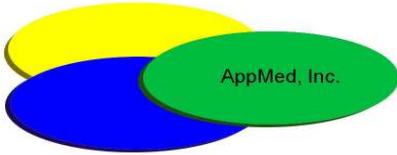


AppMed Release Notes



Each time you upgrade your AppMed program check this file. It will list all modifications made to the program up to that release. The most recent program modifications are listed at the top.

(Key:)

Version (Number)

1. New Features 2. Enhancements 3. Fix	Area addressed in program	Description
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[This list of Release Notes goes back to version 3.5.0](#)

Certain features are marked as **(Symphony Only)**. These features are automatically available to clients that have purchased or have upgraded to the AppMed Symphony Program. These features are not available in the Solo or Trio programs.

Version 3.7.3 to 3.7.7

NOTE:		Version 3.7.7 is the culmination of several minor revisions after version 3.7.2. Most of these minor revisions were required by regional or local insurance industry changes or solved minor performance or error conditions. The more notable changes are listed individually.
Enhancement	ANSI 837 Output Formats	Illinois Health and Family Services (IHFS) repealed their own unique requirements for indicating providers within in group practices using individual NPI numbers and PIN numbers. They will now accept group NPI numbers and will soon eliminate the need for individual PIN numbers and Pay To codes.
Enhancement	ANSI 837 Output Formats	Blue Shield of Tennessee requires full implementation of the National Drug Codes (NDC) records for payment for injections. The associated LIN (Drug Identification segment) and the CTP (Drug Pricing segment) records were added to the ANSI 837 and CMS 1500 Output Formats for this company. Other companies, such as Medicare have been omitted until future implementations are required.
Enhancement	ANSI 837 Output Formats	Medicare Secondary Payer (MSP) claims verify the patient's age to determine if the patient is over 65 years old and is a working aged beneficiary or is receiving benefits under another Medicare program. It now applies the appropriate indicator.

Versions 3.7.1 and 3.7.2

NOTE:		The update process involved in AppMed versions 3.7.1 and 3.7.2 have been primarily focused on background technologies and routines that are not totally apparent to the user. Several enhancements and fixes have been added since version 3.7.0 was released. Some of these enhancements had to do with the new Symphony Patient Appointment Scheduling program and the new patient insurance screen. Additionally, much of the development work required for the upcoming version 4 has been implemented and is being tested. Other new and more evident features are listed below.
Enhancement	Secondary Electronic claims	Several enhancements have been made to allow processing secondary Medicare (MSP) claims when the primary insurance payment had not been posted through Post Insurance Payments and had been posted at either the encounter or the ledger screen.
Fix	Patient File, Print Insurance Invoice	The insurance Invoice was modified to print the Office name at the top left of the form instead of the company name found in Settings.
Enhancement	All ANSI 837 Output Formats	For chiropractic claims, added a new DTP record to indicate date of initial treatment.
Enhancement	Reports, Patients by Ledger Code	Renamed Patients by Procedure Report to Patients by Ledger Code Report to better represent to the user that this report can be used to find patients by any of the Ledger Codes, not just medical procedures. Also modified the filters to get the provider, production center and facility from the Encounter level.
Enhancement	CMS 1500 Output Format	For Wisconsin Medicaid made several changes to include the adoption of taxonomy code and others.
Enhancement	First Coast 837 Output Format	Updated the Output Format for Florida clients submitting directly to First Coast Service Corp.
Enhancement	Aged Insurance Receivables Report	This report was not including claims for patients where the insurance was terminated. It now does.
Enhancement	Payment Reconciliation Report	For Symphony users, there existed a problem where insurance payments posted in the ledger would not appear on the Payment Reconciliation report. This is fixed.

Version 3.7.0

New Feature	New Appointment Scheduling Program (Symphony Only)	We have developed a completely new patient appointment scheduling program for the AppMed Symphony program. It differs from the original
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	<p>Special assistance from AppMed tech support is required to implement this new feature.</p>	<p>patient scheduler in that it is not restricted to a single doctor view. The main screen displays up to 9 columns at a time. These columns can show doctors in your practice, or rooms within your office. You can have multiple columns for all of your doctors or all of your rooms and be able to view all of your scheduled patients on a single screen. For each patient appointment we now store the status, description, doctor, and additional appointment notes. There are check boxes for when the appointment is confirmed and if the patient has arrived. Appointment times can be edited without removing and re-entering the appointment and appointments can be copied and pasted into the future. As you hover the mouse over an appointment, additional details for the appointment can be seen in the upper left of the screen. It is also much easier to advance from one day to the next to look for open appointment times. You can have multiple appointment “books” which are called “Virtual Sites”, each with 9 available columns. You can have up to 20 Virtual Sites in a single AppMed program. This allows you to have separate full screen views for each location for your practice. Practices with large data and scheduling operations can now centralize these functions at a single managed server location.</p>
<p>New Feature</p>	<p>Database Explorer > Ledger Codes</p>	<p>We have updated the Ledger Codes found in the Database Explorer with three new features. To view the new features click on the yellow triangle (or delta) icon located above the description field.</p> <ol style="list-style-type: none"> 1. A completely new “cell-style” editing window appears. This screen makes it much easier to update fees or other fields in the Ledger Codes table. 2. (Symphony Only) A new global fee updating calculator has been added. This allows you to update all of your current Default Fees by a percentage (i.e. 10%). If you click the box, AppMed will round the cents up to the next highest dollar. This will not update the fees in the Medicare Allowed field. 3. (Symphony Only) A new Medicare Allowed fee updating wizard. This new feature will allow you to update the Medicare Allowed amounts directly from the CMS government tables. Internet access is required.
<p>New Feature</p>	<p>Customizable Chargeslip</p>	<p>We have added a customizable charge-slip (or encounter form or router) to AppMed. This form is created in the Settings area of AppMed under the Charge Slip SetUp tab. Documentation to show how</p>

		to begin using this new feature is available by contacting AppMed and will soon be available on our website. Some assistance from AppMed tech support will be required to use this feature.
Enhancement	Ledger Code look-up in SQL Server database	The Ledger Codes were slow to display in the pick list in Database Explorer and in the search function in the Encounter screen for users of Symphony. The performance in this area has been improved.
New Feature	NDC Drug Code implementation	New requirements for claims for injections and other drug related codes are present when creating insurance claims. In a previous version we had added the ability to add the NDC number to any code in the Ledger Codes table. Now this code will apply itself properly in the ANSI 837 Output Formats in AppMed. When present, the NDC will reside in the 2410 loop in the LIN record.
Enhancement	Settings Area	The settings area has been updated to allow for future growth. We have eliminated the Paths tab and have added a User Preference tab. In the User Preference tab we have added a new field called MediNotes Export Path. For user of Charting Plus, this will allow more control where the exported patient list will go. We have also added a radio button which allows selecting the new Custom Charge Slips.
Enhancement	Secondary Claims Information	When creating an electronic secondary claim for Medicare, the primary allowed, paid, adjusted and coinsurance amounts are required for each charge transaction. If the primary payment was entered in the PIP, there is no problem. If the primary payment is added in the patient's encounter or ledger, the association was not there so the secondary claim lacked required information. Now you can enter the primary EOB information which is required by the secondary insurance in the patient's encounter and the secondary claim should pass through the edits.
New Feature	Encounters with Credit Balances Report	We have added a new report under the Encounter Reports section. This report differs from the Aged Trial Balance report that searches for <i>patients</i> with credit balances. This report will print any <i>encounters</i> with Credit Balances even if the patient has a balance or not. This report can assist you with correcting any overpayments applied to encounters.

Version 3.6.5

Enhancement	Messages	Made several small changes fixes to this feature including adding a "Reply to All" button. This will allow the receiver to reply back to the sender and all recipients of any message. Also added a window to view the original message.
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Enhancement	Ignored Statement Report	Updated the report output options to allow the user to create mailing labels or mail merge from this report.
Enhancement	Appointment Report	Changed the date range option from a single date to a range. Also added a choice to create the list based on appointment dates or by when the appointments were either added or modified. This is useful if a system is experiencing problems and the user needs a list of appointments made or modified during a specific date range. Also added output options to allow the user to create mailing labels or mail merge from this report.
Fix	Multiple locations and functions in AppMed	Several sections of the program have had updates to either improve usability or fix minor defects in the operation of the program.
Enhancement	Database Explorer > Insurance Payments	Previously, if an insurance payment was deleted from the database explorer, it would remove the record from the table. It could not be reinstated. It now gets set as a deleted record and can be recovered.
Fix	Unsubmitted Encounters Report	For large databases this report would take a very long time to complete. The report logic has been refined and will now complete much quicker.

Version 3.6.4

Fix	Idle Encounters Report	The Idle Encounters Report did not match the same section found on the Accounts Receivable Summary Report. The Idle Encounters Report was incorrect and has been fixed.
Fix	Apply Service Charge Feature	Users of Symphony (SQL Server database) would not be able to see Service Charges in the Patient Ledger when they were applied using this feature. This has been corrected.
Fix	Illinois Dept of Public Aid HFS 3797 Medicare Crossover claim	This Output Format has been reviewed and corrected for all necessary fields. Note: This only prints non-numeric modifiers
Enhancement	Add Encounters Screen	AppMed now prevents the user from saving an encounter with a charge that has nothing in the DX1 field.
Fix	All ANSI 837 Output Formats	Illinois Dept of Public Aid or HFS requires a change to the ANSI Output Format. Group Practice information cannot appear in the 2010AA Loop, it must be the individual provider information. This is now handled automatically within the program.

Version 3.6.3

Enhancement	Availity 837 Output Format	Humana insurance no longer requires the rendering provider Tax ID number to be reported in the 2310B Rendering Provider Loop. This has been removed for all Humana claims (payer ID 61101)
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Version 3.6.2

Fix	Patient Insurance Screen	The new insurance screen had a few small errors had been reported from users. These errors have been fixed.
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Version 3.6.1

Fix	CMS 1500 Output Format	We have fixed a problem that existed for claims being sent to a Medicaid payer. If the legacy group number was removed from the insurance company, the qualifier "1D" would still appear in box 33b. This has been fixed. Now, if a group number is in the insurance company, 33b will contain both the qualifier and group number. If the group number is removed, box 33b will be empty.
Enhancement	CMS 1500 and ANSI 837 Output Formats	Michigan Medicaid requires for patients that are seen in a hospital (where the POS code = 21), that the box 24C - EMG contain a Y instead of an N. This also applies to the ANSI 837 Output Format Loop 2400 SV109 field. This has been done.
Fix	Patient Insurance Screen	In the new patient Insurance tab if you inactivate a patient's insurance and then add in the same insurance company as the patient's new insurance even though the ID or Policy number had changed, AppMed would prevent this considering it a duplicate insurance. Now this can be done.
Fix	CMS 1500 Output Format	As part of the new NPI only mandate on 5/23/2008, we removed printing the referring doctor's UPIN for all BCBS claims. Minnesota BCBS still requires the legacy UPIN and qualifier in box 17a on the CMS 1500 form. This has been updated to accommodate this company.

Version 3.6.0

New Feature	Patient Insurance Screen	We have updated the Insurance tab at the Patient level. It now appears and behaves similarly to all of the other screens in the patient folder. You can use the tab key to navigate from field to field. The website launch button has been moved to this screen and a button to update the patient address from the Details screen has been added.
New Feature	Include in Lists check	In the patient's Even More Details screen we have

	box	<p>added a check box that will be used to include or exclude the patient from any of the Patient Lists reports. By default, each patient will be checked. You can remove the check if the patient should not be included in lists. This will not affect any financial reporting; all patients except those that have been deleted are included in the Financial Analysis Reports.</p> <p>There is also a companion report in the Patient Lists. It is called the Patients "Include in Lists" not checked report. It will print a list of patients where this box is not checked.</p>
New Feature	Ignored Statement Report	We have added a new report that will list patients that have repeatedly received statements and have not made any payments. It is found under the Monthly Statement Reports section.

Version 3.5.10

Enhancement	CMS 1500 Output Format	Durable Medical Equipment (DME) Regional Jurisdictions require that Box 24J of the CMS 1500 form be blank. We have removed the NPI number from printing in this field.
Enhancement	Availity 837 Output Format	<ol style="list-style-type: none"> 1. Availity has a unique requirement that an office sending Medicare Part B claims and billing using a provider social security number not include the social security number in 2310B Rendering Provider loop. This has been removed for Availity 837 only. 2. Availity requires that we do not print the 2310B or 2310E Ref segments for Unicare claims. This is done.
Fix	Patient File > Print Patient Information	If the email address in the patient's Details screen contained too many characters, an error would occur when trying to print the Patient Information sheet. This has been fixed.

Version 3.5.9

Fix	All ANSI 837 Output Formats	The ANSI HL segment needed just a little more tweaking. When a subscriber is a patient and has multiple encounters included in an electronic batch along with a dependent who also has multiple encounters in the same batch, the HL segment was not correctly recording the dependent relationship record. This has been fixed.
Fix	HFS3797 Output Format	An error would occur if the Insurance Provider ID section was left blank. Now if this section is blank, AppMed will look to the Provider NPI number.

Fix (NPI Update)	CMS 1500 Output Format	As of May 23 rd 2007, Medicare, Blue Cross/Blue Shield and others require claims to be sent "NPI Only". This requirement indicates that nothing should print in the shaded areas of box 17a, 24I, 24J, 32b and 33b on the CMS 1500 claim form. These sections have been removed for claims where the insurance company Source of Payment code is C and G. Various state Medicaid systems have not yet adopted these standards and at this point AppMed will allow ID numbers and qualifiers to continue to print in these areas for insurance companies where the Source of payment code is D. It is recommended to remove these provider ID numbers from these insurance companies as you determine they are no longer required.
Fix (NPI Update)	All ANSI 837 Output Formats	We opted to remove the printing of the REF segment in both the 2310A (referring provider) and 2420E (ordering provider, used only for DME claims) for Medicare claims. The REF segment is used to report the UPIN number. Even if the UPIN number is left in the process claims screen, it will no longer print in the ANSI format for Medicare claims. This will allow users to batch process old claims and not get errors on confirmation reports.

Version 3.5.8

Fix	UB-04 Output Format	Box 1 at the top of the form identifies the facility where the services have been provided and now Box 2 will print a Pay To address if different than the address in Box 1.
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Version 3.5.7

Enhancement	Messages	<ol style="list-style-type: none"> 1. When adding text in the message body field in Messages, the line would not wrap. This has been fixed. 2. We have added the ability for users to delete messages that have been read. Also added the ability for users to view all messages sent to them including the deleted messages. The deleted messages will appear in a different color.
Fix	Gateway 837 Output Format for Illinois Public Aid claims	The new 201AB loop added in version 3.5.2 needed to be changed from using qualifier 85 to qualifier 87 for Illinois Public Aid claims being sent through the Gateway EDI clearinghouse. This has not been changed for the Availity 837 format at this time as it seems to work better without this modification
Fix	PIP Auto Post Feature	<ol style="list-style-type: none"> 1. When the Auto-Post feature finds two or more patients that have the same insurance subscriber ID

		<p>number it was unable to resolve which patient to post for. This can also happen for offices that have patients that have both Medicare Part B as a Primary and Medicare DME as Alternate Primary insurance. This has been resolved.</p> <p>2. The 835 Remittance files are now being sent with the NPI number rather than the traditional Tax ID number to identify the doctor or organization being paid. Logic to allow this has been added.</p>
Fix	All ANSI 837 Output Formats	<p>Since the beginning AppMed had been creating ANSI 837 electronic claim files and incorrectly interpreting the HL (Hierarchical Loop) segment. The function of this segment is to report if there are dependent patients of subscribers coming in the next record. Until now no one had caught this. The Availity clearinghouse was rejecting the entire claim batch in which two patients with the same subscriber and who both have charges being sent in the same batch due to this issue. It has been resolved.</p>
Fix	All Output Formats for Virginia Medicaid	<p>In version 3.2.1 we made a change to prevent sending the Group NPI number for organizations that bill Virginia Medicaid. This update was incorrect and has been reversed.</p>
Fix	Idle Encounters Report	<p>It has been reported that the new Idle Encounters Report would include all encounters regardless of the Ending Date entered in the report filters screen. This has been fixed to only print encounters on or before this ending date.</p>
Fix	All ANSI Output Formats	<p>When sending claims for Durable Medical Equipment (DME) the 2420E Loop is required to indicate the Ordering Provider. Attention has been given to this loop to insure it is working properly.</p>

Version 3.5.6

Fix	ANSI 837 Output Format	<p>When sending DME claims, Medicare requires the 2420E loop to indicate the Ordering provider. This had not been updated to indicate the NPI number. It has been fixed.</p>
Fix	Unpaid Encounters Report	<p>The final section of the report "Total Encounters All Current Claims Closed" was not sorting in the date order as the rest of the report. This has been resolved.</p>

Version 3.5.5

Fix	UB-04 Output Format	<p>A change was made so that the Office Name appears in box 1, the upper left corner of the UB-04 form. Previously it printed the doctor's name in box 1 and the Office Name in box 2.</p>
Fix	HFS 3797 Output	<p>In version 3.5.0 we added a new Output Format for</p>

	Format	Illinois Medicaid crossover claims called HFS 3797. It needed a few more tweaks in order to behave properly. This has been done.
Fix	Process Encounters	In version 3.5.3 we added an edit to prevent claims from being processed if the Release of Information Date was before 01/01/2000. We have now changed that date to 01/01/1990.
Fix	UnDo Encounters	An error would occur for users of Symphony (SQL Server database) when trying to Undo an encounter (remove the encounter from Send Claims). This error has been fixed.
Fix	Database Explorer > Ledger Codes	An error would occur for users of Symphony (SQL Server database) when trying to delete a ledger code from this section. This error has been fixed.

Version 3.5.4

Fix	Process Encounters	When processing encounters in SQL Server databases the Release of Information Date would occasionally appear as 12/31/1899. This has been resolved.
Fix	Send Claims > Create Claims	When creating a claim file in Send Claims, if there is an apostrophe (') in the name of one of the Facilities, an error would occur preventing the creation of the claim file. This has been fixed.
Fix	User Administration	The change password function was not working properly. This has been fixed.
Enhancement	User Administration	The permissions P1, P48 and P50 have been moved to the Settings tab.
Fix	Send Claims > Print Detailed List	When printing the Detailed List of patients in the Send Claims area, if an encounter contained two charges with the same CPT code, the total amount for the encounter would be incorrect. This has been fixed.

Version 3.5.3

Enhancement	Database Explorer > Providers > UPIN	In the march toward "NPI Only" claim processing, you can now remove the UPIN number from each of the provider records. Until recently Medicare required this for the claim to be accepted. Now Medicare accepts the provider NPI only which is part of the same provider record.
Enhancement	Database Explorer > Referrals > UPIN	You can also remove the UPIN number from each of the referring providers in the Referral table as long as you have entered the NPI number.
Enhancement	Process Encounters	We have added an edit to prevent the user from including a referring doctor and does not include either the UPIN or NPI number for the referring doctor. If both the UPIN and NPI fields are blank,

		the claim will not process. One or both of these fields must be completed.
Enhancement	Process Encounters	We have added an edit to prevent processing an encounter where either the Provider Signature Date or the Release of information date is before 01/01/2000.
Fix	DPA 1443 Output Format	A bug existed that prevents printing this claim form on a SQL Server database. This has been fixed.
Fix	Patient Ledger Screen	A problem had existed when modifying any payment or adjustment in the Ledger that was associated to an insurance payment. If one was modified, the transaction would become “unlinked” from the insurance payment. This has been resolved.

Version 3.5.2


Enhancement	Illinois Public Aid electronic claims	Illinois Public Aid added a requirement to include a 2010AB record which is a redundant record used only to indicate the Provider Pay To code (which is also found in the 2010AA record). This has been added to AppMed.
Fix	Send Claims > Print Concise List	In version 3.5.0 we made changes to this report which resulted in patient names being sorted incorrectly. This has been fixed.
Enhancement	Post Insurance Payments > Auto-Post Feature	Medicare deductible and coinsurance amounts were combined in the same coinsurance column. Now they appear correctly in their own columns.

Version 3.5.1

Enhancement	All ANSI Claim Output Formats	<ol style="list-style-type: none"> 1. AppMed can now be NPI Only. We removed the edit that prevents processing any ANSI Output Format claim where there is no legacy provider number at the insurance company Provider ID table. These legacy numbers may now be removed from the system to allow “NPI Only” claim transmission. 2. Modified the edit that prevents processing an encounter for secondary insurance when there is no “Allowed” amount recorded for the charge transaction. This edit will now only occur for ANSI Output Formats but will let CMS 1500 claims pass the edit. 3. We have added an edit that prevents processing any encounters for electronic claims where the charge amount is zero.
Fix	Process Encounters	The NPI number for the referring provider would not stay saved in the process encounter screen. It would also not default to subsequent process claim screens for subsequent encounters. This has been fixed.

Version 3.5.0

New Feature	Monthly Financial Reports > Accounts Receivable Summary and Idle Encounters Report	We have created a great new report that summarizes you're A/R on a single page. It is called the Accounts Receivable Summary Report. Each part of your A/R is summarized including a new area called Idle Encounters. These are encounters in AppMed that have not been marked as patient responsibility and are no longer being billed to insurance. Another new report under the Encounter Reports section is called Idle Encounters. This will give a detailed list of those encounters that are not being acted upon in your system. This is a great new tool in the battle to reduce your accounts receivable.
New Feature	Messages	On the AppMed Desktop screen we have renamed the Reminders icon to Messages. This new features replaces the Reminders function with a new robust intra-office messaging system that is similar to email. The benefit of this new feature is that these messages are saved to the database and can be reviewed at any time in the future. This is a powerful new tool that can be used for all office messaging including telephone calls, staff memos, ongoing patient communications and more. A system administrator can view all messages sent among users within the system in order to assist with issues.
New Feature	Encounter screen Multiply Fee X Units	When you are adding a transaction in the Encounter and there are multiple units, while your cursor is still in the units field, you can press the asterisk (*) key and the fee will automatically multiply by the number of units you have entered.
Enhancement	Process Encounter Screen, Include/Exclude credits	In version 3.0.0 we introduced a new feature that allows users to include or exclude charges from an encounter that can appear on an insurance claim. We have expanded that feature to now allow including or excluding credits (i.e. payments and adjustments). This will allow users to create claims that include the credits that have been applied to an encounter either from the patient or other previous insurance company EOBs.
Enhancement	Process Encounter Screen, Referral Look Up screen.	We have added a new feature that allows you to look up referrals from within the Process Encounters screen. This will help you as you begin to add NPI numbers for these referrals to claims.
Enhancement	Updated User Profiles	The User Profiles in the Admin function in AppMed have been updated. Most importantly, the permissions for each user have been organized into easier to understand categories. Additionally, each user can now access their own user profile for the

		purpose of updating their own information including demographics and password. Only Super Users will have access to user permissions.
Enhancement	Patient Charges Report now shows Encounter Comments.	This report has been updated to allow you to use the Encounter Facility as a filter. It has also been updated to display the Encounter Comments.
New Feature	Patient Details>File>Print>Insurance Invoice	We have added a new choice under the File pulldown option in the Patient Details screen. It is an Insurance Invoice. This is a hybrid between the Quick Receipt and the CMS 1500 form. It is a page that can be printed on blank paper and given to a patient at the time of service. It contains all information needed for the patient to bill their own insurance.
New Feature	New Output Format HFS 3797 Illinois Medicaid Crossover Form	We have added this new Output Format which gives you the ability to print the new Medicaid Crossover form HFS 3797. This form is used to bill Illinois Medicaid when the Primary does not automatically send the claim to HFS secondary.
Enhancement	Statement Credit Card Box	A new box containing the credit card images and new lines for the patient to write the credit card number, expiration date, authorization code and signature has been added to the statements.
Enhancement	Transaction Modifier #4	We have added the 4 th modifier available for each transaction as is allowed for on the new CMS 1500 claim form and all ANSI 837 EDI Output Formats.
New Feature	ANSI NTE Segment 	When billing for certain items, insurance companies may ask for additional description for a service. This additional description is carried in the NTE segment in the ANSI 837 format. You can now add the additional description for these services while in the encounter screen. A new icon now shows above the Mod1 field that, when clicked, will open up a new window for adding the NTE description. This description can be up to 80 characters in length.
New Feature	Patient Ledger Screen > Show Deleted/Created By	We have added a new check box in the Patient Ledger that when checked will display the user initials and dates for transactions deleted, created and modified.
Enhancement	Reports > Patient Reports Tab	The Patient Reports tab has been relabeled to read, Patient Reports/Lists, Mailing Labels, Mail Merge in order to identify for users the variety of options available in this area.
Fix	Patient Mailing Labels	The number of characters allowed to print on mailing labels on a single line is now restricted to 27. This prevents “wrapping” of the line and colliding with other information on the next line.
Fix	Insurance Payment EOB received date	In cases where a patient has an insurance that terminates and then is reinsured by the same insurance company with a new effective date caused

		problems with the date tracking for EOBs received. This has been resolved.
Enhancement	Unassociated Transactions Report	This report had been called the Unassigned Transactions report and has been renamed to Unassociated Transactions. It is used to find credits that are not associated to any encounters in the system.
Enhancement	Patient Charges Report	We gave the Patient Charges report a facelift. We added the Encounter comments for each encounter listed.