6.1 & 200.3.1 Releases

Production Release: January 8, 2026

Versioning

Posted Date	Comments
12/19/2025	Initial posting
12/24/2025	Formatting updates
1/2/2026	Added 53234

Table of Contents

6.1 Feature Release

Release Date: January 8, 2026

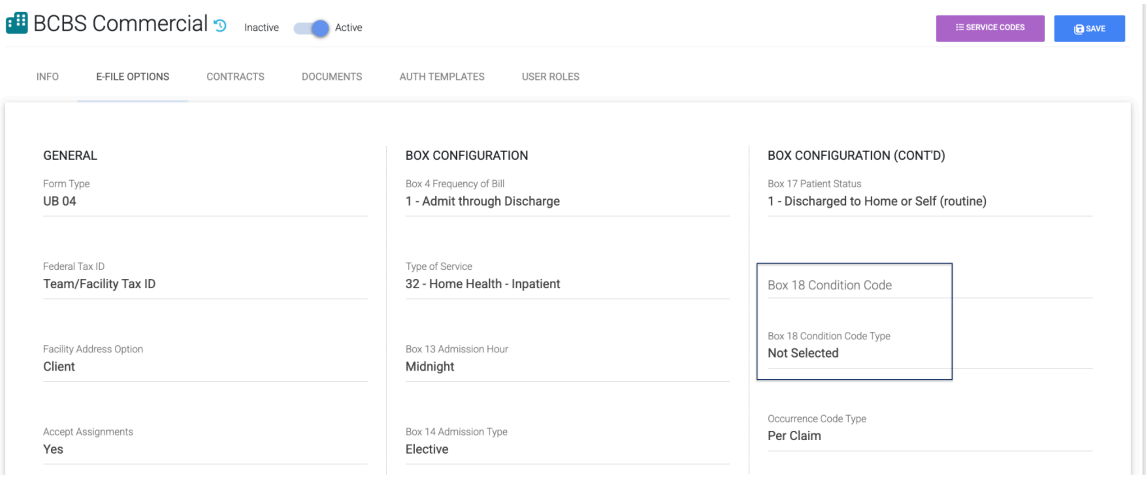
Billing

UB-04: Condition Code Box 18 Configuration

A new payer-level configuration has been added to support sending a Condition Code in box 18 on UB04 institutional claims. *ENH39761*

A new Condition Code Box 18 field is available within *Payer* > *E-File Options* > *Box Configuration* when Form Type = UB04.

- Value
  - accepts two (2) alphanumeric characters (A-Z, 0-9).
  - if no value is entered, box 18 is left blank on the claim.
- Type
  - single select dropdown with two options
    - All Claims
      - Condition Code is sent on every UB04 claim
    - CO Live-In Caregiver
      - Condition Code is sent only when the client's state is Colorado (CO) and the caregiver on the Care Team is marked as Live-In Caregiver



The Condition Code appears in the 837I file in Loop 2300 HI01-2 using qualifier BG. Example: HI*BG:E1~

The Condition Code is retained in A/R actions, including Replacement and Forward Balance, and is visible when downloading the 837I file from A/R Detail.

Note: This enhancement applies to Ability and Waystar.

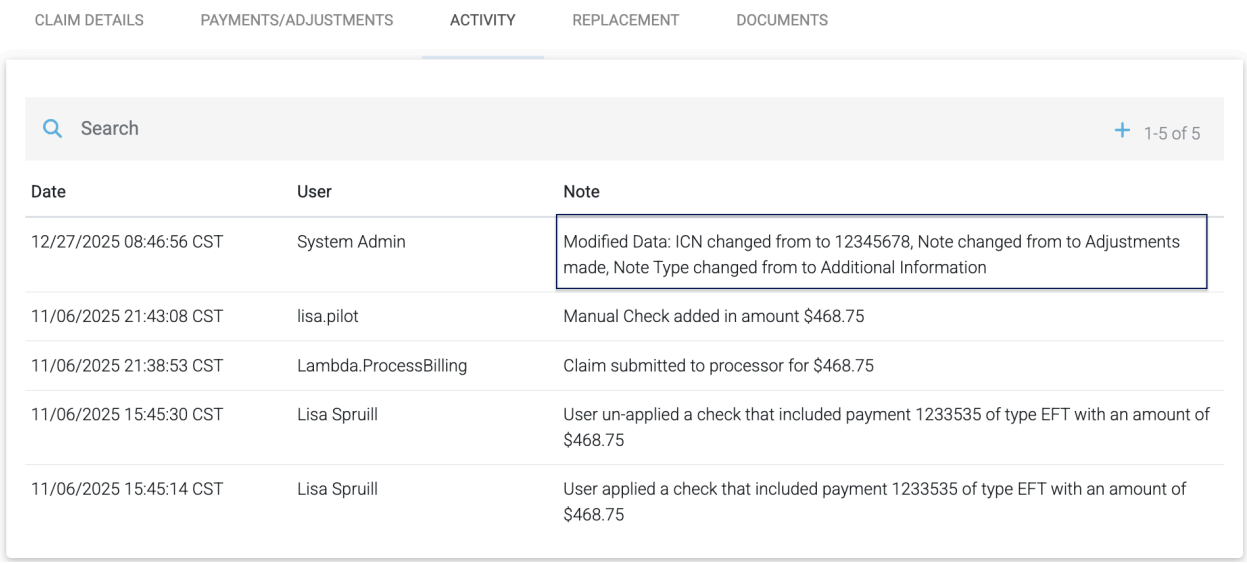
Claim Details: Activity Updated to Include Service Line Edits

To provide better visibility into changes made when creating a Forward and Replacement claim, the Activity tab within *A/R Details* > *Claim Details* now includes audit details for edits made at the service line level. *ENH51784*

Audit details for the following:

- ICN
- Adjudication Date
- Place of Service
- Billing Codes
- Units
- Paid
- Note Type
- Note
- Adjustment Reason Code
- Adjustment Reason Group
- Amount

Users can now easily see what was changed, when, and by whom to allow for faster root-cause analysis of claim adjustments.

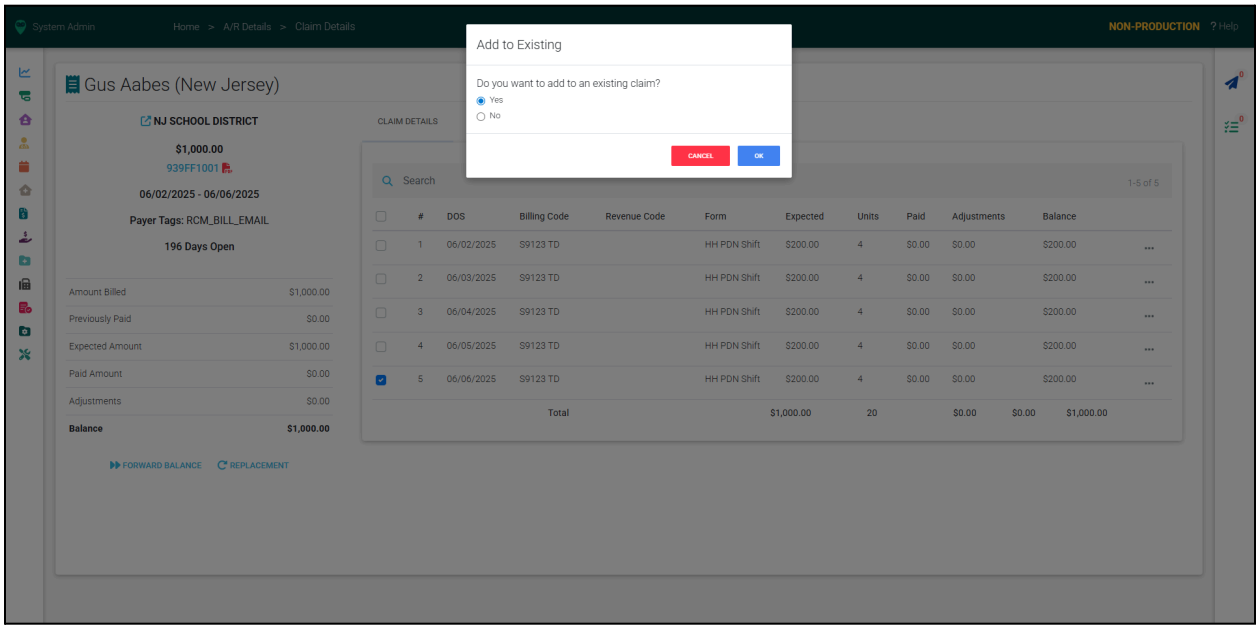


Replacement Claim: Adding a Service Line to an Existing Claim

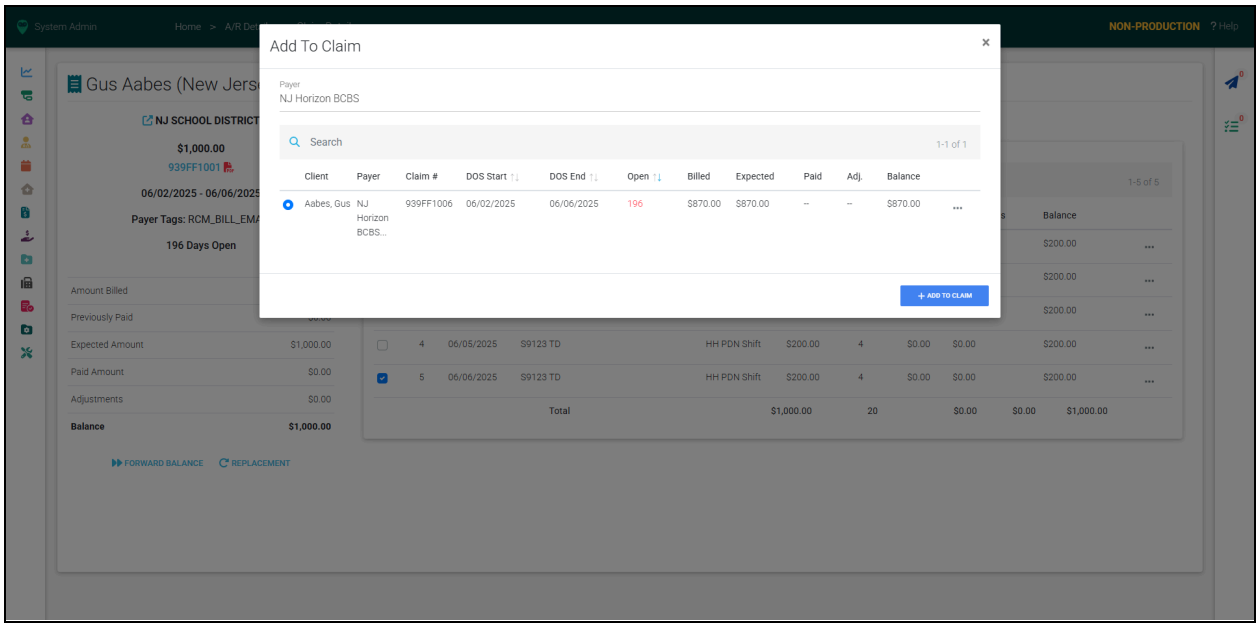
Dates of Service (DOS) are now able to be added, or forwarded, to an existing claim instead of always creating a new one, preventing unnecessary voids and new claim numbers as corrections are made. *ENH51975*

When DOS are identified as having been billed to the wrong payer (e.g., school vs. Medicaid)

1. Select the original claim within A/R Details to open Claim Details
2. Select the DOS to be added/forwarded to an existing claim
3. Click ‘Forward Balance’
4. Select Yes > OK to forward the service line(s) to an existing claim
   OR
   Select No > OK to proceed with creating a new claim for the selected DOS
   You must click on the Yes/No wording. The circle icon indicates your selection, but is not functional.
   Note: the selection will default to No to keep consistent with current processes of creating a new claim

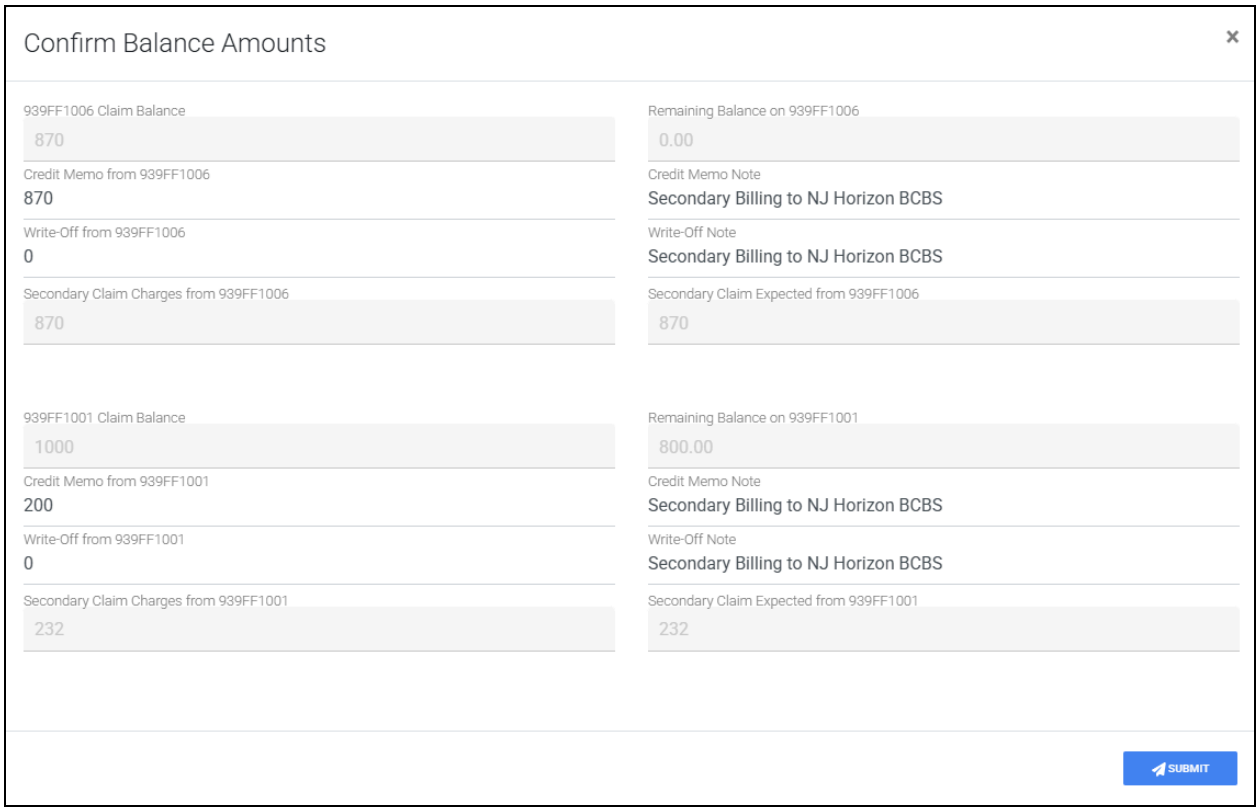


5. Select the Payer of the target claim
   - All claims within a valid date range for the selected DOS will be available, including archived
6. Select the target claim



7. Click '+ Add to Claim' to create the replacement claim with the added DOS
    - As part of the replacement claim being created,
        - The target claim keeps its claim number, with a standard replacement suffix (R1, R2, etc.)
        - A credit memo for the forwarded amount is added to the original claim
        - Totals and balances are recalculated automatically
        - The added service line is visible on the replacement claim
        - The selection checkbox to create a forward/replacement is hidden for selected service lines on the original claim details
        - All actions are logged in claim history for auditing purposes

    Note: regardless of claim settings this process will not combine or separate service lines
8. Complete any necessary updates to the target claim
9. Click Save & Send
    - Confirm Balance Amounts modal is updated to include details for original and target claim for review



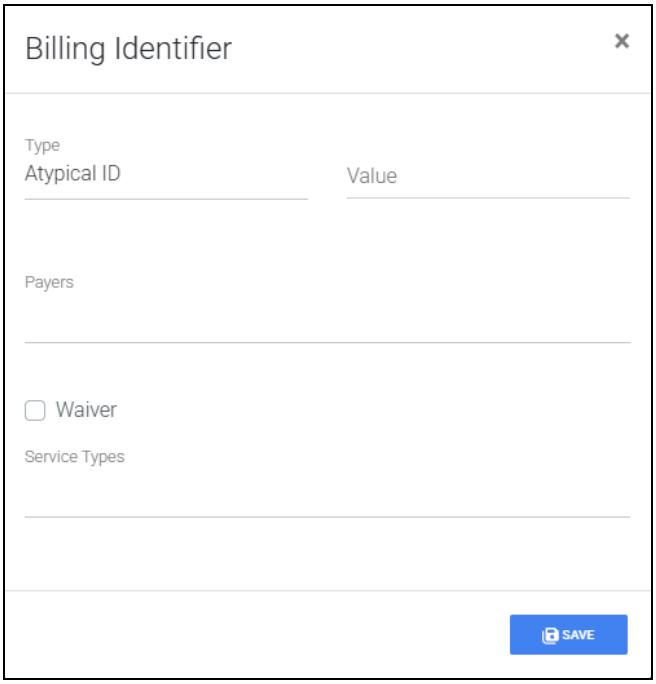
10. Click Submit
11. If the target payer requires EVV, the forwarded service will be queued automatically.

As the requirements for the original payer can vary situationally, if a replacement claim is needed for the original payer, users will need to complete this manually using existing processes and functionality.

Billing Identifiers: New Type - Atypical ID

Providers can now configure types of Atypical ID at both the *Team > Identifiers and Facility Profile > Identifiers* levels to be used for billing. *ENH52683*

Facility / Team Profile > Identifiers:



- Type: Required, single select
- Value: Required, at least one character must be entered
- Payers: Optional, multi-select
    - If no payer selected applies to all payers
- Waiver: Checkbox
- Service Types: Situational, mutli-select
    - Service Type is optional if only one Atypical ID type exists, for subsequent additions Service Types is required

Exact duplicates are prevented from being added at the same level based on Service, Payer, and Waiver values.

Payer > E-File Options > Box Configuration:
A new option of 'Team/Facility Atypical ID' has been added to payer e-file configuration dropdowns.
When configured, Atypical ID values will be populated in:
UB-04: Boxes 56, 76, 78, 81C
CMS-1500: Boxes 24I, 24J, 33A, 33B

When a payer is configured to use 'Team/Facility Atypical ID', the system selects the identifier for the claim using the following order:

1. Facility Atypical ID (if the visit occurred at a facility with one)
2. Team Atypical ID
3. Client's Team Atypical ID, if multiple teams exist

4. Optional filters applied as needed:
    - Service
    - Payer
    - Waiver (only if the bill code is marked as Waiver)
5. If no matching identifier is found, no Atypical ID is included on the claim

Patient Balance Bill: Added to Financials on Admission Save

An update has been made so that the Patient Balance Bill payer is added to *Client* > *Profile* > *Financials* when the admission record is saved rather than waiting for a scheduled run to reduce timing discrepancies of the PBB payer not yet existing and needing to be billed. *IMP54855*

EVV

New Aggregator Configuration - CellTrak Carebridge Tennessee

CellTrak Carebridge for Tennessee (TN) integration is now available. *ENH51836*

Payers within Statewise can now be configured with an EVV Provider = CellTrak Carebridge and EVV State = TN.

Edit Visit Reason Codes

Code	Description
MR1005	(Carebridge) No Eligible Method to Check in or out
MR1025	(Carebridge) Worker Provided Services Outside of the Authorized Time
MR1060	(Carebridge) Authorization not in Place at Time of Visit
MR1065	(Carebridge) Device Not Available
MR1070	(Carebridge) Member Would Not Allow Staff to Use Device
MR1075	(Carebridge) Member Would Not Allow Staff to Use Phone
MR1080	(Carebridge) Technical Issue- BYOD
MR1085	(Carebridge) Technical Issue- Device - MR1085
MR1090	(Carebridge) Technical Issue- IVR
MR1095	(Carebridge) Worker Failed to Clock In
MR1100	(Carebridge) Worker Failed to Clock Out
LR1000	(Carebridge) Worker Forgot to Clock In
LR1005	(Carebridge) Technical Issue
LR1010	(Carebridge) Member would not allow staff to use Eligible Check In Method
LR1015	(Carebridge) Member requested a Different Service Delivery Time
LR1020	(Carebridge) Staff Scheduling Issue

LR1030	(Carebridge) Staff had Transportation Issue
LR1035	(Carebridge) Member was not Present/Unavailable
LR1040	(Carebridge) Severe Inclement Weather or Natural Disaster
LOR1000	(Carebridge) Address is incorrect
LOR1005	(Carebridge) Temporary / Secondary Service Location
LOR1020	(Carebridge) Technical Issue
LOR1025	(Carebridge) Travel / Vacation
LOR1030	(Carebridge) Mistaken Clock-in / Clock-out
LOR1035	(Carebridge) Off-site / Within the Community
LOR1040	(Carebridge) Member Requested Different Service Location
LOR1045	(Carebridge) Services Provided at an Alternate location

Edit Visit Action Codes

Code	Description
LA1000	(Carebridge) Rescheduled
LA1020	(Carebridge) Worker Checked In Late
LA1030	(Carebridge) Visit was Made-Up by Unpaid Support
LA1035	(Carebridge) Visit was Made-Up by Paid Staff

Missed Visit Reason Codes

Code	Description
MVR1005	(Carebridge) Worker Forgot to Clock In/Out
MVR1010	(Carebridge) Technical Issue
MVR1015	(Carebridge) Unplanned Hospitalization
MVR1025	(Carebridge) Member/Worker Refused Scheduled Staff
MVR1030	(Carebridge) Provider Agency Unable to Staff
MVR1035	(Carebridge) Member requested a Different Service Delivery Time
MVR1040	(Carebridge) Staff Scheduling Issue
MVR1045	(Carebridge) Staff had Transportation Issue
MVR1050	(Carebridge) Member was not Present/Unavailable
MVR1055	(Carebridge) Member would not allow staff to Use Eligible Check In Method
MVR1060	(Carebridge) Member Refused Alternative Staff
MVR1065	(Carebridge) Environmental (such as infestation, unsafe living conditions, illegal activities)
MVR1070	(Carebridge) Family/member behavioral issues (such as combative, inappropriate language

	or touching)
MVR1075	(Carebridge) Critical Incident
MVR1080	(Carebridge) Severe Inclement Weather or Natural Disaster

Missed Visit Action Codes:

Code	Description
MVA1000	(Carebridge) Rescheduled
MVA1020	(Carebridge) Service Provided as Scheduled
MVA1025	(Carebridge) Visit was Made-Up by Unpaid Support
MVA1030	(Carebridge) Visit was Not Made-Up
MVA1035	(Carebridge) Visit was Made-Up by Paid Staff

New Aggregator Configuration - CellTrak Sandata Ohio

CellTrak Sandata for Ohio (OH) integration is now available. *ENH54793*

Payers within Statewise can now be configured with an EVV Provider = CellTrak Sandata and EVV State = OH.

Edit Visit Reason Action Codes as well as Missed Visit Reason and Action Codes are the standard Statewise list.

Edit Visit Reason Codes

Code	**Description**
99	(Sandata) Documentation on file supports manual change

HHAX v5: EVV Alternate ID for COB in User Field 4

An update has been made to include the value from *Client* > *Financial* > *Payer* > *Alternate EVV Identifier* in the User Field 4 column on the HHAX v5 file and JSON when the client has a Coordination of Benefits (COB) set up. *IMP52684*

CellTrak Tellus (GA) - Updates to Missed and Edit Visit Reason and Action Codes

For CellTrak Tellus Georgia Edit Visit Reason Codes, 16 codes have been added, 74 are removed, and two (2) existing codes are updated. Eleven (11) Missed Visit Reason Codes are removed, three (3) Missed Visit Action Codes are removed, and four (4) existing Missed Visit Action Codes are updated. *IMP53179*

Added Edit Visit Reason Codes

Code	Description
105	(Tellus) Services provided outside the home
115	(Tellus) Individual/Member agreed or requested attendant or assigned staff not work schedule
200	(Tellus) Small Alternative Device has been ordered
205	(Tellus) Small Alternative Device Pending Installation
210	(Tellus) Missing Small Alternative Device
300	(Tellus) Phone Lines not working – Attendant or assigned staff not able to call in.
305	(Tellus) Malfunctioning small alternative device or invalid small alternative device value
310	(Tellus) Malfunctioning Mobile Application
400	(Tellus) Individual/Member does not have a home phone
405	(Tellus) Phone unavailable – Verified services were delivered
410	(Tellus) Individual/Member refused attendant or assigned staff use of phone – verified services were delivered
800	(Tellus) GPS Coordinates Not Matched
900	(Tellus) Attendant or Assigned Staff failed to call in or called in early/late– verified services were delivered
905	(Tellus) Attendant or Assigned Staff failed to call out early/late – verified services were delivered
910	(Tellus) Attendant or assigned staff failed to call in and out – or both the in and out times were late/early --verified services were delivered
915	(Tellus) Wrong phone number – verified services were delivered

Updated Edit Visit Reason Codes

Previous	Updated To
(Tellus) eVV eVV Device: Telephone/Telecommunications Unavailable or Failure. Verified Services Performed - 9124	(Tellus) eVV Device: Telephone/Telecommunications Unavailable or Failure. Verified Services Performed - 9124
(Tellus) Telemedicine Visit - 9168	(Tellus) Telemedicine - 9168

Removed Missed Visit Reason Codes

Description
Assigned Caregiver Called Out - NACO
Assigned Caregiver Was Late - NACL
Assigned Caregiver Was Not Available. Family Declined Replacement Staff. - FRFD Declined Replacement
Family Cancelled, Services Not Needed - FRFD Cancellation
Family Declined Services Due To A Holiday - FRFD Holiday

Family Declined Services Due To Being Away/On Vacation - FRFD Vacation
Family Declined Services, No Explanation Given - FRFD No Explanation
Hospitalization - H
No Staff Assigned - UN
Private Insurance is Covering These Hours - PI
Services Not Needed Due To The Family Being Home - FRFD Family Home

Removed Missed Visit Action Codes

Description
Currently Recruiting Online and in Ads - RECRT
New Staff in Training - NWST
Resolved - RSLVD

Updated Missed Visit Action Codes

Previous	**Updated To**
Authorization Renewed - RENW	(Tellus) Service Authorization Renewed and Services Resumed - RENW
Rescheduled Different Day - SCHD	(Tellus) Rescheduled Service for Different Day - SCHD
Rescheduled Same Day - SCHD	(Tellus) Rescheduled Services for Same Day - SCHS
Services Resumed - RESU	(Tellus) Services Resumed at Next Scheduled Visit - RESU

CellTrak Tellus (GA) - Visits With Status of ‘Not Sent’

For CellTrak Tellus (GA) visits that were showing as ‘Not Sent’ in the EVV Dashboard, an update has been made to ensure both waiver and non-waiver assignments are queued with the correct credential and will process successfully. *IMP53691*

EVV Dashboard: Showing Synced When Still Processing

A status correction has been made to the EVV Dashboard so records are not immediately reflected as Synced and are only updated to Synced once processing has been completed for HHAX, Celltrak, and Sandata aggregators. *IMP53992*

Sandata (IN): Geo Parameter Removed

Indiana EVV visits completed with a geo more than one (1) mile from the client’s location will auto-verify and no longer require a reason code in order to be verified. *IMP54095*

HHAX API (NJ): Visit Edit Reason Codes - Add New and Updates

For HHAX API New Jersey, five (5) new Edit Visit Reason Codes have been added and three (3) existing Edit Visit Reason Codes have been updated. *ENH54390*

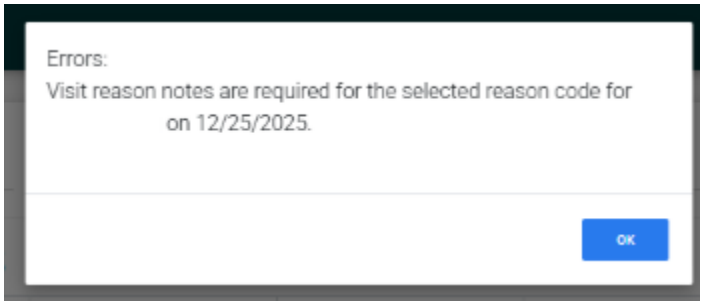
Added Edit Visit Reason Codes

Code	Description
224	(HHAX) Retro-authorization for member issued - member had continuous Medicaid eligibility
225	(HHAX) Retro auth: Visits for members that may have a gap in eligibility. Providers should manually enter visits for members while enrollment updates are pending, MCO will issue retro-auth when applicable
226	(HHAX) Visits that include overlap that is acceptable as per DMAHS policy, however an error is triggered so the provider must manually edit visit.
227	(HHAX) Visits that take place overnight. (ie: Shift begins on Sunday and ends on a Monday).
228	(HHAX) EVV System not accessible/available.

Updated Edit Visit Reason Codes

Previous	Updated To
(HHAX) Other - 222	(HHAX) Other (Requires a Note) - 222
EPSDT PDN During the School Day - 223	(HHAX) EPSDT PDN During the School Day - 223

*A note is now required in order to save when Edit Visit Reason Code '(HHAX) Other (Requires a Note) - 222' has been selected. An error message will appear prompting the user to enter a note if they did not.



Clinical

OASIS: M0100 Must Be a Max of Two (2) Characters

An update has been made to save the response for M0100 - Assessment Reason to two (2) digits correcting validation errors within the Web Assessment. *IMP49527*

Previously captured as:
<M0100_ASSMT_REASON>3 Start/Resumption: Resumption of care (after inpatient stay)</M0100_ASSMT_REASON>

Now captured as:
<M0100_ASSMT_REASON>03</M0100_ASSMT_REASON>

Orders: Clarification Order - Discontinue Order When Sent via “Fax Now”

For Clarification Orders within *Clinical* > *Orders* when “Fax Now” is selected, the current order is now discontinued preventing duplicate medications from appearing on the client’s medication list. *IMP53845*

This update aligns “Fax Now” Clarification Order logic with “Send to MD” logic to ensure both processes discontinue the current order when the order is placed in “Pending MD Signature” status.

Orders: Disable Double-Clicking on Save Button

To prevent duplicate orders, double-clicking has been disabled on the Save button during order creation. *IMP54853*

POC PDF: ‘Reviewed’ Timestamp Updated

The ‘Reviewed’ signature stamp at the bottom of each page of the POC PDF is updated to reflect the local time of when the user clicks to ‘Send to MD’ or ‘Fax Now’. *IMP54031*

Fax: Error Viewing Inbound Fax - Plan of Care

An update has been made to inbound faxes that come in as ‘Plan Of Care’ QR code to route to Order. *IMP55175*

Users should no longer receive an error when viewing faxes that were routed to the type of ‘Plan of Care’.

Medication: Save Changes to Adverse Effects

An update has been made to ensure changes made to the Adverse Effects field, including clearing out the text, when adding and/or editing a medication are saved and no longer repopulated with the Drug Bank data. *IMP53970*

Medication: Timeout on Saving Changes

Performance improvements have been made to better handle saving medication changes when the medication contains large amounts of text details. *IMP54435*

Previously, when clicking save on certain medications, the save button would become disabled (light blue) and changes were not saved. Users are now able to save medications without having to refresh the page.

Facility Tasks: Tasks Assigned to Multiple Facilities

When completing a facility task that is assigned to multiple facilities, the task will now only be marked as completed under the selected facility and will remain open for all others. *ENH55416*

Reports

Check Report: Updated to Include New Checks

The Check Report now includes all checks, including those in a New status, to provide a complete view of applied, completed, and new checks. *IMP53850*

OASIS Status Report: Report Status Counts

The OASIS Status Report count logic has been updated to match the OASIS Console ensuring matching values between the report and the console. *IMP51877*

Favorite Reports: Patient Detail Report Filters Not Saved

An update has been made to ensure that selected filter options for the Patient Detail Report are retained when the report is saved as a Favorite. *IMP54125*

Patient Detail Report: 'SOC Date' Column

For clients without a saved Start of Care Date, the 'SOC Date' column on the Patient Detail Report will no longer reflect the current date and will now be left blank *(null)*. *IMP54979*

Employee Detail Report: 'Total Visits' Column Calculation

An update has been made to correct the Total Visits calculation in the Employee Detail Report to accurately count visits within the selected date range and exclude Archived, Deleted, Missed, and Non-clinical visits. *IMP54768*

General

Notes: Adding an Attachment on Note Creation

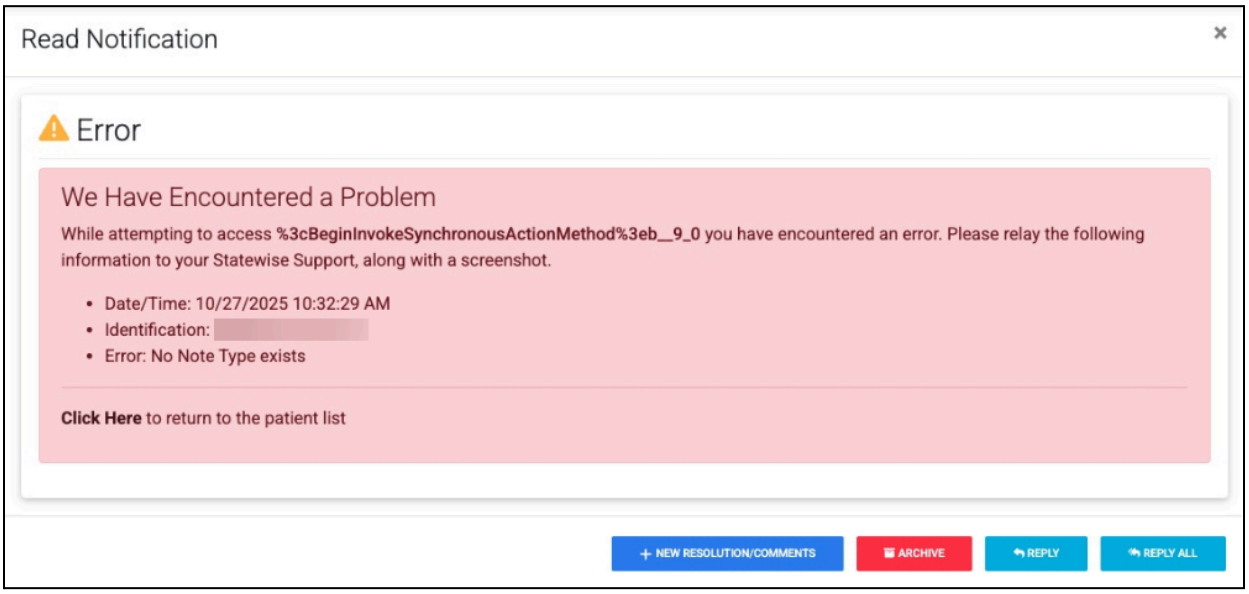
An update has been made to ensure attachments added during note creation are saved correctly and appear immediately in the Notes list. *IMP53742*

Notes: Error Viewing Existing Notes When Note Type is Inactivated

An update has been made to allow users to view existing notes added to Clients, Employees, Facilities, etc. when the Note Type has been inactivated within *Pick Lists > Note Types. IMP54516*

Creation of new notes using inactive note types remains restricted with existing note types now being viewable without receiving an error.

No Note Type exists



Email Notification: Hyperlink Updated to Statewise

The hyperlink included in emails sent out of Statewise has been updated from Cubhub to Statewise to prevent user confusion and align with branding standards. *IMP53916*

Workflows: Advanced Filter - User Field Search on Three Characters

To prevent timeouts and increase performance, the User field within *Workflows > Advanced Filters* will now require three (3) characters to be entered before returning results. *IMP53955*

Admin Calendar: Sorting Employee List When Match Score is Enabled

Workers with scheduling conflicts (red font) or exclusions (strikethrough font) are now sequenced at the bottom of the Employee list within *Admin Calendar > Assignment Pane* regardless of Match Score percentage. *IMP55180*

For agencies utilizing Shift Offers, the Shift Offers modal accessed through *Admin Calendar > Assignment Pane > bullhorn icon* and the 'Send to Top Match' auto-match logic will honor this same Employee sequencing.

Admin Calendar: Auto and Manual Verification of Visits for EVV and Non-EVV Payers

The visit verification processes, both auto-verification and manual, have been updated to consider all of the client's active payers to ensure visits that may eventually be sent to an EVV aggregator are not verified without reason codes and/or manual times, as needed. *IMP53234*

200.3.1 Mobile Release

Release Date: TBD

iOS/Android: App Crash on Macro Selection

An update has been made to correct an app crash that was occurring when a macro was selected within the mobile application for both iOS and Android. *IMP54182*

Android: Biometric Log In Option Added Back

The option to log in via biometrics is once again available within the mobile application for Android *IMP54182*