Release Notes Version 17.00

Billing Module

- New in Version 17.98 Clients running Microsoft Office Word 2003 with e-Medsys document merge feature - When opening a Microsoft Word Merge document the following dialog box will pop up "Opening This Will Run the Following SQL Command: SELECT * FROM <file_name>". This is a new Microsoft security measure. This dialog box will always pop up unless you wish to disable it. *See Microsoft Knowledge Base Article - 825765 on how to disable it. < http://support.microsoft.com?kbid=825765 >" In folder c:\e-Medsys\documents\examples\face_sheet_2003.doc is a sample document with the correct macro needed for Word 2003.*

- New in Version 17.98 Added a new permission item, called Charge Ticket Not Required. When checked, this permission allows the user to post a charge without a charge ticket. This is the default setting. If it is not checked the user may not post a charge unless they enter a charge ticket number. This permission is only active on systems where Charge Ticket Audit is enabled.

- New in Version 17.96 When posting an authorization to a patient account that has multiple active (the date of service is within the authorization date and expiration date) authorizations with an APPROVED status, a window will open asking the user to choose the correct authorization. The window will display the type of authorization, authorization date, expiration date and the first 3 lines of the comment.

- New in Version 17.96 The Denial Code File Maintenance report will now displays the delinquent amount and starting Collection Cycle. Collection Cycle and amount displayed are also now displayed on first screen of the file maintenance.

- New in Version 17.96 The Patient Authorization File Maintenance screen now displays the ICD9 codes along with the diagnosis description.

- New in Version 17.95 The diagnosis displayed in the Diagnosis Panel in Inquiry will now displays the displays ICD9 codes along with the diagnosis description.

- New in Version 17.95 **Family System Feature:** When running Family Statements both family and member statement notes print

- New in Version 17.93 In the Patient Search the right click menu to display family members now works in both the patient and the family system. To use search for a patient, highlight the entry and right click and a menu will display with additional members.

Release Notes Version 17.00

- New in Version 17.93 If the Verify Address or Verify Phone box is checked in the Guarantor screen the warning messages to prompt for verification will now pop-up in Patient Registration when you pull up the patient attached to the guarantor..

- New in Version 17.92 The Outstanding Claims Report now shows any Denial Codes posted to the claim.

- New in Version 17.91 A user can no longer clear a batch if they have a department, provider, or period selected. A user can balance and print the batch using these selections but the batch will not be cleared until the department, provider, and/or period selection is cleared.

- New in Version 17.89 We now have cycle billing. When enabled, Cycle Billing allows you to send a statement out immediately when there is a balance on the account, and then continue sending statements at specified intervals (say every 30 days) until the account is paid off. To transition to Cycle Billing you need to make the appropriate changes to your Statement Processing. Under Billing > File Maintenance > Statement Control select your statement control and click Modify. In the field BILLING CYCLE DAYS enter the number of days you would like in your billing cycle. IMPORTANT: Existing practices who want to use Cycle Billing must break out their Statement Processing for the first 30 days before turning on Cycle Billing so that your patients are spread throughout the billing cycle.

- New in Version 17.89 You can now reprint a statement run from the Statement screen. Under Billing > Statements click on the Statement tab and "REPRINT" button. Enter the date range of the statement run you want to reprint and click Search. Highlight the statement run you would like to reprint. To begin the statement reprint from a particular patient click the "Start Printing With" button the find the patient.

- New in Version 17.89 In the Inquiry screen a new tab "TOTALS" has been added which shows the following totals: Charges, Unapplied Payments, Payments, Adjustments, and Refunds. The left side of the tab shows the totals for the account and does not change. The right hand side of the tab shows the totals for the displayed transactions in Inquiry.

- New in Version 17.89 A new COPY button has been added to Provider Number File Maintenance. This button allows you to easily add new entries by copying already existing entries. The provider numbers and Insurance Plan or Financial class information is copied.

- New in Version 17.89 In Diagnosis File Maintenance a new checkbox 'Prompt for Onset Dates' has been added. When posting with a marked diagnosis the charge posting program will now take you to Dates Tab to put in the Onset date if it is not already entered.

- ⋙New in Version 17.89⋘ A Custom Charge Ticket feature has been added to the charge tickets. This feature allows customization of a Microsoft Word document to create a custom charge ticket. Under Billing > File Maintenance > Charge Ticket select Add. In the top middle of the screen there is a drop down menu called 'Merge Doc' which lists the documents sitting in the c:/e-Medsys/documents/chargetickets folder. Practice One has provided a generic charge ticket, which can be modified for your office. To do this use Windows Explorer to navigate to the above location. Copy and rename the P1 Charge Ticket and make your changes to your new document. This charge ticket will work with our Charge Ticket Audit feature and Appt Charge Ticket report. This custom charge ticket will need to be copied to any PC printing charge ticket through e-Medsys.

- ⋙New in Version 17.89⋘ Users can now be limited to print and clear their own Daysheet. Under Admin > Permissions select the Role and click Modify. The Grouping of this permission is Reports and is called 'Daysheet: All Users', uncheck this box to limit the permissions. This permission will take affect at Log on.

- ⋙New in Version 17.82⋘ The Secondary Provider Panel has now been added to the Procedure and Diagnosis Report.

- ⋙New in Version 17.78⋘ The Daysheet balance comparison screen will now include data entry fields for the user to specify "Procedure Code Totals", also know as Hash Totals. Balancing by Procedure Code Totals is an alternate method for balancing charges where there are no user calculated charge totals. The Procedure Code total is calculated by summing the first 5 digits of all the CPT code in the specified batch.

- ⋙New in Version 17.67⋘ There is now a 'Printed By' column on the Charge Ticket Audit screen. It is the last column in the display. It is also the last column on the print out.

- ⋙New in Version 17.71⋘ For Medicaid HCFA (12-90) claims, in the state of Maryland, Box 19 will now hold the rendering provider ID. This number will correspond to the rendering number be printed in BOX33.

- ⋙New in Version 17.71⋘ Express Billing File Name - The file name created for Express Bill statements have been changed to accommodate a five-character account number. The new format is Account number followed by the month where Month = 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B or C followed by the day where Day = 01-31 with an extension of txt. I.E. 12345a31.txt

Release Notes Version 17.00

- New in Version 17.71 In Credit Posting, if the default secondary Adjustment Method is "No Adjustment" or "Balance Write Off" the Adjustment Method will no longer be switch to the to the 'ENTER ADJUSTMENT' method.

- New in Version 17.71 When a user logs on to the system, the system will now display a warning message if the version of the database is incompatible with the current version of e-Medsys.

- New in Version 17.69 When calling MS Word to print merge documents from the 'Print' button, the e-Medsys client will no longer wait for MS Word to finish before the user can continue.

- New in Version 17.69 Authorizations will now be validated based on the patient's current insurance plan within Charge Posting.

- New in Version 17.69 **Community Health Center Feature**: The department file now holds the beginning age of patient's that will use the Adult Matrix.

- New in Version 17.69 In Charge Ticket File Maintenance there is now an adjacent update button that must be pressed after changing the counter value.

New in Version 17.69 Report Server

Overview:
This new feature was created to enhance the report scheduling capabilities so that when a report is scheduled the user can designate which PC and printer will be responsible for printing it. In other words, if you are in Office A and want to schedule a report to be printed in Office B, the Report Server will accommodate this functionality. Also reports can be scheduled to print in Office A on the 'Charge Ticket Report Server' while other reports can be scheduled to print in Office A on the 'Insurance Report Server'.

Setup a new public report server as *Report Server #1.*

1. From Billing, File Maintenance, Report Printing, choose the Report Server option.
2. Click the *Add* button.
3. The *Add Report Server* dialog is displayed.

4. Enter the name of the Report Server. For example, if you are scheduling charge tickets from all office locations to print at one location (Medical Records office) define that print server as CHG TKT Printer. For our purposes we will name our server, *Report Server #*. Choose the default printer for the public report server.
5. After entering the name of the server click the *OK* button.
6. There is an entry made in the database that report server #1 has been defined and is "on", waiting to accept scheduled print jobs.
7. The e-Medsys Report Server begins polling for new reports. Report Polling is automatically checked by default once this new report server has been defined. The green display box indicates the Report Server is running and ready to accept scheduled print jobs. If the display box is red, the Report Server is off.

To schedule a report on *Report Server #1.*

1. Set up an *Account Activity Report for example,* and click the *Schedule* button.
2. The schedule window is displayed with a list of report servers.
3. Select *Report Server #1* from the combo box.
4. E-medsys displays a list of printers available from that Report Server.
5. Choose the printer.
6. Complete the other print options as needed
7. Click the OK button
8. The report is now scheduled on *Report Server #1*

Release Notes Version 17.00

Schedule a report on the current machine without making it a Public report server.

1. Set up the *Account Activity* report and click the *Schedule* button.
2. The Schedule window is displayed with a list of public servers plus the *Add* button is enabled.
3. Push the *Add* button. (NOTE: A PC can only be defined as a Report Server **once per company**)
4. The *Add Report Server* dialog is displayed.
5. Enter the Report Server name and unclick the *Share Server* check box. (For our example it will be *Report Server #1)*
6. Click *OK*.
7. The Report Server is created and the Report Poller on the client is started.
8. Click *OK* on the *Schedule Screen* to schedule the report.
9. Users on other clients will not see this client listed as a Report Server.

Schedule the Account Activity report on the current machine and make it the Weekend Reports server.

1. The steps are the same as making a non-public report server except that the *Share Server* check box is left checked.

Change the name of Report Server #1 to MD Reports

1. The Report Server is owned by the e-Medsys client machine it is running on. The Report Server can only be edited by the e-Medsys client who owns it.
2. Start e-Medsys on the machine that is being used as *Report Server #1*.
3. Choose the *Report Server* maintenance screen.
4. A list of public report servers is displayed.
5. Choose *Report Server #1* and click the *Edit* button.
6. The *Edit Server* dialog is displayed.
7. The current machine is now the new *MD Reports.*

Change a machine that runs local reports to public *Report Server #2.*

1. Refer to *Change the Name of Report Server #1 to MD Reports.*
2. On the *Edit Server* dialog uncheck the *Share Report Server* check box. The report server will not display on other machines.

View information about *Report Server #1*

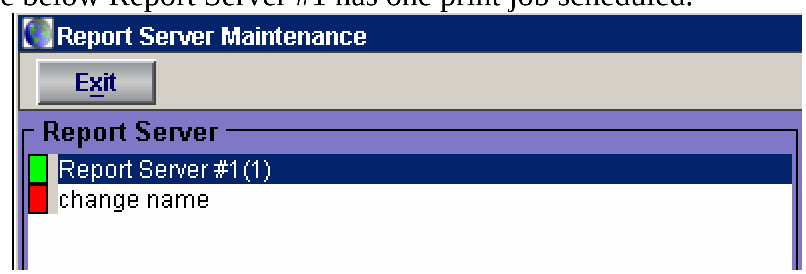
1. Choose the *Report Server Maintenance* screen.
2. The list of public report servers is displayed. If the entry is green then the server is up. If it is red is the server is down.
3. Click on the entry *Report Server #1.*

4. The following Information is displayed: Computer name, whether the Report Server is available to accept scheduled print jobs (GREEN) or not (RED), the date and time of the next scheduled report.

View report schedules for *Report Server #1* for all reports.
1. Choose the *Billing, Report, Scheduling* screen.
2. This screen displays a list of defined report servers and report types.
3. Choose the entry *Report Server #1* and choose *ALL* in the report types.
4. All reports scheduled for *Report Server #1* are displayed.

Change the Account Activity report from report server Report Server #1 to Weekly Reports #2.
1. Choose the *Billing, Report, Scheduling* screen.
2. Use the Search button to find the *Account Activity* report.
3. Choose the *Account Activity* report and click the *Modify* button.
4. The schedule information is displayed. The assigned report server, *Report Server #1*, is displayed in a drop down menu.
5. Use the report server drop-down menu to select the new report server you would like to print to. In our example we will use *Weekly Reports #2.*
6. Click the *OK* button.
7. The report will now be run on *Weekly Reports #2.*

Attempting to delete the *Daily* report server with a scheduled print job.
1. Choose the *Billing, File Maintenance, Report Printing, Report Servers.*
2. The user displays the *Report Server Maintenance* screen.
3. Select the report server you would like to delete.
4. The delete button is disabled because the report server has a scheduled report attached to it. The number of print jobs is shown in parentheses next to the report server name. In our example below Report Server #1 has one print job scheduled.

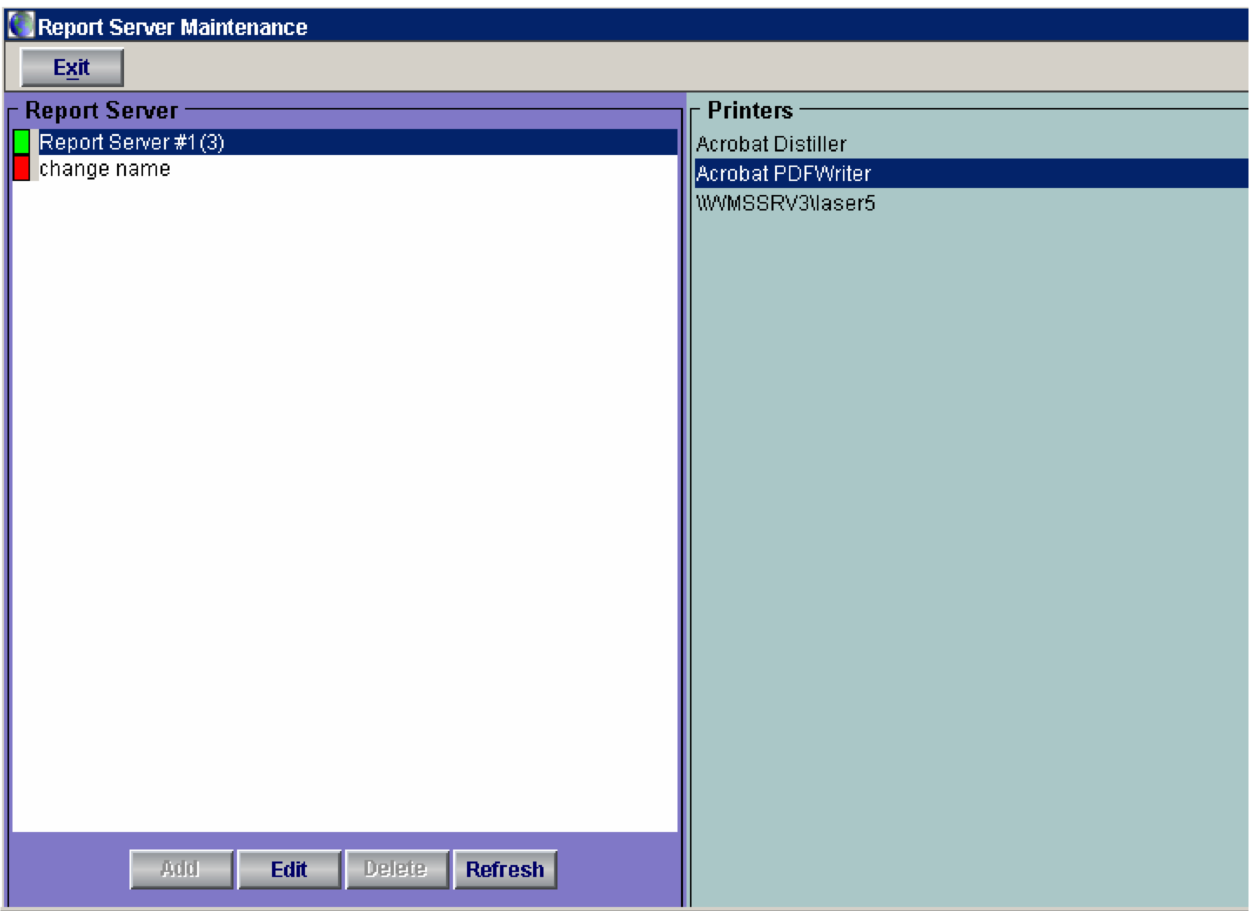


5. Before the report server can be deleted the scheduled print job must be rescheduled.
6. Choose the *Billing, Report, Scheduling* screen. The user must delete or move the scheduled print job for Report Server #1 before deleting Report Sever #1.

7. Refer to ‘Changing the *Account Activity* report from report server *Report Server #1* to *Weekly Reports #2’* to reschedule the print job to a different report server.

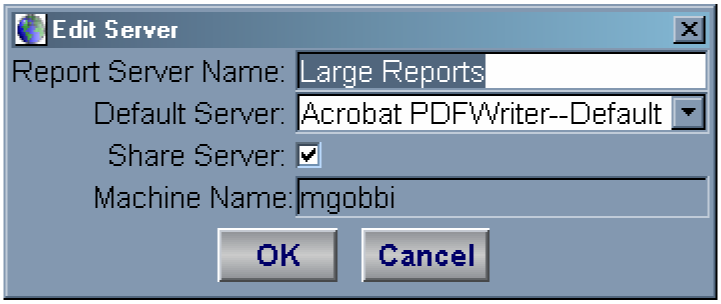
Creating the first report server when there are scheduled reports with no report server attached.
When you first receive the e-Medsys update with the Report Sever enhancement a report server has not yet been assigned. If you have scheduled print jobs you will not be able to run the report poller and the menu item *Report Polling* under the *Admin* menu will be disabled. See figure 4. Follow these instructions to

1. Go to the *Report Server Maintenance* screen.
2. Add a report server.
3. A dialog box will open prompting you to reassign your scheduled print jobs to your new report server. Figure 5.
4. Click Yes to reassign.

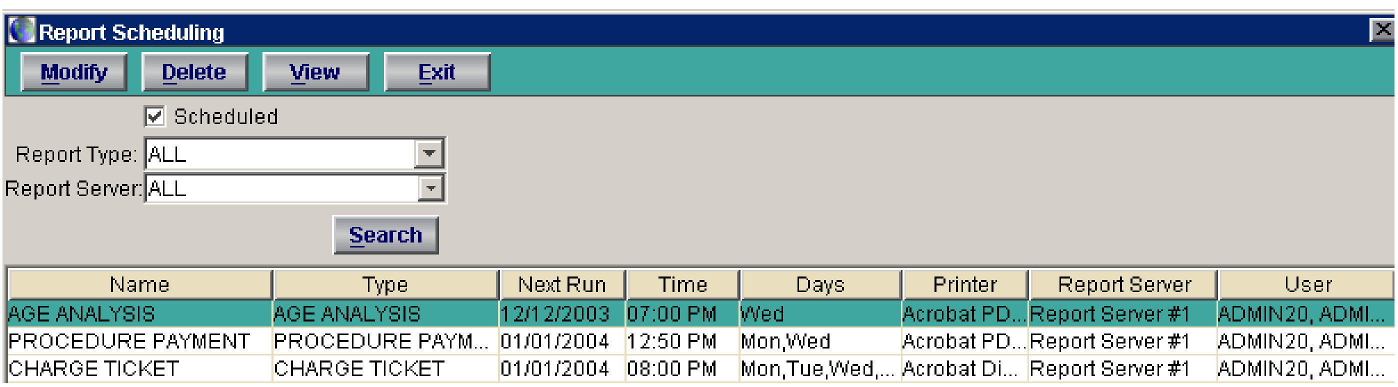


Release Notes Version 17.00

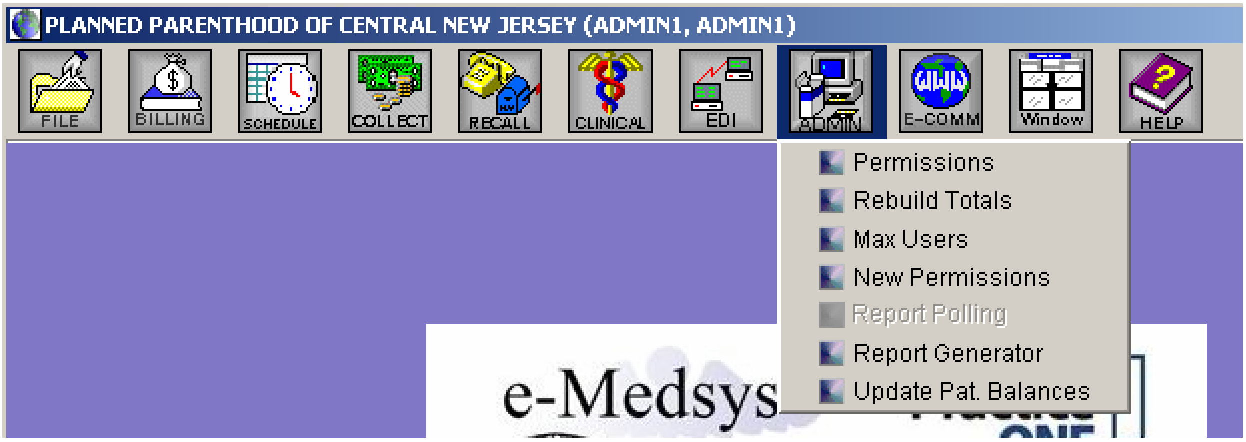
Report Server Maintenance Screen. Figure 1.



Edit Server Dialog. Figure 2.



Report Scheduling Screen. Figure 3.



Report poller disabled. Figure 4.

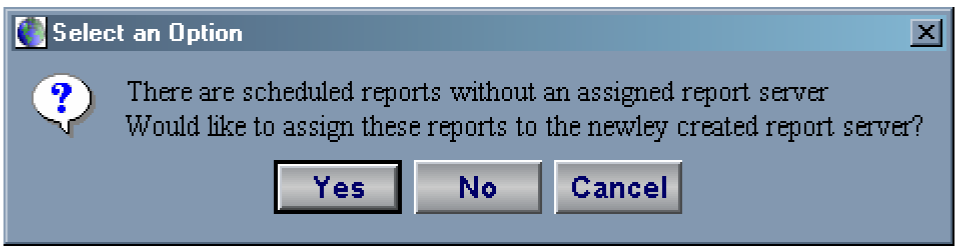


Figure 5.

e-Medsys

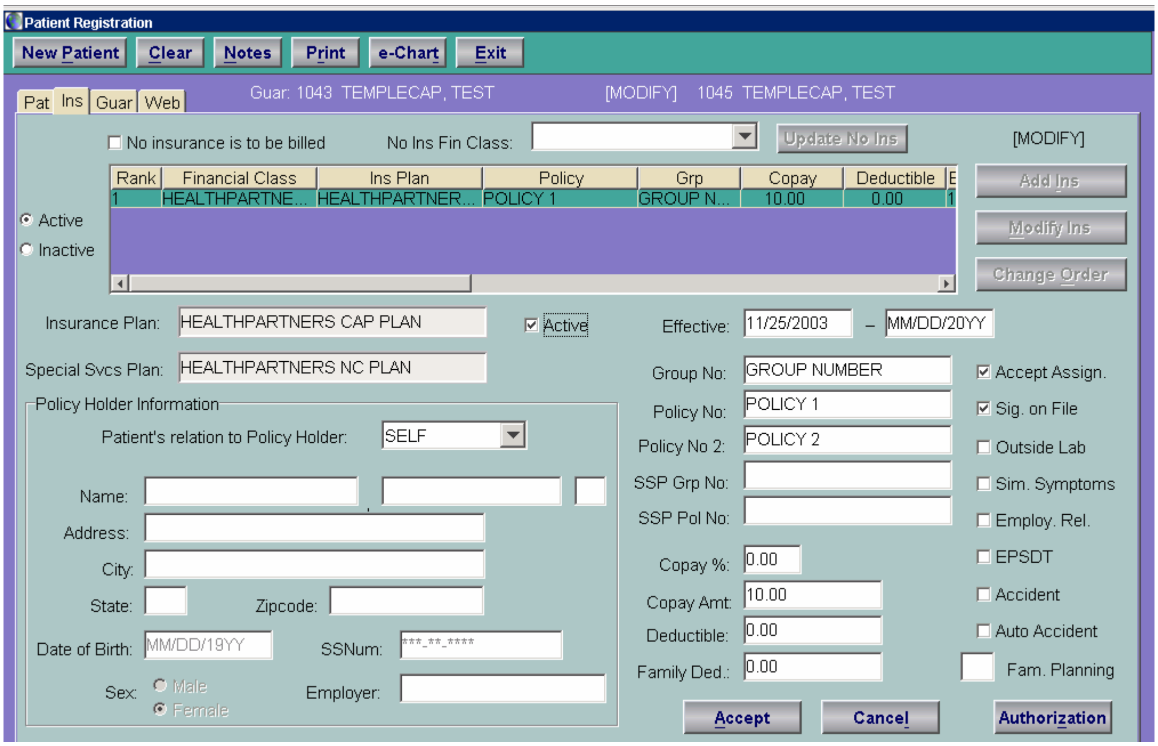
Release Notes Version 17.00

≥New in Version 17.69≤ Capitation Status based on Provider

This new feature of the system was developed for those practices' that have primary care providers and specialty providers who work in the same department but the primary care provider services are posted as capitated and the specialty provider of services are posted as non-capitated. The insurance plan is the same plan, the capitation is based on the capitation status of the provider of services. The Special Service Plan (SSP) is used in the set up of this feature.

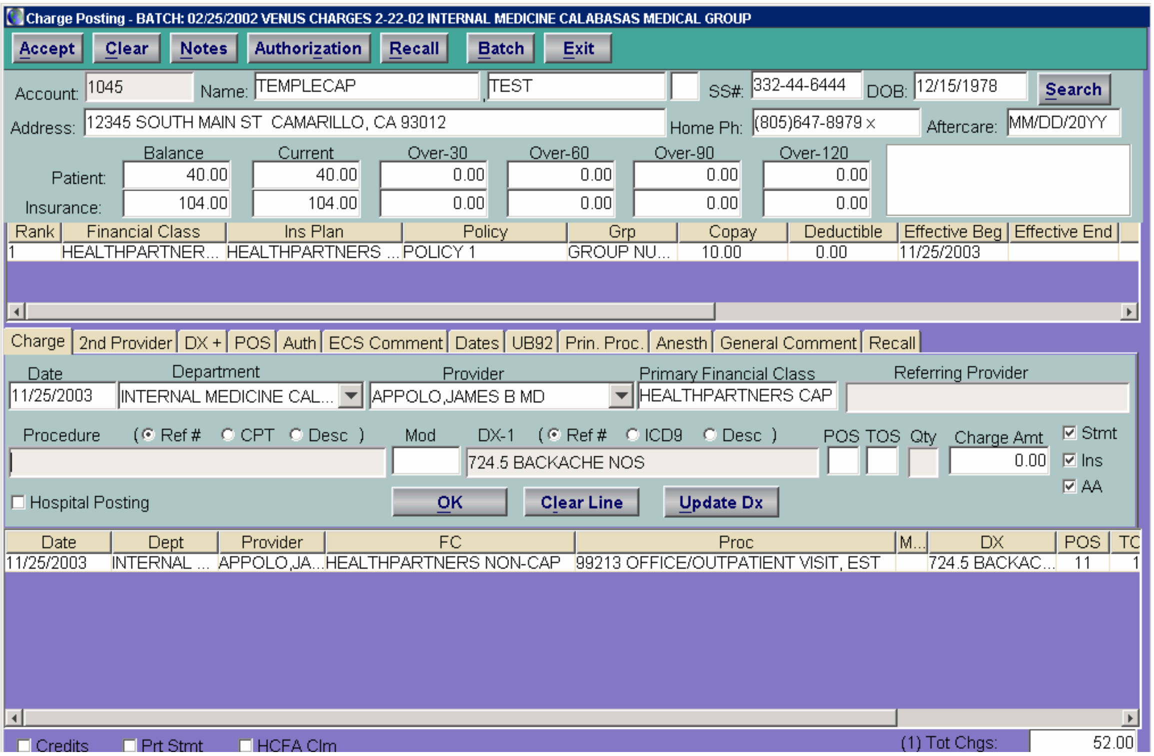
Use of the SSP for Capitation Status based on Provider

How it will work:



Patients will be registered to the Capitated Insurance Plan. This plan will have been set up with the Special Services Plan (SSP) attached with the corresponding Non Capitated Insurance Plan (this should appear as the default Special Services Plan in the Patient Registration/Insurance Tab Screen). (See Set Up Instructions)

Release Notes Version 17.00



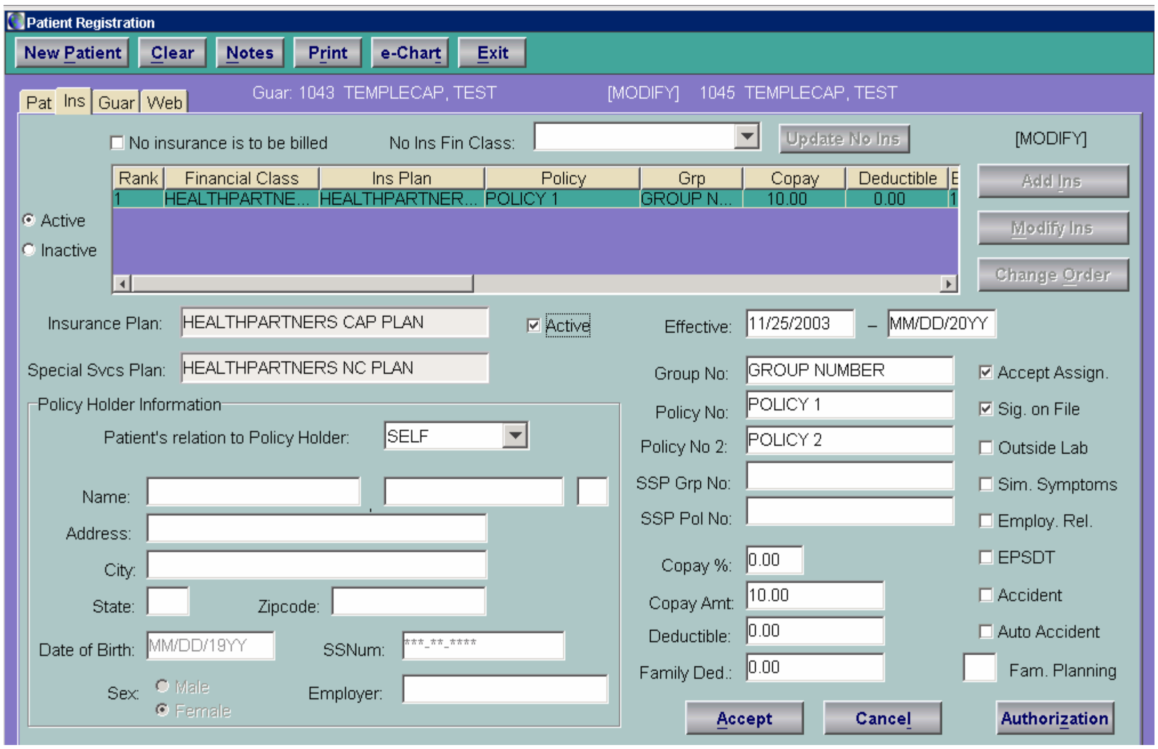
Chare Posting

- **If the provider on the charge is marked as a Non-Capitated provider, the program will pull in the Special Services Plan and the charge will then be posted to the correct plan and financial class (for the primary insurance only). The correct alternate fee will then be pulled when the procedure is determined.**

- **This service will not be calculated into the capitated adjustment and no adjustment will be taken on this service.**

- **If any of the services are capitated, the capitation adjustment will be calculated and posted.**

Release Notes Version 17.00

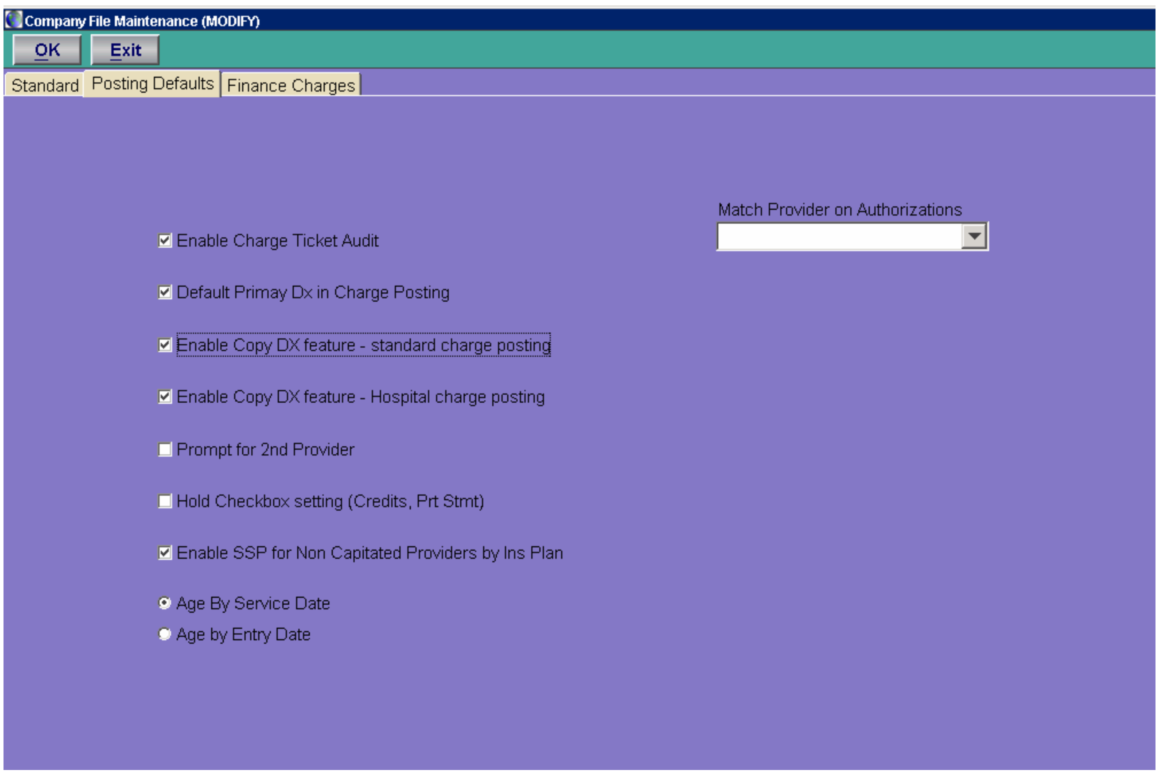


Changes Made to a Patients' Insurance Plan in Registration

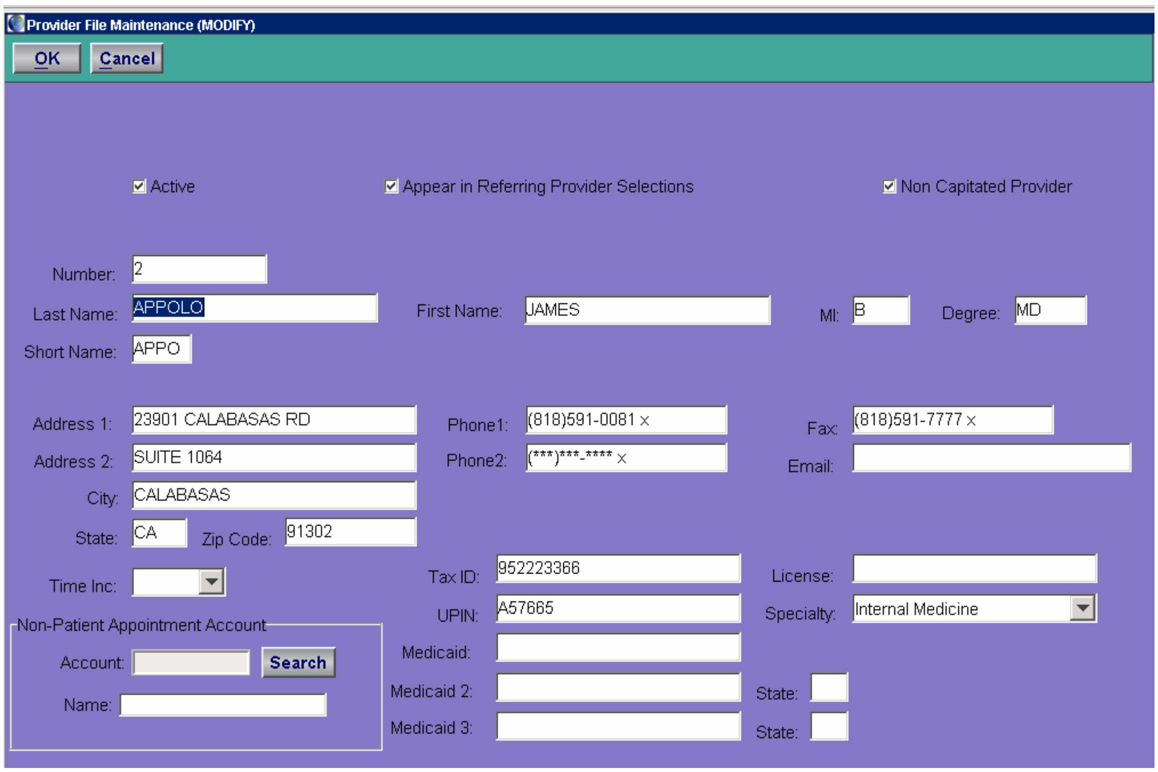
- **The program will make the same check as in charge posting to determine if the Special Services Plan will be established or removed from the primary insurance plan. The capitation adjustment must be manually posted or reversed depending on the situation. For example, let's say that the patient was originally registered to Medicare. Charges were then posted to capitated and non-capitated providers.**

- **When the patient's new Capitated insurance plan with the Non-Capitated plan is added to the patients insurance, the charges will be updated with the correct insurance plan and financial code depending on the physicians capitation status. Even though the plan and financial class will be changed on the charges, the capitation adjustment will need to be taken manually in these cases.**

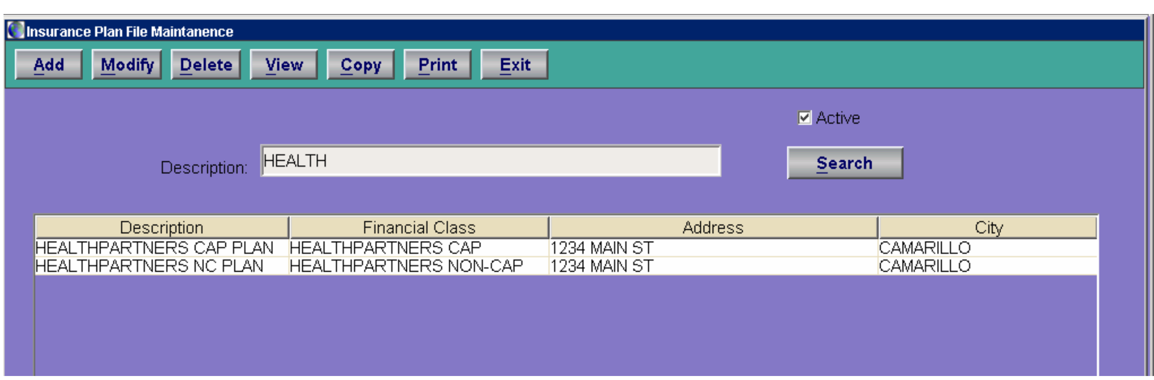
Set Up Instructions



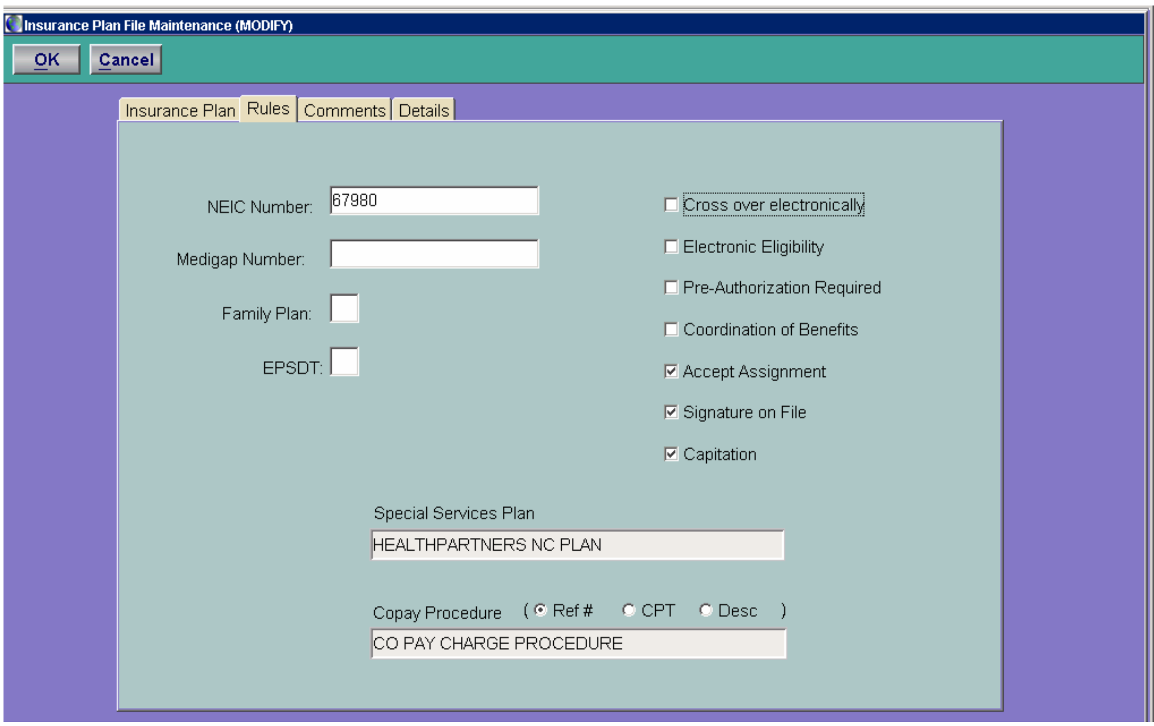
- In **Company File Maintenance** use the check box to indicate “Enable SSP for Non Capitated Providers by Ins Plan".



- In **Provider File Maintenance** use the check box to indicate if this Provider is a Non Capitated provider. (This check box will not be enabled unless this feature is enabled in the Company File Maintenance).



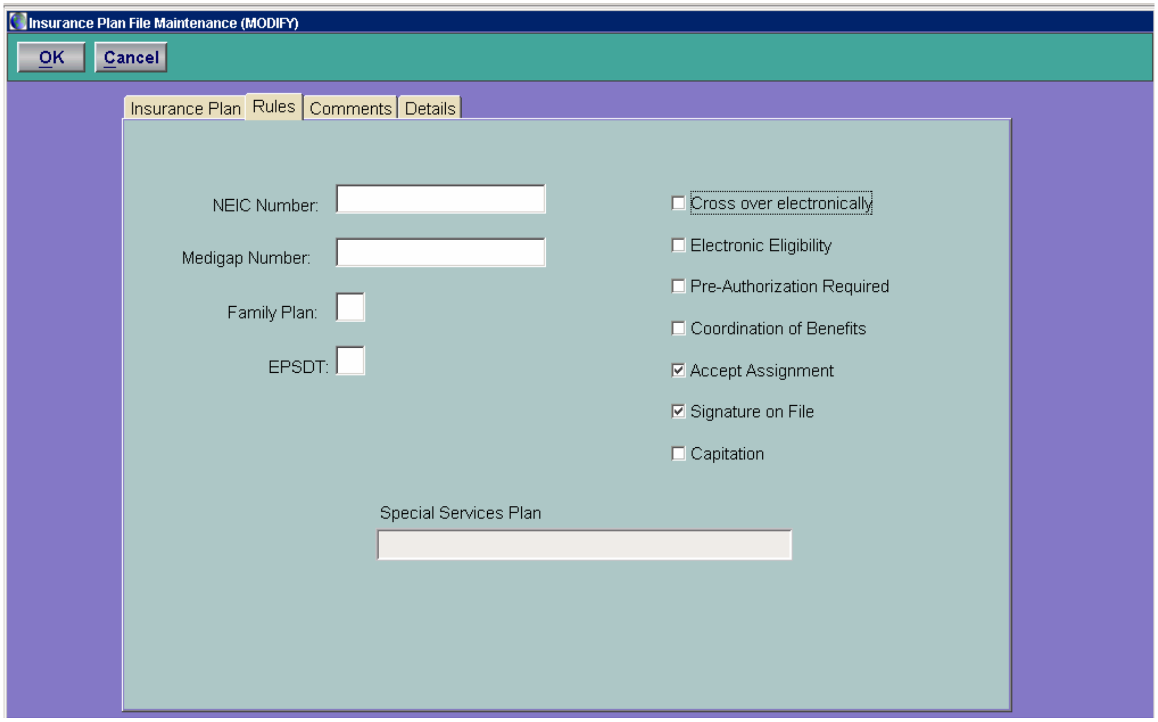
- Attach each insurance plan, the capitated and non-capitated version of the plan to the appropriate financial class (even if the address are the same, create two insurance plans attached to the appropriate financial class.)



Healthpartners **Capitated** Plan (Rules Tab)

- In **Insurance Plan File Maintenance** set the SSP plan on all Primary Insurance Plans where the SSP plan will be used to indicate the corresponding Non Capitated Insurance Plan.

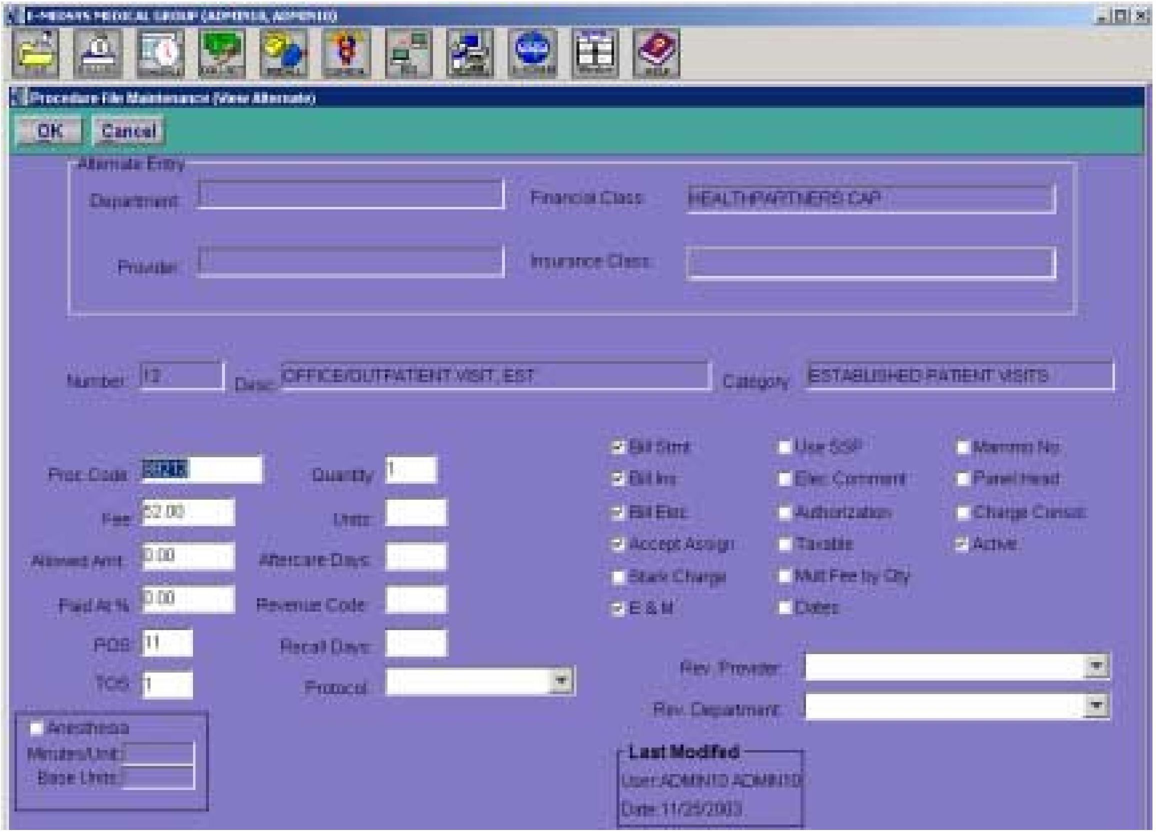
- Indicate on the Insurance Plan that this is a Capitated Insurance Plan and setup the Copay procedure.



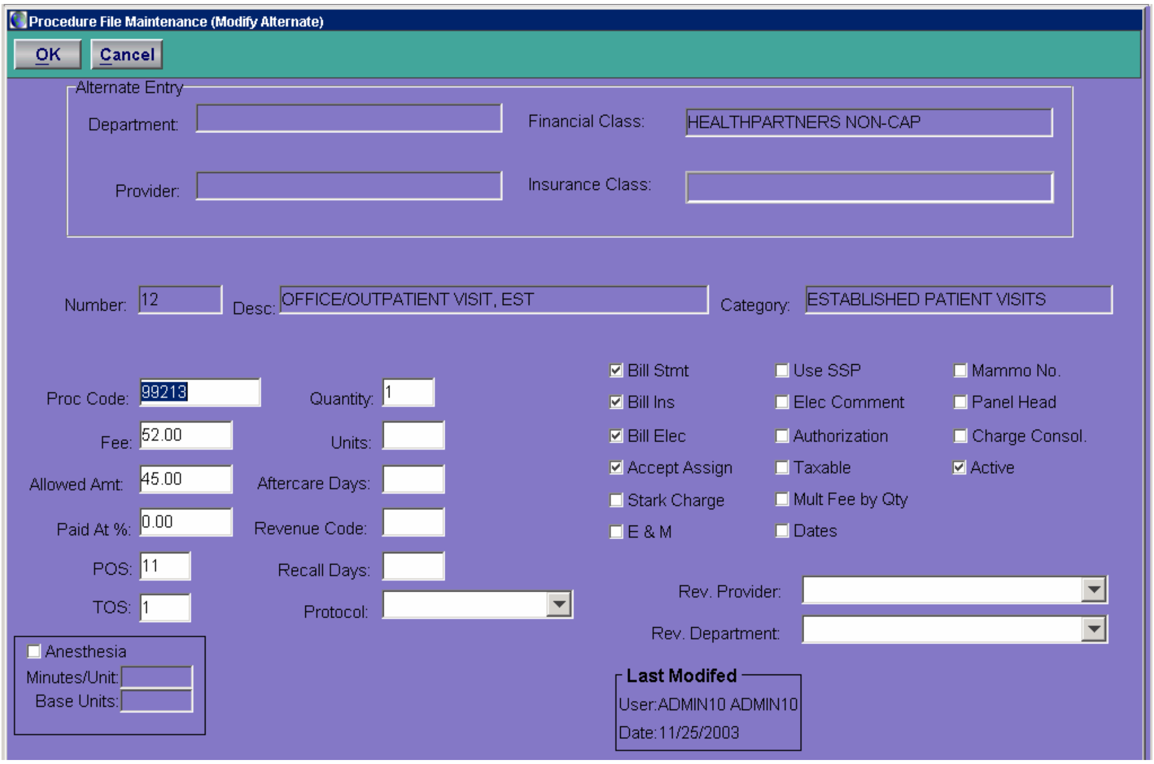
HealthPartners Non-Capitated Plan (Rules Tab)

Non-Capitated Insurance Plan requires no additional fields to be completed other than the NEIC number if applicable.

Release Notes Version 17.00



- **Procedure file maintenance**, alternate fee schedule set up for the capitated services. The E&M code field must be checked to generate the co-pay charge line in charge posting.
- If the fee is overridden a capitation adjustment will not be taken.



- **Procedure file maintenance**, alternate fee schedule set up for the non-capitated services. The E&M code field is **not** checked. The allowed may be entered for use during credit posting.

Release Notes Version 17.00

- New in Version 17.68 HL7 Charge Interface - the date of service will now print on the charge interface report.

- New in Version 17.68 In Charge Posting, the General Comment Panel and ECS Comment Panel can now be pulled, by right mouse clicking, from entered value in the General Code File Maintenance screen.

- New in Version 17.67 There is now a 'Printed By' column on the Charge Ticket Audit screen. It is the last column in the display. It is also the last column on the print out.

- New in Version 17.67 The check number will now be stored on the payment transaction for ERA processing.

- New in Version 17.65 In Hospital File Maintenance, a new field has been added for the Blue Shield number. If this field is completed it will print on HCFA (12-90) claims and be include in the electronic claims batch for patient with a financial class with a standard payor type of ‘G’.

- New in Version 17.65 The e-Chart feature can now handle duplex scanners.

- New in Version 17.65 All punctuation is now stripped from Web/MD batch files.

- New in Version 17.65 Insurance claim processing of Alternates, Reprints or Rebills now determine the appropriate form type (HCFA (12-90) or (UB-92)) by evaluating the revenue code on the first claim service. For Alternate claims, the revenue code is determined dynamically by pulling out the correct alternate procedure entry by Department, Provider, Financial class and Insurance plan for each claim procedure. A blank revenue code means the claim should print on a HCFA (12-90) form and the existence of a revenue code means the claim will print on a HCFA (UB-92) form.

- New in Version 17.65 The Age Analysis Report will now display the note type.

- New in Version 17.59 The Financial Class/Insurance Plan panel has now been added to Credit Search Report.

- New in Version 17.59 The Account Activity Report will now print the patients name on every page of the report.

- New in Version 17.59 The appointment button will now light if there are future appointments in the system for the displayed patient.

e-Medsys

Release Notes Version 17.00

- ≥New in Version 17.58≤ **Family System**: There is a new checkbox in Charge Ticket file maintenance called Family Aging. When this box is checked, the charge tickets will print the financial aging information based on the Family Aging. The default is to print the financial aging information with Patient Aging.

- ≥New in Version 17.58≤ **Community Health Center Feature**: A Panel can now be posted using the "*" and all procedures within that panel will slide to Title Financial Class.

- ≥New in Version 17.57≤ **Family System**: In Patient Registration, when a New Patient +New Guarantor are being added to the system, **and** the relationship to Guarantor is spouse, child or other, the last name, address, and home phone fields are the only fields copied to over to the guarantor screen.

- ≥New in Version 17.57≤ Two new buttons have been added to Provider Maintenance. The ADD PROVIDER button will allow the addition of a new provider in the system. The ADD REFERRING PROVIDER allows for the addition of a new referring provider in the system.

- ≥New in Version 17.56≤ If a primary claim is rebilled, the claim break routine will be evaluated on all charges within the claim and may create one or more new claims.

- ≥New in Version 17.56≤ A new field has been added to Provider Number File Maintenance. This field "Alternate Billing Name, should be completed with the name of the Supervising MD assigned to the NP or Physician Assistant currently being entered in the file. The Alternate Billing name will complete Box 31 on the HCFA claim form. If the Alternate Billing MD's rendering and group numbers need to print on the HCFA enter those numbers for the NP or PA that is currently being entered.

- ≥New in Version 17.56≤ The Charge, Credit, and Reversal programs will now perform and additional check to see if a batch is still open between every patient before charges, payments or reversals are entered in the system.

- ≥New in Version 17.54≤ **Community Health Center Feature:** The Patient Profile by Procedure Report now has a new cross tab. The fourth item on the Cross Tab selection list is Age Race Unduplicated Profile. When this cross tab is selected the system will calculate unduplicated statistics for the specific procedures selected, broken out by age and race of the patients.

- ≥New in Version 17.53≤ The Account Activity Report will suppress an account from printing on the report if the account has no transactions within the selected date range.

Release Notes Version 17.00

- New in Version 17.53 Searches can be done by reference number in Diagnosis File Maintenance.

- New in Version 17.53 The policy holder date of birth has been added as a merge field. The new merge field is IPHBirth

- New in Version 17.52 HCFA (UB-92) claims can now be printed, reprinted and rebilled from the print option within the Inquiry screen.

- New in Version 17.48 **Community Health Center Feature**: The Credit Search Report can now be run based on Program. A new tab has been added to the report.

- New in Version 17.47 *Scheduled Procedure Facility*: The system now has the ability to use the effective dates in Procedure File Maintenance by creating a scheduled procedure. When a scheduled procedure is created the user specifies the effective dates when the new values for a procedure will take effect.

- When a procedure is originally added to the system the effective dates are not displayed, and the procedure values are in effect for all time. To schedule a change to an existing procedure, select a current procedure from the Company Procedure File Maintenance table. Click on the SCHEDULE CHANGE button. Change the desired fields (i.e.: amount of charge changing, allowed amount changing) specify the starting effective date for the change. This effective date must be a date in the future. Click OK to update. The schedule procedure has been created.

- Activating/Inactivating procedures will always affect the past/scheduled procedures attached to a procedure.

  - Inactivating a Base Procedure – causes all alternates, along with any scheduled and past procedures to become inactive. A dialog box is displayed on the screen warning: **Inactivating the base procedure will cause all the alternates to be inactivated.** The system will then display the number of procedures that will be inactivated. This number includes all alternates and scheduled procedures.

  - Inactivating an Alternate Procedure – effects the alternate's scheduled/past procedures. The user is not warned that the scheduled/past procedures will be affected.

  - Inactivating Scheduled/Past Procedures – these procedures cannot be inactivated directly by the user but will match their current procedure if it becomes inactivated.

Release Notes Version 17.00

- ≥New in Version 17.47≤ When the aging buckets on the Age Analysis Report are changed, the column headers will now reflect the selected aging.

- ≥New in Version 17.42≤ When choosing the criteria for printing of the Daysheet, when one batch is selected, the batch name will print on the Daysheet criteria selection page.

- ≥New in Version 17.42≤ The General Comment will now print on the Account Activity Report.

- ≥New in Version 17.42≤ When the patient's Zip Code in Patient Registration is changed the system will now prompt to *Update the Guarantor Address also?*

- ≥New in Version 17.18≤ The patients' age will now print on the charge ticket in the same box as the Date of Birth.

- ≥New in Version 17.18≤ **Community Health Center Feature:** In the Visit User Stats Report and the Patient Profile by Procedure Report there has been a new checkbox added to the CVR Criteria Tab. When the Patient Detail box is checked the report will now print the Patient Name.

- ≥New in Version 17.18≤ The ALT-T now activates e-Chart from the Inquiry screen.

- ≥New in Version 17.16≤ The Diagnosis column spacing problem has been fixed on the Account Activity Report.

- ≥New in Version 17.07≤ The complete general comment line will now appear as part of the Proc/DX column in credit posting in order to see the name and social security number of the patient for Commercial Accounts.

- ≥New in Version 17.05≤ When Medicare is the primary insurance plan, fields 11a, 11b, 11c, and 11d will be blank on the HCFA 12-90 claim form.

- ≥New in Version 17.05≤ In Reports, a new check box has been added to the Patient Codes Tab. This checkbox, Exclude Codes, will allow the selected report to print all patients who have do not have a patient code defined, as well as patients who have the selected codes.

- ≥New in Version 17.04≤ The ability to set defaults for e-Chart has been added to e-Chart categories in General Code File Maintenance. Complete as follows: The Code 1 values should equal one of the following for each category created.

Code: 1=Business Card (3.5 x 2), 2=(5 x 3), 3=(6x4) 4=(4x6) 5=Standard (8.5 x 11)

The Code 2 field should be one of 1,2,3. These correspond to the e-Chart scanning resolution fields. The Code 2 values should equal one of the following:

Code 2: 1=75, 2=150, 3=300.

Rank: Used to control the sorting order of the categories.

- New in Version 17.04 The Account Activity Report is now using the option to suppress reversals.
- New in Version 17.01 The Referring Doctor tab and Zip Code selection tabs have been added to the Document Merge Report.
- New in Version 17.01 In Patient Registration; Insurance Tab, the subscriber address will populate from the Guarantor Tab if the *Relation to Insured* is child or spouse.
- New in Version 17.01 In Patient Registration, the DOB field will no longer accept a future date as a valid date of birth.
- New in Version 17.01 If the ABA1, ABA2 and check number fields are entered in Credit Posting the system will now save those values. If an adjustment is posted the previously posted check number fields will not be cleared.
- New in Version 17.01 The Procedure Payment Analysis Report has been expanded to include the patient name, charge total and payment totals.
- New in Version 17.01 (**Community Health Center Feature**) The Zip Code panel has been added as a selection tab to the Visit/User Stats Report.
- New in Version 17.01 When printing an itemized statement for a patient, the system will no longer mark the services as being shown on a statement. Transactions will only be marked when the monthly statement selection has been selected.

Release Notes Version 17.00

Scheduling Module

- New in Version 17.96 The Appointment Documents Report can now be run based on the Date Scheduled or the Appointment Date.

- New in Version 17.96 The field BKDISPOSITION is included in the doc merge. This field indicates if the appointment is booked or canceled.

- New in Version 17.96 The Schedule Hard Copy report can now be run based on the Date Scheduled or the Appointment Date.

- New in Version 17.76 In the booking screen the Time Column is now stationary and will not scroll off the screen as the user moves the scroll bar from left to right to view appointments.

- New in Version 17.71 The charge ticket will be voided if an appointment is canceled.

- New in Version 17.71 The Auto Redisplay rate can now be set as low as 5 seconds in User File Maintenance.

- New in Version 17.67 Users now have the ability to save the provider list currently displayed in the booking screen. Mouse clicking over the Icon in the Bookings screen (to the left of the text "Appointment Scheduling") and selecting 'Save Defaults' can accomplish this save feature. This list of providers will become the default provider list until the user logs off. The provider list is initially saved when you first enter the bookings with the providers selected in user File Maintenance. If the user switches providers and then wants to restore to the saved provider list, mouse click on the Icon in bookings and use the "Restore Default" selection. If a patients is being rescheduled and the reschedule provider is already on the booking screen the screen will not change.

- New in Version 17.42 The Appointment Scheduling module had added a Reprint Charge Ticket Feature. Once a charge ticket has been printed and charge ticket number assigned, the system will no longer generate a new ticket number when the original charge ticket is reprinted.

- New in Version 17.42 There has been a new tab, "Appt Charge Tickets" added to the Charge Ticket Options Selections. With this enhancement, a printed charge ticket is updated with a "printed" status. When the "Suppress Tickets Previously Produced" checkbox is checked, the charge tickets with the status of "Printed" will not be reprinted. Charge tickets can now be printed several times a day and the system will only print charge tickets not previously printed.

Release Notes Version 17.00

- ⋛New in Version 17.20⋚ A new button has been added to the Wait List feature. This button, DELETE EXPIRED, will delete all Wait List appointments that have an End Date of today's date or prior.

- ⋛New in Version 17.14⋚ The date and time of printing now displays when the Schedule Hardcopy is printed.

- ⋛New in Version 17.04⋚ There has been a permissions change regarding Bookings. There are now two permissions, "Book" and "Non-Pat". If you do not have Book permissions the BOOK button in Scheduling is locked. If you do not have "Non-Pat" permissions the NON-PAT button is locked. If you do not have Booked or Non-Patient permission the CANCEL button is locked. If you have one permission but not the other, the CANCEL button is not locked, but you will get an error window when you try to cancel an appointment of the type you do not have permission to use.

Version 17.01 When right clicking on a booked appointment slot, a new status of *Confirmed* has been added to the list. When an appointment has been confirmed, the date and time will be recorded.

Version 17.01 Colors can now be defined by the practice for each Department, Visit Types/Dispositions and Patient Status. These colors are defined in Scheduling, File Maintenance, Color Options.

Version 17.01 The ability has be added to create a Reschedule List. See below to use:

Adding an Appointment to the Reschedule List

Right click on slot to be rescheduled
Select for Reschedule
Click appropriate cancellation reason

Appointment is added to RESCHEDULE list
Slot color changed to appropriate color; default is blue

Booking an Appointment from the Reschedule list

Right click on an available slot
Click on the patient name to be rescheduled
Supplemental info from original appointment will also be included

To Reschedule a Block of Appointments

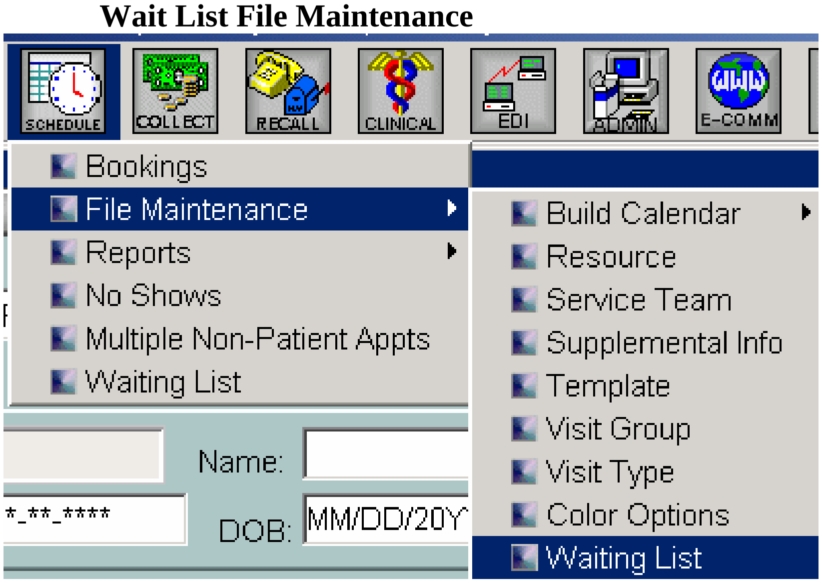
Click on the first slot to be rescheduled
Hold down the SHIFT key
Click on the last slot to be rescheduled
Right click in the marked block of appointments

Click on the Select for Reschedule option
Select ALL
Click appropriate cancellation reason
Appointments are added to RESCHEDULE list
Slot color changed to appropriate color; default is blue
Patients will be added to the reschedule list
See “Booking an Appointment from the Reschedule List” to reschedule appointment.

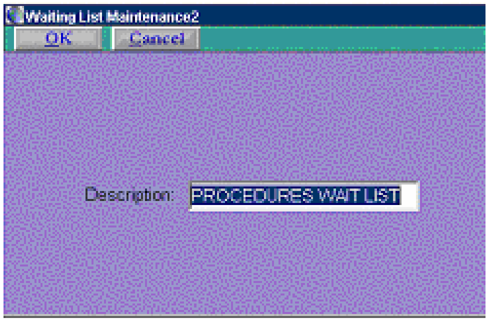
New in Version 17.01 The system now has the ability to add patients to a **Wait List.** To use new feature see below:

Right click on an existing appointment to add patient to wait list
Select appropriate list; patient is now added to the Wait List.
Patients without appointment can also be added to Wait List

Wait List File Maintenance



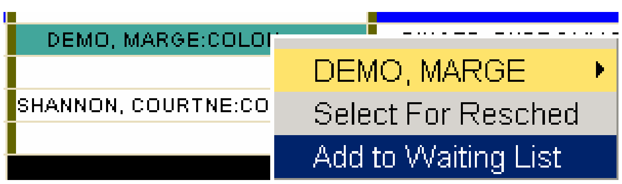
- One Wait List must be defined for the practice. Wait Lists are practice defined in Wait List file maintenance.



- Click the ADD button to define the Wait List. Wait list can be defined for Providers, for specific users or one list for the practice.

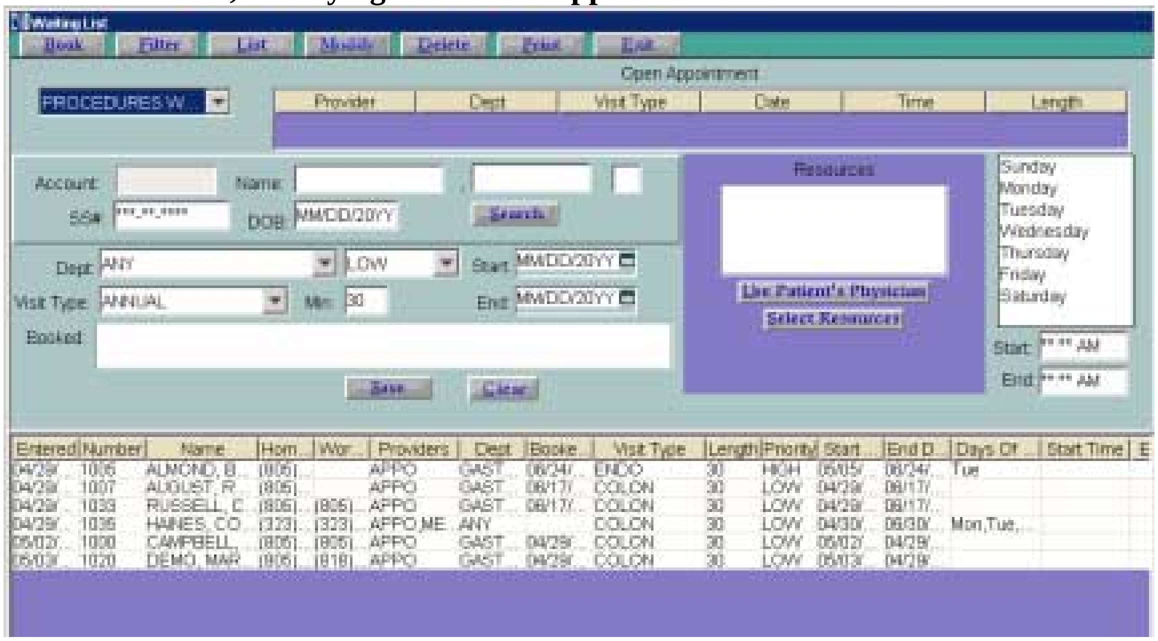
- Once the List(s) are defined, the Wait List feature is ready to use.

To Add a Booked Appointment to the Wait List



- From the Bookings Screen, right click on the booked appointment slot
- Choose the ADD TO WAITING LIST option
- If more than one Wait List was defined, choose the appropriate Wait List.

Wait List; modifying a Wait List appointment



- Once an appointment has been added to the Wait List, modifications can be made to that appointment.

- From the Scheduling Icon, choose the Wait List option

- Choose the appropriate Wait List from the dropdown

- Highlight by clicking on the appointment to be modified. Click the MODIFY button

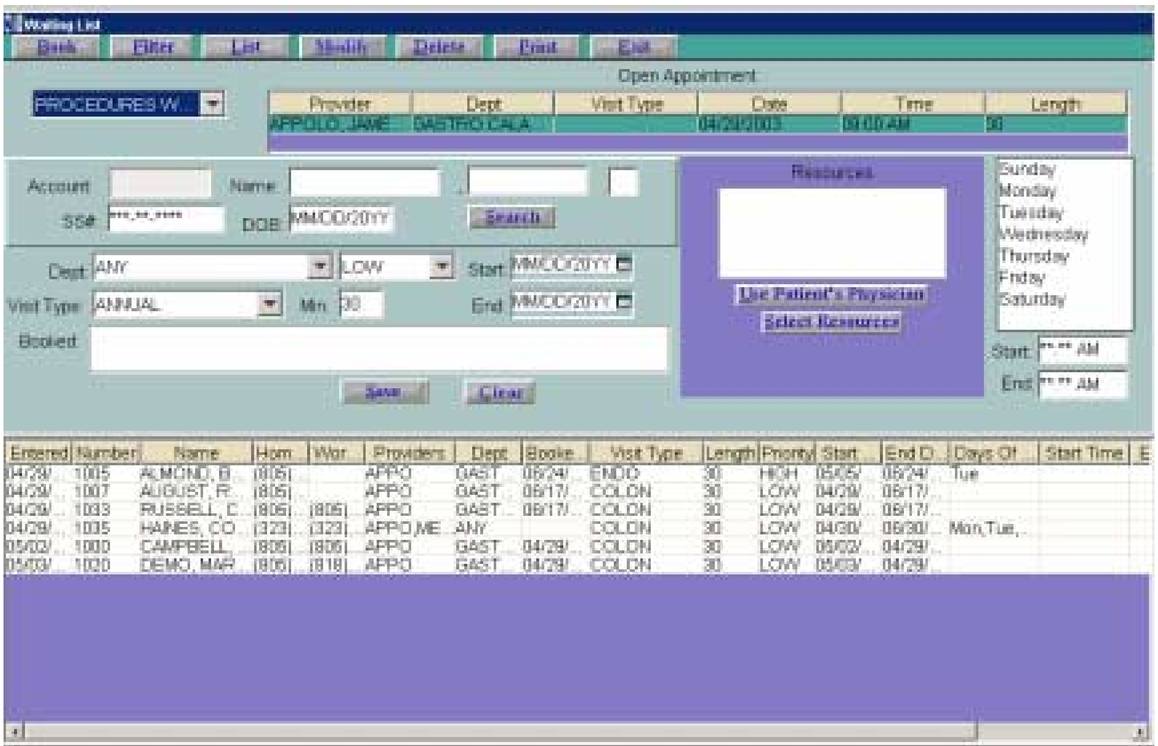
- Modifications can be based on: Priority, dates and times of patient availability, provider and department.

- SAVE any modifications made to the appointment

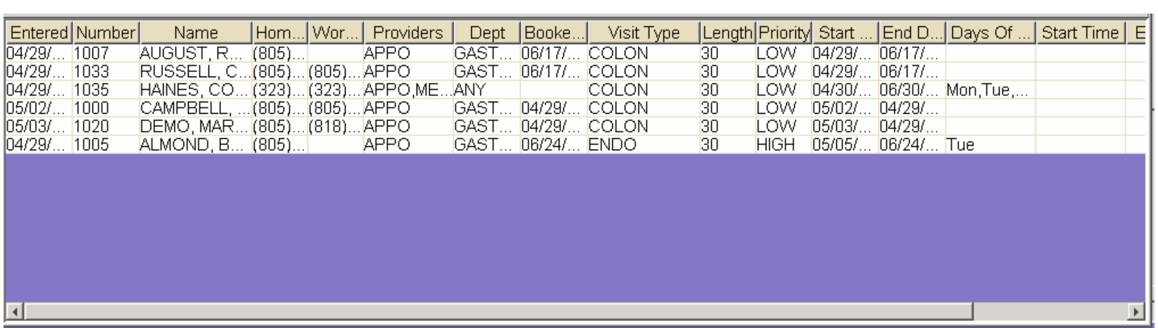
Release Notes Version 17.00

Slot Available for Booking; Using Wait List

- When a slot is available for Wait List booking, right click on the available slot and choose the CHECK WAIT LIST option.



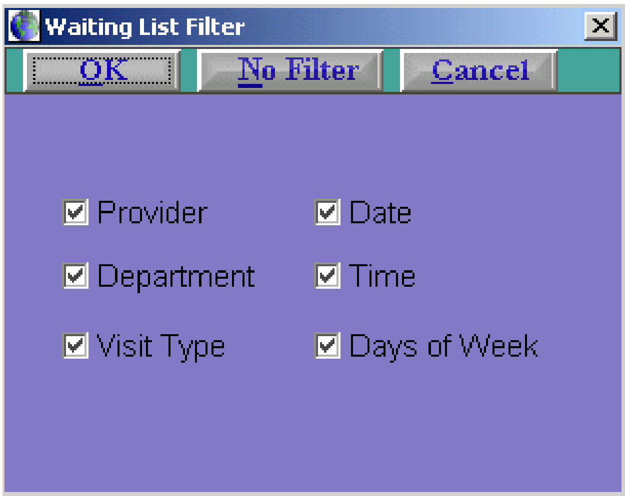
- Choose the appropriate Wait List by clicking in the dropdown
- The newly available appointment will be shown in OPEN APPOINTMENT window



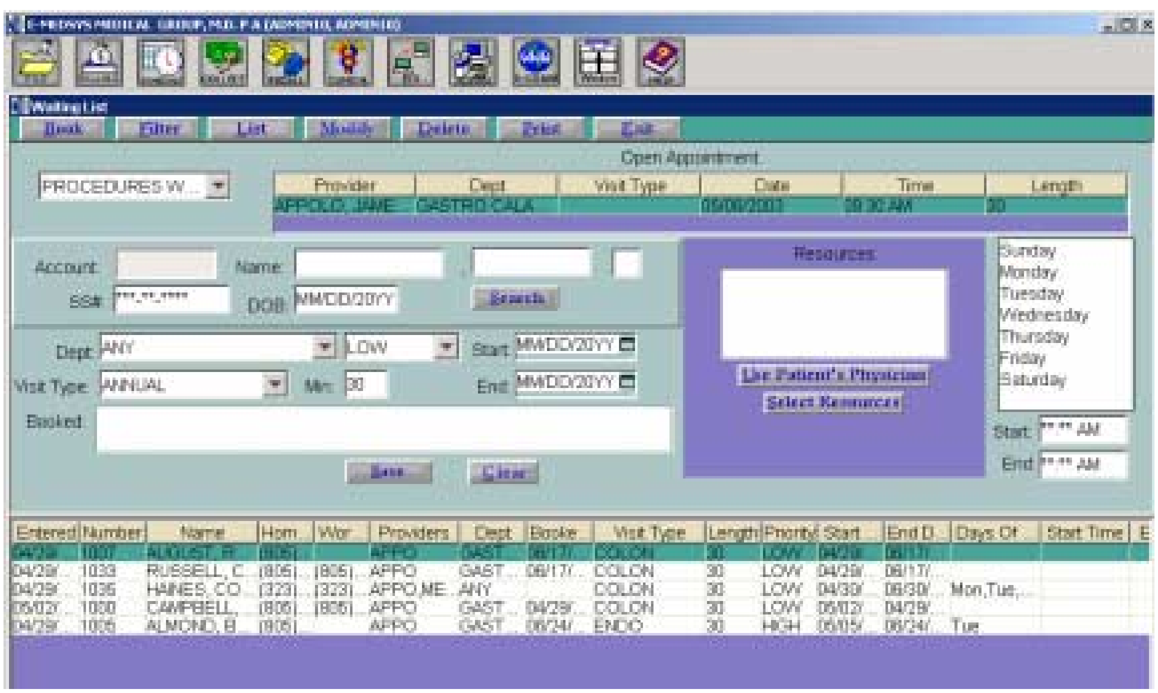
Entered	Number	Name	Hom...	Wor...	Providers	Dept	Booke...	Visit Type	Length	Priority	Start ...	End D...	Days Of ...	Start Time	E
04/29/...	1007	AUGUST, R...	(805)...		APPO	GAST...	06/17/...	COLON	30	LOW	04/29/...	06/17/...			
04/29/...	1033	RUSSELL, C...	(805)...	(805)...	APPO	GAST...	06/17/...	COLON	30	LOW	04/29/...	06/17/...			
04/29/...	1035	HAINES, CO...	(323)...	(323)...	APPO,ME...	ANY		COLON	30	LOW	04/30/...	06/30/...	Mon,Tue,...		
05/02/...	1000	CAMPBELL, ...	(805)...	(805)...	APPO	GAST...	04/29/...	COLON	30	LOW	05/02/...	04/29/...			
05/03/...	1020	DEMO, MAR...	(805)...	(818)...	APPO	GAST...	04/29/...	COLON	30	LOW	05/03/...	04/29/...			
04/29/...	1005	ALMOND, B...	(805)...		APPO	GAST...	06/24/...	ENDO	30	HIGH	05/05/...	06/24/...	Tue		

Release Notes Version 17.00

- Appointments in the list can be sorted by double clicking on any of the column headings. This example the Visit Type column was used to sort.

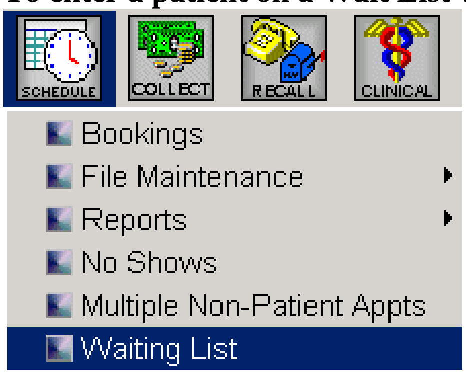


- Clicking on the FILTER button will filter the appointment list. Filters can be based on Provider, Department, Visit Type, Date, Time, and Days of the Week.

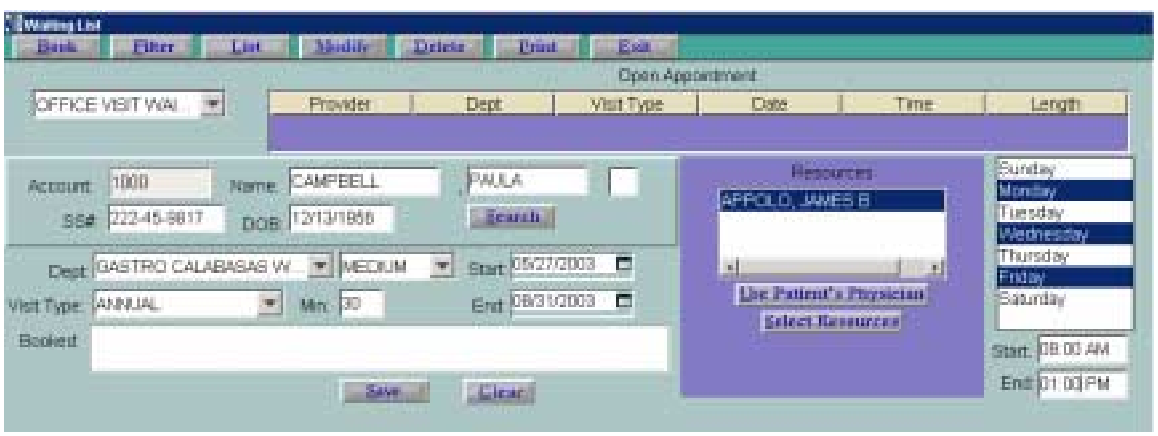


- To book an appointment from the Wait List into the selected OPEN APPOINTMENT, highlight the selected patient by clicking on the Wait List appointment. Click on the BOOK button.
- The previously entered Supplemental Information Window will appear allowing for any updates or changes in information.
- The original appointment will be Provider Canceled and the newly scheduled appointment booked.

To enter a patient on a Wait List without a booking appointment



- Click on the WAIT LIST menu option from the Scheduling module



- SEARCH for the patient based on account number, last name, SS# and/or DOB.
- Complete the appointment requirements, Department, Provider, Visit Type, Start and End dates. Other options include Priority, Days of the Week, Start and End Times preferences of the patient.
- Click on the SAVE button to add the patient to the Wait List

Release Notes Version 17.00

- Version 17.01 A new check box has been added to User File Maintenance, Scheduling Defaults; *Arrived Patient Automatically Selected*. From the bookings screen, when the "arrived" patient status is selected, patient alert notes and the patient information window will display automatically when the new box is checked.

- Version 17.01 An alternate entry in Visit Type file maintenance can now be inactivated.

- Version 17.01 Permissions can now be set for booking of a Non-Patient appointment.

- Version 17.01 Patient Registration can now be accessed from a new button in the Bookings Search Window.

Release Notes Version 17.00

Collections Module

- **New in Version 17.59** The collection module will age the balance as soon as the account is brought up in the collection workscreen.

- **New in Version 17.01** The “Sort Order by Insurance Plan” in Insurance Collections has been fixed to sort in alphabetic order.

Release Notes Version 17.00

Recall Module

Release Notes Version 17.00

Admin Module

- ᗒ**New in Version 17.92**ᗕ Added report to the Report Generator: *Payments Posting Delay: Pymt Detail by Dept-Credit Code*. Description of report: Report shows the payment where the period on the payment does not match the period the payment should have fallen in (based on the date of service of the payment).
- ᗒ**New in Version 17.92**ᗕ Added report to the Report Generator: *Charges-w-Credits: Detail"*. Description of report: Report shows a list of all charges with a negative remaining amount for a selected date range.
- ᗒ**New in Version 17.92**ᗕ Added report to the Report Generator: *Charges-Unbilled: Detail"*. Description of report: Report shows a list of all charges that have not been billed for a selected date range.
- ᗒ**New in Version 17.89**ᗕ Added report to the Report Generator: *Charges-Applied Payments*. Description of report: Lists the total charges and total payments applied against those charges for a date range.

Release Notes Version 17.00

Bug Fixes

Version 17.96 The Date Last seen in Patient Registration will not updated unless the posting date is greater than the date stored in the database.

Version 17.96 The Procedure Diagnosis Search Report templates will now save the Zip Codes.

Version 17.89 The Last Modified Date and Account Balance Sort options in the Collections workscreen now work.

Version 17.71 In Charge Posting, the automatically generated copay charge will now hold the secondary provider ID of the first E&M procedure code.

Version 17.71 Merge field <GBDAY> guarantor birth date has now been corrected to pull in the guarantor birth date.

Version 17.71 In Patient Registration, the enter key will now move to the MRN # field when hitting the enter key.

Version 17.71 In Credit Posting, charges will now be displayed in aging date order.

Version 17.71 Issues addressed in the Charge Posting Interface:

- The issue of saving the selected Posting Batch between the main Interface screen and the Charge Posting screen has now been fixed.
- If the Credit Posting checkbox is selected in the Charge Posting screen, it will now exit upon return from the Credit Posting screen.
- Memory is handle more efficiently when loading up Data Translation Tables.

Version 17.71 Clicking on the column heading, in the Patient Search window will no longer exit that window.

Version 17.61 Fixed bug with the Electronic Claims Edit error report where under certain conditions it was suppressing the first patient's name and number.

Version 17.58 The Daysheet report Name column has now been truncated so that it does not overlap with the date field.

Release Notes Version 17.00

Version 17.05 **Community Health Center Feature:** The CVR Reports will now save the selected options to the template.