CL PM Release Notes

Version 3.1.0

IMPORTANT

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General Notes

How to Use this Document

Setup, Configuration, Security, or Installation Information

No setup, configuration, security, or special installation steps needed unless referenced otherwise, as follows:

SETUP

Please follow the set up and configuration details when outlined within new features presented below.

HELP

For details about configuration and use, please see online help documentation located at help.chartlogic.com.

Contact Us

CONTACT US

For questions or assistance regarding this release, call 800-838-5899 or access live chat via help.chartlogic.com.

New Features

This section introduces distinct and/or significant new functionality.

CL PM Billing Dashboard

EHR Button

A new "EHR" button has been added to the ChartLogic PM Billing Dashboard Menu. When a Chart Logic PM user requires access to the Chart Logic EHR and is not currently signed in, the user clicks the EHR button on the Billing Dashboard Menu which initiates the user's sign in and opens Chart Logic EHR.

Reference: **Case** NA **Work Item ID** ADO 654

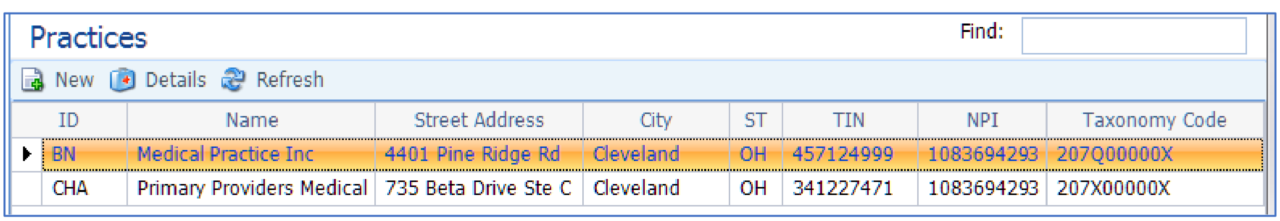
Tables

Practice

ChartLogic PM will now accommodate multiple Practices in the Practice Table.

Each Practice will be added with a unique Practice ID and associated TIN Type, TIN Number, Name, Address, Remit Address, NPI, Taxonomy Code, DME NPI (if required) and Phone Numbers.

Practice Providers in the Practice Provider Table will be associated with a Practice ID. Encounter charges, claims and reporting will be associated with Practice IDs.



Practices

Find:

New Details Refresh

ID	Name	Street Address	City	ST	TIN	NPI	Taxonomy Code
BN	Medical Practice Inc	4401 Pine Ridge Rd	Cleveland	OH	457124999	1083694293	207Q00000X
CHA	Primary Providers Medical	735 Beta Drive Ste C	Cleveland	OH	341227471	1083694293	207X00000X

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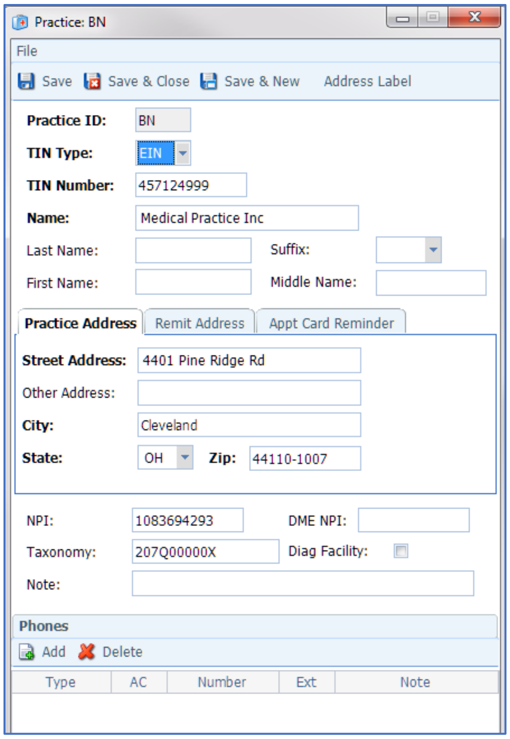
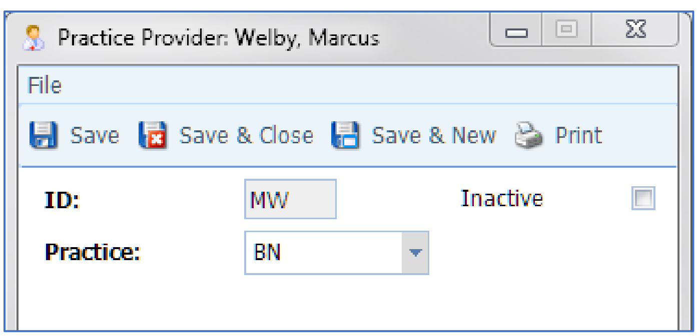


Reference: **Case** NA **Work Item ID** ADO 854

Practice Providers

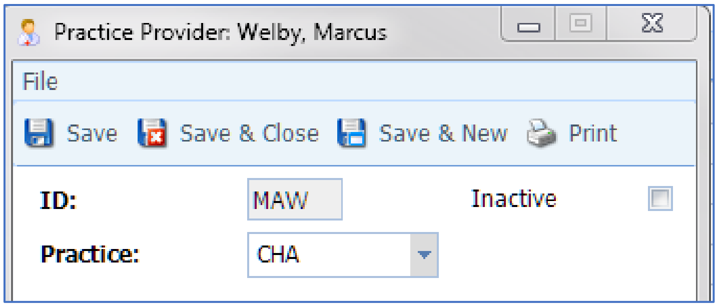
Practice Providers Table - Each Practice Provider ID is linked to a Practice ID.

Add a Practice Provider ID and then click the Practice drop-down list to select the provider's associated Practice ID.



Each Practice Provider ID must have a Practice ID associated in the “Practice” field.

A Practice Provider must be added with a separate, unique Practice Provider ID when the provider **also works** in the additional Practice ID defined in the database. This separate Practice Provider ID is identified with the additional Practice ID displayed in Practice ID drop-down list.



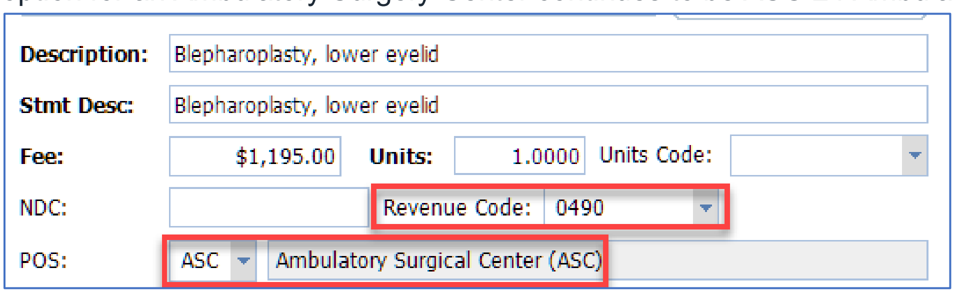
An additional Practice Provider ID must also be added to **track "Incident To" services** rendered by a non-physician provider but is billed with the “Linked Provider” Practice Provider ID and associated details.

Reference: **Case** NA **Work Item ID** ADO 8560

Services

New ASC billing data fields Revenue Code – The Revenue Code field offers a drop-down list of Revenue Codes allowing the user to search and select a Revenue Code associated with each HCPCS service code that requires billing via an Institutional EDI format or on a UB-04 paper claim form.

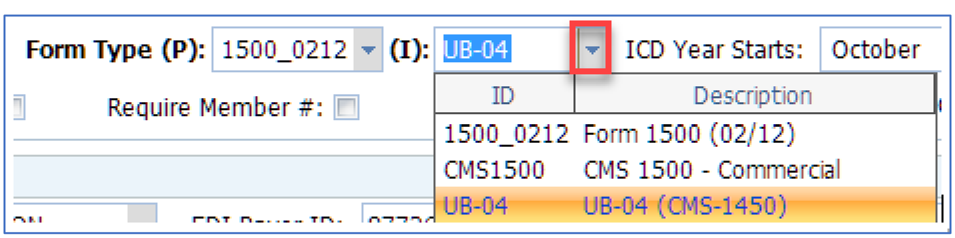
Place of Service (POS) – The Place of Service codes have not changed. The POS drop-down list option for an Ambulatory Surgery Center continues to be ASC 24 Ambulatory Surgical Center.



Reference: **Case** NA **Work Item ID** ADO 858

Insurance Plans

Claims Form Type (P) and Form Type (I) – There is a new institutional “Form Type” (I) drop-down list added to the **Claims** section of the Insurance Plans form. The default “**Institutional”** form type selected for each insurance plan is the UB-04 form type. The form type is easily changed/selected for any institutional insurance plan by clicking the arrow and selecting a form type from the drop-down list:



Institution EDI Payer ID

A new "**Inst EDI Payer ID**" field is added to the **EDI** section of the Insurance Plan. An "Institutional" EDI Payer ID" is required for an insurance plan in which you intend to submit an ASC EDI institutional claim. Not all EDI Payer ID's utilize the same EDI Payer ID for both professional and institutional claim types.

EDI Payer ID Enhancement

When the EDI Receiver selected is EMDEON, the tool used to locate an EDI Payer ID is the Change Healthcare Payer List website. When the EDI Receiver selected is RELAYHLTH, the tool used to locate an EDI Payer ID is the RelayHealth Payer List, Collaboration Compass website.

TIP

UB-04 Form FL4 Field/837I EDI Claim - The Type of Bill field is coded as 0831 (Ambulatory Surgery Center, ASC), 0837 (replacement of prior claim) 0838 (void/cancel of a prior claim).

For those insurance plans added to the Insurance Plans Table that do not offer an EDI Payer ID, ChartLogic PM Version 2.8.31.0 introduced the ability to send a **"Primary EDI"** claim to Change Healthcare and RelayHealth. These primary claims are dropped to paper by the respective clearinghouse and mailed to the insurance plan, thereby saving the practice time from printing and mailing these primary claims.

As a reminder, when an EDI Payer ID is not available for a specific payer, the EDI Payer ID for "Professional" primary paper claims being sent to Change Healthcare is SPRNT. The EDI Payer ID for "Professional" primary paper claims being sent to RelayHealth is 4320.

IMPORTANT

With the introduction of ASC facility claims, those insurance plans added to the Insurance Plans Table that do not have an available "Institutional" EDI Payer ID, the EDI Payer ID for "Primary" institutional claims sent to Change Healthcare and dropped to paper is HPRNT.

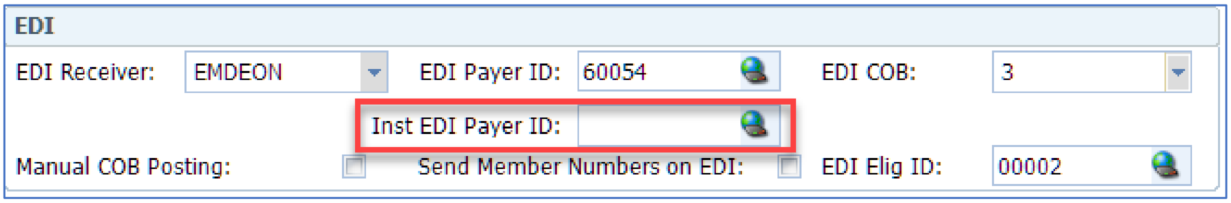
The EDI Payer ID for "Primary" institutional claims being sent to RelayHealth and dropped to paper is 4350.

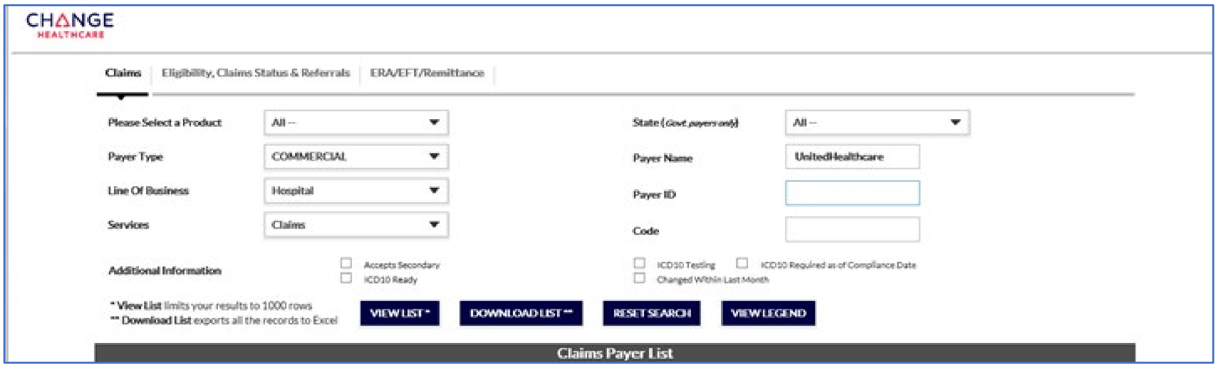
EDI Payer ID Lookup

EDI Payer ID websites are provided to look up both Professional and Institutional EDI Payer ID's by clicking the globe in the EDI Payer ID field. A new EDI Payer ID look-up feature is linked to the receiver selected in the "EDI Receiver" drop-down tool.

When the EDI Receiver selected is EMDEON, the tool used to locate an EDI Payer ID is the Change Healthcare Payer List website.

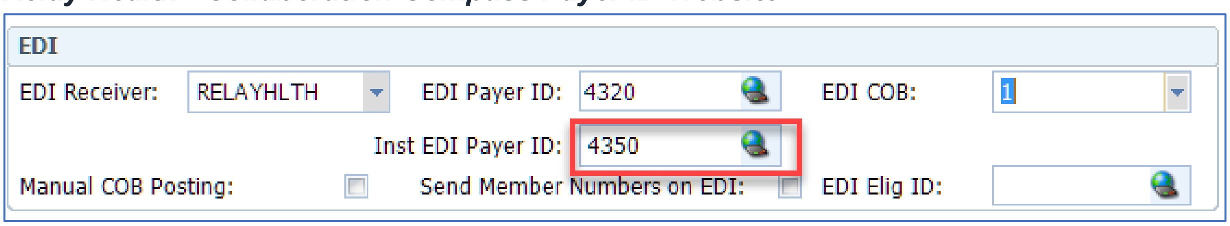
EMDEON – Change Healthcare Payer ID Website



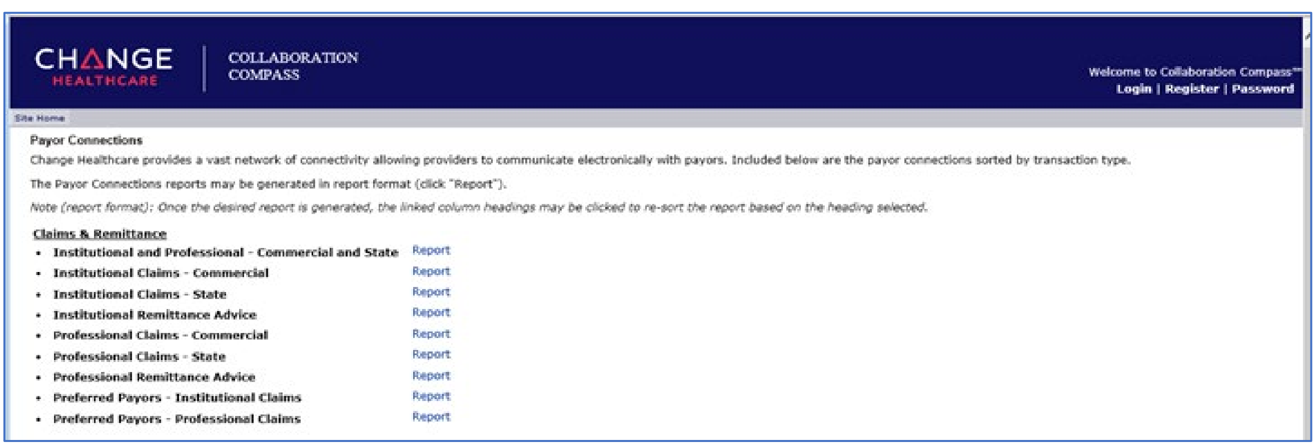


When the EDI Receiver selected is RELAYHLTH, the tool used to locate an EDI Payer ID is Relay Health’s Collaboration Compass website.

Relay Health - Collaboration Compass Payer ID Website



The use of the Ctrl+F keys along with a few search characters will help to quickly locate a CPID on the “Report” selected by the user for review.



Reference: **Case** NA **Work Item ID** ADO 859

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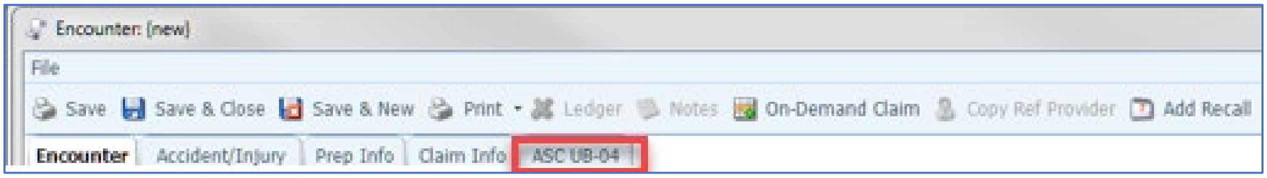
Encounters

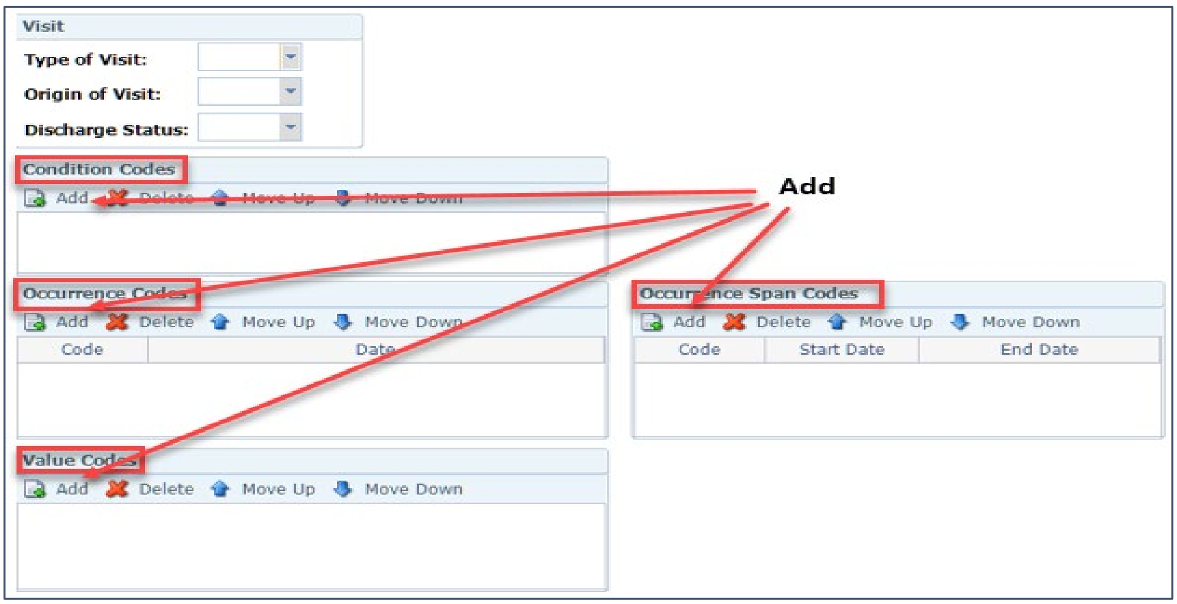
New ASC UB-04 Tab

There is a new, fifth **ASC UB-04** Tab (optionally configured) on ChartLogic PM Encounters for practices that bill ASC facility charges that require 837I /UB-04 claim formats.



ASC UB-04 Tab Data Fields

The Type of Visit, Origin of Visit and Discharge Status data fields provide a drop-down list for code selection. To enter a Condition Code, Occurrence Code, Occurrence Span code or a Value Code, first click “Add” to add a code row and then click on the desired code option.



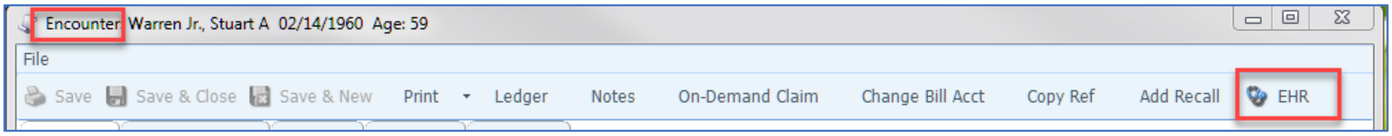
Once added, these rows may be re-ordered by selecting the row number and then clicking the “Move Up” or “Move Down” button.
A row may be deleted by first selecting the row number and then clicking the “Delete” button.

As with all encounter entries, all of fields within an ASC encounter are editable until an encounter batch is marked “Ready to Close”.

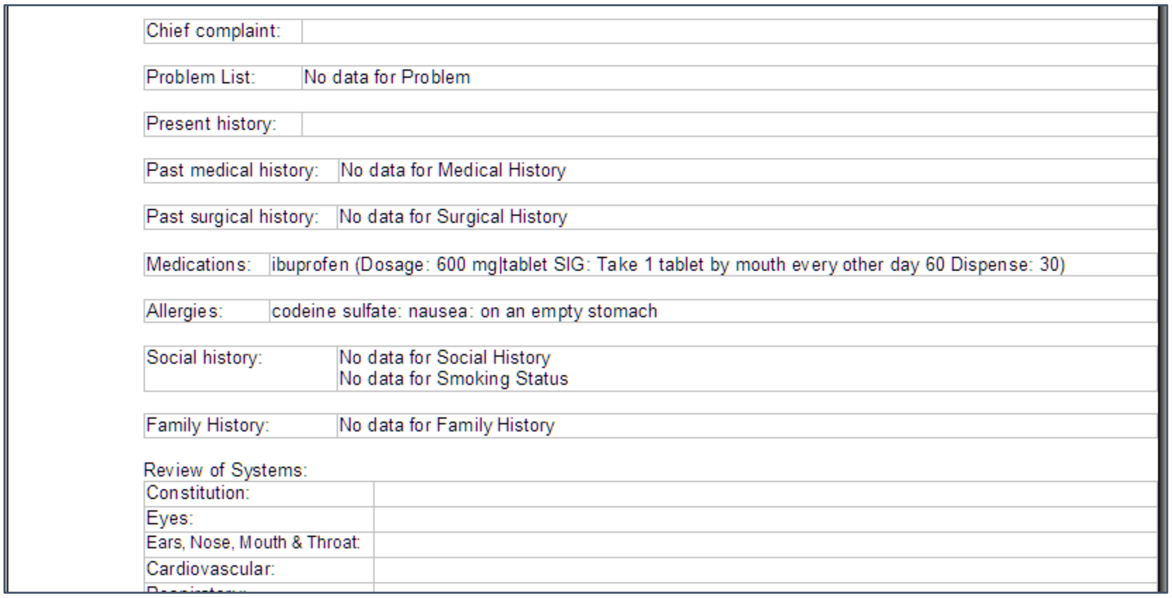
Reference: **Case** NA **Work Item ID** ADO 860

Button on CL PM Encounter to open and display CL EHR visit note

A new "EHR" button has been added to the ChartLogic PM Encounter Menu. When a biller is adding, editing or viewing a patient's encounter in ChartLogic PM and has a question regarding the encounter services, diagnoses or other related questions regarding the patient's visit, the user clicks the EHR menu option which will call and open the patient's exam note in CL EHR for the specific date of service.



The patient's visit note in CL EHR opens for review:



Once the note in CL EHR is reviewed, the user closes the patient's visit and may remain logged into CL EHR or chose to close the application.

Reference:	**Case**	NA	**Work Item ID**	ADO 562

Claims

New Claims Handling features for ASC Institutional Claims

Insurance Prep Run

The ChartLogic PM "Prep Run" continues to scrub encounters and will now accommodate both professional and ASC institutional claims to prep for claim generation. All claims, professional and ASC institutional, are prepped within the same 'Prep Run". The claims prepped within each run will continue to be labeled with a "Form Type" format of 1500_0212 designated for professional and also for some of the ASC institutional insurance plans. ASC institutional claims will also prep and label claims with a UB-04 "Form Type" format for insurance plans requiring that ASC institutional claims be submitted in the 837I/ UB-04 format.

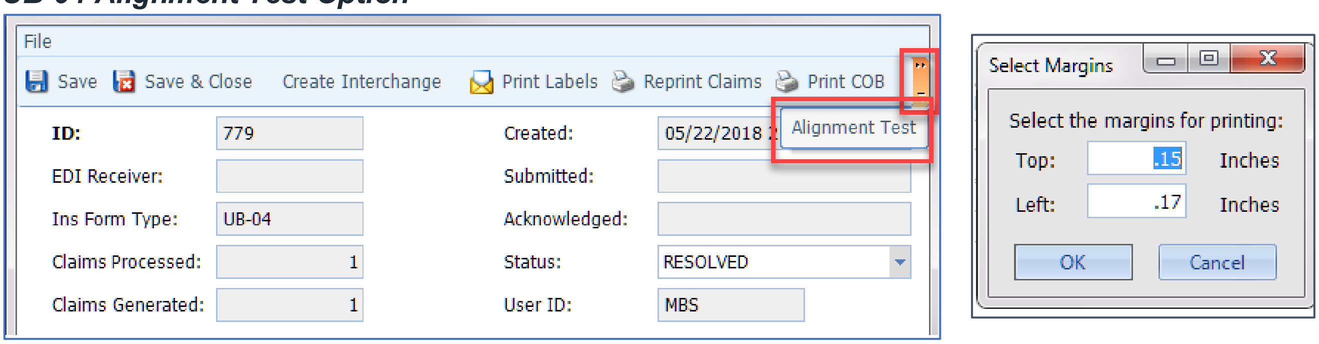
Format	Passed P
UB-04	E
UB-04	E
UB-04	E
UB-04	E
UB-04	E
UB-04	E
UB-04	E
UB-04	E
UB-04	E
UB-04	E

The Prep Run totals pages will continue to call out the total number of:
Paper: Format - 1500_0212 & total number of Encounters
Paper: Format – UB-04 & total number of Encounters
EDI Receiver: Emdeon, Format – 1500_0212 & total number of Encounters
EDI Receiver: Emdeon, Format – UB-04 & total number of Encounters
EDI Receiver: RelayHealth, Format – 1500_0212 & total number of Encounters
EDI Receiver: RelayHealth, Format - UB04 & total number of Encounters

Generate Claims

The “Generate Claims” menu option will generate an 837P EDI professional claim run, a separate 837I EDI institutional claim run, a CMS 1500_0212 paper claim run and also a separate UB-04 paper claim run. The UB-04 claims have an alignment tool, just like the CMS 1500_0212 alignment tool within the Generate Claims file option.

UB-04 Alignment Test Option

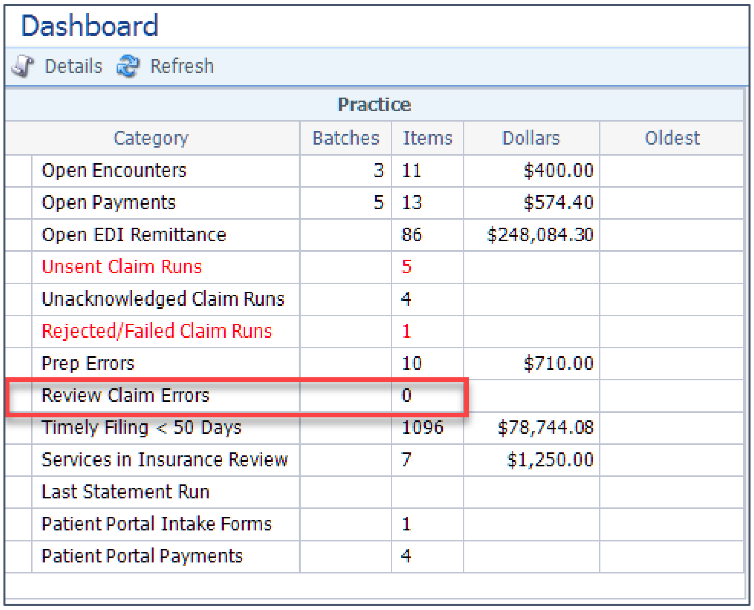


Transfer EDI Claims

Both the 837P and 837I EDI claim files are transferred in the **same** “EDI Session ID”. Once both claim files have been “generated”, simply select “New” from the “Transfer EDI Files” menu option, select the EDI Receiver you wish to submit claims to and then click the “Start” button. Both the professional and institutional EDI claim files will be sent in the same file transfer.

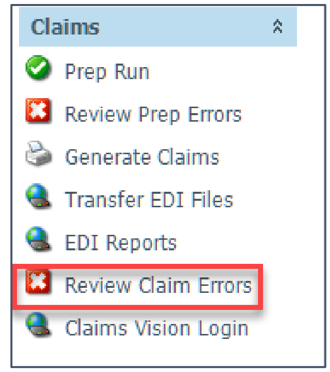
Review Claim Errors

Any Claim errors from the payers or the clearinghouse will continue to be reviewed from the Billing Dashboard and the "Review Claim Errors" menu option.


Dashboard

Details Refresh

Practice				
Category	Batches	Items	Dollars	Oldest
Open Encounters	3	11	$400.00	
Open Payments	5	13	$574.40	
Open EDI Remittance		86	$248,084.30	
Unsent Claim Runs		5		
Unacknowledged Claim Runs		4		
Rejected/Failed Claim Runs		1		
Prep Errors		10	$710.00	
Review Claim Errors		0		
Timely Filing < 50 Days		1096	$78,744.08	
Services in Insurance Review		7	$1,250.00	
Last Statement Run				
Patient Portal Intake Forms		1		
Patient Portal Payments		4		

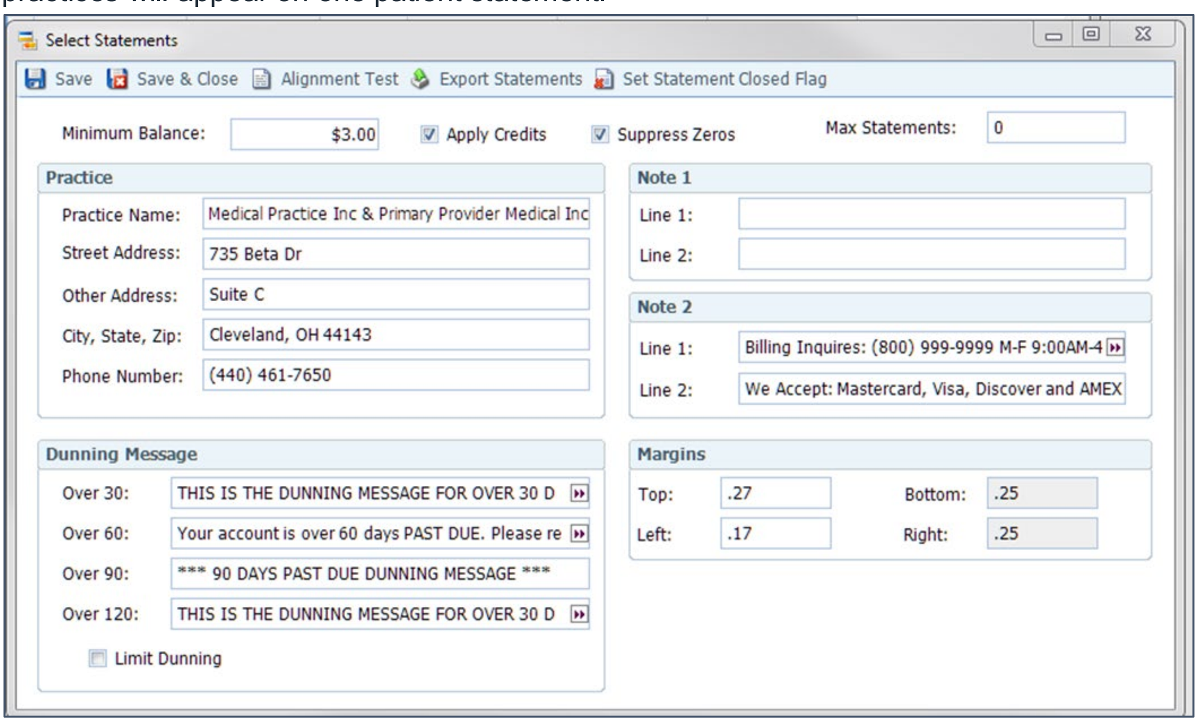


Reference: **Case** NA **Work Item ID** ADO 861

Month End

Statements - The Single Statement Heading is Maintained

The statement setting configuration **remains unchanged** and continues to have a single statement definition that will represent the multiple Practice IDs. All patient liability services from the multiple practices will appear on one patient statement.



Reference: **Case** NA **Work Item ID** ADO 854

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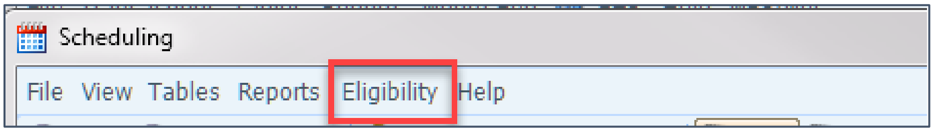
Scheduling

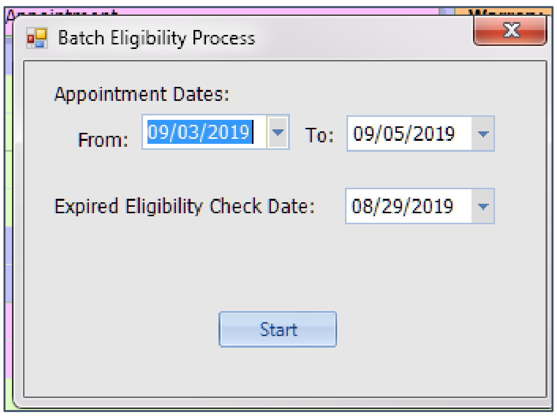
Batch Eligibility Process

A new “Eligibility” button has been added to the Scheduling Menu, as well as a new Eligibility Report option included within the “Scheduling Reports” Menu.

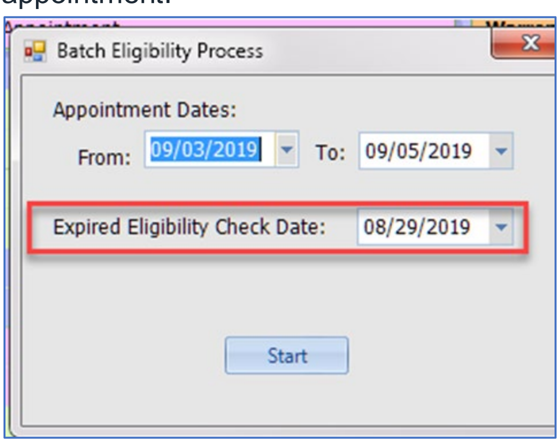
- Click the “Eligibility” button located on the Scheduling Menu.



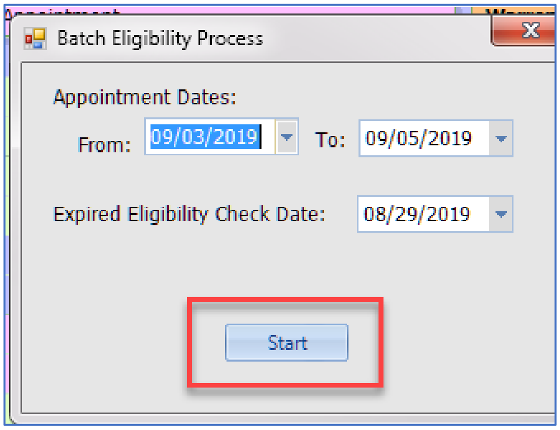
- Appointment From Date and To Date - The batch eligibility search option will default the appointment From Date and To Date to the next three days of active appointments by use of the templated workdays within the schedule. The batch eligibility search option will also allow entry of “user defined” From and To appointment date ranges.



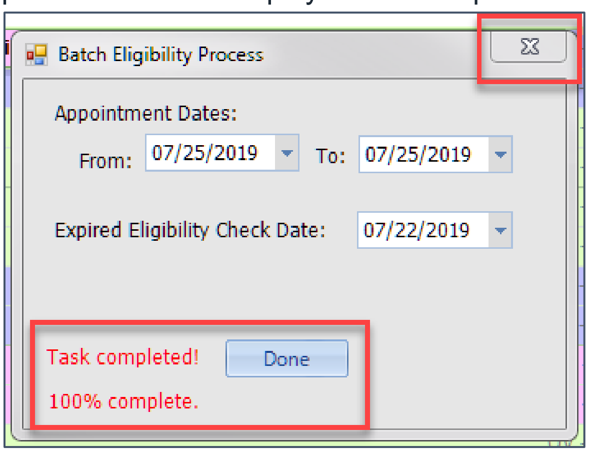
- Expired Eligibility Check Date – The system will not query eligibility for patient’s CL PM’s active insurance plan(s) that have already been verified **on or after the Expired Date**. If the patient’s insurance plan has not been verified **before** the Expired Date, then the patient’s active insurance plan(s) will be included in the batch eligibility process. The “Expired Eligibility Check Date” will also allow the user to define an expired date, different from the default expired date. For example, a user may want to define a date earlier than a week prior to the scheduled appointment.



- Click the “Start” button to initiate a "Batch Eligibility Process". The user is alerted during the search process, displaying the percentage completed.



When a user decides not to initiate a "Batch Eligibility Process", click the “X” in the upper right corner of the "Batch Eligibility Process" to exit the form.
When the "Batch Eligibility Process" is completed for the requested appointment date range, the process form will display "Task Completed!". The user will click the “Done” button.

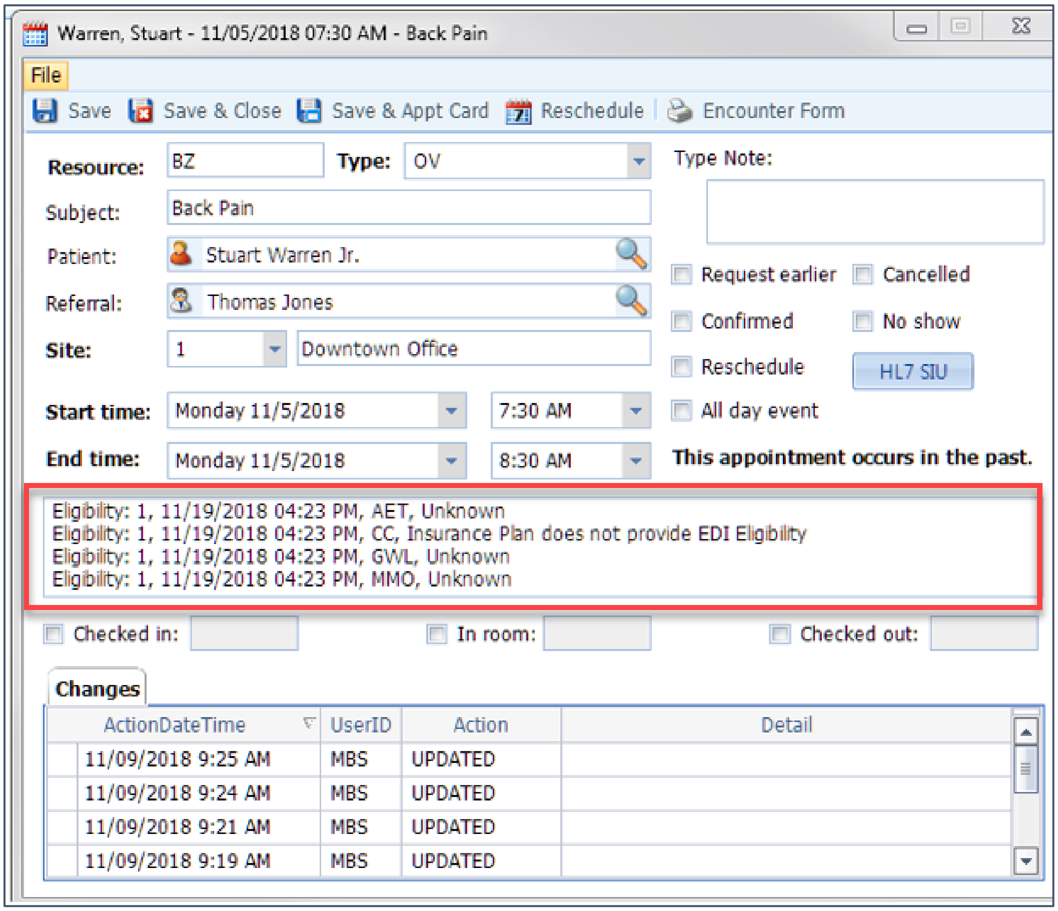


IMPORTANT	*Remember to click the “X” in the upper, right corner of the Batch Eligibility Process form if you wish to exit this process.* *Each time a user clicks the “Start” button, the Batch Eligibility Process will begin for the appointment dates defined within the From and To dates on the form.*

Reference: **Case** 84151 **Work Item ID** ADO 851

Patient’s Insurance Status

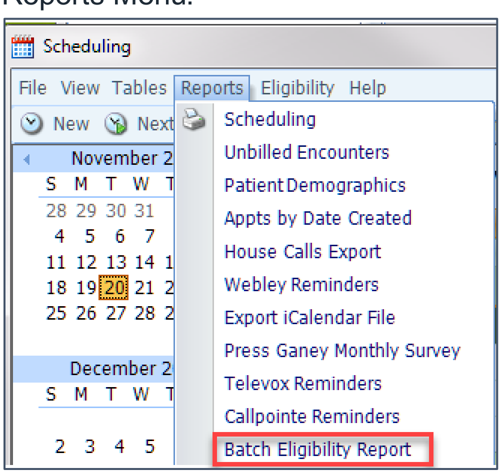
As a result of the Batch Eligibility Process, a status line will display in the “Practice Note” field in the patient’s appointment window for each of the patient’s insurance plans (marked as an "Active" plan in the patient’s registration). The status includes the eligibility Run ID, date and time of the search, the insurance plan ID and status of the plan with the payer at the time of the search. This note field continues to be an editable field. A user can add, change or delete information within this “Practice Note” field.



Reference: Case 84151 **Work Item ID** ADO 791

Batch Eligibility Report

A new "Batch Eligibility Report” option has been added to the Scheduling Reports Menu.
Once the Batch Eligibility Process is complete, select "Batch Eligibility Report" from the Scheduling Reports Menu.



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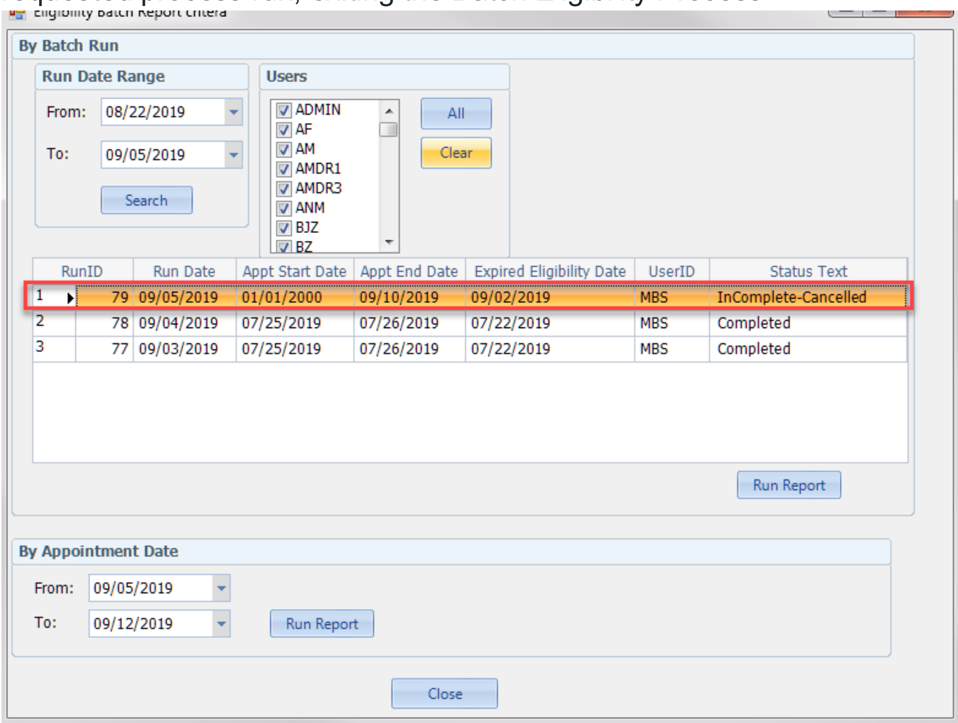
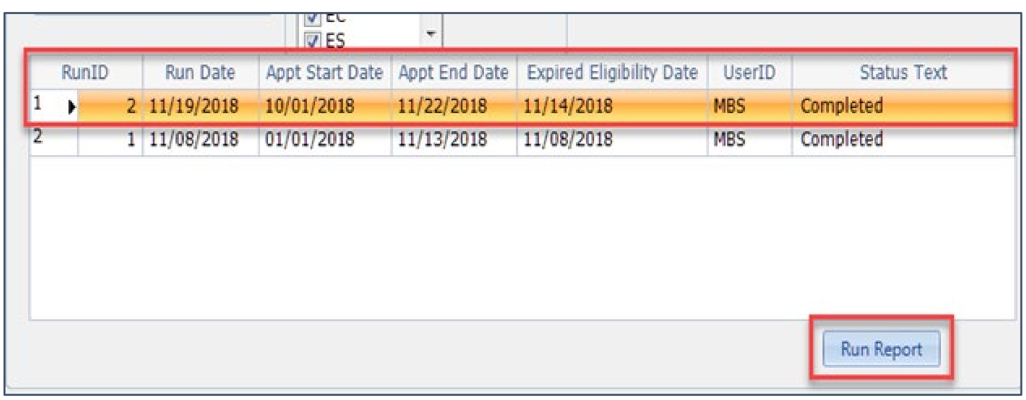
Eligibility Batch Report(s)

The Eligibility Batch Run Report option will display a history of each Batch Eligibility Process by Run Date. Each "Batch Run" is displayed by Batch Run ID, Run Date, Appt Start Date, Appt End Date, Expired Eligibility Date, User ID and the Status Text of the Batch Eligibility Process. The Status Text column will display "Completed" or "InComplete-Cancelled" if the user clicked the "X" during the requested process run, exiting the Batch Eligibility Process.



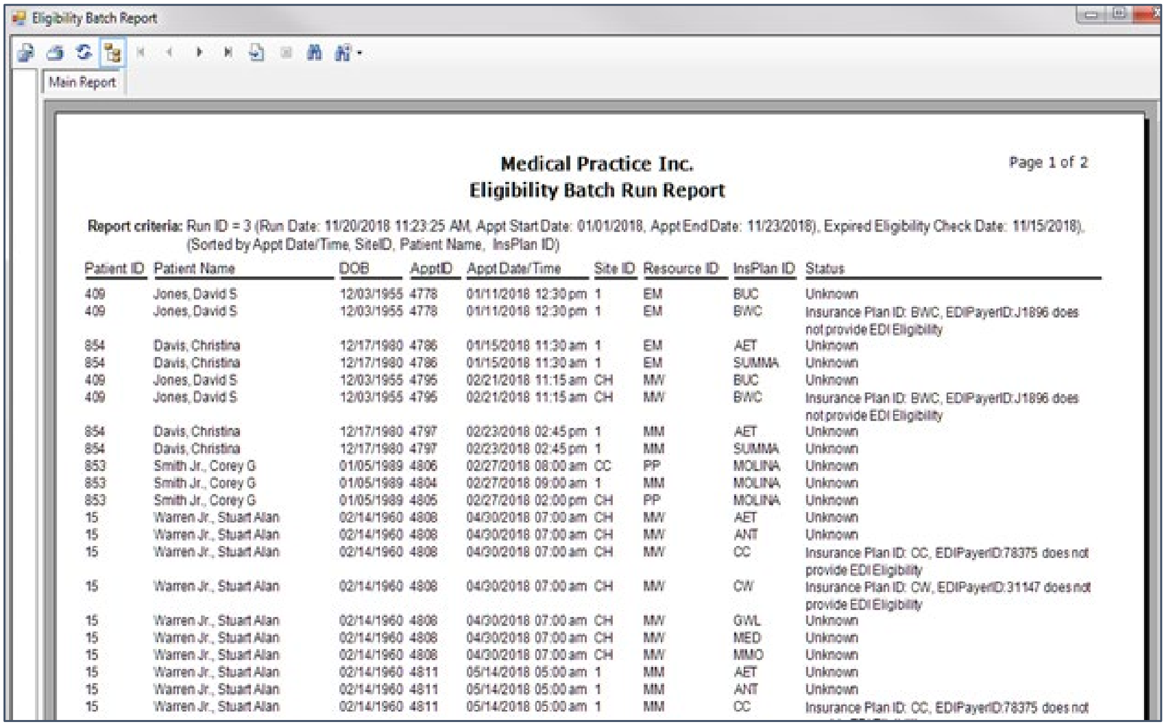
Batch Run ID Report

The view or print a Batch Run Report, click on a Batch RunID row and then click the "Run Report" button.



The selected Batch RunID Report will display the insurance plan eligibility status for all patients within the appointment date range for the selected Batch Eligibility Process. If a patient's insurance plan was unable to report a coverage status response, the status will display "Unknown". If the patient's insurance plan does not provide EDI eligibility status, the status message will display the Insurance

Plan ID from your Insurance Plans Table, along with the associated EDI Payer ID and a message stating the payer does not provide EDI eligibility. If the patient's insurance plan is found to be active this status will display "Active".



Medical Practice Inc.
Eligibility Batch Run Report

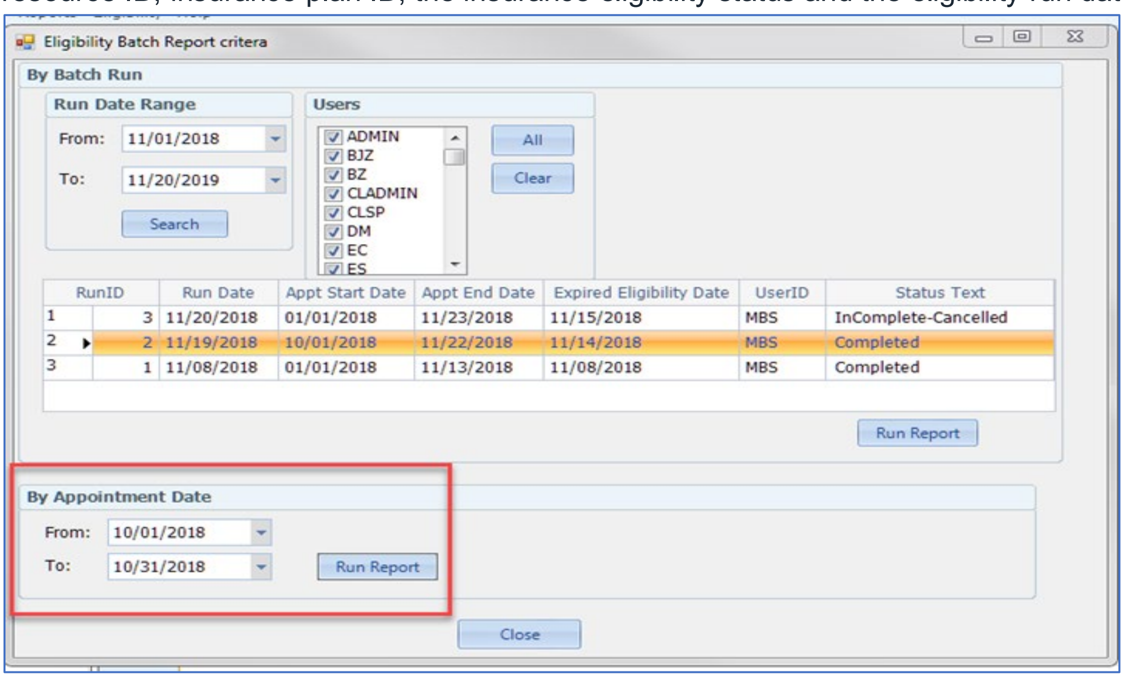
Page 1 of 2

Report criteria: Run ID = 3 (Run Date: 11/20/2018 11:23:25 AM, Appt Start Date: 01/01/2018, Appt End Date: 11/23/2018), Expired Eligibility Check Date: 11/15/2018), (Sorted by Appt Date/Time, SiteID, Patient Name, InsPlan ID)

Patient ID	Patient Name	DOB	ApptID	Appt Date/Time	Site ID	Resource ID	InsPlan ID	Status
409	Jones, David S	12/03/1955	4778	01/11/2018 12:30 pm	1	EM	BUC	Unknown
409	Jones, David S	12/03/1955	4778	01/11/2018 12:30 pm	1	EM	BWC	Insurance Plan ID: BWC, EDIPayerID:J1896 does not provide EDI Eligibility
854	Davis, Christina	12/17/1980	4786	01/15/2018 11:30 am	1	EM	AET	Unknown
854	Davis, Christina	12/17/1980	4786	01/15/2018 11:30 am	1	EM	SUMMA	Unknown
409	Jones, David S	12/03/1955	4795	02/21/2018 11:15 am	CH	MW	BUC	Unknown
409	Jones, David S	12/03/1955	4795	02/21/2018 11:15 am	CH	MW	BWC	Insurance Plan ID: BWC, EDIPayerID:J1896 does not provide EDI Eligibility
854	Davis, Christina	12/17/1980	4797	02/23/2018 02:45 pm	1	MM	AET	Unknown
854	Davis, Christina	12/17/1980	4797	02/23/2018 02:45 pm	1	MM	SUMMA	Unknown
853	Smith Jr., Corey G	01/05/1989	4806	02/27/2018 08:00 am	CC	PP	MOLINA	Unknown
853	Smith Jr., Corey G	01/05/1989	4804	02/27/2018 09:00 am	1	MM	MOLINA	Unknown
853	Smith Jr., Corey G	01/05/1989	4805	02/27/2018 02:00 pm	CH	PP	MOLINA	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MW	AET	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MW	ANT	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MW	CC	Insurance Plan ID: CC, EDIPayerID:78375 does not provide EDI Eligibility
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MW	CW	Insurance Plan ID: CW, EDIPayerID:31147 does not provide EDI Eligibility
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MW	GWL	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MW	MED	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MW	MMO	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4811	05/14/2018 05:00 am	1	MM	AET	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4811	05/14/2018 05:00 am	1	MM	ANT	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4811	05/14/2018 05:00 am	1	MM	CC	Insurance Plan ID: CC, EDIPayerID:78375 does not

Eligibility Batch Report by Appointment Date

The Batch Eligibility Report by Appointment Date Report display's a list of appointments by the appointment date and time, appointment ID, appointment site, patient ID, patient's name, date of birth, resource ID, insurance plan ID, the insurance eligibility status and the eligibility run date and time.



A practice may generate this report and utilize it along with the appointment schedule as a quick reference to reach out to patient's a few days before their appointment date to remind them to bring updated insurance converge information.

Medical Practice Inc.

Appointment Eligibility Report

Page 1 of 3

Report criteria: Appointment Start Date: 01/01/2018, Appointment End Date: 11/23/2018 (Sorted by Appt Date/Time, SiteID)

Appt Date/Time	ApptID	Site ID	PatientID	Patient Name	DOB	Resource ID	InsPlan ID	Status	Eligibility Date/Time
01/11/2018 12:30PM	4778	1	409	Jones, David S	12/03/1955	EM	BUC	Unknown	11/08/2018 02:39PM
01/11/2018 12:30PM	4778	1	409	Jones, David S	12/03/1955	EM	BUC	Unknown	11/20/2018 11:23AM
01/11/2018 12:30PM	4778	1	409	Jones, David S	12/03/1955	EM	BWC	Insurance Plan ID: BWC, EDIPayerID:J1896 does not provide EDI Eligibility	
01/15/2018 11:30AM	4786	1	854	Davis, Christina	12/17/1980	EM	AET	Unknown	11/08/2018 02:39PM
01/15/2018 11:30AM	4786	1	854	Davis, Christina	12/17/1980	EM	AET	Unknown	11/20/2018 11:23AM
01/15/2018 11:30AM	4786	1	854	Davis, Christina	12/17/1980	EM	SUMMA	Unknown	11/08/2018 02:39PM
01/15/2018 11:30AM	4786	1	854	Davis, Christina	12/17/1980	EM	SUMMA	Unknown	11/20/2018 11:23AM
01/23/2018 01:30PM	4799	1	2047	thomas, michael peter	02/15/1985	MM	AET3	Unknown	11/08/2018 02:40PM
01/23/2018 01:30PM	4799	1	2047	thomas, michael peter	02/15/1985	MM	BLU	Insurance Plan ID: BLU Missing Payor ID	
02/21/2018 11:15AM	4795	CH	409	Jones, David S	12/03/1955	MW	BUC	Unknown	11/08/2018 02:39PM
02/21/2018 11:15AM	4795	CH	409	Jones, David S	12/03/1955	MW	BUC	Unknown	11/20/2018 11:23AM
02/21/2018 11:15AM	4795	CH	409	Jones, David S	12/03/1955	MW	BWC	Insurance Plan ID: BWC, EDIPayerID:J1896 does not provide EDI Eligibility	
02/22/2018 12:15PM	4794	1	696	Smith, Tracy	05/15/1974	JPS			
02/23/2018 11:00AM	4792	CC	2008	Allen, Melissa	09/30/1985	MM			

- Blank Status – The patient has no insurance coverage added to their account.
- Inactive Status – The patient's insurance plan returned an "inactive" status from the payer.
- Active Status – The patient's insurance plan returned an "Active" status from the payer.
- Unknown Status – The patient's insurance plan could not be verified.
- Insurance Plan ID does not provide EDI Eligibility – This insurance plan ID does not provide EDI eligibility transactions.
- Insurance Plan ID "XXXXX" Missing Payor ID – This insurance plan is missing the "EDI Payer ID" in the Insurance Plans Table.

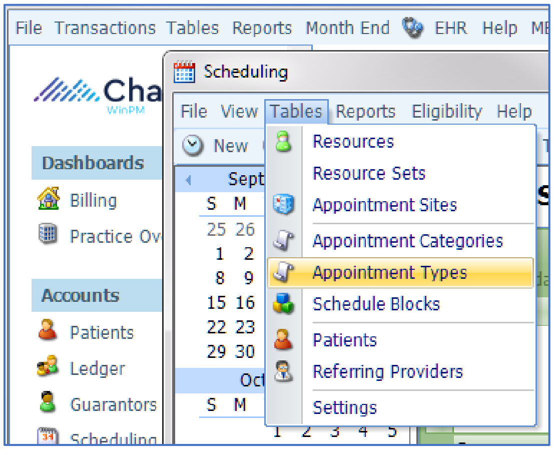
Reference: **Case** 84151 **Work Item ID** ADO 375

Updates

Other enhancements, improvements, or changes made not related to a defect or a new feature.

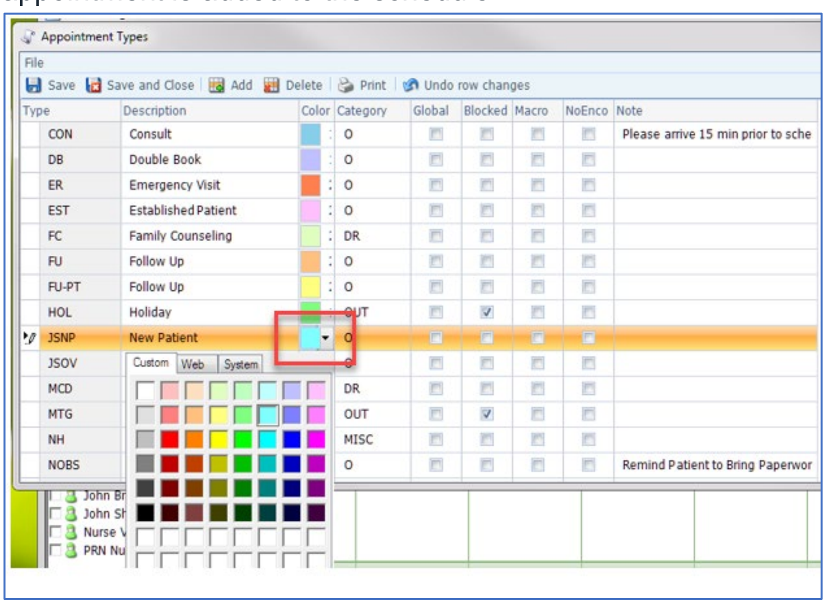
Scheduling Tables / Appointment Types Table

Update Scheduling Appointment Types Table –



The color tool that is currently utilized in the Appointment Sites Table and the Schedule Blocks Table is now available and "required" in the Appointment Types Table.

Each new Appointment Type added to the Appointment Types Table may be assigned a color that will display on all scheduling calendar views when an appointment is added to the schedule.



A color designation may also be added for each Appointment Type currently in the Appointment Types Table.

The "Color" drop-down tool is an added column in the Appointment Types Table. The user clicks the drop-down-drop-down arrow on the drop-down tool and then clicks on the color they wish to select for the appointment type they are adding or editing in the Appointment Types Table.

Once the Appointment Type entry is complete, the user then clicks "Save" or "Save and Close".

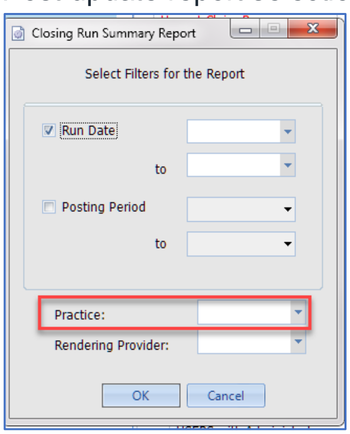
Reference **Case** NA **Work Item ID** ADO 1567

Reports

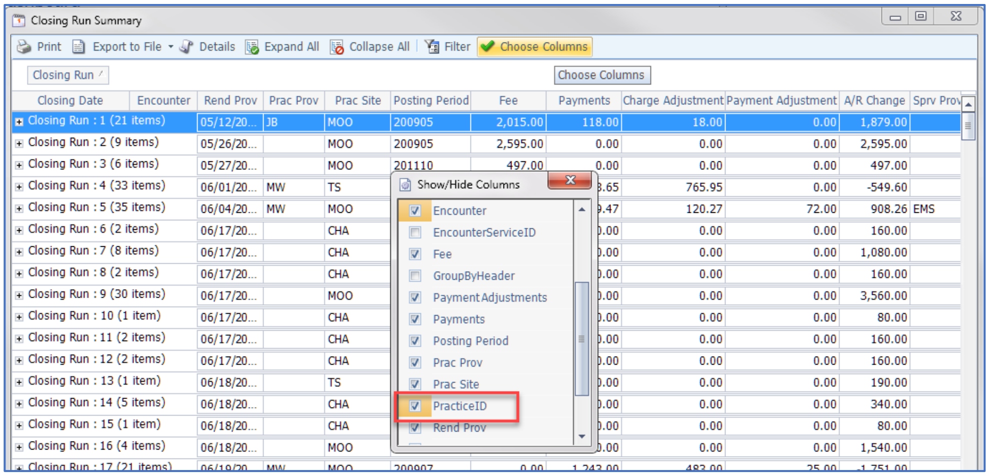
Application ***Closing Run Summary Report***

Update A "PracticeID" filter option (drop-down tool) has been added to the report selection form for the "Closing Run Summary Report" and to the "Choose Columns" menu option once the report has been generated.

Post update report selection form:



"Practice ID" column option from Choose Columns:



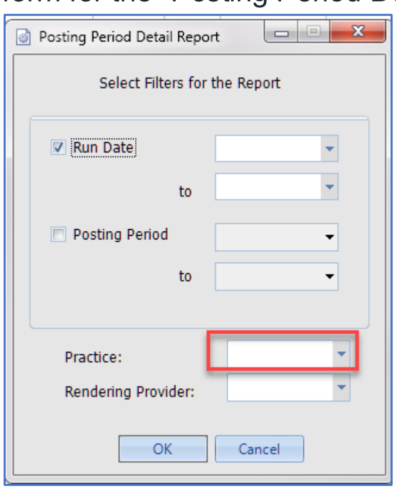
By selecting the "Practice ID" column, the user is able to "Filter" on a specific Practice ID, group on the Practice ID and/or arranged the left to right column order by "Practice ID". These are standard functions for reports grid handling.

IMPORTANT *To step through balancing the "End of Month" by Tax ID (PracticeID), generate this report by PracticeID to view the A/R Change Total for a specific Tax ID (PracticeID).*

Reference **Case** NA **Work Item ID** ADO 879

Application ***Posting Period Detail Report***

Update A "PracticeID" filter option (drop-down tool) has been added to the report selection form for the "Posting Period Detail Report".

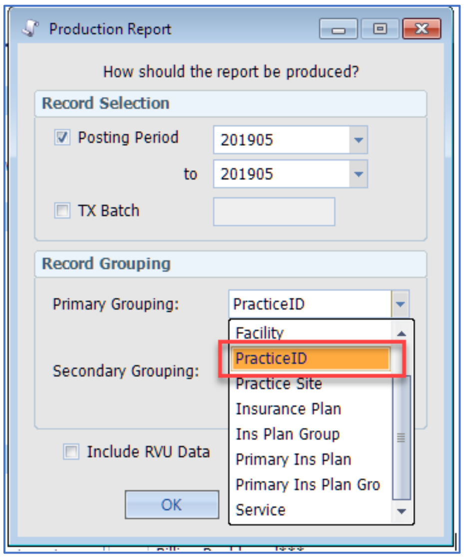


IMPORTANT *To view the "Posting Period Detail Report" by Tax ID (PracticeID), generate this report by PracticeID to view the A/R details for a specific Tax ID (PracticeID).*

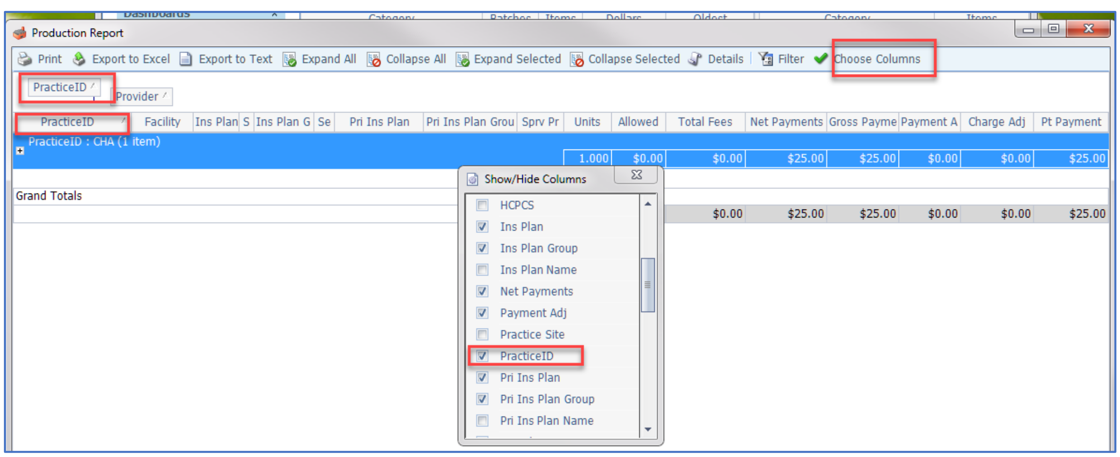
Reference Case NA **Work Item ID** ADO 890

Application ***Production Report***

Update The PracticeID column has been added to the "Record Grouping" drop-down tool on the "Production Report" main form and the user is able to generate this report by PracticeID. (Tax ID).



If the report is not initially generated by the "Practice ID" column, the Practice ID column has been added to the "Choose Columns" feature.



Utilizing the Production Report "Filter" option, this report may be further filtered to a specific Practice ID.

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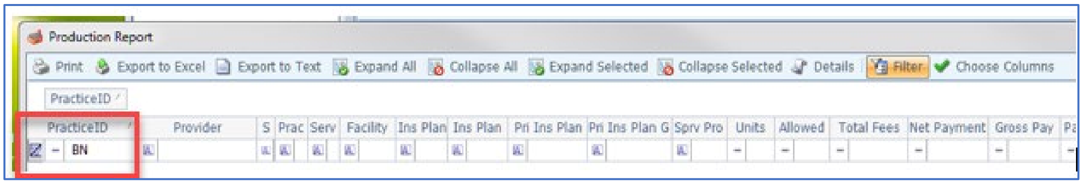
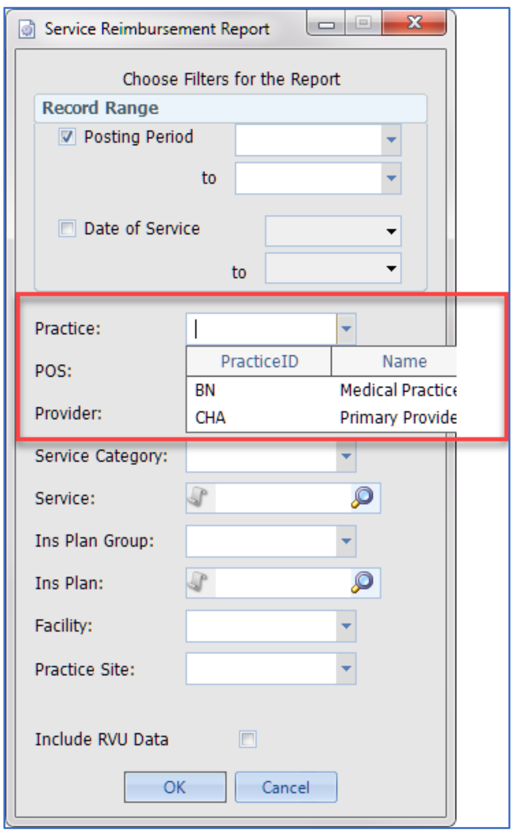


Reference **Case** NA **Work Item ID** [number or NA]

Application ***Service Reimbursement Report***

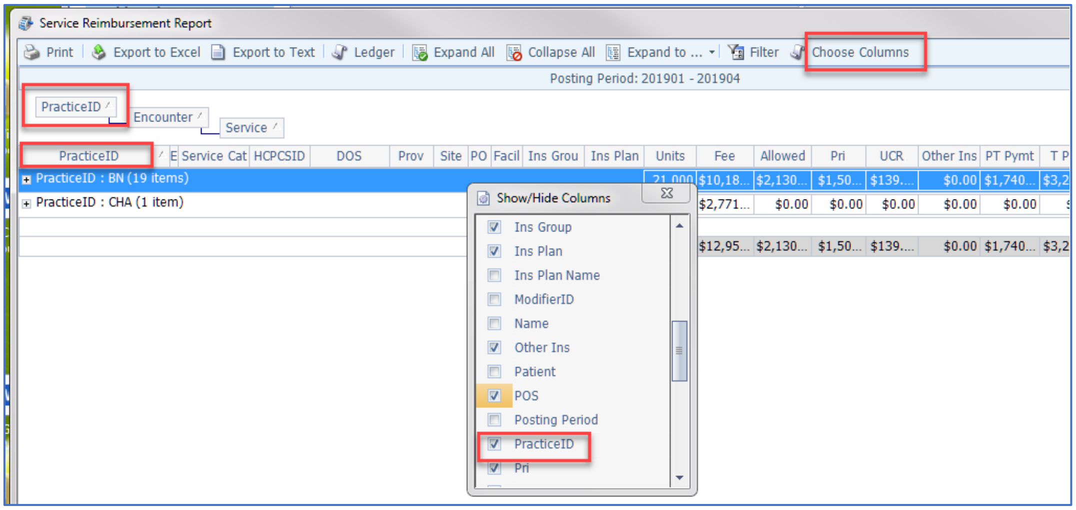
Update The "PracticeID" filter option (drop-down tool) has been added to the "Choose Filters" option of the report selection form for the "Service Reimbursement Report" to filter and generate this report for specific PracticeID (Tax ID). This data column is also as added to the "Choose Columns" menu option once the report has been generated.

Post update selection form:



Practice ID is also available from the Choose Columns option

Medsphere

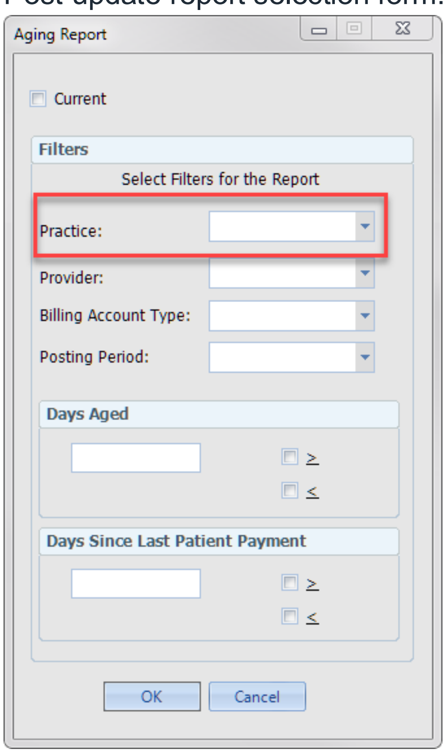


Reference **Case** NA **Work Item ID** ADO 849

Application ***Aging Report***

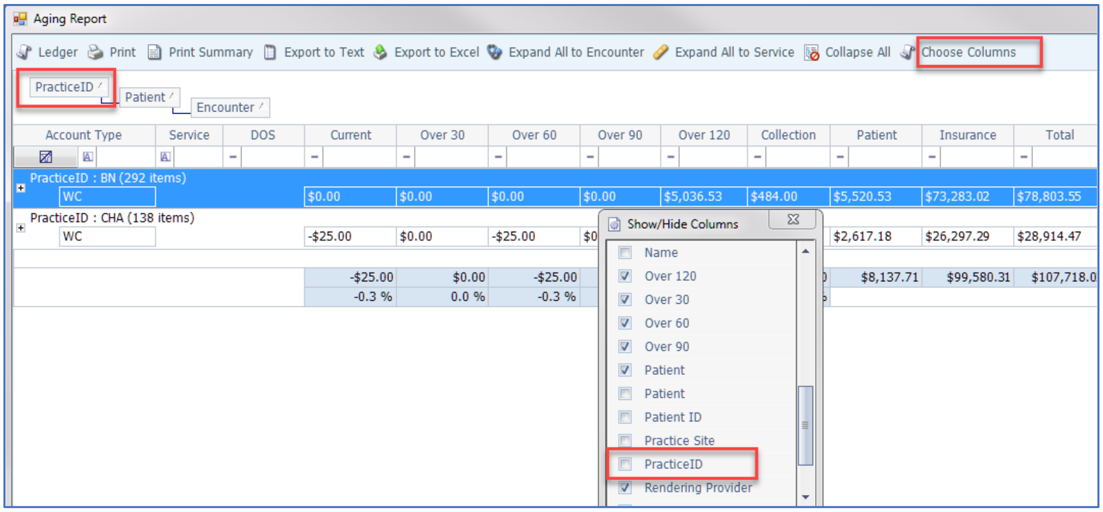
Update A "PracticeID" filter option (drop-down tool) has been added to the report selection form for the "Aging Report" to view Patient Aging Receivables by the "PracticeID" (Tax ID). This data column is also as added to the "Choose Columns" menu option once the report has been generated.

Post update report selection form:



Practice ID is also available from the Choose Columns option

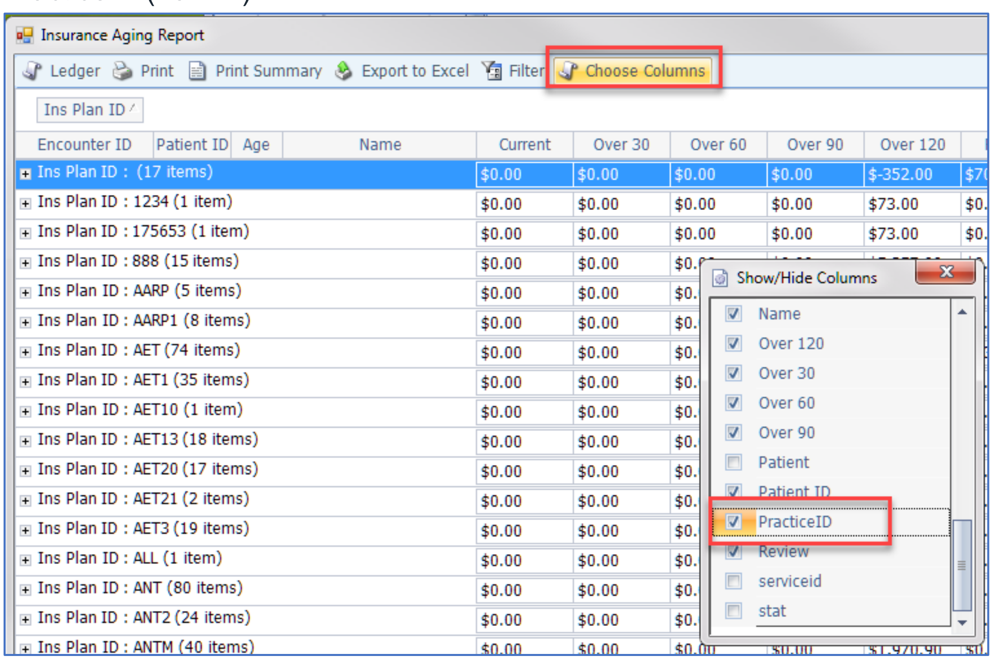
Medsphere



Reference **Case** NA **Work Item ID** ADO 838

Application ***Insurance Aging Report***

Update The PracticeID is now a default column displayed when generating the Insurance Aging Report. Practice ID is also an option under the "Choose Columns" feature for the Insurance Aging Report. The report may be sorted and/or filtered on a specific PracticeID (Tax ID).



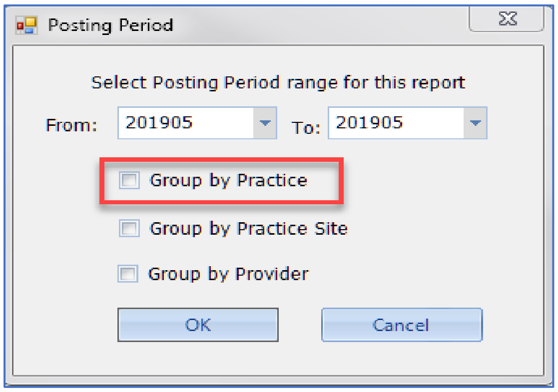
Reference **Case** NA **Work Item ID** ADO839

Month End

Application ***Posting Period Summary Report***

Update The "Group by Practice" option has been added to the "Posting Period Summary Report" that provides the option to view the by "PracticeID" (Tax ID).

Post update report selection form:



By checking "Group by Practice", the report will generate one production page for each Practice defined in the Practice Table and a final grand total page for all of the combined "PracticeID" totals.

IMPORTANT *To balance the "End of Month" by “PracticeID” (Tax ID), generate this report by checking "Group by Practice" to view the Charge, Payment and Adjustment totals for each specific “PracticeID” (Tax ID).*

Reference **Case** NA **Work Item ID** ADO 832

Medsphere

New Features

This section introduces distinct and/or significant new functionality.

Agenda Scheduling Tables

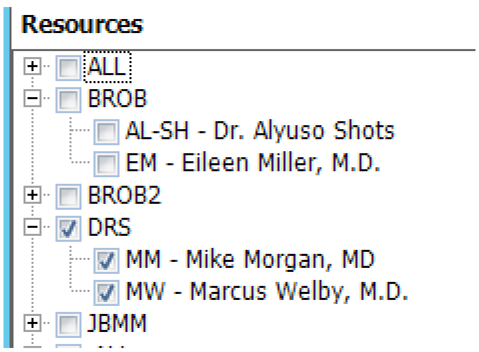
New Daily Agenda Style Scheduling Option – Agenda View Templating by Resource, Expandable Resource Tree View, Day Agenda View

SETUP

To utilize Agenda Scheduling, please reach out to our Implementation Team or Customer Care Team to turn on these feature settings within your CL PM (Win) database.

Resource Sets Table –

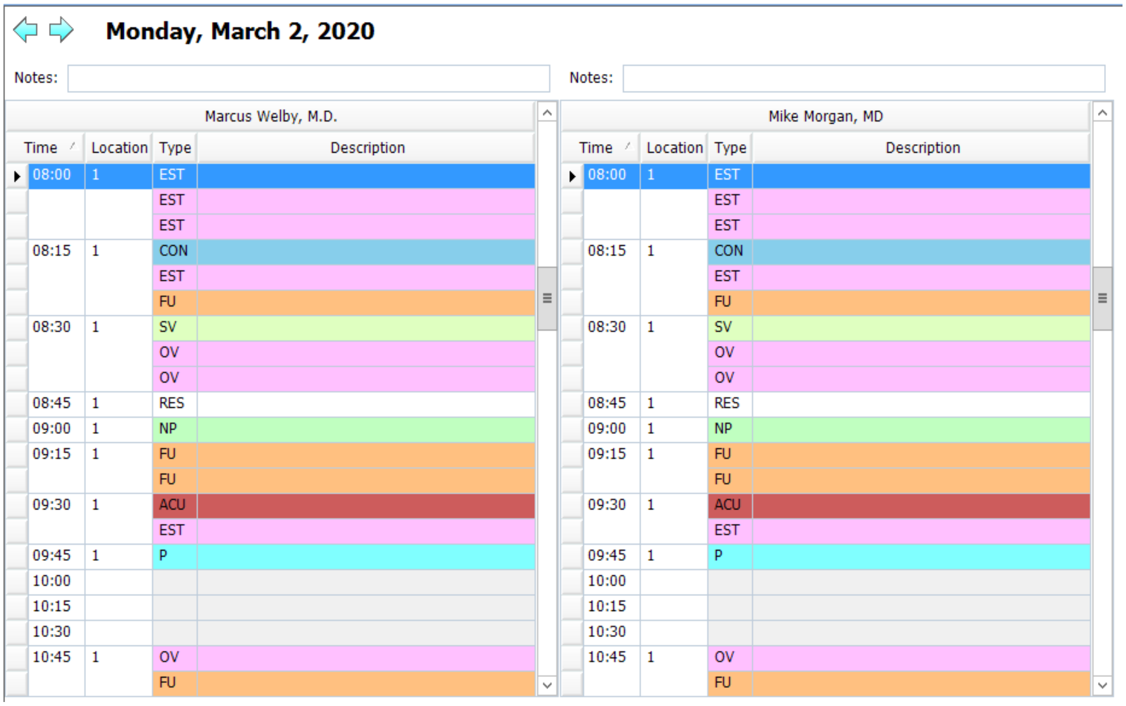
Agenda Scheduling is configured to display Resource Sets within a “Tree View”, allowing a scheduling user to select and view specific sets of Resources, multiple sets of Resources or narrow the view to only certain Resources within a set(s).



The Resource Sets Table functionality has not changed. A practice may set up as many Resource Sets as needed to group Resources within a unique set to accommodate viewing the Resource Set within Appointment Sites, across Appointment Sites, or grouped by a Resource type (MD, Nurse, Lab, PT, MA) as some examples, within a “Tree View”.

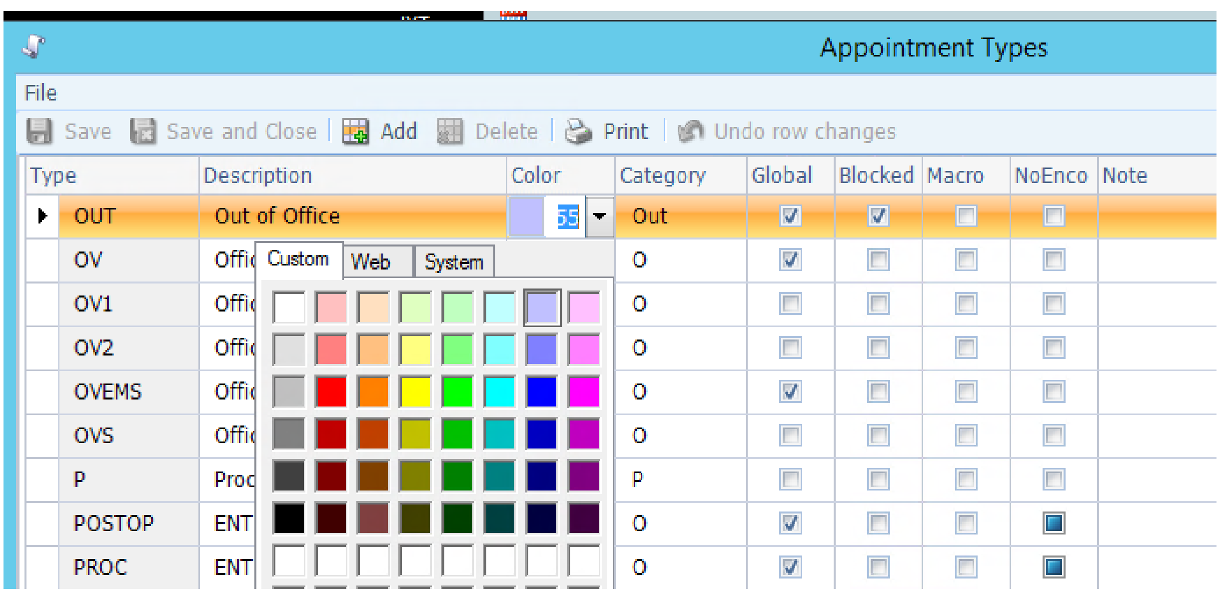
By checking the box to the right of the + sign, all Resources within the set will be checked and displayed in the calendar day view. By clicking the +, the sign will change to – and all Resources within the set will display with a blank check box to the left of the Resource’s description. By clicking a Resource’s check box, the Resource will display in the Agenda Calendar Day View.

Default Resource Sets are assigned to each User having “Scheduling” access privileges.



Appointment Types Table –

As introduced in Version 3.0.0, a color column with dropdown menu is added to the Appointment Types Table to select a color designation for each appointment type.



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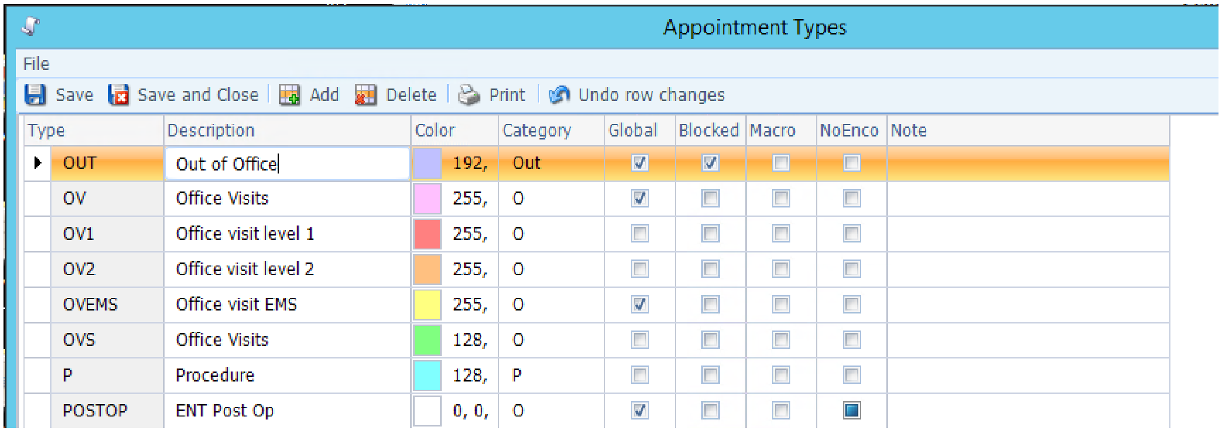
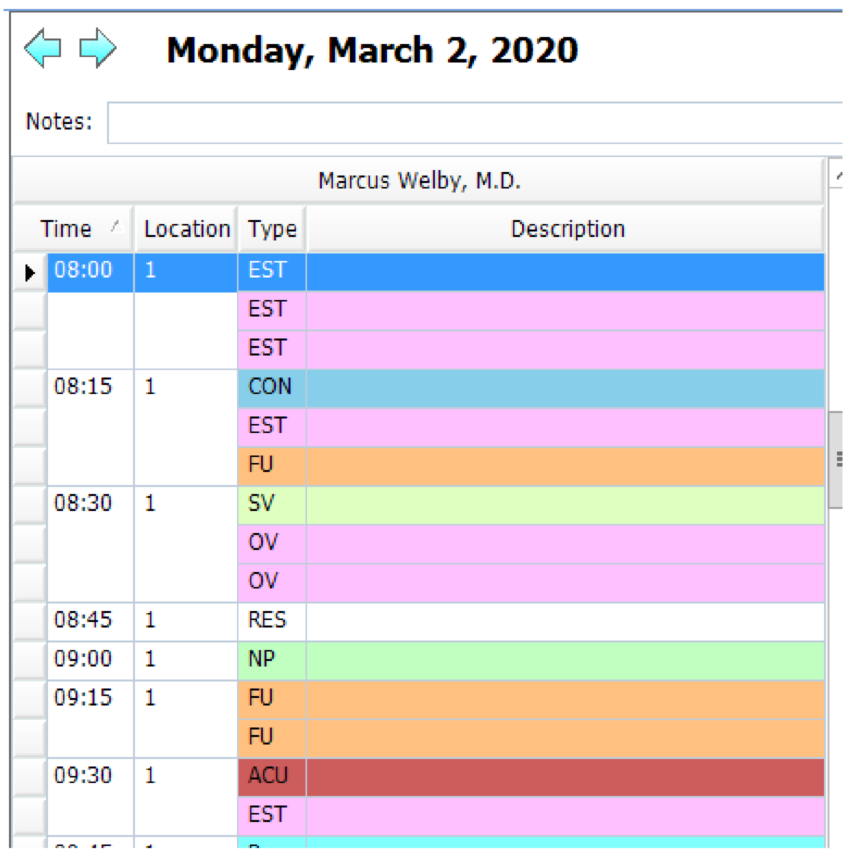


Agenda Calendar Day View – The appointment type colors are displayed on the Agenda Calendar Day View.



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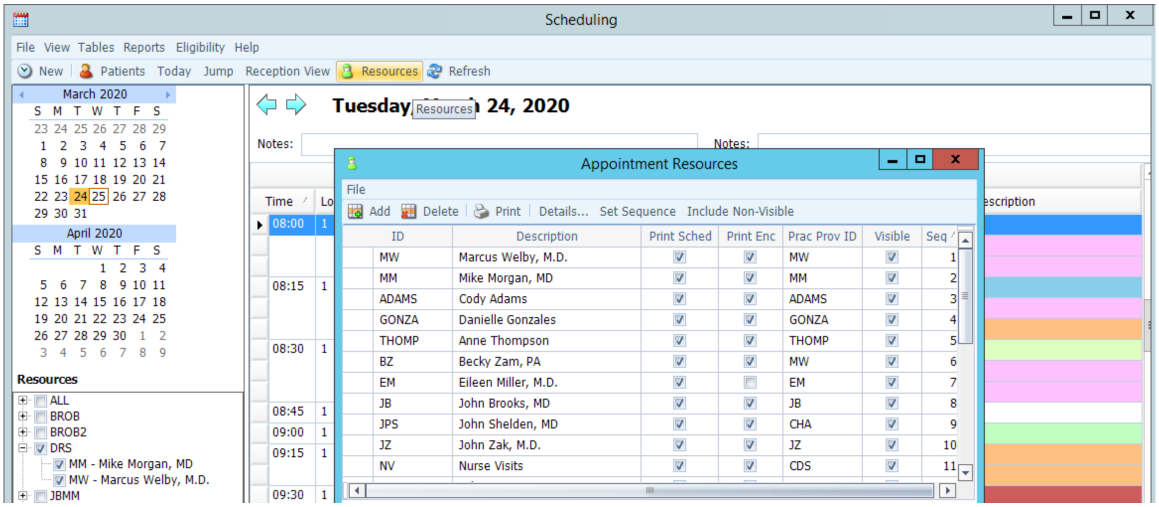
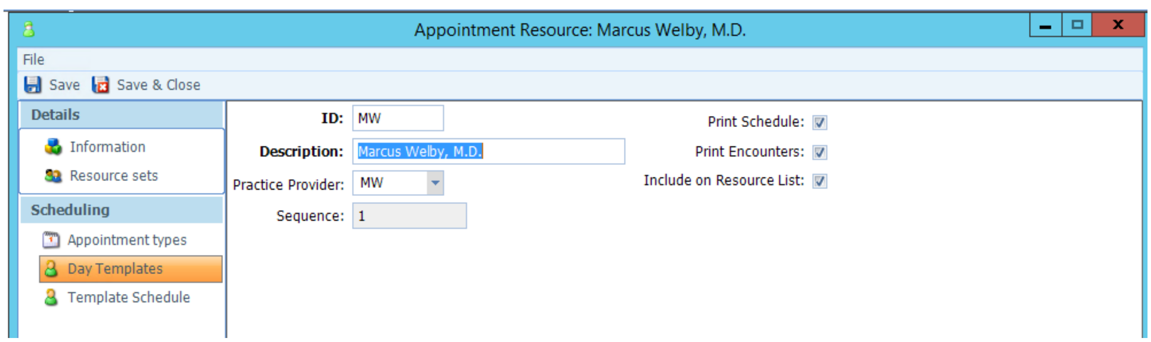
Appointment Resources Day Templates –

Once the Appointment Tables are defined, the Appointment Resources may now be templated for use in scheduling appointments. Select a Resource from the Appointment Resources menu option. Double click the Resource selected on the grid and the Resource's templating options form will open.



Click the "Day Templates" menu option under the Resource's "Scheduling" menu on the left side of the form. This tool allows the user to develop templates that are used not only by the currently open Resource, but also by any of the other Resources defined within the Resources Table. These templates will define Appointment Types by time of day **and by time interval** which will display on the Resource's Agenda Calendar Day View. Some examples described are: Full Day Office, Swing Day Office and Day Off – No Hours. Define as many Day Templates as needed to define a Resource's work week and time away from the office.



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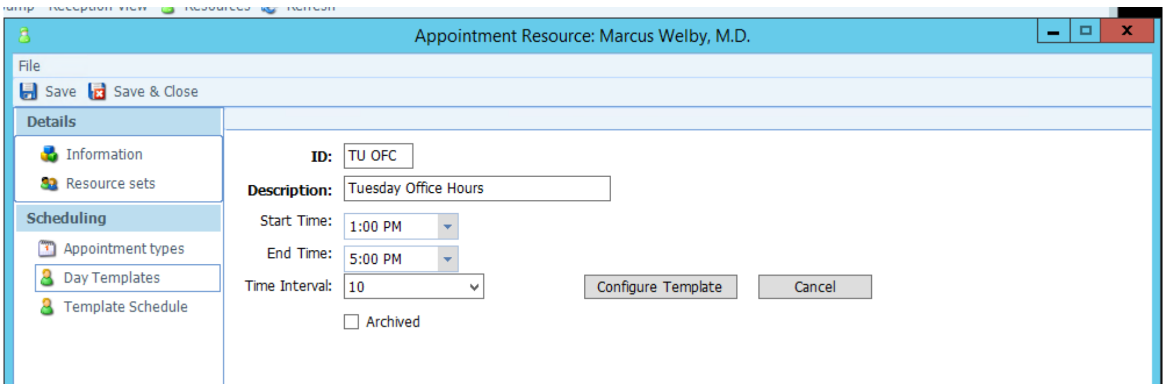
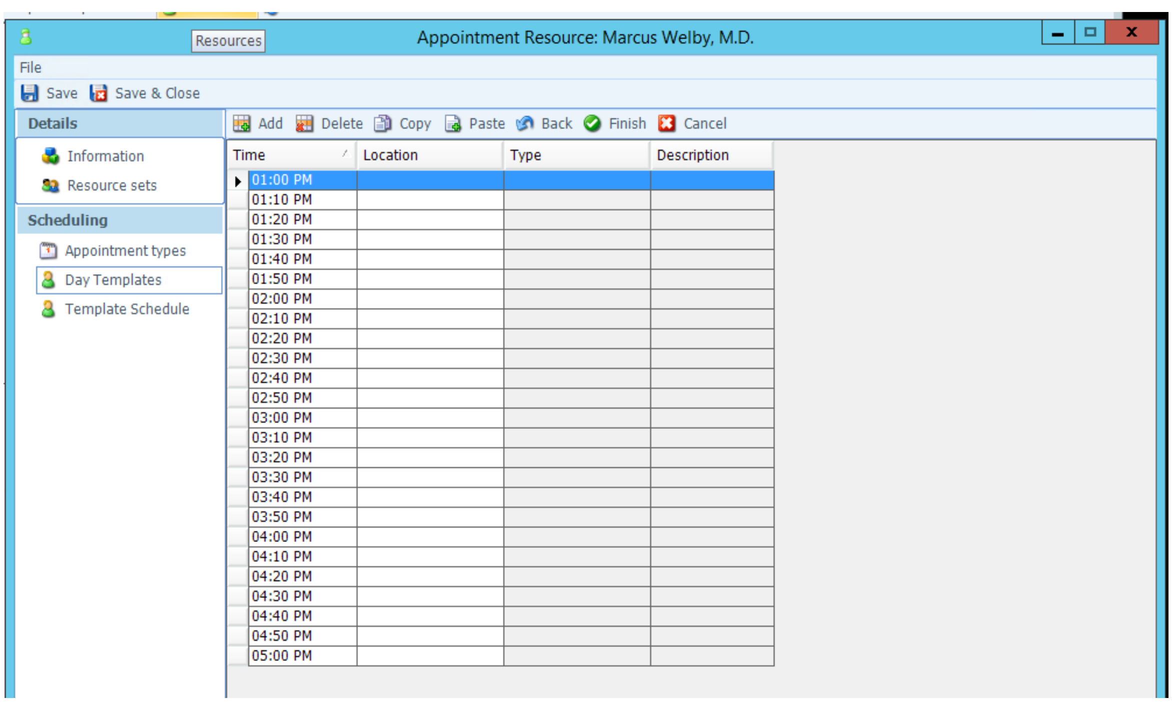
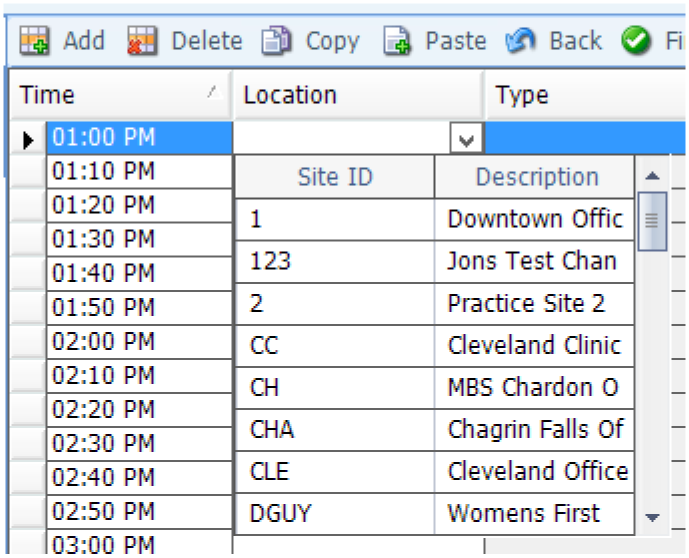
Click the “Add” button to begin to configure a Day Template.
Enter an ID for the Day Template utilizing a few characters. The example below is OFC. This ID field is case sensitive so that the ID may be entered in upper, lower or mixed case characters.
Enter a Description for the Day Template.
Enter a Start Time and End Time, defining when the Appointment Types will start and end on any calendar day.
Next, enter the **time interval** to be displayed between the Start and End times on the Agenda Calendar Day View.
Click the “Configure Template” button.

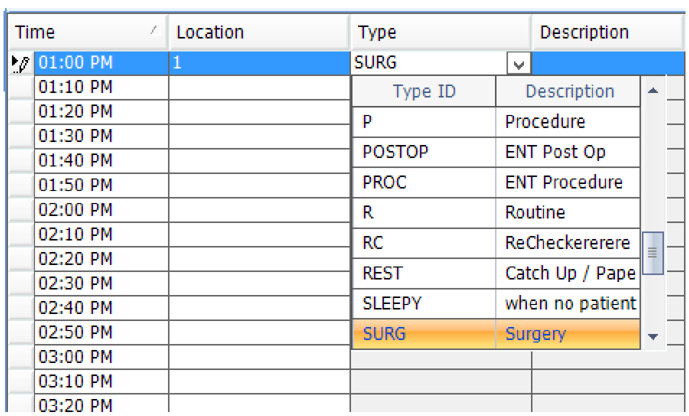


The Day Template grid will now display for configuration.

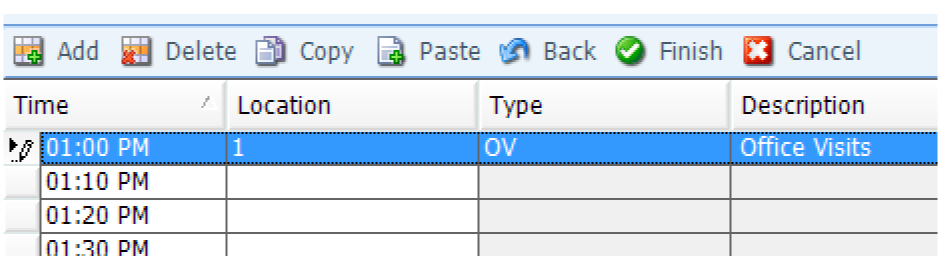


Click on the Location field and a dropdown menu will display to select an Appointment Site. A scrollbar is available to scroll down to the required Appointment Site. The Description field will display the description of the Appointment Site selected.
Click on the Type field and a dropdown menu will display to select an Appointment Type for the appointment Time and Location. A scrollbar is available to scroll down to the required Appointment Type.
The Description field will display the description of the Appointment Type selected.

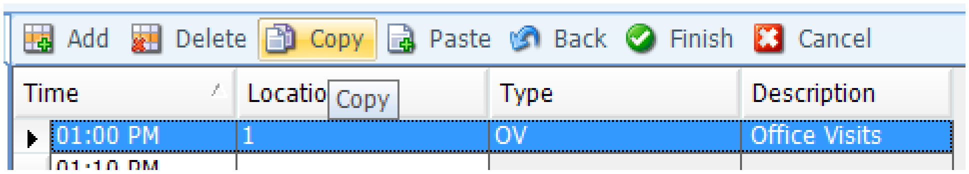




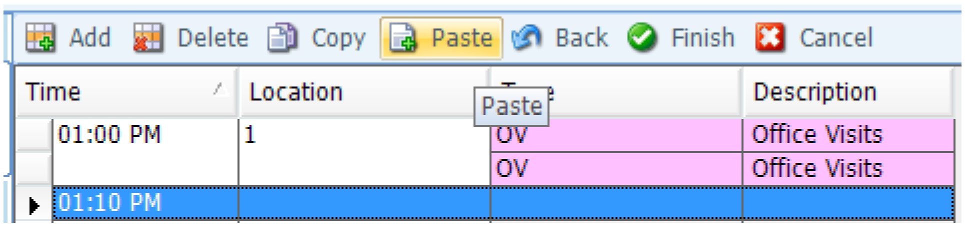
To continue to enter multiple appointments slots for the same appointment Time, Location and Type, click the box to the left of the templated appointment time to select the row to be copied. The selected row will be highlighted.



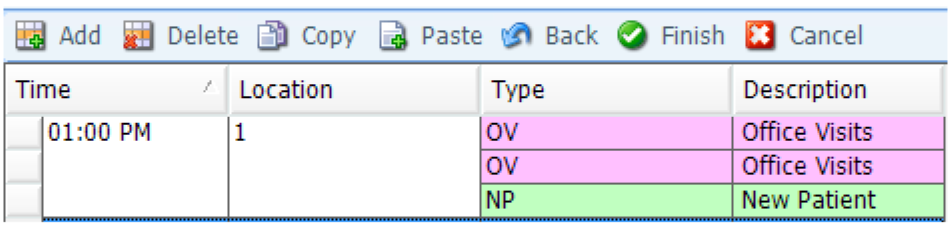
Click the Copy button located on the top template menu.



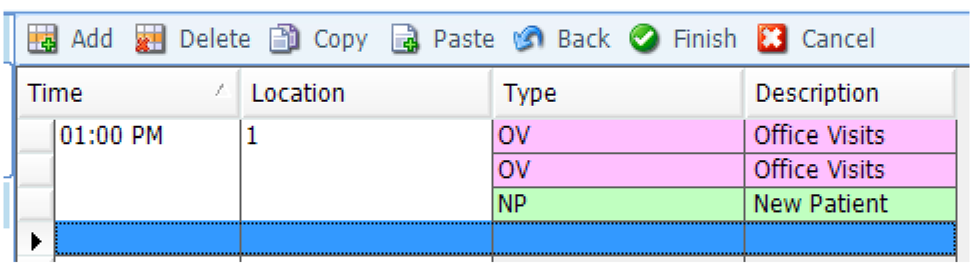
Click the Paste button on the top template menu.
The user may repeat this step as necessary to enter multiple appointment for the same time slot.



The Copy and Paste functions may also be used to copy the Time and Location and then change the Type by using the dropdown menu to add a different Appointment Type to the same Time and Location.

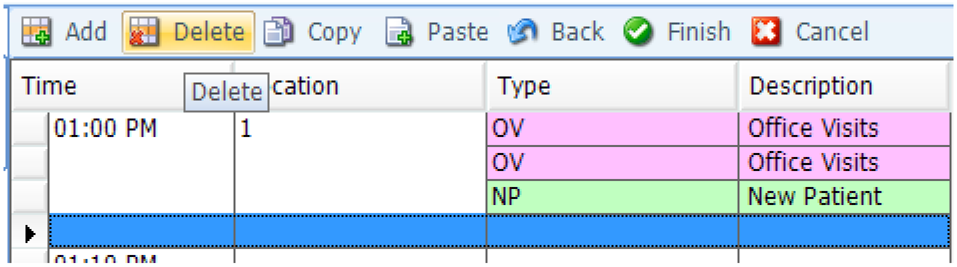


The Add menu option will continue to add blank rows within a time slot for the user to configure the Location and Appointment time desired for the designated Time on the Agenda Day Calendar View.

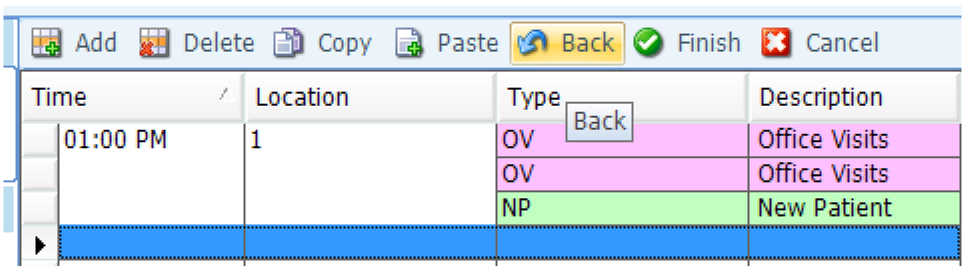


Continue to Add, Copy and Paste within a time slot until ready to configure the next appointment time slot.

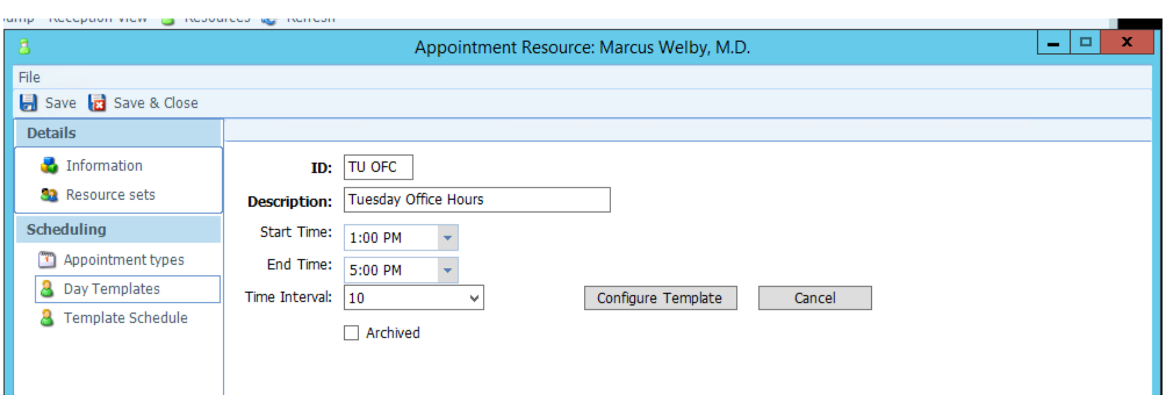
To Delete a row within the Day Template, highlight the row and click the Delete option.



To return to the Day Template ID, Description and Start and End form Click the Back option.



The user is returned to the first form of Day Templates.



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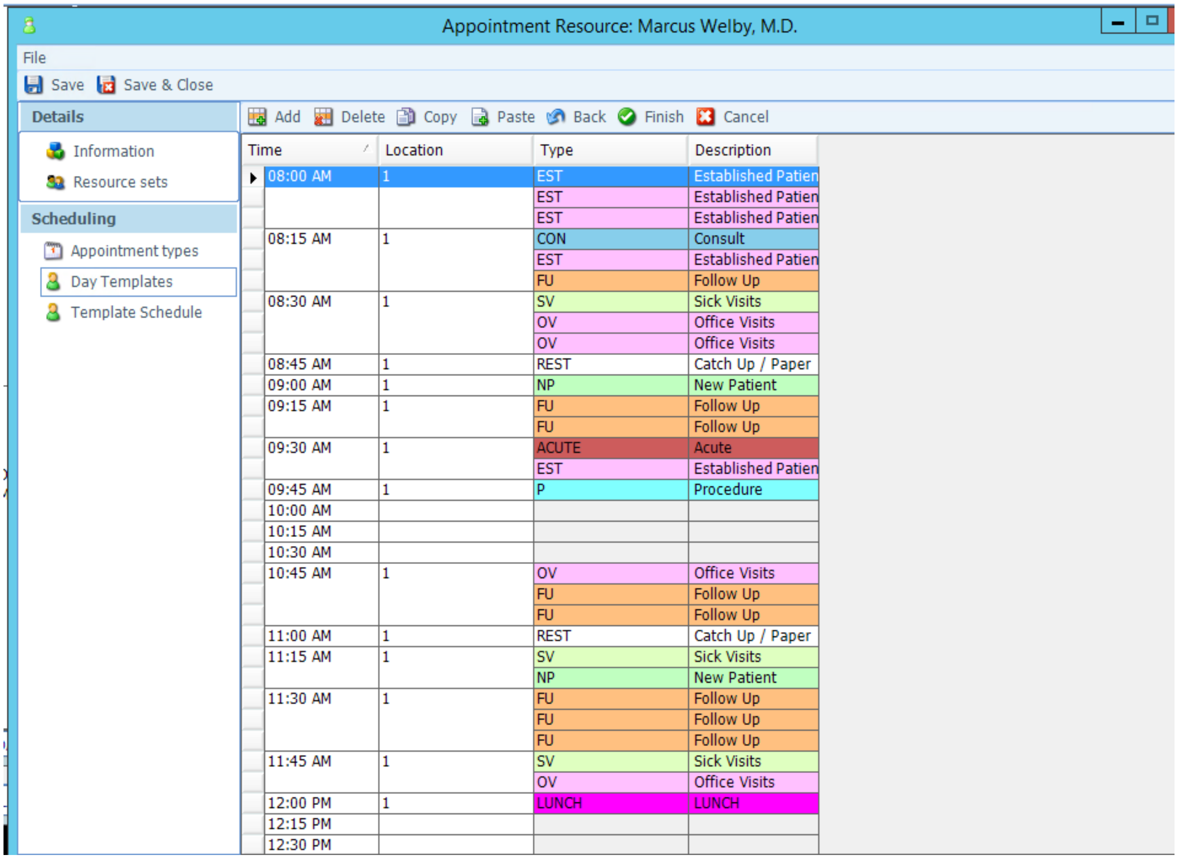
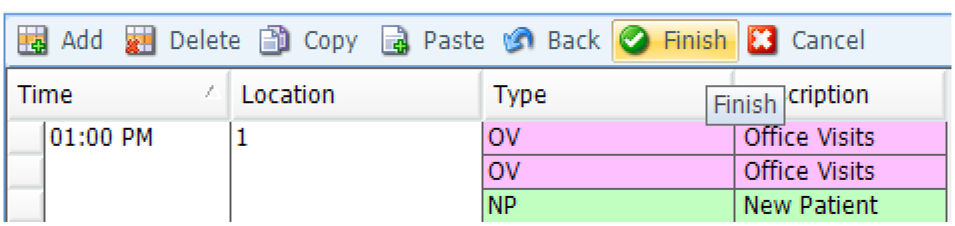
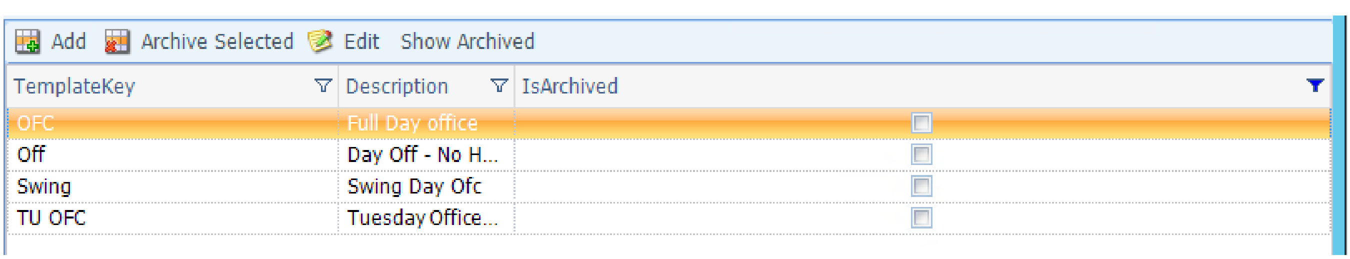
Continue to configure all appointment slots required throughout the Start and End Times.



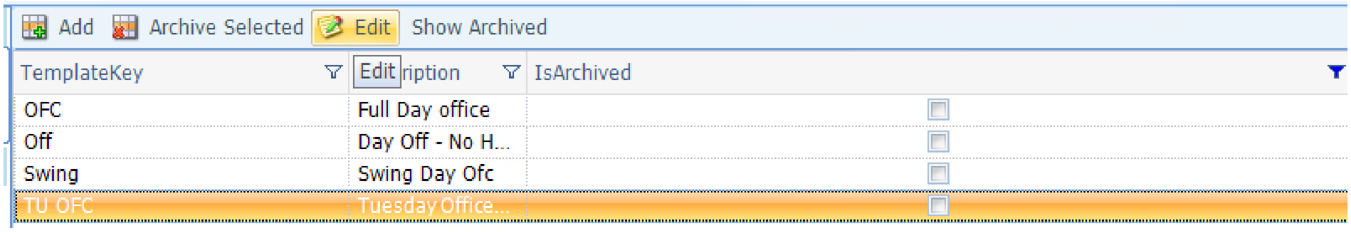
Once all time slots are configured, click Finish and the user is returned to the Resource's Day Templates grid of all templates defined for the Resource.



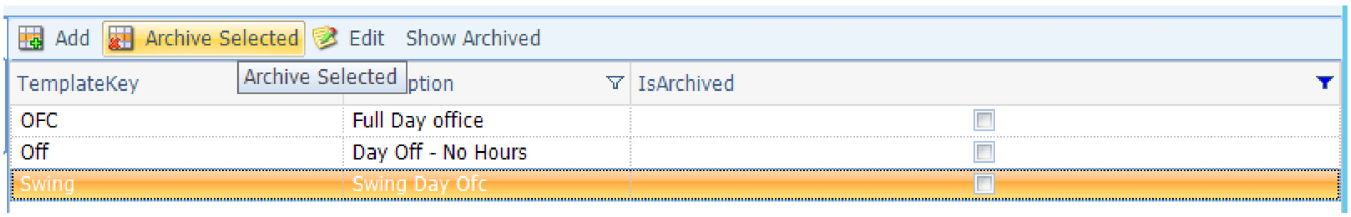
Resource Day Template Grid -



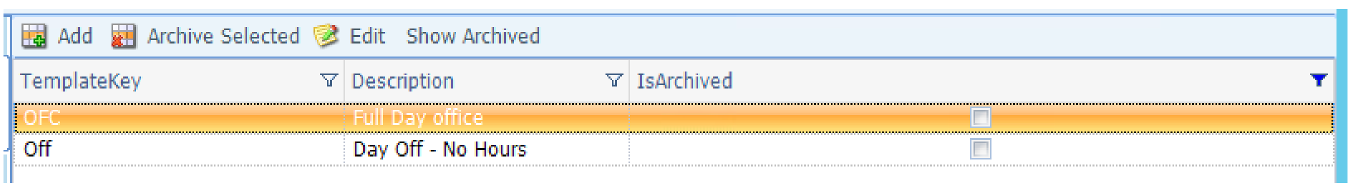
If a Day Template for a Resource requires an edit, highlight the row, and click Edit.



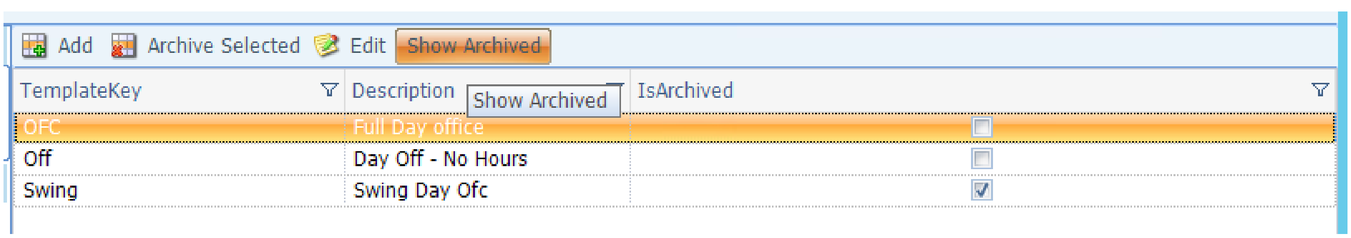
If a Day Template is no longer required, highlight the row for the Day Template and then click the "Archive Selected" option to archive the Day Template and hide it from view on the Day Template Grid. To view the "Archived" Day Templates for any Resource, click the "Show Archived" option and all the Day Templates, non-archived and archived, will display on the Resource's Day Template grid.



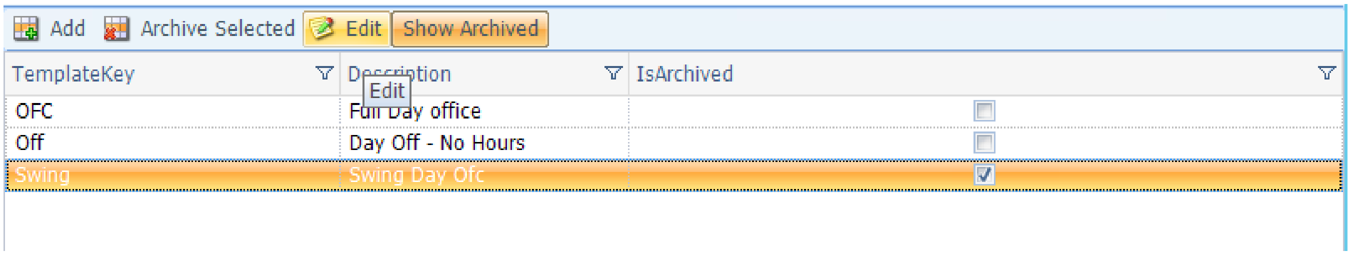
"Swing Day Ofc" is now archived.



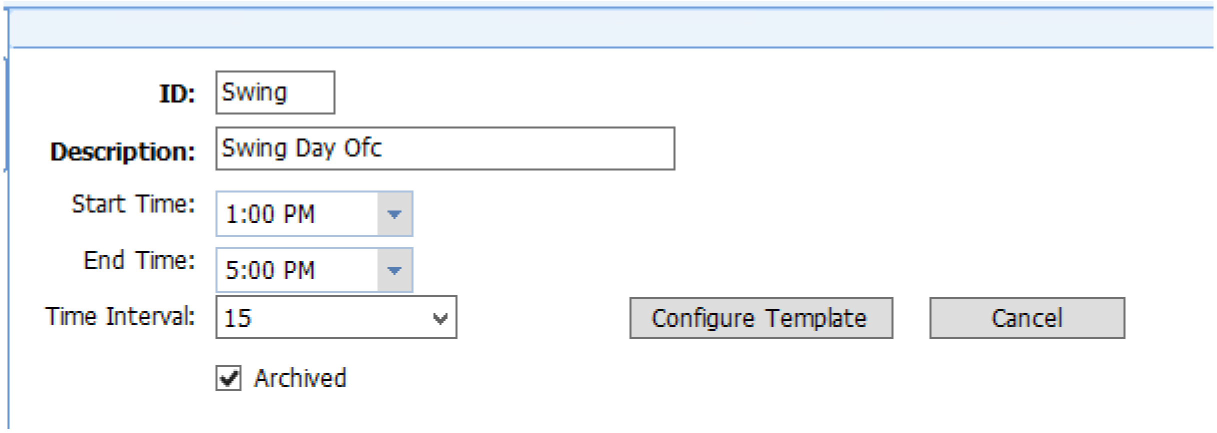
Show Archived View

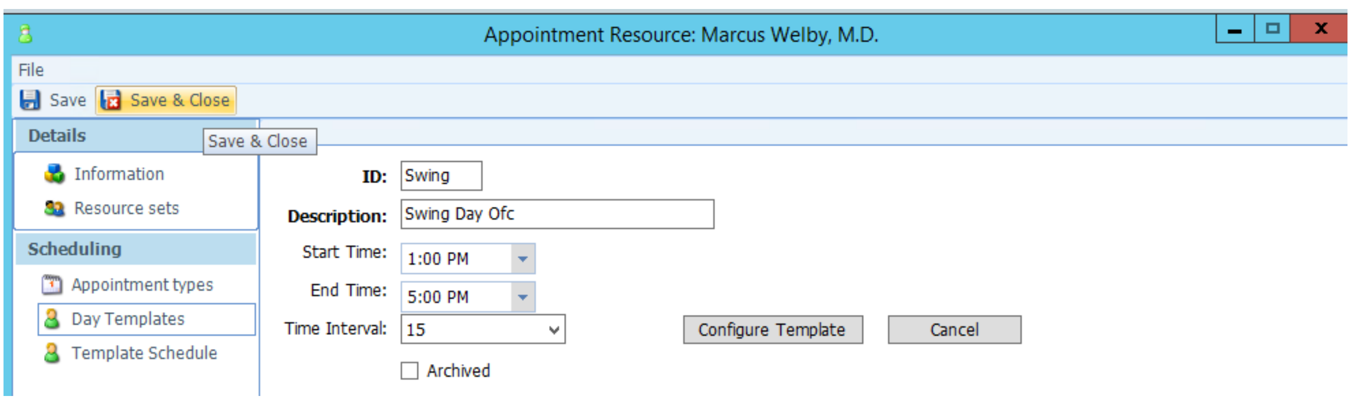


To edit and unarchive a Day Template, highlight the row and click "Edit".



Uncheck the "Archived" check box and click Save & Close





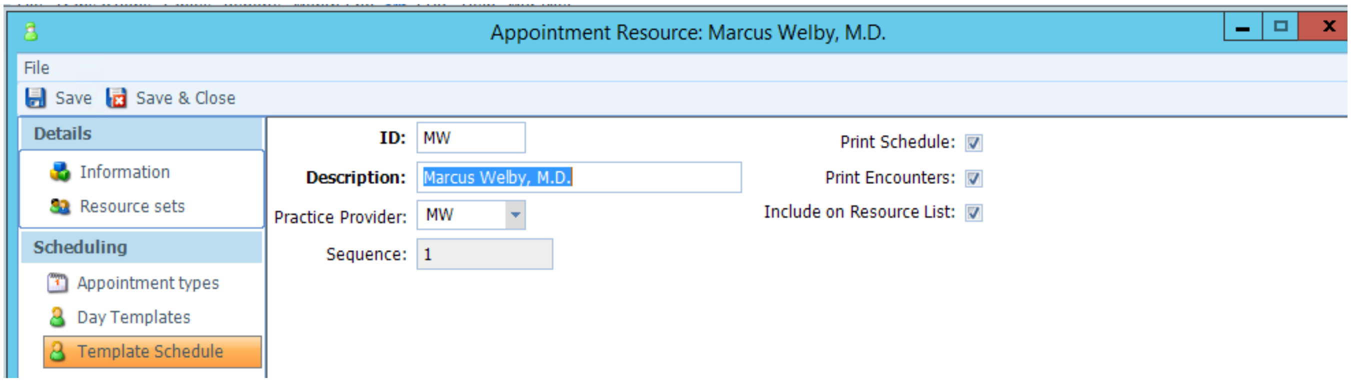
Scheduled appointments will remain on the Agenda Day View calendar and will not be deleted or moved when a Day Template is archived.

Medsphere

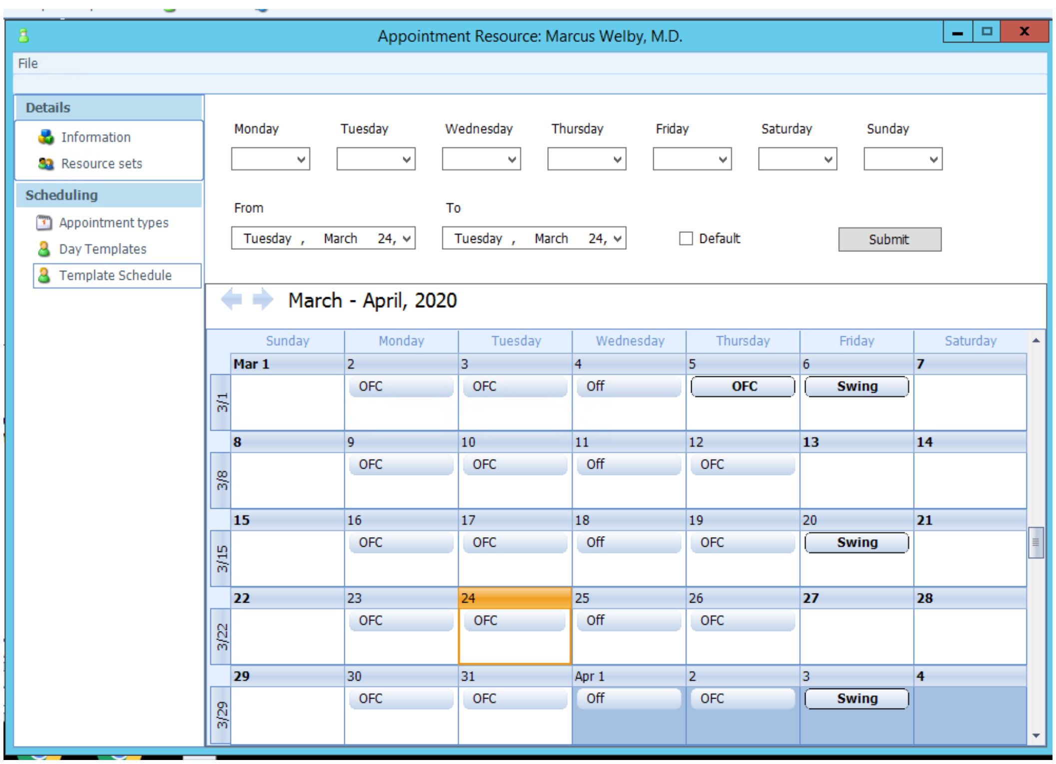
Appointment Resource Template Schedule -

Once all Day Templates are configured and saved on the Resource's Day Templates Grid, the next step is to configure the "Template Schedule" on the specific days of the work week and appointment site(s) for Resource.

Select "Template Schedule" from the Resource's scheduling menu.

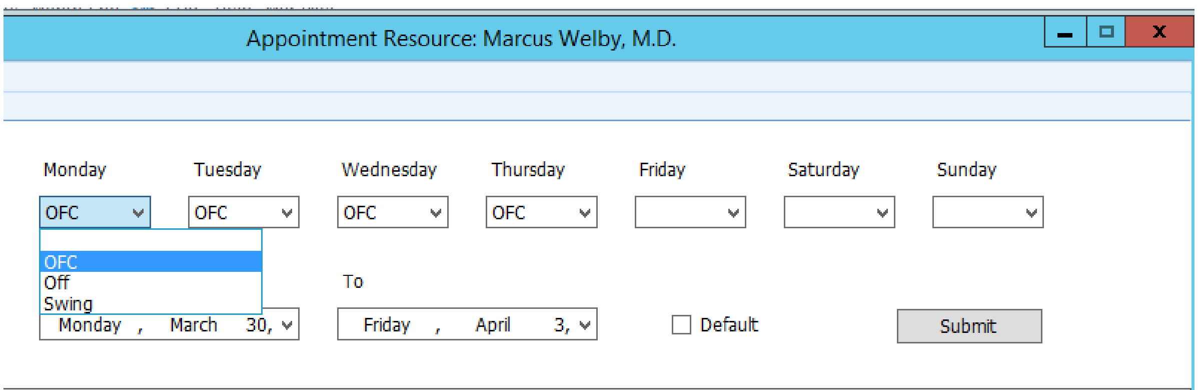


The example below shows the "OFC" Full Day Office template configured as a "Default" for Monday through Thursday of Marcus Welby's work week along with the "Swing" Swing Day Office templated that was configured on alternating Friday's.
To continue or repeat a particular Day Template week thoughout additional calendar months, the "Default" check box was checked when templating "OFC" before clicking the "Submit" button.

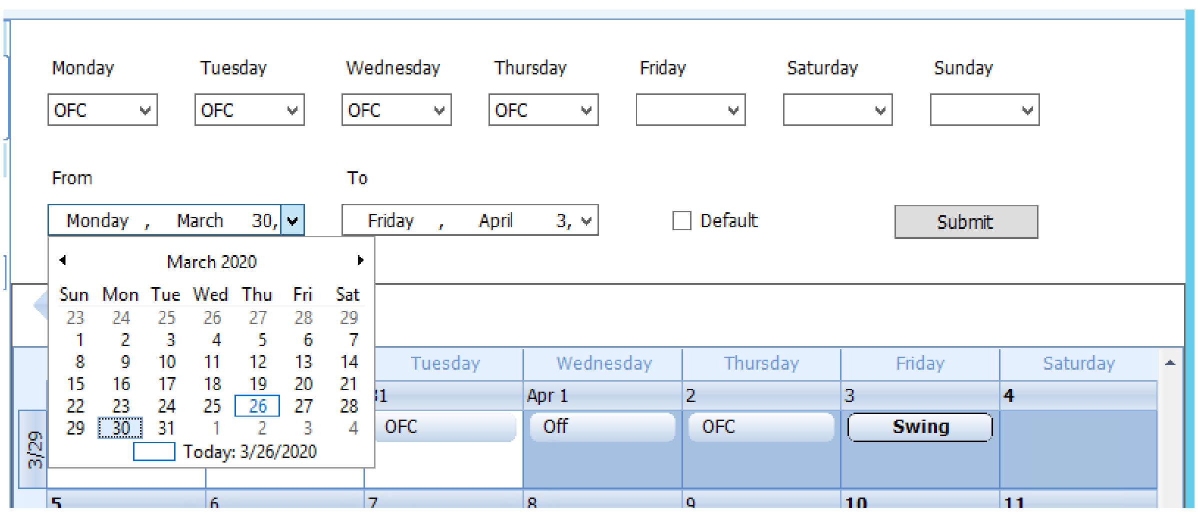


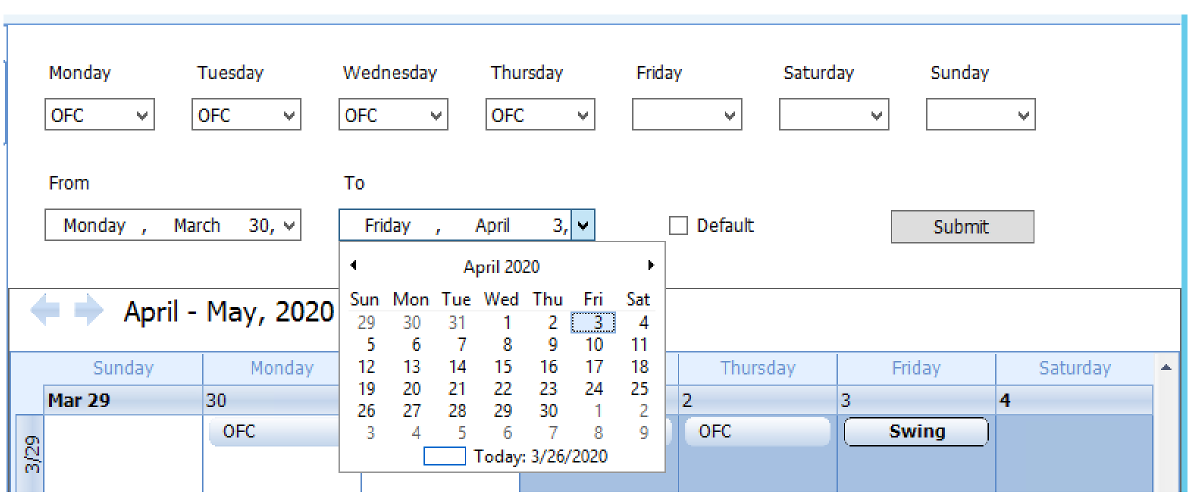
Medsphere

Click the dropdown menu on each day of the week desired and select the Day Template required.



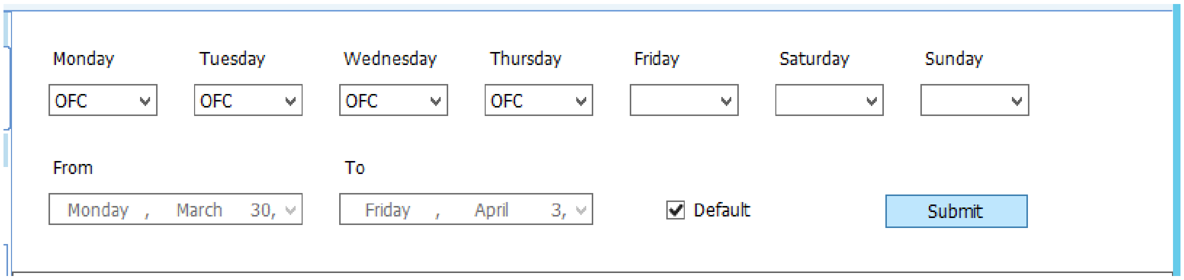
Then click the dropdown menu on the “From” and “To” calendars and select the start and end dates to configure this Day Template



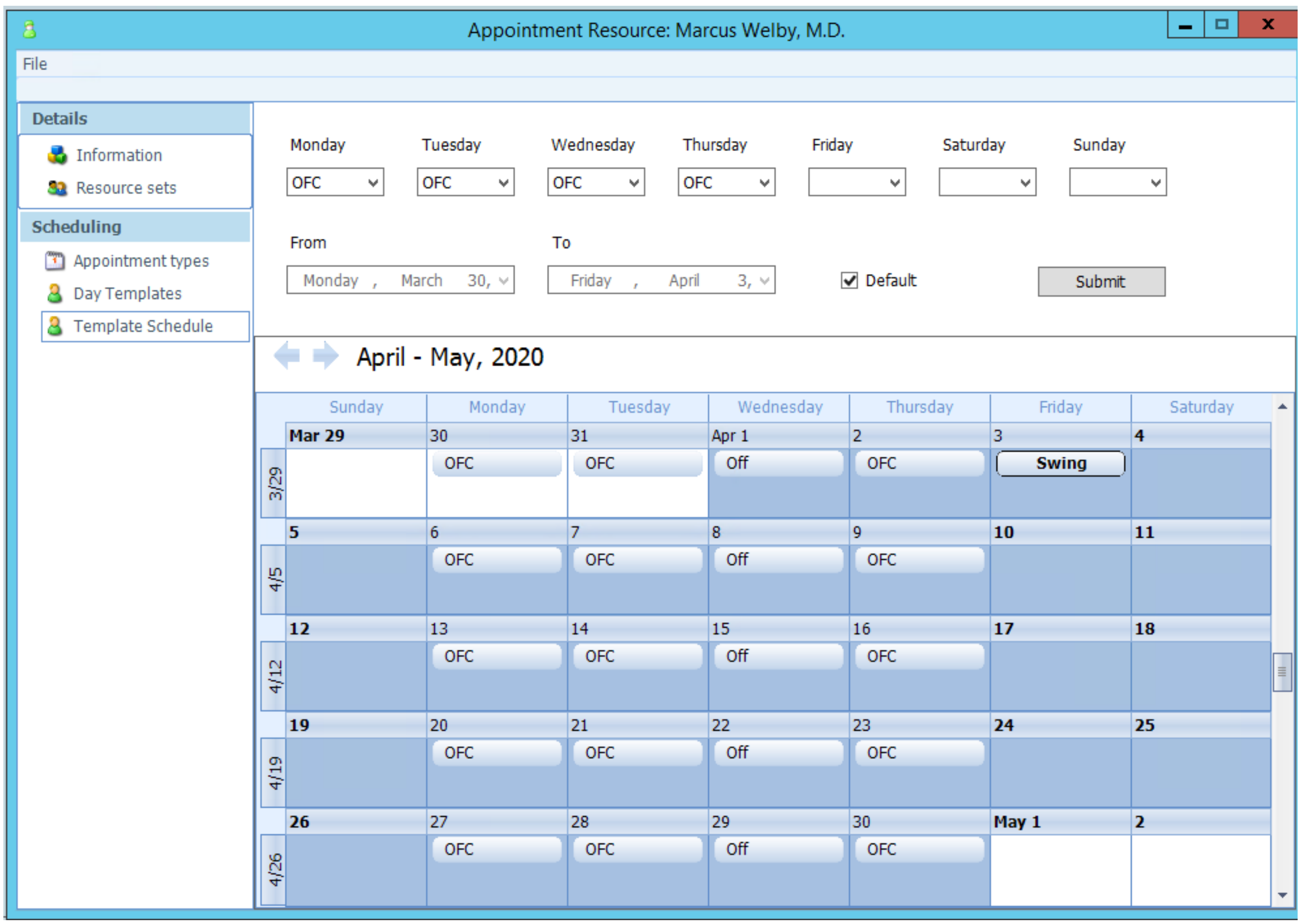


Medsphere

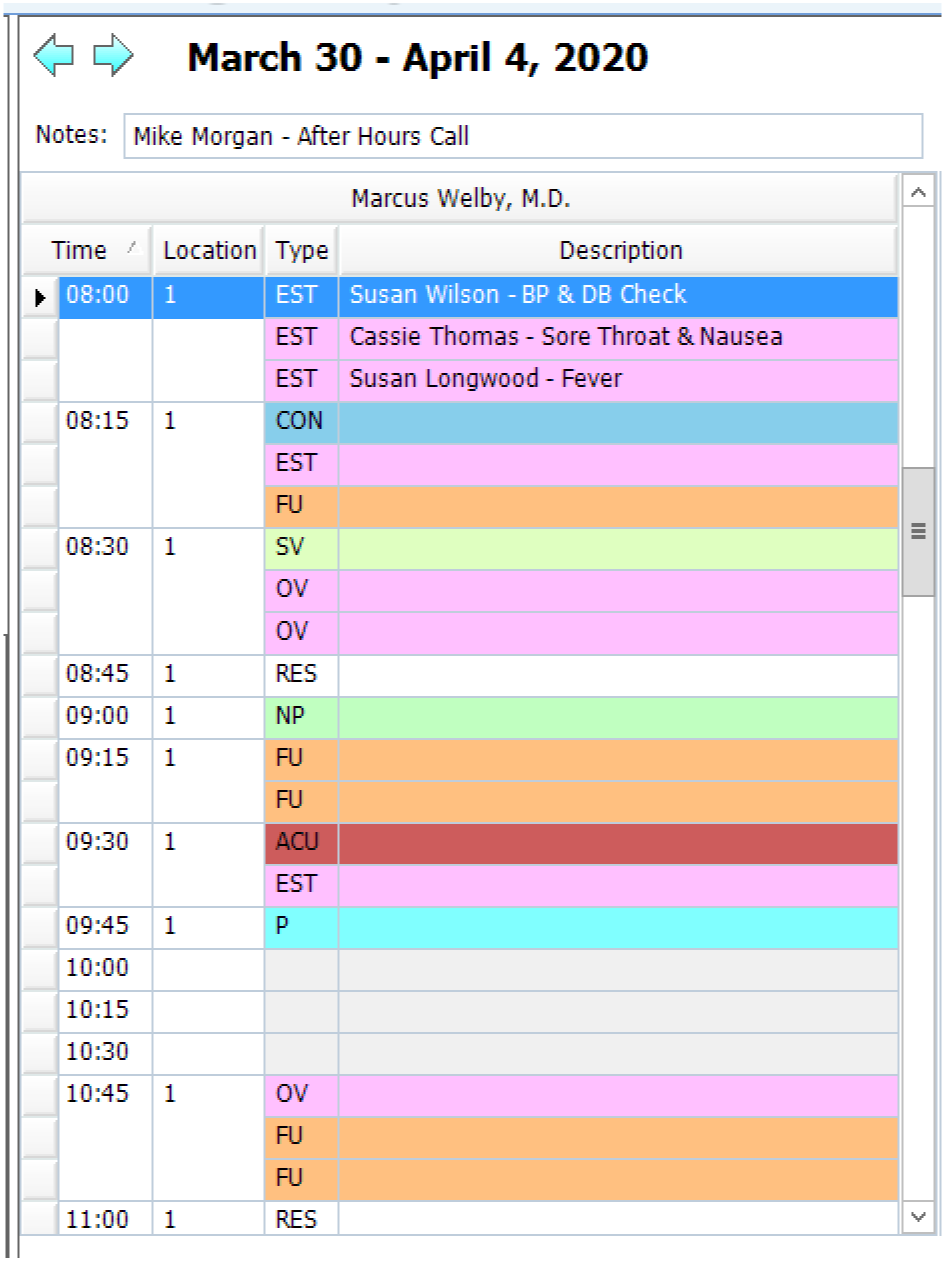
Then click the “Default” check box and click “Submit”.



The Resource’s Day Templates are now configured throughout all months on the Resource’s Agenda Day View calendar.



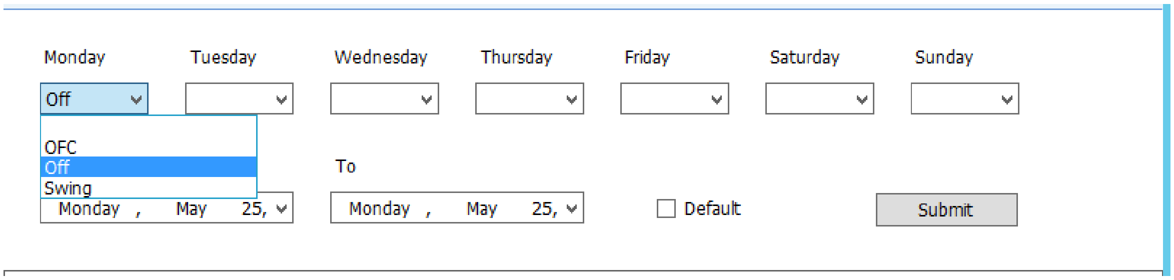
The Resource's Agenda Calendar Day View will now reflect the templated rule.

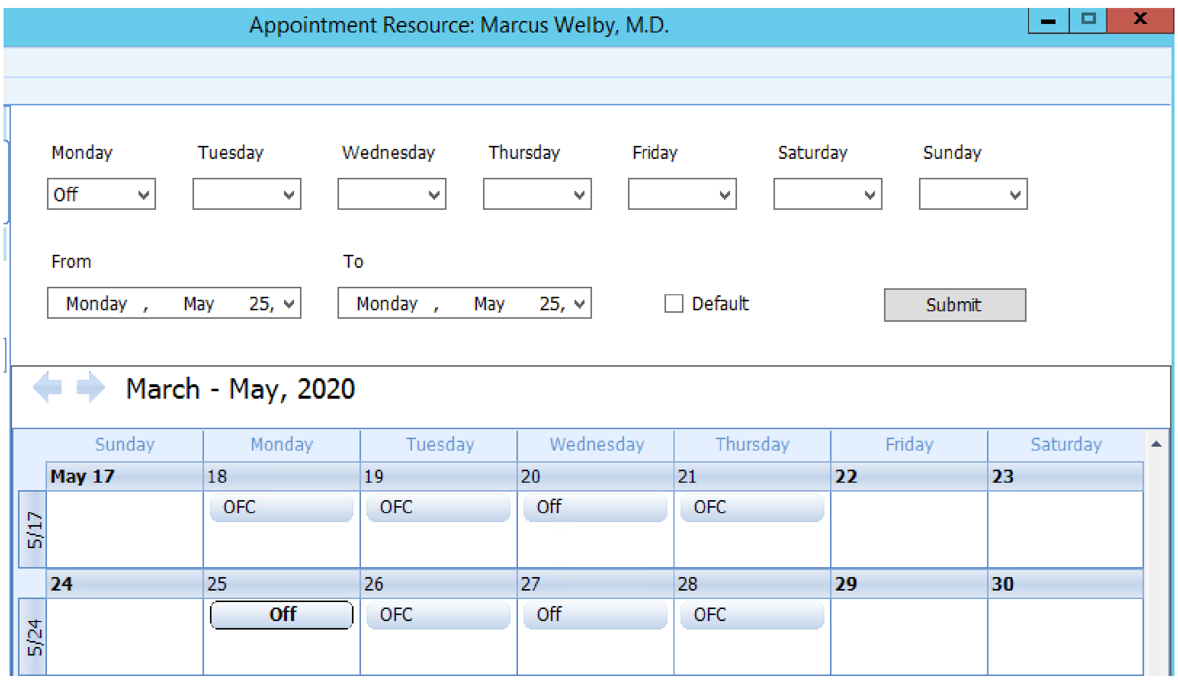


To configure a day out of the office or holiday, click the dropdown menu on day of the week and select the Day Template configured for "Out of Office" or "Holiday"

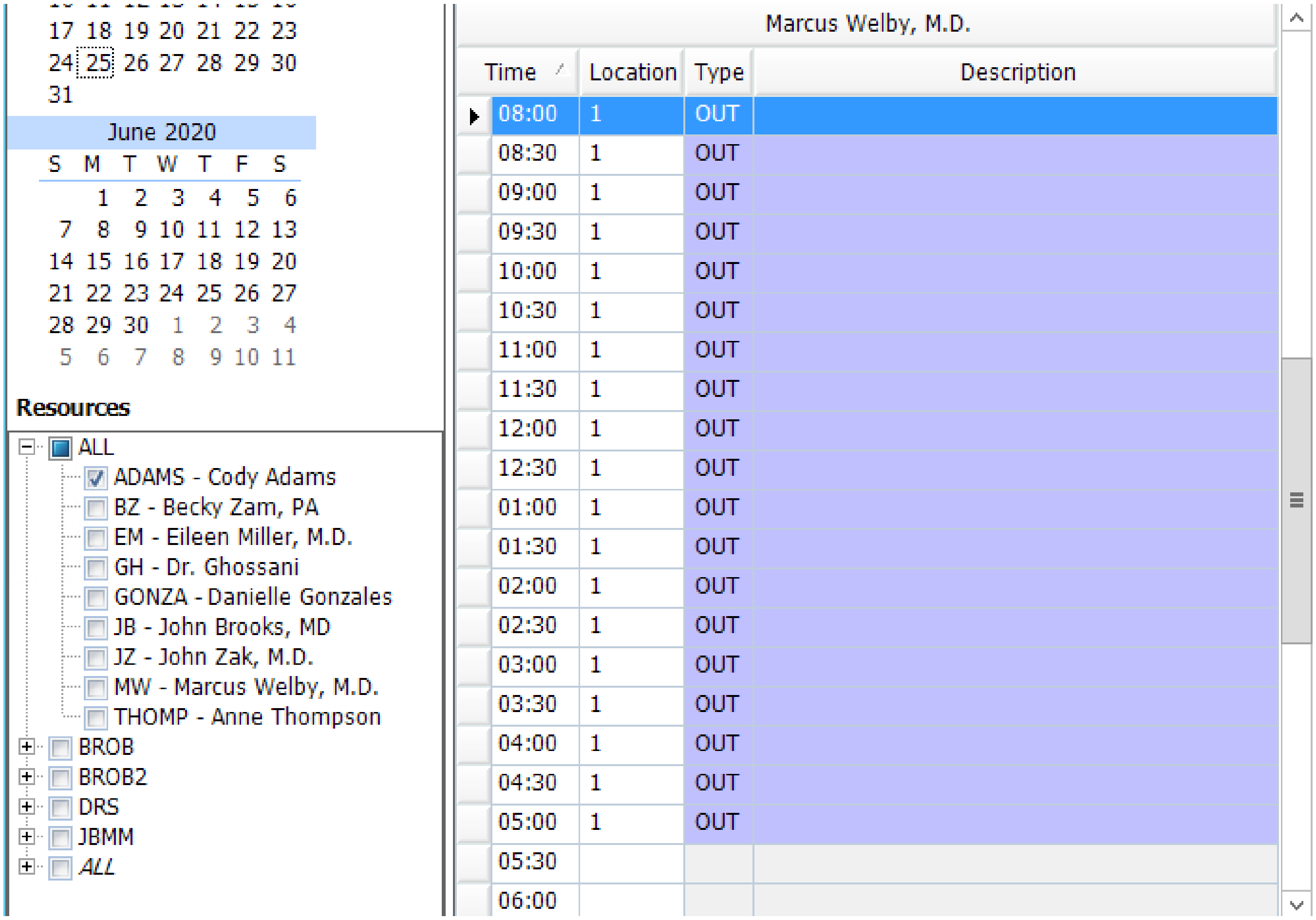
Next, select the date out in the "From" and "To" calendars.

The final step is to click "Submit". The date and Day Template will now reflect that the Resource is out of the office or on Holiday on the scheduled date.





The Resource's schedule now reflects "Out" on May 25, 2020, overriding the default "OFC" Day Template.



IMPORTANT

A Day Template submitted for a specific date will take precedence over the "Default" Day Template configured for the same date.

Reference:	**Case**	NA	**Work Item ID**	ADO 3661, 3662, 3663, 3665, 3665, 3666, 3685, 3869, 3713, 3714, 3724, 3854, 4124, 4316, 4945, 4949, 5051, 4952, 4955

Agenda Scheduling Appointments

Scheduling Appointments from the Day Agenda Calendar

Schedule a Patient Appointment –

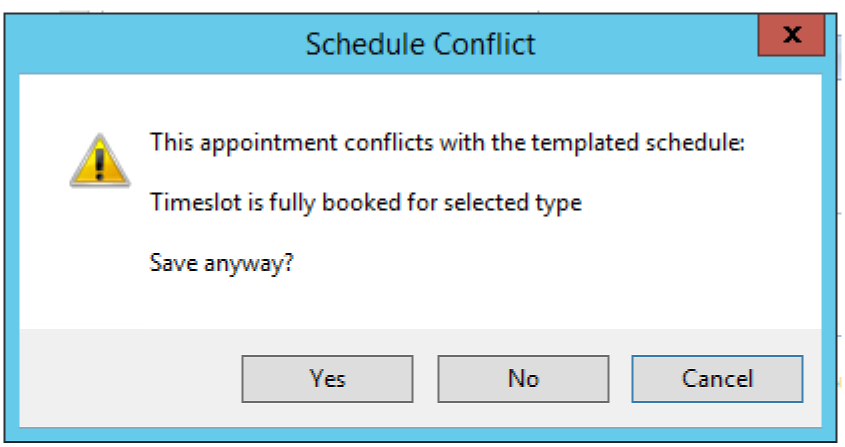
Navigate to the calendar day requested or required for the patient’s appointment. This navigation can be achieved by using the “Jump” menu option, clicking the arrows to the left of the displayed agenda date or using the calendar controls displayed above the scheduling Resource(s) to the left of the calendar agenda

The Agenda Day View may be stretched by grabbing the right edge of the calendar with the mouse and when a double arrow appears, <->, left chick and drag to stretch the calendar view. The bottom scroll bar is also available when viewing multiple resources on the same calendar day.

Double click on a defined row for a Resource, Date, Time, and Appointment Type to schedule a patient’s appointment. The appointment window will open for the user to schedule the appointment. The process to complete the appointment has not changed from the Block Scheduling appointment form. All on the dropdown menus, check boxes and find features remain the same when scheduling a patient’s appointment as in regular Block Scheduling.

By selecting a Resource row and then clicking the “New” button at the top of the Agenda Day View, the Resource will display in the appointment window, however, the user will be required to select an Appointment Type, Site, Start Time and End Time for the Appointment as the “New” menu option will always default to the Start Time of the first appointment that is templated for the Appointment Resource.

Click “Save & Close” to save the appointment. A user with “Override” privileges will receive a warning message that the timeslot is fully booked and asked if they wish to “Save anyway”? When the user clicks yes, the appointment will over book the time slot.

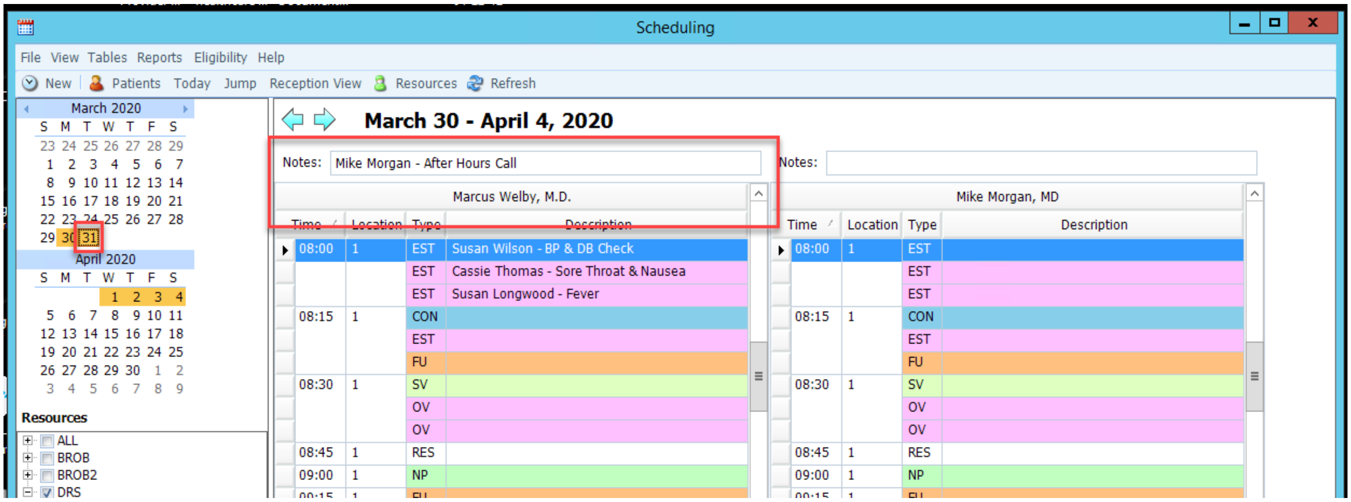


Resource Note on a Specific Calendar Date –

To enter a note on a single Resource for a specific calendar date, click the arrows at the top of the calendar day to move to the date or use the calendar views to highlight the date requiring the Reosurce's Note.

Once on the specific date, enter a note in the "Notes" box located above the Resource's name on the specific calendar date.

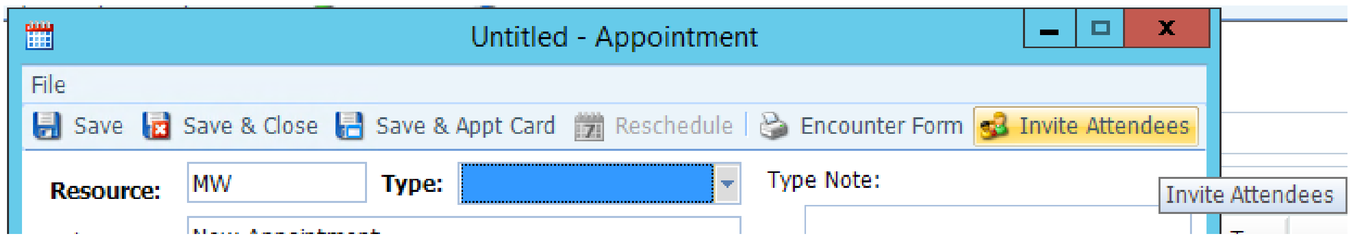
To edit or delete the note, left click and drag to highlight the note. Make any changes required to the note or click the "Delete" key to delete the note.



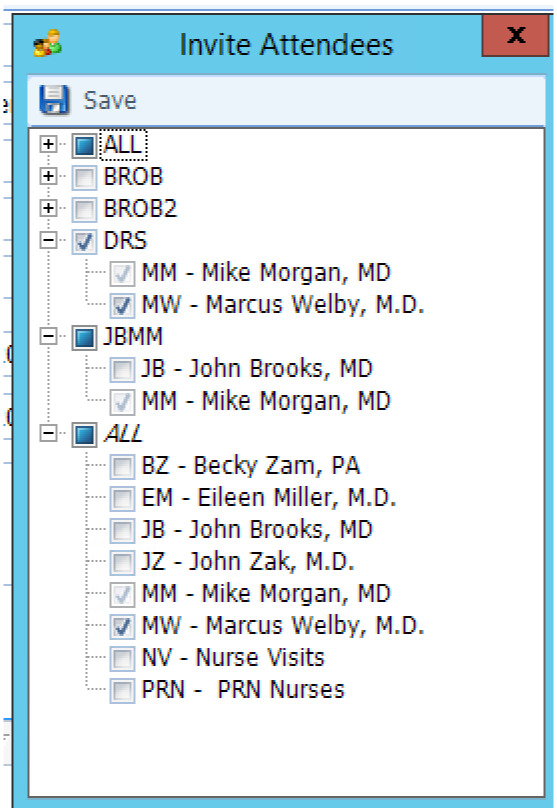
Schedule a Meeting and Invite Additional Resources –

Select a Resource or Resource Set and navigate to the calendar date for the meeting .

Click the “New” button to begin to schedule a meeting appointment type or double click on a Resource date and time to begin a meeting appointment type.
Click the “Invite Attendees” button to select the additional Resources required for the meeting.

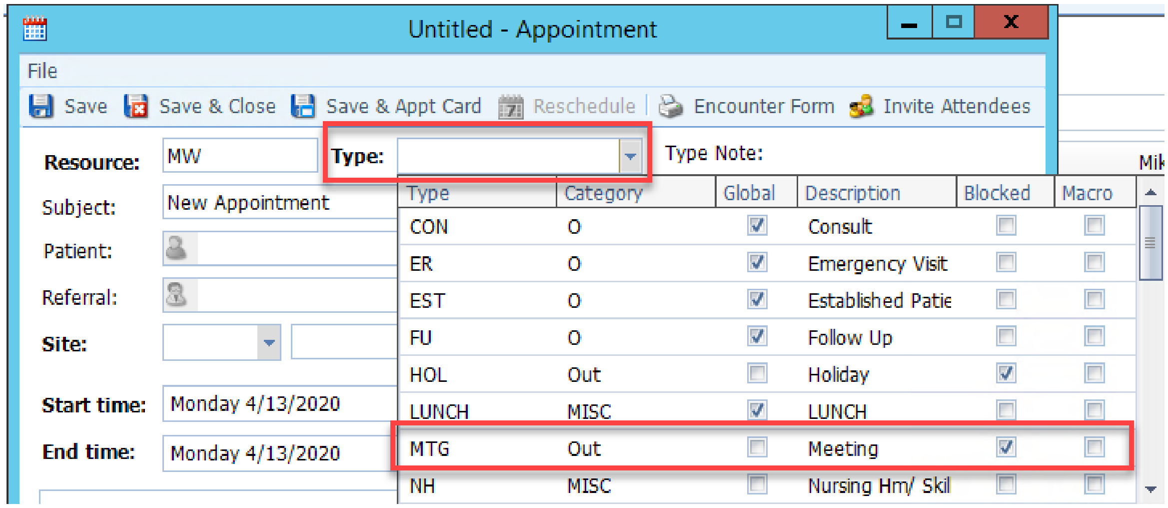


Click the check box to select each additional required attendee Resource.

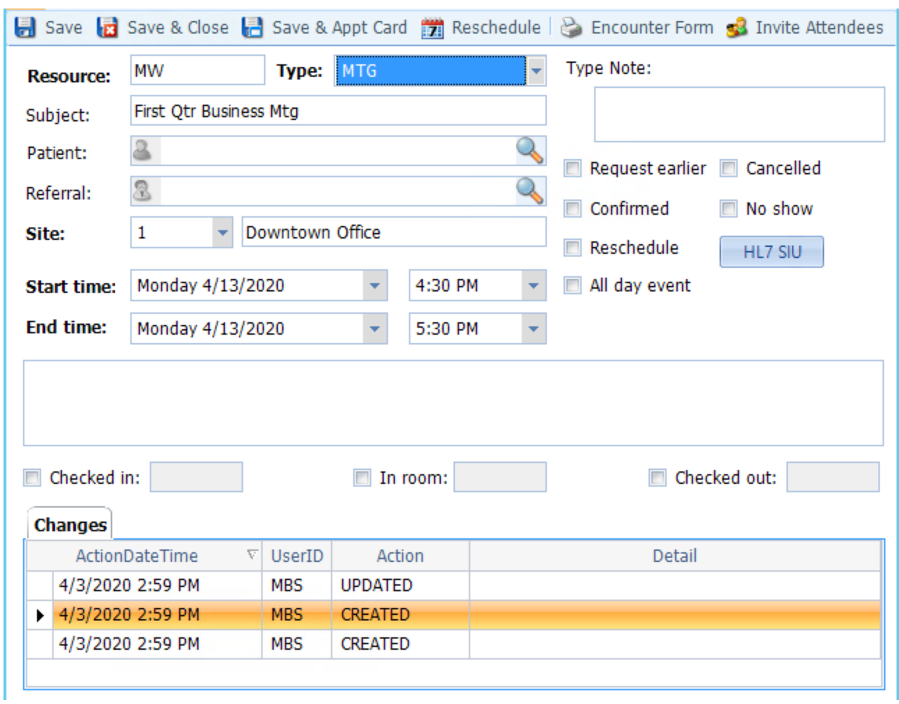


Click “Save” for Invite Attendees.

Click the "Type" dropdown menu and select the Appoinment ID for meeting.

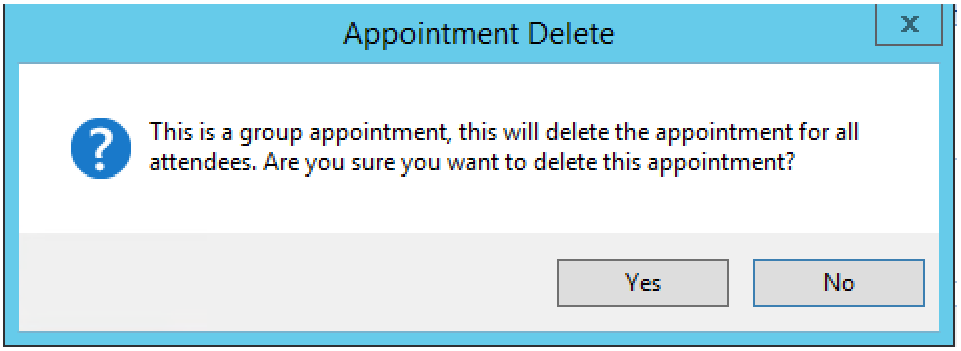


Enter a "Subject" for the meeting (optional).
Enter an "Appointment Site" for the meeting.
Click Save & Close



To “uninvite” an attendee, open the scheduling appointment on the appointment organizer’s Resource schedule. Click the “Invite Attendee” option and “Uncheck” the attendee to be removed from the meeting and click “Save”.

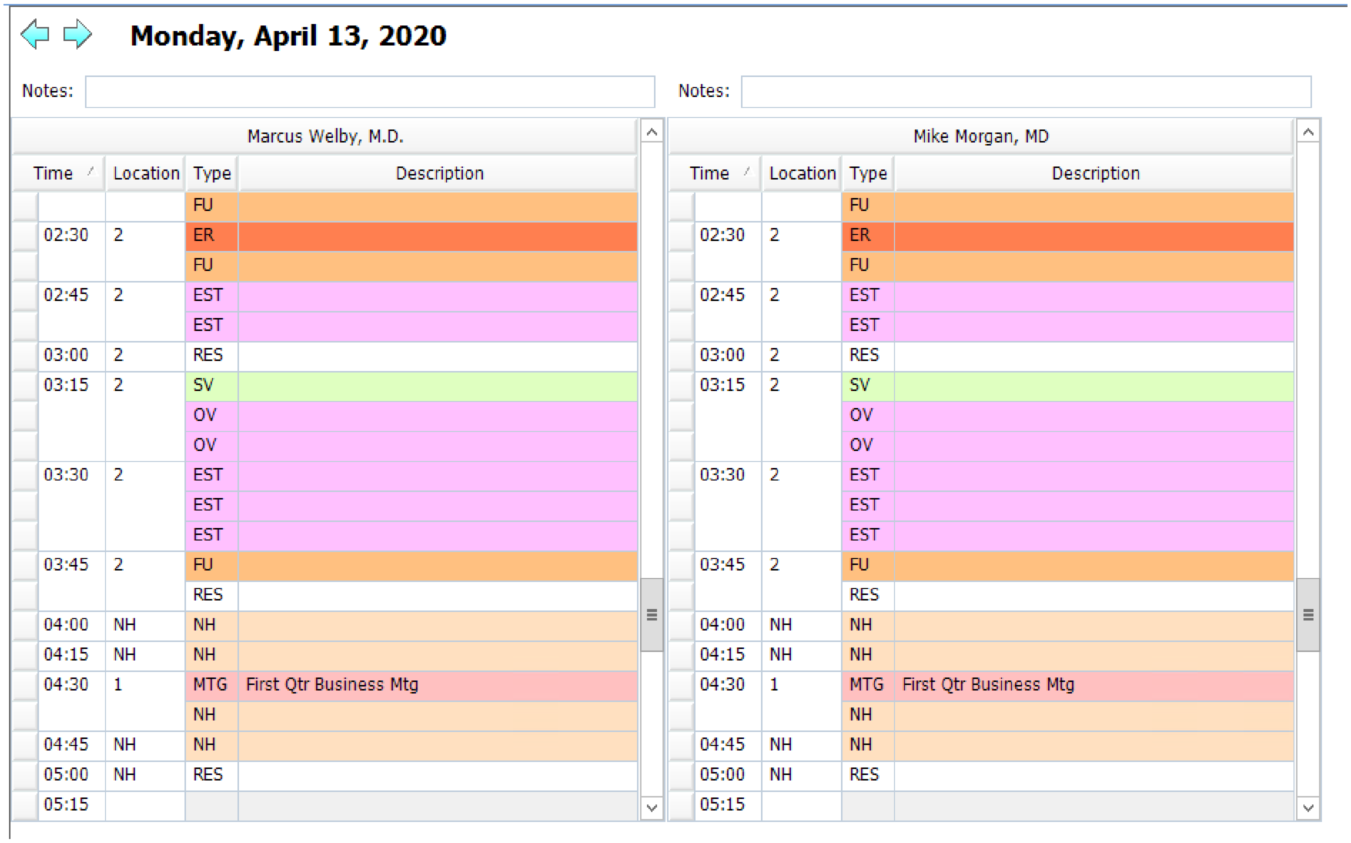
To “Delete” the meeting appointment for ALL attendees, double click and open the meeting appointment on the organizing Resource. Click “File” and then select “Delete”. The user will receive a warning message that the appointment will be deleted from all of the attendee’s schedules.



Click “Yes” to delete the meeting from all attendees schedules or click “No” if the user does not wish to delete the appointment for all attendees.

To delete the meeting appointment for specific attendees, move to the Resource attendee’s schedule, date and time of the meeting and double click to open the appointment form. Click “File” and then click “Delete” and then click “OK” to delete the appoinment from the Resource attendee’s schedule.

Agenda Scheduling Day Calendar View – Meeting Scheduled for multiple Resources



Agenda Scheduling Interactive Reception Day View

New Reception Day View Interactive Grid

Interactive Reception View Options –

The Reception View is displayed in grid format. This format allows a user to customize their day view and click the “Save Layout” menu option to retain their default reception day view.
The Reception View is customizable by the following:

- Selecting or deselecting columns from the “Choose Columns” menu option
- Click and drag a column header to rearrange the column display order of their reception day view
- Select a “default” Appointment Site
- Select a “default” Resource or Resource Set

Along with viewing the patient’s demographic and appointment detail, a user may indicate appointment activity within the Reception View.

The Reception View allows the following appointment functions:

- Check-in
- Check-out
- No show
- Confirmed
- Cancel Appointment

When a patient’s appointment row is selected, additional functions are displayed by a “right click” of the mouse. The “right click” will display the following options:

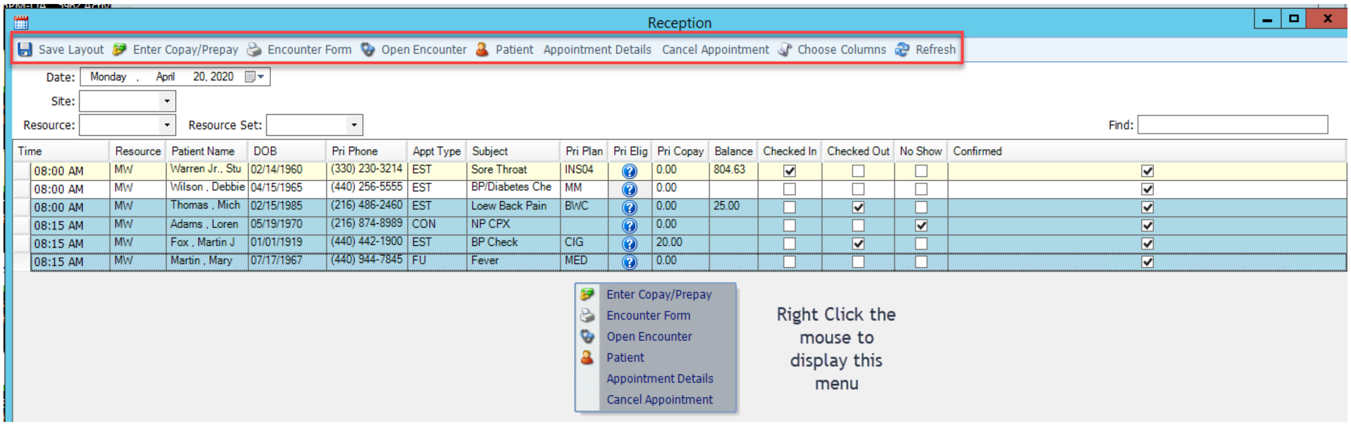
1. Enter a Copay/Prepay
2. Print an “On-demand” encounter form
3. Open an Encounter (if an encounter has been posted for this appointment date)
4. Display Patient Demographics
5. Display Appointment Details
6. Cancel the Appointment

The Reception View’s top toolbar menu options provide the same functions as the “right click” menu options.

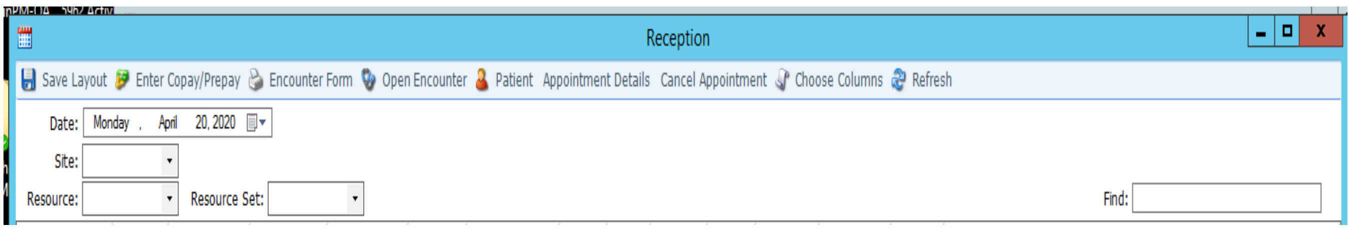
The “Find” option allow a user to quickly locate a patient on the Reception View by entering the patients last name and first name or initial. The “last name, first name” must be separated by a comma, as in all patient find options.

Interactive Grid colors:

- Light Blue – Checked-out, No Show, Cancel
- Light Yellow – Checked-in
- White – All other rows



Reception View Top toolbar menu:



Appointment Date –

The appointment date defaults to “Today’s” calendar date the user opens the Reception View. The drop-down calendar is available to change the appointment date. The Appointment Date will display ALL appointment for ALL Resources unless the user saved a specific Reception View layout. The drop-down option is required to change the Month, Date and Year in the Reception View.

Appointment Site –

The Reception View will display ALL Appointment Sites for ALL Resources unless the user saved a specific Reception View layout. The user may click the drop-down menu and change the Appointment Site as needed, even when a specific layout has previously been saved.

Resource –

The Reception View will display ALL Resources for ALL Appointment Sites unless the user saved a specific Reception View layout. The user may click the drop-down menu and change the Resource as needed, even when a specific layout has previously been saved.

Resource Set –

The Reception View will display ALL Resources for ALL appointment Sites unless the user saved a specific Reception View layout. The user may click the drop-down tool for Resource Sets and change the Resource Set as needed, even when a specific layout has previously been saved.

To customize the view, the user can:

1. Include or exclude columns by use of Choose Columns
2. Order the columns by clicking and dragging the column to the right or left of a column to the preferred order
3. Set the column size by highlighting the left or right column border, <->, and then dragging the width to the desired size
4. Save the custom layout to display the configuration on subsequent uses

The default columns within the interactive reception check-in view are:

1. Time
2. Appointment Resource ID
3. Patient Name (Last, Suffix, First, Middle)
4. Date of Birth
5. Primary Phone Number
6. Appointment Type ID
7. Appointment Subject
8. Primary Insurance Plan ID
9. Primary Insurance Eligibility Status
10. Copay amount entered on the Primary Insurance
11. Patient Balance
12. Check boxes
    - Check-in
    - Check-out
    - No Show
    - Confirmed

13. Secondary Phone Number
14. Primary Insurance Policy Number
15. Appointment Note
18. Appointment Duration
19. Duration
19. Appointment End Time
20. Flash Note (text from the most recent “Flash” Note)
21. Appt ID
22. Patient ID
23. Cancelled
24. Appt Site ID
25. Checked In Time
26. Checked Out time

Reference:	**Case**	[number or NA]	**Work Item ID**	ADO 3660, 3684, 3685, 3716, 3725, 3726, 3727, 4952, 4955, 5062

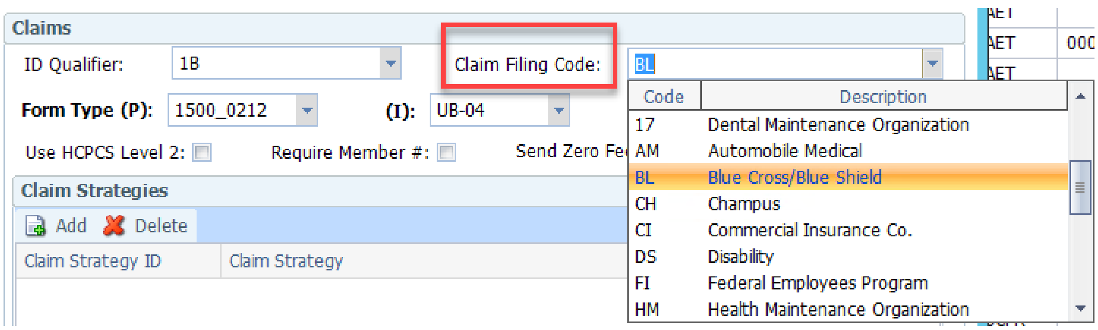
Insurance Plans Table – New Data Elements Fields

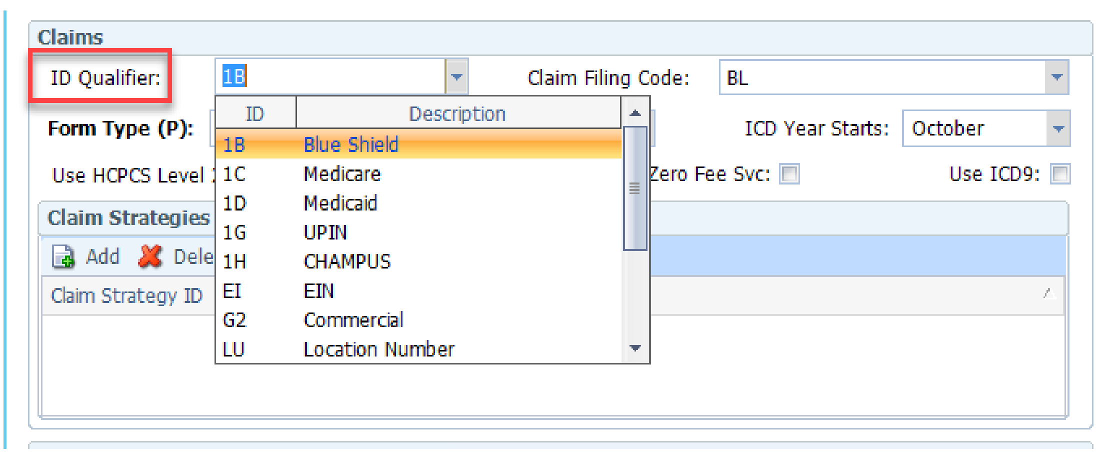
Insurance Plans – Claim Filing Code Field

Insurance Plans - Claims Section

The “Claims” section of the Insurance Plan has been modified to now include a new “Claim Filing Code” field.
The Claim Filing Code is utilized in EDI claim processing for the type of insurance product defined for an insurance plan in the Insurance Plans Table.
The Claim Filing Code field is located to the right of the current ID Qualifier field.
Two examples of a Claim Filing Codes:

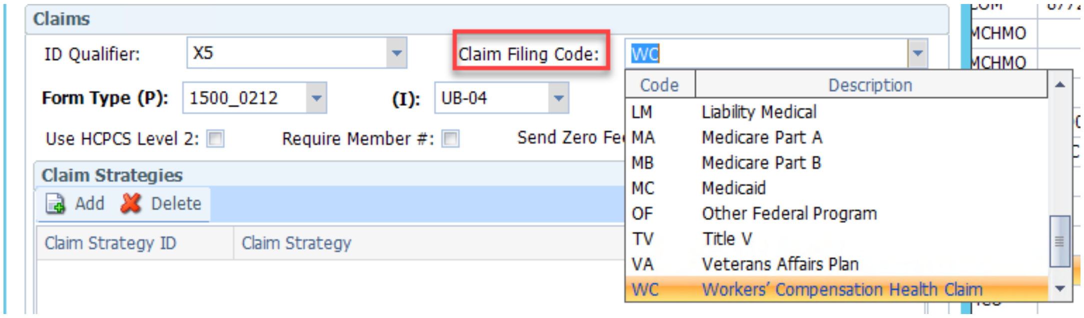
Blue Cross/Blue Shield

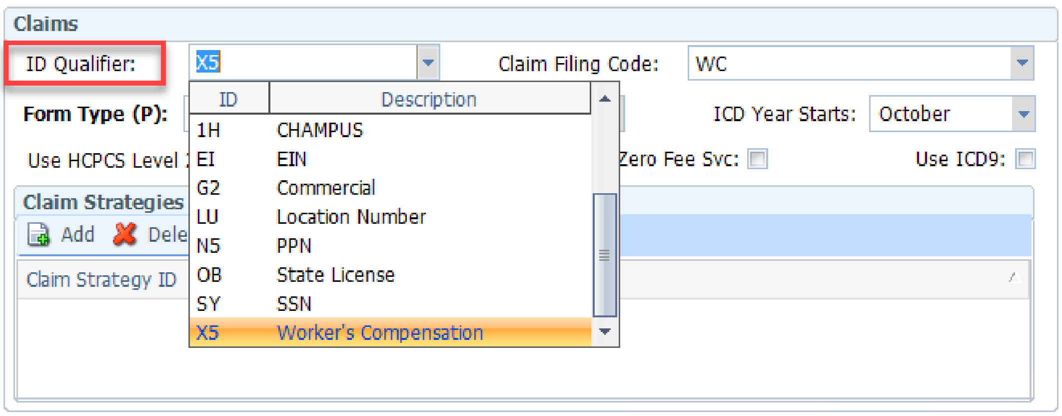




Medsphere

Workers' Compensation





Fields removed from the "Claims" section of an Insurance Plan are:

1. HPI – The National Health Plan ID rule was rescinded by HHS and HIPAA
2. Medigap ID – No longer utilized by CMS
3. ODJFS Flag – This field is now handled by defining the Claim Filing Code
   A few examples:
   - BCBS ID Qualifier = 1B would be a Claim Filing Code = BL
   - Medicare Traditional ID Qualifier = 1C would be a Claim Filing Code = MB
   - Other Medicare Product ID Qualifier = 1C would be a Claim Filing Code = 16 (Health Maintenance Organization (HMO) Medicare Risk
   - Workers Compensation ID Qualifier = XR would be a Claim Filing Code = WC

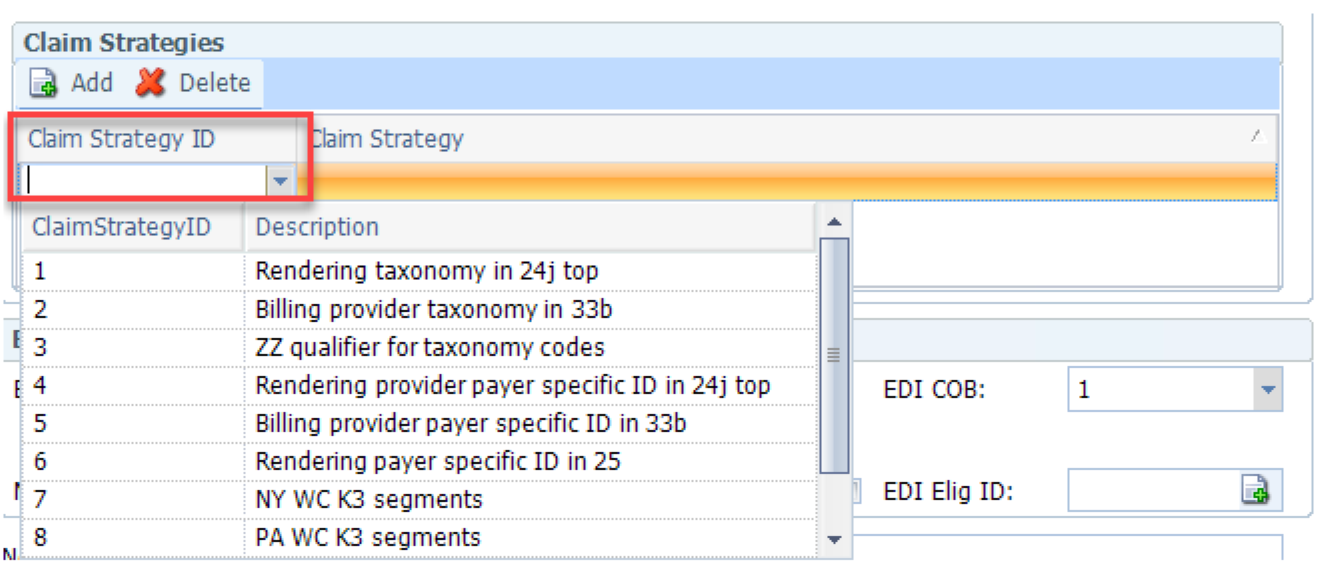
Medsphere

Insurance Plans - Claim Strategies Field

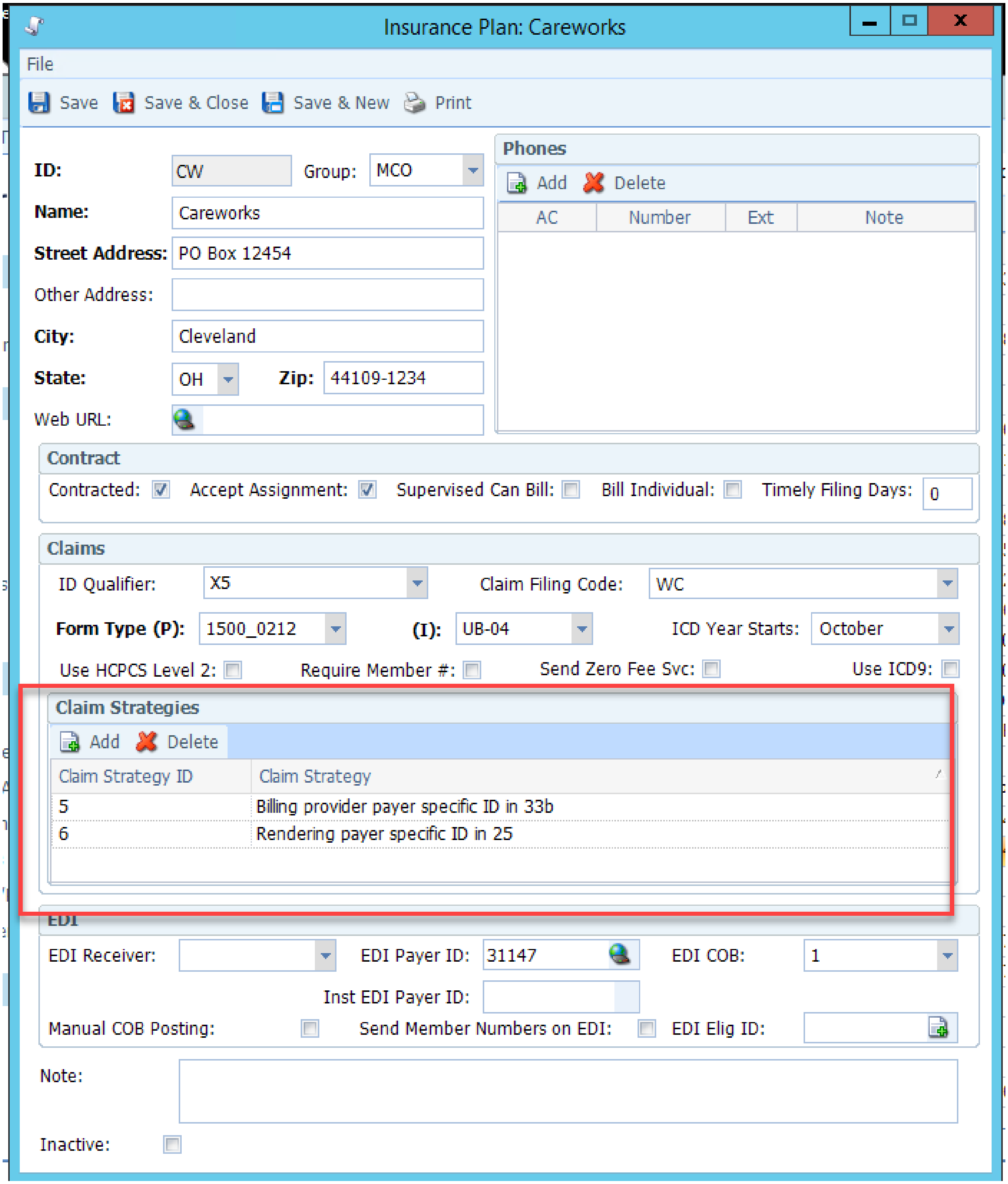
New "Claim Strategies" Section of the Insurance Plan –

The new "Claim Strategies" fields available on each insurance plan, allow the practice to define specific data elements required by some insurance plans for both EDI and paper claim generation.
The Claim Strategies define:

1. Payer specific billing provider IDs (Pay to IDs)
2. Payer specific rendering provider IDs
3. Billing provider (Pay To) Taxonomy code
4. Rendering provider Taxonomy code
5. Taxonomy code Qualifiers
6. NY WC K3 segments –
    a. NY WCB Provider Authorization Number issued at the time of on-line registration and the provider's WCB Rating Code.
    b. NY WC WCB Case Number assigned to the patient's Date of Injury Case.
7. PA WC K3 Segments –
    a. PA WC LIBC-9 Form Indicator
8. NY WC iHCFA EDI Claims



A practice may "Add" as many of the Claim Strategies that apply to a specific insurance plan's requirement(s).



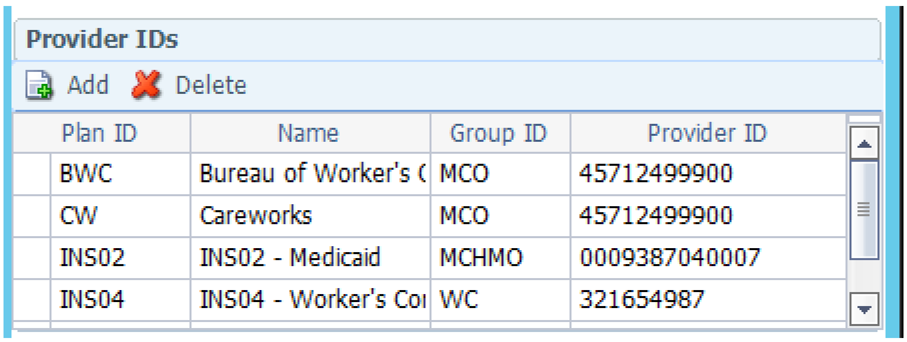
Medsphere

Practices Table – New Provider IDs Section

Practices Table – The Provider ID is utilized with Insurance Plan Claim Strategies

New Provider IDs Section –

The new “Provider IDs” section of the Practices Table allows a practice to add an insurance plan’s proprietary ID assigned to the practice and required by an insurance plan for claim processing. These “Practices” Provider IDs are utilized by the Insurance Plan Claim Strategies.

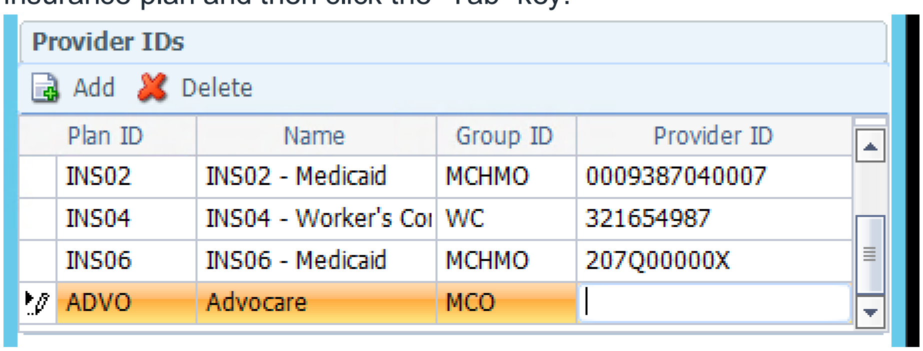


Provider IDs

Add Delete

Plan ID	Name	Group ID	Provider ID
BWC	Bureau of Worker's (	MCO	45712499900
CW	Careworks	MCO	45712499900
INS02	INS02 - Medicaid	MCHMO	0009387040007
INS04	INS04 - Worker's Coı	WC	321654987

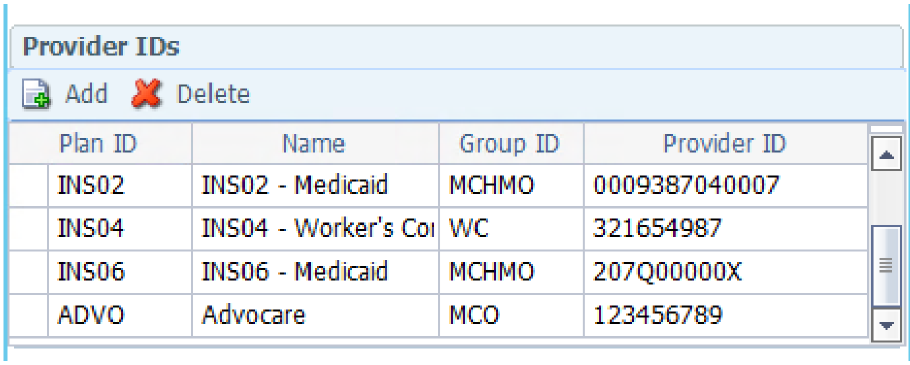
To add a practice’s insurance plan “Provider ID”, click the “Add” option. Next, click the magnifying glass in the Plan ID field to open the Insurance Plans Table to search for the associated insurance Plan ID. Once the insurance plan is located, double click on the row and the insurance plan ID, insurance plan name and insurance plan’s group ID from the Insurance Plans Table is added to the new “Provider ID” row. In the next field, enter the practice’s proprietary “Provider ID” assigned by the insurance plan and then click the “Tab” key.



Provider IDs

Add Delete

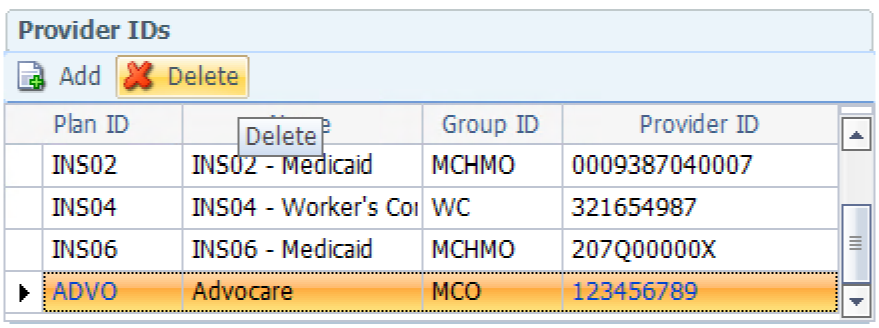
Plan ID	Name	Group ID	Provider ID
INS02	INS02 - Medicaid	MCHMO	0009387040007
INS04	INS04 - Worker's Coı	WC	321654987
INS06	INS06 - Medicaid	MCHMO	207Q00000X
ADVO	Advocare	MCO	



Notice that a scroll bar will be displayed on the right side of the Provider IDs grid once more than four rows have been added to the Provider IDs.

Click Save or Save & Close to save these Provider IDs

If a "Practice" Provider ID number is no longer required by an insurance plan to process their EDI or paper claims, the Provider ID row can be deleted by highlighting the insurance plan row and then clicking the "Delete" menu option.



IMPORTANT

When deleting a Practice's Provider ID for a specific insurance plan, remember to also delete the associated "Claim Strategy" on that insurance plan in the Insurance Plans Table.

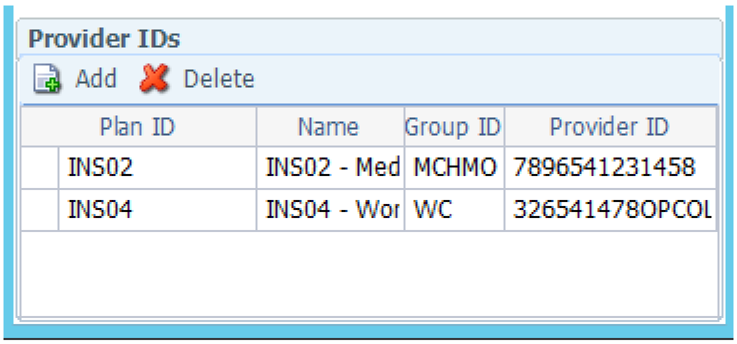
Medsphere

Practice Providers Table- New Provider IDs Section

Practice Providers Table – The Provider ID is utilized with Insurance Plan Claim Strategies

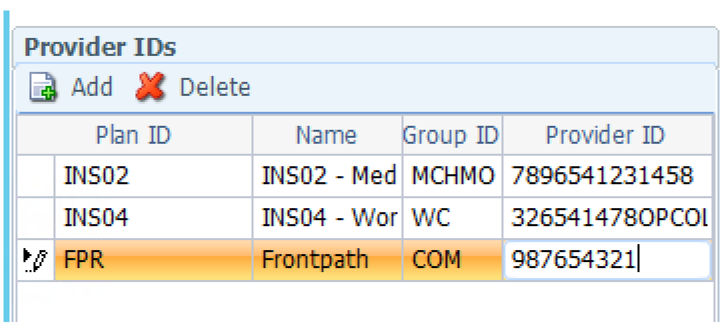
New Provider IDs Section –

The new "Practice Provider IDs" section of the Practice Providers Table allows a practice to add an insurance plan's proprietary ID assigned to the provider and required by an insurance plan for claim processing. These Provider IDs are utilized by the Insurance Plan Claim Strategies.


Provider IDs
Add Delete

Plan ID	Name	Group ID	Provider ID
INS02	INS02 - Med	MCHMO	7896541231458
INS04	INS04 - Wor	WC	326541478OPCOL

To add a provider's insurance plan "Provider ID", click the "Add" option. Next, click the magnifying glass in the Plan ID field to open the Insurance Plans Table to search for the associated insurance Plan ID. Once the insurance plan is located, double click on the row and the insurance plan ID, insurance plan name and insurance plan's group ID from the Insurance Plans Table is added to the new "Provider ID" row. In the next field, enter the provider's proprietary "Provider ID" assigned by the insurance plan and then click the "Tab" key.


Provider IDs
Add Delete

Plan ID	Name	Group ID	Provider ID
INS02	INS02 - Med	MCHMO	7896541231458
INS04	INS04 - Wor	WC	326541478OPCOL
FPR	Frontpath	COM	987654321

In the next field, enter the provider's proprietary "Provider ID" assigned by the insurance plan and then click the "Tab" key.

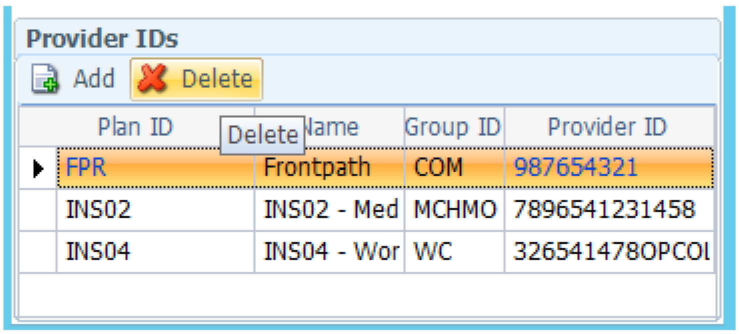
Notice that a scroll bar will be displayed on the right side of the Provider IDs grid once more than four rows have been added to the Provider IDs.

Click Save or Save & Close to save these Provider IDs

If a provider’s Provider ID number is no longer required by an insurance plan to process their EDI or paper claims, the Provider ID row can be deleted by highlighting the insurance plan row and then clicking the “Delete” menu option.

Click Save or Save & Close to save these Provider IDs

If a provider’s Provider ID number is no longer required by an insurance plan to process their EDI or paper claims, the Provider ID row can be deleted by highlighting the insurance plan row and then clicking the “Delete” menu option.



IMPORTANT ***When deleting a Provider’s Provider ID for a specific insurance plan, remember to also delete the associated “Claim Strategy” on that insurance plan in the Insurance Plans Table.***

Reference: **Case** **Work Item ID** ADO 3652, 3653, 3654, 3678, 3970, 4360

Credit Card Payment Processing

SETUP

To utilize credit card processing, please reach out to our Implementation Team or Customer Care Team to provide credit card enrollment information with our credit card vendor partner and to configure this feature setting within your database.

Interactive Credit Card Processing – By Machine or Manual Entry

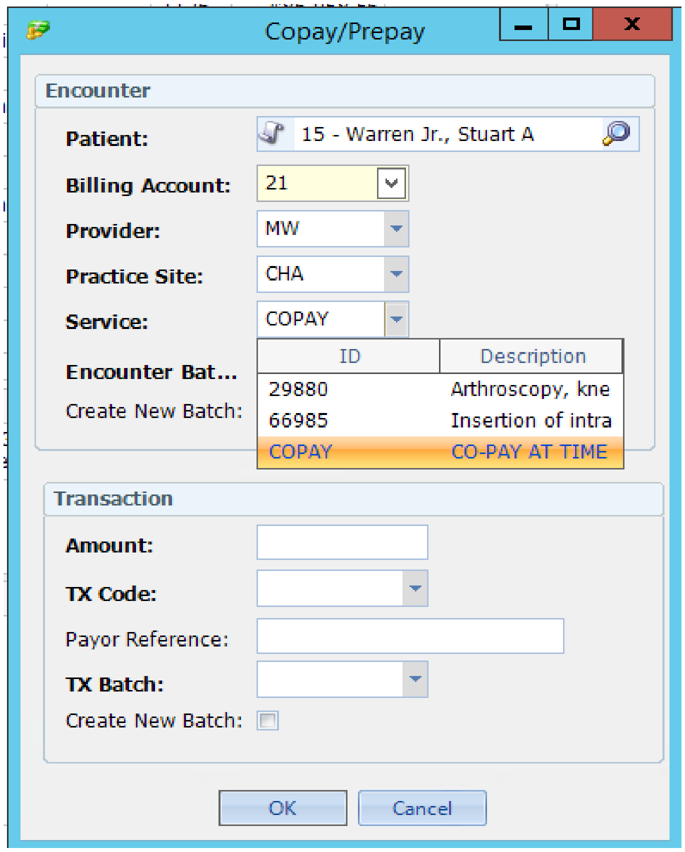
Processing a Credit Card Payment –

Once a practice has completed the credit card enrollment with our vendor partner and an Implementation or Customer Care Team member has configured the credit card setup within the practice's database, the practice can begin to process a credit card copayments, prepayments and regular payments via the credit card interoperability.

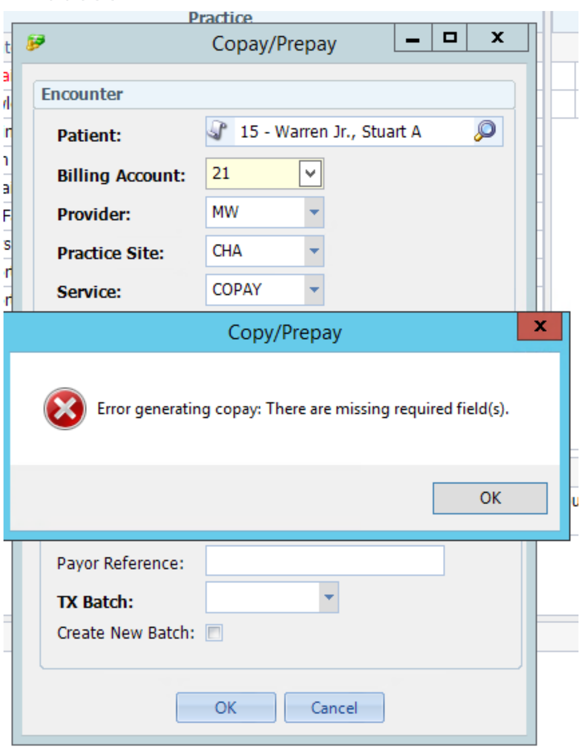
The "Enter Copay" menu option on the Billing Dashboard is updated to "Enter Copay/Prepay". When a user selects the TX Code of "CC", a "Process" button will display to the right of TX Code.

Complete the following fields prior to clicking "Process".

- Patient
- Billing Account
- Provider
- Practice Site
- Service
- Encounter Batch / Create New Batch
- Amount
- TX Batch / Create New Batch



The user will receive an error message if all required fields are not completed prior to clicking "Process".



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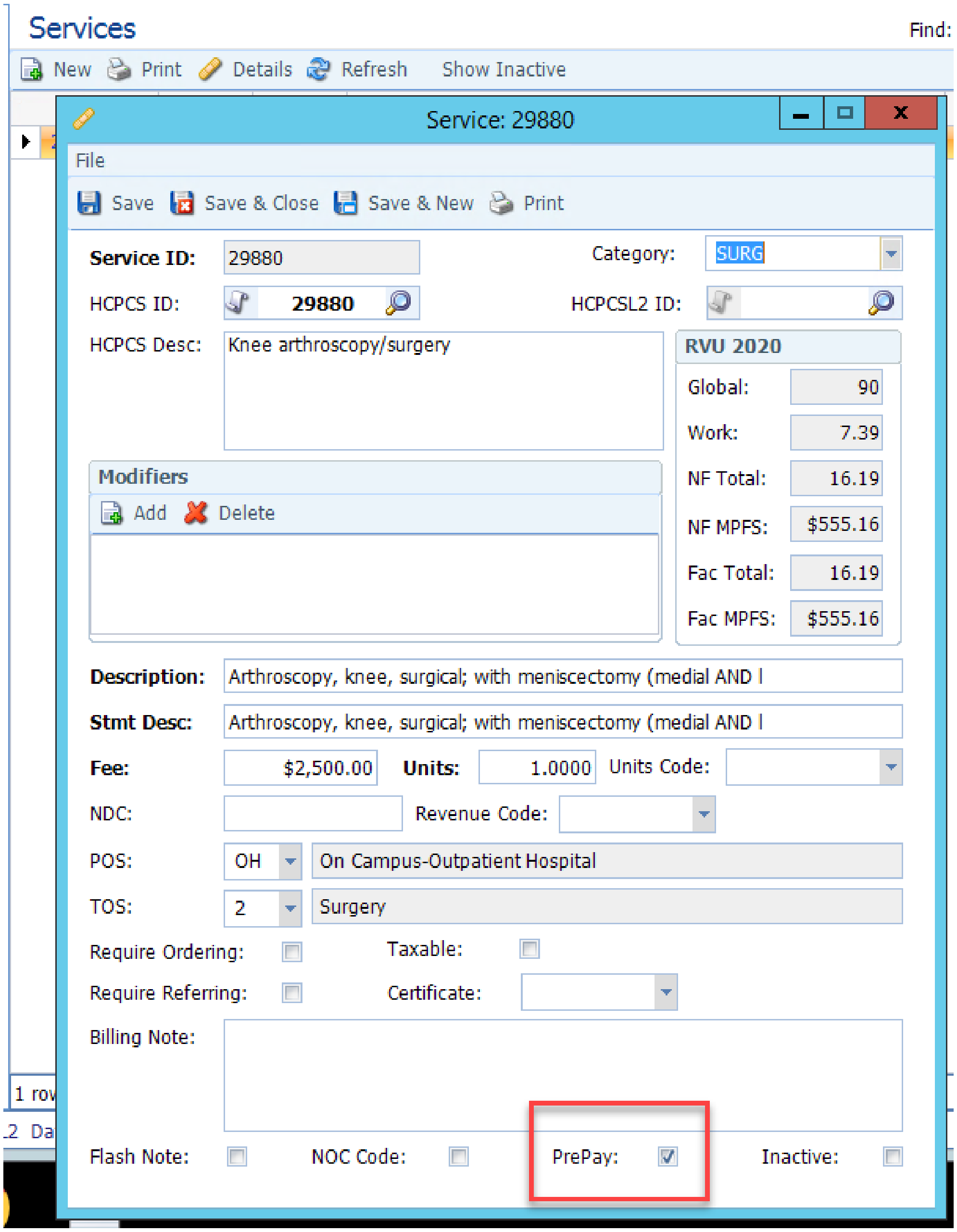
SETUP

All “Prepay” services must be check marked as “Prepay” in the Services Table to appear in the new prepay dropdown menu.

All prepay services that appear in the in the “Copay/Prepay” dropdown menu must be checked as a prepay service in a new “Prepay Checkbox” at the bottom of the “Service” form in order for the selection to be an option in the “Copay/Prepay” dropdown menu.



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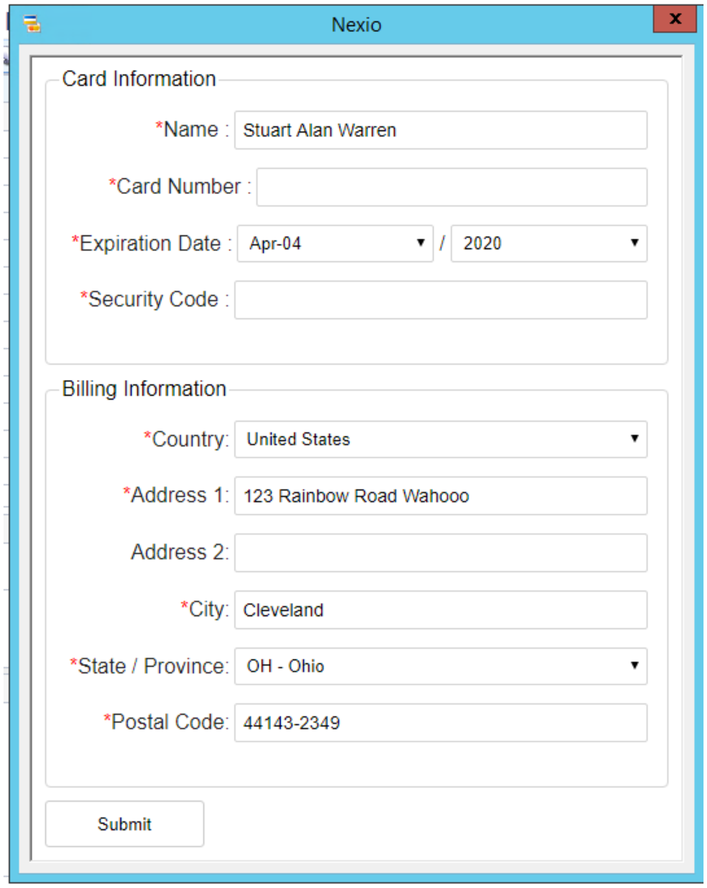
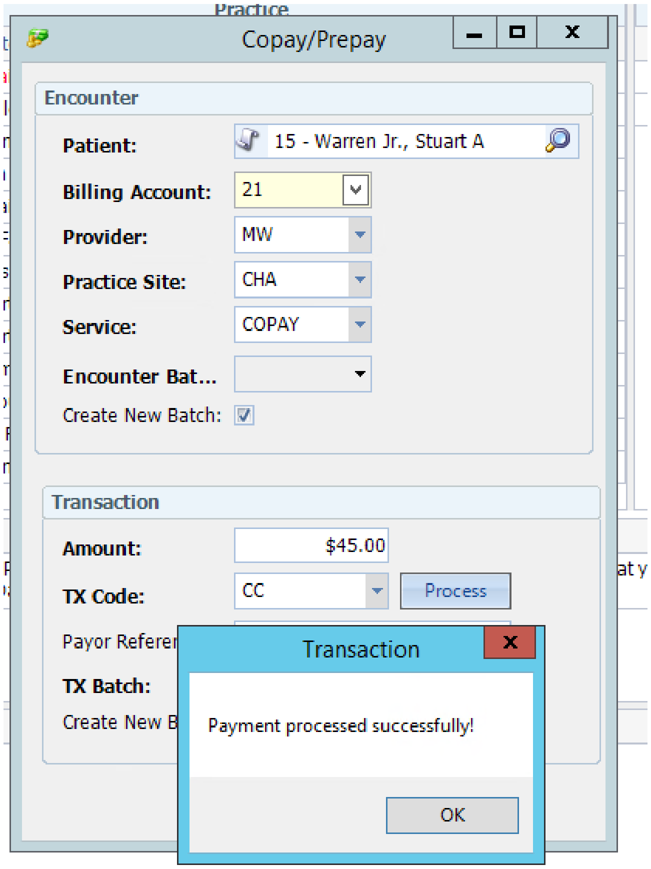
Next, click the "Process" button and the following credit card form will display:



Either swipe, insert for chip reader or key in the credit card number and the card's security code. Verify the billing information for the card holder.

Click the "Submit" button.

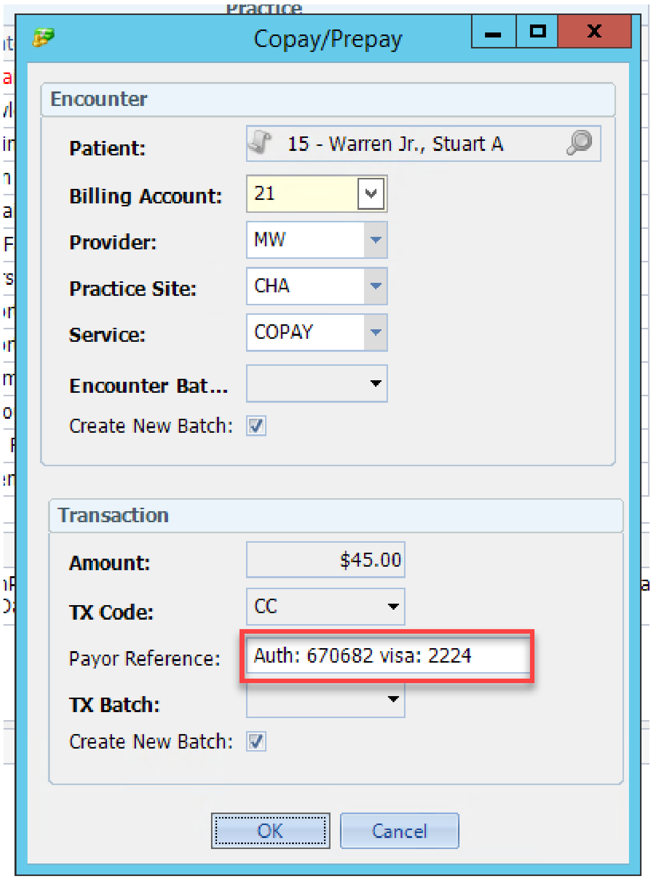
If the payment was successfully processed by the credit card vendor, the user will receive the following message and click the “OK” button:



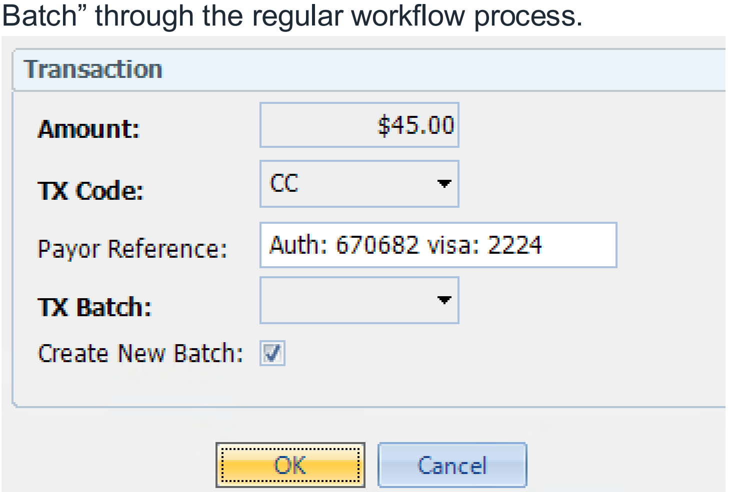
The user's credit card payment screen will now display:

- The "Authorization Number" for the payment
- The type of credit card processed
- The last 4 digits of the credit card

Example: Visa Payment



Click the "OK" button and continue to process the Copay/Prepay "Encounter Batch" and "Payment Batch" through the regular workflow process.



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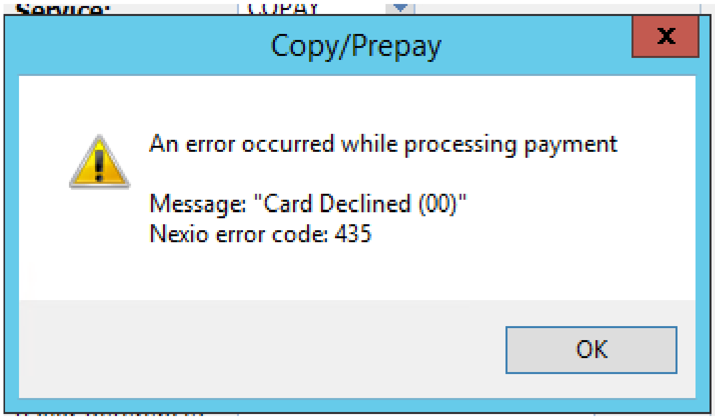
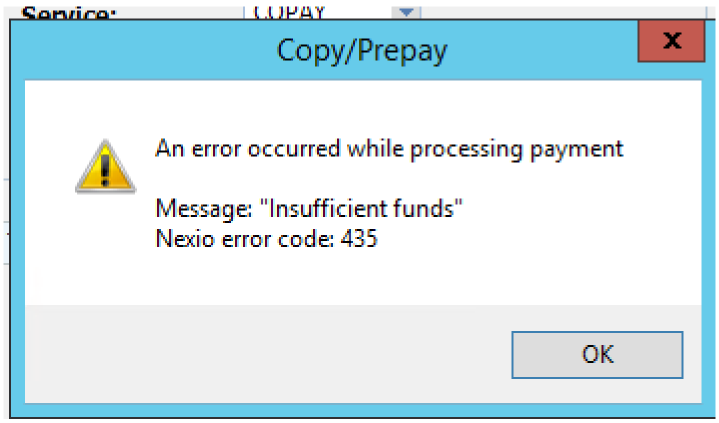
Listed below are a few samples of declined credit card responses when "Processing" a credit card:

1. Card Declined



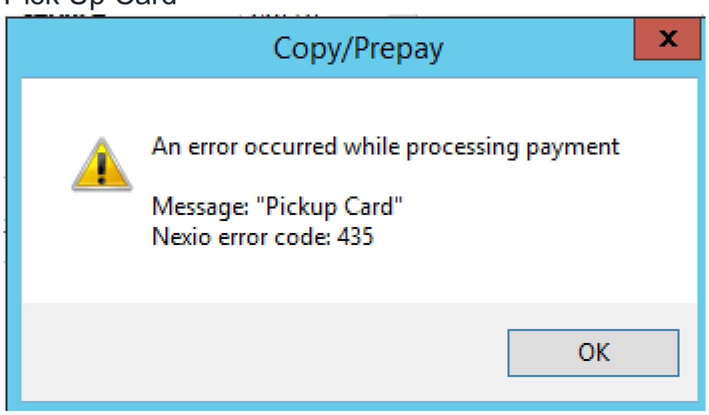
Click "OK" and process a different credit card, a different method of payment or click "Cancel".

2. Insufficient Funds



Click "OK" and process a different credit card, a different method of payment or click "Cancel".

3. Pick Up Card



Click "OK" and follow your office workflow when the credit card vendor requests "Pickup Card" and proceed to process a different card, a different method of payment or click "Cancel".

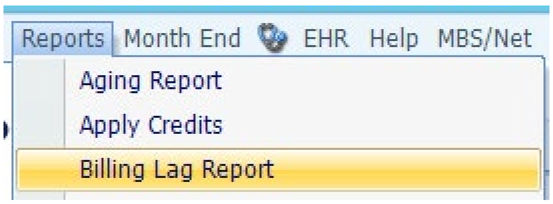
Reference: **Case** **Work Item ID** ADO 3656, 3657, 3658, 3686

Billing Lag Report

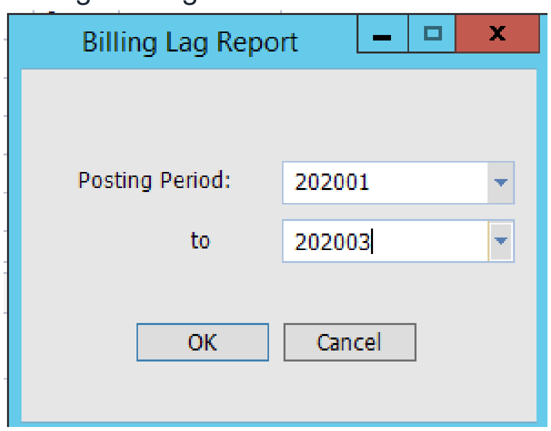
New Billing Lag Report – This report provides efficiency details by Posting Period(s). The report details the number of days, as well as the average number of days to complete a claim, beginning from a patient's date of service to the claim generation.

Billing Lag Report –

To request and generate a "Billing Lag Report" click the "Reports" menu option on the Billing Dashboard.



Enter the Posting Period from and to dates by clicking the dropdown menu and selecting a starting and ending Posting Period and then click the "OK button to continue.



The "Billing Lag Report" will generate and display in grid format, grouped by the Posting Period(s) requested. The "Billing Lag Report" can be generated for a single Posting Period by selecting the same Posting Period in both the from and to Posting Period fields.

As in all grid format reports, the user can:

1. Click and drag column(s) to the report header to group and sub-group the report
2. Drag and drop columns to rearrange the column display order
3. Choose or de-select columns from the report
4. Filter on a column
5. Expand and "Drill Down" into report details
6. Print or Export the generated report.

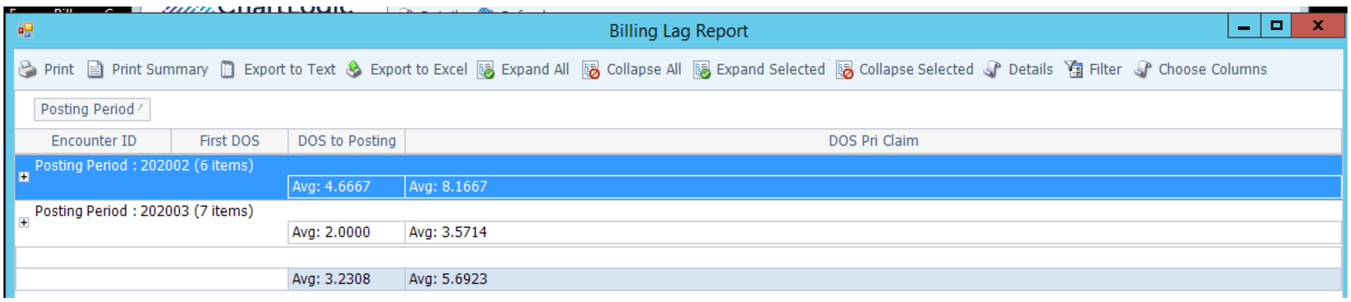
By expanding any row, the user can "drill down" to open and view specific encounter detail.

The report is expanded and viewed by “Posting Period”.

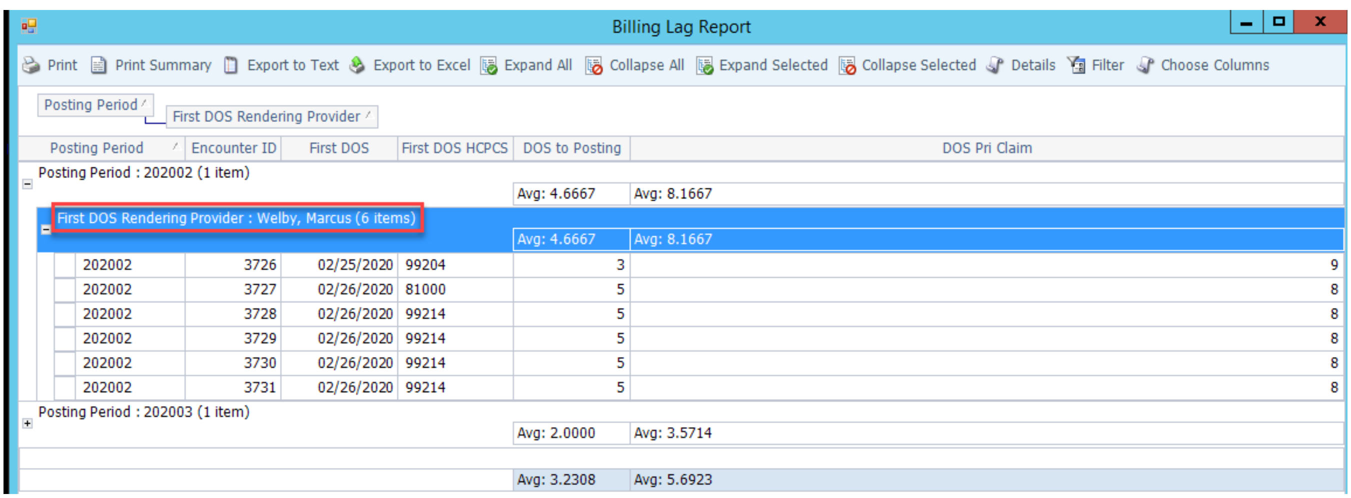
The **default** detail included in this report is:

1. The Encounter ID for a patient’s closed encounter
2. The first Date of Service entered on a patient’s encounter
3. The date the patient’s encounter was included on a “Closing Run”
4. The date of the first claim generation for the encounter ID

Default view



Example of additional columns chosen for this report along with additional subgrouping of the report



Print

Billing Lag Report
202001 to 202003
4/7/2020

Encounter ID	First DOS	DOS to Posting	DOS Pri Claim
Posting Period : 202002 (6 items)			
		Avg: 4.6667	Avg: 8.1667
Posting Period : 202003 (7 items)			
		Avg: 2.0000	Avg: 3.5714
		Avg: 3.2308	Avg: 5.6923

Print Summary

Billing Lag Report
202001 to 202003
4/7/2020

Billing Lag Report Summary
202001 to 202003
4/7/2020

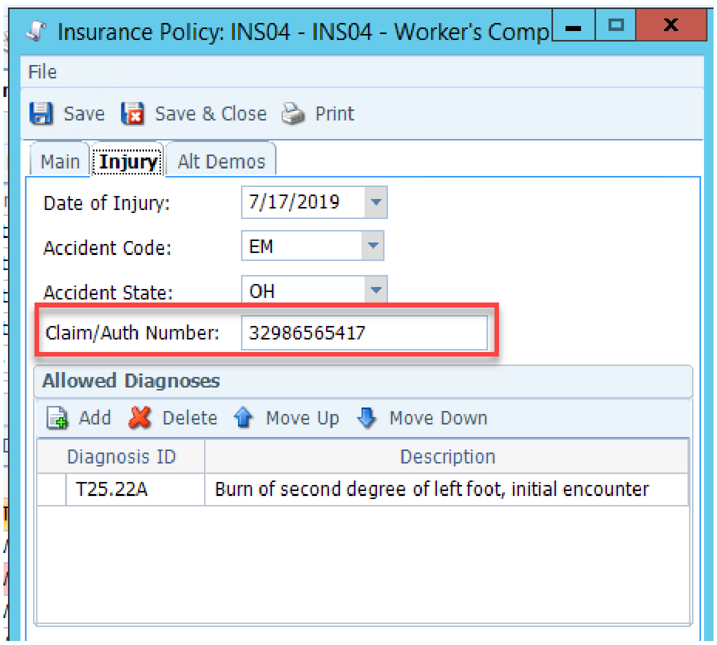
Encounter ID	First DOS	DOS to Posting	DOS Pri Claim
Posting Period : 202002 (6 items)			
		Avg: 4.6667	Avg: 8.1667
Posting Period : 202003 (7 items)			
		Avg: 2.0000	Avg: 3.5714
		Avg: 3.2308	Avg: 5.6923

Updates

Other enhancements, improvements, or changes made not related to a defect or a new feature.

Patients – Insurance Coverage – Insurance Policy Window

Update An additional field for those New York practices that have elected to enroll with iHCFA for EDI worker's compensation claims, an additional field has been added to accommodate the Claim/Authorization Number assigned to the New York worker's compensation claim.



Reference **Case** NA **Work Item ID** ADO 3970

Medsphere

Resolved Issues

Issues (i.e., bugs or defects) fixed in this release.

Claims / Transfer EDI Files

Issue Unable to submit more than one claim run in a single "Transfer EDI Files" session to Relay Health

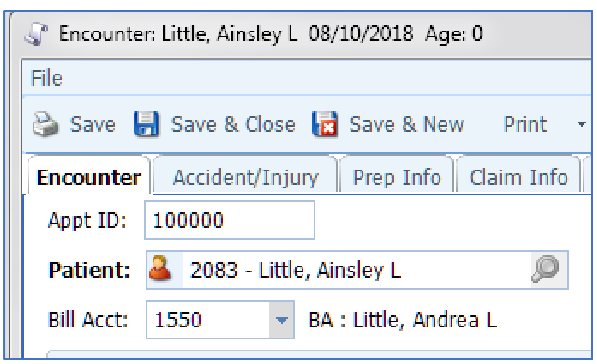
Resolution Multiple Claim Runs may now be "Created" and transferred (submitted) to RelayHealth within multiple "Transfer EDI Files" session.

Reference **Case** NA **Work Item ID** ADO 370

Encounters – Appt ID

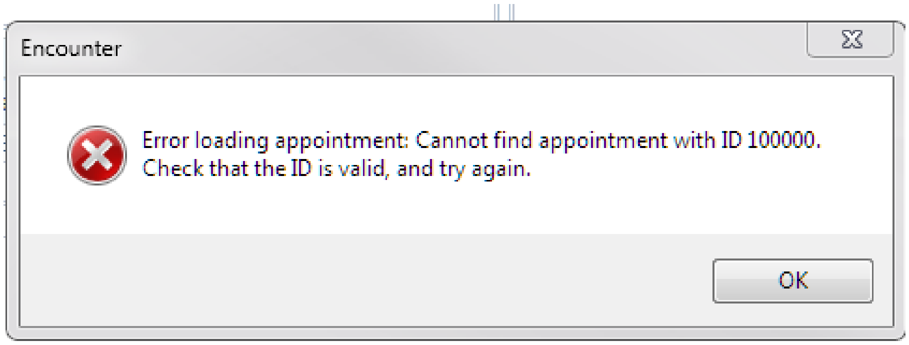
Issue An incorrect Appointment ID entered and not associated with the correct Encounter ID causes an Error - Invalid Appointment ID Error Message

Resolution Misbehavior is resolved when an invalid appointment ID is manually entered on a patient's encounter or received within an EDI encounter. A user will receive the following message when an invalid Appt ID is entered on an unassociated encounter:

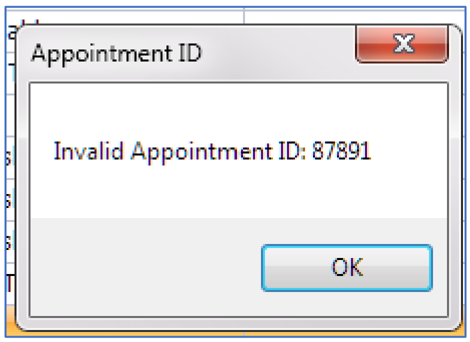


The user will click the OK button and either enter the correct appointment ID or delete the incorrect appointment ID in order to save the encounter.

Error message from a manually entered Invalid Appointment ID



Invalid appointment ID received within an EDI encounter

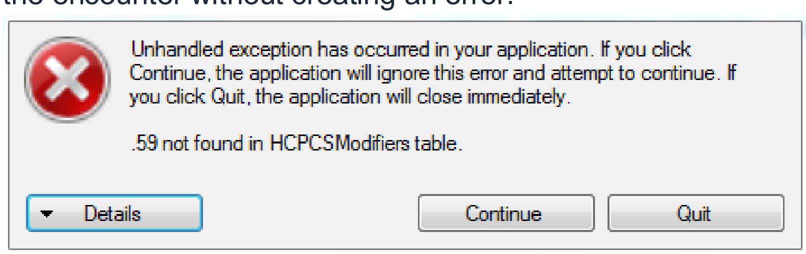


Reference **Case** NA **Work Item ID** ADO 865

EDI Encounters / HCPCS Modifiers

Issue An error occurs when an EDI Encounter is received from the EHR with extra characters present along with the HCPCS modifier or an invalid modifier is received

Resolution The following error has been corrected when extraneous characters are documented in the EHR and sent with a modifier, ex: 59] or 25/ in the encounter to CL PM. CL PM will now alert the user within the EDI Encounter as to the HCPCS code and incorrect modifier code that is required to be corrected in order to process and save the encounter without creating an error.



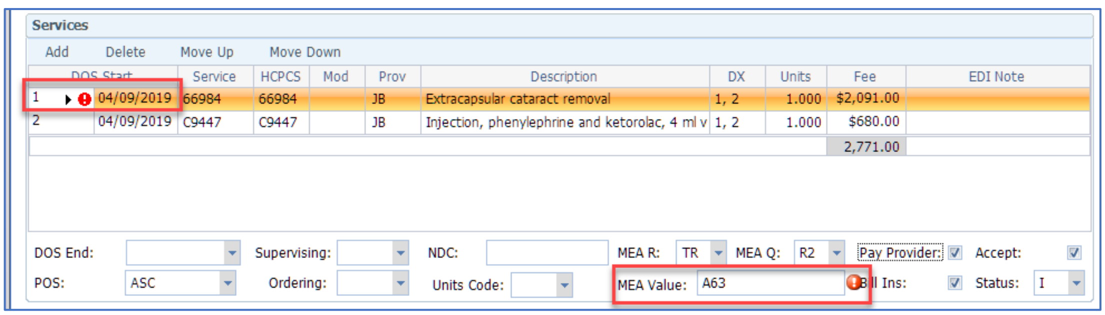
Reference **Case** NA **Work Item ID** ADO 594

Encounters/Service Line MEA Value

Issue Update the CLSEncounterService data element to be a decimal. Prevent entering non-numeric data in the MEA Value field.

Resolution The MEA Value field will now alert if a non-numeric value is entered for the encounter service.

The "A" example below alerts the user that a non-numeric value is not allowed in the MEA Value field.



Reference **Case** NA **Work Item ID** ADO 891