilities | Configuration** menu. On the **Import/Export/Email** tab, check the *DDE: Suppress DDE broadcast messages during export* option.

June 10, 2008

- The **Inventory** tab for each CPT code now stores a “reorder” amount.
- A new inventory report on the **Reports** menu appears under the new **Inventory** heading. It coalesces inventory items where the *Ordered from* fields match into individual order forms. These can optionally be checked & printed.
- NPI related changes for ANSI Institutional electronic billing.

June 6, 2008

- Changes made 6/4/2008 could affect CMS 1500 forms by duplicating information from box 33a in box 33b.

June 4, 2008

- *User defined index: sort key* overrides are no longer attached to bills to ensure that remittance information can be imported back into ECLIPSE.
- Template based forms printed from the ledger’s Print dialog EHR tab didn’t retrieve form fields prior to printing.
- When creating a patient’s SOAP note, the *Review the last SOAP* option from the **I want to...** button menu allows you to review your last SOAP entries w/o retrieving them individually. A **Copy** button has been added to allow you to copy selected/highlighted text & paste it into your current note. *Don’t forget that you can easily duplicate the current note directly from the EHR tab with randomization.*
- After changes made 5/18/2008, the assigned facility wasn’t appearing on electronic “print capture” billing which used the 08/05 CMS form.
- CMS 08/05 1500 form (printed & electronic print capture): Various changes to boxes 17a, 24j, and 33b to handle payers with requirements outside CMS guidelines for 5/23/2008 mandate.
- The Payer **Electronic Claims** tab has a new checkbox to allow inclusion of employer ID’s or social security #’s in ANSI claim file past the CMS 5/23/2008 deadline: *Add EIN and/or SS# as secondary ID’s.*

May 29, 2008

- Updated various reports which display phone #'s to automatically locate valid phone #'s. Thus, if the home & work fields are empty, but a cell # has been entered, a report such as Trace Patient Visits will now display the cell phone # rather than leaving this area blank.
- Added data filter to locate Group ID#.

May 28, 2008

- *In 2007, CMS mandated that legacy ID#'s be eliminated entirely by 5/23/2008.* In order to ensure a seamless transition, this date was built into ECLIPSE. Unfortunately, it appears some carriers have ignored the mandate and still want legacy ID#'s to appear along with the NPI. This update contains a configuration override to allow that. If you need to generate legacy ID#'s:
 - Select **System** from the **File | Utilities | Configuration** menu.
 - Under **Basic options**, scroll to the last checkbox labeled *Restore legacy ID#'s to pre 5/23/2008 CMS NPI mandate (override at payer level)*.
 - Check the box. Your bills will now be generated in the same manner as they had been prior to 5/23/2008.
 - **If/As necessary**, you can then turn this behavior off for individual payers. Payers can be accessed by selecting **Database Tables** from the **File** menu and then selecting **Payers** from the list. On the Printed Claim Options tab for the payer, mark the checkbox labeled *Print NPI only. Override CMS deadline*.
- Updated ASCII data export options to include balances over 120 days.

May 18, 2008

- Case based facility assignments could be lost by following a specific & fixed set of steps. This has been corrected.

May 15 2008

- Fixed *Last Visit Date* filter added 5/8/2008.
- While investigating a separate issue, we've managed to add an enhancement that can significantly improve performance. In order to maximize the improvement, reindex your files at some point (it is not necessary to do it immediately) after loading this update: Select **Rebuild selected file / indexes** from the **File | Utilities | Repair** menu. Press the **Mark All** button. Then press **Rebuild Indexes**. *This operation is best performed on the same computer your data resides when you are the only user.*

May 8, 2008

- Added new **CurrentUser** variable to allow form letters & templates to be "signed" by the currently logged-in user.
- Added functionality to the *Last Visit Date* filter. The Detail2 column now allows you to optionally exclude patients with future appointments.
- When a patient's current condition is displayed & you press the **Next Condition** button on her **Condition** tab, you are prompted to create a new condition & potentially copy information from the current condition. You will now be separately prompted to copy authorizations too. *Though this feature has been requested by multiple clients, authorizations are tied to a specific diagnosis and are generally not meant to carry forward to a new condition.*

May 3, 2008

- Added functionality to *Appointment* filters. This filter now defaults to active appointments only. A new checkbox allows you to optionally include cancelled and/or rescheduled appointments as well.
- Updated ANSI 837 electronic billing to use payer overrides that favor using SS# before the provider's EIN.
- Updated ANSI 837 electronic billing for PR.

April 25, 2008

- Fixed a problem with text messaging that resulted in a "message too short" error.
- Enforced checking for Medicaid ID#'s during ANSI 837 billing.
- On the patient's **Ledger** tab, the *Patient Paid & Payer Paid* columns are calculated "on the fly." For performance reasons, assumptions were made that line-item payments would never be credited to future services. This has been updated.

April 23, 2008

- Fixed scheduler issue with displayed hints on the **By Provider** grid.

April 17, 2008

- UB04 changes for IA Medicaid.
- IL Medicaid HFS 1443 form changes to field 12.

April 16, 2008

- IL Medicaid HFS 1443 form: fixed printing problem.
- Added icons to views introduced 4/14/2008.

April 14, 2008

- A new view has been added to the **Bills** grid on the patient's **Ledger** tab. Right click your mouse on a specific bill & select *View services & attached line items for selected bill* to view a popup dialog.
 - This view displays a tree with the services & payments attached to the bill. The display is in chronological order.
 - Line item credits applied to each service appear in sub-trees under the assigned service. If these credits are associated with a payer, the payer appears as yet another sub-tree under the credit.
 - Line item credits are separately totaled as either payments or adjustments. If you use the *Expected reimbursement* field for the associated office code, the expected amount is displayed as well.
 - Buttons to expand or collapse all the nodes simultaneously are also provided.

April 10, 2008

- Added IL Medicaid form HFS 1443. TPL related fields are not printed. Required fields have been filled out as per the HFS handbook.

April 7, 2008

- Send TXT messages to patients. Right click any patient appointment in the scheduler to send a text message...
 - You must have internet access and your configuration must be setup as it would be to send bulk email. *See the 7/5/2007 README entry for additional information.*
 - For best (and usually immediate) performance, you should select the patient's carrier & assign it (e.g. Cingular, Verizon, T-Mobile, etc) on the patient's **Personal** tab under **Contact Info**. Each carrier uses a specific email domain for


text messages. If the carrier field is left as *Unknown*, ECLIPSE will default to teleflip.com (a free service). However, Teleflip is often overwhelmed during the day and the intended recipient may not get the message.

- This feature will not be added as a “bulk” feature at this time. [Please keep in mind that many of your patients may not have unlimited text messaging and will incur a charge each time you send a text message to their cell phone.](#)
- If you’re adding a document within the EHR, the assigned provider defaults to the office (0-0). This has now been updated to default to the patient’s assigned provider.
- CMS 1500 changes for IN Medicaid.

March 28, 2008

- Bulk duplex scanning issue fixed.

March 26, 2008

- Added a new button  to the text editor to allow new paragraphs to be quickly started with a pointing device (e.g. mouse).
- OCR (Optical Character Recognition) is employed by Medicare to machine-read your CMS 1500 forms. That’s the reason those forms use special red ink. The ink “disappears” when the form is put through the OCR reader. We have modified CMS 1500 box 31 for CT & WA to move the provider’s name one line down after OCR issues were brought to our attention today. We don’t understand why such issues should exist (they shouldn’t), but have made changes regardless.

March 24, 2008

- With regard to **Scheduler** updates 3/19/2008 & later: double-clicking the **Views** tab using the new mode could generate incorrect messages with regard to provider availability.

March 22, 2008

- Updated the **Scheduler** to include a checkbox on the **Views** tab. The new checkbox allows changes from 3/19/2008 to be applied at will using your configuration settings as the default.
- Updated accounts database to handle ordering provider assignments (from the referral database). This data can be assigned during service editing and is included in ANSI electronic claim submissions, and uses the ID specified in the payer data for referrals.

March 20, 2008

- Select *Insert body part text into my note* from the **I want to...** button in the patient’s SOAP note to launch a pop-up diagram with menus, click on parts, and memory of prior selections.
- Select *Add/update condition/exam info* from the **I want to...** button in the patient’s SOAP note to manually launch the automatic pop-up dialog for condition related SOAP information (which can be retrieved, added, and updated).
- Some right-click menu options in the **Scheduler** were affected by 3/19/2008 changes. This has been corrected.

March 19, 2008

- A new view has been added to the **Scheduler**. Currently, the **Week of** grid on the **Views** tab displays one column for each day of the week. If multiple appointments exist for a specific time (e.g. 10am on Monday), multiple rows are displayed for 10am. This allows time intervals for the entire week to be compared quickly. The alternate view we’ve implemented works as follows:

- Only 1 row appears for a given appointment time. Appointments on the same time & date are displayed as multiple columns. Thus, a wider range of times can be viewed simultaneously for a specific day.
- This view minimizes *vertical* scrolling. However, horizontal scrolling will increase in order to compare days of the week.
- This view must be turned on from the **Configuration** dialog's **Appointments** tab. Make the appropriate selection from the **Files | Utilities | Configuration** menu.
- Within the Appointment scheduler startup & performance enhancements box, check *Alternate week view: one row per time slot*.
- This option cannot be used with the *Limit views to selected date (instead of week) to enhance performance* option. If this option is selected, though data will only appear for the selected date, columns will be displayed for each day of the week.
- The vendor that supplies the technologies used for print previews, form creation, and annotations has supplied updates which seem to have addressed a variety of issues.

March 13, 2008

- Updated ANSI 837 problem introduced 3/12/2008.
- Fixed anomaly that in rare but varied circumstances could affect a line item statistics calculation by not assigning the 1st credit entry linked to a specific service.

March 12, 2008

- Reversed “print capture” changes made 3/3/2008.

March 7, 2007

- Internal updates for secondary electronic billing via ANSI 837.
- Updated CPT database **Copy** button to properly handle new list-based checkboxes during use.
- Updated **Billing / Managed Care Profiles & Claim Authorization Check** report. Each profile's **Managed Care** tab has a new field to enter a \$\$ amount. When an authorization is set for a maximum \$\$ amount, and the remaining charges are within the profile's setting, it will appear on the report. *For example, Jane Doe has a \$1000.00 max authorization and has already used up \$900 of this amount. If the profile amount is set to \$100 or more, this authorization will appear on the report.*
- Though an unlikely scenario, patients added without any Condition info could cause a program crash during data retrieval (e.g. group billing or from rolodex) after updates made to the Alert features on 12/17/2007. This has been corrected and has not been reported/experienced by any client.
- Added two new variables to add visit counts to form letters & templates. As always, these variables can be selected from dropdown lists as you create form letters or form templates.
 - PatientCalculated->**VisitCountCurrentYearByAssignedProviderDegree** uses the assigned provider's degree type to calculate total visits for the current calendar year.
 - PatientCalculated->**VisitCountTotalByAssignedProviderDegree** uses the assigned provider's degree type to calculate total visits for the current case.

March 3, 2008

- Updated CMS 1500 08/05 “print capture” version to populate box 19 in the same manner as the 12/90 version.

- On 1/28/08, a new data filter was added; the filter title text that prints on report headers was affected, potentially generating inaccurate text (even though the correct filter was in use).
- Updated appointment scheduler next/prev button operation (added 2/6/08) when the **By Provider** tab is being viewed

March 1, 2008

- UB-04 changes for fields 50 & 51.
- Added provider type “PIN” for automated forms processing.

February 27, 2008

- Added a new override to each payer. If a provider has an EIN (employer id#) and SS# (social security #), ECLIPSE defaults to the EIN for CMS 1500 box 25. You can now override this on a payer by payer basis.
- Printouts of the referral database now include NPI values.

February 20, 2008

- Printing a group run of form letters works fine. Printing a 2nd group run from the same screen does nothing. This has been corrected.
- Removed debugging code from 2/15/2008 ANSI changes.
- Updated ANSI 837 Institutional entity type handling.

February 19, 2008

- The display/print options from the patient folder’s **Appointment** tab have been extended to include missed appointments only.
- Codes in the CPT database can now be marked as inactive. Inactive codes are still available for editing/billing/etc. but do not appear on selection lists (e.g. daysheet/SOAP).

February 15, 2008

- Modified institutional electronic format ANSI 837I: if no admission date, leave data out.
- Added a new report for referral options added 2/8/2008. The new referral report tracks outstanding but expected reports from providers to whom you have referred patients. After selecting **Referral Options** from the **Reports** menu, select *Outstanding patient reports from providers we refer to*.

February 12, 2008

- Added standard & payer adjustment types to daysheet report changes made 2/11/2008.
- Changes to flat file format (“print capture”) to match 17a of printed CMS 1500.
- CMS 1500 box 32a/b modified for CA NHIC Medicare.
- A new default index has been added for the provider database. In addition to the ID & name indexes, you can now mark providers as inactive to exclude them from a third index which includes only active providers in alphabetical order. *Your provider data will be converted automatically when you install the update. Make sure you have a valid backup. You will be prompted to validate that a backup exists.*

February 11, 2008

- The daysheet report options have been revised. You can now filter this report by both ECLIPSE & user defined types. For example... you can include just services and credit card payments.
- When multiple schedules are in use, changing the assigned provider now changes the title tab to the provider’s name.

- We are in the process of updating history (i.e. audit) data to include the primary payer when bills are generated (new or copies).

February 9, 2008

- Addendum to 1/31/2008 NF-3 changes: Up to 55 services can now be included on a single bill.

February 8, 2008

- Within the patient's **EHR** tab, the **History** tab currently has grids for *Allergies*, *Immunizations*, *Medications*, and *Vitals*. A new *Referral* grid has been added to track outgoing referrals. It tracks the date the patient was referred, to whom the referral was made (in the same database as your referral sources), whether or not a report is expected, the date a report was received, diagnosis, and comments. A new reporting option will soon be available to track outstanding reports from providers who received referrals.
- New scheduler buttons added 2/6/2008 worked fine in Vista but had problems with other OS versions. This has been corrected.

February 6, 2008

- Added two new buttons next to the scheduler's dropdown calendar. The **Previous & Next** buttons (left & right arrows respectively) take you to either the prior or next day or week – depending on your current view.
- EPSDT information for any service can now be added/edited. This information will be included in box 24H of the CMS 1500 form.

February 1, 2008

- Updated Billing Preview report to include service by service diagnostic links to ICD codes.
- Updated Billing Profiles to allow automatic appointment text / background color assignment during scheduling. *The background color setting will override the Provider background color setting.*
 - Applying this setting is equivalent to selecting the color at the time the appointment is scheduled.
 - It has no effect on prior appointments scheduled for patient with this profile.

January 31, 2008

- Default scans now initialize to 300 dpi instead of 200 dpi by user request. Though this option uses more disk space, the amount becomes negligible when compared with how hard disk size has changed over the past 7 years since the 200dpi option was set as the default.
- EFT check added 1/17/2008 has been modified so the manual override is only functional for credit card, check, and payer payments.
- Removed pop-up message when deleting multiple alerts.
- Updated 3 page NY NF-3 billing form at client request. If more than 5 services are billed, a 4th page will now print (instead of another 3 page bill). As many as 16 services can now be submitted on one NF-3 bill. The 4th page is simply formatted to print the attached services as per box 15. *As always, we recommend that you use the built-in, single page, non-billing NF-3 form. Note that we would be happy to entertain requests to convert the single page form to include a second page with attached services in a similar manner.*

January 30, 2008

- ECLIPSE automatically stamps the name & date of a document during printing. These page stamps have been removed following client request.

- Printing multi-page documents generated the 1st page only. This has been corrected.

January 25, 2008

- Added a new filter for policy#. This allows a relatively quick search to isolate a specific patient when, for example, a payer only provides minimal identifying information on an EOB (the claim authorization & phone filters provide similar capabilities).
- A new checkbox has been added to the deposit slip to allow inclusion of EFT designated payments.

January 21, 2008

- Patient age (in years only) now shows on **Personal** tab next to date of birth.

January 17, 2008

- Multiple changes have been made with regard to remittance processing:
 - Payments declared as *ACH* – which means claims have been paid electronically – are now marked internally as EFT as the payments are processed. These payments will not appear on deposit slips. “EFT” will be noted in the check# column on the ledger.
 - The report has been updated to display the HIC#. It’s also been updated to display more characters on each line for longer error messages.
- Updated appointment template “Width” values to default to *Standard*.
- Payments can also (see above) be marked as **EFT** (Electronic Funds Transfer) when editing a payment or adding a bulk payment.

January 15, 2008

- Updated ANSI secondary billing to include payment data for \$0.00 amounts if applicable.

January 12, 2008

- Fixed issue retrieving patient when **Document Search** report displayed alternate ID#’s.

January 11, 2008

- Further changes to the **Pending Documents & Document Search** reports ensure that the highlighted document in the patient’s EHR tab is *visible*, as well as highlighted.

January 10, 2008

- A problem with the document types filter in the Document Search report added 1/9/2008 was fixed.
- The **Pending Documents & Document Search** reports have been modified. Originally, double-clicking a row in each report launched the patient folder with the **EHR** tab selected. Both reports now also highlight the selected document on the patient’s folder.

January 9, 2008

- A new EHR report (**Document Search**) has been added to the **EHR** section of the **Reports** tree. Comprehensive filtering allows you to use a variety of selection criteria to view an interactive report of documents. Simply double click on a report row to launch the patient folder [that contains the document] with the EHR tab displayed.
- NC Medicaid CMS 1500 box 33B: Removed taxonomy code / ID to allow standard provider ID to print with **ID**.
- The new **Pending Documents** report showed “Last edited by” information in the “Created by” column. This has been corrected.
- Displaying image windows inadvertently changed the title of the patient rolodex tab.

January 3, 2008

- Changes made 11/30/2007 left a frequently used button to appear intermittently on the **I want to...** menu. The **Select an additional body part** option now appears properly.
- Changes for ANSI secondary billing (837 format) affect ANSI remittance (835 format) import.
- Changes for ANSI institutional claims to include the provider NPI at the claim level (2310A).
- CMS 1500 form, box 12: NY Medicare patients now display patient start date.

December 19, 2007

- You can now view all contact info (e.g. all phone #'s, email addresses, etc.) for an existing patient directly from the scheduler without retrieving the patient's folder. When you right click your mouse over the patient's appointment in the grid, select *View patient contact info* from the menu.
- ECLIPSE automatically checks electronic claims for various anomalies. The check to determine if you've inadvertently placed the same ID# in the policy & group # fields has been relaxed for worker's compensation claims.
- The **Alert!** features have been modified to allow recurring alerts that appear at fixed intervals:
 - Patient alerts can be created to recur based on the current condition visit count. Thus, if you set the amount to 3, the reminder will only display on every 3rd visit (e.g. 3, 6, 9, etc).
 - System & users alerts can be created to recur on a certain day of the month. Thus, a specific reminder can be set to always display on the 1st of the month. Note that if the 1st falls on a day when the office isn't open (e.g. a Sunday), the alert will be displayed on the next possible day (e.g. Tuesday) that the office is open for business.
- Added new variable for forms / form letters, etc. to automatically place "him" or "her" in text. This variable is *PatientCalculated->HimHer* and is accessible from dropdown lists in the same manner as all the other variables that can be embedded in text.

December 11, 2007

- A new "right-click" menu is now available on all rolodexes to allow tablet users to zero-in on patients w/o a keyboard.
- EHR: When you select *View attached document file info* from the **Options for selected document...** button menu on a patient's EHR tab, the document's history is displayed.

December 6, 2007

- On 11/30/2007, a new option was added to the S.O.A.P. to allow quick review of the last note. This capability has now been extended. During viewing, a **Previous Note** button allows you to instantly go back as many notes as you need.

December 4, 2007

- Modified new button type added 11/30/2007 to show disabled menu selections as grayed out rather than omit them from the menu.

December 3, 2007

- Multi page TIF documents weren't displaying the current page #.
- The alert report was modified to include ID#'s when a patient assignment exists.

November 30, 2007

- A new type of button has been added to ECLIPSE to help alleviate crowding. The new button has a downward facing arrow on the right button edge. When you click on the button, a menu appears. Move your mouse to your selection & release it or simply click again on the menu item to select it. This button type has already been added to the patient EHR tab & the EHR SOAP tab.
- Two new options have been added to the new SOAP documentation:
 - Select *Review the last SOAP* from the **I want to...** button menu to review your last entry w/o retrieving it from the EHR tab.
 - If you have a pen-based tablet, select *Sign the note* from the **I want to...** button menu to digitally sign it.

November 28, 2007

- A new menu option has been added to import EHR data in a ChartSentry™ export file.
- When paper bills are *manually filtered* to include a subset of the original charges, if payments were printed (this is an option), they were printed based on the bill – not on a line item basis. ECLIPSE now attempts to determine & include payments as they pertain to the partial, itemized bill. It will match line item entries if you've created them. Otherwise, it will try to match payments by service date.
- The ability to designate a non-covered amount for each CPT code was added in January, 2005. In some situations, using such amounts in combination with deductibles could result in an inaccurate patient responsibility determination.

November 21, 2007

- **Locked update for CD distribution.**
- CMS 1450 / UB04: Added Document Control Number (field 64). A DCN provided by the payer following bill submission can be entered by pressing the **UB04 / Medicaid** button when editing a bill.

November 14, 2007

- Internal changes to an existing configuration tab (which simply made the tab title longer) caused Windows to – in some situations – fail to display some tabs.
- Automatic export of patient data for various interfaces had an issue introduced 11/24/2006 which failed to separate case ID's from descriptions. This has been corrected to conform to our original published specifications.

November 7, 2007

- The EHR SOAP documentation has been enhanced to illuminate the path to prior selections by placing green checkmark icons at appropriate points in the selection tree.
- Physical Therapy S.O.A.P. evaluations are ready to begin testing. New features include:
 - A pop-up body part diagram specific for PT verbiage allows users to select wording (e.g. left posterior proximal calf) from either a diagram, menus, or by typing...
 - Multiple body parts can be selected & added to a list before adding the group of parts to the note.
 - During note creation, this diagram retains all prior choices and allows you to re-select any or all later in the note by simply checking them off on the list when the diagram appears.
 - Tree items can now be classified as subjective, subjective primary complaint, objective, and tests. Your choices are then pulled up later in the note as required so you can select from a list (e.g. all muscle tests that weren't 5's).

November 5, 2007

- Updated CMS 1500 box 13 to default to “Signature on file” instead of “Authorization on file.”

November 1, 2007

- When your default patient screen was the patient’s Condition tab, changes made 6/26/2007 could create a problem with PI/Comp/State data – which didn’t appear for the most recent condition & could be erased if you saved patient data after being prompted that changes had been made. This has been corrected.

October 30, 2007

- EHR enhancements allow a SOAP template that doesn’t contain image coordinates to be used as the main template. ECLIPSE checks for coordinates automatically & determined whether or not to display the entire template or the selection diagram.
- Electronic remittance (ANSI 835) updates include:
 - Some payers seem to have ignored government mandated specifications when handling “charge backs.” ECLIPSE now corrects for this behavior.
 - When a remittance file included multiple payers, ECLIPSE failed to recognize additional payers. This has been corrected.

October 22, 2007

- Printed fee slips are automatically reconciled with daysheet entries. Depending on the type of fee slips printed however (i.e. custom, custom PDF, or standard) this feature didn’t work correctly.
- Updated electronic remittance routines to handle negative \$\$ amounts.
- Updated **EOB** button to allow manual entry of \$0 CAS & AMT codes.

October 15, 2007

- CMS 1500 box 32b changes for MN BC/BS.

October 13, 2007

- When adding a new Condition & responding “Yes” to the **Copy?** question, subsequent to Condition changes from 6/26/07, it appeared as though existing PI/Comp data was copied too. This has been corrected. PI/Comp data can be copied separately (as always) by using the right-click menu.

October 10, 2007

- Updated changes from 9/14/2007 to handle an issue that disallowed changing new provider ID#’s [before the new info is saved] after using the **Copy** button.

October 9, 2007

- For safety reasons, ECLIPSE automatically prevents multiple users from updating the same data simultaneously. Though we haven’t encountered a [reported] problem in any offices, HELP Desk testing located a potential issue in Microsoft Vista that affects proper ECLIPSE functionality. This ECLIPSE release contains updated FairCom libraries to work around the issue. *Vista users must also obtain and load a Microsoft HotFix related to Microsoft KnowledgeBase article 935366 on each PC running the Vista operating system.* This HotFix will be installed on your system automatically.
- The Birthday List report has been extended to allow patients with a “DO NOT PRINT” mailing label status to be optionally excluded.

October 4, 2007

- Removed “test” message inadvertently left in 9/26 program that might appear during CMS form printing.

September 29, 2007

- The patient’s **Add services/credits** dialog can now be manually resized. This allows expansion of some of the windows so more data can be viewed without scrolling.

September 26, 2007

- CMS 1500 box 6 change for NY when Medicare is secondary.

September 20, 2007

- The scroll wheel on a mouse can now be used to navigate rolodexes (patients, attorneys, etc.).
- CMS 1500 box 12 & 13 changes for MN.
- CMS 1500 box 24H change for VT Medicaid.

September 18, 2007

- Information can be copied to the Windows clipboard by pressing **Print** on the patient’s ledger tab & selecting the **Clipboard** tab. A new checkbox has been added to export the patient’s next appointment.
- During ANSI 837 electronic billing, global remittance overrides added in March, 2005 are now applied just as they have been for printed CMS 1500 forms.
- CMS 1500 box 21: ICD’s 1&2 were realigned one character to the left.
- EHR tab now scrolls to & highlights the most recent entry.

September 14, 2007

- CMS 1500 changes for FL Medicaid boxes 24 & 33.
- CMS 1500 changes for NY Medicare box 13.
- In order to avoid errors created when users change ID#’s (e.g. for a payer) and then erroneously save the updated data, ID#’s for the following database files can no longer be edited after the initial record is added: attorneys, billing profiles, employers, facilities, guarantors, payers, pharmacies, providers, and referral sources.
- You can now print fee slips individually from the scheduler by highlighting an appointment cell, right-clicking your mouse for the menu, and selecting **Print Fee Slip**.
- Users can now be logged off automatically according to a time interval defined by the System Administrator. The Sys Admin can also determine whether the user is simply logged out (ECLIPSE is still running) or the session is completely terminated. The Sys Admin can change these settings by selecting **Database Tables** from the **File** menu, and then selecting **Users** from the menu tree. What’s the purpose of this new feature?
 - Users may have [HIPAA related] security concerns.
 - Automatic late night backups may be hindered by users who fail to exit the program at their workstations during the day.

September 10, 2007

- The PDF Form Designer menu has options which allow pages to be added, inserted, deleted, and duplicated. Version 10 inadvertently disabled these options.
- Minimization workarounds added 7/25/2007 have been modified in an effort to better tune them to work properly in all situations. ECLIPSE might have inadvertently maximized when a different icon was clicked on the task bar.
- During service entry, the **Current status** window displays a variety of information. In order to improve readability, owed amounts are now displayed in **bold** & deductible amounts are displayed in **red**.

September 7, 2007

- ANSI 837 change for electronic billing affects loop 2310D, for treating facility NPI submission.

September 6, 2007

- Added service line PIN override for NY Worker's Comp provider/payer billing ID's.

September 5, 2007

- Added an optional date range to the accounts receivables report. This allows you to restrict the report to bills created during the date range that match your criteria.
- On the Guarantor's **Policy & Coverage** tab, added "None" as a *Medicare Secondary* option.

August 31, 2007

- When the treating provider is manually changed during service entry, it is now updated for an attached adjustment automatically.

August 27, 2007

- CMS 1500 change for box 11 in MN for Medicare secondary billing.

August 21, 2007

- CMS 1450 changes for rows 50 A,B,C & 58 A,B,C for secondary billing.

August 15, 2007

- Corrected claim form authorization issues with regard to sorting provider degree types prior to selecting the appropriate authorization.
- CMS 1500 box 11 changes for MA.

August 14, 2007

- Internal handling of condition data (diagnoses, Worker's Comp data, etc) has been rewritten to accommodate some third party data conversions. This only affected patients added to ECLIPSE with no diagnostic information during data conversion from other practice management systems.
- Fix for changes made 6/27/2007: Fee slips or other PDF forms printed in bulk from the Reports menu did not accurately reflect diagnostic information.

August 10, 2007

- More changes (see 8/7/2007 entries) for audit reports. ECLIPSE now tracks each time an ANSI 837 file is generated.
- 6:30pm: Changes to receipt printing additions from 8/9.
- 6:30pm: Changes to CMS 1500 box 19 alignment for NC.

August 9, 2007

- Receipt printing: Optionally restrict balance to amount owed by patient for displayed case. Optionally exclude payer credits.

August 7, 2007

- ANSI 835 remittance AMT segment handling implemented 7/19/2007 wasn't saving the imported AMT segments. Data is now imported from 835 files, saved, and exported out to 837 files during secondary billing.

- Added a utility (which must be run by calling the HELP Desk) to create duplicate PI & Worker's Comp records for each patient condition.

August 6, 2007

- Updated audit data to differentiate between paper & electronically generated bills and to track new bills. This now allows for comprehensive audit tracking & reports of originals, copies, and secondaries via both print & EDI (**E**lectronic **D**ata **I**nterchange). These changes are available:
 - On the **User Audit** report... Click on the **Reports** menu, select **Audit** from the Reports tree, and click on **User Audit**.
 - From the patient's **Ledger tab**... Press the **Print** button and select the **History** page.
 - From the patient's **Ledger tab**... In the **Bills** grid, Press the **Open** button in the **History** column of any bill row.
- Statistics reports for the office now always reflect the clinic name field.
- Updated changes made 7/30/2007 to avoid generating error messages for \$0 claims during a group billing run.
- Updated NY C4 versions to override Provider ID's with older ZIP code overrides after 4/19/2007 changes.
- CMS 1500 box 26 & 33 changes for MN BCBS.

August 3, 2007

- CMS 1500 box 17A/24J changes for MI BC/BS.
- After changes on 7/26/2007, if you added a new case, the new case's condition data was not saved with the new case information.

July 30, 2007

- Guarantor termination dates (when you use them) are now checked against condition dates. If an error is encountered, a new error message is generated and the bill is not created.
- A progress bar has been added to service imports.
- The disk space viewer displayed file sizes larger than 2 GB as negative values because of an overflow condition.
- Updated SOAP templates.

July 29, 2007

- Fixed SRS interface for clients using SRS products.

July 27, 2007

- Authorizations: When adding new or deleting existing authorizations, the displayed list didn't update as expected.

July 25, 2007

- CMS 1500 box 33B changes for FL Medicaid
- An unknown anomaly in Windows caused problems when trying to restore ECLIPSE after having minimized it. A workaround has been developed which seems to handle this issue.
- Billing forms (e.g. NY C-4) that utilized PI, Comp, or State data printed correctly individually, but not in group runs. This has been corrected.

July 20, 2007

- A problem exists with requested feature changes on 6/26/2007 that re-assigned PI, Worker's Comp, and special state data to conditions. Data entered during new patient entry was not saved. This has been corrected.
- Password protection changes for generated PDF documents.

July 19, 2007

- On 4/2/2007, we added the ability to manually enter or automatically import CAS (adjustment information) from your ANSI 835 EOB's. We have now added the ability to process related AMT (payment information) such as allowed amounts – which may be required for secondary claims processing. Though these codes are now imported automatically during 835 processing, they can also be viewed or entered manually from an EOB by editing an individual service and pressing the **EOB** button in the lower right hand corner of the dialog.
- Adjusted vertical alignment for page 2 of the NY NF3 form.

July 16, 2007

- CMS 1500 box 33 updated for TN phone # inclusion.
- CMS 1500 flat file box 33b. Added spacing to group ID#'s & qualifiers for consistency with other flat file PIN's.

July 9, 2007

- Bulk email capabilities have now been added to one of the **Appointment Recall** reports. Select *Print / Email form letters* to send form letters via email to patients that meet your recall criteria.

July 5, 2007

- New email capabilities!
 - *ECLIPSE can now send bulk email.* In order to show off these new features, bulk email has been implemented first in **Reports | Form Letters**. Thus, you can now send existing form letters that you might otherwise print via email.
 - Each email is automatically formatted as both plain & HTML text. So, if you created a form letter in color using a variety of fonts, your patient's email software will determine what is displayed. *Embedded graphics are not currently supported.*
 - Sending email now requires permission. Select **Database Tables** from the **File** menu & **Users** from the tree to update permissions. Email permission is under **Global Permits**.
 - In order to use these new capabilities, you must update information in two different places in ECLIPSE.
 - From the **File | Utilities** menu, select either **System** or **Workstation** as appropriate. Select the **Import/Export** tab. New email fields must be filled in. *You can obtain this information from the account settings in your current email program or by contacting your internet services provider.* For example, in Microsoft Outlook 2003, select **Email Accounts** from the **Tools** menu, follow the wizard to view or change existing settings, and select **Change** to view your POP3 & SMTP servers.
 - Select **Database Tables** from the **File** menu & **Users** from the tree to update user information. Each user's Email tab now has information fields which you may or may not want or need. The return address is an optional override. Email user name & password settings are dependent on your internet services provider.

- The new email features will be extended shortly to other areas such as appointments to allow reminders, etc.

June 26, 2007

- By request, extensive internal modifications now associate Worker's Comp, Personal Injury, and State based data with a patient's Condition. Previously, this data was associated with the Case, and only one copy of the data was possible within the case. Data can still be copied between cases & conditions, but will not copy automatically when a new Condition is created.
 - **The PI/Comp/State tab has been moved from the patient folder to the Condition tab. Also, the old (separate) permissions no longer apply. The Condition permissions are now applied to this information.**
 - When you launch this update, you will be independently advised to rebuild indexes for each of the three types of data mentioned above. You must select "Yes" to continue program operation. Make sure you have a good backup. For the vast majority of users, this process should take seconds.
 - Existing data will now be associated with the condition you assigned it to. If you use generic (i.e. no services appear on the form) copies of the forms in CA, MA, NJ, NY, etc. it's not necessary that the data appear on the current condition. When you print a form, ECLIPSE will always seek the data associated with the most current condition (whether it's 1 or 15) assigned to the patient case.
 - **For NY C-4 & NF-3 forms which print services directly on the bill, if you have not maintained an association with the current condition on the patient's WC or PI data, you must manually copy the data from the associated condition** (probably 1) by right clicking the grid and using the available menu operations.
 - By request, default settings for new Worker's Comp data have been updated as follows: *Is patient disabled?* is initialized to *Yes*. *Was the occurrence described the competent cause of injury?* is initialized to *Yes*.
- Modified first referral report to calculate totals based on all services rather than case totals only.
- CMS 1500 changes for OH Medicare box 11.

June 23, 2007

- CMS 1500 changes for MN BC/BS box 33b.
- CMS 1500 changes for KS Medicare box 10b.
- Fixed FL Medicaid change made 6/19 which adversely affected CMS 1500 box 24e.

June 20, 2007

- Internal EHR S.O.A.P. enhancements for better cohesion of automated singular/plural choices during S.O.A.P. entry.

June 19, 2007

- Updated "print capture" of CMS 08/05 form to more closely mirror PIN assignment for printed CMS 1500 box 33b.
- CMS 1500 changes for IA Medicaid box 33b.
- CMS changes for FL Medicaid box 24E.
- Reinstated IL Medicaid form removed 5/4/2007.
- S.O.A.P database updates & additions.

June 16, 2007

- If you use the **Global Remittance Override** in the Configuration & direct bill electronically using the ANSI 837 (HIPAA compliant) format, you will need to check

your settings after installing this update. *This update should not affect your CMS billing forms.*

- New fields have been added to allow entry of a remit-to provider first & last name, along with an entity type to identify the provider as a person or organization.
- Select **System** or **Workstation** (as appropriate) from the **File | Utilities | Configuration** menu. Select the **Data Defaults** tab to view/edit your **Global Remittance Override** settings.

June 15, 2007

- Changes made 6/13 affected instant inclusion of new EHR documents on the displayed list.
- Removed minimization changes added 6/8/2007 (by request).
- The first Referral report option: List Report Referral w/patient referral source (by patient ID#) did not always group all possible referral sources together.
- ANSI 837 changes to remittance overrides.

June 14, 2007

- Offices using global remittance overrides with 6/13/2007 changes could experience unwanted first names appearing on printed bills in the pay-to areas (e.g. box 33 on the CMS 1500 form).
- Changes for CMS 1500/ANSI 837/print capture.

June 13, 2007

- Added a first name to Global Remittance Override configuration data for ANSI electronic billing. ECLIPSE will automatically check whether you're using both (first & last name) fields as well as whether they contain identical information prior to printing.
- Changes made 5/1/2007 for MN BC/BS were propagated to the pre-printed CMS 1500 form.
- Patient **EHR History** tab: It was possible to add multiple copies of new entries if the **Save Changes** button was pressed multiple times. This has been corrected.

June 9, 2007

- To further enhance capabilities added 6/7/2007, when EHR documents are generated as a group, Microsoft WORD documents are now generated w/o using WORD. This allows them to be included in a single master document & saved as a PDF. Note that this may cause problems with some DOC file versions. If you have a problem, convert your WORD files to PDF before importing them to ECLIPSE.

June 8, 2007

- MA Medicaid form #9: updated boxes 1C & 1D.
- ECLIPSE now minimizes directly to the System tray. It will no longer appear on the Task Bar once it's minimized. Simply pass your mouse pointer over the tray icon & it will be restored to its former position. The first time any user minimizes ECLIPSE, a reminder should appear.

June 7, 2007

- You can now print any combination of documents in a patient's EHR by date range. Press **Print** on the patient's **Ledger** tab & select the **EHR** tab. Your document types appear in a checklist box along with **S.O.A.P** & **Notes** selections. Note the following:
 - If you have a fax modem installed, you can send the documents directly to the fax.

- If you use the **Preview/Print** feature, you can save all the documents to a single PDF and email it.
- *At this time, imported WORD documents can only be sent to the default printer.*
- When you save or email a document generated with **Preview/Print**, you will be prompted to create a password for the document. Press **Cancel** to leave the document unprotected.
- The NY C-4 form has been modified to allow payer overrides such as *Print assigned facility on form* to override information in box 22.
- CMS 1500 box 32b has been moved 1 character to the left top accommodate 14 character ID#'s.

June 4, 2007

- New data items added to **Vitals**. This data has now been linked with the SOAP templates. It can be added or updated, or retrieved during SOAP entry.

June 3, 2007

- New patient **Vitals** grid added 5/24 to the EHR's **History** tab has been integrated with the new S.O.A.P. for automatic incorporation in templates. Most recent height, BP, weight, etc. can be added to current note or new information can be added directly to database during S.O.A.P. entry.

May 29, 2007

- Added an override to each payer to allow individual override of CMS mandated "NPI only" dates.

May 28, 2007

- Replaced MA Medicaid #9 form with 03/07 revision that includes NPI.
- Added Quick Notes to batch export utility (to export all ECLIPSE patients). Select *QuickNotes* from the dropdown list after selecting **Third Party Formats** from the **File | Data Import / Export | Export** menu.

May 25, 2007

- If you are adding services during S.O.A.P. entry, ECLIPSE will now process the *Launch editor when selected during service entry* option on the CPT **General** tab. This allows you to edit services as you enter them without using the ledger.

May 24, 2007

- Removed all data suppressors from flat file 08/05 data.
- The patient's **EHR** tab contains two tabs: **General & History**. The **History** tab has grids for **Allergies, Immunizations, and Medications**. *A new tab has been added for Vitals*. This new tab allows entries for height, weight, left & right blood pressure, active & resting pulse, and body temperature. This data will also be integrated into SOAP templates that are currently in production.

May 23, 2007

- CMS 1500 changes for FL & MN Medicaid.
- CMS 1500 changes for IA Medicaid.

May 22, 2007

- ANSI Institutional changes for secondary billing.

May 21, 2007

- CMS 1500 boxes 24A & 31 for NY Empire Medicare. Override CMS guidelines by selecting *Print dates as MMDDCCYY (no spaces)* in box 24 of the 12/90 or 24/31 of the 08/05 form from the **Printed Claim Options** tab.
- Added patient's middle initial to rolodex.
- ANSI 837 change for IL Medicaid acquisition.

May 17, 2007

- ANSI 837 changes for Preferred Care of NY.

May 16, 2007

- Removed UB-92 form (current form is UB-04).

May 15, 2007

- Fixed scheduler problem with blocked time intervals that only partially overlapped an appointment.
- Currently, ECLIPSE allows for a maximum of 15 user-defined adjustment & credit types. This has been extended to 25.
- CMS 1500 box 1 alignment changes.
- ANSI 837 changes for secondary billing.

May 14, 2007

- CMS 1500 08/05 form now incorporates the same height font as the older 12/90 form.

May 11, 2007

- Internal ANSI 837 changes from 5/4/2007 could affect how group/individual providers were added to ANSI 837 file.
- Propagated 4/3/2007 CA Box 31 changes for CA to flat file for "print capture."
- ANSI 837P changes.

May 10, 2007

- CMS 1500 changes for NY Medicare.

May 9, 2007

- Updated referral reports to allow a date range to be set for services & payments.

May 8, 2007

- Updated claim authorization report to provide more information & include all active authorizations for the current condition.

May 7, 2007

- The **Taxonomy** PIN type added 4/18/2007 was not showing up as a PIN type in the dropdown selection box.

May 4, 2007

- CMS 1500 changes for NC Medicaid.
- Removed HCFA 1500 1980 & 1984 form versions. Removed IL Medicaid form.

May 3, 2007

- The buttons to insert periods & commas for the **Patient** folder's legacy **S.O.A.P.** tab failed to insert expected text.
- Printing legacy S.O.A.P. notes could intermittently result in a prompt to save the document. This has been corrected.

- Multi-database versions of ECLIPSE using PDF form templates had problems retrieving form templates after additional code was added to help support technicians determine path information for the assigned template.
- Opening PDF form templates for editing in a multi-database version of ECLIPSE now defaults to the local database version of the folder.
- In the patient's EHR folder, document import is now available in all versions of ECLIPSE.

May 2, 2007

- Additions to the payer database now allow overrides for individual payers that require entity information that differs from the ANSI standard.

May 1, 2007

- CMS 1500 box 30 changes for MN BC/BS
- CMS 1500 flat file: Removed box 19 DC specific Medicare data.
- CMS recently changed the mandatory NPI compliance date from May 23, 2007 to May 23, 2008. ECLIPSE automatically handled printing older PIN types through this date & has now been updated to handle the new compliance date. CMS announced these changes on April 4, 2007.

April 30, 2007

- Repaired several issues related to printing S.O.A.P. created in the EHR.
- Payer claim options specific to box 24 on the 12/90 form affected the 08/05 form: *Print dates as MMDDCCYY (no spaces) in box 24 of the 12/90 form.*
- Updated changes for IL BC/BS boxes 24I/24J introduced 4/23/2007.
- Automatic remittance processing didn't release locks on patient records.

April 23, 2007

- CMS 1500 changes for KY Medicaid updated 4/18/2007. Taxonomy code qualifier set to "ZZ".
- CMS 1500 changes for IL BC/BS boxes 24I/J, 32b & 33b.

April 20, 2007

- System alerts assigned to a specific user did not appear to be deleted after the deactivate box was checked and the Deactivate button was pressed.
- CMS 1500 changes for OH Medicaid 10D. This data ("other source" as defined by Medicaid) must be entered when you edit the bill by pressing the **UB-04 / Medicaid** button. Medicaid expects this information after you have billed all other sources of payment for this claim.

April 19, 2007

- CMS 1500 box 17 & 32 changes.

April 18, 2007

- Updated Facility database to handle a maximum of 5 PIN types per facility.
- Reference flat file CMS 1500 additions made 3/19/2007: Column 31 in "box 10D" now contains the primary payer ID.
- CMS 1500 changes for KY Medicaid. A taxonomy code must exist in the provider's record in order to print this information in box 24J.
- CMS 1500 changes for box 32b qualifier.
- ANSI 837P changes for IL Medicaid.

- Updated CMS flat file (“print capture”) 08/05 format to ensure all non-service dates are CCYY format.
- When the scheduler is launched from a patient’s folder and an appointment template is retrieved with “New Patient” checked, the appointment was not associated with the attached patient. This has been corrected.
- CMS 1500 change for Medicare box 19 in NM.

April 16, 2007

- Updated user lists to include each user’s current folder.

April 13, 2007

- Updated box 17a qualifiers.

April 12, 2007

- Changes made 11/16/2006 (see first bullet) can affect patient balances during billing under specific sets of circumstances that revolve around automatic splitting of credits among different bills (if turned on in the configuration). This has been corrected. [Balances can be globally corrected by selecting *Recalculate patient balances* from the **File | Utilities | Repair** menu. This feature is best utilized directly on your data server when no other users are running ECLIPSE.](#)
- Updated CMS flat file (“print capture”) 08/05 format to restrict data in box 32 from overflowing into box 33.

April 11, 2007

- Corrected problems with EHR S.O.A.P. pop-ups introduced 4/10/2007.

April 10, 2007

- Updated EHR S.O.A.P. pop-ups (specifically those with multiple dropdown selection boxes) to automatically separate & handle singular & plural selection possibilities. This ensures that fewer choices are presented simultaneously. Thus, if you can choose among *left, right, both,* and *bilateral* and your next set of selections formerly included choices such as *shoulder & shoulders,* this update will automatically relate *shoulder* to *left & right* and *shoulders* to *bilateral* and *both.* Ultimately, this makes the selection process cleaner & faster.
- ANSI 837 NPI changes for institutional claims.
- Updated CMS 08/05 flat file created 3/19/2007 for consistency with dates in box 24A/B.

April 6, 2007

- Fixed ANSI 835 remittance issues introduced 11/21/2006 that affected 835 files created with “extra” characters from old style mainframe systems.

April 4, 2007

- Using the patient tab menu to close a patient’s folder (right-click the tab for the menu) could result in multiple folders being closed.

April 3, 2007

- CMS 1500 08/05: Removed Box 31 CA customization: “Signature On File”
- Changed wording on patient bill from “Physician” to “Provider.”
- Updated scheduler so Rolodex gets out of the way if you select **New** after pressing **Select Patient.** You must press the **Select Patient** button again after adding the new patient to the database.

April 2, 2007

- Though we have processed ANSI 835 remittance files since inception, optional & situational information is only included upon payer request. Billing secondary payers has resulted in multiple requests for situational Adjustment Reason Codes from the primary carrier to be submitted during secondary billing. These codes are now imported automatically during 835 processing. They can also be viewed or entered manually from an EOB by editing an individual service and pressing the **CAS** button in the lower right hand corner of the dialog.
- CMS 1500 08/05: Removed facility PIN overrides in Box 32 for Medicare for KY, IL, & WI.

March 28, 2007

- PDF capabilities updates on 3/23/2007 had errors. Though the software vendor is working on these, we believe we have introduced a functional workaround.

March 26, 2007

- With regard to automated services/charges import, it appears that this feature is no longer being implemented or used as we originally intended. In order to handle potential interface implementation issues created by third-party products that don't conform to ECLIPSE specifications, service import is now automatically followed by a report if errors are found. The report includes information regarding patients whose folders were in use at the time services were imported, services that couldn't be imported because an equivalent code could not be located in the ECLIPSE database, and patient ID#'s that don't exist. Any items that appear in the report must be resolved manually.
- Referral sources now have new fields for degree type & specialty.

March 23, 2007

- New PDF generating updates have been included in ECLIPSE. Among other resolved issues, this should allow documents to be created using landscape mode. Additionally, problems with Print/Preview that caused ECLIPSE to "hang" should resolve as well. Finally, color documents can optionally be displayed in color by leaving the "force monochrome" selection unchecked on the print destination dialog.
- SOAP data has options which include the ability to delay loading of large subtrees until an item is selected. A problem which opened the sub-tree but failed to add the selected text to the editor has been resolved.
- An additional space has been added between PIN qualifiers & PINs as the default for CMS 1500 08/05 forms. We currently have conflicting payer information on related fields.

March 20, 2007

- Automatic SOAP item customization was impaired when different custom text prompts gathered different information for versions of the same tree item.

March 19, 2007

- **You can now draw diagrams & import images directly into SOAP notes created within the EHR.** You have control over colors, font sizes, and pen widths. Draw free form, add text, create lines, rectangles, and ellipses. You can draw on imported images (supplied by us or use your own) and crop the final image before you paste it into your note.
- At the request of third-party clearinghouses that prefer to process electronic claims as two-dimensional database "flat" files (commonly referred to as "print capture" files) – instead of relying on the more reliable ANSI specifications included in HIPAA – a flat

file version of the CMS 1500 05/05 form has been created that includes NPI information. If you intend to switch to this format:

- The file type must be changed via the system configuration.
- DO NOT change the file type until all data currently in the file has been transmitted and the file is erased.
- You must coordinate this process with the clearinghouse or their computers will not recognize your files.
- The first time you send data in the new format, the clearinghouse may need to “map” the data if they have not yet received an equivalent file from other ECLIPSE users.
- The new file uses an 80 line record format. Thus each bill in the file is 80 lines long.
- This file specification is not yet finalized and is subject to revision over the next few months.

March 15, 2007

- Changes to CMS 1500 08/05 form boxes 32a/b & 33b at the request of GalacTek.
- Bill#'s didn't always appear in various EHR sections (for assignment) during document import.
- ANSI 837P changes for BSBS-Fed

March 13, 2007

- For CMS 1500 08/05 form: Added spacing in boxes 32b & 33b for Medicare.

March 12, 2007

- Enabled Daysheet report to exclude the selected user.

March 11, 2007

- As of October, 2006, a Microsoft security patch disabled network access of “chm” HELP files. ECLIPSE has been updated to handle this.

March 5, 2007

- After opening a form letter, a gray box could obscure the actual type. This has been fixed.

March 2, 2007

- Your last SOAP note text from the patient's EHR can now be added directly to a form letter with a new variable (PatientCalculated->LastEHRSOAPNoteText) which can be dropped into any form letter from the form letter designer. This can be used to send documentation to a referring provider.

March 1, 2007

- UB-04 form is now available.

February 23, 2007

- The ability to exclude patients with future appointments from the “Trace Patient Visits” report was inoperative in v10 & has been fixed.
- Modified CMS 1500 08/05 to print one “x” in box 1 instead of double “xx”.
- ANSI 835 remittance files for multiple providers would display the wrong bill when making adjustments after automatic credits were applied.

February 23, 2007

- Recent NPI changes for CMS 1500 led to potential line of service PIN errors when multiple providers appeared on the same bill.
- CPT edit access in v10 was permitted regardless of permission settings.
- **Locked for v10 CD update.**

February 21, 2007

- ANSI 837 changes for secondary billing.
- The patient rolodex required an “activation click” when it became the current tab after a previous tab was closed. This extra click is no longer necessary.
- Closing a patient tab via the right click menu when changes were made closed multiple tabs. This has been corrected.
- Microsoft’s new VISTA operating system does not support the ECLIPSE online HELP. HELP has been ported to HTML for VISTA compatibility.

February 15, 2007

- ANSI 837P changes for MI.

February 10, 2007

- Some carriers may require a two character qualifier in boxes 17a, 24j, 32b, and 33b of the CMS 1500 08/05 form. The **Printed Claim Options** tab for each payer now offers the ability to: *Print qualifiers in 17a, 24j, 32b, and 33b on 08/05 form.* Since we have little data as to what percentage of carriers may require this, it’s OFF by default.
- Facilities can now be assigned 2 PIN#’s simultaneously.

February 8, 2007

- Added the ability to exclude a specific provider to the daysheet.
- CMS 1500 08/05 form: Added payer override so payer name and address can be centered at top of form to avoid the space above box 1a.

February 6, 2007

- CMS 1500 08/05 form: Added new PIN type (Group NPI) to allow a group NPI# to print in box 33a.

February 5, 2007

- CMS 1500 08/05 form changes: As per Medicare Payer Manual, all dates except birth dates now use 2 digit years (i.e. MM DD YY) because box 24A cannot handle 4 digit years as well as the CMS 1500 12/90 form (space limitations).

February 3, 2007

- Added configuration abilities to disable legacy Notes & SOAP tabs in patient folder. Also, allowed new Welcome screen to be manually disabled for older Windows versions that are unable to properly store data in the registry.

January 31, 2007

- CMS 1500 minor alignment adjustments for preprinted form boxes 7, 11d, 32a, and 33a.
- Added new totals to List Bills By Date report to display outstanding amounts (based on responsibility) for payer & patient.

January 29, 2007

- Fixed CMS 1500 08/05 alignment (w/o form image) when 1 vs. 6 services printed.

January 27, 2007

- ANSI 837 fixes for SV1 issues introduced 12/7/2006.

January 21, 2007

- CMS 1500 08/05 changes for box 32.

January 18, 2007

- ANSI 837 changes for secondary billing.

January 12, 2007

- Various CMS 1500 08/05 form changes.
- Updated all image viewers (scan & display) to render images in a higher quality format. Added right-click menu to image preview in patient's EHR tab.
- EHR documents can now be marked pending and routed to specific users in the office. The **Reports** menu has a new **Pending Documents** report under the **EHR** heading.
- When you right-click the scheduler and launch a patient, the patient folder now launches as a tab.

December 22, 2006

- Right click on any top-level tab for a menu. **Close** is now an automatic option.
- As you zero-in on data (e.g. patients) by typing, sometimes a "beep" will sound. This has been eliminated.

December 5, 2006

- Updated standard ECLIPSE versions to allow condition-based ICD codes assigned directly to services to be removed.

November 22, 2006

- Alerts have been added to the **Reports** menu.

November 21, 2006

- Updated ANSI 835 remittance to handle alpha-numeric adjustment reason codes.

November 20, 2006

- Added back appointment system menu options from v9 to launch calendar & refresh the scheduler. Right click the tab to access the menu.

November 17, 2006

- ANSI 837P changes for UTI in PR.

November 16, 2006

- Prior versions of ECLIPSE optionally allowed payments to be automatically applied to existing bills during service entry. This feature has been extended to include billing. As a bill is generated, patient payments within the billing period that exceed patient responsibility (for the new bill) will subsequently be applied to the oldest bills first before being assigned to bill #0 (i.e. unassigned). *Automatically apply open item credits to outstanding bills* must be enabled in your configuration (**File | Utilities | Configuration** menu) for this to apply.
- Fixed RTF group form letters for referral thank you's.
- Checked List boxes added in v10 (configuration & payer screens thus far) may add duplicate checkboxes as you switched back & forth among tabs.

November 15, 2006

- Adjusted CMS 1500 12/90 form box 25 for BC/BS of MN.

October/November, 2006 **What's New in v10******

- Most windows (e.g. document scanner, alerts, patient rolodex, patient folders, appointment scheduler) now take up the entire screen as tabs in the main ECLIPSE

window to ease switching among open windows. Tabs can only be closed from the toolbar (fourth tool item from the top).

- Patient folders in v9 had additional menu items available on the System menu at the upper left corner of the folder. These options are now available by right clicking the tab at the top of the folder with the patient's name.
- The **Next Window** toolbar button (fifth from the top) has new functionality. When you press this button, a dialog appears with a list of open tabs. You have several options:
 - Double click on an item in the list to make that window the active tab.
 - Click on an item & make it the active tab by pressing the **OK** button.
 - Select one or more tabs in the list and click **Close Selected** to close the tabs.
- Menu consolidation has resulted in the following changes:
 - The **File | File Maintenance** menu is now the **File | Utilities** menu.
 - The **Database Tables** (e.g. CPT, payers, guarantors) menu item is now available on the **File** menu.
 - **Data Import & Data Export** menu items on the **File** menu have been consolidated to a single menu item.
 - **Log On/ Off** is now a single menu item on the **File** menu.
 - **Appointment Scheduler** has been removed from the **View** menu. Press the calendar toolbar button to activate the scheduler.
 - The **Audit Log** has been moved from the **View** menu to **Reports**.
 - **Disk Space** has been moved to **File | Utilities** from the **File** menu.
- The former **Reports, Design Tools & Database Tables** menus have been converted to a new format. For example, if you select **Reports** from the menu, a new tab will appear:
 - The tab will be split into two parts.
 - On the left, a tree now contains all the menu choices which were previously available on the **Reports** menu in v9.
 - Click on any report in the tree and the options will be displayed in a tab on the right. You can click on multiple reports to install multiple tabs. Each tab has separate data filters. However, for any report you select, data filters remain in use so you can make minor changes (if necessary) after each report is generated.
 - Click on an item in bold with a folder icon to display further options in a sub-tree (or toggle the sub-tree closed if it's currently open).
 - The splitter window can be adjusted as necessary with your mouse.
- If you minimize the program, right click your mouse over it and select either **Restore** or **Maximize** from the popup menu to restore the program.
- A new menu option that allows you to print the grid is available on pop-up menus when you right click on the ledger or appointment scheduler.
- Appointment printouts now appear in color on color printers. Print previews remain b/w until a related problem with color backgrounds can be corrected.
- Assigned facility can now be printed on CMS 1500 forms by selecting the appropriate override on the payer **Printed Claim Options** tab.