What's New in

NetPracticePM v7.4.3

Final Release Notes

Version Release Date: July 23, 2013

NetPracticePM™

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INTRODUCTION

This document provides an overview of new features, resolutions and enhancements available in the release of NPPM v7.4.3. Each section defines the specific feature and/or enhancement associated with the new NPPM release, as well as any resolved issues.

NEW FEATURES AND ENHANCEMENTS

This section is not meant to be cumulative and only contains information associated with the NetPracticePM v.7.4.3 release.

Note: You will need to complete the ***Action Required*** items (where applicable) to make sure your system functions properly with this updated version. It is also mandatory that you review the training materials available on the Knowledge Tree located in the *Release Notes/NetPracticePM/Version 7.4.3 Release* folder.

As with all service packs and updates, for all new menu functionality, you will need to identify which users you want to have access to the new menu functions. Then, you must activate the new menus using the Model User Menus function located on the *System, User Management* menu. You must also set the security level that you want on the new menus using the *Change Function Security* function located on the *System, User Management, Function Security Menu*.

Summary of Action Required Items

Page #	Function	Action
5	**Java JRE package must be installed on the NetPracticePM server**	If Java has not already been installed on the NetPracticePM server, contact your IT Professional to have it installed.
31	**Scheduling System Integration**	Select the **Auto-Delete Deceased Patients from Wait List** check box if you want to delete any Wait List entries for a patient, when the **Patient Status** is set to ***Deceased (3)***.
31	**WebPractice Integration**	Update the **Allowed Schedule Days** check boxes to indicate which days you want patients to able to schedule appointments on.
31	**Search Integration**	Select the new fields (**City** in one field and **State Code** in a separate field) for the Insurance Carrier Table, if you want the Table Search Results window to display both **City** and **State Code** data. This must be set up in each database.
32	**Procedure Entry Integration**	Select the **Use Case Dr as Per Dr** check box if you always want the **Doctor** selected on patients' Case records to populate into the **Per Dr** field in Procedure Entry for the selected Case.
33	**Maintain Insurance Denial Codes**	Update the **Auto Adjustment (ERA)** check box and the **Auto Post $0 Payment (ERA)** check box for each Insurance Denial Code, if applicable.
34	**Maintain Doctor Codes**	UDS Reports only - Verify each Doctor uses the new **UDS Provider Type** from the list provided, where applicable.
50	**ERA Integration Setup**	Update the new Exceptions Integration options (**Allowed Amount Doesn't Match** and **Allowed Amt Doesn't = Calculated Pmt/Adj**) to select how the Exceptions should be processed for your practice.

NetPracticePM Enhancements

Java JRE package must be installed on the server
Only applies to self-hosted clients (non-ASP clients)
*****Action Required*****

All **self-hosted clients** are required to have the Java JRE package installed on the NetPracticePM server. When 7.4.1 was released it was announced that the Java JRE package was required to be installed on the server and each workstation, if you wanted to use the PDF paper claim format in conjunction with the *Paper Claim Editor and Paper Claim Alignment* functions. ***Effective upon the installation of 7.4.3, it is now mandatory the Java JRE package be installed on the NetPracticePM server***, due to printing enhancements that have been made (even if you are not currently using the PDF paper claim functions). These enhancements provide:

- Faster performance in NetPracticePM when displaying the available printers in the Printers selection window and any printer maintenance screens.
- JPort will now automatically start on its own.
- Printing to Windows printers on a 64-bit system is now supported.

Since Java is very specific to each type of server, you should contact your IT professional to download and install the appropriate version, if it is not already installed. They can download it from http://www.oracle.com/technetwork/java/javase/downloads/index.html.

The installation of the Java JRE package will allow full Java programs to run on the NetPracticePM server with or without a browser. The JPort application that is used in NetPracticePM is written in Java and it provides the ability to talk to printers that are attached to the server, a print server, or Wi-Fi router on the network and the ability to create PDF's. It runs as a background service.

Future dates are no longer permitted in the Accounting Date field

To reduce month-end balancing issues, the ability to type a future date in the **Accounting Date** field has been removed from the following functions:

- Procedure Entry
- Unposted Procedures
- Refund Entry
- Capitation Write-Offs
- Negating Transactions

Future dates can still be typed when creating a batch, but the posting of procedures to the batch number will not be allowed until the accounting date becomes current.

Note: The use of future Accounting Dates will be allowed for any function that is used to post payments or adjustments.

NetPracticePM Enhancements (cont.)

Modifier fields have been enhanced to allow four modifiers

Enhancements have been made to accommodate four modifiers on a procedure. These enhancements were applied to numerous functions. The standard Payment and Adjustment Transaction Journals and the Daily Register are the only exceptions, which will only print up to two modifiers due to limited space.

System Conventions

Patient Look-up

The word ***Deceased*** will display in bold red font to the right of the patient's name throughout all menu functions. This will occur whenever the patient account is accessed if the **Patient Status** is set to ***Deceased (3)*** (*Patient, Change Patient Data*).

User Desktop

Logging In

Updates have been made to comply with the HIPAA laws for monitoring and reporting unsuccessful login attempts and locking users out when the maximum number of attempts has been reached. If a valid User Name is typed in along with an invalid Password, the message, "*Invalid Login Attempt x of 5*"will display. Upon the fifth unsuccessful login attempt, the message, "*Maximum login attempts reached - User (xxx) has been disabled, System Log has been updated*." will display. The User must contact their System Manager to have their User Name reactivated. The System Log will now store the quantity of failed login attempts for each User Name along with the date, time and the IP address the login attempt was made from. It will also record if the User Name has been disabled.

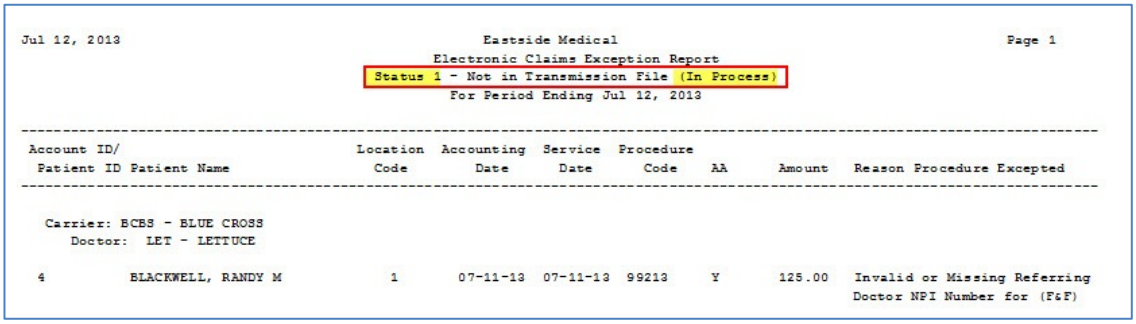
Print Exception Report (*Insurance Billing Functions, Electronic Claims*)

The report has been updated and will now separate the claims with exceptions into two categories.

Status 1 – Not in Transmission File (*In Process*)

Status 2 – In Transmission File (*Locked*)

When encounters are saved in Procedure Entry, they are immediately checked for exceptions so claims can be included on the exception report *prior* to performing the *Create Insurance File* or *Move/Rebuild Transmission File* functions. The reason for splitting the report into two categories is to assist in identifying which claims are actually located in the Transmission file, For example, oftentimes Status 1 claims are just missing information that was not obtainable during the registration process, but you will go ahead and post the charge anyway and go back later after you have the information. If you are trying to get the claim file sent, you may want to just work the exceptions that are in a locked status and ready to be sent. Prior to these changes, you could not tell which exceptions were for charges that were in the initial status and would not go out when you sent claims, whether you fixed the exception or not. Being able to work those exceptions separately should expedite claims processing.



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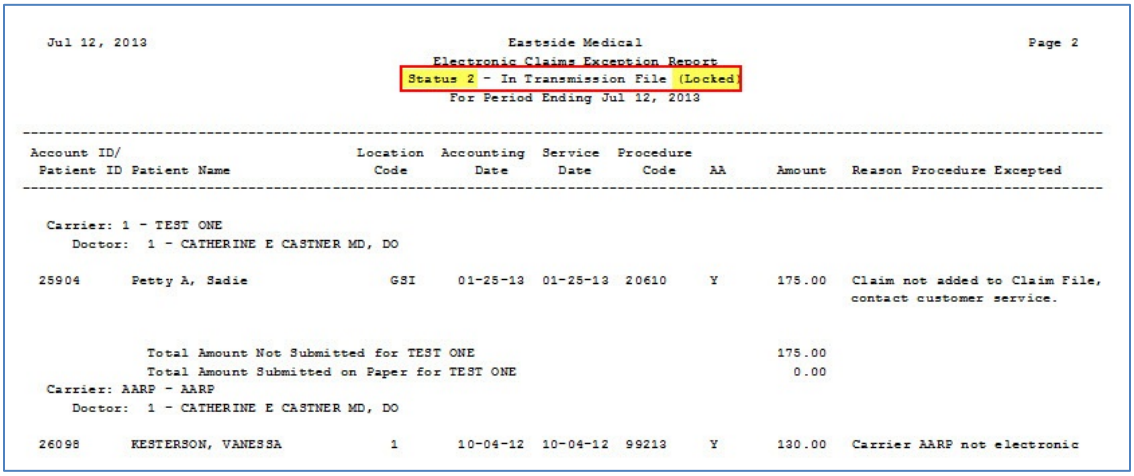
Electronic Claims Exception Report

Status 1 - Not in Transmission File (In Process)

For Period Ending Jul 12, 2013

Account ID/ Patient ID	Patient Name	Location Code	Accounting Date	Service Date	Procedure Code	AA	Amount	Reason Procedure Excepted
Carrier: BCBS - BLUE CROSS								
Doctor: LET - LETTUCE								
4	BLACKWELL, RANDY M	1	07-11-13	07-11-13	99213	Y	125.00	Invalid or Missing Referring Doctor NPI Number for (F&F)



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Electronic Claims Exception Report

Status 2 - In Transmission File (Locked)

For Period Ending Jul 12, 2013

Account ID/ Patient ID	Patient Name	Location Code	Accounting Date	Service Date	Procedure Code	AA	Amount	Reason Procedure Excepted
Carrier: 1 - TEST ONE								
Doctor: 1 - CATHERINE E CASTNER MD, DO								
25904	Petty A, Sadie	GSI	01-25-13	01-25-13	20610	Y	175.00	Claim not added to Claim File, contact customer service.
	Total Amount Not Submitted for TEST ONE						175.00	
	Total Amount Submitted on Paper for TEST ONE						0.00	
Carrier: AARP - AARP								
Doctor: 1 - CATHERINE E CASTNER MD, DO								
26098	KESTERSON, VANESSA	1	10-04-12	10-04-12	99213	Y	130.00	Carrier AARP not electronic

Billing (cont.)

Print Exception Report (*Insurance Billing Functions, Electronic Claims*)

The exception reason of *Doctor Tax ID missing (xx)* has been changed to *Doctor Tax ID must be 9 digits long (xx).*

A new electronic claims exception has been added for "*An Insurance Type is required if the policy is for a Medicare Carrier*" when a claim for an insurance carrier that is set to an I**nsurance Form** type of Medicare (C) is missing the **Insurance Type Code** in the patient's insurance policy information.

A new exception message "*The Date of Ill, Inj, Lmp (mm-dd-yyyy) in the Case (Case description) cannot be for a future date of service.*" will print if the **Date of Ill/Inj** was automatically populated from a Case Record, which has an **Accident Type** of 'Job', 'Auto', or 'Other' and the **Date of Ill, Inj, Lmp** is not on or before at least one service date in the claim.

Print Confirmation Report (*Insurance Billing Functions, Electronic Claims, Printing Options*) and **Move/Rebuild Transmission File** (*Insurance Billing Functions, Electronic Claims*)

A progress bar has been added to indicate that the function is currently running.

Paper File Inquiry and Insurance Filing Report (*Insurance Billing Functions*) and **Delinquent Filing Report** (*Billing, Insurance Billing Functions, Delinquent Insurance Menu*)

It was possible for an error to occur in the Paper File Inquiry function because codes were missing from an internal claim indicator table. These codes are used to identify how claims were generated into the paper claim file. New internal claim indicator codes have been added to the table to resolve this issue.

Code	Description	Action Performed
F	File a Claim	When the File or Demand action is performed from within Encounter view. **Note**: This code is recorded for a Demand action only when the claim has not been previously filed.
JP	Journal to Paper	When the Transfer Journal to Paper Claims function is performed.
X	Automatic Refile	When paper claims are created using the Create Delinquent Insurance function.
H	On Hold	When a date is entered in the **Claim Hold** field in Procedure Entry.
XP	Exceptions to Paper	When an electronic exception is moved to the Paper File.

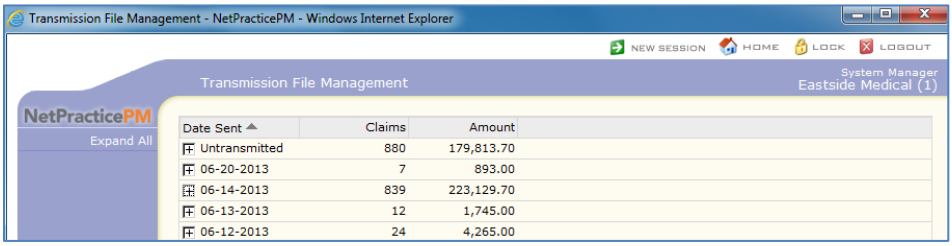
The code descriptions will display in the Paper File Inquiry function and the code will print on the Filing Reports.

Billing (cont.)

Transmission File Management (*Insurance Billing Functions, Electronic Claims, File Maintenance*)
New Functionality* - *5010 Electronic Claims only

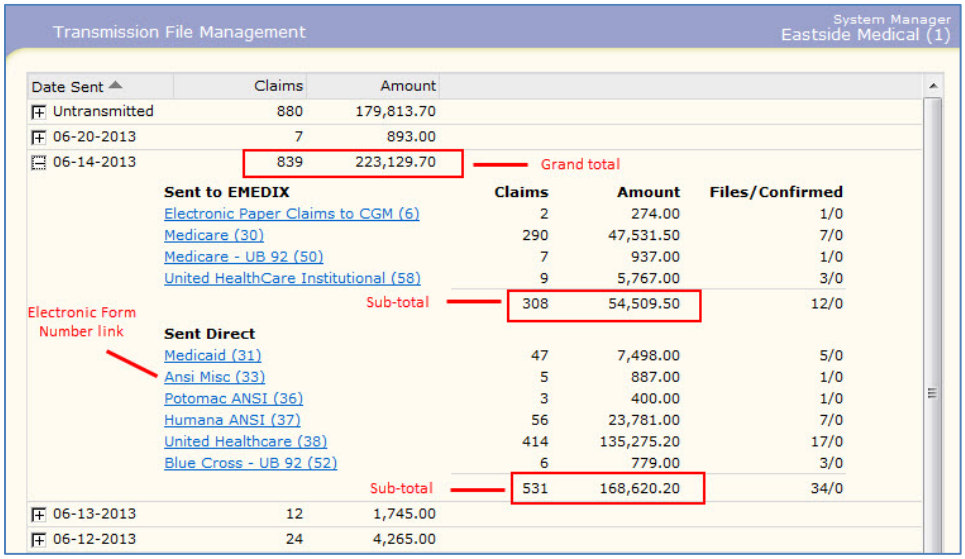
This new function provides the ability to easily manage all the various types of 5010 electronic claim files. You can see at a glance the total number of claims and amounts that were sent each day. It is designed to assist in the daily process of balancing the 5010 claim files between NetPracticePM and EMEDIX and also any claims sent directly to carriers and/or clearinghouses.

The Transmission File Management Summary screen lists the total number of claims and the dollar amount sent each date, starting with the most recent. This function was specifically designed to list the claims by the **Date Sent** to make it easier to match up to the Payer Type Summary totals provided by EMEDIX Online. If the claims have not been sent yet, '*Untransmitted*' will display in the **Date Sent** column.



With the **Expand All/Collapse All** toggle button in the Action Column you can expand or collapse the detailed breakdown for every date listed on the screen in one click. The Expand/Collapse view currently selected on the screen will persist until you click **Cancel** to exit out of the function.

You can display a detailed breakdown for a date by clicking the Expand icon ⊞ in the **Date Sent** column. The Collapse icon ⊟ will collapse the detail and display the summary data.



Billing (cont.)

Transmission File Management *New Functionality* (cont.)

The expanded claim information will be split into two categories, listing the files that were sent to EMEDIX or sent 'Direct' to a payer or clearinghouse (if applicable). The total number of claims and the dollar amount for each **Electronic Form Number** sent for that date will be listed.

Note: A **Sub-total** has been provided for each category which should be used to balance the claim files 'sent' from NetPracticePM to the totals that EMEDIX (or the Direct Connect recipients) reports as receiving. You should compare the Sub-total amounts here to the total of the claim files in the Payer Type Summary in EMEDIX Online. The individual totals provided for each **Electronic Form Number** will most likely not match the individual Payer Type Summary totals due to differences in claim categorizing processes.

The **Files/Confirmed** column will list the total number of files sent for each electronic form number and how many of those files have been 'confirmed.'

Electronic Form Number links have been provided under each section so you can easily access the *Update Confirmation Report Inquiry* function without having to leave the *Transmission File Management* function. When you click an **Electronic Form Number** link, the *Update Confirmation Report Inquiry* screen will display and list all of the files. You can mark files as confirmed and then click **Cancel** to return directly to the *Transmission File Management* screen.

California Workers Comp 5010 Electronic claims

Enhancements were made so 5010 electronic claim files for California Workers' Compensation can now be submitted to the state of California. (*This was released in the 7.4.2.30 Patch.*)

Note: This applies to all providers and facilities submitting 5010 electronic Workers' Compensation claims to the state of California.

Print Insurance Forms *(Insurance Billing Functions)*

****For printing PDF paper claims only**** - Previously, claims were being rejected due to incorrect units on claims with NDC codes. In addition, the NDC code was improperly printing in Box 24A on the CMS-1500 PDF paper claims. This has been resolved.

Note: The billed units in column G (Days or Units) should reflect the HCPCS units, not the NDC units. Billing based on the NDC units may result in underpayment to the provider.

Billing (cont.)

File Maintenance Functions (*Insurance Billing Functions, Electronic Claims*)

Update Confirmation Report Inquiry

Transmission File Inquiry

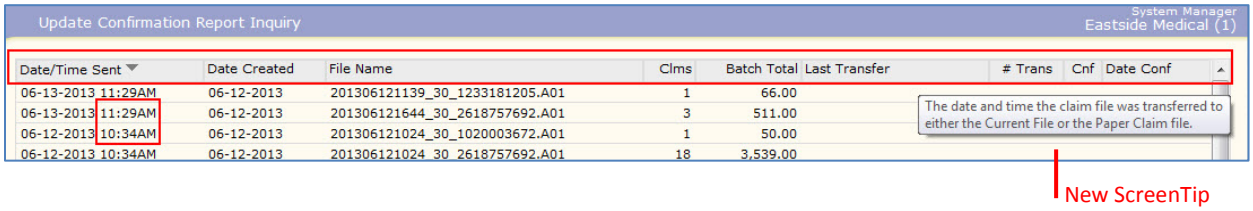
Transfer Journal to Paper Claims

Transfer Journal to Current File

Time stamps have been added to indicate the times that files were sent or transferred, since 5010 claims can be sent multiple times a day. The functions were also changed to generate by the date files were sent and not by the date they were created. Updated ScreenTips have also been added for the column headings on each screen.

Some of the column headings were also renamed and moved as listed below:

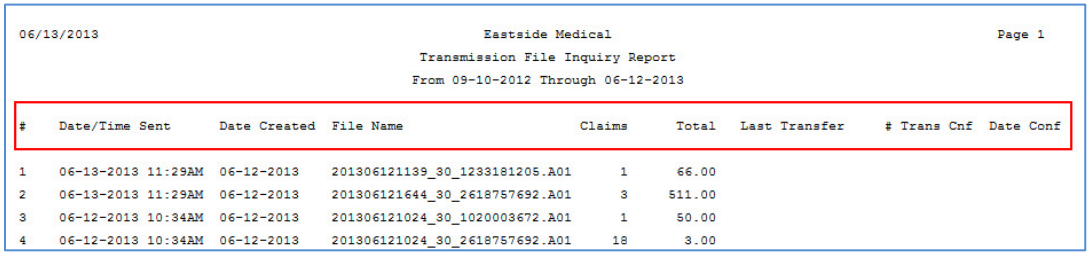
- The **First Trans** column heading was changed to **Date/Time Sent** and moved to first column on the screen.
- The **Date** column heading was changed to **Date Created** and moved to the second column on the screen.
- The **Last Trans** column heading was changed to **Last Transfer**.
- The **Trans** column heading was changed to **# Trans**.



Transmission File Inquiry- Print Function in the Action Column (*Insurance Billing Functions, Electronic Claims, File Maintenance*)

The following heading and column placement changes were made while incorporating the new time stamps.

- The **First Transmis** column heading changed to **Date/Time Sent** and moved to first column on report.
- The **Date** column heading was changed to **Date Created** and moved to the second column on the report.
- The **Last Transmis** column heading was changed to **Last Transfer.**
- The **# of Re-Trans** column heading was changed to **# Trans.**



Billing (cont.)

Print Trans History Summary (*Insurance Billing Functions, Electronic Claims, Printing Options*)

This report will now generate by the date files were sent and not by the date they were created. The following heading and column placement changes were also made while incorporating the new time stamps.

- The **Date Sent** column heading was changed to **Date/Time Sent** and moved to first column on report.
- The **Date Created** column was moved to the second column on the report.
- The **Last Trans** column heading was changed to **Last Transfer.**
- The **# of Re-Trans** column heading was changed to **# Transfers.**

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ECS Transmission History Summary

Date/Time Sent	File Name	Total Claims	Total Amount	Date Created	Last Transfer	# of Transfers
06-13-2013	06132013.A01	1	393.00	06-13-2013		
Untransmitted	06132013.A01	UNK	0.00	06-13-2013		
Untransmitted	06132013.A01	UNK	0.00	06-13-2013		
06-12-2013	06122013.A01	18	2898.00	06-12-2013		
06-12-2013 10:34AM	201306121024_30_1020003672.A01	1	50.00	06-12-2013		
06-12-2013 10:34AM	201306121024_30_2618757692.A01	18	3539.00	06-12-2013		
06-13-2013 11:29AM	201306121139_30_1233181205.A01	1	66.00	06-12-2013		

Delete Historic Transmission Files (*Insurance Billing Functions, Electronic Claims, File Maintenance*)

The program has been updated to include the 5010 transmission claim files when it deletes the 4010 transmission claim files.

Change Patient Data

Patient Name and Address Information

To assist in meeting Meaningful Use Stage 2 requirements, the Terminology (T) language codes have been added to the Language list. When a (T) code exists, it is denoted in the list in braces {} to the left of the existing Bibliographic (B) code, which is denoted in parentheses (). For example, Chinese {zho} (chi). The (T) code, is what will be sent across the EHR interfaces so that the correct code is stored. For additional information, see the Maintain Language Codes section in the Tables section of these release notes.

Billing Information

If the **Patient Status** is set to ***Deceased (3)***, the word **Deceased** will now be inserted at the beginning of the Report Comment.

Insurance

When a **DOD** date is entered and the **Patient Status** is already set to ***Deceased (3)***, the **Termination Date** for all active insurance policies will be set to the **DOD** date.

Previously, even though the **Bill this Carrier** field was set to '**E – Electronic**' on the patient's secondary insurance policy, secondary insurance claims for Medicare crossover carriers could generate in the electronic or paper claim file. This has been resolved.

Case Management

The **Accident State** field is now a required field when **Auto** is selected as the **Accident Type**.

The **Fee Schedule (Alternate Fee)** field name has been changed to **Fee Schedule**. The ScreenTip text has been enhanced to better describe the purpose of the **Fee Schedule** field. For additional information see the Payment Entry section of these release notes.

DMS-Contact Information

A **Validate Address** button has been added to the right of the **State Code** field. Clicking **Validate Address** automatically converts the address you entered to a valid United States Postal Service (USPS)-approved address as managed by AccuMail (a USPS-certified Address Validation Database (CASS Certified)). If the address you typed cannot be validated, messages provided by AccuMail display indicating what could be wrong with the address. If you disagree with the converted address, you can change it back and save it without the validation changes. These changes will prevent claims from being rejected or added to the Exception report due to an invalid address or state code.

Patient (cont.)

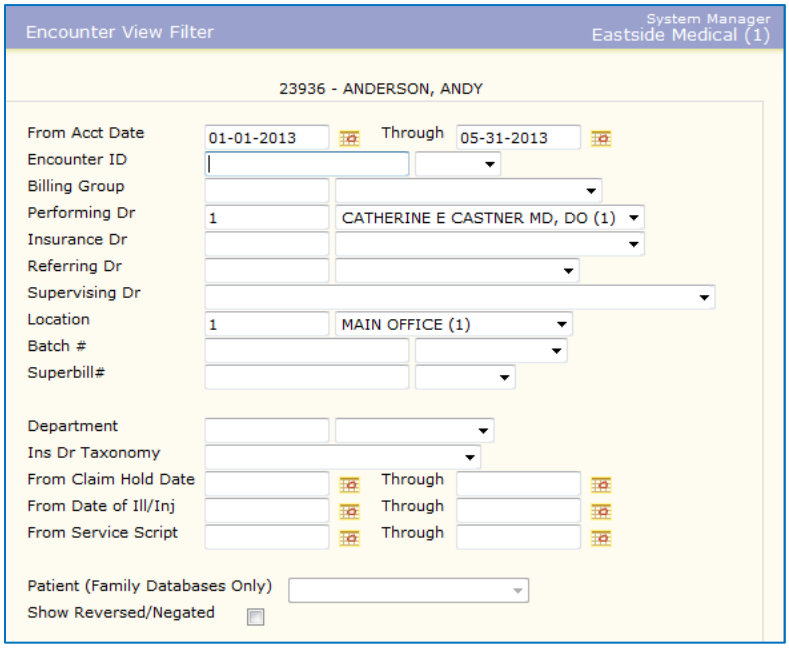
Change Patient Data (cont.)

History – Encounter View *New Functionality*

New **Filter** and **Remove Filter** functions have been added to the Action Column. These functions were added so that the results appearing on the Encounter view screen can be narrowed down by selected filter criteria and to also facilitate the mass refile and mass edit functionality. For example, the **Filter** could be used to isolate and view the encounters posted for Performing Doctor Code 1, Location Code 5, and a specific Accounting Date range. Then you could easily **Edit** and **Refile** those specific encounters.

Each filter criteria that provides a list box to select from, will only populate with the values stored within the selected patient's encounters. For example: the **Performing Dr** list only populates with Performing Doctor codes that have been posted on this patient's encounters.

The filtered results will display according to the current setting for the **Show(Hide) Rev/Neg/Moved** function in the Action Column on the Encounter View screen. If you want to include reversed and negated encounters in the filtered results and you are currently hiding the reversed and negated encounters, select the S**how Reversed/Negated** check box. This will automatically toggle the **Show(Hide) Rev/Neg/Moved** function in the Encounter View screen.

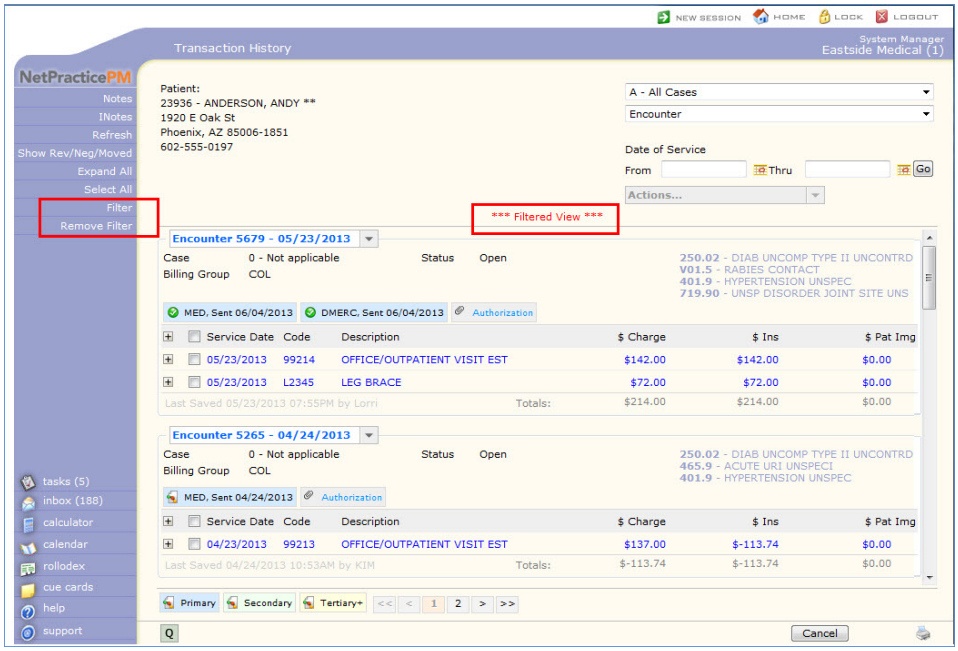


Patient (cont.)

Change Patient Data (cont.)

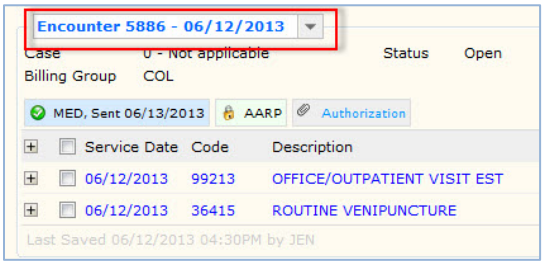
History – Encounter View *New Functionality* (cont.)

When viewing filtered results, the words ***Filtered View*** will display in red at the top of the Encounter View screen. When you want to display the standard Encounter View again, the filter criteria can quickly be removed using the **Remove Filter** function.



History – Encounter View

The Encounter header in Encounter View has been enhanced so it will be easier to identify individual encounters. The **Accounting Date** abbreviation (*AD*) has been removed and the **Encounter ID** number has been moved into the header.

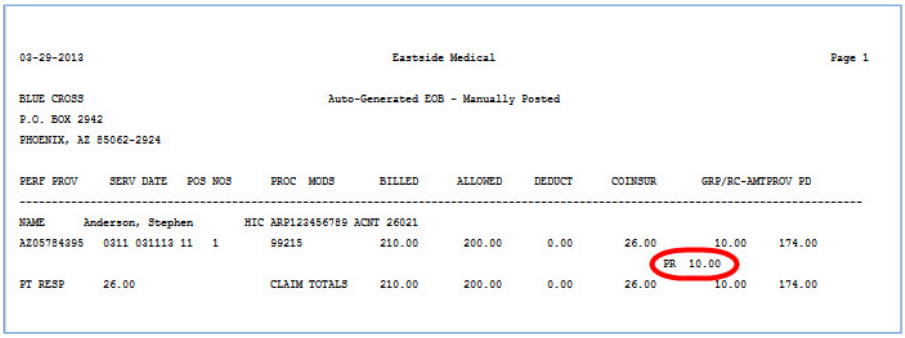


Patient (cont.)

Change Patient Data (cont.)

History – Auto-generated EOB

Previously, any co-pay amounts would print in the Deductible column. This has been resolved and the co-pay amount will now be printed on a separate line, labeled as 'PR' for Patient Responsibility.



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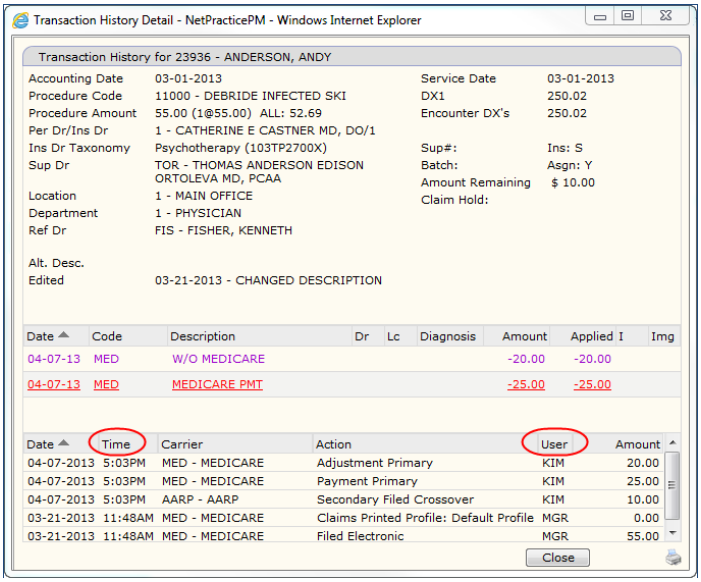
BLUE CROSS                          Auto-Generated EOB - Manually Posted
P.O. BOX 2942
PHOENIX, AZ 85062-2924

PERF PROV     SERV DATE   POS NOS     PROC  MODS      BILLED     ALLOWED    DEDUCT     COINSUR      GRP/RC-AMTPROV PD
-------------------------------------------------------------------------------------------------------------------
NAME      Anderson, Stephen        HIC ARP123456789 ACNT 26021
AZ05784395   0311 031113 11   1       99215            210.00      200.00       0.00       26.00        10.00     174.00
                                                                                                PR  10.00
PT RESP      26.00                    CLAIM TOTALS     210.00      200.00       0.00       26.00        10.00     174.00
```

History – Transaction History Detail

New **Time** and **User** columns have been added to the insurance ledger section when viewing the Transaction History Detail for a procedure. These columns provide the actual time any payment, adjustment, denial, filing, or refiling actions were performed for the selected procedure and which user performed the action.

Note: The time value will be blank for all of the actions listed in the insurance ledger, prior to the installation of this update.



Patient (cont.)

Change Patient Data (cont.)

History – Encounter View – Demand Action and Encounter Edit

New claim form status messages have been added to assist in the claim printing process for the following situations:

If your practice is currently set up to print **PDF paper claims** and you use the Demand action:

- For Paper and Electronic Claims: After you select the **Insurance Carrier** in the Demand window, the current claim file will be checked to see if any PDF or 5010 electronic claims already exist. If they do, the message, "*The item(s) already exists in the current electronic or paper file. Completing this action will produce an additional claim to be printed."* will display.

If your practice is currently set up to print **Legacy paper claims** and you use the Demand action

- For Paper Claims: After you click **Save and Print** in the Demand window, the current legacy paper print file will be checked to see if any claims already exist. If claims already exist, it will not create an additional claim form to be printed and the message, "*The item(s) already exists in the current paper file. Use the Print Insurance Forms function to print the claims.*" will display.
- For Electronic Claims: After you select the **Insurance Carrier** in the Demand window, the current claim file will be checked to see if any PDF or 5010 electronic claims already exist. If they do, the message, "*The item(s) already exists in the current electronic or paper file. Completing this action will produce an additional claim to be printed."* will display.

Inactivate a Patient

If you attempt to inactivate a patient who has a current claim in the insurance claim file, the message "*There are charges in the current insurance claims file for this patient. The charges should be Reversed off the patient's account prior to inactivating the account.*" will display.

Patient (cont.)

Change Patient Data (cont.)

Case Management

Previously, when an encounter was posted and tied to a Case and the patient's account contained secondary insurance policies (not tied to the case), those carriers could have been incorrectly added to the *Other Payer* information in the 2320 loop of the electronic claim file. This has been resolved.

> **Note**: You should always select **No Insurance (0)** for the **Secondary** and **Tertiary** Insurance policies on a Case if you do not want additional policies on the patient's account to be filed for this Case.

Managed Care

Maintain Authorizations (*Authorization Tracking Menu*)

Previously, after an Authorization number had been added to a *new* Authorization record and saved, it could be tied to one future appointment scheduled for the patient. New check boxes have been added to the left of every future appointment so the Authorization can now be tied multiple future appointments.

After an Authorization number has been edited in an *existing* Authorization record and saved, a notification will be provided if any future appointments are tied to the edited Authorization record, so they can be updated with the edited Authorization number, if applicable. A notification will also be provided if any charges are currently stored in *Unposted Procedures* that are tied to the edited Authorization record.

The functionality listed above can also be performed using the **Authorizations** action in the *Change Patient Data* function.

Reports

Transaction Journals to Excel (*Transaction Journals*)

New columns have been added to these reports and some column headings have been changed to reflect the type of data more clearly. The affected columns will vary based on the transaction option selected when printing.

- For Payments: The **Acct Date** column has been changed to **Pay Acct Date**, a **Payment Date** column has been added, the **Amount** column has been changed to **Pay Amount**, a new **Chg Acct Date** column has been added and the **Service Date** column was changed to **Chg Service Date**.
- For Adjustments: The **Acct Date** column has been changed to **Adj Acct Date**, the **Date** column was changed to **Chg Acct Date** and a new **Chg Service Date** column has been added.

Compile UDS Reports (*Reports, UDS Reports*)

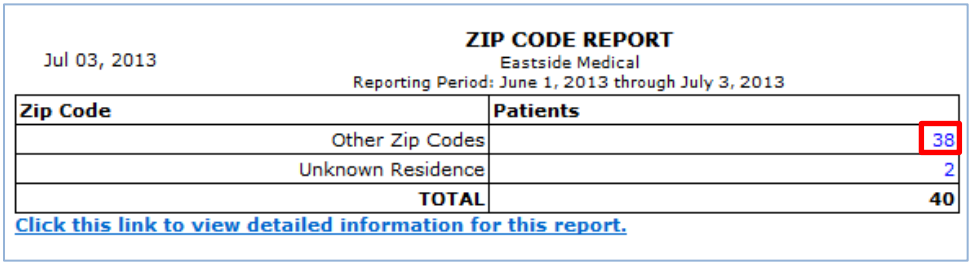
The UDS Reports have been updated to meet the new 2012 reporting standards. The detailed changes are outlined below.

The UDS Reports were designed to be submitted annually; however you could compile and print these reports as necessary to validate your data periodically. Previously, the report was formatted for the calendar year that was selected from the menu. This functionality has changed. Now the report format will generate based on the year used in the **Date to Begin** field. For example if the **Date to Begin** was 12/01/2010 and **Date to End** was 02/01/2011 the report would be formatted for 2010.

The following reports were no longer valid after 2007 and have been removed:

- 6 – Selected Diagnoses and Services Rendered
- 7 – Perinatal Profile
- 72008 – Health Outcomes and Disparities
- 9CI – Managed Care
- 9CIII – Managed Care

A new *Zip Code* report has been added. This report will print the patient counts by zip code during the selected reporting period. If the total number of patients for a specific zip code is fewer than 10, those patient counts will be moved to the 'Other Zip Codes' row. Click the Patient Count link in the **Patients** column to view a list of patients in a specific zip code.



Jul 03, 2013

ZIP CODE REPORT
Eastside Medical
Reporting Period: June 1, 2013 through July 3, 2013

Zip Code	Patients
Other Zip Codes	38
Unknown Residence	2
TOTAL	**40**

Click this link to view detailed information for this report.

Patient Count link

Reports (cont.)

Compile UDS Reports (cont.)

List of patients provided by clicking the Patient Count link

Jul 03, 2013

ZIP CODE REPORT
Eastside Medical
Reporting Period: June 1, 2013 through July 3, 2013

Account	Name	Zip Code
25995	ANDERSON, ALEXIS	24970
23936	ANDERSON, ANDY	85006
26133	ANDERSON, ANGELA	85021
4	BLACKWELL, RANDY M	85004
26119	Everdeen, Katniss	85012
25583	FELIX, CORINA	85004
86	FORERO, TAMARA	33173
9	GUTIERREZ, JOANNE M	85028
8	GUTIERREZ, RICHARD	85051

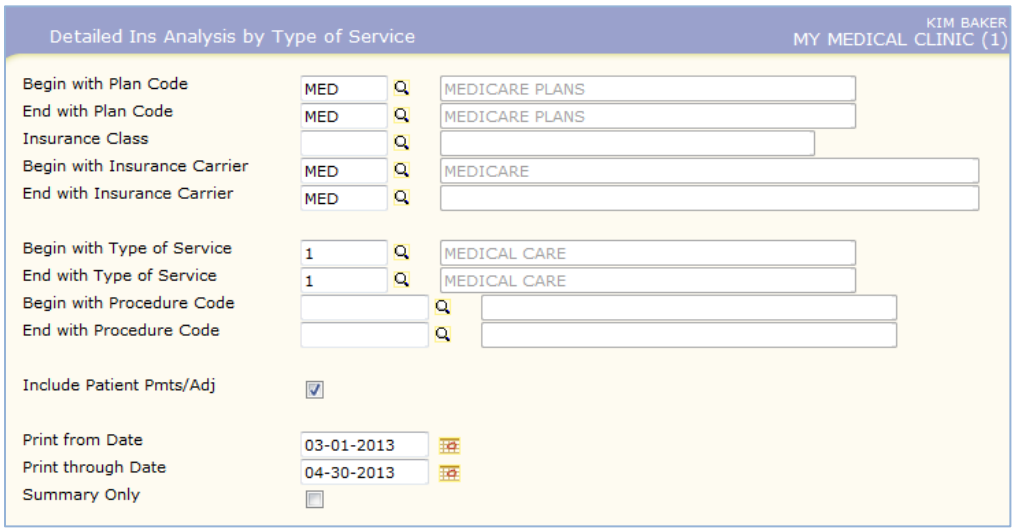
UDS Provider Types have been changed to meet the new 2012 reporting standards. For more information about UDS Provider Type changes, see the Tables section of these release notes.

Add or Change a Letter *(Data Management System, DMS Letter Processor)*

New tertiary insurance carrier Data Elements have been added to the Policies and Cases folders.

Detailed Ins Analysis by Type of Service (*Insurance Related Reports, Insurance Statistical Reports, Insurance Procedure Analysis Reports*) ***New Functionality***

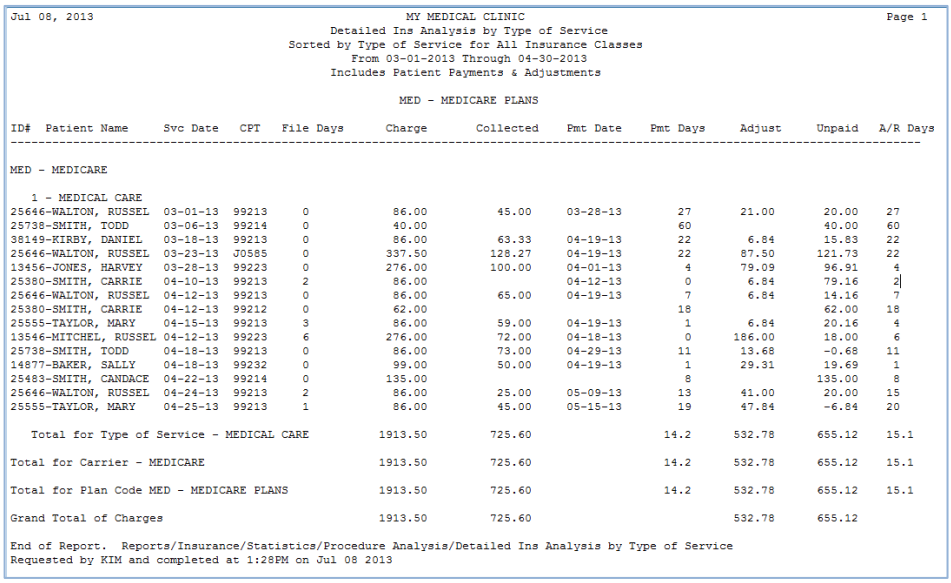
This new report was designed to generate a detailed or summary insurance analysis report sorted by type of service which reflects charge, payment, and adjustment amounts by insurance plan, insurance class, and insurance carrier, including patient detail. It also provides the number of File Days, Pmt Days, and A/R Days to show how many days the charges remained in each stage of the process.



Reports (cont.)

Detailed Ins Analysis by Type of Service *New Functionality* (cont.)

This report is sorted first by insurance class, then by plan code, each individual insurance carrier, and then by type of service. If these fields are left blank, every applicable code within each table will be included on the report. Otherwise, you can reduce the results by selecting the codes you want to analyze. If **Summary Only** is *not* selected, the report reflects by patient account, the patient account number (ID#), patient name, service date, procedure code, file days, charge amount, amount collected, payment date, payment days, amount adjusted, amount unpaid, and A/R Days.



Jul 08, 2013 — MY MEDICAL CLINIC — Page 1

Detailed Ins Analysis by Type of Service
Sorted by Type of Service for All Insurance Classes
From 03-01-2013 Through 04-30-2013
Includes Patient Payments & Adjustments

MED - MEDICARE PLANS

ID#	Patient Name	Svc Date	CPT	File Days	Charge	Collected	Pmt Date	Pmt Days	Adjust	Unpaid	A/R Days
MED - MEDICARE											
1 - MEDICAL CARE											
25646	WALTON, RUSSEL	03-01-13	99213	0	86.00	45.00	03-28-13	27	21.00	20.00	27
25738	SMITH, TODD	03-06-13	99214	0	40.00			60		40.00	60
38149	KIRBY, DANIEL	03-18-13	99213	0	86.00	63.33	04-19-13	22	6.84	15.83	22
25646	WALTON, RUSSEL	03-23-13	J0585	0	337.50	128.27	04-19-13	22	87.50	121.73	22
13456	JONES, HARVEY	03-28-13	99223	0	276.00	100.00	04-01-13	4	79.09	96.91	4
25380	SMITH, CARRIE	04-10-13	99213	2	86.00		04-12-13	0	6.84	79.16	2
25646	WALTON, RUSSEL	04-12-13	99213	0	86.00	65.00	04-19-13	7	6.84	14.16	7
25380	SMITH, CARRIE	04-12-13	99212	0	62.00			18		62.00	18
25555	TAYLOR, MARY	04-15-13	99213	3	86.00	59.00	04-19-13	1	6.84	20.16	4
13546	MITCHEL, RUSSEL	04-12-13	99223	6	276.00	72.00	04-18-13	0	186.00	18.00	6
25738	SMITH, TODD	04-18-13	99213	0	86.00	73.00	04-29-13	11	13.68	-0.68	11
14877	BAKER, SALLY	04-18-13	99232	0	99.00	50.00	04-19-13	1	29.31	19.69	1
25483	SMITH, CANDACE	04-22-13	99214	0	135.00			8		135.00	8
25646	WALTON, RUSSEL	04-24-13	99213	2	86.00	25.00	05-09-13	13	41.00	20.00	15
25555	TAYLOR, MARY	04-25-13	99213	1	86.00	45.00	05-15-13	19	47.84	-6.84	20
Total for Type of Service - MEDICAL CARE					1913.50	725.60		14.2	532.78	655.12	15.1
Total for Carrier - MEDICARE					1913.50	725.60		14.2	532.78	655.12	15.1
Total for Plan Code MED - MEDICARE PLANS					1913.50	725.60		14.2	532.78	655.12	15.1
Grand Total of Charges					1913.50	725.60			532.78	655.12	

End of Report. Reports/Insurance/Statistics/Procedure Analysis/Detailed Ins Analysis by Type of Service
Requested by KIM and completed at 1:28PM on Jul 08 2013

File Days - The number of days from the Service Date to the Insurance Filed Date. This number is only provided for each individual charge and will not print on the Totals line.

Pmt Days - The number of days from the Insurance Filed Date to the Payment Date. If there is no payment date, the number of days between the Insurance Filed Date and the Print through Date selected for the report date range will print. The average number for all the payment days listed for the type of service will print on the Totals line.

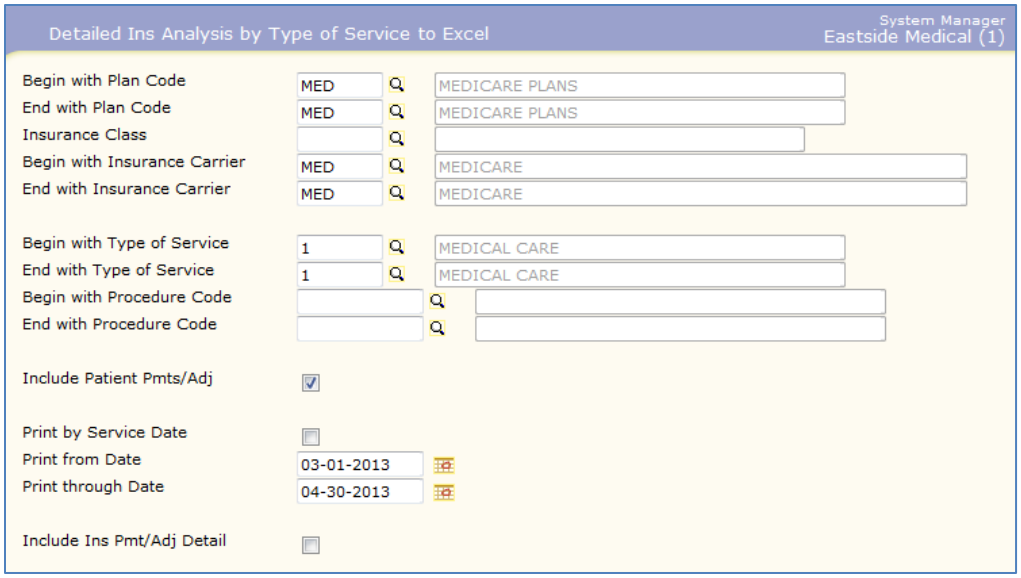
A/R Days - The number of days from the Service Date to the Payment Date. If there is no payment date, the number of days between the Service Date and the Print through Date selected for the report date range will print.

NOTE: The figures for the **Collected**, **Adjusted**, and **Unpaid** amounts only include insurance amounts applied to the charges included on this report. They do not include all the payments and adjustments that occurred during the period specified by the beginning and ending dates. If you select **Include Patient Pmts/Adj**, those amounts will also be included in the amounts reported for the charges included on this report.

Reports (cont.)

Detailed Ins Analysis by Type of Service to Excel (*Insurance Related Reports, Insurance Statistical Reports, Insurance Procedure Analysis Reports*) ***New Functionality***

This new report was designed to expand on the data provided by the *Detailed Ins Analysis by Type of Service printed* report and also to provide the capability to print to *Microsoft Excel via MyReports* for advanced sorting and filtering. It will generate a detailed insurance analysis report which reflects charge, payment, and adjustment amounts by insurance class, insurance plan, insurance carrier, and type of service, including patient detail. It also provides the option to include insurance payment and adjustment detail.

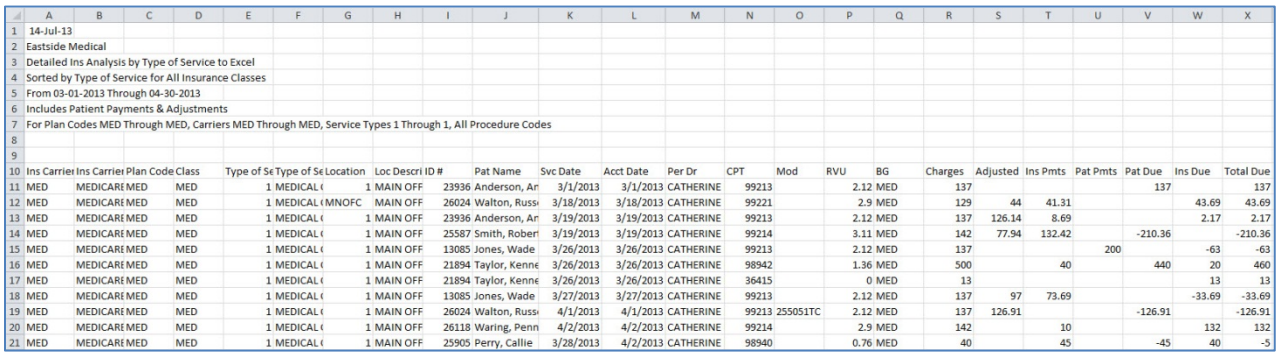


The report will generate based on the parameters selected and print the individual charges in Accounting Date Order unless **Print by Service Date** is selected. Every applicable code within each table will be included on the report if the table fields are left blank. Otherwise, you can reduce the results by selecting the codes you want to analyze.

The report reflects by accounting date, the insurance carrier code and description, plan code, insurance class, type of service code and description, location code and description, patient account number (ID#), patient name, service date, accounting date, performing doctor, procedure code, modifiers, RVU, billing group, charge amount, adjustment amount, insurance payments, patient payment amount, patient amount due, insurance amount due, and the total amount due.

Reports (cont.)

Detailed Ins Analysis by Type of Service to Excel *New Functionality* (cont.)



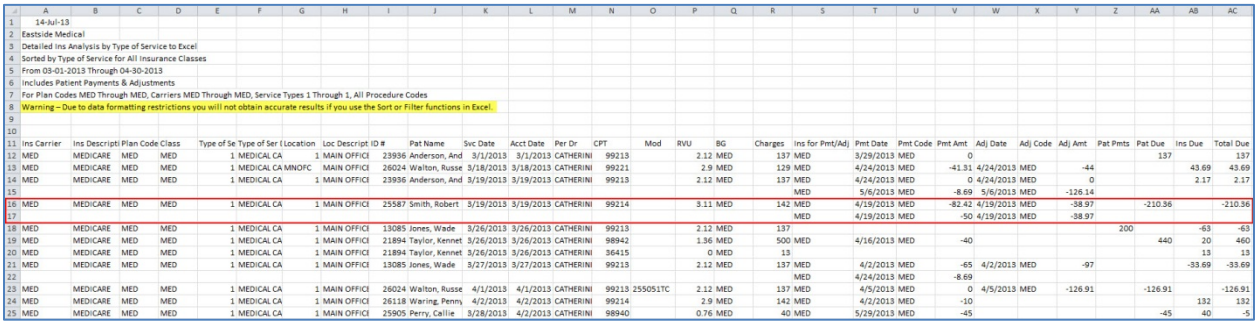
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	14-Jul-13																							
2	Eastside Medical																							
3	Detailed Ins Analysis by Type of Service to Excel																							
4	Sorted by Type of Service for All Insurance Classes																							
5	From 03-01-2013 Through 04-30-2013																							
6	Includes Patient Payments & Adjustments																							
7	For Plan Codes MED Through MED, Carriers MED Through MED, Service Types 1 Through 1, All Procedure Codes																							
8																								
9																								
10	Ins Carrier	Ins Carrier	Plan Code	Class	Type of Se	Type of Se	Location	Loc Descri	ID #	Pat Name	Svc Date	Acct Date	Per Dr	CPT	Mod	RVU	BG	Charges	Adjusted	Ins Pmts	Pat Pmts	Pat Due	Ins Due	Total Due
11	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	23936	Anderson, Ar	3/1/2013	3/1/2013	CATHERINE	99213		2.12	MED	137				137		137
12	MED	MEDICARE	MED	MED	1	MEDICAL (	MNOFC	MAIN OFF	26024	Walton, Russ	3/18/2013	3/18/2013	CATHERINE	99221		2.9	MED	129	44	41.31			43.69	43.69
13	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	23936	Anderson, Ar	3/19/2013	3/19/2013	CATHERINE	99213		2.12	MED	137	126.14	8.69			2.17	2.17
14	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	25587	Smith, Robert	3/19/2013	3/19/2013	CATHERINE	99214		3.11	MED	142	77.94	132.42		-210.36		-210.36
15	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	13085	Jones, Wade	3/26/2013	3/26/2013	CATHERINE	99213		2.12	MED	137			200		-63	-63
16	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	21894	Taylor, Kenne	3/26/2013	3/26/2013	CATHERINE	98942		1.36	MED	500		40		440	20	460
17	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	21894	Taylor, Kenne	3/26/2013	3/26/2013	CATHERINE	36415		0	MED	13					13	13
18	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	13085	Jones, Wade	3/27/2013	3/27/2013	CATHERINE	99213		2.12	MED	137	97	73.69			-33.69	-33.69
19	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	26024	Walton, Russ	4/1/2013	4/1/2013	CATHERINE	99213	25505 1TC	2.12	MED	137	126.91			-126.91		-126.91
20	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	26118	Waring, Penn	4/2/2013	4/2/2013	CATHERINE	99214		2.9	MED	142		10			132	132
21	MED	MEDICARE	MED	MED	1	MEDICAL (	1	MAIN OFF	25905	Perry, Callie	3/28/2013	4/2/2013	CATHERINE	98940		0.76	MED	40		45		-45	40	-5

NOTE: The figures for the **Ins Pmts, Patient Pmts**, **Adjusted**, **Patient Due**, **Insurance Due** and **Total Due** amounts only include amounts applied to the charges included on this report. They do not include all the payments and adjustments that occurred during the period specified by the beginning and ending dates. If you select **Include Patient Pmts/Adj**, those amounts will also be included in the amounts reported for the charges included on this report.

If you select **Include Ins Pmt/Adj Detail**, the **Adjusted** and **Ins Payments** columns will be replaced with the following columns.

Ins for Pmt/Adj	Pmt Date	Pmt Code	Pmt Amount	Adj Date	Adj Code	Adj Amount

The report heading will include, *Warning - Due to data formatting restrictions you will not obtain accurate results if you use the Sort or Filter functions in Excel.* The warning is provided because when multiple payments or adjustments for one insurance carrier are listed for a charge, they will print in a separate row, directly below the charge they were allocated to. If the data is sorted or filtered, the additional payments or adjustments could become separated from the row containing the charge details and it would render the results inaccurate. For example: if you look at row 17 in the image below, you will see that it only contains the payment and adjustment detail for an additional Medicare payment applied to the charge, listed in row 16.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	14-Jul-13																												
2	Eastside Medical																												
3	Detailed Ins Analysis by Type of Service to Excel																												
4	Sorted by Type of Service for All Insurance Classes																												
5	From 03-01-2013 Through 04-30-2013																												
6	Includes Patient Payments & Adjustments																												
7	For Plan Codes MED Through MED, Carriers MED Through MED, Service Types 1 Through 1, All Procedure Codes																												
8	Warning – Due to data formatting restrictions you will not obtain accurate results if you use the Sort or Filter functions in Excel.																												
9																													
10																													
11	Ins Carrier	Ins Descripti	Plan Code	Class	Type of Se	Type of Ser	Location	Loc Descript	ID #	Pat Name	Svc Date	Acct Date	Per Dr	CPT	Mod	RVU	BG	Charges	Ins for Pmt/Adj	Pmt Date	Pmt Code	Pmt Amt	Adj Date	Adj Code	Adj Amt	Pat Pmts	Pat Due	Ins Due	Total Due
12	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	23936	Anderson, And	3/1/2013	3/1/2013	CATHERINI	99213		2.12	MED	137	MED	3/29/2013	MED	0					137		137
13	MED	MEDICARE	MED	MED	1	MEDICAL CA	MNOFC	MAIN OFFICI	26024	Walton, Russe	3/18/2013	3/18/2013	CATHERINI	99221		2.9	MED	129	MED	4/24/2013	MED	-41.31	4/24/2013	MED	-44			43.69	43.69
14	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	23936	Anderson, And	3/19/2013	3/19/2013	CATHERINI	99213		2.12	MED	137	MED	4/24/2013	MED	0	4/24/2013	MED	0			2.17	2.17
15																			MED	5/6/2013	MED	-8.69	5/6/2013	MED	-126.14				
16	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	25587	Smith, Robert	3/19/2013	3/19/2013	CATHERINI	99214		3.11	MED	142	MED	4/19/2013	MED	-82.42	4/19/2013	MED	-38.97		-210.36		-210.36
17																			MED	4/19/2013	MED	-50	4/19/2013	MED	-38.97				
18	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	13085	Jones, Wade	3/26/2013	3/26/2013	CATHERINI	99213		2.12	MED	137									200	-63	-63
19	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	21894	Taylor, Kennet	3/26/2013	3/26/2013	CATHERINI	98942		1.36	MED	500	MED	4/16/2013	MED	-40					440	20	460
20	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	21894	Taylor, Kennet	3/26/2013	3/26/2013	CATHERINI	36415		0	MED	13										13	13
21	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	13085	Jones, Wade	3/27/2013	3/27/2013	CATHERINI	99213		2.12	MED	137	MED	4/2/2013	MED	-65	4/2/2013	MED	-97			-33.69	-33.69
22																			MED	4/24/2013	MED	-8.69							
23	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	26024	Walton, Russe	4/1/2013	4/1/2013	CATHERINI	99213	25505 1TC	2.12	MED	137	MED	4/5/2013	MED	0	4/5/2013	MED	-126.91		-126.91		-126.91
24	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	26118	Waring, Penn	4/2/2013	4/2/2013	CATHERINI	99214		2.9	MED	142	MED	4/2/2013	MED	-10						132	132
25	MED	MEDICARE	MED	MED	1	MEDICAL CA	1	MAIN OFFICI	25905	Perry, Callie	3/28/2013	4/2/2013	CATHERINI	98940		0.76	MED	40	MED	5/29/2013	MED	-45					-45	40	-5

Reports (cont.)

Add or Change a Letter *(Data Management System, DMS Letter Processor)* and **Add or Change a Label** *(Data Management System, DMS Label Processor)*

Currently, the **SurgeryDate [SUR:SURD]** data element pulls based on the post-op data. Therefore, when the post-op period has expired, the surgery date will no longer print. This functionality has not changed, but because of this, the following three new data elements have been added. These elements are *not* based on post-op data and will print the data even after the post-op period has expired.

SurgeryDateLast [SUR:SURLD]: This is the date of the last surgery, regardless of the post-op days.

SurgeryCodeLast [SUR:SURLC]: This is the last posted surgical procedure code, regardless of the post-op days.

SurgeryCodeLastDes [SUR:SURLZ]: This is the description of the last posted surgical procedure code, regardless of the post-op days.

Schedule

Enter Patient Appointments and **Patient Check In/Out**

Several enhancements have been made to the Authorization attachment and how it is populated from the Appointment.

If an authorization number is selected, changed, or deleted for an appointment in *Enter Patient Appointments* it will automatically update the **Authorization** field when the appointment is selected in *Patient Check In/Out*. The same holds true for any action performed on the **Authorization** field in *Patient Check In/Out*, it will automatically update the **Authorization** field when the appointment is selected in *Enter Patient Appointments*. The **Visits Pending** for the Authorization record will also be updated accordingly.

Note: An enhancement has been made to Procedure Entry when charges are entered and the **Performing Dr**, **Location Code**, and **Date of Service** all match up to an appointment scheduled for the patient. If the appointment contains an Authorization Number, the Authorization Attachment will trigger green  with that Authorization Number populated in the attachment after you tab off of the procedure code field.

The ability to type free-text Authorization numbers has been eliminated to provide better tracking. Authorization records must now be created, effective with the installation of 7.4.3. Any free-text authorization numbers stored on appointments prior to the installation of 7.4.3 will continue to display in *Enter Patient Appointments* and *Patient Check In/Out* when the appointment is selected. They will also populate into Procedure Entry and Unposted Procedures.

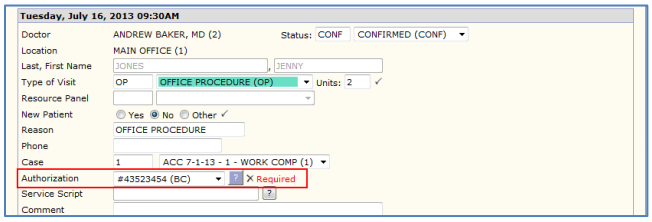
Any unposted charge(s) received from an interface or E-Superbill that is tied to an appointment that contains a free-text authorization number will have an Authorization Attachment created containing the free-text authorization number. The Attachment icon will trigger green  in the *Procedure Entry Function* but no Authorization record will be created. The Authorization record for the populated free-text authorization number can be created from within the Attachment.

Authorization numbers must be edited using the *Maintain Authorizations* function or from within *Change Patient Data*.

Schedule (cont.)

Enter Patient Appointments and **Patient Check In/Out** (cont.)

A new Clear Authorization icon has been added to the right of the Lookup icon. The Clear Authorization icon will remove the authorization number from the selected appointment, but it will not delete the Authorization record stored on the patient's account.



The Case and Authorization fields will update co-dependently now.

- If a Case is selected and is tied to an Authorization record, the **Authorization** field will populate with the Authorization number for the Case.
- If a Case is selected that is tied to more than one Authorization record, the Lookup icon to the right of the **Authorization** field will turn yellow to indicate there are multiple Authorization numbers to choose from.
- If an Authorization is selected first and then a Case is selected, if the Case is tied to a different Authorization number, the **Authorization** field will be updated to populate with the Authorization number for the selected Case.

Currently, if the patient's primary insurance carrier code has the **Auth Required** check box selected in the *Maintain Insurance Carriers* function, Required will display to the right of the **Authorization** field. An enhancement has been made to also display Required if a Case is selected and the primary insurance carrier selected for the Case has the **Auth Required** check box selected.

Enter Patient Appointments

The **Comment** in the patient information section at the top of the screen, which pulls from the **Internal Comment** in the patient's Billing Information screen, now displays in bold red font.

Print Superbills and Re-Print Superbills (*Scheduling Printing Menu*)

New **Begin with Doctor Code** and **End with Doctor Code** fields have been added to these functions so superbills can be printed for one specific doctor code or a range of doctor codes. The **Begin with Doctor Group** and **End with Doctor Group** fields have been changed to split list boxes to facilitate easier code selection.

Maintain Templates (*Scheduling Table Maintenance, Template Maintenance*)

Previously, only the appointment times containing reserves would display when viewing a template. This has been resolved and now all the appointment times display.

Schedule (cont.)

Patient Statistical Report (*Schedule, Schedule Printing Menu*)

Previously, the **Begin with Doctor Code** and **End with Doctor Code** fields only allowed three characters to be typed. The fields have been increased to four characters and have been changed to split list boxes with the magnifying glass icon .

Print Scheduled Patient Detail to Excel (*Scheduling Printing Menu*)

The headings for the columns that contain insurance carrier related data have been enhanced and will now print **(P)** to indicate primary carrier data and **(S)** to indicate secondary carrier data. Three new data elements have also been added to this report to provide additional options for extracting data from the patient account and scheduled appointment.

Primary Carrier Auth Required –Will print either a **Y** or **N** value, indicating if the **Auth Required** check box is selected or not for the patient's primary insurance carrier code, in the Insurance Carrier Code Table.

Secondary Carrier Auth Required - Will print either a **Y** or **N** value, indicating if the **Auth Required** check box is selected or not for the patient's secondary insurance carrier code, in the Insurance Carrier Code Table.

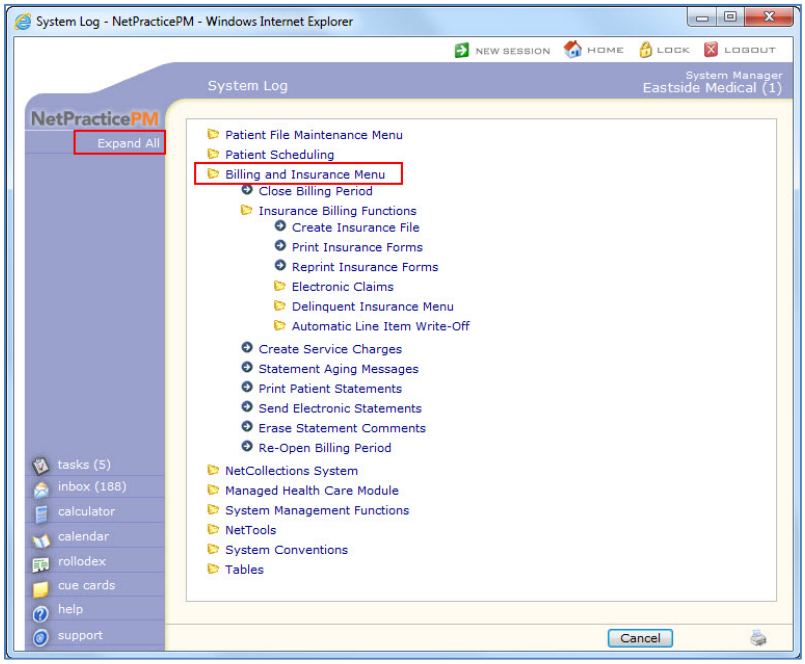
Appointment Authorization Number – Will print any data stored in the **Authorization** field for the patient's appointment.

System

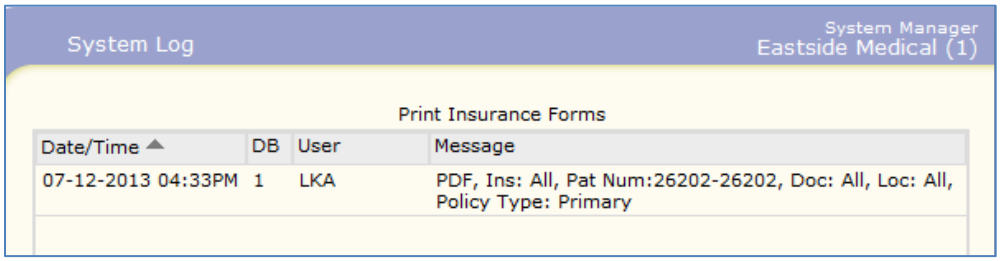
System Log (*File Maintenance Menu, Look-Up Functions*)

Enhancements have been made to this function to provide better organization and accessibility to the menu audit logs. Audit logs for the Billing functions have also been added. You can easily see at-a-glance who performed which billing functions when.

The *System Log* will now display using the standard menu and submenu design currently used throughout NetPracticePM. With the **Expand All/Collapse All** toggle button in the Action Column you can expand or collapse the detailed breakdown for every menu listed on the screen in one click.



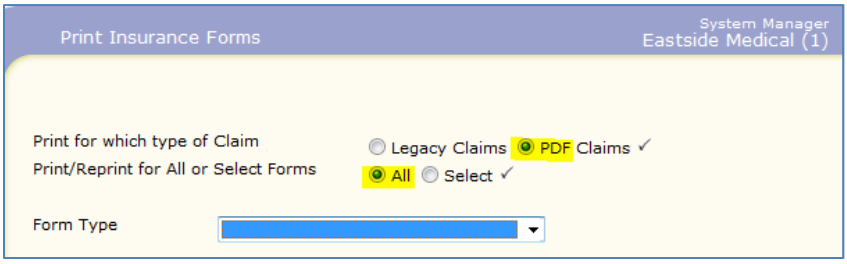
The new Billing function audit logs will become effective upon the installation date of 7.4.3 and will only provide data starting on the installation date going forward. The Billing audit log screen for each function will contain columns listing the Date, Time, Database number (DB), User, and Message content. The Message column will list the parameter information selected for each function, when applicable. For example, the *Print Insurance Forms* audit log Message will list all the parameters selected for printing.



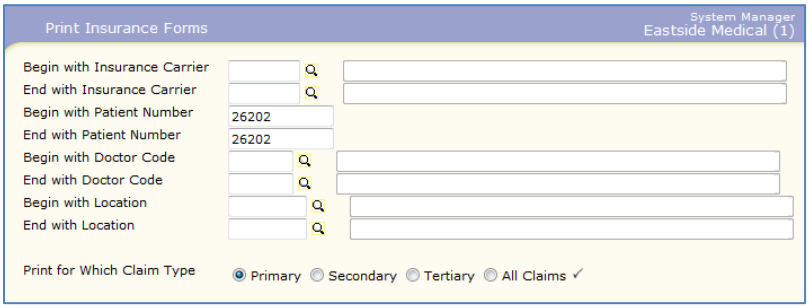
System (cont.)

System Log (cont.)

The first two entries of the Message (*PDF, Ins: All*) list the parameters selected on the first *Print Insurance Forms* screen:



The remaining entries of the Message (*Pat Num:26202 -26202 , Doc: All, Loc: All, Policy Type: Primary*) list the parameters selected on the second *Print Insurance Forms* screen:

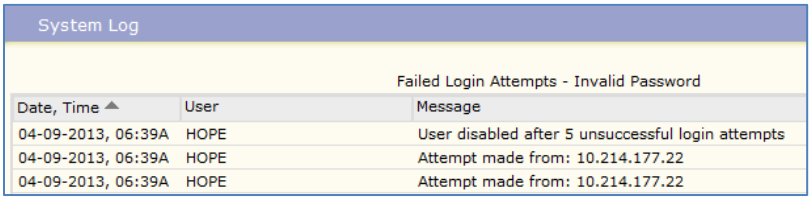


Note: Audit logs will only be provided when printing PDF claims.

The System Log has also been enhanced to store three years' worth of data and provide up to 100,000 entries to display for each function.

System Log (*File Maintenance Menu, Look-Up Functions*)

Updates have been made to comply with the HIPAA laws for monitoring and reporting unsuccessful login attempts and locking users out when the maximum number of attempts has been reached. The System Log will now store the quantity of failed login attempts for each User Name along with the date, time and the IP address the login attempt was made from. It will also record if the User Name has been disabled.



System (cont.)

Change Database Parameters (*Database Maintenance Menu*) ***New Functionality***

A new **Training Database** check box has been added. This check box is only available to CompuGroup Medical during the initial database setup process and cannot be changed.

Billing Profile Rules (*Database Maintenance Menu, Claim Management*)

The **Split By Date of Service** list has changed to include claim splitting options:

- No
- All Claim Types
- Professional Only
- Institutional Only

Claim Management Menu (*Database Maintenance Menu*) ***New Functionality***

The following Claim Management functions have been enhanced to add the insurance **Plan Code** as an option when setting up new Rules.

- 5010 Electronic Claim Loop and Segment Editor
- Paper Claim Editor
- 5010 Claim Hold Rules
- 5010 Claim Exception Rules
- 5010 Submitter Id Rules

The **Insurance Form Number** option has also been added to the following functions.

- 5010 Electronic Claim Loop and Segment Editor
- 5010 Claim Hold Rules
- 5010 Submitter Id Rules

Superbill Wizard *(Form Wizards)*

Currently, the **SurgeryDate [SUR:SURD]** data element pulls based on the post-op data. Therefore, when the post-op period has expired, the surgery date will no longer print. This functionality has not changed but because of this, the following three new data elements have been added. These elements are not based on post-op data and will print the data even after the post-op period has expired.

SurgeryDateLast [SUR:SURLD]: This is the date of the last surgery, regardless of the post-op days.
SurgeryCodeLast [SUR:SURLC]: This is the last posted surgical procedure code, regardless of the post-op days.
SurgeryCodeLastDes [SUR:SURLZ]: This is the description of the last posted surgical procedure code, regardless of the post-op days.

System (cont.)

Scheduling System Integration (*Integrations, Schedule Integrations*) ***New Functionality***

A new **Auto-Delete Deceased Patients from Wait List** check box has been added. If this check box is selected, any Wait List entries for the patient will be automatically deleted when the **Patient Status** is set to ***Deceased (3)***.

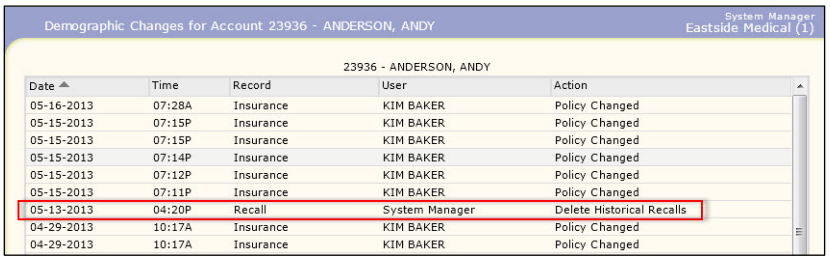
****Action Required****

UB-04 Integration (*Database Maintenance Menu, Claim Management*)

The **Create Institutional Claims Based on Insurance Doctor** field has been changed to **Create Facility Claims Based on Insurance Doctor**. The word Institutional was incorrect and should have read Facility. Facility claims can be categorized as institutional or professional.

Demographic Look-up (*File Maintenance Menu, Look-Up Functions*)

A new audit trail has been added to record when a patient recall was deleted by the *Delete Historical Recalls* function.



WebPractice Integration (*Database Maintenance Menu, Integrations, NetTools Integrations, WebPractice*) ***New Functionality***

WebPractice Clients Only The **Allowed Schedule Days** check boxes have been added to the Scheduling Settings section, allowing practices to select the days on which patients can schedule appointments.

****Action Required****

Search Integration (*Database Maintenance Menu, Integrations*)

The Insurance Carrier Table fields were modified since the **City, State** field was divided into two fields in the Insurance Carrier Table. You will need to select **City** in one field and **State Code** in a separate field for the Search Results window to display both **City** and **State Code** data.

****Action Required**** - Select these new fields for the Insurance Carrier Table in the Search Integration Function, if applicable.

Note: If your practice uses multiple databases, this information must be set up in each database.

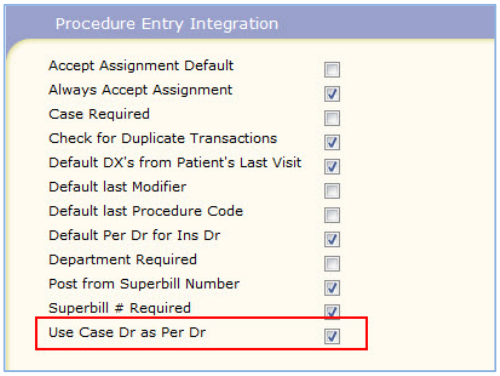
System (cont.)

Procedure Entry Integration (*Database Maintenance Menu, Integrations, Transactions Integrations*)
New Functionality

A new **Use Case Dr as Per Dr** check box has been added so that the **Doctor** selected on the patient's Case Management screen will populate into the **Per Dr** field in the *Procedure Entry Function* for the selected Case. The **Ins Dr** field will also populate with the doctor that is stored as the **Default Ins Doctor** for the selected **Per Dr.**

Note: Selecting this check box overrides any other hierarchy for populating the **Per Dr** in the *Procedure Entry Function*, such as using the performing doctor attached to the procedures in *Unposted Procedures* or using the **Responsible Doctor** stored in the Patient Name and Address Information screen for that patient.

For additional information see the **Procedure Entry Function** section of these release notes.



Action Required - If you always want the **Doctor** selected on patients' Case records to populate into the **Per Dr** field in Procedure Entry for the selected Case, select this check box.

Tables

Maintain Location Codes (*Location Code Table*)

The **Location Code** field length has been increased from three to six characters.

Maintain Procedure Code Amounts (*Procedure Code Table*)

The ScreenTip text for the **Effective Date** field has been improved and now indicates how to create a new effective date for the procedure price list. New ScreenTip text: *Type or select a valid Effective Date. To create a new Effective Date, use the Copy the Procedure Price List function to copy the existing price list into a new effective date.*

Maintain Insurance Carriers (*Insurance Carrier Table*)

If the **Electronic Form Number** for an Insurance Carrier Code is set to **No Electronic Submission (0)**, and you select the **E-Secondary** or **E-Tertiary** check box, a message will display because you cannot select an electronic claims option for a carrier that is set to send paper claims only.

Maintain Insurance Carriers (*Insurance Carrier Table*)

The City, State field has been divided into two fields: City and State Code. A **Validate Address** button has been added to the right of the **State Code** field.

Maintain Insurance Denial Codes (*Maintain Insurance Denial Code Table*) ***New Functionality***

A new **Auto Post $0 Payment (ERA)** check box has been added and the **Auto Adjust** check box has been renamed **Auto Adjustment (ERA)**. When the **Auto Adjustment (ERA)** field is selected, the **Auto Post $0 Payment (ERA)** field will automatically be selected and unavailable to ensure a $0 payment will post with the adjustment. For additional information, see the **Import and Post ERA Files** note in the *Transactions* section of these release notes.

Action Required

Tables (cont.)

Maintain Language Codes (*Language Code Table*)

To assist in meeting Meaningful Use Stage 2 requirements for EHRs, the *Language Code Table* has been updated to the ISO 639-2 Language Codes as maintained by the Library of Congress. This list includes Terminology (T) codes (in addition to the Bibliographic (B) codes) on 40 languages. When a (T) code exists, it must be stored in the EHR for the patient's language. The **Alternate Description** on those 40 codes has been enhanced to display the (T) code denoted in braces {}. For additional information, see the **Patient Name and Address Information** section in the *Patient, Change Patient Data* section of these release notes.

Import Fee Schedules (*Fee Schedule Tables*)

The Centers for Medicare and Medicaid Services (CMS) have updated the 2013 Medicare Physician Fee Schedule effective July 1, 2013. The updated files are available for import by selecting the applicable file name in the **Fee Schedule File** list.

Load the AMA HCPCS Codes *(Tables, Procedure Code Table)*

Updates to the 2013 HCPCS data files, effective July 1, 2013 are available for clients who have purchased that code set. To receive the updated codes you must reload the 2013 file.

Maintain Doctor Codes (*Tables, Doctor Code Table*)

Effective for calendar year 2012, selections in the **UDS Provider Type** list have changed:

Previous UDS Provider Type	New UDS Provider Type
Other – Audiologists(22a)	Other – Audiologists (22m)
Other – Acupuncturists(22b)	Other – Acupuncturists (22n)
Other – Chiropractors(22c)	Other – Chiropractors (22o)
Other – Herbalists (22d)	Other – Herbalists (22f)
New Reporting Selection	Other – Optometrist (22b)
New Reporting Selection	Other – Ophthalmologist (22a)
New Reporting Selection	Other Vision Staff (22c)

Action Required- Verify each Doctor uses the new **UDS Provider Type** from the list above where applicable.

Note: Reports using the **UDS Provider Types** listed above will produce inaccurate results when printing reports for periods prior to 2012.

Transactions

Procedure Entry Function

The Check for Duplicate Transactions function was enhanced. It will search *all* Date(s) of Service within every encounter posted to the patient's account and not just the last 180 days of transactions posted, to see if the procedure code entered has the same Date of Service, Location, and Performing Doctor.

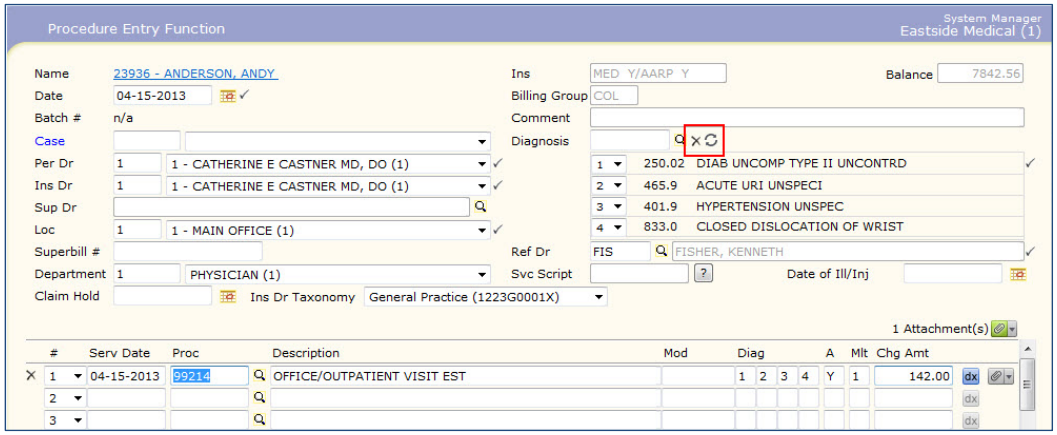
Note: The **Check for Duplicate Transactions** check box must be selected in the Procedure Entry Integration function *(System, Database Maintenance Menu, Integrations, Transactions Integrations),* to receive this message.

Edit an Encounter

The Check for Duplicate Transactions function has been added to this function. When editing a procedure code on a line item, the Check for Duplicate Transactions function only searches previous Dates of Service within encounters, not the current encounter. It will check to see if the edited procedure code has the same Date of Service, Location, and Performing Doctor. When using the **Add Procedure** function, the Check for Duplicate Transactions function searches Dates of Service within the current encounter as well as all previous saved encounters, to see if the procedure code entered has the same Date of Service, Location, and Performing Doctor.

Procedure Entry Function and Edit an Encounter - *New Functionality*

To simplify the process of adding, changing or deleting diagnosis codes and updating their associated pointers, two new icons have been added to the right of the Diagnosis Code magnifying glass icon. The **Delete** icon will delete all currently selected diagnosis codes and their associated pointers on each procedure line item. The **Sync** icon will sync the diagnosis pointers for all the procedure line items to match the order of the first four selected diagnosis codes.



Transactions (cont.)

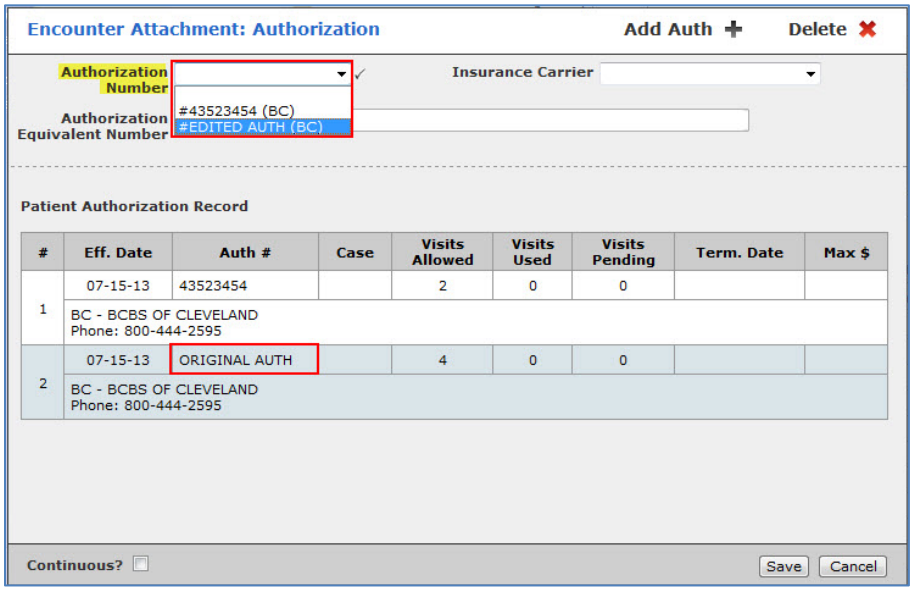
Procedure Entry and Edit an Encounter – Authorization Attachment

Enhancements have been made to the Authorization attachment and how it is populated when a Case is manually selected or changed in *Procedure Entry* or *Edit an Encounter* or when a Case is populated from an appointment in *Procedure Entry*.

If a Case is selected and it is tied to a single Authorization Number, the Authorization Attachment will trigger green with that Authorization Number populated in the attachment. The **Authorization** list will only contain the single Authorization number for the selected Case.

If a Case is tied to multiple Authorization Numbers, the Authorization Attachment will trigger yellow . All of the eligible authorization numbers the Case is tied to will be available in the **Authorization** list in the attachment, so the appropriate one can be selected. You will no longer be able to select an Authorization number that is tied to a different Case because the **Authorization** List will *only* contain the Authorization numbers tied to the selected Case.

If the QuickLink icon is used to add or change an authorization number, the edited number will be available for selection in the **Authorization Number** list in the Authorization Attachment. If any other data for the Authorization Record is changed, those changes will *not* populate into the lower portion of Authorization Attachment that lists the Patient Authorization Records. The list of Patient Authorization Records is for display purposes only and is populated when Procedure Entry or Edit an Encounter is originally accessed. It will not refresh the data unless you Cancel out of the function, return to the menus, and then re-access the function and patient account again.



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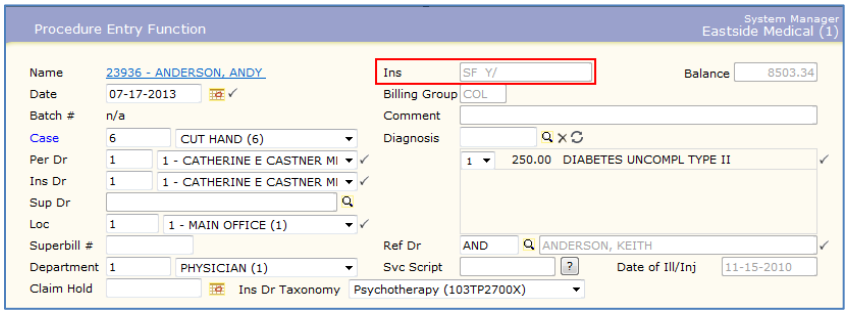
Transactions (cont.)

Procedure Entry and Edit an Encounter – Cases

The Primary and Secondary Insurance carrier codes that are stored on a Case will now populate in the top portion of the Procedure Entry screen when a Case is selected.



If the **Case** field is changed after procedures have been entered in the bottom portion of the screen, the diagnosis codes and pointers will automatically update. If the **Default DX's from Patient's Last Visit** check box is selected in the *Procedure Entry Integration* function, the diagnosis codes from the last encounter posted for the selected Case will populate (up to four diagnosis codes currently). Otherwise, the **Primary Diagnosis** stored on the Case record will populate.

Edit an Encounter – Cases and Attachment Triggers

Enhancements have been made so that when you initially access *Edit an Encounter*, the triggers for the Authorization attachment will not be active so that the encounter will display exactly as it was originally saved. The triggers will only be active if you make a change to the Case field.

Procedure Entry Function

The Authorization number will now default in the **Authorization** list in the Encounter Authorization Attachment when you use the **Add Auth** function to save a new authorization record. The corresponding insurance carrier will also be displayed.

Procedure Entry Function *New Functionality*

If you have selected the new **Use Case Dr as Per Dr** check box in the *Procedure Entry Integration*, the following will occur:

- When a **Case** is selected, the Doctor that is stored in that selected Case will populate into the **Per Dr** field. The **Default Ins Doctor** stored with that doctor code in the *Doctor Code Table* will populate into the **Ins Dr** field.
- If you select a **Case** that has a Doctor stored on it and then go back and remove the Case entirely, the **Per Dr** field *will not update*. You must manually change the **Per Dr** and **Ins Dr** if necessary.

For additional information see the **Procedure Entry Integration** section of these release notes.

Transactions (cont.)

Procedure Entry and Edit an Encounter

An enhancement has been made to notify you when you click **Save**, if the service date is prior to the **Date of Ill/Inj.** The **Date of Ill/Inj** must occur on or before at least one of the service dates in the encounter. This change was made due to a new EMEDIX edit check that looks to see if the accident date occurred on or before the service date.

Note: if the **Date of Ill/Inj** was automatically populated from a Case record, you will need to click on the QuickLink icon or the **Patient Name** hyperlink in the upper-left corner of the *Procedure Entry* screen to access the *Change Patient Data* screen, edit the **Date of Ill, Inj, Lmp** field in the **Case** record, return to *Procedure Entry*, re-select the **Case** to refresh the date in the **Date of Ill/Inj** field, and then **Save** the encounter.

Procedure Entry and **Edit an Encounter**

The following enhancements have been made to the Ambulance attachment.

- The **Patient Count** text box was changed to a list box.
- The **Condition Code 1 – 8** lists now display the numeric code in addition to the description.
- The **Admission Date** field is now required when the *Admitted to Hospital (01) C*ondition Code is selected.
- A **Round Trip** check box has been added below **Admission Date.**
- The **Purpose of Round Trip** field is now required if the **Round Trip** check box is selected.
- The **Miles** field has been renamed **Transport Distance**.
- The **Transport Reason** list now displays the alpha code in addition to the description.
- A **Validate Address** button has been added to the right of the **Zip** field for the **Pick Up Location Address** and **Drop Off Location Address** sections.
- The **Services Available** check box has been renamed **First Facility Services Provided**.
- The **First Facility Services Provided** check box is now required if you have selected the **Admitted to Second Facility** check box.

When a procedure code is typed that triggers an Ambulance attachment, the Attachment icon at the Encounter level will turn red, indicating an attachment is required. After the required Ambulance attachment is saved in the Encounter level, additional line level Ambulance attachments can be added. Previously, only the line level Ambulance attachment triggered.

Procedure Entry Function

The **Authorization Equivalent Number** field will now display in the Authorization Attachment window. The field is for display purposes only and is not active. With the addition of this field it is immediately evident if the selected authorization number contains an equivalent number. (*This was released in the 7.4.2.21 Patch.*)

Transactions (cont.)

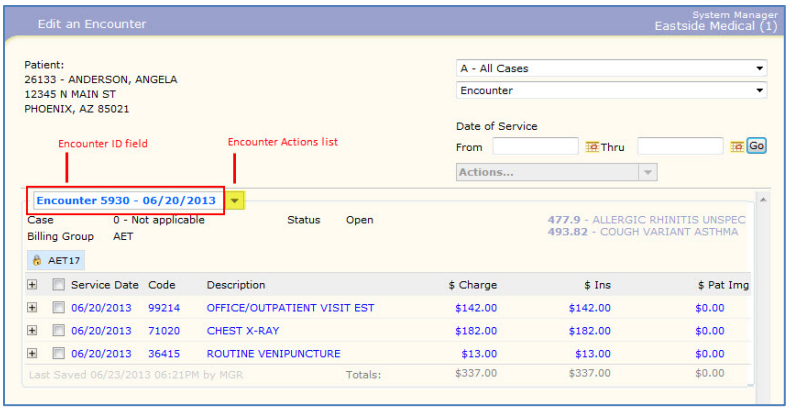
Edit an Encounter - Move Encounter Action *New Functionality*

A new **Move** Encounter Action has been added so you can edit Encounter level data (data contained in the top portion of the Procedure Entry screen) for individual procedures by moving them to a new encounter. Previously, every procedure in the encounter had to be updated whenever any Encounter level data was edited.

When procedures are *Moved*, they will be *Negated* or *Reversed* off of the original encounter and two new encounters will be created – one to complete the reverse/negate and one for the new encounter containing the procedures that were moved, where the encounter level data was edited.

How to Move Transactions

Select the encounter you want to edit by clicking the **Encounter ID** field or select **Edit** from the **Encounter Actions** list.



When the encounter is displayed in the Encounter Edit screen, select the check boxes next to the individual transactions you want to edit encounter level data for and then select the **Move** Encounter Action.

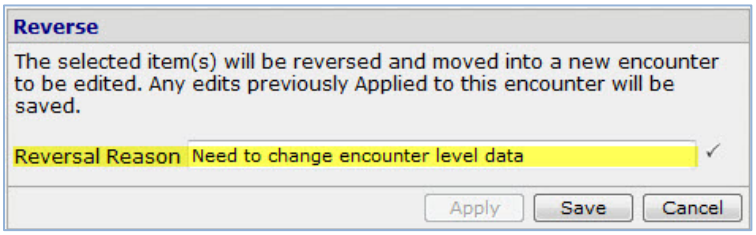
Note: if *any* of the line items you have selected have any payments or adjustments tied to them the Move Action will *not* be taken for *any* of the line items you selected. The following message will display: "*The selected item(s) will not be Moved because payments and/or adjustments have been applied to them. To edit the Encounter level information, you must:*

1. *Reverse or Negate the items.*
2. *Re-post the charges with corrected Encounter level information.*
3. *Re-post the associated payments and/or adjustments."*

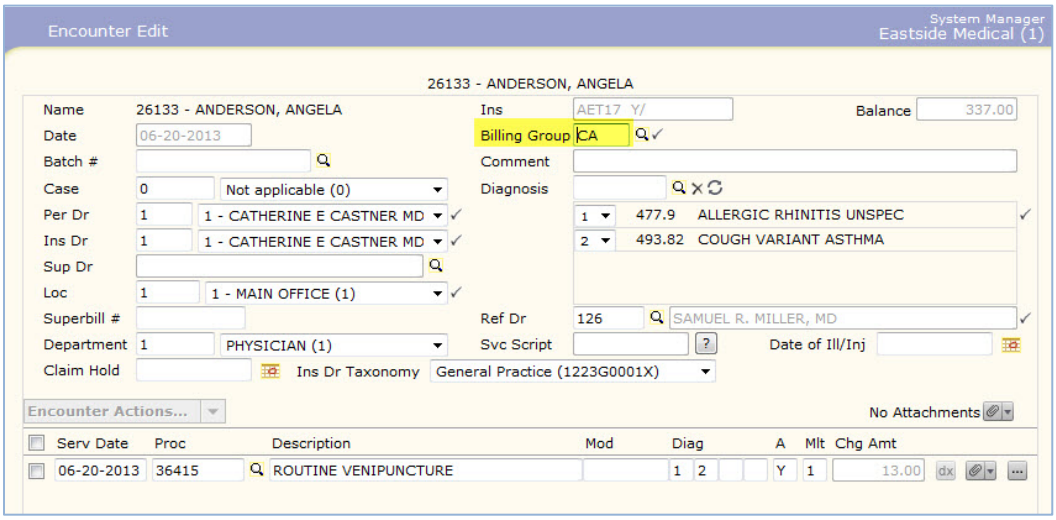
Transactions (cont.)

Edit an Encounter - Move Encounter Action *New Functionality*

After selecting the **Move** Encounter Action, either the Negate or Reverse window will display, depending on the current status of the transactions. As long as a claim has not already been sent and/or the *Billing Period* has not been closed, a **Reverse** will be performed. Type the required data in the ***Reverse/Negate*** window and click **Save**.



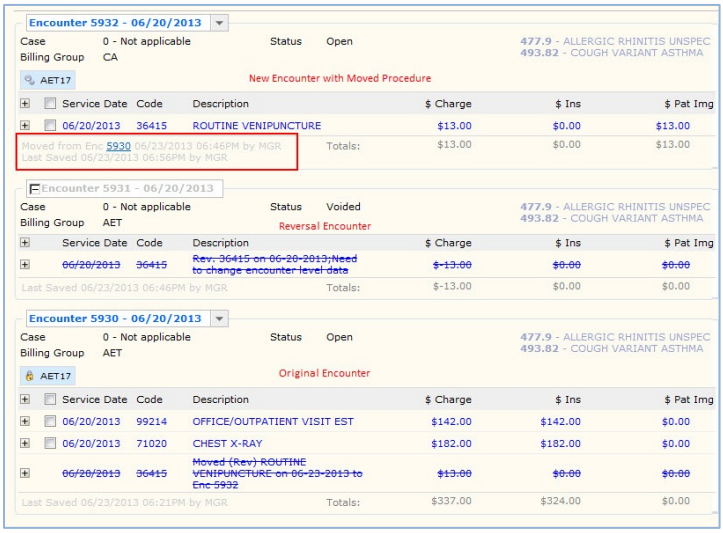
The moved encounter will display in the Edit an Encounter screen, so you can make the necessary edits following the standard editing protocols, (the Billing Group was changed in the example below for this procedure.)



Transactions (cont.)

Edit an Encounter - Move Encounter Action *New Functionality* (cont.)

After you have applied and saved your edits, Encounter View will display the original encounter and the two new encounters that were created when the procedure was *moved*. In the example below, the ***Show/Hide*** **All Rev/Neg/Moved** was currently toggled to *show* all encounters, so the other encounters related to this Move are visible.



One of the new encounters will contain the procedure that was *moved*, where the encounter level data was edited and the other will contain the *reverse/negate* action. A new insurance claim will automatically generate for the new encounter and flow through the normal processes.

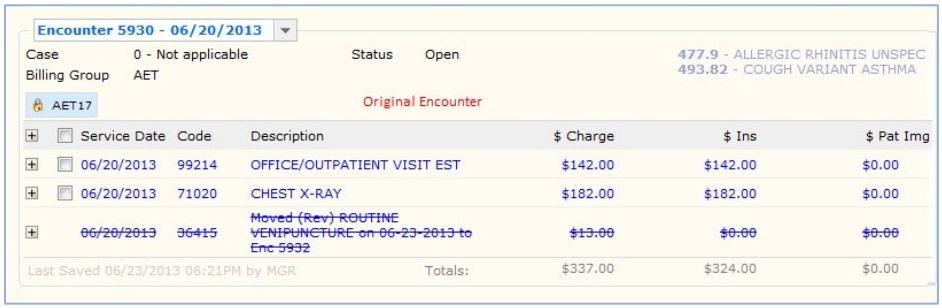
Note: If an insurance claim was already filed for the original Encounter, you would need to **Refile** the encounter if you need the claim to only contain the procedures that now exist on the encounter. This will be indicated by a red warning message in the middle of the *Edit an Encounter* screen.

On the new encounter that contains the procedure that was moved, the bottom portion of the encounter clearly identifies where the procedure was moved from, "*Moved from Enc 5930,*" along with the date, time and User Code of the person who moved it. The Encounter ID is also a link, so you can click it to quickly view the original encounter.

Transactions (cont.)

Edit an Encounter - Move Encounter Action *New Functionality* (cont.)

On the original encounter, any procedures that were *Moved* will be crossed out and the procedure description will be changed to indicate whether they were reversed or negated, along with the date they were moved and the new Encounter ID they were moved to.



Procedure Entry Function and Edit an Encounter

Previously, the **Alt+E** keyboard shortcut was not working in **Diagnosis** pointer fields two, three, and four. This has been resolved.

Procedure Entry

The **Insurance** Action Column function on the Procedure Entry Summary screen has been enhanced. Previously, if there was only one primary insurance carrier and it was set up to print a paper claim the message, “Claim is already in the claim file” would display and you would have to navigate to the *Billing* menu and use the *Print Insurance Forms* function. This has been changed to immediately display the Printers dialog box so the claim can be printed. Additionally, new claim form status messages have been added to assist in the claim printing process for the other various situations that could arise.

The **Insurance** Action Column button has been changed so that it will no longer be visible after it has been clicked one time. This was done to prevent problems that occurred when **Insurance** was clicked multiple times.

Edit an Encounter

Previously you were not able to reverse a transaction when a co-pay was applied to a charge after the insurance file was created. Now the Reverse action can be performed on a line item as long as the status is *Denied*, *Co-Pay*, or *Filed*, and the claim has not been sent.

Note: If there are multiple *Filed* entries for a line item this will prevent the Reverse action.

Transactions (cont.)

Edit an Encounter

Previously, you were not able to **Reverse** a transaction if the insurance claim was already created, but had not been sent or printed yet. This has been resolved.

Payment Entry Function *New Functionality*

A new **Suppress Secondary – Force to Pat Bal.** Payment Action has been added when you need to override the automatic shifting of balances. You can now suppress a secondary claim from generating and leave any balance remaining in the patient balance column. When you perform this action, a notation of "*Transfer from Ins, Suppress Secondary*." will be made in the patient's Insurance Ledger for the transaction. Enhancements have also been made to the following Payment Actions to make sure the balances are shifted properly during the various stages of the payment entry process.

- Force to Insurance Balance
- Force to Patient Balance
- Suppress Secondary-Leave in Ins. Bal.

The keyboard shortcut for each Payment Action is shown in the table below. You can type the shortcut in the **Deny** column for a transaction to perform the corresponding Payment Action.

Payment Action	Keyboard Shortcut
Force to Insurance Balance	/I
Force to Patient Balance	/P
Suppress Secondary-Leave in Ins. Bal.	/IS
Suppress Secondary-Force to Pat. Bal.	/PS

Note: During the payment allocation process, if you need to reverse a Payment Action and the corresponding notation in the patient's Insurance Ledger, you can do so by selecting the **Act** check box for the transaction in the **Act** column, and then select **Reset** from the **Action** list. The **Reset Action** will only work on the active line items within the current Payment Entry screen, *prior* to saving the payment.

The Payment Actions were designed to be transparent during the payment entry process to minimize interruptions to the normal workflow. If you select a Payment Action from the **Action** list, the only indication that the action was performed is the screen quickly flashing one time. If you type the keyboard shortcut in the **Deny** column, the pointer will simply drop down to the next transaction.

If a payment and adjustment are posted together during payment entry and a Payment Action is also performed, only one notation for the Payment Action will be made in the patient's insurance ledger. Previously, two notations were made for the Payment Action, one tied to the payment and one tied to the adjustment.

Transactions (cont.)

Edit an Encounter

When you have multiple Dates of Service within an Encounter and you use the **Demand**, **File,** or **Refile** action, if the selected insurance carrier is not the effective carrier for one or more Dates of Service, new messages will notify you of the appropriate action to take.

Payment Entry Function

Previously, after you posted a payment, the **Insurance** action on the Payment Summary screen would not print a PDF paper claim form(s). This has been resolved and new claim form status messages have also been added to assist in the claim printing process.

Payment Entry Function

Previously, if a primary payment was posted for a claim which did not reflect that it was either printed to paper or sent electronically, the secondary claim would not generate and the remaining balance owing would not automatically move to Patient Responsibility. The message, *"The primary claim does not reflect as having been sent and the balances for these line items will be moved to patient responsibility."* has been added to notify you when this situation occurs.

Payment Entry Function

Previously, when a **Case Record** was selected in the *Payment Entry Lead-in screen* and a **Fee Schedule** was stored on that Case Record, the **Allowed Amounts** were not populating correctly on the *Payment Allocation Screen*. This has been resolved.

Payment Entry Function

Previously, the **Transfer** Action would allow you to transfer an amount that was larger than the balance remaining in the column it was being transferred from. This has been resolved.

Transactions (cont.)

Import and Post ERA Files (*Transactions, Electronic Remittance Advice ERA*)

A progress bar has been added to indicate that the function is currently running.

Import and Post ERA files *New Functionality* (*Transactions, Electronic Remittance Advice (ERA)*)

An enhancement has been made to check the settings for the **Auto Adjustment (ERA)** field and **Auto Post $0 Payment (ERA)** field for each of the contractual obligation codes in the **Insurance Denial Code** table to determine if the line item posts or creates an exception.

Insurance Denial Code Setting	Result	ERA Exception Reason
Auto Adjustment (ERA) = selected Auto Post $0 Payment (ERA) = selected	Will post adjustment Will post a $0 Payment	No exception reported
Auto Adjustment (ERA) = not selected Auto Post $0 Payment (ERA) = selected	Will not post adjustment Will post a $0 payment	Adjustment needs review-not adjusted $0 PAYMENT POSTED
Auto Adjustment (ERA) = not selected Auto Post $0 Payment (ERA) = not selected	Will not post adjustment Will post a $0 payment	Adjustment needs review-not adjusted $0 PAYMENT NOT POSTED

Import and Post ERA Files (*Transactions, Electronic Remittance Advice (ERA)*) ***New Functionality***

New **Print** and **Print with Exceptions** functions have been added to the Action Column for printing multiple ERA's. The **Print** function will print all the selected ERA's. The **Print with Exceptions** function will print all the selected ERA's and their corresponding exceptions if available. When using the **Print with Exceptions** function, each ERA will print followed by the ERA exception report for that ERA.

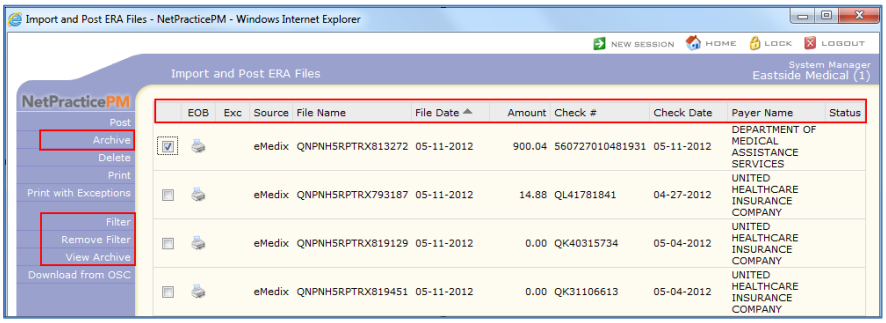
Import and Post ERA Files *New Functionality* (*Transactions, Electronic Remittance Advice ERA*)

You can now print the Electronic Remittance Exception Report to Microsoft Excel by selecting the **Microsoft Excel *via MyReports*** option from the Printers dialog box.

Transactions (cont.)

Import and Post ERA Files (*Electronic Remittance Advice (ERA)*) ***New Functionality***

Several enhancements have been made to assist in sorting, filtering, archiving, and deleting electronic remits. New **Filter** and **Remove Filter** Action Column functions have been added so you can quickly locate and isolate the file(s) you want. A new **Archive** function has also been added so you can 'archive' files after they have been processed and only display the active files, which allows you to focus on the files that need to be processed. And, a new **View Archive / View Active** toggle button was added to easily switch the view to display all the active files or all the archived files.



Screen Enhancements

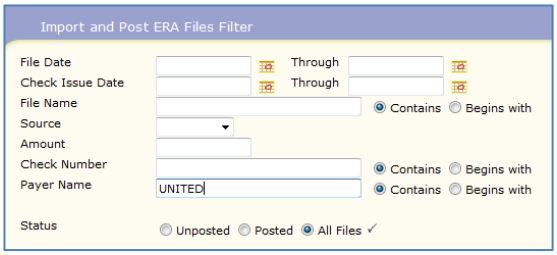
The columns are now sortable and the following column headers have been changed to provide consistency with the other ERA functions:

- **Date** changed to **File Date** (the date the file was created).
- **Check Number** changed to **Check #.**
- **Exceptions** changed to **Exc**.

The columns have also been rearranged to allow easier access to the **EOB** and **Exception** Printer icons and a new **Check Date** column was added. The date format for every date displayed has been changed from MM/DD/YYYY to MM-DD-YYYY.

New Filter and Remove Filter Action Column functions

When you first access the *Import and Post ERA Files* function, the 'normal' view will display all of the 'active' files sorted in **File Date** order. You can locate and isolate files you want with the new **Filter** Action Column function, which provides enhanced searching capabilities. You can apply a filter based on any or all of the file criteria to display specific files.

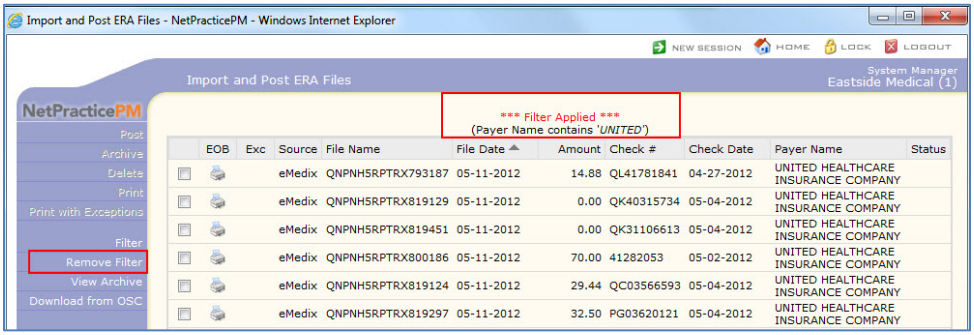


Transactions (cont.)

Import and Post ERA Files *New Functionality* (cont.)

New Filter and Remove Filter Action Column functions (cont.)

When a Filter has been applied, *** Filter Applied *** will display at the top of the screen and the selected filter criteria will be listed directly below it. The Filtered view currently selected on the screen will persist until you click **Cancel** to exit out of the function. You can quickly remove any previously applied Filter settings using the **Remove Filter** function or by clicking **Delete** at the bottom of the Filter screen.

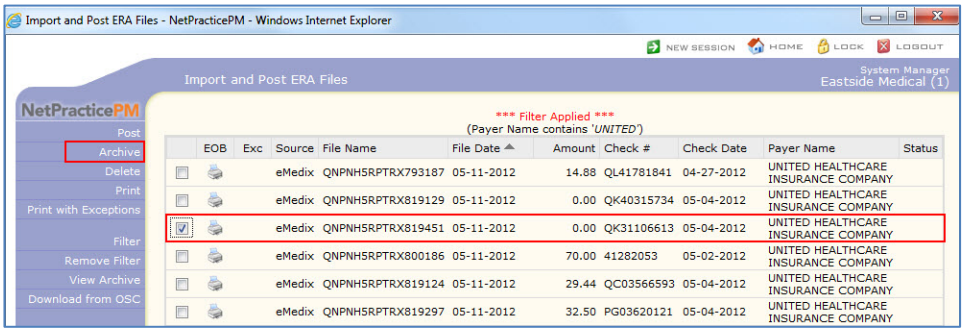


Note: When the sorted data is displayed, the current sorting convention will sort the data numerically first (0-9), then by uppercase letters (A-Z), and finally by lowercase letters (a-z). This sorting convention currently deviates from the standard non case-sensitive sorting but has been scheduled for a future enhancement.

Archive Function

You can archive files after they have been processed so that only active files will be displayed, yet you can keep them accessible for EOB/Exception printing and re-queuing. You are also able to archive files that have not been posted, if needed.

The **Archive** function will not be active until you select a file. To archive a file(s), select the check box in the row containing the file information and then click **Archive** in the Action Column. Archived files can be accessed using the **View Archive / View Active** toggle button in the Action Column.

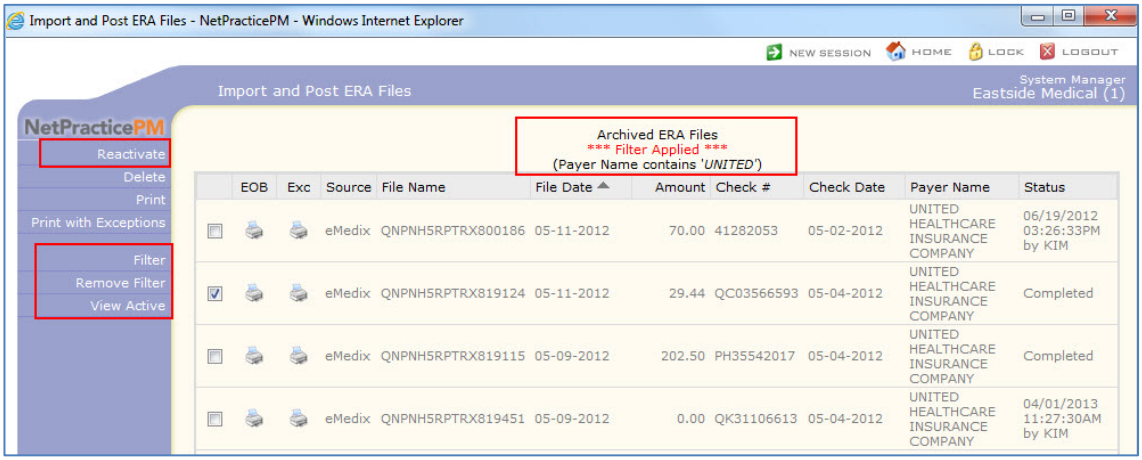


Transactions (cont.)

Import and Post ERA Files *New Functionality* (cont.)

Archive Function (cont.)

When a file is archived, the file will be moved to the **Archived ERA Files** screen and the file **Status** will be set to **Archived** in the **Activity** column in the *ERA Activity Log.* If any 'unposted' files have been archived, they will display in black font to indicate they have not been posted.



You can perform the following on any archived file:

- **Reactivate** – This function will move the file back to the Active view so you can post or re-post it.
- **Delete** – This function will permanently delete the file but it will be logged in the *ERA Activity Log. Y*ou can delete a file from the Archive view or Active view.

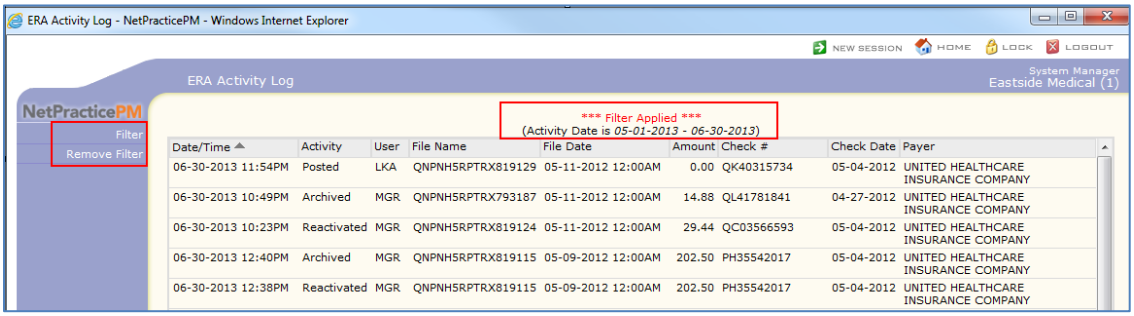
> **Note**: Previously, duplicate file names had caused issues after they had been downloaded one time and had to be re-queued. Even if the files contained different data but had the same names, issues were encountered when trying to re-queue them. These issues have been eliminated with the enhancements made to the **Delete** Action.

- **Print** and **Print with Exceptions** – You can print EOB's or print the Exceptions for any Archived file.
- **Filter** and **Remove Filter** – The same filtering options are available as described in the *Import and Post ERA Files* section.
- **View Active** – While in the *Archived ERA Files* screen, the **View Archive / View Active** toggle button will be toggled to **View Active** so you can quickly return to the 'active view'. You can also click **Cancel** to return to 'active view'.

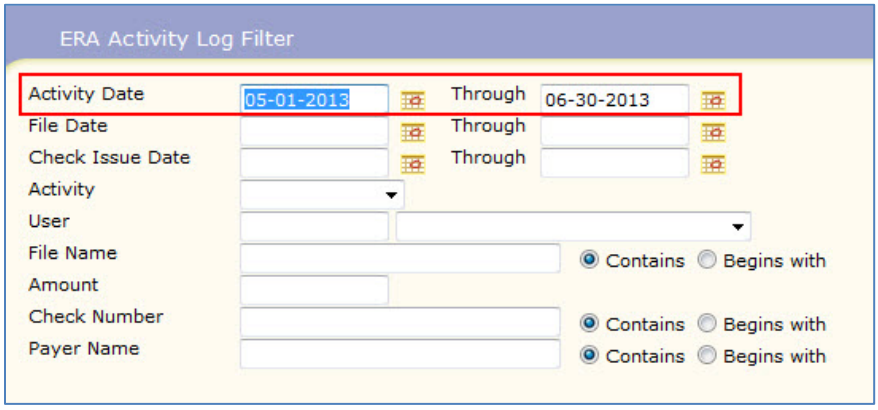
Transactions (cont.)

ERA Activity Log *New Functionality*

The storage capacity for tracking ERA file activities has been enhanced. Previously, the log could only track a maximum of three entries per file; when a file was created, posted, or deleted. Now, it can provide tracking for multiple activities performed on a file. Some of the column headers have been changed to provide consistency with the other ERA functions and they are now sortable. Columns have also been rearranged and a few new columns have been added.



When you access the *ERA Activity Log* function, it automatically applies a default filter for the last 60 days of activity. This filter can be removed or changed as needed.

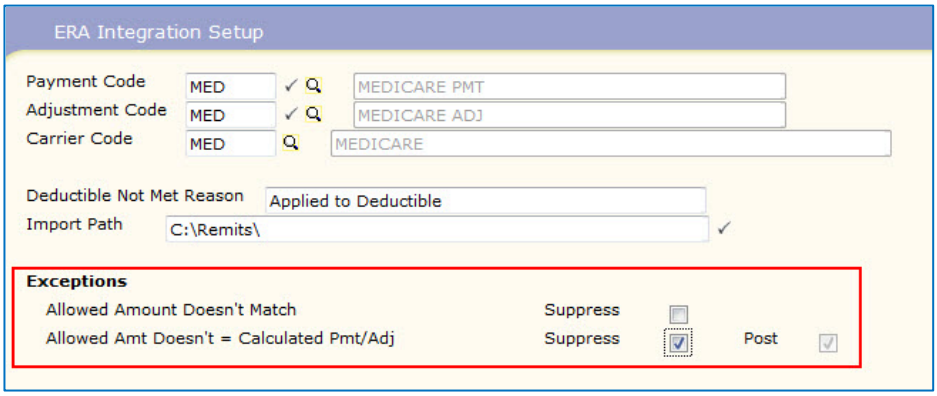


For additional information on using the **Filter** and **Remove Filter** functions, see the *Import and Post ERA Files* section of these release notes.

Transactions (cont.)

ERA Integration Setup (*Electronic Remittance Advice (ERA)*) ***New Functionality***

Action Required The **Suppress Allowed Amount doesn't match exception** check box has been changed to **Allowed Amount Doesn't Match** and placed under a new Exceptions heading. A new **Allowed Amt Doesn't = Calculated Pmt/Adj** exception has also been added with **Suppress** and **Pend** check boxes that provide you with more control over the processing of payment exceptions.



The **Allowed Amount Doesn't Match** exception still functions the same as it has in the past. When payments are processed and the **Allowed Amount Doesn't Match** exception occurs because the Fee Schedule Amount is different than the amount the payor allowed, you have the option to suppress these exceptions and allow the payments/adjustments to be posted. If you elect to suppress these exceptions, they will not print on the Electronic Remittance Exception Report.

The **Allowed Amt Doesn't = Calculated Pmt/Adj** exception occurs only for insurance carriers that have the Insurance Form type set to Medicare (C) and when the payment calculation performed prior to posting ERA payments does not equal the actual payment amount. The payment calculation is performed to make sure the amount paid by the insurance carrier is correct, by taking into consideration any amounts applied to the deductible, patient responsibility, and also factoring in the insurance liability specified for the procedure. You now have the following three options for handling these exceptions:

1. Select the **Suppress** check box - suppress these exceptions from printing on the Electronic Remittance Exception Report and allow the payments/adjustments to be posted. The **Post** check box will be automatically selected.
2. Select the **Post** check box only - always allow the payments/adjustments to be posted and print the exceptions on the Electronic Remittance Exception Report as PMT/ADJ POSTED.
3. Do not select either check box – the exceptions will not be suppressed and the payments/adjustments will not be posted. They will print on the Electronic Remittance Exception Report as PMT/ADJ NOT POSTED.

Transactions (cont.)

Unposted Procedures

The following enhancements were made to this function:

- Unposted procedures with attachments can now be auto-posted. This feature has been disabled since 7.4.1.
- A new status message, "*Loading procedures. Please wait*..." will now display upon accessing the function.
- Unposted procedures are now checked for the same attachment triggers used in Procedure Entry.
- If any of the unposted procedures require attachments and they could not be automatically added, a message in red italicized font will display directly below the procedure stating "*Incomplete or missing attachment*:" followed by the attachment name.

- Unposted procedures will only be checked for attachment triggers after you have resolved every *standard* unposted procedure error that may have been encountered.
- If an authorization is available but not necessarily required for an unposted charge, a message in gray italicized font will display directly below the procedure stating "*One or more Authorization attachments may be required.*" As long as this is the only message displayed for the charges, the auto-post check box will still be available.

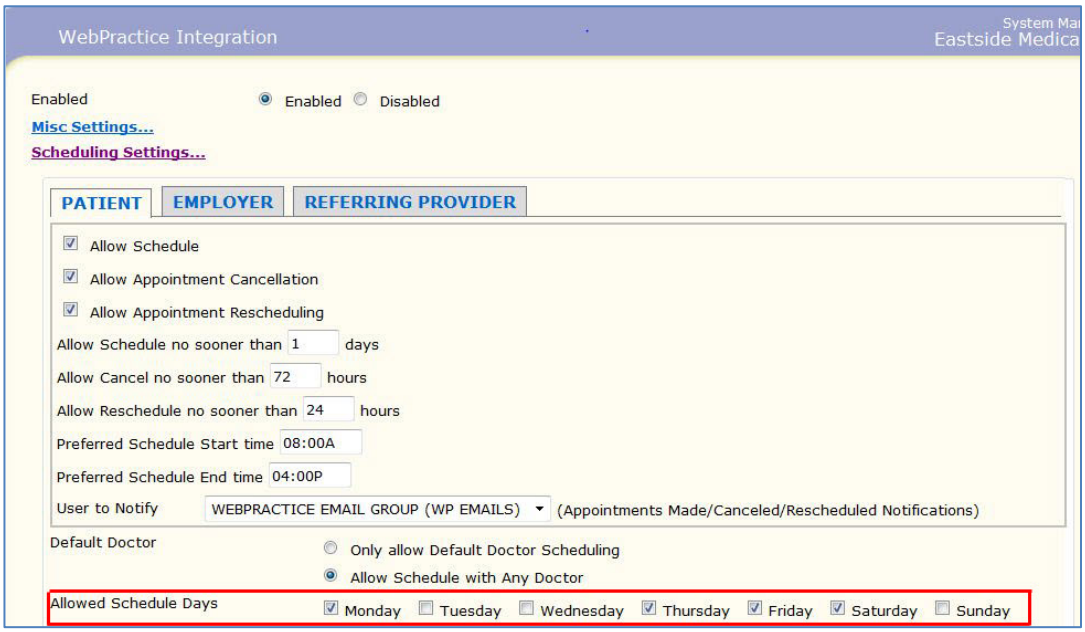
- The auto-post check box will not be available for charges that are listed as having incomplete or missing attachments.
- Unposted procedures sent from interfaces and NetMobile: When it is possible, the legacy special procedure codes NOTE, NOTE19, and NDC will be automatically converted to their corresponding attachments. Otherwise, a message will display in Unposted Procedures and you will have to manually add the attachments in Procedure Entry.
- Unposted procedures sent from E-Superbill:
    - If any attachments are triggered, they will be automatically added if possible when the procedures are stored. If any conflicts prevent this, a message will display in Unposted Procedures and you will have to manually add the attachments in Procedure Entry.

> **Note**: Any legacy special procedure codes (codes stored with either an appointment and/or E-Superbill prior to 7.4.3) will be stored with the unposted procedure codes and you will have to manually add attachments in Procedure Entry.

WebPractice

Schedule an Appointment (*Appointment*)

The **Specific Day** list will now display only the specific days selected in the **WebPractice Integration** function. Previously all days were displayed.



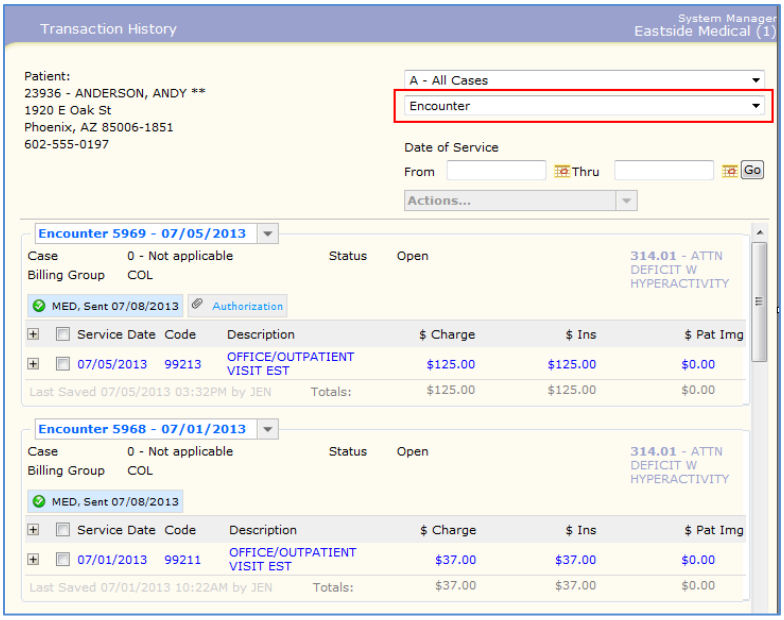
DID YOU KNOW?

Transaction History – Encounter View

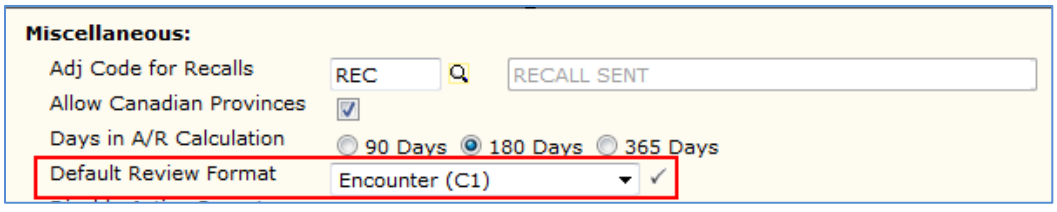
You can change the transaction history view to Encounter View to display a patient's transaction history grouped by encounter, by accounting date. Encounters within the same accounting date are separated further by performing provider and location.

To access Encounter view

1. On the **Patient Menu**, click **Change Patient Data**.
2. Select the patient account.
3. On the Patient Summary screen, click **History** in the Action Column.
4. On the **Transaction History** screen, in the **View** list, select **Encounter**.



You can set **Encounter View** as the default review format when you access a patient's transaction history in the *NetPractice Default Values* function located on the *System, Database Mainenance Menu*. Under the **Miscellaneous** section, in the **Default Review Format** list, select **Encounter View.**



Superbills can be printed using Group Codes

Group Codes are used to assist in setting up how you want to view doctor schedules and can also be used for printing superbills. Many times you want to group certain doctor codes together while viewing schedules but then you may need to print superbills for a different grouping of doctor codes. You can set up multiple Group Codes, some for viewing schedules and some for printing superbills.
To print superbills using a **Group Code**, a couple of steps are required.

1. You need to create a **Group Code** to be used for printing superbills using the Maintain Group Codes function (*Scheduling Table Maintenance, Group Code Table)*.
2. You need to type or select the **Group Code** in the **Printing Group** field for each doctor code, using the Maintain Doctor Integration Codes function (*Scheduling Table Maintenance, Doctor Code Integration Table)*.

Note: For the Group Code that will be used for Printing Superbills, it is not necessary to assign each doctor code to the Doctor Group. Adding and deleting doctors from a Doctor Group will not automatically update the **Printing Group** field for doctor codes in the Doctor Code Integration function.

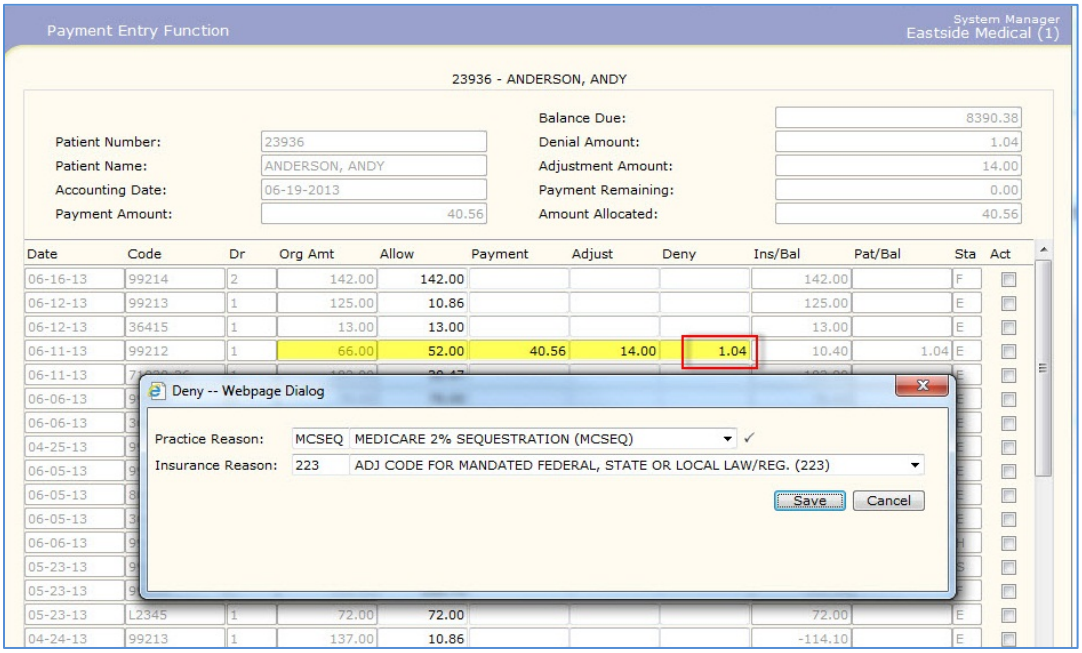
Manual Payment Entry Process for Medicare Payments & Sequestration Adjustments

If you post Medicare payments manually, you will have to post the Medicare 223 sequestration adjustments manually. You should post them within a $0.00 payment, using the *Payment Entry Function,* to make sure any secondary insurance is handled properly.

If you also want to track these as 'denials', you should post the denials ***prior*** to posting the sequestration adjustments. If they are the only denial amounts on the claim, they can be posted at the same time you post the payments; otherwise, if there are multiple denials on the claim, you will have to post them separately using $0.00 payments.

How to Post a Single Denial with the Medicare Payment:

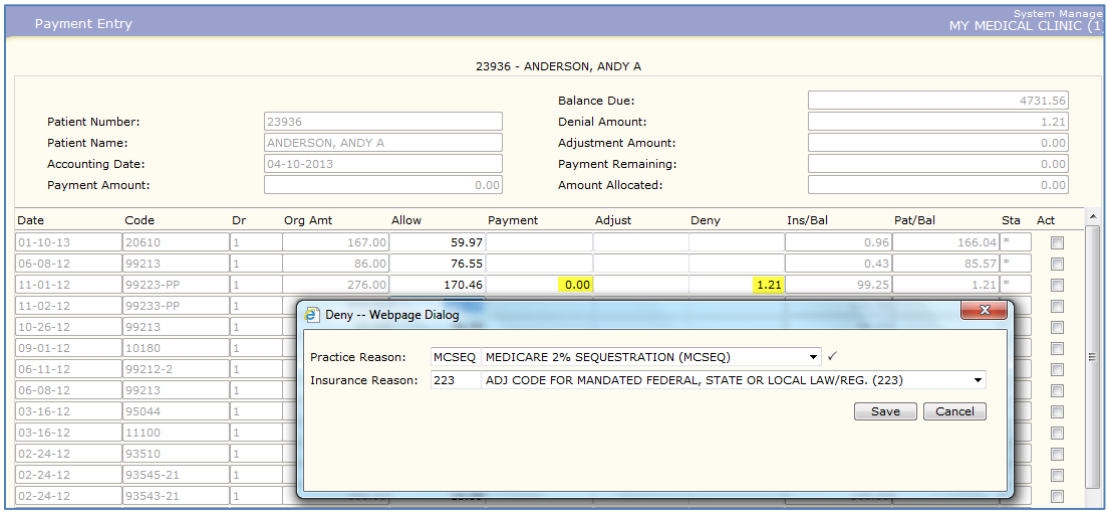
1. In the **Payment** column, click in the Allowed field press TAB to the Payment field to populate the amount, press TAB.
2. In the **Adjust** column, the non-allowed amount will populate, press TAB.
3. In the **Deny** column, type the 2% reduction amount as reflected on the EOB.
    a. When the Deny dialog box displays:
        i. In the **Practice Reason** field, type or select **MCSEQ**.
        ii. In the **Insurance Reason** field, type or select **223**.



Manual Payment Entry Process for Medicare Payments & Sequestration Adjustments (cont.)

How to Post a Denial within a $0.00 Payment:

1. In the **Payment** column, type the 0.00 payment.
2. In the **Deny** column, type the 2% reduction amount as reflected on the EOB.
    a. When the Deny dialog box displays:
        i. In the **Practice Reason** field, type or select **MCSEQ**.
        ii. In the **Insurance Reason** field, type or select **223**.



How to Post the Adjustment within a $0.00 Payment:

1. In the **Payment** column, type the 0.00 payment.
2. In the **Adjust** column, type the 2% reduction amount as reflected on the EOB.