



CL PM Release Notes

Version 3.1.0



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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



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	

Practice: BN

File

Save Save & Close Save & New Address Label

Practice ID: BN

TIN Type: EIN

TIN Number: 457124999

Name: Medical Practice Inc

Last Name: Suffix:

First Name: Middle Name:

Practice Address Remit Address Appt Card Reminder

Street Address: 4401 Pine Ridge Rd

Other Address:

City: Cleveland

State: OH Zip: 44110-1007

NPI: 1083694293 DME NPI:

Taxonomy: 207Q00000X Diag Facility:

Note:

Phones

Add Delete

Type	AC	Number	Ext	Note

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.

Practice Provider: Welby, Marcus

File

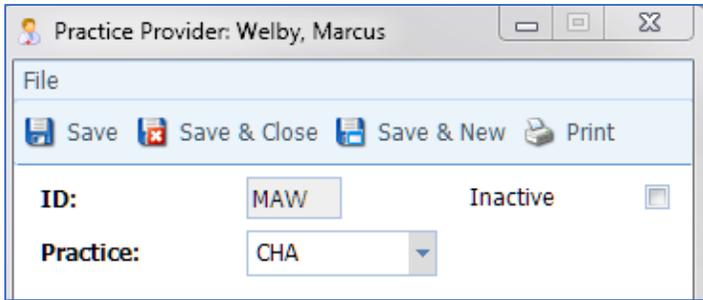
Save Save & Close Save & New Print

ID: MW Inactive

Practice: BN

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.



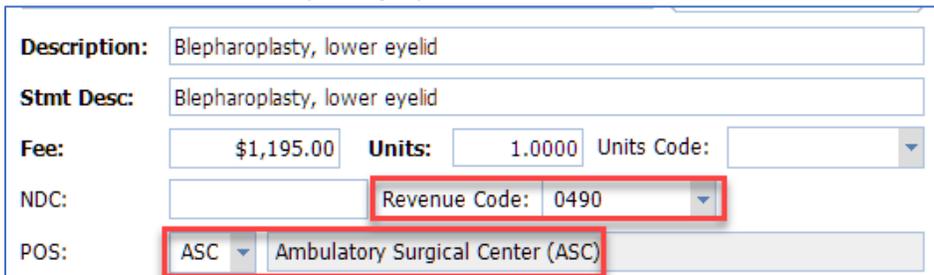
An additional Practice Provider ID must also be added to **track "Incident To" services** rendered by a non-physician provider but is billed with the "Linked Provider" Practice Provider ID and associated details.

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.

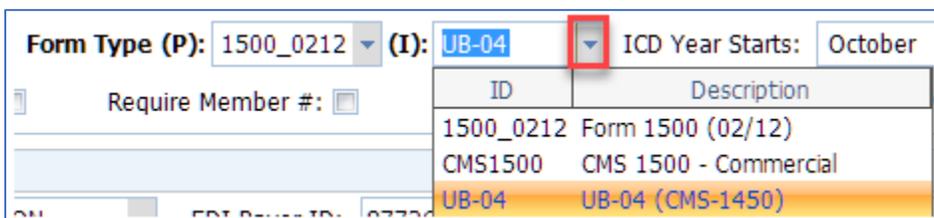
Place of Service (POS) – The Place of Service codes have not changed. The POS drop-down list option for an Ambulatory Surgery Center continues to be ASC 24 Ambulatory Surgical Center.



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

EDI

EDI Receiver: EDI Payer ID: EDI COB:

Inst EDI Payer ID:

Manual COB Posting: Send Member Numbers on EDI: EDI Elig ID:

CHANGE HEALTHCARE

Claims | Eligibility, Claims Status & Referrals | ERA/EFT/Remittance

Please Select a Product: State (Govt payers only):

Payer Type: Payer Name:

Line Of Business: Payer ID:

Services: Code:

Additional Information: Accepts Secondary ICD10 Ready ICD10 Testing ICD10 Required as of Compliance Date Changed Within Last Month

*View List limits your results to 1000 rows **Download List exports all the records to Excel

[VIEW LIST](#) [DOWNLOAD LIST](#) [RESET SEARCH](#) [VIEW LEGEND](#)

Claims Payer List

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

EDI

EDI Receiver: EDI Payer ID: EDI COB:

Inst EDI Payer ID:

Manual COB Posting: Send Member Numbers on EDI: EDI Elig ID:

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.

CHANGE HEALTHCARE | COLLABORATION COMPASS

Welcome to Collaboration Compass™ [Login](#) | [Register](#) | [Password](#)

Site Home

Payer Connections

Change Healthcare provides a vast network of connectivity allowing providers to communicate electronically with payors. Included below are the payer connections sorted by transaction type. The Payer Connections reports may be generated in report format (click “Report”).

Note (report format): Once the desired report is generated, the linked column headings may be clicked to re-sort the report based on the heading selected.

Claims & Remittance

- Institutional and Professional - Commercial and State [Report](#)
- Institutional Claims - Commercial [Report](#)
- Institutional Claims - State [Report](#)
- Institutional Remittance Advice [Report](#)
- Professional Claims - Commercial [Report](#)
- Professional Claims - State [Report](#)
- Professional Remittance Advice [Report](#)
- Preferred Payors - Institutional Claims [Report](#)
- Preferred Payors - Professional Claims [Report](#)

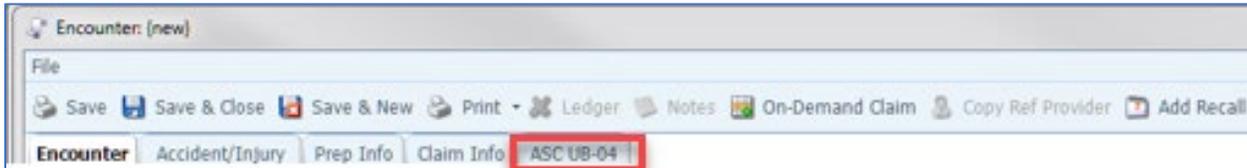
Reference: Case NA

Work Item ID ADO 859

Encounters

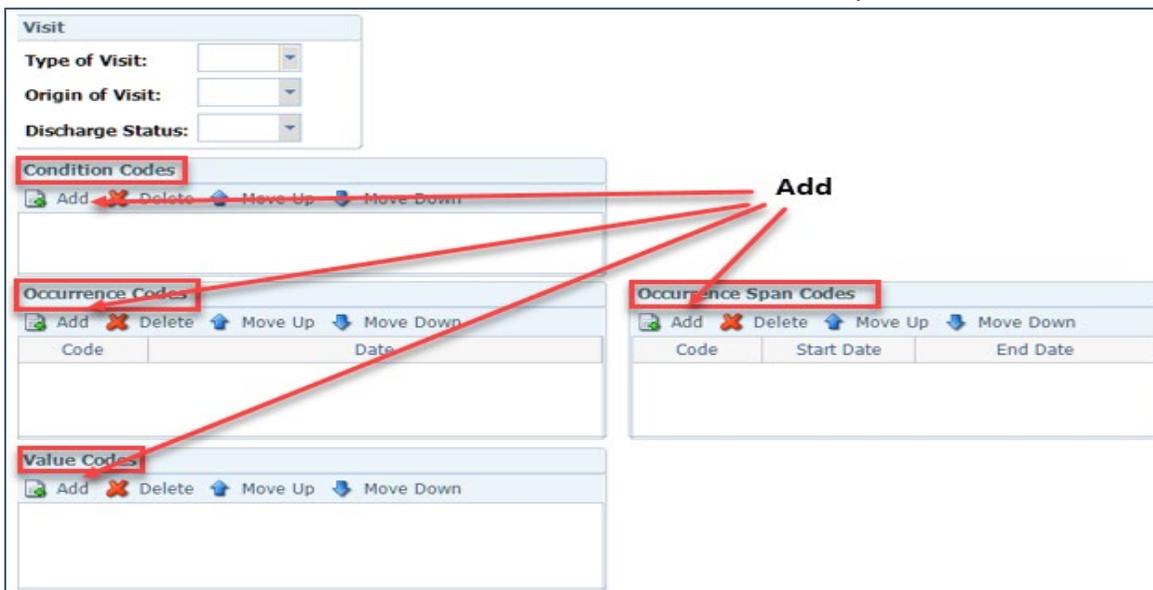
New ASC UB-04 Tab

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.

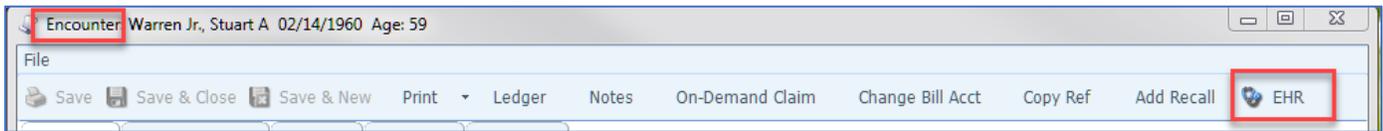
As with all encounter entries, all of fields within an ASC encounter are editable until an encounter batch is marked "Ready to Close".

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:

Chief complaint:	
Problem List:	No data for Problem
Present history:	
Past medical history:	No data for Medical History
Past surgical history:	No data for Surgical History
Medications:	ibuprofen (Dosage: 600 mg tablet SIG: Take 1 tablet by mouth every other day 60 Dispense: 30)
Allergies:	codeine sulfate: nausea: on an empty stomach
Social history:	No data for Social History No data for Smoking Status
Family History:	No data for Family History
Review of Systems:	
Constitution:	
Eyes:	
Ears, Nose, Mouth & Throat:	
Cardiovascular:	
Respiratory:	

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

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

The screenshot shows a software window with a menu bar containing 'File', 'Save', 'Save & Close', 'Create Interchange', 'Print Labels', 'Reprint Claims', and 'Print COB'. The 'Print COB' menu is open, and the 'Alignment Test' option is highlighted with a red box. Below the menu, there are several input fields and labels: ID (779), EDI Receiver, Ins Form Type (UB-04), Claims Processed (1), Claims Generated (1), Created (05/22/2018), Submitted, Acknowledged, Status (RESOLVED), and User ID (MBS).

The 'Select Margins' dialog box is shown, allowing users to select margins for printing. It includes fields for 'Top' (set to .15 Inches) and 'Left' (set to .17 Inches). There are 'OK' and 'Cancel' buttons at the bottom.

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.

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		

- Claims** ^

 - Prep Run
 - Review Prep Errors
 - Generate Claims
 - Transfer EDI Files
 - EDI Reports
 - Review Claim Errors
 - Claims Vision Login

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.

Select Statements

Save Save & Close Alignment Test Export Statements Set Statement Closed Flag

Minimum Balance: Apply Credits Suppress Zeros Max Statements:

Practice

Practice Name:

Street Address:

Other Address:

City, State, Zip:

Phone Number:

Note 1

Line 1:

Line 2:

Note 2

Line 1:

Line 2:

Dunning Message

Over 30:

Over 60:

Over 90:

Over 120:

Limit Dunning

Margins

Top: Bottom:

Left: Right:

Reference: Case NA

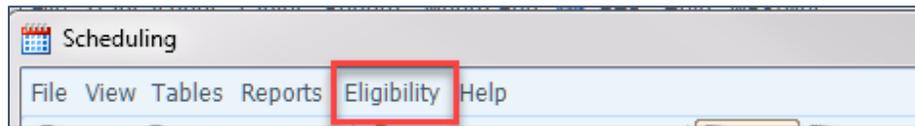
Work Item ID ADO 854

Scheduling

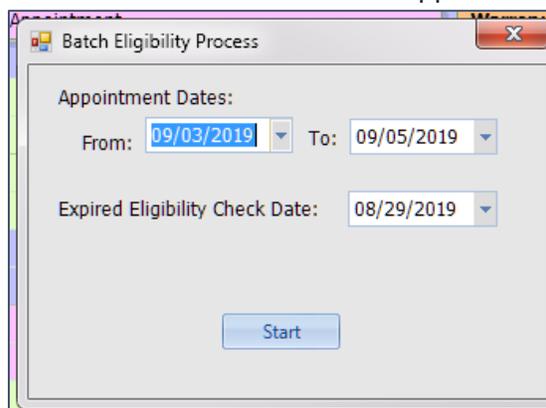
Batch Eligibility Process

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.

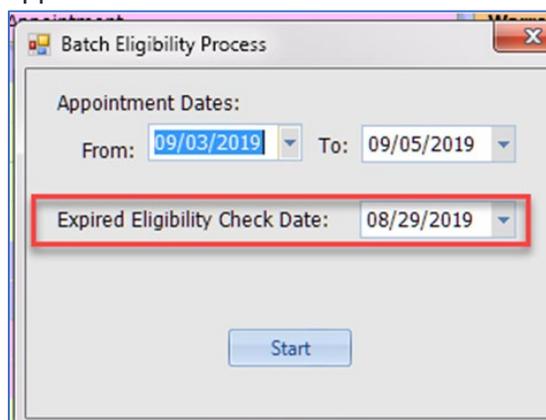
- Click the “Eligibility” button located on the Scheduling Menu.



- 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.

Warren, Stuart - 11/05/2018 07:30 AM - Back Pain

File | Save | Save & Close | Save & Appt Card | Reschedule | Encounter Form

Resource: BZ | Type: OV | Type Note:

Subject: Back Pain

Patient: Stuart Warren Jr.

Referral: Thomas Jones

Site: 1 | Downtown Office

Start time: Monday 11/5/2018 | 7:30 AM

End time: Monday 11/5/2018 | 8:30 AM | This appointment occurs in the past.

Eligibility: 1, 11/19/2018 04:23 PM, AET, Unknown
 Eligibility: 1, 11/19/2018 04:23 PM, CC, Insurance Plan does not provide EDI Eligibility
 Eligibility: 1, 11/19/2018 04:23 PM, GWL, Unknown
 Eligibility: 1, 11/19/2018 04:23 PM, MMO, Unknown

Request earlier | Cancelled
 Confirmed | No show
 Reschedule | HL7 SIU
 All day event

Checked in: | In room: | Checked out:

Changes

ActionDateTime	UserID	Action	Detail
11/09/2018 9:25 AM	MBS	UPDATED	
11/09/2018 9:24 AM	MBS	UPDATED	
11/09/2018 9:21 AM	MBS	UPDATED	
11/09/2018 9:19 AM	MBS	UPDATED	

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.

Scheduling

File | View | Tables | Reports | Eligibility | Help

New | Next

November 2018

S M T W T

28 29 30 31

4 5 6 7

11 12 13 14 15

18 19 20 21 22

25 26 27 28 29

December 2018

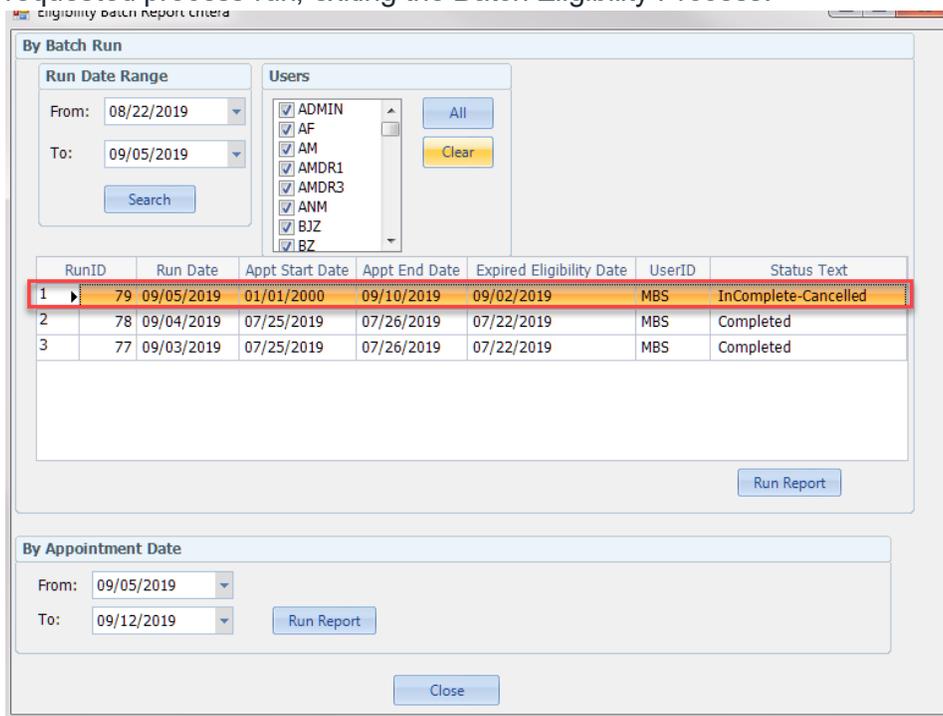
S M T W T

2 3 4 5

- Scheduling
- Unbilled Encounters
- Patient Demographics
- Appts by Date Created
- House Calls Export
- Webley Reminders
- Export iCalendar File
- Press Ganey Monthly Survey
- Televox Reminders
- Callpointe Reminders
- Batch Eligibility Report**

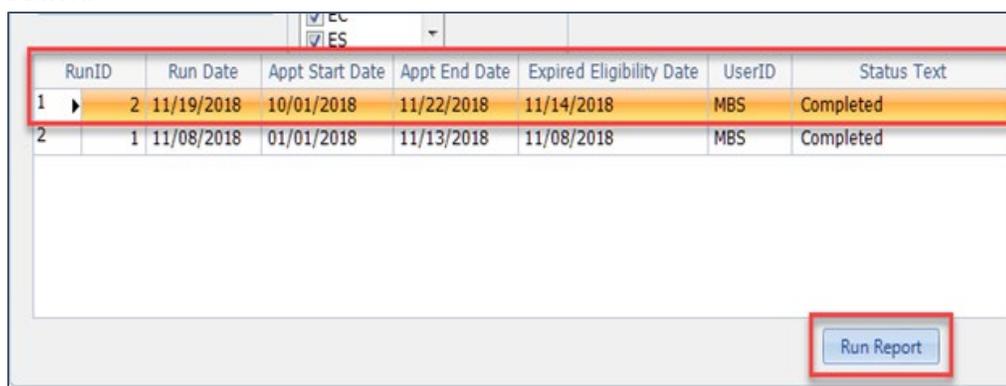
Eligibility Batch Report(s)

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 StartDate: 01/01/2018, Appt EndDate: 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	MV	BUC	Unknown
409	Jones, David S	12/03/1955	4795	02/21/2018 11:15 am	CH	MV	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	MV	AET	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MV	ANT	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MV	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	MV	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	MV	GWL	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MV	MED	Unknown
15	Warren Jr., Stuart Alan	02/14/1960	4808	04/30/2018 07:00 am	CH	MV	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 provide EDI Eligibility

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.

Eligibility Batch Report criteria

By Batch Run

Run Date Range
 From: 11/01/2018
 To: 11/20/2019
 Search

Users
 ADMIN
 BJZ
 BZ
 CLADMIN
 CLSP
 DM
 EC
 ES
 All
 Clear

RunID	Run Date	Appt Start Date	Appt End Date	Expired Eligibility Date	UserID	Status Text
1	3 11/20/2018	01/01/2018	11/23/2018	11/15/2018	MBS	InComplete-Cancelled
2	2 11/19/2018	10/01/2018	11/22/2018	11/14/2018	MBS	Completed
3	1 11/08/2018	01/01/2018	11/13/2018	11/08/2018	MBS	Completed

Run Report

By Appointment Date

From: 10/01/2018
 To: 10/31/2018
 Run Report

Close

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.										Page 1 of 3
Appointment Eligibility Report										
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, EDI PayerID: 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, EDI PayerID: 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

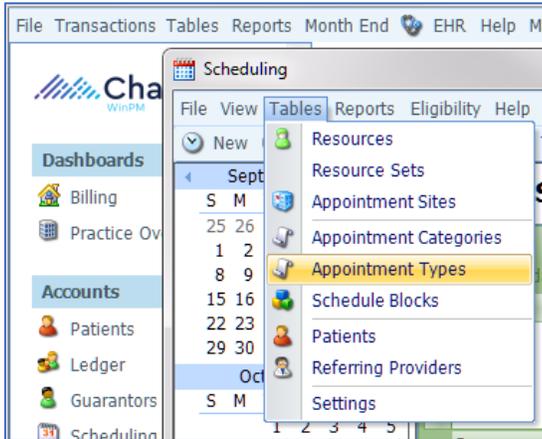
Work Item ID ADO 375

Updates

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

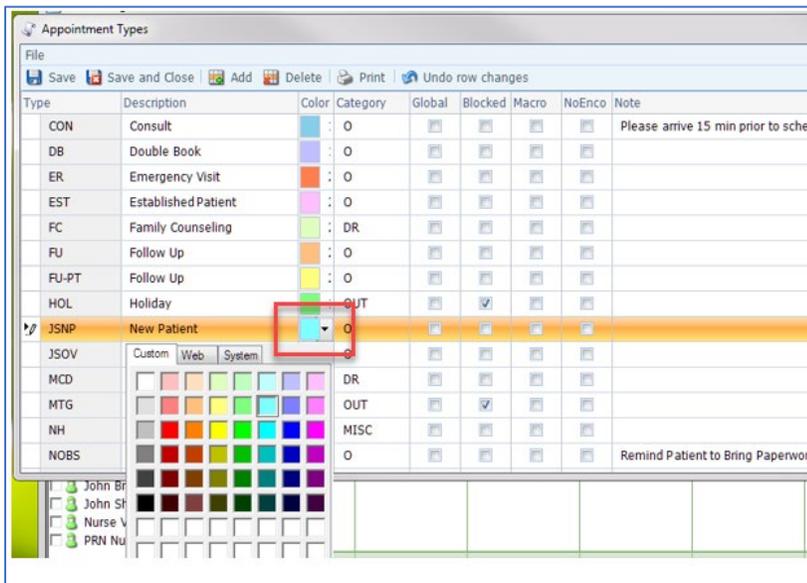
Scheduling Tables / Appointment Types Table

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 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:

The screenshot shows a dialog box titled "Closing Run Summary Report" with the subtitle "Select Filters for the Report". It contains several filter options:

- Run Date: [] to []
- Posting Period: [] to []
- Practice:** [] (highlighted with a red box)
- Rendering Provider: []

At the bottom are "OK" and "Cancel" buttons.

"Practice ID" column option from Choose Columns:

Closing Date	Encounter	Rend Prov	Prac Prov	Prac Site	Posting Period	Fee	Payments	Charge Adjustment	Payment Adjustment	A/R Change	Sprv Prov
Closing Run : 1 (21 items)	05/12/20...	JB	MOO	200905	2,015.00	118.00	18.00	0.00	1,879.00		
Closing Run : 2 (9 items)	05/26/20...		MOO	200905	2,595.00	0.00	0.00	0.00	2,595.00		
Closing Run : 3 (6 items)	05/27/20...		MOO	201110	497.00	0.00	0.00	0.00	497.00		
Closing Run : 4 (33 items)	06/01/20...	MW	TS			3.65	765.95	0.00	-549.60		
Closing Run : 5 (35 items)	06/04/20...	MW	MOO			3.47	120.27	72.00	908.26	EMS	
Closing Run : 6 (2 items)	06/17/20...		CHA			0.00	0.00	0.00	160.00		
Closing Run : 7 (8 items)	06/17/20...		CHA			0.00	0.00	0.00	1,080.00		
Closing Run : 8 (2 items)	06/17/20...		CHA			0.00	0.00	0.00	160.00		
Closing Run : 9 (30 items)	06/17/20...		MOO			0.00	0.00	0.00	3,560.00		
Closing Run : 10 (1 item)	06/17/20...		CHA			0.00	0.00	0.00	80.00		
Closing Run : 11 (2 items)	06/17/20...		CHA			0.00	0.00	0.00	160.00		
Closing Run : 12 (2 items)	06/17/20...		CHA			0.00	0.00	0.00	160.00		
Closing Run : 13 (1 item)	06/18/20...		TS			0.00	0.00	0.00	190.00		
Closing Run : 14 (5 items)	06/18/20...		CHA			0.00	0.00	0.00	340.00		
Closing Run : 15 (1 item)	06/18/20...		CHA			0.00	0.00	0.00	80.00		
Closing Run : 16 (4 items)	06/18/20...		MOO			0.00	0.00	0.00	1,540.00		
Closing Run : 17 (21 items)	06/18/20...	MW	MOO	200907	0.00	1,243.00	483.00	75.00	1,751.00		

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".

Select Filters for the Report

Run Date [] to []

Posting Period [] to []

Practice: []

Rendering Provider: []

OK Cancel

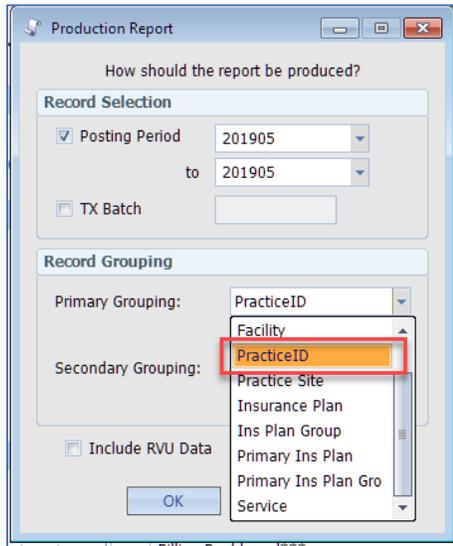
IMPORTANT  To view the "Posting Period Detail Report" by Tax ID (PracticeID), generate this report by PracticeID to view the A/R details for a specific Tax ID (PracticeID).

Reference Case NA

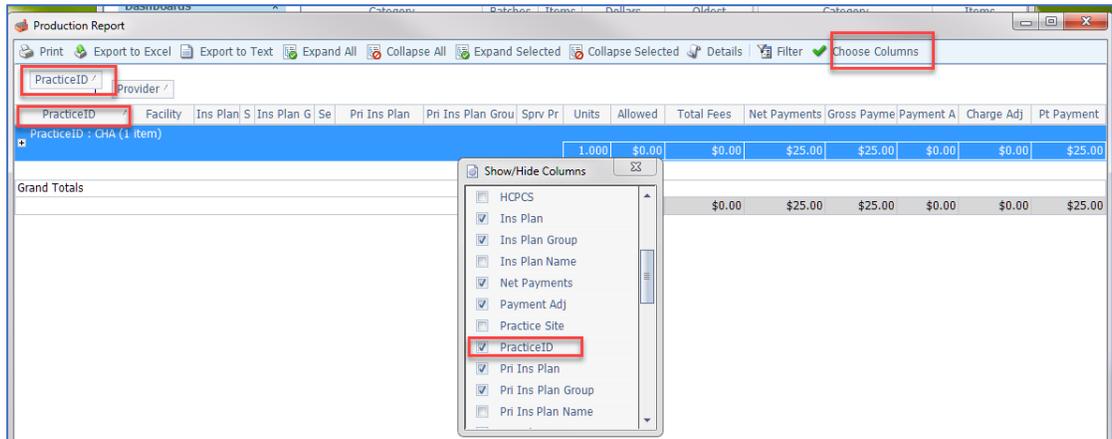
Work Item ID ADO 890

Application *Production Report*

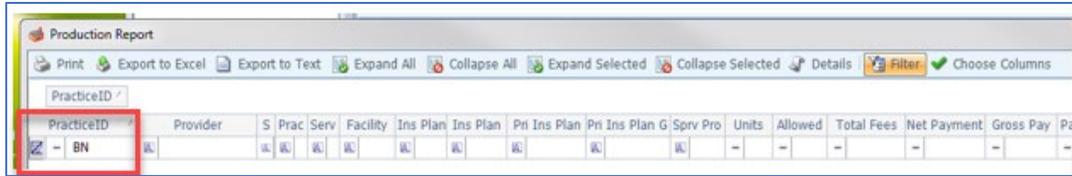
Update The PracticeID column has been added to the "Record Grouping" drop-down tool on the "Production Report" main form and the user is able to generate this report by PracticeID. (Tax ID).



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.

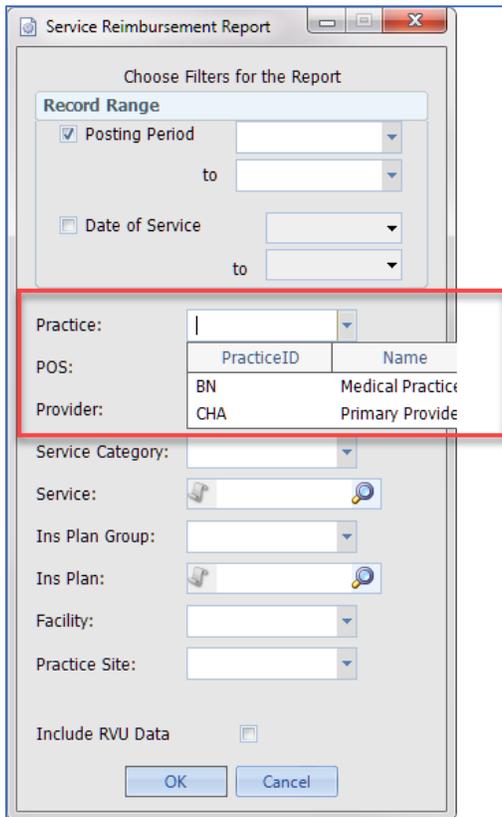


Reference Case NA Work Item ID [number or NA]

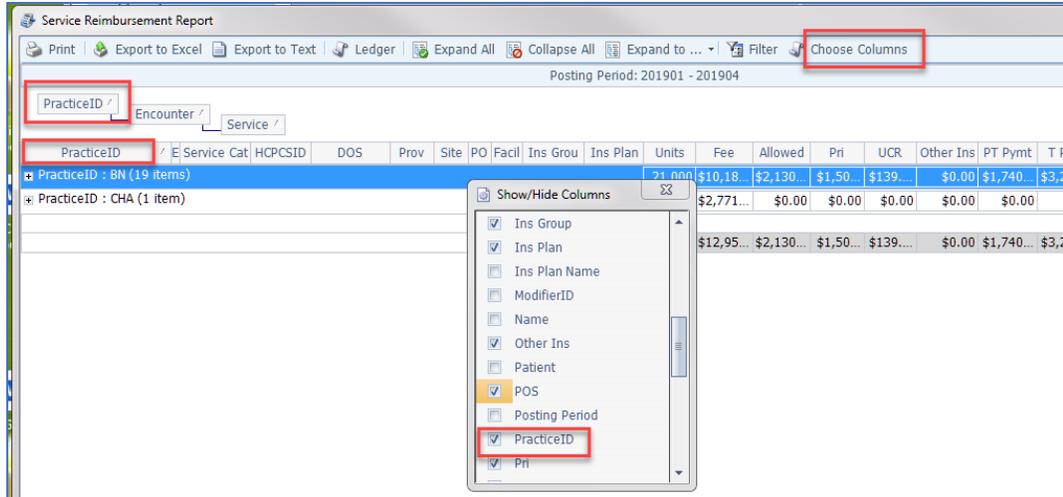
Application Service Reimbursement Report

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

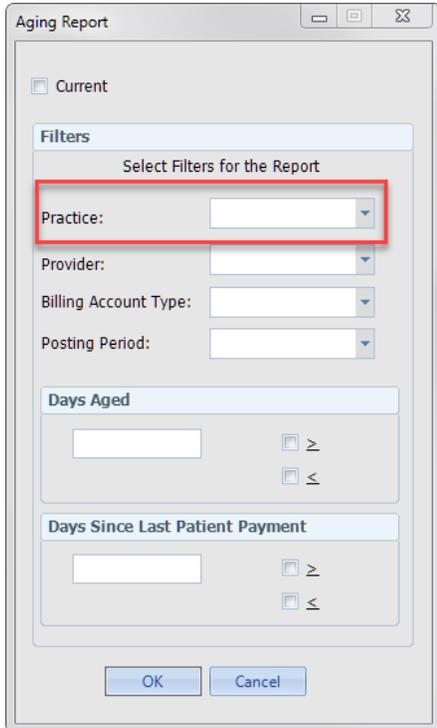


Reference Case NA Work Item ID ADO 849

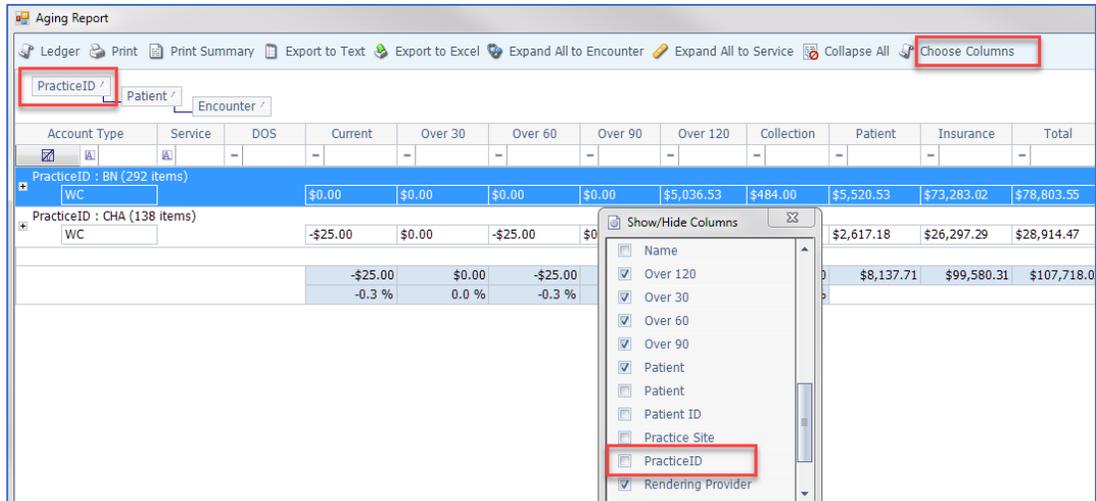
Application *Aging Report*

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:



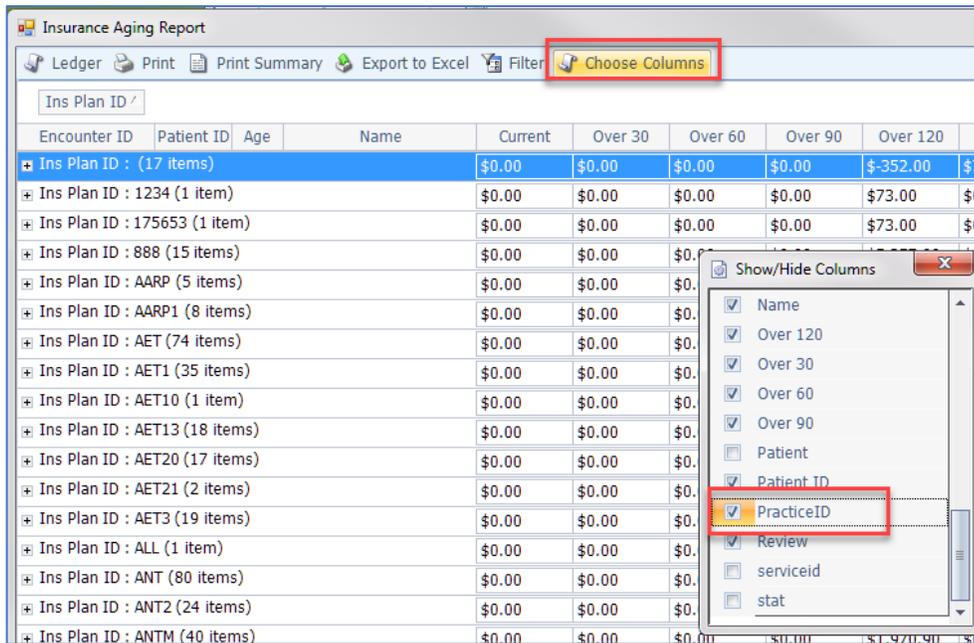
Practice ID is also available from the Choose Columns option



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

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

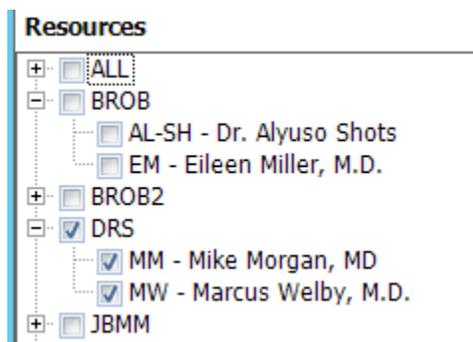
SETUP



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.

Monday, March 2, 2020

Notes: _____

Marcus Welby, M.D.				Mike Morgan, MD			
Time	Location	Type	Description	Time	Location	Type	Description
08:00	1	EST		08:00	1	EST	
		EST				EST	
		EST				EST	
08:15	1	CON		08:15	1	CON	
		EST				EST	
		FU				FU	
08:30	1	SV		08:30	1	SV	
		OV				OV	
		OV				OV	
08:45	1	RES		08:45	1	RES	
09:00	1	NP		09:00	1	NP	
09:15	1	FU		09:15	1	FU	
		FU				FU	
09:30	1	ACU		09:30	1	ACU	
		EST				EST	
09:45	1	P		09:45	1	P	
10:00				10:00			
10:15				10:15			
10:30				10:30			
10:45	1	OV		10:45	1	OV	
		FU				FU	

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.

Type	Description	Color	Category	Global	Blocked	Macro	NoEnco	Note
▶ OUT	Out of Office	55	Out	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OV	Office Custom		O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OV1	Office		O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OV2	Office		O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVEMS	Office		O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVS	Office		O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P	Procedure		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POSTOP	ENT		O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROC	ENT		O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Appointment Types								
Type	Description	Color	Category	Global	Blocked	Macro	NoEnco	Note
▶ OUT	Out of Office	192,	Out	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OV	Office Visits	255,	O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OV1	Office visit level 1	255,	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OV2	Office visit level 2	255,	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVEMS	Office visit EMS	255,	O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVS	Office Visits	128,	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P	Procedure	128,	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POSTOP	ENT Post Op	0, 0,	O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

← → **Monday, March 2, 2020**

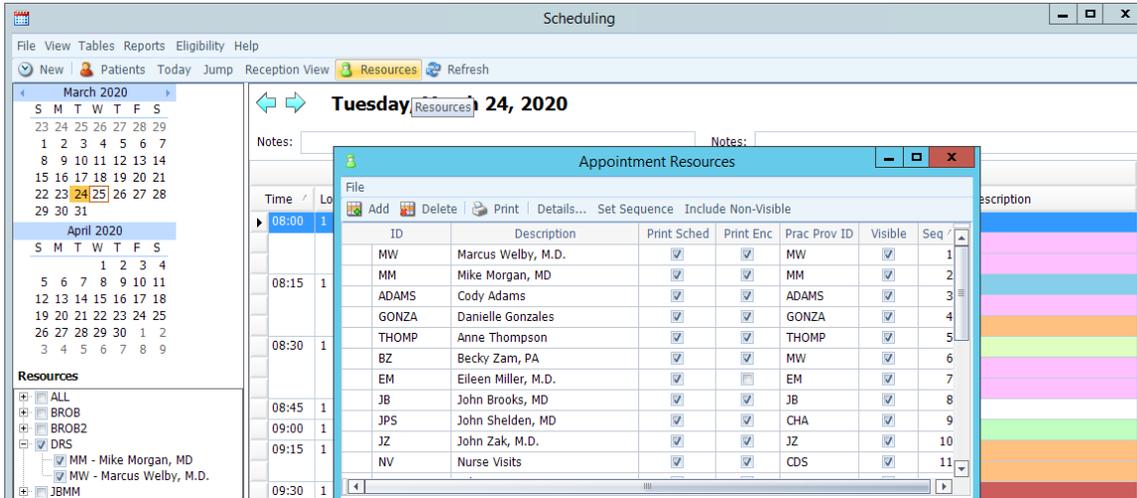
Notes:

Marcus Welby, M.D.

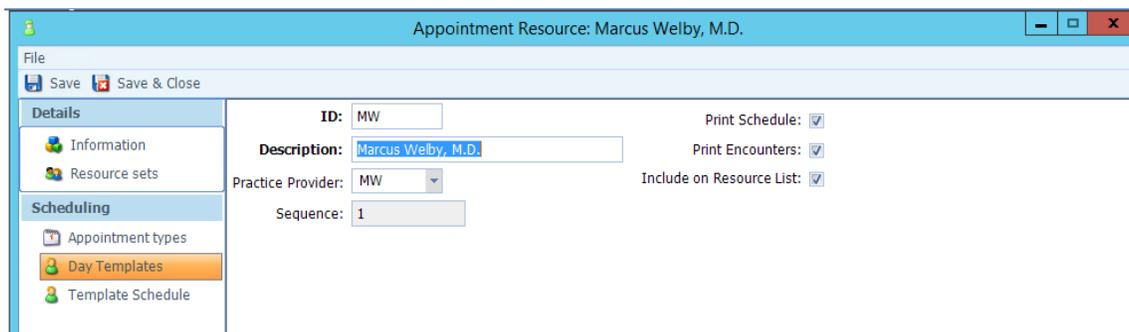
Time /	Location	Type	Description
▶ 08:00	1	EST	
		EST	
		EST	
08:15	1	CON	
		EST	
		FU	
08:30	1	SV	
		OV	
		OV	
08:45	1	RES	
09:00	1	NP	
09:15	1	FU	
		FU	
09:30	1	ACU	
		EST	

Appointment Resources Day Templates –

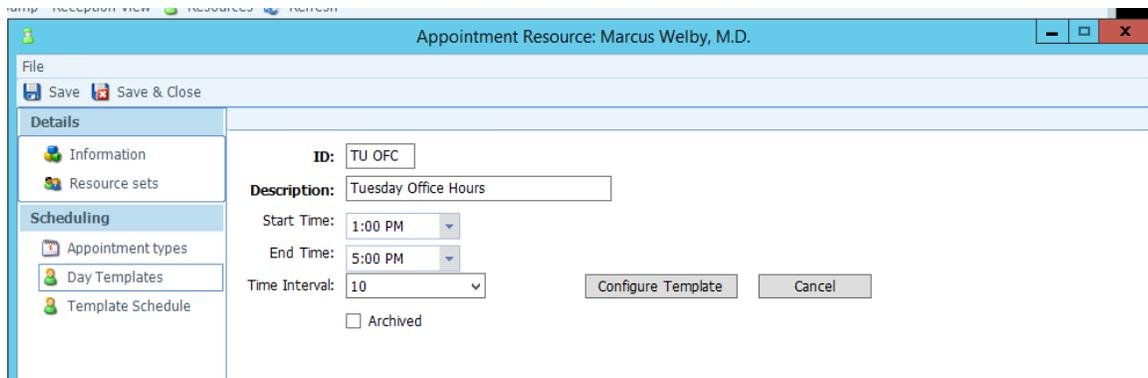
Once the Appointment Tables are defined, the Appointment Resources may now be templated for use in scheduling appointments. Select a Resource from the Appointment Resources menu option. Double click the Resource selected on the grid and the Resource’s templating options form will open.



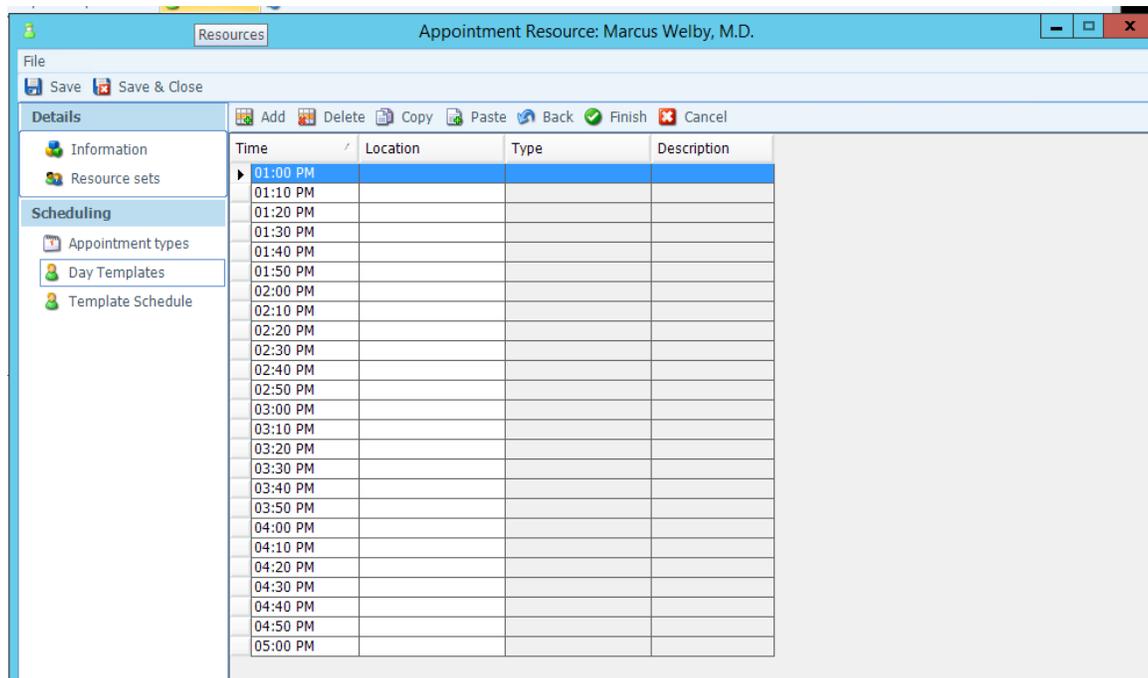
Click the “Day Templates” menu option under the Resource’s “Scheduling” menu on the left side of the form. This tool allows the user to develop templates that are used not only by the currently open Resource, but also by any of the other Resources defined within the Resources Table. These templates will 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.



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.

Time	Location	Type
01:00 PM		
01:10 PM	Site ID	Description
01:20 PM	1	Downtown Office
01:30 PM	123	Jons Test Chan
01:40 PM	2	Practice Site 2
01:50 PM	CC	Cleveland Clinic
02:00 PM	CH	MBS Chardon O
02:10 PM	CHA	Chagrin Falls Of
02:20 PM	CLE	Cleveland Office
02:30 PM	DGUY	Womens First
02:40 PM		
02:50 PM		
03:00 PM		

Time	Location	Type	Description
01:00 PM	1	SURG	
01:10 PM		Type ID	Description
01:20 PM		P	Procedure
01:30 PM		POSTOP	ENT Post Op
01:40 PM		PROC	ENT Procedure
01:50 PM		R	Routine
02:00 PM		RC	ReCheckererere
02:10 PM		REST	Catch Up / Pape
02:20 PM		SLEEPY	when no patient
02:30 PM		SURG	Surgery
02:40 PM			
02:50 PM			
03:00 PM			
03:10 PM			
03:20 PM			

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.

Time	Location	Type	Description
01:00 PM	1	OV	Office Visits
01:10 PM			
01:20 PM			
01:30 PM			

Click the Copy button located on the top template menu.

Time	Location	Type	Description
01:00 PM	1	OV	Office Visits

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.

Time	Location	Type	Description
01:00 PM	1	OV	Office Visits
01:00 PM	1	OV	Office Visits
01:10 PM			

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.

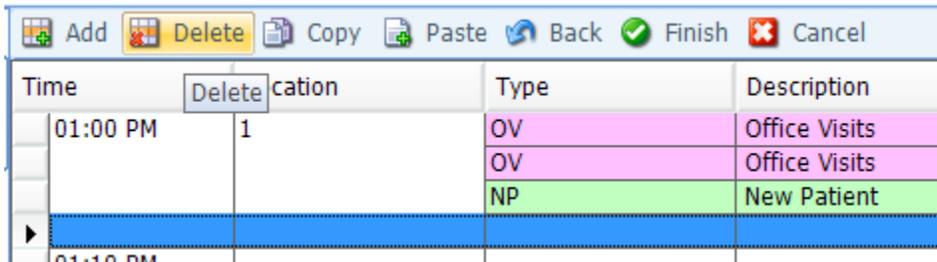
Time	Location	Type	Description
01:00 PM	1	OV	Office Visits
01:00 PM	1	OV	Office Visits
01:00 PM	1	NP	New Patient

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.

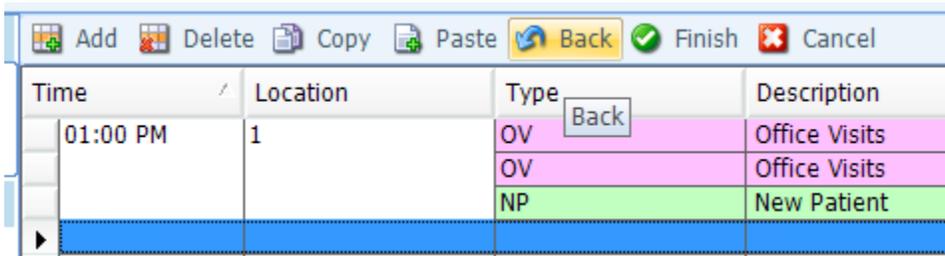
Time	Location	Type	Description
01:00 PM	1	OV	Office Visits
01:00 PM	1	OV	Office Visits
01:00 PM	1	NP	New Patient

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

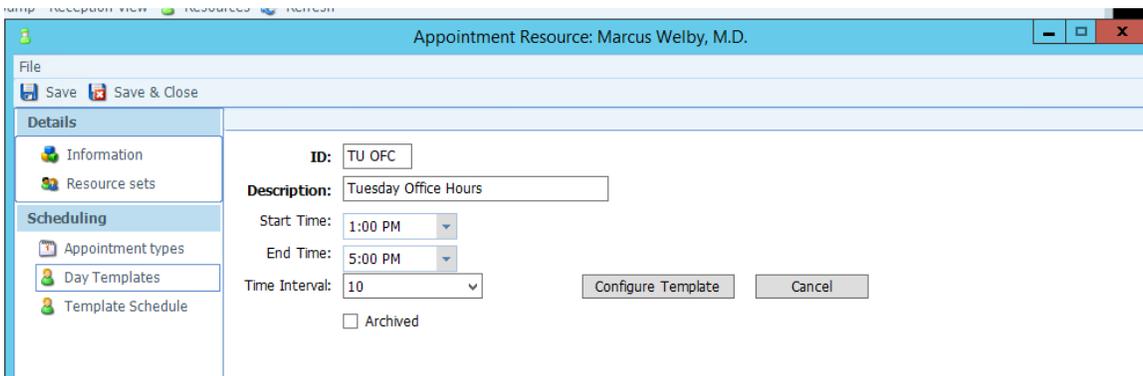
To Delete a row within the Day Template, highlight the row and click the Delete option.



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.



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

Time	Location	Type	Description
08:00 AM	1	EST	Established Patient
		EST	Established Patient
		EST	Established Patient
08:15 AM	1	CON	Consult
		EST	Established Patient
		FU	Follow Up
08:30 AM	1	SV	Sick Visits
		OV	Office Visits
		OV	Office Visits
08:45 AM	1	REST	Catch Up / Paper
09:00 AM	1	NP	New Patient
09:15 AM	1	FU	Follow Up
		FU	Follow Up
09:30 AM	1	ACUTE	Acute
		EST	Established Patient
09:45 AM	1	P	Procedure
10:00 AM			
10:15 AM			
10:30 AM			
10:45 AM	1	OV	Office Visits
		FU	Follow Up
		FU	Follow Up
11:00 AM	1	REST	Catch Up / Paper
11:15 AM	1	SV	Sick Visits
		NP	New Patient
11:30 AM	1	FU	Follow Up
		FU	Follow Up
		FU	Follow Up
11:45 AM	1	SV	Sick Visits
		OV	Office Visits
12:00 PM	1	LUNCH	LUNCH
12:15 PM			
12:30 PM			

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.

Time	Location	Type	Description
01:00 PM	1	OV	Office Visits
		OV	Office Visits
		NP	New Patient

Resource Day Template Grid -

TemplateKey	Description	IsArchived
OFC	Full Day office	<input type="checkbox"/>
Off	Day Off - No H...	<input type="checkbox"/>
Swing	Swing Day Ofc	<input type="checkbox"/>
TU OFC	Tuesday Office...	<input type="checkbox"/>

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

TemplateKey	Description	IsArchived
OFC	Full Day office	<input type="checkbox"/>
Off	Day Off - No H...	<input type="checkbox"/>
Swing	Swing Day Ofc	<input type="checkbox"/>
TU OFC	Tuesday Office...	<input type="checkbox"/>

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.

TemplateKey	Description	IsArchived
OFC	Full Day office	<input type="checkbox"/>
Off	Day Off - No Hours	<input type="checkbox"/>
Swing	Swing Day Ofc	<input type="checkbox"/>

“Swing Day Ofc” is now archived.

TemplateKey	Description	IsArchived
OFC	Full Day office	<input type="checkbox"/>
Off	Day Off - No Hours	<input type="checkbox"/>

Show Archived View

TemplateKey	Description	IsArchived
OFC	Full Day office	<input type="checkbox"/>
Off	Day Off - No Hours	<input type="checkbox"/>
Swing	Swing Day Ofc	<input checked="" type="checkbox"/>

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

TemplateKey	Description	IsArchived
OFC	Full day office	<input type="checkbox"/>
Off	Day Off - No Hours	<input type="checkbox"/>
Swing	Swing Day Ofc	<input checked="" type="checkbox"/>

Uncheck the “Archived” check box and click Save & Close

ID:

Description:

Start Time:

End Time:

Time Interval:

Archived

Appointment Resource: Marcus Welby, M.D.

File

Details

- Information
- Resource sets
- Scheduling
 - Appointment types
 - Day Templates
 - Template Schedule

ID:

Description:

Start Time:

End Time:

Time Interval:

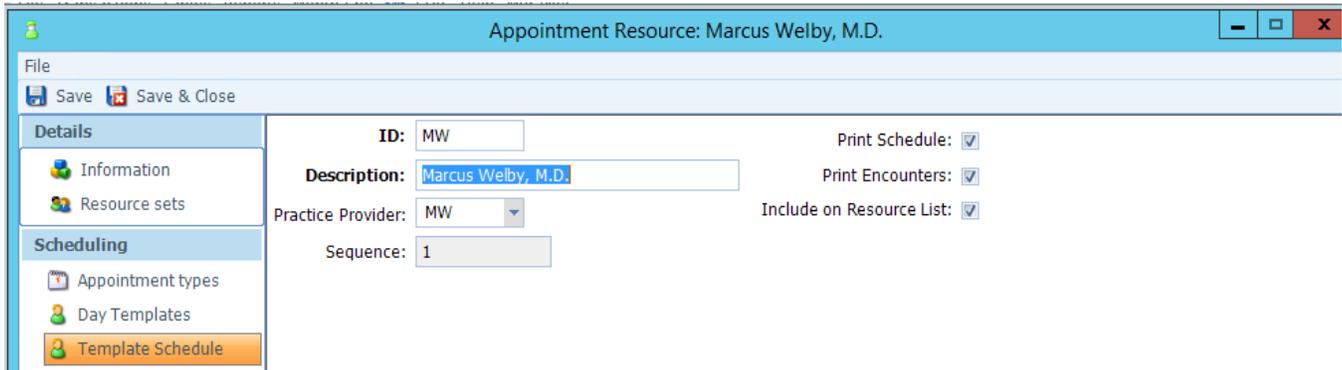
Archived

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

Appointment Resource Template Schedule -

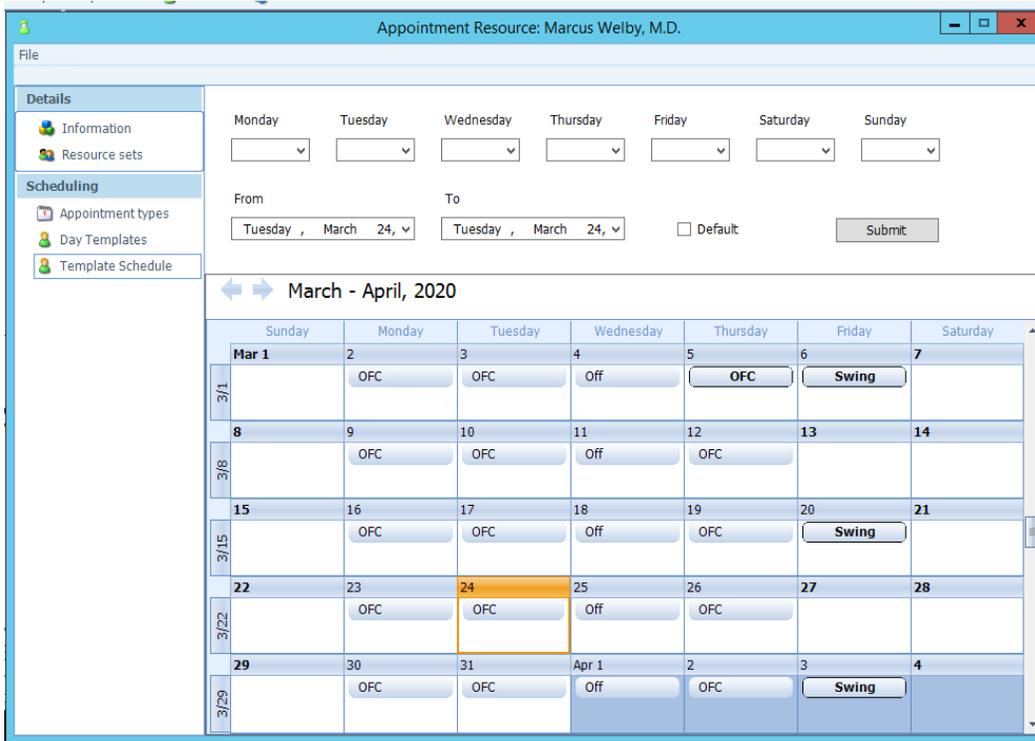
Once all Day Templates are configured and saved on the Resource's Day Templates Grid, the next step is to configure the "Template Schedule" on the specific days of the work week and appointment site(s) for Resource.

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 throughout additional calendar months, the "Default" check box was checked when templating "OFC" before clicking the "Submit" button.



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

Appointment Resource: Marcus Welby, M.D.

Monday: OFC
 Tuesday: OFC
 Wednesday: OFC
 Thursday: OFC
 Friday:
 Saturday:
 Sunday:
 To: Friday, April 3, 2020
 Default
 Submit

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

Monday: OFC
 Tuesday: OFC
 Wednesday: OFC
 Thursday: OFC
 Friday:
 Saturday:
 Sunday:
 From: Monday, March 30, 2020
 To: Friday, April 3, 2020
 Default
 Submit

Sun	Mon	Tue	Wed	Thu	Fri	Sat
23	24	25	26	27	28	29
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Today: 3/26/2020

Monday: OFC
 Tuesday: OFC
 Wednesday: OFC
 Thursday: OFC
 Friday:
 Saturday:
 Sunday:
 From: Monday, March 30, 2020
 To: Friday, April 3, 2020
 Default
 Submit

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Today: 3/26/2020

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

The screenshot shows a configuration form for a day template. It includes dropdown menus for each day of the week (Monday through Sunday), each currently set to 'OFC'. Below these are 'From' and 'To' date pickers, with 'From' set to 'Monday, March 30' and 'To' set to 'Friday, April 3'. A 'Default' checkbox is checked, and a 'Submit' button is visible.

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

The screenshot shows a software window titled 'Appointment Resource: Marcus Welby, M.D.'. On the left is a sidebar with 'Details' and 'Scheduling' sections. The 'Scheduling' section is active, showing the same day template configuration form seen in the previous image. The main area is a calendar for 'April - May, 2020'. The calendar grid shows dates from March 29 to May 2. Each date cell contains a button representing the day template: 'OFC' for most days, 'Off' for Wednesdays, and 'Swing' for Friday, April 3. The 'Submit' button in the configuration form is now disabled (greyed out).

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

← → **March 30 - April 4, 2020**

Notes: Mike Morgan - After Hours Call

Marcus Welby, M.D.			
Time /	Location	Type	Description
▶ 08:00	1	EST	Susan Wilson - BP & DB Check
		EST	Cassie Thomas - Sore Throat & Nausea
		EST	Susan Longwood - Fever
08:15	1	CON	
		EST	
		FU	
08:30	1	SV	
		OV	
		OV	
08:45	1	RES	
09:00	1	NP	
09:15	1	FU	
		FU	
09:30	1	ACU	
		EST	
09:45	1	P	
10:00			
10:15			
10:30			
10:45	1	OV	
		FU	
		FU	
11:00	1	RES	

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.

Appointment Resource: Marcus Welby, M.D.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	May 17	18	19	20	21	22	23
5/17		OFC	OFC	Off	OFC		
	24	25	26	27	28	29	30
5/24		Off	OFC	Off	OFC		

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

17 18 19 20 21 22 23
24 25 26 27 28 29 30
31

June 2020

S	M	T	W	T	F	S
	1	2	3	4	5	6
	7	8	9	10	11	12
	14	15	16	17	18	19
	21	22	23	24	25	26
	28	29	30	1	2	3
	5	6	7	8	9	10

Resources

- ALL
- ADAMS - Cody Adams
- BZ - Becky Zam, PA
- EM - Eileen Miller, M.D.
- GH - Dr. Ghossani
- GONZA - Danielle Gonzales
- JB - John Brooks, MD
- JZ - John Zak, M.D.
- MW - Marcus Welby, M.D.
- THOMP - Anne Thompson
- BROB
- BROB2
- DRS
- JBMM
- ALL

Marcus Welby, M.D.			
Time	Location	Type	Description
08:00	1	OUT	
08:30	1	OUT	
09:00	1	OUT	
09:30	1	OUT	
10:00	1	OUT	
10:30	1	OUT	
11:00	1	OUT	
11:30	1	OUT	
12:00	1	OUT	
12:30	1	OUT	
01:00	1	OUT	
01:30	1	OUT	
02:00	1	OUT	
02:30	1	OUT	
03:00	1	OUT	
03:30	1	OUT	
04:00	1	OUT	
04:30	1	OUT	
05:00	1	OUT	
05:30			
06:00			

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 –

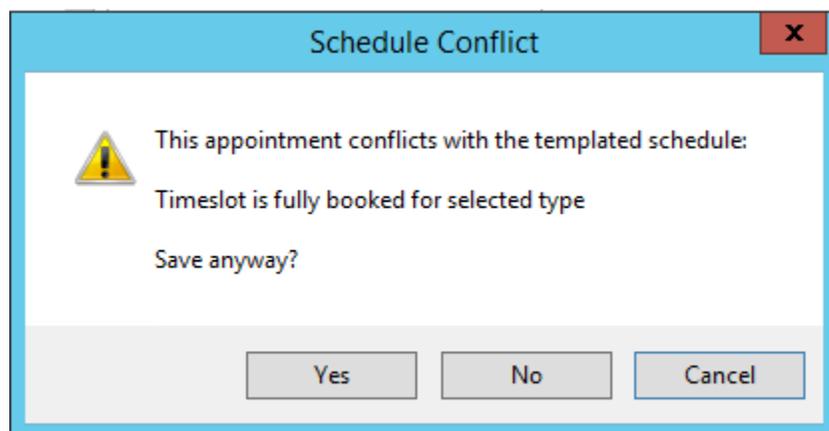
Navigate to the calendar day requested or required for the patient's appointment. This navigation can be achieved by using the "Jump" menu option, clicking the arrows to the left of the displayed agenda date or using the calendar controls displayed above the scheduling Resource(s) to the left of the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

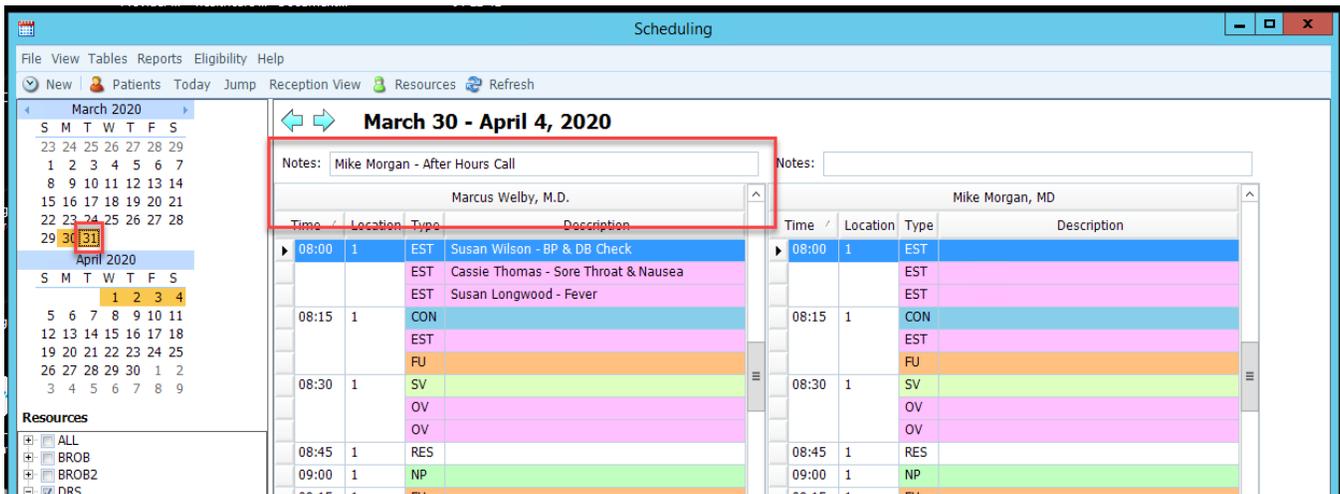


Resource Note on a Specific Calendar Date –

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 Resource'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.

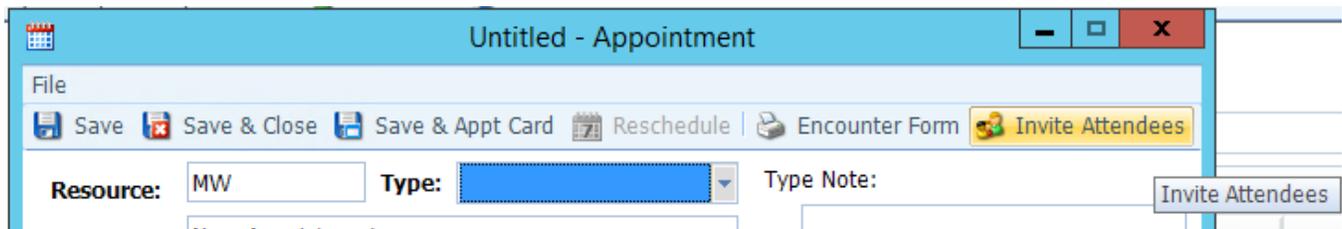


Schedule a Meeting and Invite Additional Resources –

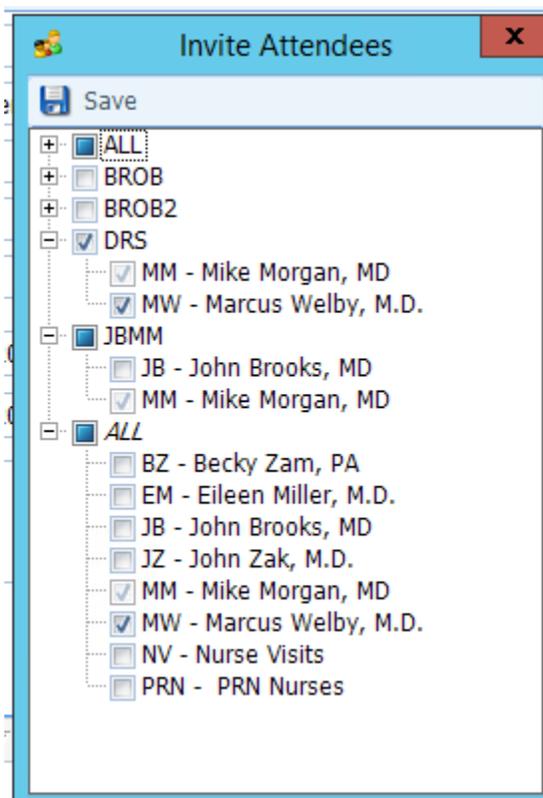
Select a Resource or Resource Set and navigate to the calendar date for the meeting .

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 Appointment ID for meeting.

The screenshot shows the 'Untitled - Appointment' window. The 'Type' dropdown menu is open, and the 'MTG' (Meeting) option is selected and highlighted with a red box. Below the dropdown is a table of appointment types:

Type	Category	Global	Description	Blocked	Macro
CON	O	<input checked="" type="checkbox"/>	Consult	<input type="checkbox"/>	<input type="checkbox"/>
ER	O	<input checked="" type="checkbox"/>	Emergency Visit	<input type="checkbox"/>	<input type="checkbox"/>
EST	O	<input checked="" type="checkbox"/>	Established Patie	<input type="checkbox"/>	<input type="checkbox"/>
FU	O	<input checked="" type="checkbox"/>	Follow Up	<input type="checkbox"/>	<input type="checkbox"/>
HOL	Out	<input type="checkbox"/>	Holiday	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LUNCH	MISC	<input checked="" type="checkbox"/>	LUNCH	<input type="checkbox"/>	<input type="checkbox"/>
MTG	Out	<input type="checkbox"/>	Meeting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NH	MISC	<input type="checkbox"/>	Nursing Hm/ Skil	<input type="checkbox"/>	<input type="checkbox"/>

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

The screenshot shows the 'Untitled - Appointment' window with the following details:

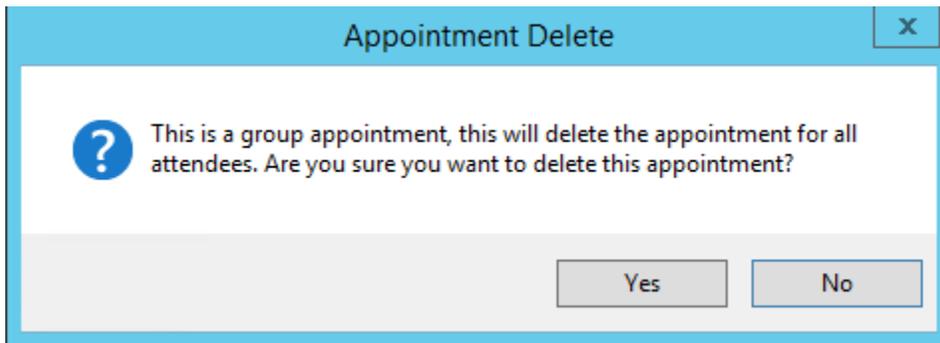
- Resource:** MW
- Type:** MTG
- Subject:** First Qtr Business Mtg
- Site:** 1 Downtown Office
- Start time:** Monday 4/13/2020, 4:30 PM
- End time:** Monday 4/13/2020, 5:30 PM

Below the form, there are checkboxes for 'Checked in', 'In room', and 'Checked out'. At the bottom, there is a 'Changes' table:

ActionDateTime	UserID	Action	Detail
4/3/2020 2:59 PM	MBS	UPDATED	
4/3/2020 2:59 PM	MBS	CREATED	
4/3/2020 2:59 PM	MBS	CREATED	

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 appointment from the Resource attendee’s schedule.

Agenda Scheduling Day Calendar View – Meeting Scheduled for multiple Resources

← → **Monday, April 13, 2020**

Notes: Notes:

Marcus Welby, M.D.				Mike Morgan, MD			
Time	Location	Type	Description	Time	Location	Type	Description
		FU				FU	
02:30	2	ER		02:30	2	ER	
		FU				FU	
02:45	2	EST		02:45	2	EST	
		EST				EST	
03:00	2	RES		03:00	2	RES	
03:15	2	SV		03:15	2	SV	
		OV				OV	
		OV				OV	
03:30	2	EST		03:30	2	EST	
		EST				EST	
		EST				EST	
03:45	2	FU		03:45	2	FU	
		RES				RES	
04:00	NH	NH		04:00	NH	NH	
04:15	NH	NH		04:15	NH	NH	
04:30	1	MTG	First Qtr Business Mtg	04:30	1	MTG	First Qtr Business Mtg
		NH				NH	
04:45	NH	NH		04:45	NH	NH	
05:00	NH	RES		05:00	NH	RES	
05:15				05:15			

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

The screenshot shows the Reception View interface with a table of appointments. The table has columns for Time, Resource, Patient Name, DOB, Pri Phone, Appt Type, Subject, Pri Plan, Pri Elig, Pri Copay, Balance, Checked In, Checked Out, No Show, and Confirmed. The rows are color-coded: yellow for checked-in, light blue for checked-out, no show, or cancelled, and white for all other rows.

Time	Resource	Patient Name	DOB	Pri Phone	Appt Type	Subject	Pri Plan	Pri Elig	Pri Copay	Balance	Checked In	Checked Out	No Show	Confirmed
08:00 AM	MW	Warren Jr., Stu	02/14/1960	(330) 230-3214	EST	Sore Throat	INS04	0.00	804.63		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08:00 AM	MW	Wilson, Debbie	04/15/1965	(440) 256-5555	EST	BP/Diabetes Che	MM	0.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08:00 AM	MW	Thomas, Mich	02/15/1985	(216) 486-2460	EST	Loew Back Pain	BlwC	0.00	25.00		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08:15 AM	MW	Adams, Loren	05/19/1970	(216) 874-8989	CON	NP CPX		0.00			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
08:15 AM	MW	Fox, Martin J	01/01/1919	(440) 442-1900	EST	BP Check	CIG	20.00			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08:15 AM	MW	Martin, Mary	07/17/1967	(440) 844-7845	FU	Fever	MED	0.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Below the table is a right-click context menu with the following options: Enter Copay/Prepay, Encounter Form, Open Encounter, Patient, Appointment Details, and Cancel Appointment. A text box next to the menu says "Right Click the mouse to display this menu".

Reception View Top toolbar menu:

The screenshot shows the top toolbar menu of the Reception View. The menu items are: Save Layout, Enter Copay/Prepay, Encounter Form, Open Encounter, Patient, Appointment Details, Cancel Appointment, Choose Columns, and Refresh. Below the menu are fields for Date (Monday, April 20, 2020), Site, Resource, Resource Set, and a Find search box.

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

The screenshot shows the 'Claims' form with the following fields and values:

- ID Qualifier: 1B
- Claim Filing Code: BL
- Form Type (P): 1500_0212
- (I): UB-04
- Use HCPCS Level 2:
- Require Member #:
- Send Zero Fee:

A dropdown menu for Claim Filing Code is open, showing the following list:

Code	Description
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization

The screenshot shows the 'Claims' form with the following fields and values:

- ID Qualifier: 1B
- Claim Filing Code: BL
- Form Type (P): 1B
- ICD Year Starts: October
- Use HCPCS Level: 1C
- Zero Fee Svc:
- Use ICD9:

A dropdown menu for ID Qualifier is open, showing the following list:

ID	Description
1B	Blue Shield
1C	Medicare
1D	Medicaid
1G	UPIN
1H	CHAMPUS
EI	EIN
G2	Commercial
LU	Location Number

Workers' Compensation

Claims

ID Qualifier: X5 **Claim Filing Code:** WVC

Form Type (P): 1500_0212 (I): UB-04

Use HCPCS Level 2: Require Member #: Send Zero Fee:

Claim Strategies

Add Delete

Claim Strategy ID	Claim Strategy

Code	Description
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim

Claims

ID Qualifier: X5 **Claim Filing Code:** WC

Form Type (P):

ID	Description
1H	CHAMPUS
EI	EIN
G2	Commercial
LU	Location Number
N5	PPN
OB	State License
SY	SSN
X5	Worker's Compensation

Use HCPCS Level: ICD Year Starts: October

Zero Fee Svc: Use ICD9:

Claim Strategies

Add Delete

Claim Strategy ID	Claim Strategy

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

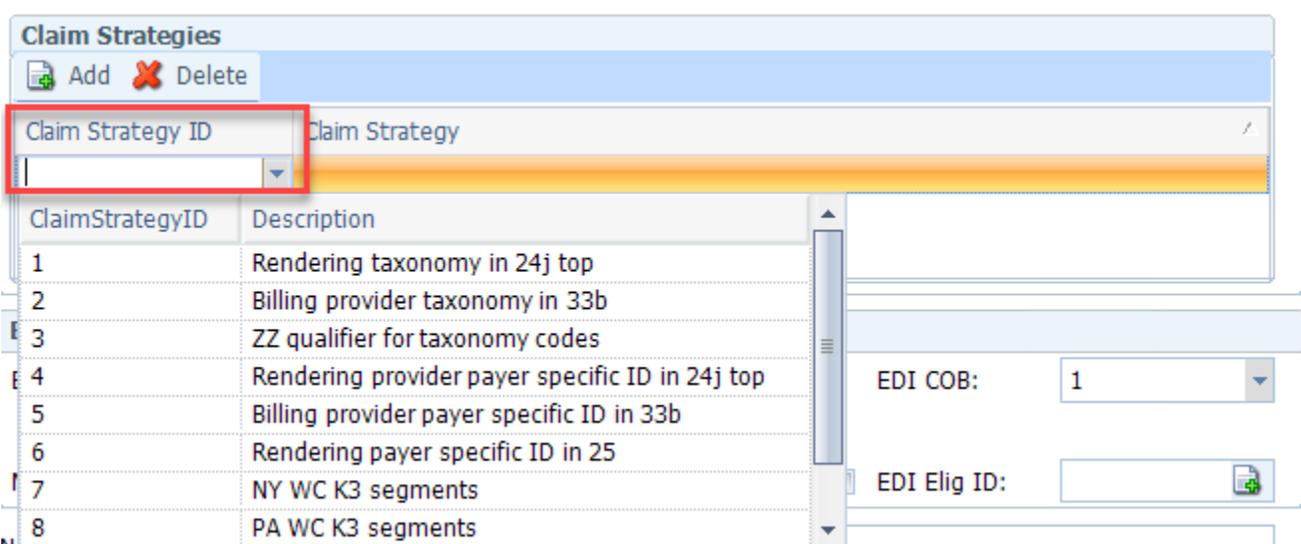
Insurance Plans - Claim Strategies Field

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).

Insurance Plan: Careworks

File

Save Save & Close Save & New Print

ID: **Group:**

Name:

Street Address:

Other Address:

City:

State: **Zip:**

Web URL:

Phones

Add Delete

AC	Number	Ext	Note

Contract

Contracted: Accept Assignment: Supervised Can Bill: Bill Individual: Timely Filing Days:

Claims

ID Qualifier: Claim Filing Code:

Form Type (P): **(I):** ICD Year Starts:

Use HCPCS Level 2: Require Member #: Send Zero Fee Svc: Use ICD9:

Claim Strategies

Add Delete

Claim Strategy ID	Claim Strategy
5	Billing provider payer specific ID in 33b
6	Rendering payer specific ID in 25

EDI

EDI Receiver: EDI Payer ID: EDI COB:

Inst EDI Payer ID:

Manual COB Posting: Send Member Numbers on EDI: EDI Elig ID:

Note:

Inactive:

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 C	MCO	45712499900
CW	Careworks	MCO	45712499900
INS02	INS02 - Medicaid	MCHMO	0009387040007
INS04	INS04 - Worker's Coi	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 Coi	WC	321654987
INS06	INS06 - Medicaid	MCHMO	207Q00000X
 ADVO	Advocare	MCO	

Provider IDs			
Plan ID	Name	Group ID	Provider ID
INS02	INS02 - Medicaid	MCHMO	0009387040007
INS04	INS04 - Worker's Coi	WC	321654987
INS06	INS06 - Medicaid	MCHMO	207Q00000X
ADVO	Advocare	MCO	123456789

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.

Provider IDs			
Plan ID	Name	Group ID	Provider ID
INS02	INS02 - Medicaid	MCHMO	0009387040007
INS04	INS04 - Worker's Coi	WC	321654987
INS06	INS06 - Medicaid	MCHMO	207Q00000X
ADVO	Advocare	MCO	123456789

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.

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.

Provider IDs			
Add		Delete	
Plan ID	Delete	Name	Group ID
FPR		Frontpath	COM
INS02		INS02 - Med	MCHMO
INS04		INS04 - Wor	WC
			987654321
			7896541231458
			3265414780PCOL

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

Copay/Prepay

Encounter

Patient: 15 - Warren Jr., Stuart A

Billing Account: 21

Provider: MW

Practice Site: CHA

Service: COPAY

ID	Description
29880	Arthroscopy, kne
66985	Insertion of intra
COPAY	CO-PAY AT TIME

Encounter Bat...

Create New Batch:

Transaction

Amount:

TX Code:

Payor Reference:

TX Batch:

Create New Batch:

OK Cancel

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

Practice

Copay/Prepay

Encounter

Patient: 15 - Warren Jr., Stuart A

Billing Account: 21

Provider: MW

Practice Site: CHA

Service: COPAY

Encounter Bat...

Create New Batch:

Transaction

Payor Reference:

TX Batch:

Create New Batch:

OK Cancel

Copy/Prepay

Error generating copay: There are missing required field(s).

OK

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.

Services Find:

New Print Details Refresh Show Inactive

Service: 29880

File

Save Save & Close Save & New Print

Service ID:
Category:

HCPCS ID:
HCPCSL2 ID:

HCPCS Desc:

Modifiers

Add Delete

RVU 2020

Global:

Work:

NF Total:

NF MPFS:

Fac Total:

Fac MPFS:

Description:

Stmt Desc:

Fee:
Units:
Units Code:

NDC:
Revenue Code:

POS:

TOS:

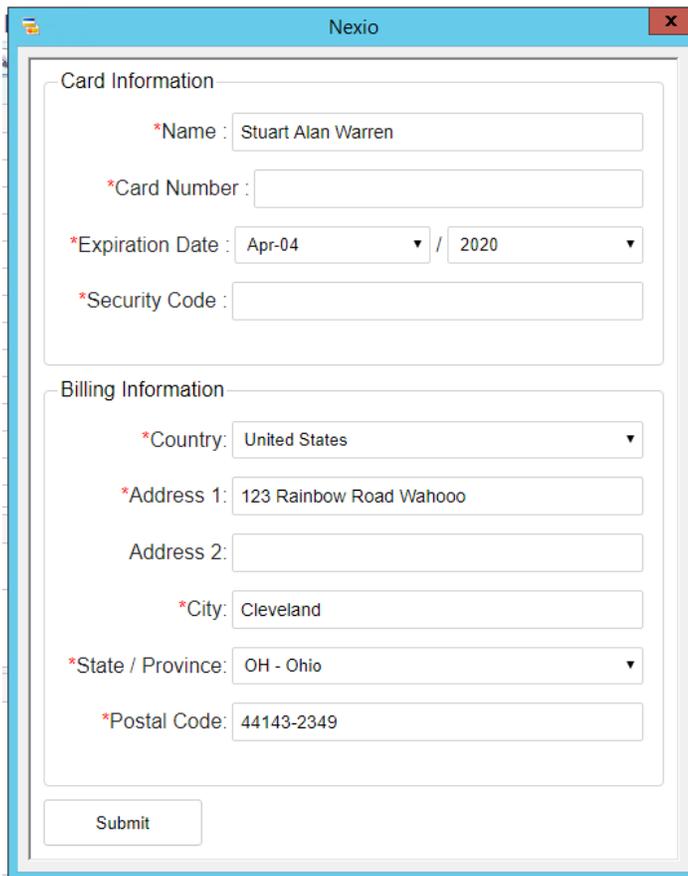
Require Ordering:
Taxable:

Require Referring:
Certificate:

Billing Note:

Flash Note:
NOC Code:
PrePay:
Inactive:

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



The image shows a screenshot of a web browser window titled "Nexio". The window contains a credit card form with two main sections: "Card Information" and "Billing Information".

Card Information:

- *Name : Stuart Alan Warren
- *Card Number : [Empty text box]
- *Expiration Date : Apr-04 / 2020
- *Security Code : [Empty text box]

Billing Information:

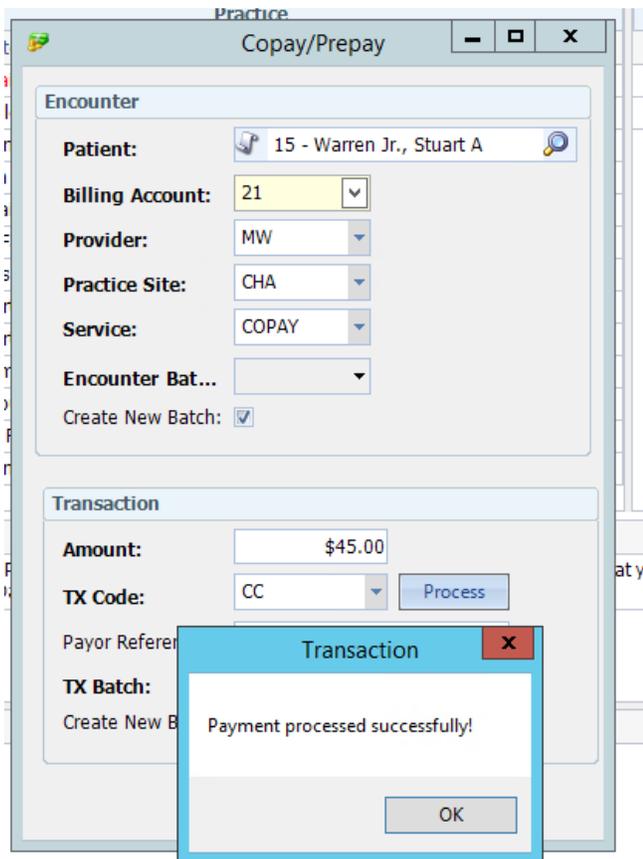
- *Country: United States
- *Address 1: 123 Rainbow Road Wahoo
- Address 2: [Empty text box]
- *City: Cleveland
- *State / Province: OH - Ohio
- *Postal Code: 44143-2349

At the bottom of the form is a "Submit" button.

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

The screenshot shows a window titled "Copay/Prepay" with two main sections: "Encounter" and "Transaction".

Encounter Section:

- Patient:** 15 - Warren Jr., Stuart A
- Billing Account:** 21
- Provider:** MW
- Practice Site:** CHA
- Service:** COPAY
- Encounter Bat...:** (empty dropdown)
- Create New Batch:**

Transaction Section:

- Amount:** \$45.00
- TX Code:** CC
- Payor Reference:** Auth: 670682 visa: 2224 (highlighted with a red box)
- TX Batch:** (empty dropdown)
- Create New Batch:**

Buttons: OK, Cancel

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

This is a close-up view of the "Transaction" section from the previous screenshot.

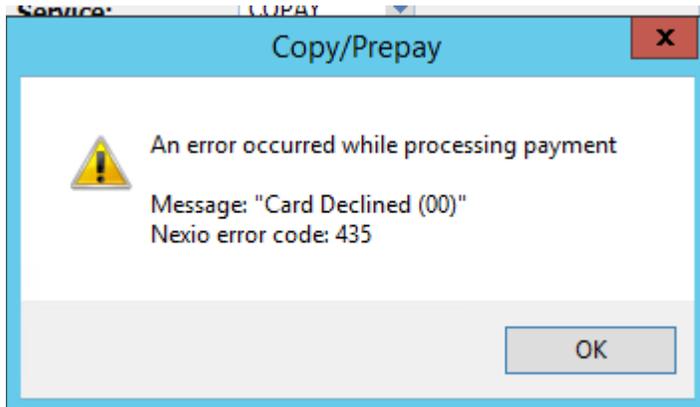
Transaction Section:

- Amount:** \$45.00
- TX Code:** CC
- Payor Reference:** Auth: 670682 visa: 2224
- TX Batch:** (empty dropdown)
- Create New Batch:**

Buttons: OK, Cancel

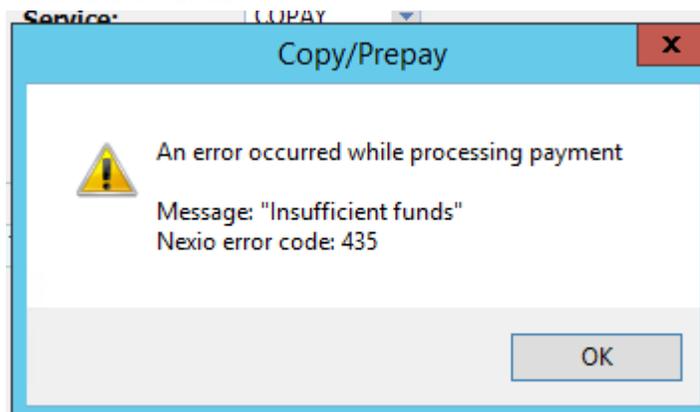
Listed below are a few samples of declined credit card responses when “Processing” a credit card:

1. Card Declined



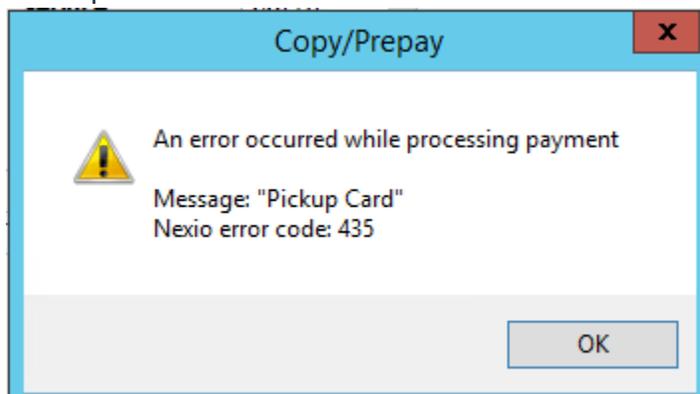
Click “OK” and process a different credit card, a different method of payment or click “Cancel”.

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.

 A screenshot of a dialog box titled 'Billing Lag Report'. It has a standard Windows-style title bar with minimize, maximize, and close buttons. The dialog contains two dropdown menus for 'Posting Period:'. The first dropdown is set to '202001' and the second is set to '202003'. Below the dropdowns are two buttons: 'OK' and 'Cancel'.

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

The screenshot shows the 'Billing Lag Report' interface. The 'Posting Period' dropdown is selected. The table displays summary data for two posting periods: 202002 (6 items) and 202003 (7 items). Each subgroup shows two average values.

Posting Period	Avg: 4.6667	Avg: 8.1667
Posting Period : 202002 (6 items)		
Posting Period : 202003 (7 items)		
	Avg: 2.0000	Avg: 3.5714
	Avg: 3.2308	Avg: 5.6923

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

The screenshot shows the 'Billing Lag Report' interface with additional columns selected. The 'Posting Period' and 'First DOS Rendering Provider' dropdowns are selected. The table displays detailed data for two posting periods: 202002 (1 item) and 202003 (1 item). The 202002 subgroup is further broken down by 'First DOS Rendering Provider: Welby, Marcus (6 items)'. The table includes columns for Encounter ID, First DOS, First DOS HCPCS, and DOS to Posting, along with average values and a final column with values 9, 8, 8, 8, 8, 8.

Posting Period	Encounter ID	First DOS	First DOS HCPCS	DOS to Posting	DOS Pri Claim
Posting Period : 202002 (1 item)					
				Avg: 4.6667	Avg: 8.1667
				Avg: 4.6667	Avg: 8.1667
	202002	3726	02/25/2020	99204	3
	202002	3727	02/26/2020	81000	5
	202002	3728	02/26/2020	99214	5
	202002	3729	02/26/2020	99214	5
	202002	3730	02/26/2020	99214	5
	202002	3731	02/26/2020	99214	5
Posting Period : 202003 (1 item)					
				Avg: 2.0000	Avg: 3.5714
				Avg: 3.2308	Avg: 5.6923

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

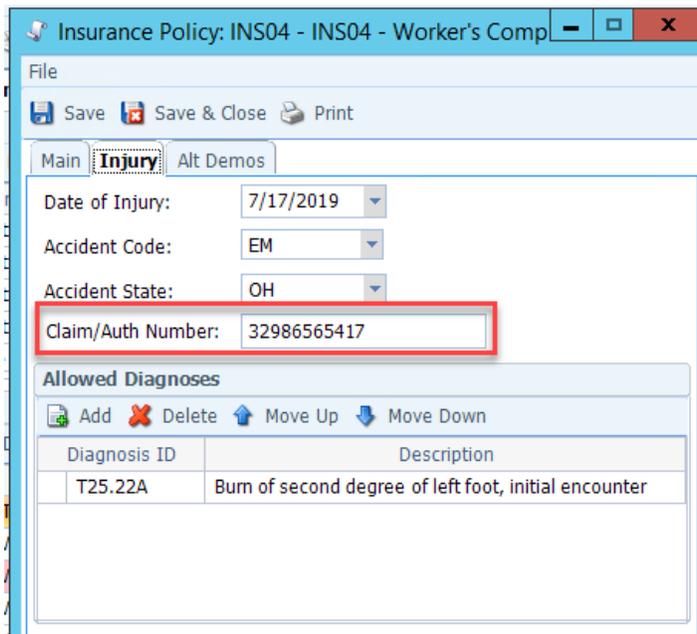
Encounter ID	First DOS	DOS to Posting	DOS Pri Claim
✖ Posting Period : 202002 (6 Items)			
		Avg: 4.6667	Avg: 8.1667
✖ Posting Period : 202003 (7 Items)			
		Avg: 2.0000	Avg: 3.5714
		Avg: 3.2308	Avg: 5.6923

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

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

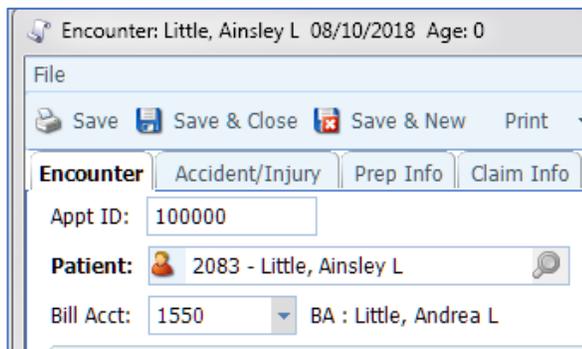
Resolution Multiple Claim Runs may now be "Created" and transferred (submitted) to RelayHealth within multiple "Transfer EDI Files" session.

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

Encounters – Appt ID

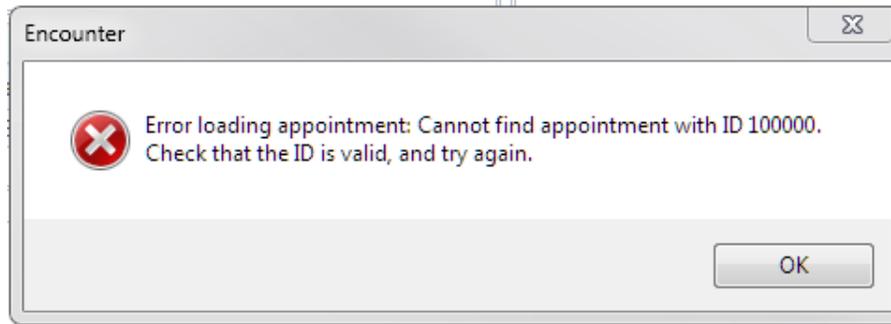
Issue An incorrect Appointment ID entered and not associated with the correct Encounter ID causes an Error - Invalid Appointment ID Error Message

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:

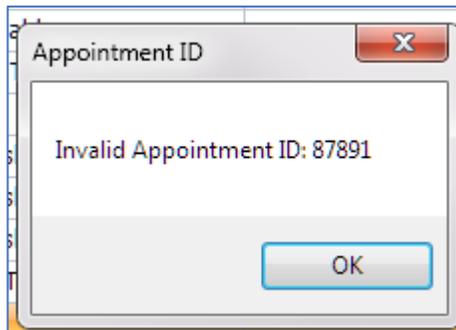


The user will click the OK button and either enter the correct appointment ID or delete the incorrect appointment ID in order to save the encounter.

Error message from a manually entered Invalid Appointment ID



Invalid appointment ID received within an EDI encounter

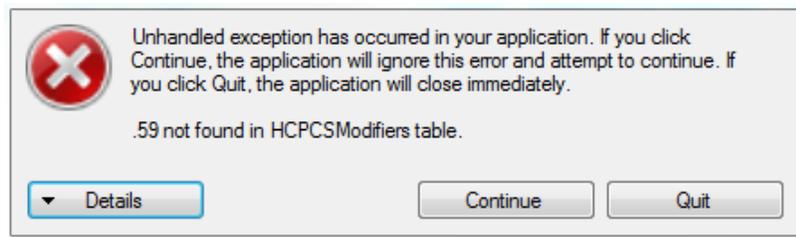


Reference Case NA Work Item ID ADO 865

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.

A screenshot of a form with various input fields. The 'MEA Value' field is highlighted with a red rectangular box. Other fields include 'DOS End', 'Supervising', 'NDC', 'MEA R', 'MEA Q', 'Pay Provider', 'Accept', 'POS', 'ASC', 'Ordering', 'Units Code', 'Bill Ins', and 'Status'.

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

A screenshot of a 'Services' table. The table has columns for 'DOS Start', 'Service', 'HCPCS', 'Mod', 'Prov', 'Description', 'DX', 'Units', 'Fee', and 'EDI Note'. Row 1 is highlighted in orange and contains a red error icon and a red box around the '04/09/2019' date. Below the table, the 'MEA Value' field contains the text 'A63' and is highlighted with a red box. A red error icon is also present next to the 'MEA Value' field.

	DOS Start	Service	HCPCS	Mod	Prov	Description	DX	Units	Fee	EDI Note
1	04/09/2019	66984	66984		JB	Extracapsular cataract removal	1, 2	1.000	\$2,091.00	
2	04/09/2019	C9447	C9447		JB	Injection, phenylephrine and ketorolac, 4 ml v	1, 2	1.000	\$680.00	
									2,771.00	

Reference Case NA Work Item ID ADO 891