

# ***Release Notes Version 20***

## ***Billing Module***

### ➤ **Enhanced Look and Feel**

- **Standard Font size of 12 and Screen Resolution of 1024\*768:** Running at this font size and screen resolution allows e-Medsys to display additional data on your screens. If your computer is not already set at this resolution we are encouraging you to switch to this resolution.
- **New Default Color schemes:** Our default color schemes have been updated to a softer color scheme of blues, creams, and grays.
- **New Menu Bar:** We have removed the icons along the top menu.
- **New Button Look:** The look of the buttons along the top of each window has now been updated. We continue to support our existing button functionality such as turning buttons yellow when there is additional information behind them.
- **Screen Appearance:** A number of the screens have been improved to present the data in a more modularized form.
- **Java 1.6:** - The client application and the server now run under Java 1.6.
  - **Scroll Mouse:** Java 1.6 supports the use of the scroll mouse.
  - **Type-Ahead with Combo Boxes:** The default functionality of combo boxes in Java 1.6 supports the “Type-Ahead” feature. This feature allows the program to select the next available match as the user types in a selection. For example, if the combo has entries ‘Jack, Jones, Jollie’ and you type ‘Jo’, Jones will be displayed. If you type ‘Jol’, Jollie will be displayed. In previous version to get to the ‘Jollie’ selection you would have typed ‘JJJ’.
  - **Installation of Java 1.6:** The installation of Java 1.6 on the application server is handled by our Technical Services Department prior to your software update. The client installation of Java is automatically updated after midnight if the user has not logged out (the PC can be left in a locked state). To force the download of Java instantly on the client, use the menu item Help -> "Get Latest Version of Java". Once Java is installed the user must logon to the system. To check the version of Java installed on the client use the menu item “About” and it will be listed next to “Java Version”

### ➤ **Keyboard Shortcuts (File->Keyboard Shortcuts)**

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- User defined Keyboard Shortcuts are key combinations that duplicate menu selections. These default keys have been setup by the system:
  - Ctrl-P = Patient Registration
  - Ctrl-I = Inquiry
  - Ctrl-B = Bookings
  - Ctrl-H = Charge Posting
  - Ctrl-R = Credit Posting
  - Ctrl-D = Daysheet
  - Ctrl-G = Report Generator

Users may also over-ride these settings and set their own keyboard shortcuts for areas of the system they use often. To add additional keyboard shortcuts go to File->Keyboard Shortcuts. The screen will display a table of all menu items that the user has permission to access. To change or set the keyboard shortcut, select the item from the table and then either double-click on it or select the “modify” button from the button bar. A small window will open up allowing you to enter in a key-combination.

### **Keyboard Shortcuts can include any of the following:**

1. Function Key (F1-F12)
  2. CTRL+<Number>
  3. CTRL+<Letter>
  4. CTRL+Function Key
  5. CTRL+SHIFT+Function Key
  6. CTRL+ALT+Function Key
- Exclusions: CTRL+A, CTRL+C, CTRL+V, CTRL+X, CTRL+Z, ALT+<any key>

If the key combination does not appear, it is not an allowed key combination. Once you have selected a valid key combination, it will appear in the field on the screen. Select okay or cancel to exit the window. When you have set all the keyboard combinations select the "Save" button.

### ➤ **Patient Registration Enhancements**

- **Patient Name:** The Patient’s name and number are now displayed in bold letters.
- **Default Registration Provider:** In User File Maintenance there is now a separate Default Provider selection that will be used as the default provider when adding patients. Prior to this the system was using the default scheduling provider.
- **DL-Num:** This field has been expanded to hold 20 characters.

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- **Display of Fee Level on Extended Panel (Community Health Center enabled):** If the patient has a billable insurance plan, the current fee level step will now display next to the family size and there will be an indicator in red above the field stating that the patient does have insurance (\*Patient has Insurance).
- **Family Cell Number on Guarantor Panel** – The cell number has been added to the guarantor panel.
- **Patient Insurance - Insurance Display:** Additional information is now visible. This includes Policy Holder complete address (address, city, state, and zip), Policy Holder sex, Policy Holder SSN, Insurance Plan NEIC number, Insurance Plan Electronic Eligibility (Y or N value), Crossover (Y or N value), and the first 100 characters of the Insurance Comment.
- **Charge Review** –Claims can now be viewed from the Charge Review screen by selecting the ‘Claims’ button. This will allow users the opportunity to review claims that get marked for rebill after the insurance plan has been updated on the charge. If the system detects that unpaid claims have been marked for rebill, a window will pop up asking the user if they would like to review the claims. If ‘Yes’ is selected the claim window will be displayed. It is important to remember that claims do not get marked for rebill until the insurance changes have been saved. To save your changes select the ‘Save’ button. To close the Charge Review window use the ‘Exit’ button.

### ➤ **Eligibility Enhancement**

- **Filtered View of Deductibles, Co-Insurances, or Co-Payments:** When viewing an eligibility inquiry you can use the dropdown to view just the Deductibles, Co-Insurances, or Co-Payments.
- **Filtered View of Service Types:** When viewing an eligibility inquiry you can use the dropdown to view benefits only of a certain Service Type. The dropdown will only offer Service Types that are actually available on the specific inquiry you are viewing. The default is “All Service Types.” This dropdown works in conjunction with the Benefits dropdown that allows you to isolate out deductibles, co-insurances, etc.

### ➤ **Inquiry Enhancements**

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- **Display of Patient's Age:** The patient's age will now be displayed next to the Date of Birth field. If the patient's age is less than 2 years the field will be displayed in months.
- **Main Info Panel:** The Work Phone number is now displayed.
- **Guarantor Panel:** Additional information has been added to this panel. This includes the Cell Phone, Employer, Social Security number, Date of Birth, Sex, and Email address of the guarantor.
- **Other Info Panel:** The Send Mail value of YES, NO, or SPECIAL will be displayed.
- **Extended Info Panel (Community Health Center enabled):** A panel with information from the Extended demographics in Patient Registration is now displayed. It includes Income, Family Size, Fee Level, County, Race, Ethnicity, Language, Employment Status, Highest Grade, Student Status, School, Entering Method, and No Reason Method.
- **Insurance Display:** Additional information is now visible. This includes the Policy Holder complete address (address, city, state, and zip), Policy Holder sex, Policy Holder SSN, Insurance Plan NEIC number, Insurance Plan Electronic Eligibility (Y or N value), Crossover (Y or N value) and the first 100 characters of the Insurance Comment.
- **Use the "+" key instead of "c" when searching by claim number:** You can now use the "+" key followed by the claim number to search for claims. This will keep the users hand on the 10 key pad when typing in the claim number. For example if you want to bring up claim number 12345 you could use the format +12345
- **Search by claim number:** If a claim number is used to bring up the account using the format c<claim #> or +<claim#> followed by an Enter Key, the inquiry window will load the claim information and the associated audit entries. This will be the same as if the user had selected the claim out of the claim selection window. If you want to display all transactions instead of the specific claim use the search button or Alt + s after typing in the claim number.
- **Re-display of Collection Alert Window:** The "Notes" button on all of the screens that display patient notes will now have a plus sign on the button ("Notes+") if there are collection notes associated with the account displayed. To

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access the Collections Alert window, you can right click on the button and select “Collections Alert” and the alert window will be displayed.

- **Collection Alert window – ability to add additional notes:** From the Collection Alert window – Notes button, users may now add additional collection notes. Existing Collection Notes may not be deleted or changed. This feature is permission-based and the user must have the correct permissions set in Permission File Maintenance – *Group: Collections Items: Add Notes*.
- **Statement History:** The Statement history panel will now store not only monthly statements but any demand statements that are produced by the system. There is a new Type column that will indicate if it is a demand or monthly statement.

### ➤ **Claim Detail Window:**

- **Included Archived checkbox:** If claims have been archived, they will not appear in the window unless the checkbox “Include Archived” is selected. The Mode column will display the word “Archived” for all archived claims.
- **Buttons Renamed:** The “Notes” button has been renamed to “Coll Notes”. The “Detail” button has been renamed to “Reprint Detail”
- **Ability to view and print Electronic processed ERA files at the claim level:** There is now a ‘View ERA’ button in the Claim Detail screen that will display any electronic remittance advices that were processed through Remittance and posted to the claim. A new column on the Claim Detail Screen labeled “Remit” will have a “Y” in the column if there is one or more stored ERAs attached to the claim. The Electronic Remittance Advices screen will display in a table all ERA files that have been processed against this claim. The columns displayed include Process Date, Pay Provider, Check Number, Source File and Process By. By default the first ERA in the table will be selected and displayed in the lower half of the screen. You can click on any ERA entry and the full ERA will be displayed in the lower half of the screen. To print one or more entries in the table, select them from the table and hit the “Print” button.
- **Account number displayed:** The account number is now displayed on the left hand side of the screen.

### ➤ **Charge Posting Enhancements**

- **Calculate Quantity by Days:** There is a new checkbox in Procedure File Maintenance labeled “Calc Qty by Days”. If this checkbox is selected and the procedure is posted, the quantity in Charge Posting will be completed for the user. The calculation will be based on the beginning service date through the ending

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service date. For example, if the beginning date is 01/01/2007 and the ending date is 01/03/2007, the quantity would be set to 3.

- **Self Referral:** There is a new checkbox in Procedure File Maintenance labeled “Self Referral”. If this checkbox is selected and the procedure is posted, the referring physician will automatically be populated based on the rendering provider selected on the charge. The rendering provider must be set up in the system with the checkbox “Appear in Referring Provider Selections” enabled (Provider File Maintenance) for the referring provider name to be populated. As with all procedure selections, this can be set up on specific Financial Class entries if needed.
- **Display of Patient’s Age:** The patient’s age will now be displayed next to the Date of Birth field. If the patient’s age is less than 2 years the field will be displayed in months.
- **Main Info Panel:** The Work Phone number, Date First Seen, and Date Last Seen are displayed on the main panel.
- **Insurance Display:** Additional information is now visible. This includes Policy Holder complete address (address, city, state, and zip), Policy Holder sex, Policy Holder SSN, Insurance Plan NEIC number, Insurance Plan Electronic Eligibility (Y or N value), Crossover (Y or N value) and the first 100 characters of the Insurance Comment.
- **Capitation enhancement – Ability to store the true Allowed Amount on Capitation Carve-out procedures where a capitation adjustment should not be posted.** In Procedure File Maintenance there is a check box “Cap No Adjust” that can be set on capitated entries where the system would post a capitated adjustment. This is typically considered a “Carve Out”. Prior to this enhancement the system calculated the adjustment amount as the charge amount – the allowed amount. In the case where there would be no adjustment, the full charge amount was put in the Allowed Amount field. With this enhancement the Allowed Amount can hold the true Allowed Amount and this checkbox “Cap No Adjust” can be used as the indicator to post a capitated adjustment.
- **Visit Information – Screen Validations through Screen Entry Control (Community Health Centers only):** Screen validation now controllable through Screen Entry Control File Maintenance (Billing->File Maintenance->Screen Entry Control) for the Visit Information screen. In Screen Entry Control File Maintenance, choose the CHARGE POSTING\_CVR screen to set the screen items as Required, Optional or Warning. NOTE: some screen items are not found in Screen Entry Controls because they must always remain required.

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- **UB Panel Defaults:** In General Code File Maintenance (Billing->File Maintenance->General Codes) you can specify default value(s) for Admission Source, Admission Type, Condition Code, Occurrence Code and Patient Status by placing a value of '1' in the Rank field. If a '1' is entered in the Rank field, the value specified in the description field will default for that corresponding field in Charge Posting – UB panel when posting a UB service. If the patient's previous date of service included a UB service then the defaults are pulled from that visit.

### ➤ **Credit Posting Enhancements**

- **Use the “+” key instead of “c” when searching by claim number:** You can now use the “+” key followed by the claim number to search for claims. This will keep the users hand on the 10 key pad when typing in the claim number. For example, if you want to bring up claim number 12345 you could use the format +12345.
- **Post by claim number:** If a claim number is used to bring up the account using the format c<claim #> or +<claim#> followed by an Enter Key, the credit posting screen will default the credit type, insurance plan, and claim date based on information obtained from the claim. The claim number will be displayed above the claim date. Once the claim button is selected, the charges associated with the claim will be automatically loaded. You will not need to select the claim out of the claim window. If you want the system to NOT default to the specific claim but still select the patient based on the claim number, use the search button or Alt + s after typing in the claim number.
- **Denial Tab:** When posting to the claim, the cursor will go to the denial tab after entering through the fields on the copay /deductible tab.
- **Original Denial Description:** If a denial was previously posted to the claim, the denial code and description will appear above the denial field.
- **Responsibility Warning:** During claim posting, if one or more services are switched manually to Insurance Responsibility, but the system has determined that the charges should be at Patient Responsibility (the claim has not been flagged as denied and all appropriate insurance plans have paid as specified by the Patient Responsibility indicator of the Financial Class) the following warning message will appear: "Possible denial code on payment missing due to charges still at Insurance responsibility. Do you wish to correct?"

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- **Display of Patient's Age:** The patient's age will now be displayed next to the Date of Birth field. If the patient's age is less than 2 years the field will be displayed in months.
  - **Main Info Panel:** The Work Phone number, Date First Seen, and Date Last Seen are displayed on the main panel.
  - **Insurance Display:** Additional information is now visible. This includes the Policy Holder complete address (address, city, state, and zip), Policy Holder sex, Policy Holder SSN, Insurance Plan NEIC number, Insurance Plan Electronic Eligibility (Y or N value), Crossover (Y or N value) and the first 100 characters of the Insurance Comment.
  - **Print Alternate Claim:** There is now the ability to generate an alternate hardcopy claim from Credit Posting. The checkbox "Prt Alt Clm" will display at the bottom of the screen if there is alternate coverage on the selected charges. If an alternate claim already exists for the charges you are posting against and the "Prt Alt Clm" is selected, the alternate claim will be reprinted. In the tool tip you will be able to see the previous generated claim by placing your mouse over the checkbox "Prt Alt Clm". If you wish to just mark the alternate claim for reprint use the "MRP" checkbox.
- **Write-Offs:** (Billing->Posting-Write-offs): The program will now allow **any** credit-code type to be specified when using a negative amount balance range. It will give a warning and ask you to continue, if you don't enter a refund credit code for a negative amount range.
- **Daysheet Batch Review:** The Daysheet Batch Review will allow users to review on-screen all transactions posted in an open or cleared batch. This feature will be helpful when trying to balance Daysheets. It also can be useful when trying to track down information related to charges or payments within a batch. The user can sort by any columns in the table (see Viewable Data below for list of the field names), and can isolate out transaction types to view (Charges, Payments, Adjustments or Refunds). This screen can also be used to verify that all necessary data has been posted. For example, when filtering by charges, and varying the sort, the user can verify that all charges have been posted to the correct Provider (sort by Provider), or the correct Department (sort by Department), or by verifying authorization numbers entered (sort by Authorization number or Procedure), or by verifying that the correct place of service location was entered (sort by POS code).

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- **Access to the Daysheet Batch Review** – This feature is accessed from Billing->Posting->Daysheet Batch Review or by using the right mouse menu on the Batch button in Charge Posting, Credit Posting, Reversal Posting, or Remittance.
- **Ability to select Batches** – To select one or more batches use the “Load Batch” button on the button bar. This button will only appear if the Daysheet Batch Review is accessed from the Posting menu. The radio button will default to “Open Batches” for the user and the most recent opened batch will be selected. To select a cleared batch, select the radio button “Cleared Batches”, and enter in the date range the batch was cleared, then select the “Load” button. A list of batches will be displayed on the right side of the screen. If the User Selection or Batch Selection is changed the user must select the “Load” button to have the system redisplay the list of available batches. Once the correct batch or batches is selected on the right side, hit the “OK” to select. All transactions for the selected batches will be displayed. NOTE: \*\* If the Daysheet Batch Review is accessed from the “Batch” button, the users open batch will be the selected batch and can not be changed.
- **Viewable Data** – In the upper portion of the screen, the batch name and batch totals will be displayed. Fields displayed for the transactions include Batch Name, Batch User, Date Batch Opened, Date Batch Cleared, Charge Ticket Number, Date Entered, Date of Service/Payment Date, Account number, Patient’s Name, Procedure/ Payment type, Reversal Status, Financial Class/ Denial Code, DX-1 / Check number and Aba 1, Charge Amount/ Payment Amount, Authorization Number, Department, Provider, 2<sup>nd</sup> Provider, Referring Provider, POS code, Hospital, Admit, ECS Comment, Qty, DX-2, DX-3, DX-4, Insurance Plan, Onset Date, Discharge Date, General Comment, End Date, Primary Ins Effective Begin Date and Remain Amount.
- **View transaction in the Payment or Charge Detail Screen** - The user can double click on a transaction to modify fields within the Charge or Payment detail screens.
- **View audit trail for transaction** - The audit trail can be viewed by right mouse clicking on a transaction.
- **View Transactions by Type** - By using the checkboxes near the top of the screen the user can select to view any combination of transaction types (charges, payments, adjustments and or refunds).
- **View Patient in the Inquiry Screen** – The Inquiry button takes the user directly to the Inquiry screen and will display the patient based on the transaction initially

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selected in the Daysheet Batch Review. Once the exit button is selected in Inquiry, the program automatically goes back to the Batch Review.

- **Reversal Posting screen** - The Reversal button takes the user to Reversal Posting and will display the patient and transaction selected. If an open batch was chosen in the Daysheet Batch Review, that batch will be automatically selected in the Reversal Posting screen. Once the exit button is selected in Reversals, the program automatically goes back to the Daysheet Batch Review and reflects any Reversals posted.
- **Ability to move transactions from one open batch to another open batch.** – The “Move” button will move selected transactions from one open batch to another open batch. This ‘Move’ button will only appear if a single open batch is selected. Once the user hits the Move button the Batch Posting window will open allowing the user to select the receiving batch open batch. It will warn you if you have selected the current batch.

### ➤ **Remittance Enhancement**

- **New Exception Report:** There is now an option to open a report that will display only the exceptions (claims with errors) after processing. The Exception report is exactly like the full Remittance report except that the detail sections only show the claims that had exceptions. These are the same claims that appear on the Exceptions List page (Provider Summary section). There are two new checkboxes in the remittance program, “Open Full Report” and “Open Exception Report” that determine which reports are opened after processing. By default, the “Open Full Report” is checked and the “Open Exception Report” is not. The system will still create the full report even if you choose to only open the exception report. The format of the file names are as follows:
  - Full Report: <remit filename>.html
  - Exception Report: <remit filename>.exc.html
- **Storing of Remittance Advice in the database:** The electronic remittance advices that have been processed are now stored within the database and can be viewed and printed at the claim level in the claim detail screen.

### ➤ **Patient Notes Types** (Billing->File Maintenance->Patient Note Types)

- New Patient Note Types can now be created by your Practice. The new Type will be associated with a specified color and can optionally be assigned an Alert status. To define a Patient Note Type with an Alert status you must determine the screens in which the notes will pop-up as Alerts. The existing Patient Note Types (in yellow below) of “ALERT”, “ALERT MAIL”, “ALERT PHONE”,

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“INTERNAL”, “STMT”, “STMT ONCE”, “STMT PRINTED” are considered System defined Note types and the Patient Note Type description can not be changed. However, you are free to change the color and Alert status.

The screenshot shows the 'Note Types' application window. The left sidebar lists various note types, with 'ALERT' selected. The main window displays the configuration for the 'ALERT' note type, including its color (Red) and active status. A list of alert categories is shown with checkboxes, all of which are checked. Below this, there is a section for predefined entries with buttons to add, modify, delete, or save them. The predefined entries section contains a text area with the following text: 'Text', 'Patient has been discharged from the practice.', 'Need Insurance Information', and 'Patient is not to be seen by Dr. Jones'.

- To add a new Patient Note Type go to Billing->File Maintenance->Patient Note Types and select the “New” button. Enter in a Note Type description and select a color. If you would like the notes entered with this Note Type to pop up as Alerts you must also then select one or more of the checkboxes in the alert section. Select the “Save” button to accept.
- To modify an existing Patient Note Type, select the Note Type on the left side of the screen. The stored information will be displayed on the right. After making your selections, hit the “Save” button to accept.
- To Add, Modify, or Delete Predefined Notes use the selections on the lower half of the screen. Predefined Notes can be used when adding patient notes by right mouse clicking in the free text area. (The setup of Predefined Notes was previously done in General Codes File Maintenance). Use the “Save” button to save your additions or modifications.

### ➤ Denial Code File Maintenance

- **Group and Reason Code** – The Group Code and Reason Code have been added to the first screen of Denial Code File Maintenance.

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### ➤ **Credit Code File Maintenance**

- **Group and Reason Code** – The Adjustment Type, Group Code and Reason code have been added to the first seen of the Adjustment Code View screen.

### ➤ **Procedure File Maintenance Enhancements**

- **Start Date:** New Procedures (or alternates) can now be added that have a start date in the past. This will NOT update charges that were posted in that date range. When modifying procedures with a future start date, you can not change the start date to the past.
- **Calculate Quantity by Days:** There is a checkbox labeled “Calc Qty by Days”. If this checkbox is selected and the procedure is posted, the quantity in Charge Posting will be completed for the user (see additional information under the Charge Posting section).
- **Self Referral:** There is a checkbox labeled “Self Referral”. If this checkbox is selected and the procedure is posted, the referring physician will automatically be populated based on the rendering provider selected on the charge (see additional information under the Charge Posting section).
- **Drug Selection:** If the procedure selected is linked to a Drug specified in Drug Table (RX->File Maintenance->Drugs) it will now be displayed on the based procedure. This will also allow a procedure to be linked to a Drug, if it was not originally specified during the initial setup of the procedure.

### ➤ **Fee Schedule Import:** (Billing->File Maintenance->Procedure File Maintenance->FeeSched Import)

Fee schedule changes can now be automatically applied against your Procedure table from a CSV file (comma delimited (\*.csv) - a selectable format within Excel). This update can be applied against a Financial Class, Provider, Department, Insurance Plan, or the base entries. This file can be provided by the payer or it can be created based on your existing fee schedule and then modified within Excel. The fields available to be updated include the allowed amount, charge amount, paid at percent, quantity, and units.

- **“Export File” button:** To create a CSV file based on your existing procedure file, select the “Export File” button. If you would like to isolate specific alternate entries, that can be done by optionally selecting the financial class, insurance

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plan, department, and/or provider of the procedures and then selecting “Export File”. If you do not make a selection you will be creating a file of your base entries. Once you select the "Export File" button, the program will ask you to enter the file name and select the directory in which to save your file (i.e. Medicare\_fees.csv). You can then edit the file within Excel to make your changes and when done, save the file as a .csv file. You may want to name the file to reflect that this has the new fees (i.e. Medicare\_fees\_01\_2008.csv). This file would then be selected in the “Load File” routine.

- **“Import File” button:** Select the file you wish to import by pressing the "Import File" button. This is the file that will be used to automatically create the new fee schedules. (This is similar to going into Procedure File Maintenance, selecting a procedure and hitting the “Schedule Change” button, then entering in a starting effective date and new allowed amount.) You should be selecting a saved CSV file (comma delimited (\*.csv) - a selectable format within Excel) from the correct directory. The system will then load the file and display the various fields within the grid.
- **Format of the file:** At the top of the file (before any CPT entry lines) there must be a header row that contains at a minimum, the word ‘CPT’ and ‘ALLOWED’. If there are additional fields you want to update they must also be in the header but in this specific order: CHARGE, PAID\_AT\_PERCENT, QUANTITY, UNITS. (See example of e-Medsys file below.) The PROCEDURE NUMBER column is optional and is used to facilitate tracking down the correct procedure during the update. If one field is missing everything else is ignored. Except for the field that contains the CPT the values may be blank. If a field is blank, the existing procedure values will be used. If a row starts with “#” it will be ignored. If the first row starts with “e-Medsys” this line is ignored. (see example of first row in e-Medsys file below). The start of each valid CPT can optionally start with “CPT:”; this is allowed because Excel may try to remove leading zeros from numbers and then the update will not be able to identify CPT code values that begin with leading zeros.

### Example file from Payer

CPT	ALLOWED
99211	23.39
99212	41.5
99213	56.24

### Example file from e-Medsys

e-Medsys Procedure dump	FC: MEDICARE	Ins: ALL	Dept: ALL	Prov: ALL		
CPT	ALLOWED	CHARGE	PAID_AT_PERCENT	QUANTITY	UNIT	
CPT:99215	114.74	176	80	1	3.1	
CPT:99212	41.50	48	80	1		

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- **Making the Correct Selections:** Once the file is loaded, select from the drop downs the Financial Class, Insurance plan, Provider, and or Department of the procedure alternates you wish to extend. If nothing is selected the Base Procedures will be extended. For example: If you are adding new Medicare procedures you would select Medicare from the Financial Class drop down. If you want to use a base procedure, if an alternate procedure does not already exist, select the checkbox "Use Base if no Alternate exists". Another example, if you did not have any Medicare Alternate fees currently loaded and you want to create Medicare alternates starting with your set of Base entries. First you would create an export "Export" of all your bases, edit the entries in Excel to reflect the correct allowed amounts, and then "Import" the file. Next, you would enter the Medicare Financial Class in the Financial Class field, select the checkbox "Use Base if no alternates exist", and enter in a starting effective date. The start date indicates the effective begin date that would be used when creating the new alternates. You may select a date in the past, but previously posted charges will not be changed. You would then "Validate" the procedures displayed in the grid, then press the "Create button" to create the Medicare alternates.
- **"Validate" button:** The Validate button determines the base set of values it will need for creating the new entries based on either the CPT value and/or the procedure number indicated. If problems are found they will be reported in the "Problem" column. The other columns visible in the grid will be completed with data from the imported file or from the database. The columns that begin with "F-" indicate the values in those columns are from the File. The other column values are based on existing procedures. The new entries will have the values indicated in the "F-" columns unless the corresponding "F-" field is blank. .
  - **White procedure row:** If the procedure row is white, the new entry will be created without any issues. The "Problem" column will be blank.
  - **Gray procedure row:** If the procedure row is gray, the entry will not be created because the system does not detect a change. The Problem column field will say: "No Update Needed". When doing the Create, these rows will be skipped.
  - **Red procedure row:** If the procedure row is red, there are problems with the procedure and the "Problem" column will describe what the issue is. Below are the possible error messages:
    - *No existing Procedure Found with this CPT* –This indicates that there is no matching CPT in the database. You

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must manually create an alternate with this CPT or use the base entry if one exists (select checkbox "Use Base if no alternates exist").

- *Found Multiple Procedures with this Number:* This indicates that there is more than one matching procedure number in the database. You must manually fix this problem before it can be processed. This only will occur if procedure numbers are included in the imported file.
  - *Found FUTURE procedures with this Number:* This indicates that there is a matching procedure number in the database with a future date that would cause a collision. You must manually alter this procedure number.
  - *Found FUTURE procedures with this CPT:* This indicates that there is a matching CPT in the database with a future date that would cause a collision. You must manually alter this CPT.
  - *Repeated CPT:* This indicates that there is more than one procedure assigned to the CPT code and the program can not distinguish to update the correct one. You must manually alter this procedure number.
  - *Procedure is inactive:* This indicates that there is an inactive procedure/CPT found that must be re-activated before the system can automatically update.
- 
- **“Create Problem File” button:** You can dump a .csv file of your problem list by selecting the "Create Problem File" button. The problem file will be in the same format as the dump file (the fields you see on the screen) and it also includes the problem field. This can be used to work the problem list. It will only list the rows that have a problem.
  - **“Clear” button:** If you would like to clear the problem list and re-validate, push the "Clear" button and possibly select another Financial Class, Insurance Plan, etc... then use the "Validate" again to create a new problem list.
  - **“Create” button:** If you are ready to create the entries, select the "Create" button. The screen will come up showing your selections then ask if you want to continue. It then creates a backup of your existing procedure table in the database called BACKUP\_PROCS\_<COMPANY\_ID>\_<yyyymmddhhmi>. Once that is complete the new procedures will be created.

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### ➤ **Insurance Plan File Maintenance**

- **Financial Class change:** If the Financial Class is changed on an Insurance Plan, you will now be prompted to update all open charges and claims with this Insurance Plan to the new Financial Class selection. It is recommended that you do this update as it will insure that your claims get the correct provider numbers.

### ➤ **Input List (Patient or Claim)**

- **Ability to use a CSV file as an import for Input Lists:** On the patient panel and claim panel under the “Input List” button, there is now the ability to import a CSV file (comma delimited (\*.CSV) - a selectable format within Excel) of Patient numbers or Claim numbers to be used in the input list. If you are creating a new list by selecting the “Add” button or modifying a list by selecting the “Modify” button there is a new button “Import”. If you use this selection you must then navigate to the directory where you have your CSV file stored and select the file. The format of this file is a single column list of Patient numbers / Family numbers (family systems), or claim numbers, depending on the type of input list you are creating. For example, below is a list of patient numbers:

1  
4  
5  
10  
200  
300

### ➤ **Claim Input List – Mark for Reprint feature**

- **Claims in an input list can be automatically marked for reprint** – To use this feature go to Billing->Insurance->(select your Claim Type) ->Claim Panel. Select the “Input List” button and there will be a new option to mark claims for reprint based on an input list. Select the list you are interested in and hit the button “Mark for Reprint”. All claims within the list will be automatically marked for reprint. If you would like to mark all claims for reprint that were within a particular batch or financial class, use one of the Reports under the Report Generator -> Claims category to select the specific claims, then import these claims into an input list (as described above) and mark these same claims for reprint.

### ➤ **Provider File Maintenance – Referring Provider**

- **Copy a Referring Provider into the General Organization table (Primary Care Provider):** Each time you ADD a Referring Provider, you will now be prompted whether to copy this provider into the General Organization table as a Primary Care Provider. NOTE: you will only receive this prompt if you have the

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“Display Primary Care Provider” checkbox enabled in Company File Maintenance.

### ➤ **Revenue Period File Maintenance**

- **Ability to re-open a month that was closed prematurely:** there is a new “Re-open” button that will allow you to re-open the month directly preceding the currently open month. The system allows a maximum of two months to be open at once, so to re-open you must have only one month currently open. NOTE: any new posting to the re-opened month will effect the month end totals for that month, so you would need to re-run your month end reports.

### ➤ **Report Enhancements**

- **Reports Options:** If selections are made that include the selection of multiple Providers, Departments, Financial Classes, Patient Codes, Referring Providers, or Insurance plans, the options page will now list the various selection names. If the selection includes Providers or Departments, the corresponding short name will print.
- **Report Templates will display User Name:** On the Template panel, when selecting a Template, the window will now display the user who created the template. To search for a template, you can click on the column heading to sort by Template name or by User Name.
- **Update existing Report Templates:** An update to an existing report template can only be done if you were the creator of the template or have an administrator login. If you do not have permissions, a message will appear informing you that the template name already exists and to enter in a new name. This will create a new template.
- **Account Activity Report:** There is a new checkbox "Filter by Selections" under the Charges dropdown. If this is selected, then the charges will be filtered by the other selections, i.e., Department, Physician.
- **“OK” button replaced with “Print” or “Run”:** To distinguish whether the system is “processing” or “processing and printing” the button “OK” has been replaced with “Run” or “Print” throughout the system.
- **Printer Selection Window:** If you hit the “Cancel” button in the printer selection window, the program will now return to the main selection screen. Prior to this it would exit from the report.

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- **Standard AR Reports – Suppression of inactive Financial Classes and Credit Codes and Providers:** Age Analysis, Daysheet, Outstanding Claims, and Provider Productivity reports: inactive Financial Classes and Credit Codes that have no totals are now suppressed from the totals sections.
  
  - **Daysheet Report :** On the detail panel, if the Reprint Date Range is entered, the system will warn you if you are selecting a date range that is greater than 31 days.
  
  - **Patient Profile by Proc/Diag and Visit user Statistics (Community Heath Center Feature)**
    - A new cross tab has been added: School Profile.
    - Only selected Financial Classes and Departments will appear in the crosstabs.
  
  - **General Codes**
    - **Age Bracket (Community Heath Center Feature) :** The description field in the age bracket category has been expanded to hold up to 180 characters.
  
    - **e-Chart Category – Flatbed option:** There is now the option to set the default scan from the flatbed in e-chart File Maintenance. This is important when using a scanner that has both a flatbed and an automatic document feeder. To automatically enable the flatbed checkbox when scanning documents. This will be important when using a scanner that has both a flatbed and an automatic document feeder. The code field in e-Chart Category now holds an additional field for the flatbed default. The code field holds <scanning size>,<sides>,<use-popup>,<flatbed>
- Review of e-Chart Category setup in General Code File**
1. Complete the Description of e-chart category
  
  2. Complete the Code field (i.e. Code= 1,2,Y,Y) A comma should be used to separate the values <scanning size>,<sides>,<use-popup>,<flatbed>
    - <scanning size>: Enter a value of 1, 2, 3, 4 or 5. This value corresponds to the e-Chart scanning size  
1 = Business Card(3.5 x 2)

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2 = (5 x 3)  
3 = (6 x 4)  
4 = (4 x 6)  
5 = Standard(8.5 x 11)

- <sides>: Enter a value of 1 or 2. A value of 1 for single side scanning or a value of 2 for duplex scanning. If no value is specified the value of “1” is assumed.
  - <use-popup>: Enter a Y or N to indicate the use of the popup control. If no value is specified the value of “N” is assumed.
  - <flatbed>: Enter a Y or N to indicate the use of a flatbed. If no value is specified the value of “N” is assumed.
3. Complete the Code2 field (i.e. 1,50,25): The code2 field is a comma separated list <resolution>, <brightness>, <contrast>
- <resolution>: Enter a value of 1, 2, 3. This value corresponds to the  
1 = 75  
2 = 150  
3 = 300
  - <brightness>: The value should be between 1-999. If no value is specified the default is set to 700.
  - <contrast>: The value should be between 1-999. If no value is specified the default is set to 350.
4. Complete the Rank field - The rank field is used to control the sorting order of the categories.

### ➤ **Insurance Enhancements**

- **(CMS 08-05) Show Specialty:** (Billing->File Maintenance->Insurance Plan File Maintenance) There is a new checkbox in Insurance Plan File Maintenance – Rules Panel “*Show Specialty (CMS 0805 NPI Only)*” that defaults to include the Providers specialty code in box 17a, 24J, and 33b when the Provider Number Mode is set “*NPI ONLY*”. Once in this mode, if there are plans that request that these boxes be blank, you will need to uncheck this box.
- **Displayed Insurance Menu Items:** The insurance menu items that appear under Billing->Insurance will always include ECS (ANSI) 997 and Emdeon ITS. Any other form types that are displayed will be based on the entries defined in Billing-

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>File Maintenance->Insurance Control. If any of the standard form types (CMS (08-05), CMS (UB-04), ECS (ANSI) 4010 or ECS (ANSI) 4010 ) are not defined in the Insurance Controls they will appeared grayed out in the menu. This indicates to the practice that these form types are supported by the application.

- **Hardcopy Alternate Claim Runs - Option to Automatically Print Stored EOB's:** When printing alternate insurance (HCFA 12-90, CMS 08-05) claims, you now can print the applicable EOB's during the run. To enable this feature select the "Print ERA's" checkbox on the Fin Class/Ins Plan panel. *NOTE:* you must not be using pre-printed forms. Plain paper must be in the printer. Once this feature is enabled, each claim will be immediately followed by any stored ERA's that pertain to the previous payer's claim. Obviously, the more primary payers you have doing Remittance, the better. ERA's will begin being stored to your database once you have the v20 remittance program.
- **Billing with Hemoglobin levels (HGB levels):** Certain carriers are now requiring that the hemoglobin levels be sent in the ANSI 4010 - 2400 MEA record as opposed to being sent in the ECS comment. The insurance programs have been enhanced to supply this information from the ECS comment field. The ECS comment must be entered in one of the following formats:

### **HGB:10**

*Note: If you would like to specify a line number for paper claims you can add additional comments after the value for example **HGB:10 Line1***

- This format is identical to billing hematocrit levels in which the ECS comment format is **HCT: 33**

### ➤ **Statement Enhancements**

- **CSC Number:** If credit card information is printed on your statements, there will now be a place to enter in the 3 or 4 digit CSC (Card Security Code) number.
- **Check Number:** Patient payments that include a check number will now print on the statement starting in the ICD9 column. If the statements are in "Show Audit" mode, the check number will also be included for any payment.
- **Insurance Plan Information (Family System):** If the insurance plans are the same on all the charges on the statement, we now print the insurance plan names.

### ➤ **Admin**

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- **Claim Archive:** Claim Archive is a new selection under the Admin menu. It marks claims in the selected date range as archived so they don't appear automatically in the Claim Selection Window. The date range selection refers to the claim process date. As a precaution, the system will not allow you to remove claims that have been processed within the last 6 months. A date range must be selected before claims can be archived and only claims that have a transactions remaining amount of zero will qualify.

### ➤ **New Security Features**

- **Password Reset Feature (User File Maintenance checkbox “Force Password Change Next Log in”):** This checkbox allows the Admin to force a password reset for a user. Once this checkbox is checked for a user, on that user’s next log in, the Change Password Window will pop up with the message “The Administrator is requiring an immediate password change.”. Once the user successfully changes the password, the program un-checks the checkbox automatically. The user cannot gain access until the password has been changed.
- **Password Strength Rules (Permissions File Maintenance Password Options):**
  - Min Length - the minimum number of characters for the password. The default is 6. The range is 6 – 14.
  - Min Nums - the minimum number of digits required in the password. The default is 1. The range is 1 – 13.
- **New parameter for Password Expiration Feature (Permissions File Maintenance Password Options "Recycle Days"):** Definition: The number of days that must pass before a former password may be reused. Default (Empty field): a user of this role may never reuse a former password.
- **Logon Locking Feature (Company File Maintenance - Miscellaneous Options “Max Log In Attempts”):** This will allow the Admin to specify how many log in attempts a user gets before his Logon is locked out of the system. If the user doesn’t succeed in logging in after this many attempts, the Logon Lock Date field is set in User File Maintenance for that account, and access from that point on is blocked. The Admin can then clear out the Logon Lock Date for that user when he sees fit. NOTE: A user’s Logon is not guaranteed unique within a given Company. As a result, if a Logon needs to be locked, all users with that Logon are given the lock date. When the Admin decides to clear out a user’s Lock Date in User File Maintenance, the system will check if more than the selected users are affected by the lock. If so, a window pops up showing the other users, then asks if they still want to clear the Lock Date. Upon confirmation, all the Lock Dates for those users are cleared.

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- **Inactivity Settings – Auto Logout and Locking of the e-Medsys Application:** The Inactivity Settings are set at the role level which is specified under Admin->Permissions. There is a section labeled “Inactivity Settings” where the administrator can establish by role the number of minutes that must pass where there is no activity within e-Medsys before users are automatically logged out of the application. There is also an option to lock the application or provide a warning message if there is no activity within the specified amount of time.

### **Inactivity setting options:**

1. **If you want to automatically log a user out of e-Medsys and also issue a warning Message prior to the logout:** Set the “Warning Minutes” to the numbers of minutes that must pass before the users get an inactivity warning message with an option to continue working. Set the “Logout Minutes” to the number of inactivity minutes that must pass before the e-Medsys application will exit. If the user does not respond to the inactivity warning message and the number of minutes specified in the “Logout Minutes” has passed the user will be automatically logged out of e-Medsys.
2. **If you want to automatically log a user out of e-Medsys and also lock the e-Medsys application prior to the logout:** Set the “Warning Minutes” to the numbers of minutes that must pass before the e-Medsys application becomes locked. Set the “Logout Minutes” to the number of inactivity minutes that must pass before the e-Medsys application will exit. Once e-Medsys is locked a window will popup requiring the user’s password to be entered to unlock the application. If the user does not respond and the number of minutes specified in the “Logout Minutes” has passed the user will be automatically logged out of e-Medsys. The user will have 3 attempts at getting the password typed in correctly before they are automatically logged out of e-Medsys. If the user selects the cancel button they will be automatically logged out.
3. **If you want to automatically log a user out of e-Medsys without issuing a lock or warning message:** Set the “Logout Minutes” to the number of inactivity minutes that must pass before the e-Medsys application will exit. If there is no keyboard activity or database activity within the application and the number of minutes specified within the “Logout Minutes” has passed the user will be automatically logged out of e-Medsys.
4. **If you want to lock the e-Medsys application:** Set the “Warning Minutes” to the number of inactivity minutes that must pass before the e-Medsys application is locked. Once e-Medsys is locked a window will pop-up requiring the user’s password to be entered to unlock the application. The user will have 3 attempts at getting the password typed in correctly before

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they are automatically logged out of e-Medsys. If the user selects the cancel button they will be automatically logged out.

- **\*\*Important NOTE:** If you are using the “Lock feature”, the application can become locked while the system is processing a report or any other process where there is no keyboard activity taking place within the e-Medsys application. This is an added security feature that will allow the application to become locked while continuing to process in the background. The user will not be automatically logged out while when there is processing taking place within the application.

### ➤ **Miscellaneous**

- **Warning Message:** A warning message will appear if the application is closed using the ‘X’ button on the main application window.
- **The Help Text has been updated and can now be downloaded to your PC:** To download the latest help files to your PC, use the menu item Help -> "Get Latest help". This may take a minute, but then the files will be automatically extracted on your PC.

### ➤ **Report Generator**

- **Collection Audit Reports:** Under the List “Collections” there is a set of audit reports that will allow the practice to monitor activity within the Collection module.
  - **Collection Access - Selection of Date Range and Users.** Tracks based on User Login how long staff members are working in the Collector Work Screen. Shows how many accounts worked and number of minutes each pool user worked their accounts.
  - **Account Status – Selection of Date Range and Users.** Displays the number of accounts worked that were placed in a tickler date test and the dollar amount placed at that step.
  - **Accts worked by Pool Summary - Selection of Date Range and Users.** Displays the number of accounts worked for each day in the date range by pool owner, pool name and the total dollar amount in each pool at the time and the balance today.

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- Collections Pool Outcomes – Selection of Date Range and Users. Displays outcomes selected for each day in the date range by pool owner, pool name, number of accounts worked and the total dollar amount worked.
- Collection Pool Summary - Selection of Date Range and Users. Displays the number of accounts assigned to each pool owner along with the pool name and total dollar amount in the pool for each date in the range.
- Tickler Date – Selection of Date. Gives a list of accounts that are at a tickler date test step and the assigned date falls after the selected date.

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## Collection Module

### ➤ Collection Workscreen

- **Denied Capitated Claims in Collections:** This feature will allow Capitated Insurance claims to fall into collections when there is a denial code posted on the claim and the Capitated Financial Class has a starting insurance collection cycle with the delinquent amount set to 0.00. The denial code used on the claim must also have a starting insurance collection cycle set up in Denial Code File Maintenance. The claim will fall out of collections once the denial code is removed from the claim.
- **Save Default setting for Charges and Payments:** You can right mouse click in the charge and payment selection area on the right hand side of the screen to save your default payment and charge view for the collection work screen.
- **Extended Info Panel (Community Health Center enabled):** A panel with information from the Extended demographics in Patient Registration is now displayed. It includes Income, Family Size, Fee Level, County, Race, Ethnicity, Language, Employment Status, Highest Grade, Student Status, School, Entering Method, and No Reason Method.

### ➤ Collection Pools:

- **Default Owner:** In Pool File Maintenance there is a checkbox where you can set the collection tickler default pool owner. If a collection tickler has not been worked in a pool yet, then the pool owners assigned to the tickler will be determined by the default pool. This is the owner that is displayed in the Collect Alert screen and also the owner name that is printed on the collection letters. Only one pool, per collection type (Patient and Insurance) can be the default pool.

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## Recall Module

### ➤ Protocol File Maintenance:

- **Visit Type / Protocol link:** In the Protocol File Maintenance (modify mode) there is now a button "Visit Types" that will allow Appointment Visit Types to be linked to Recall Protocols. If Protocols are linked to a Visit Type, during processing (Process Existing or Recall Work Screen), the system will only advance the process date and update the tickler note with appointment information if it finds a matching appointment with the correct Visit Type. The note that is added to the Recall Tickler will now include the Visit Type as part of the appointment information. If Protocols are not linked, the system will assume any appointment is valid just as it did before the new enhancement.

### ➤ Recall Work Screen:

- **Appointment Found:** If a patient is not displayed in the Recall Work Screen because an appointment has been found based on the setting in Pool File Maintenance (View Future Appointments, View Past Appointments), a message will now appear informing the user that the patient's process date is being updated and the tickler will be skipped.
- **Other Info Panel:** The "Other Info" panel has been added to the display of patient information.
- **Extended Info Panel (Community Health Center enabled):** A panel with information from the Extended demographics in Patient Registration is now displayed. It includes Income, Family Size, Fee Level, County, Race, Ethnicity, Language, Employment Status, Highest Grade, Student Status, School, Entering Method, and No Reason Method.

### ➤ Recall Tickler File Maintenance:

- **Extended Info Panel (Community Health Center enabled):** A panel with information from the Extended demographics in Patient Registration is now displayed. It includes Income, Family Size, Fee Level, County, Race, Ethnicity, Language, Employment Status, Highest Grade, Student Status, School, Entering Method, and No Reason Method.
- **Print Tickler:** If one or more recall ticklers are selected and the "Print" button is pushed, a window will ask the user if they want to "Print Selected" or "Print All". The Print Selected will only print information regarding the highlighted recall ticklers. The "Print All" will print information regarding all recall ticklers.
- **Recall Tickler Report** – The user name is now included in the note section of the report.

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## ***Appointment Scheduling***

### ➤ **Appointment Booking window**

- **Appt Cancel Reason:** When canceling an appointment there is now a field for the user to enter the cancellation reason. This is on the same window as the "patient cancel", "provider cancel" buttons. The user may right click in the field to pull up the list of predefined values (which are set up in General Codes under Appt Cancel Reasons). This cancellation reason associated with the appointment can then be seen in the Appointment Info window. You can set permissions under Admin-> Permission to force users to enter in a cancel reason or use a pre-defined cancel reason. Be sure to add the reasons in General Code File Maintenance before setting these permissions.
  - Scheduling: Cancel Reason – Pre-Defined only
  - Scheduling: Cancel Reason Required
- **Patient Cell Number visible:** In one day at a time mode, the patient's cell number will be visible following the work number. The cell number will also be displayed in the appointment rollover.
- **Confirmed Appointments:** If an appointment has been confirmed, a check mark will appear to the left of the patient name on the Appointment Booking window.

### ➤ **Appointment Info window**

- **Main Info Panel:** The patient's age will now be displayed next to the Date of Birth field. If the patient's age is less the 2 years the field will be displayed in months. Date First Seen and Date Last Seen are also displayed on the main panel.
- **Cancellation Reason:** In the appointment history table there is a new column that displays the Cancelled Reason for cancelled appointments. To change the cancellation reason or cancel type (provider or patient), select the appointment and push the "Cancel" button.
- **Guarantor Panel:** Additional information has been added to this panel. This includes the Cell Phone, Employer, Social Security number, Date of Birth, Sex, and Email address of the guarantor.
- **Other Info Panel:** The Send Mail value of YES, NO or SPECIAL will be displayed.

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- **Insurance Display:** Additional information is now visible. This includes Policy Holder complete address (address, city, state, and zip), Policy Holder sex, Policy Holder SSN, Insurance Plan NEIC number, Insurance Plan Electronic Eligibility (Y or N value), Crossover (Y or N value) and the first 100 characters of the Insurance Comment.
  - **Extended Info Panel (Community Health Center enabled):** A panel with information from the Extended demographics in Patient Registration is now displayed. It includes Income, Family Size, Fee Level, County, Race, Ethnicity, Language, Employment Status, Highest Grade, Student Status, School, Entering Method, and No Reason Method.
  - **Re-display of Collection Alert Window:** The "Notes" button on all of the screens that display patient notes will now have a plus sign on the button ("Notes+") if there are collection notes associated with the account displayed. To access the Collections Alert window you can right click on the button and select "Collections Alert" and the alert window will be displayed.
  - **Collection Alert window – ability to add additional notes:** From the Collection Alert window – Notes button, users may now add additional collection notes. Existing Collection Notes may not be deleted or changed. This feature is permission based and the user must have the correct permissions set in Permission File Maintenance – *Group:* Collections *Items:* Add Notes.
  - **Statement History:** The Statement history panel will now store not only monthly statements but any demand statements that are produced by the system. There is a new Type column that will indicate if it is a demand or monthly statement.
- **Visit Type File Maintenance Enhancements:**
- **Department/ Provider Filter:** There are 2 new dropdowns for Department and Provider/Resource filtering.
  - **Saving the highlighted Row:** If you are viewing or modifying a selected row, the program will now re-select the row after returning from the detail screen.
- **Waiting List:**
- **Delete Expired:** There is a confirmation window that will come up once the "Deleted Expired" button is pushed. It will also shows the number of records that will be deleted.

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## ***Prescription Tacking Module***

### ➤ **Prescription Work Screen:**

- **Other Info Panel:** The “Other Info” panel has been added to the display of patient information.
- **Extended Info Panel (Community Health Center enabled):** A panel with information from the Extended demographics in Patient Registration is now displayed. It includes Income, Family Size, Fee Level, County, Race, Ethnicity, Language, Employment Status, Highest Grade, Student Status, School, Entering Method, and No Reason Method.
- **No Refill Left** - Prescription will be displayed in red if there are no remaining refills.
- **Prescription (New and Refill) from Charge Posting:** In Company File Maintenance – Posting Panel there is a new checkbox labeled ‘Rx Tracking’. If this is enabled, new prescriptions and refills can be created from Charge Posting when prescription procedures are posted. The default value for Rx Tracking is enabled.

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## ***Bug Fixes***

- **Statements:** If the service physician was chosen for the heading, it was not showing the degree.
- **Booking Appointment:** If an appointment is set to discharged, we now keep the user from canceling it.
- **Rescheduling Appointment:** If an appointment was added to the reschedule list, and if the template for that day was removed, when the appt was rescheduled the original appt was being left open instead of being removed (it should be removed because the template was removed). This is now fixed.
- **Recall Work Screen:** The balance panel will now age based on the transactions and therefore will match the aging buckets as in other areas of the system.
- **Charge Posting:** If a charge transaction is re-displayed by double clicking on the charge in the lower section of the screen and the Financial Class is switched on the charge, the procedure will be cleared and re-entered so that the correct charge amount and other data related to this procedure can be determined.
- **Charge Detail Screen (Community Health Center enabled)** – If a procedure was posted to the wrong date of service this date can not be changed in the charge detail screen. The service must be reversed and re-posted.