May 6 - HCAI Billing & Reporting Errors

This webinar provides a review of recent updates to the practitioner dashboard and invoice search functions, followed by troubleshooting steps for HIA billing.

Practitioner Dashboard: Recent changes aimed to streamline the charting process and introduce an immediate autosave feature. The speaker noted that some providers mistakenly equate this autosave with "complete and close," so an upcoming system-wide update will allow clinics to toggle their default button between "save" and "complete and close".

Feature Update: Practitioner Dashboard Streamlining & UI Condensation

Problem Solved

The dashboard was visually cluttered ("messy"). Additionally, providers on smaller layouts or tablets experienced cramped interfaces ("crunchy" UI), and waiting the default two minutes for chart autosaves caused provider anxiety regarding lost work. Missing data visibility issues (e.g., patient age missing in new charts) also created friction.

Core Functionality

- **Immediate Autosave:** A new immediate **Save** button triggers an instant, manual override of the background autosave timer.
- **Condensed UI Layout:** Massive action buttons have been shrunk down and condensed to limit whitespace consumption, rendering more effectively across various device form factors.
- **Aged-Chart Data & Actions Restoration:** Restored patient age visibility on new charts. Works are ongoing to restore the "Create new chart from previous chart" workflow.
- **Appointment View Contextualization:** Clicking on an appointment no longer automatically refreshes details inline; administrators or practitioners must explicitly click **Appointment Details** to populate fields and use the checkbox option to trigger edits.

Technical Implementation / Config

- **Default Button Toggle (Upcoming):** A forthcoming system-wide (non-user-specific) configuration setting will allow administrators to toggle the layout default primary action button between **Save** (in-progress keeping) and **Complete and Close**. Whichever is chosen as secondary will dynamically fold into an accompanying dropdown list.

> **Best Practices**
> Tablet and Form Factor Usage: While the condensed layout supports scalable viewports, charting should explicitly not be conducted on mobile phone resolutions.

> **Missing Technical Detail**
> The speaker referenced that new medical/chiropractic widgets will be launched shortly to simplify charting workflows but did not explain implementation steps or concrete timelines.

Feature Update: Enhanced Invoice Search & Multi-Select Payments

Problem Solved

Filtering workflows were lost upon screen refreshes, requiring redundant inputs. Furthermore, processing multi-select bulk payments (such as Blue Cross, Green Shield, or WSIB statements) with partial or line-item specific distributions forced an expansive lateral layout shift on the screen, degrading readability.

Core Functionality

- **Isolated Fields:** Separated patient name/chart number fields from invoice/policy number inputs to sharpen search queries.
- **Sticky Search Filters:** Introduced a "Custom Search" module featuring lock icons. Administrators can lock designated parameter sections (e.g., date ranges), keeping them persistent through manual screen refreshes.
- **Inline Multi-Select Itemized Payment:** When initiating bulk payments via multi-select checkboxes, line-item adjustments and partial distributions are handled dynamically inside the core modal/payment screen rather than appending a massive sidebar list to the edge of the viewport.

Technical Implementation / Config

- **Deployment Target:** This update goes live Thursday night; modifications will be visible on client environments Friday morning.

Technical Analysis: HCAI Integration Validation & Error Resolution

Problem Solved

Automating Auto Insurance (MVA) claims submission requires rigid data schema mappings. Improper configurations yield structural validation rejections (e.g., invalid providers, character errors, and missing split balances).

Core Functionality & Troubleshooting Workflows

- **Handling Split Invoices:** If an invoice is split across Extended Health Benefits (EHC/EHB) and HCAI, it locks editing capabilities down. To modify service codes, the split invoice must be voided entirely and rebuilt. Provider reassignments, however, are explicitly allowed on split or fully paid invoices without a complete rollback.
- **MIG $400 Supplementary Goods Tracking:** For OCF-23 approvals containing general tracking codes, users must delete the generic $400 placeholder item off the internal treatment plan post-approval, create the explicit invoices via Quick Invoice, and add the distinct itemized codes mapped as "Supplementary (S)" to auto-calculate the running balance caps properly.
- **System Environment Syncing:** The system provides an automated "Get Facility Info" diagnostic within Accounting to test core API handshakes with HCAI.

Error / Symptom	Root Cause	Resolution
"Occupation invalid for specified provider"	Provider type does not match delegated code restrictions (e.g., PTA mapped to PT service)	Change practitioner on the invoice to a Regulated Health Professional (RHP) matching the specific service.
"MO Debits Required"	Treatment plan is expecting a split balance input to an EHB payor, but the balance field is set to zero.	If EHB caps are fully exhausted, remove EHB configurations from the treatment plan to force 100% MVA billing.
Blank Submission Preview Window / Empty Print Batch	An item or service code in the bulk batch does not map to any active item on the treatment plan	Delete the print batch, audit the line items against the underlying treatment plan parameters, and re-batch.
"Unsupported Character" Parsing Failures	The HTML browser interprets system formatting punctuation as raw code injections.	Scan the document body, patient names, or adjustments profiles for prohibited assets. Cleanse character values.

Technical Implementation / Config

- **Registry Numbers vs. Registry IDs:** Practitioners must populate their profiles with the unique tracking key generated explicitly by HCAI under the HCAI tab, **not** their standard professional association/college license registry numbers.
- **Character Sanitation White-lists:** XML parsing breaks on specific browser-based characters. The following structures are strictly banned in treatment plans, profile notes, or patient names:
  - `&` (Ampersands) — *Must be manually converted to the text string* "*and*".
  - `"` (Double Quotes)
  - `–` (Extended/Long Em-Dashes triggered via space-hyphen formatting)
  - `<` or `>` (Greater than / Less than signs)

> **Best Practices**
> Preferred Names Formatting: Do not utilize quotation marks or brackets directly inside the patient First Name field (e.g., `Scott "Sam"`), as this breaks basic string queries within the global database index. Always assign preferred aliases to the dedicated **Alternate Name** property field.

> **Caveats & Limitations**
> Regulatory Redundancy: A significant legislative shift and platform modernization roadmap from HCAI is arriving on July 1st, 2026. Some current EHB-to-HCAI workflow segmentations outlined in this version will become legacy behavior. Development validation cycles are actively running to coordinate the system's transition seamlessly.

Keywords: juvonno-release-may-2026, practitioner-dashboard-updates, hcai-validation-errors, invoice-search-locks, split-invoice-voids

Source: https://drive.google.com/file/d/1sc_T-2UufFFQbKfrffpPvrTBSjWkXb_x

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Revision #4
Created 2026-06-26 20:38:57 UTC by Admin
Updated 2026-07-13 15:34:15 UTC by Admin