Health Informatics Biweekly Newsletter

AthenaNet Biweekly Release Notes
February 6, 2025

Updates...
Admin
- **Medical Group and Provider Credentialing Improvements**

Clinicals
- **Receive the Quality Management Report (QMR) CSV Export to your Report Inbox**

All Roles
- **Patient Banner Updates**
- **Patient Communication: Patient Time Zone in Messaging**
- **Patient Portal: Appointment Times Reflect Patient's Device Time Zone**
- **Success Community — New Support Case Classifications for Claim Posting**
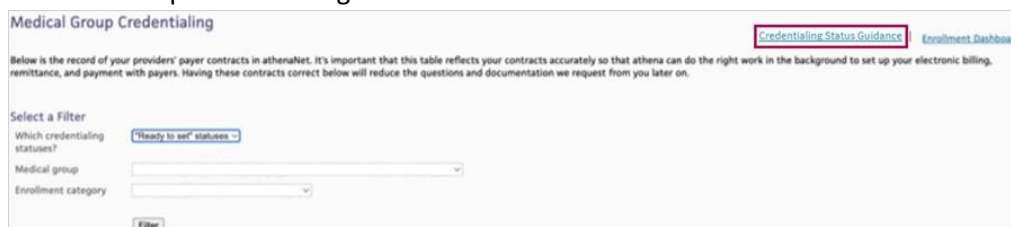
Athena Dental
- **Patient Statements Hold**

Medical Group and Provider Credentialing Improvements

Credentialing Status Guidance link

You can now click a **Credentialing Status Guidance** link that leads to help content on the Success Community from the following pages:
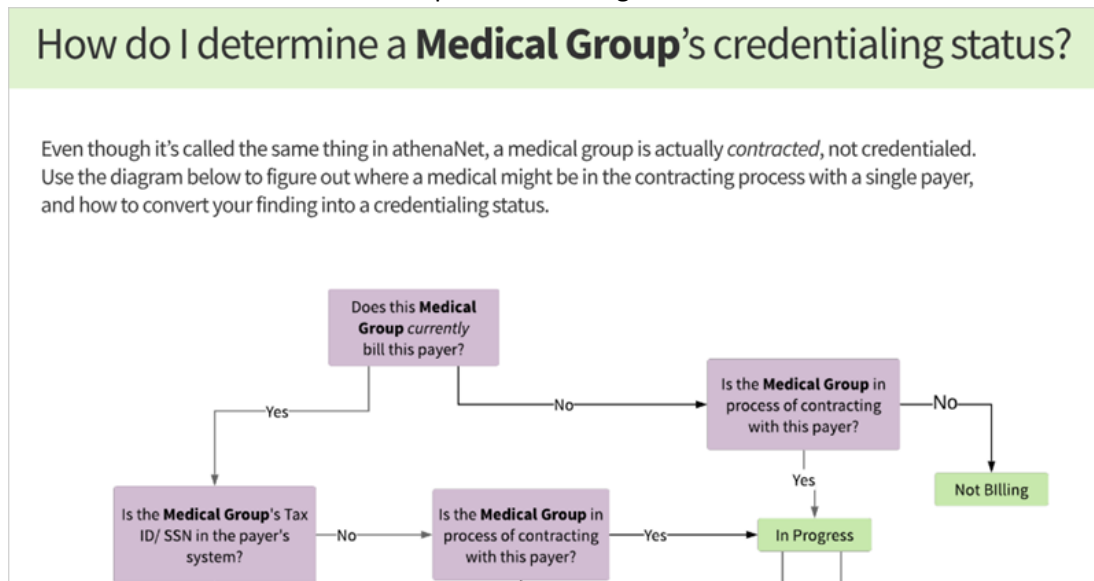
- Medical Group Credentialing
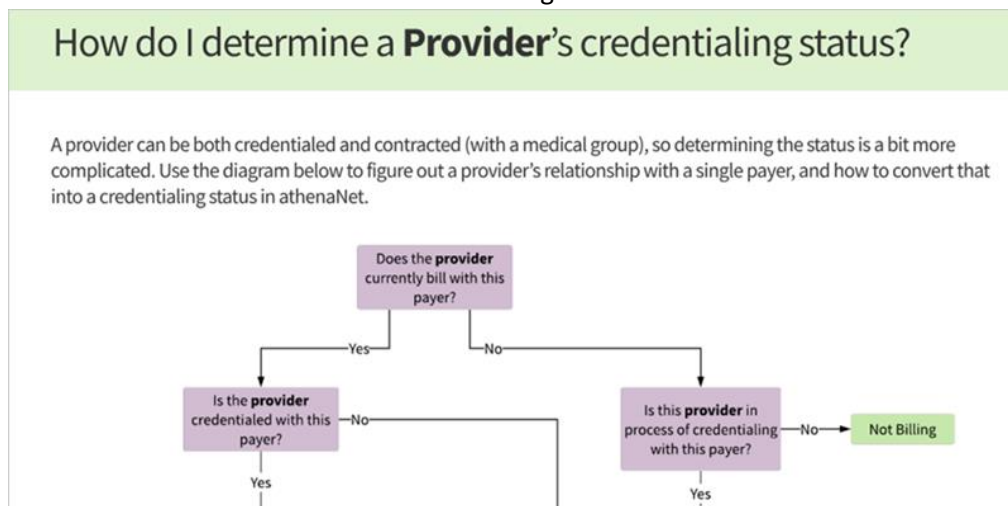
- Provider Credentialing Status Management

Provider Credentialing Status Management

Incomplete Statuses (2924)   All Statuses

Bulk Edit (0)   Copy Statuses From...   Clear all filters   Review Changes   Undo All Changes

Credentialing Status Guidance | Enrollment Dashboard | Give Feedback

Provider Name	Provider Type	Payer	Billing Parameters	Medical Group	Credentialing Status	Dates	$ Cred Holding
KAZMI_M	MD/DO	BCBS-MA		AARDVARK LOUSIANA TEST GROUP 1	Credentialing - Ov ∨		$0.00
KAZMI_M	MD/DO	BCBS-OK		AARDVARK LOUSIANA TEST GROUP 1	Credentialing - Ov ∨		$0.00

The knowledge article contains decision trees for how to determine the credentialing status for a medical group or provider. For example, these decision trees help answer these questions:

- How do I determine a Medical Group's credentialing status?

How do I determine a **Medical Group**'s credentialing status?

Even though it's called the same thing in athenaNet, a medical group is actually *contracted*, not credentialed. Use the diagram below to figure out where a medical might be in the contracting process with a single payer, and how to convert your finding into a credentialing status.

Does this **Medical Group** currently bill this payer?

Is the **Medical Group** in process of contracting with this payer? — No → Not Billing

Yes →

Is the **Medical Group**'s Tax ID/ SSN in the payer's system? — No → Is the **Medical Group** in process of contracting with this payer? — Yes → In Progress

Yes → In Progress

- How do I determine a Provider's credentialing status?

How do I determine a **Provider**'s credentialing status?

A provider can be both credentialed and contracted (with a medical group), so determining the status is a bit more complicated. Use the diagram below to figure out a provider's relationship with a single payer, and how to convert that into a credentialing status in athenaNet.

Does the **provider** currently bill with this payer?

Yes → Is the **provider** credentialed with this payer? — No

No → Is this **provider** in process of credentialing with this payer? — No → Not Billing

Yes ↓

Yes ↓

Provider Credentialing Status Management enhancement

On the Provider Credentialing Status Management, organizations with a lot of providers may notice the page load faster due to improvements to its performance.

Patient Banner Updates

Revamped Banner Cards: We're thrilled to announce that our banner cards have been enhanced! By removing unnecessary labels, you're now able to see a lot more valuable information at a glance. This ensures you get the insights you need without any clutter.

Interactive Hover Indicators: To elevate your user experience, we've introduced new +1 indicators! These intuitive markers will guide you to discover additional information with just a hover, making navigation smoother and more engaging.
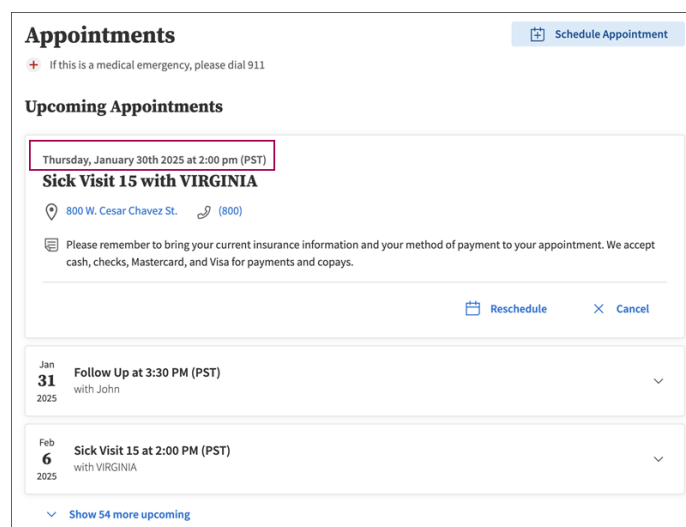
Patient Communication: Patient Time Zone in Messaging

We're making two changes to our messaging content. These changes apply to messages with appointment time information, including both in-person and telehealth appointments:

- Time zone information is adjusted to reflect the patient's time zone on all applicable messaging content.
- The window of time during which messages are sent to patients now respects the patient's time zone, rather than the practice's time zone.

Patient Portal: Appointment Times Reflect Patient's Device Time Zone

Receive the Quality Management Report (QMR) CSV Export to your Report Inbox

With this enhancement, all real-time exports to CSV format of a quality management report are sent directly to your Report Inbox when the report is complete. From there you can easily download the report. Here's an image from the Quality Management Reporting page:
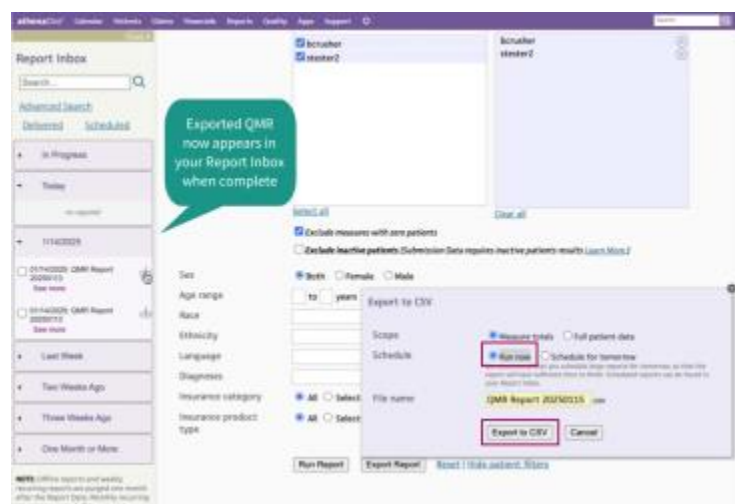
Tip: Click the image to see an expanded view.

Unlike the **Schedule for tomorrow** option, which sends the completed report to your Report Inbox at a later time, the **Run now** option generates the report immediately and in real time. Once the export is complete, the report will be available in your Report Inbox, ready for download.

This enhancement applies as well if you're selecting to **Export to CSV** from the Report Summaries section of the Quality Management Reporting page:
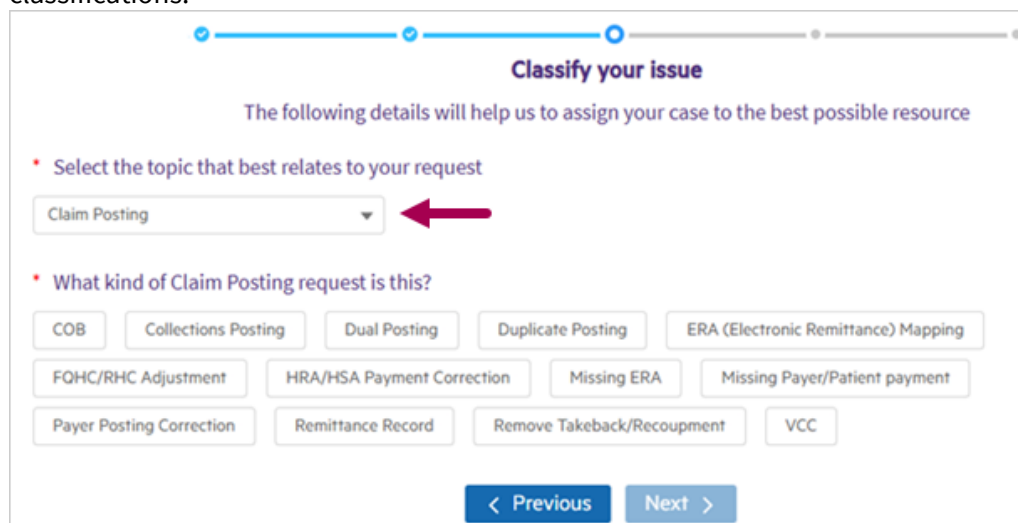
Report generation time varies based on the quantity and complexity of the filters you select. It may take a few minutes for smaller requests and up to three hours for larger ones. Typically the report is generated fairly quickly once triggered outside of the busy hours of 7:00-9:00 a.m. in the morning.

Success Community — New Support Case Classifications for Claim Posting

The Guided Support Experience within the Success Community enables you to create a support case, provide details about your request, and classify your issue in an intuitive step-by-step workflow.

Now, when you classify issues related to claim posting, you can select or be recommended a new general case classification: **Claim Posting**. Previously, **Claim Posting** was available as a sub-classification under **Billing & Claims**.

After you select **Claim Posting**, you can further specify your issue by selecting one of 13 sub-classifications:

The following sub-classifications are available for **Claim Posting**:
- COB
- Collections Posting
- Dual Posting
- Duplicate Posting
- ERA (Electronic Remittance) Mapping
- FQHC/RHC Adjustment
- HRA/HSA Payment Correction
- Missing ERA
- Missing Payer/Patient Payment
- Payer Posting Correction
- Remittance Record
- Remove Takeback/Recoupment
- VCC
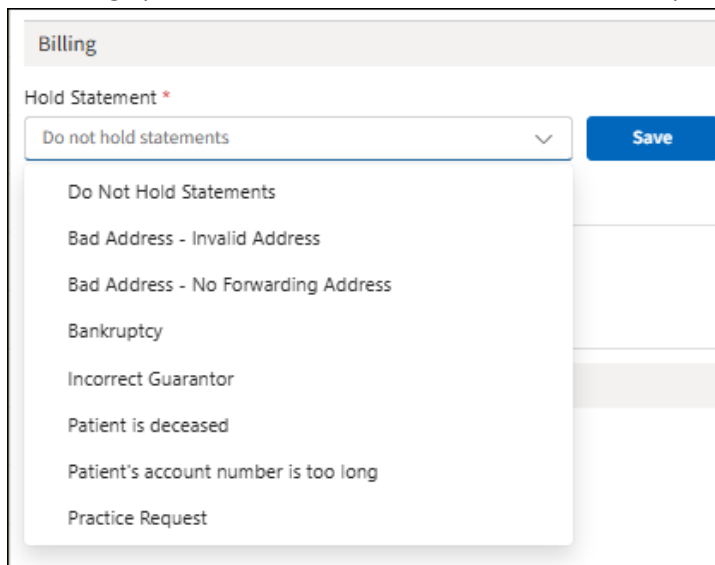
Patient Statements Hold

Patient Profile

NEW:

- Added the "Hold Statement" feature to the Payers tab on the Patient Profile. This provides a way to view and manage patient-level statement hold statuses directly from the Patient Profile.
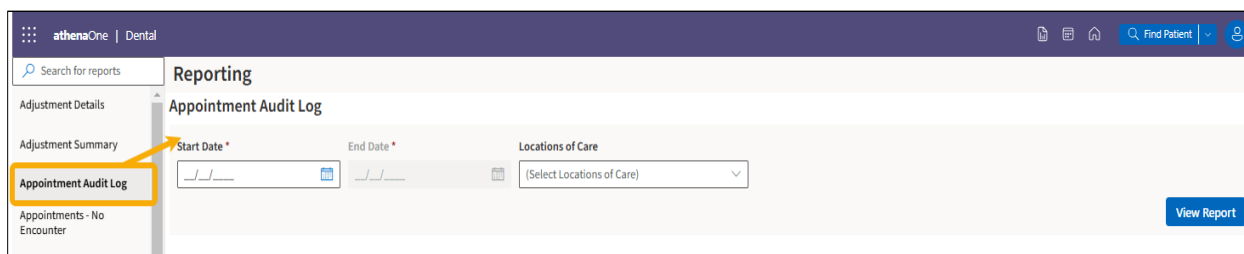

Reporting Module

NEW:

- Added an Appointment Audit Log Report. The purpose of this report is to track appointment changes, detailing what was modified and by whom. Appointment audit history data is only available from February 12th at 9pm Central) onward.
  - **Parameters:**
    - **Required Fields:** Start Date and End Date
      Note: Start & End dates represent the appointment date.
    - **Optional:** Locations of Care
  - Note: Appointments scheduled before February 12th at 9pm Central will not appear on the report. Only appointments and changes made after this date that meet the specified parameters will be included.
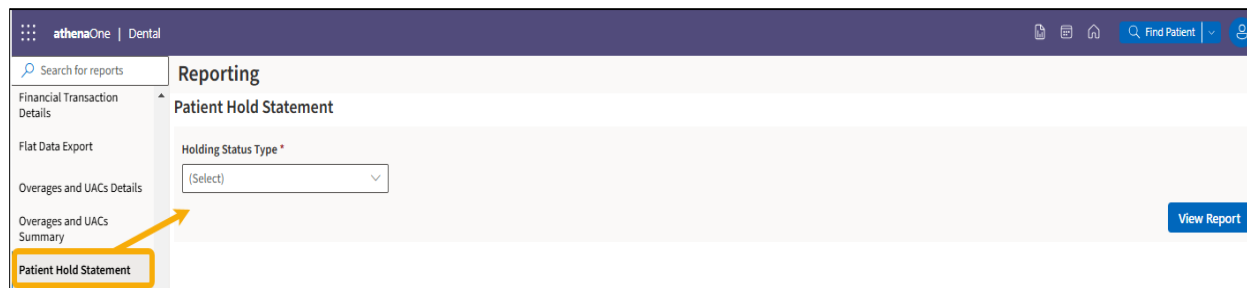
- Added a Statement Hold Type Report. The purpose of this report is to categorize patients based on their specific hold statuses. This allows for filtering by patient-level hold types.
  - **Parameter:**
    - **Hold Types**: Bad Address (Invalid Address, No Forwarding Address), Bankruptcy, Incorrect Guarantor, Patient is Deceased, Patient's Account Number is Too Long, and Practice Request.
    - Note: If no Hold Type is selected, the report will generate a list of patients with ALL hold types.

UPDATED:

- Updated the logic of the Bulk Patient Statement report to account for patient-level holds.
  - Note: Patients with a "Do Not Hold Statements" status will populate if they have a balance and meet the other report parameters. Patients with any other hold status will not populate.