VertexDr

APPLICATION MANUAL

Enhancement Addendum
Version 9.0.0.0-9.0.0.26

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VertexDr Enhancement Addendum

Version 9.0.0.0

This list details programming enhancements made to the Meridian Practice Suite. Due to multiple updates of this current version, and your current system and network setup, your practice may or may not have been experiencing some of the issues listed below.

Enhancement Guides soon will be able to be accessed on the Training Portal. Please contact support if you do not have access to the Training Portal

Version 9.0.0.26 Addendum

PBI Field Addition

PBI has been updated to now extract denial history data in addition to SmartQ data relating to the denial history, timely filing and timely filing appeals. There are two new extracted files:

RDenialHist1.txt
RClcins2.txt

Electronic Lab- Jefferson Radiology

The Lab Name has been added to the header Lab Report for Jefferson Radiology.

Suspense Posting

When releasing charges from Suspense, the system will no longer drop the 26 modifier from charges where the Place of Service is type 11.

Version 9.0.0.25 Addendum

Definitions\Closing\Statements

Definition->Parameters->System Wide Defaults
There is a new option on the Closing section of the system wide defaults called **Suppress printing the "Insurance Sent" comment on statements**. When enabled, the system will not print the "Insurance Sent" comment on the closing statements.

NOTE: This setting is for closing statements only, this will not apply to statements printed On-Demand

Reports

The EOB and EOB History reports will now print all denial messages for any given claim.

Medcin

The system is now compatible with Medcin version 2.22.20194.384

Version 9.0.0.23 Addendum

Remittance

The following payers are now available in Remit:

ALIERA HEALTHCARE (322)
AMERICAN NATIONAL INSURANCE COMPANY (323)
BENEFIT MANAGEMENT INC (324)
BROKERAGE CONCEPTS (325)
CLOVER HEALTH (326)
IE SHAFFER (327)
MENNONITE MUTUAL AID ASSOCIATION (328)

Orders

Definition->Order Facilities->Order Facilities
There is a new option on the Order Facility Definition window called **Cancel Orders**. When this is enabled, the system will allow users to cancel any order for that facility that is in the Awaiting Results stage. The system will mark the lab order as Inactive and add a comment noting the user that cancelled the order along with the date and time it was cancelled. If the order facility has a Bi-Directional Electronic interface, the system will also send a cancellation message to the facility.

Note 1 - The cancel button is only visible on the toolbar in Orders Desktop area, not from the patient chart.

Note 2 - At this time **Jefferson Radiology** is the only facility that has confirmed the functionality of the cancellation message on their end. No other facility has requested this feature and the message may not be universal. We will revisit this functionality if or when other facilities prompt us to do so.

SMS Text Appointment Reminders

When a patient has multiple appointments on the same day, SMS appointment reminders will only send a reminder for the earliest appointment on that day. In addition, for practices that use family billing, if multiple family members have an appointment on the same day, SMS appointment reminders will only send a reminder for the earliest appointment on that day for the entire account.

Demographics

Definition->Parameters->System Wide Defaults
If the Require patient phone number parameter is enabled, the system will now only check to make sure at least one phone field is defined in patient demographics. Previously, this was checking strictly for the home phone number.

Guarantor Section

Users can now define a cell phone number on the Guarantor screen.

Definitions\Suspense

Definition->Parameters->System Wide Defaults

There is a new option in the Suspense section of the system wide defaults called Ignore provider on release duplicate check. When this is enabled, the system will release duplicate charges for a patient as long as the providers are different. If this is not enabled, and duplicate charges with different providers exist for a patient, the system will only release the one that was posted first.

Definition->Parameters->System Wide Defaults
There is a new option in the Suspense section of the system wide defaults called Do not release charges Fcls. When this is defined with an active Financial Class, the system will not charge from Suspense for the defined Financial Class.

Injections

The following sites are now available when creating a patient injection record:

Left Shoulder
Right Shoulder
Left Elbow
Right Elbow
Left Wrist
Right Wrist
Left Hip
Right Hip
Left Knee
Right Knee
Left Ankle
Right Ankle

Note: These are only available for injections and not vaccinations.

Anesthesia Posting Enhanced Concurrency

Definition-->Parameters-->System Wide Defaults
There is a new option in the Anesthesia section of the system wide defaults called Use Enhance Concurrency. When enabled a user will have the ability to run concurrency on multiple batches at the same time. While in the Anesthesia posting screen click on Action-->Concurrency. A user can run concurrency on all open batches within the database or can pick the batches individually by holding the Ctrl button on the keyboard and selecting the batches. The user will also have the ability to fix any overlapping issues, release the batches and run the Anesthesia Batch Verification reports from this new feature.

If this new feature is not enabled, concurrency will have to be run by going into the Verify Totals of each individual batch and clicking on the concurrency button at the bottom of the window.

Version 9.0.0.22 Addendum

Mail Merge/Closing Letters

Definition->Office->Mail Merge

There is a new data field that can be added to Mail Merge templates called **TransactionHistory:ToSvDteString**. When printing closing letters this field will pull in the date of service that corresponds to the related transaction in the closing letter. Please note this field will only work when printing closing letters.

EOB History

When Printing the EOB from either of the following methods, the system will now print any corresponding denial text along with the EOB.

Transactions->EOB History
Forms-> EOB

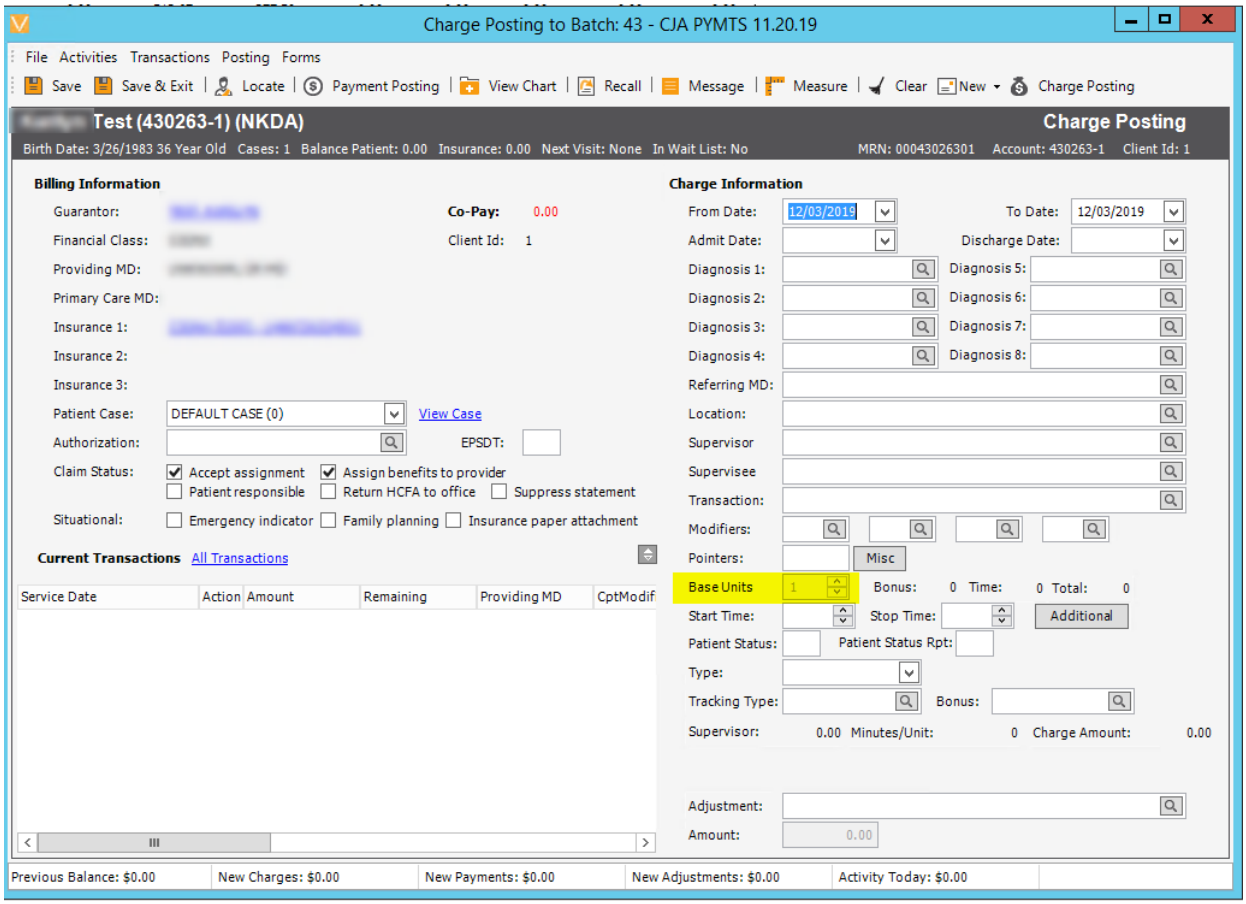
For example, if the transaction has a denial of CO-45, the text corresponding for denial code 45 will be printed in the EOB.

SmartQ

When loading the SmartQ, the system will now check the financial class for every transaction on a single claim. This will prevent items from not being shown in the SmartQ in situations where the last transaction of claim was set to a financial class of SPAI but an earlier transaction was set to something else, such as MC.

Anesthesia Charge Posting

When in the Anesthesia posting screen, users will no longer be able to change the base unit field on a transaction. In addition, when changing the Transaction Code definition, a user will be prompted with an error message should the Base Units field be defined as 0 on a charge type transaction code. The Base units must be equal to, or greater than 1.

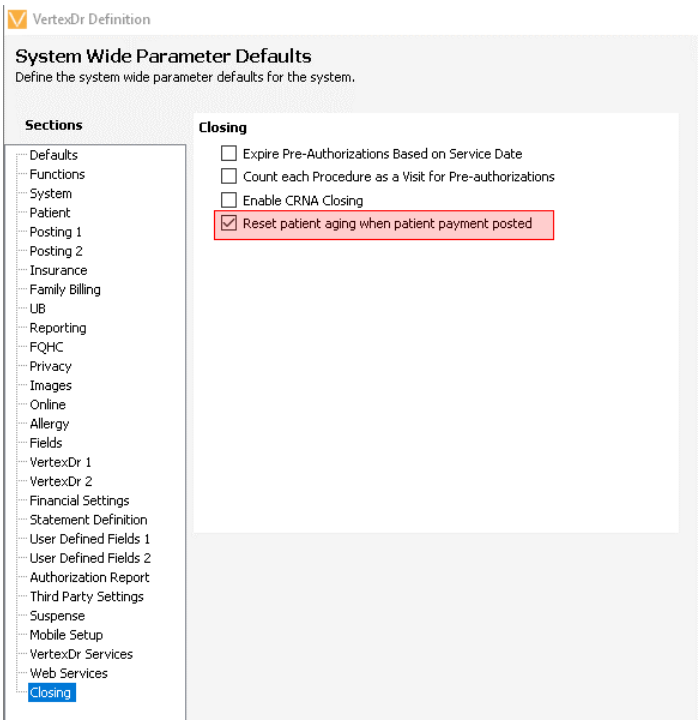


Version 9.0.0.21 Addendum

Parameters/Closing

Definition->Parameters->System Wide Defaults

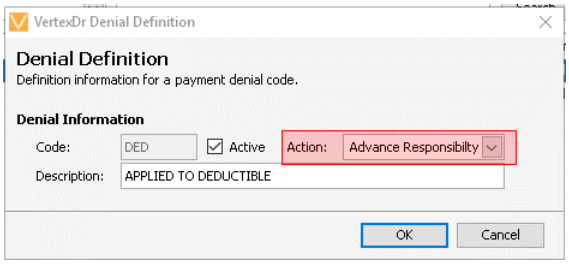
There is a new option in the Closing section of the System Wide Defaults called **Reset patient ageing on patient payment posted**. If this setting is enabled and a user posts a patient payment (i.e. cash at desk, check, etc), the ageing status for the initial transaction will be reset. The balance will fall into the "current" ageing bucket regardless of which bucket it was in prior to the payment.



Definitions/Denials

Definition->Billing->Denials

There is a new flag on the Denial definition window called **Action**. If this flag is set to *Advance Responsibility*, the system will move the charge to next responsible party. If this flag is set to *Patient Responsibility*, the system will automatically move the charge to patient responsibility, regardless of next responsible party. Please note that this is an override field. The default value for this field is blank, which will cause the system to act as it currently does by setting the charge to bypass.



Version 9.0.0.20 Addendum

Meaningful Use Stage III Reports

Reports->MIPS/MU->MIPS/MU->MIPS/MU Measures (Stage III)

The following changes have been made to the Stage III MU Measures report:

1. Running the report without selecting the Show IDs option will no longer include the patient accounts listing per measure.
2. Verbiage for all Yes/No measures have been added to the report. Please note that there is no calculation being performed on these measures and that they are listed simply for the practices benefit/ease of use.
3. The verbiage and expected percentage has been corrected to reflect the proper 7-2 measure.
4. The Final Group Total line has been added for measure 7-2
5. For measure 7-2a, the report will only pull in encounters that are set to the appropriate visit type as defined in the MIPS Use parameters. Please note, measure 7-2 will only pull an encounter into the denominator if the appropriate encounter is the first in the patient's chart.

Anesthesia Remit

Remit will now match transactions based on the Mod1 field (first modifier) if that modifier is QX, QK, QY, QZ in the event the payer does not return the reference number in the era file.

SMS Appointment Reminders

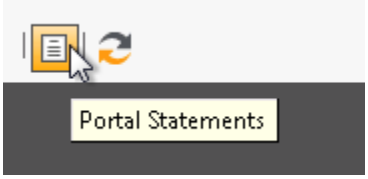
In the event a patient has two appointments for the same date and time, SMS text appointments reminders will now only send **one** reminder for both appointments as opposed to two separate reminders.

Note this only applies to practices who are using the SMS Appointment Reminder Feature.

Version 9.0.0.19 Addendum

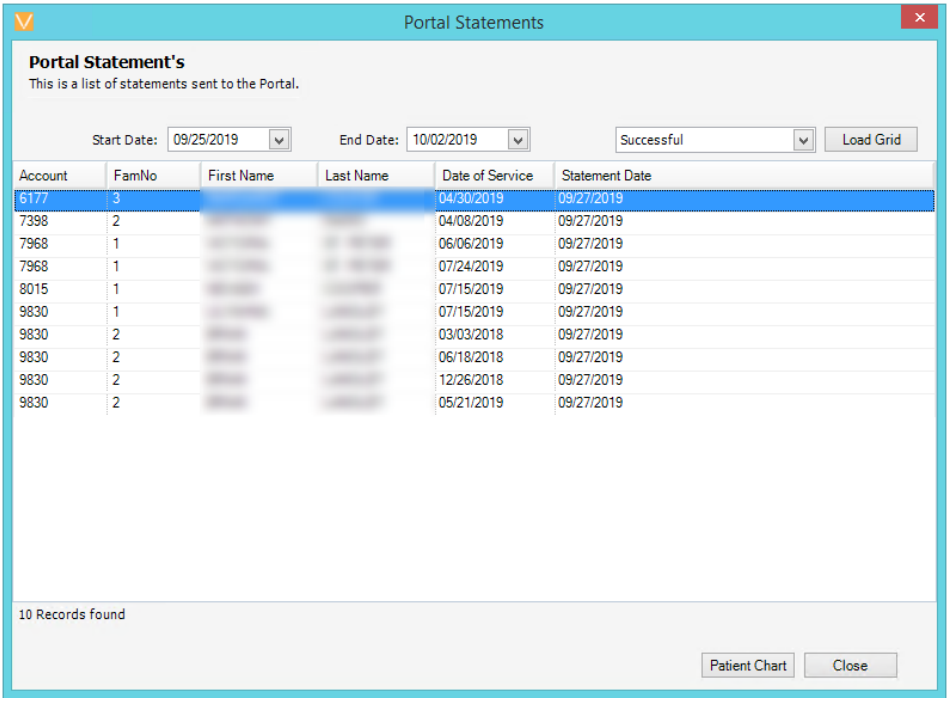
Electronic Portal Statements

In the Patient Portal Workflow desktop area there is a new icon on the toolbar labelled Portal Statements.



By using this new icon, users can view all statements sent to the portal, both successful and unsuccessful for any given date range. Please note that at this time, this is an informational only window. There is further functionality planned for a future version that will allow users to view the patient chart and resend the statement directly from this window.

Note this is used in conjunction with Medfusion Payment Portal



Reports

Reports->Quality Reporting->MIPS
There is a new option in the MIPS reporting options window called Include All Insurances. When this is enable, the system will check all patients regardless of insurance carrier.

Version 9.0.0.18 Addendum

Definitions\Collector

Definition->Parameters->Collector Parameters

There is a new option on the Collector Parameters screen called Placed in Write-Off Queue (Bypass New Accounts). If this is enabled, accounts that meet the criteria to be places in the New Accounts collector queue will automatically be placed in the Write-Off queue instead during the close.

HIE (Health Information Exchange)

If client has an HIE the Consent will now show in the patient header in definition and chart side.

Appointment Locate

The Locate Appointments window (Multiple Days) will now show available appointment slots for the next 7 days as opposed to the previous 180 days. This significantly reduces the load time of the Multi-Day appointment locate function.

Reports/Audits

There are two new interactive reports for SMS Test messages:

Reports->Patient->Balances->SMS Balance Reminder

Reports->Patient->Appointments->SMS Appointment Reminder

As their names indicate, these reports will show all sent SMS Text messages for Patient Balances and Appointment Reminders respectively. Users can choose a date range for both reports and can choose to filter on a specific provider for the Appointment Reminder report.

Version 9.0.0.17 Addendum

Mail Merge

There is now a Sign and Exit button located on the toolbar when editing Mail Merge Documents. As the name implies, when clicked, the system will save, sign, and close the Mail Merge Document.

Charge Load Imports

When importing Charge Loads. Records with Error 8 (Patient Name mismatch) will now be flagged as an error as opposed to a warning.

Definitions\Statements

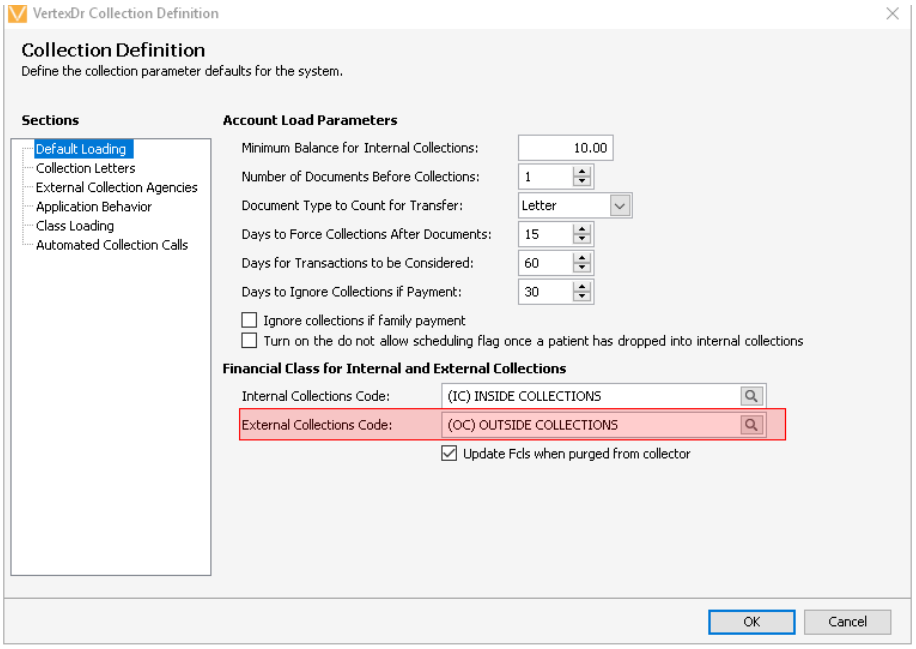
Definition->Parameters-System Wide Defaults

There is a new sub-section in the Statement Definition area of the system wide defaults called Statement Override Address. If these fields are populated, the system will use the defined address for Statements and Letters (depending on which options are selected) regardless of what is defined in the profile. Please note that these settings have existed for some time in TParmsExt we are now just adding them to the front-end so practices can utilize if needed or desired.

Definitions\Collector

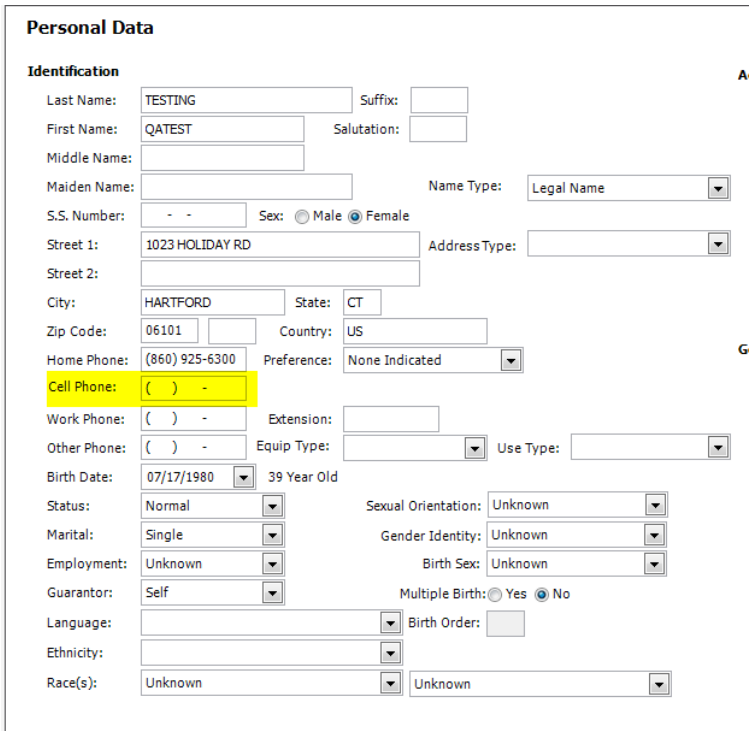
Definitions->Parameters->Collection Parameters

There is a new field in the Collection Definition Window called External Collections Code. When defined. This will allow the system to perform a write-off of any collection records that are flagged with the defined code. This will prevent errors from occurring when attempting to write off records.



Demographics

A new field called Cell Phone has been added to the patient demographics screen. Users can use this to define a patient's cell phone number. At this time, the Cell Phone field is only used for SMS texting. *It is not yet tied to other areas such as appointment scheduler or reporting.*



Definitions\Suspense

Definitions-Parameters->System Wide Defaults

There is a new parameter in the Suspense area of the system wide defaults called **Allow 50 modifier to double charge amount on release**. If enabled, when a charge is released from suspense into a batch and has a 50 modifier attached, the system will automatically double the charge amount.

Closing

The closing will now send the prior Payers ICN for secondary & tertiary claims.

Version 9.0.0.16 Addendum

Remit

When importing an ERA file, the system will now flag CO-97 as a warning when payments are attached.

SMS Appointment Reminders

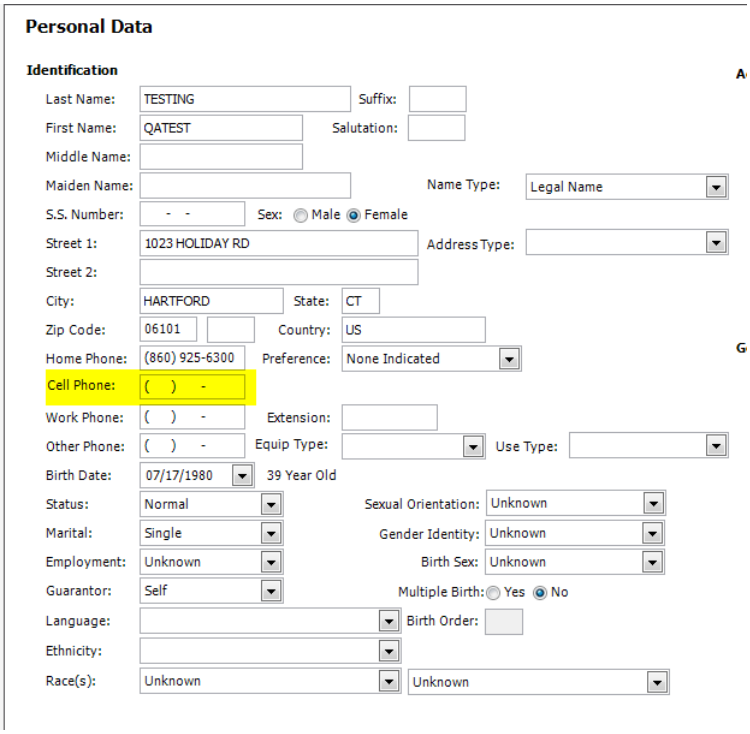
Appointment text reminders will no longer need the Consent to Text option enabled. Consent is implied, however, patients can opt out if desired.

SMS Messaging for Appointment and Balance Reminders

Note: This is an optional paid feature. Change order required for Implementation and set up.

Patient Definition- Cell Phone Field

Practices may now add the patients Cell Phone within Patient Definition.



Patient Definition- Restrictions Tab

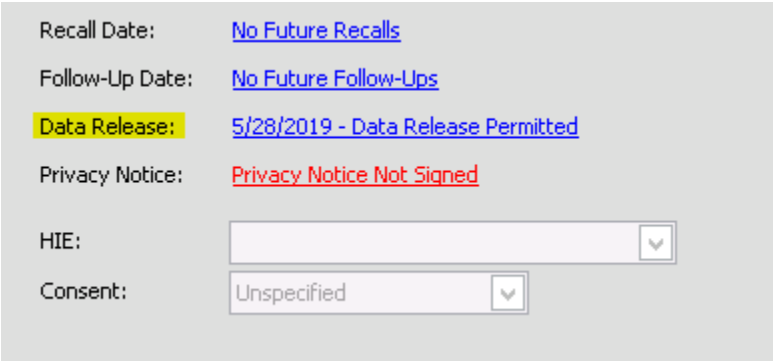
Practices must receive consent from the patient for ***Balance Reminders Only*** prior to setting options for Balance reminders. ***Appointment Reminders Consent*** is implied.

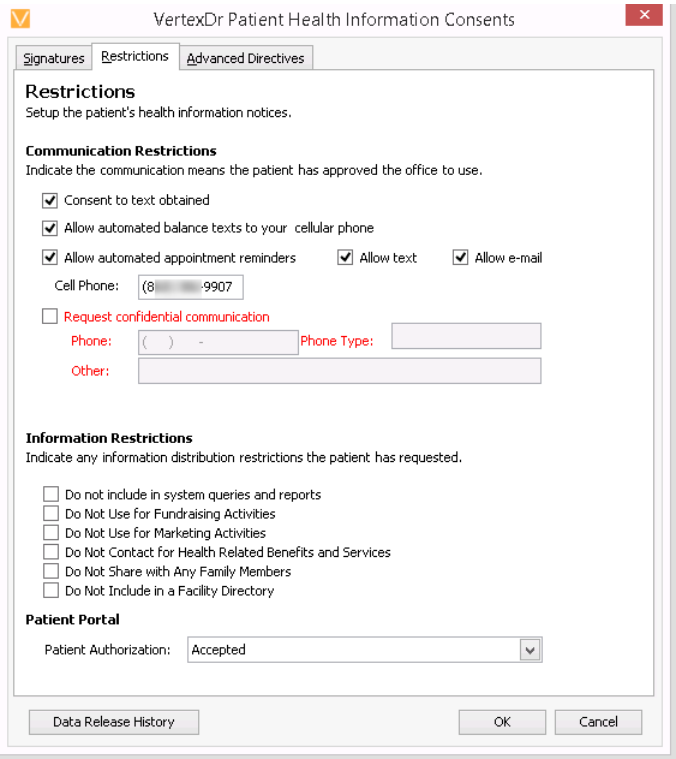
Once a patient has consented to receive SMS Balance Reminders, users will need to note in the patients chart. From Patient Definition select the Data Release Section.

Note: Practices may need to update their consent form to support SMS Balance Reminder Texts

The select the Restrictions Tab. Users must check

- Consent to Text Obtained & Fill in the Cell Phone Number
- Also select the Corresponding *Allow automated Balance Reminders.*





Patient Balance Reminders

Reminder Service

SMS service will run between the hours of 9am -7pm based on area code.

Balance reminders will be generated 0-9 days after a statement is generated when a patient has a balance, based on implementation.

Example: Clients who send patients 2 Statements every 28 days will have 2 balance reminders generated.

Dated Notes

Balance Reminder Text Sent

A balance reminder note will be entered into the patients Dated Notes Section after a reminder has been successfully sent to a patient.

Opt Out

Opt Out

Patients have the option to Opt Out after they have signed up for reminders. If a patient receives a balance reminder text they may select STOP. This will uncheck the *Consent to Text* and *Allow Automated Balance Reminder Texts.*

A dated note will also be entered notating that the patient has Opted out of the service.

Users may also manually uncheck the settings at a patient's request.

Patient Appointment Reminders

Reminder Service

SMS service will run Monday-Friday between the hours of 9am -7pm based on area code. Reminders will not be generated on a Holiday.

Appointment reminders will be generated based on Reminder Parameters selected by the practice based on implementation.

Opt Out

Opt Out

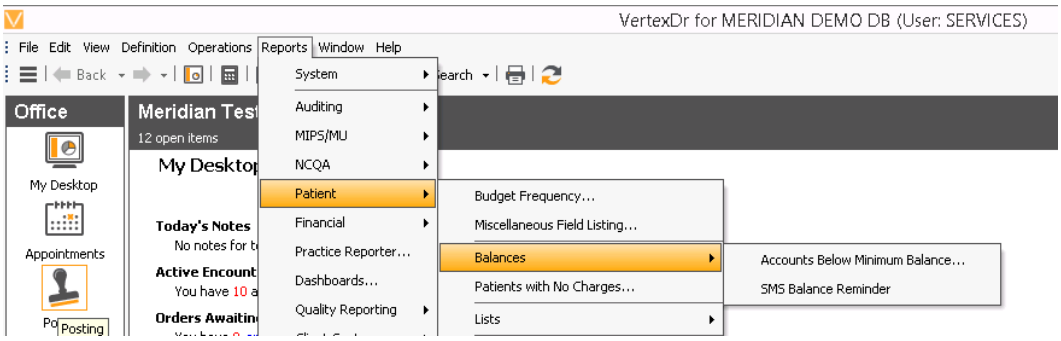
Patients have the option to Opt Out after they have signed up for reminders. If a patient receives an appointment reminder text they may select ***STOP***. This will uncheck the *Allow Automated Appointment Reminders Texts.*

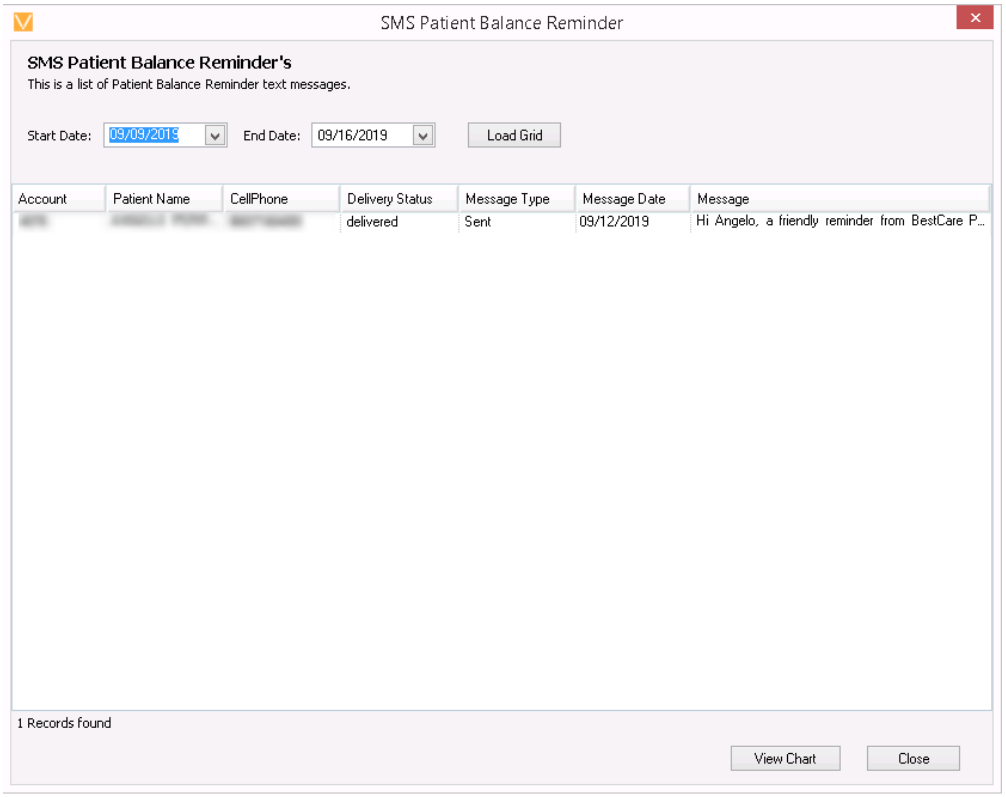
Users may also manually uncheck the settings at a patient's request within the Patient Definition, Restrictions Tab.

Reporting

SMS Balance Grid

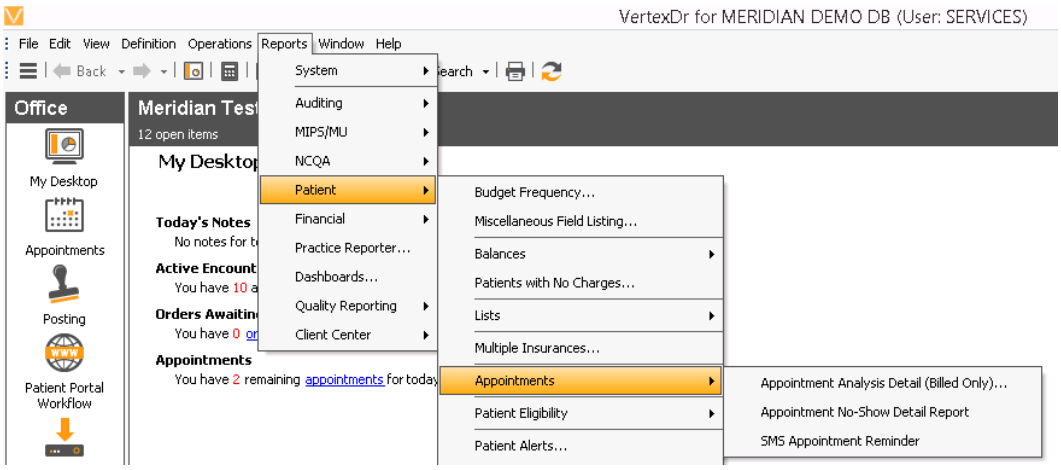
Users may check the report daily to check the status of SMS messages sent to the patient. A direct link to the Patient's chart is available within the reporting window.





SMS Appointment Grid

Users will have the ability to view the status of the SMS, and a direct link into the appointment for reference if needed.



Definitions

Definition->Billing->Insurance Carrier
When creating a new Insurance Carrier record, the Days to Patient setting will be defaulted to 0 as opposed to 30.

Version 9.0.0.14 Addendum

Remit

The following remittance types are now able to post sequestration:

117 - VIRGINIA MEDICARE
125 - NEW YORK MEDICARE PART A
138 - ALABAMA MEDICARE
150 - HAWAII MEDICARE
151 - MISSISSIPPI MEDICARE
157 - ARKANSAS MEDICARE
158 - PENNSYLVANIA MEDICARE
163 - OKLAHOMA MEDICARE
240 - MEDICARE WEST VIRGINIA
253 - MEDICARE UTAH
270 - MEDICARE KENTUCKY
290 - MEDICARE WISCONSIN

Remit

The following payers are now available in Remit:

317 - EVOLUTION HEALTHCARE
318 - CONTINENTAL BENEFITS
319 - UNIVERSITY HEALTH ALLIANCE
320 - PHP NORTHERN INDIANA
321 - AMERICAN PROGRESSIVE LIFE

Code Check

Charges with a modifier of XS will be excluded from duplicate checking.

Definition\Prescriptions

Definition->Billing->Provider
When defining Secondary DEA numbers, users can now assign a Script location ID to a Secondary DEA number. When the Secondary DEA number is sent in a prescription message, if a location ID is defined, the system will use the address defined in the corresponding script location in the prescription message.

Import Facility

There is a new release option in the Import Facility called Release by User. Selecting this option will allow the user to release his/her own charges based on the following criteria:

Date of Service Range
Financial Class
Providing MD
Service Location
CPT Code Range

There are a few things to note with the new functionality:

1. Currently, this functionality will only release the user's own charges from suspense. This will not allow a user to release another user's charges
2. If any fields are left blank, the system will assume that the user means ALL. For example, if the service location field is left blank, the system will release matching charges for all services locations.
3. If you define a From CPT Code, you must also define a To CPT Code. These can be the same if you are trying to only release charges with only that singular CPT code.

Version 9.0.0.12 Addendum

Suspense Posting

Users can now add a 4th modifier in the Suspense Posting window.

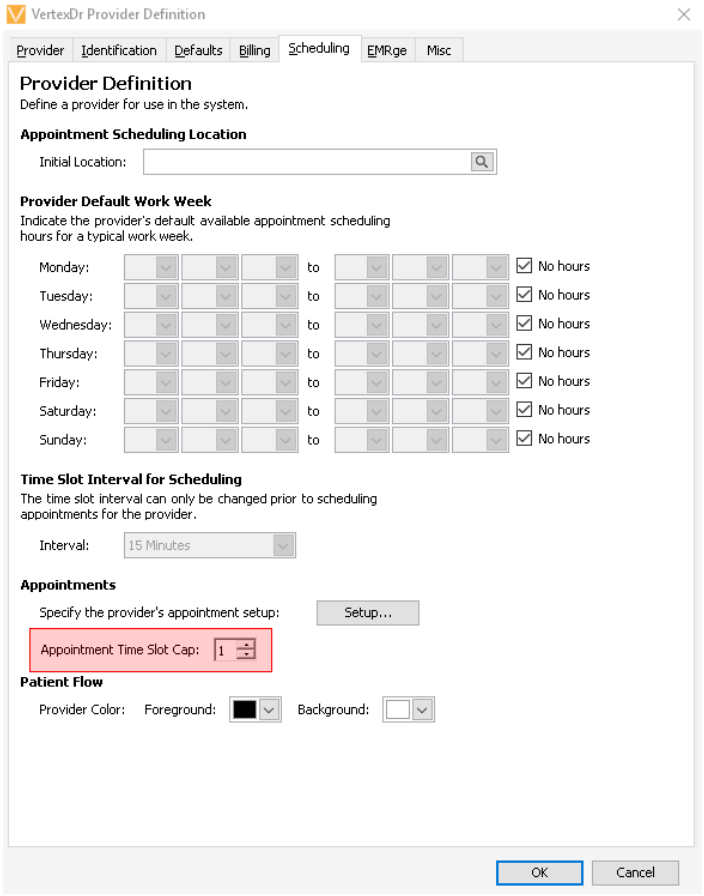
Auditing

Reports->Auditing->CPT Code Definition

Reports->Auditing->ICD10 Definition
Reports->Auditing->Insurance Carrier
Reports->Auditing->Transaction Code Audit
There are a multitude of new Audit reports that will track all changes made to Insurance Carrier, ICD10, CPT Code, Transaction Code definitions respectively. In addition, any changes made to the Anesthesia Billing Group definition will be shown in the Parameter Audit.

Appointment Scheduler

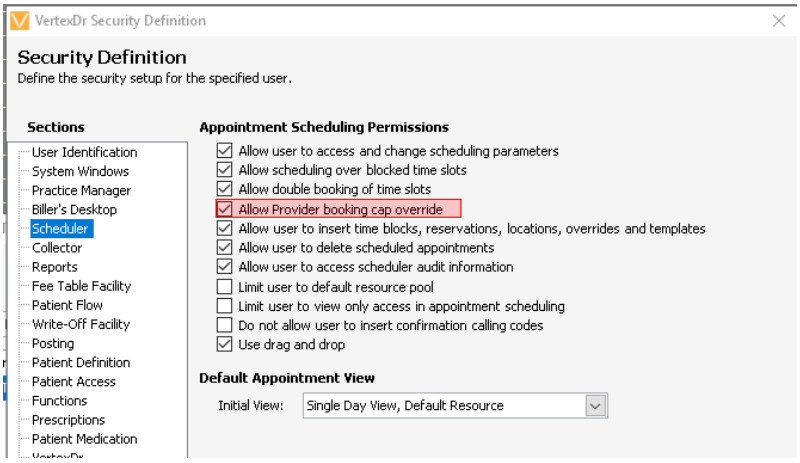
Appointment Scheduler Provider/Timeslot Cap
Definition->Billing->Providers
Practices can now setup a provider to allow a maximum number of appointments per timeslot. There is a new field in the Provider definition window called Appointment Time Slot Cap. This can be set to any value up to 10. When at 0, there will be no cap. Otherwise, the cap will be at the defined value and the system will not allow a user to book more than the defined amount of appointments for any given timeslot for that provider.



If a user tries to create an appointment for a provider in a capped timeslot, he/she will get an error. For example, if the provider is defined with a cap of two, and the user goes to book a third appointment in a timeslot, the following error message will appear:

This provider currently allows 2 appointments per time slot. This appointment will exceed that allotment.

Definition->Security->Users
There is an override setting for this in the Scheduler section of the User Security definition window. The new option is called Allow Provider booking cap override. If the user has this setting enabled and he/she tries to create an appointment in a capped timeslot, they will still get the same error message but they will also be prompted to override and create the appointment anyway.



Using the same example as before, the error message would look like this:

This provider currently allows 2 appointments per time slot. This appointment will exceed that allotment
Do you want to override and book this appointment?

Remittance Worklist Detail

The Remittance Worklist Detail report excel export will now show columns containing the CPT Code and Deductible for each respective record.

Batch Verification

When doing Batch Verification, there is now a Payments Only option in the Data to Display field. For Anesthesia clients, this will show all Payments in the selected batch, but without the Start/Stop times and MIPS status fields that are specific to Anesthesia. For non-anesthesia clients, this will be the same as the Payments Only with Procedure Totaling.

For Anesthesia clients, the Batch Verification Detailed Report in Posted Order will now show an additional diagnosis code as well as the Anesthesia Type for any given charge record. In order to accommodate these new fields, the Procedure description column has been removed. For non-anesthesia clients, this report will remain the same.

Transaction Explosion

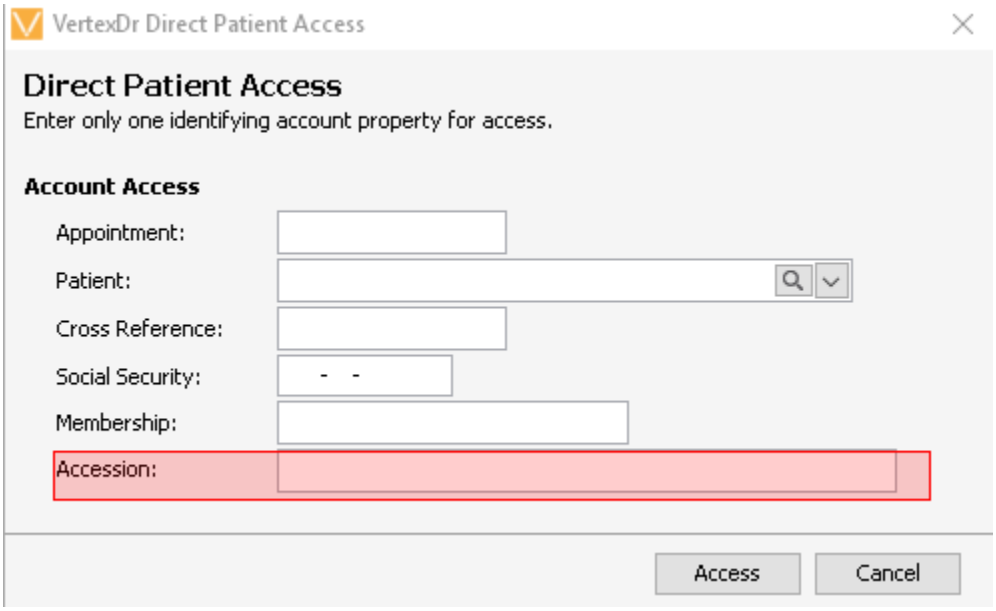
Users will now be able to view relief information for anesthesia charges after they have been closed. To do so, the user must click the **Anesthesia** button in the Transaction Explosion window. From here, the user can then click the **Additional** button to view the relief information associated with the transaction.

Concurrency Check

Concurrency check will now check overlaps for relief providers.

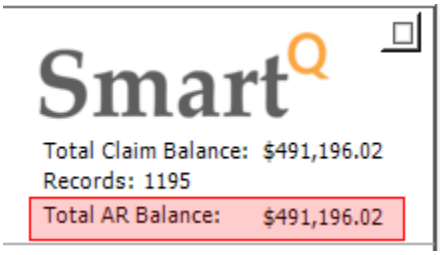
Direct Suspense Access

While in the Import Facility, users can now use the Direct Suspense Access link to look up a patient by Accession Number. This option will only be visible for practices that have the Use attached reports workflow parameter enabled in System Wide Defaults.



SmartQ

There is a new label on the SmartQ desktop call Total AR Balance. This value will always show the practices total AR balance regardless of the SmartQ filters or the active/sleep status of a SmartQ item.



CORP Units

Users can now Insert, Edit, or Delete CORP Unit information on any active anesthesia charge. Users can do this by clicking the Additional Information button in the Transaction Explosion window. From here, the user will need to click Misc, and then navigate to the Corps Unit section.

When entering CORP unit information, relief provider is no longer required and will not prevent the user from saving the information if not defined.

Insurance Report Extract

Patient Sex has been added as a column to the Insurance Report Extract

Surgical Claims

If a related surgical CPT code exists for an Anesthesia charge, it will be added to the HCFA and be appended to the Anesthesia Time. Please note that this must be a 5-digit numerical string in the Insurance field of the Transaction Code Definition.

Version 9.0.0.11 Addendum

System Wide Defaults

Definition->Parameters-System Wide Defaults->Anesthesia
There is a new option in the Anesthesia section of the System Wide Defaults called, **Allow time units over 50 non-epidural(01967**). When this is enabled, the system will allow 50+ time units for the 01967 CPT code only.

Support

Help->About
The **Support** Button will now bring you to GoToMeeting.com

HL7

If OBR.19 is populated in an HL7 message for Addendum encounters, the interface will nsert the date of the base encounter in OBR.20

Version 9.0.0.9 Addendum

PBI

PBI will now extract the following fields to be used for the TransAnesCorps report.

Grpid
Clientid
Account
Seq
AnesCorpsID
Pmd
ReliefPmd
PmdCorpsUnit
ReliefPmdCorpsUnit

Insurance

When adding an Insurance Carrier to a patient, users can now search for insurance carriers by Remit Address. The following changes have been made to the Insurance lookup window in order to accommodate this change:

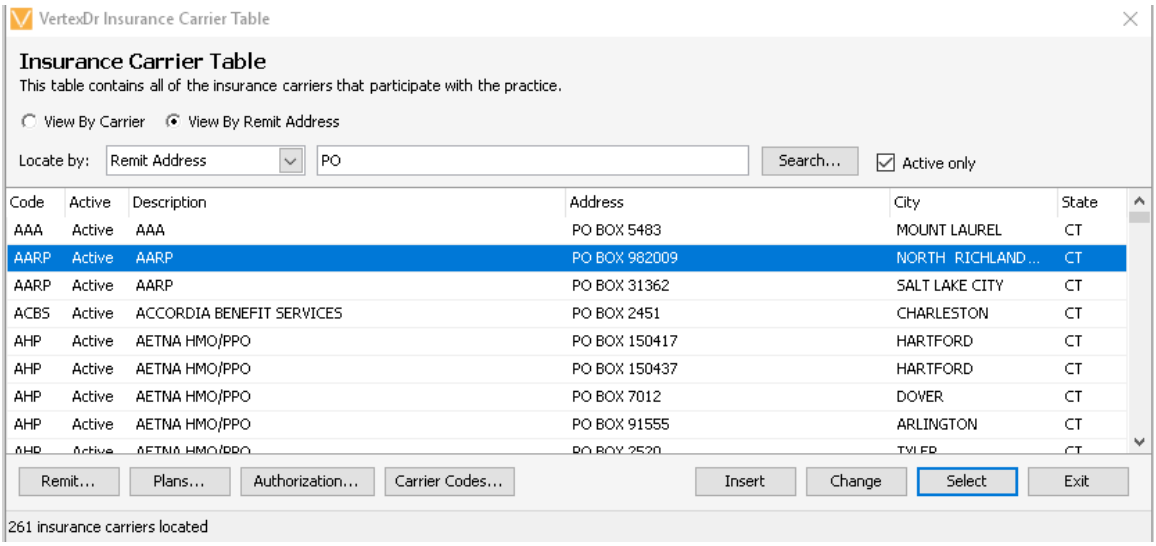
1. There are now two radio buttons on the form.
View By Carrier (this is the default)
View by Remit Address.

2. When the option to View by Carrier is enabled, the grid looks as it previously did with all unique insurance carriers listed.

3. When the View By Remit Address is enabled, the grid changes and the following columns are now visible:
Ins Code
Active
Ins Description
Address
City
State

This new view will show all remit addresses meaning if the insurance carrier has more than one remit address that matches the search string, that insurance carrier will show up twice.

The user can then select the carrier via either method and the insurance carrier pulls into the demographics as needed.



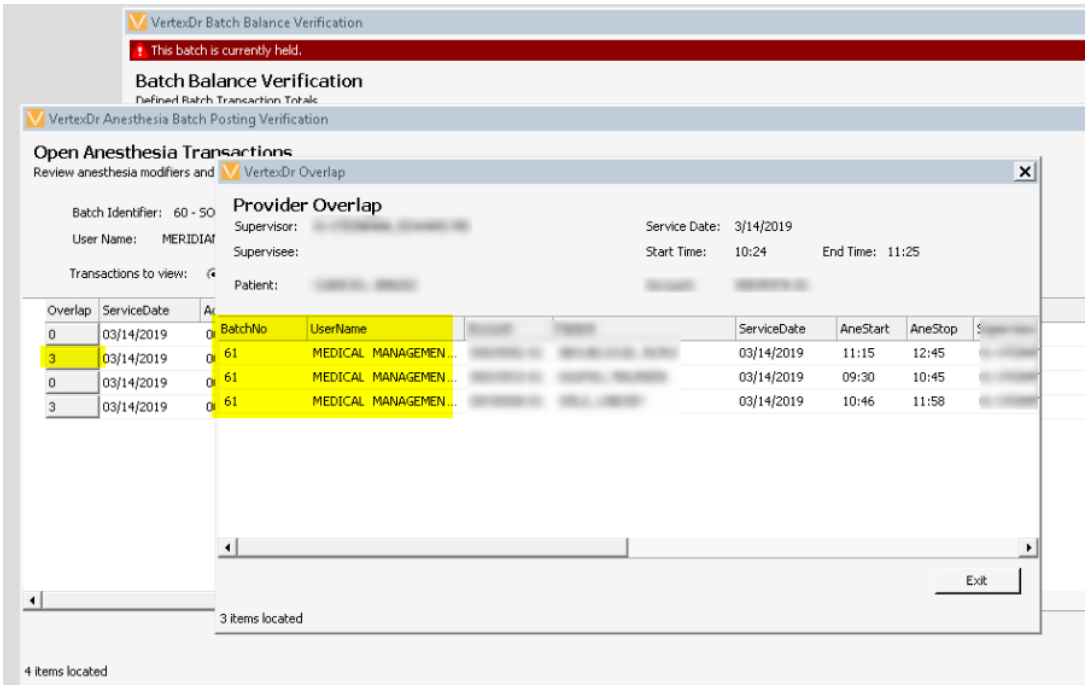
Provider Definition

Definition->Billing->Providers

A new field called Cell Phone has been added to the provider definition window. This is an optional field that is not required to save the provider definition record.

Anesthesia Posting

The Batch Number and Username have been added to the Provider Overlap screen in order to more easily identify overlapping batches.



Concurrency Check

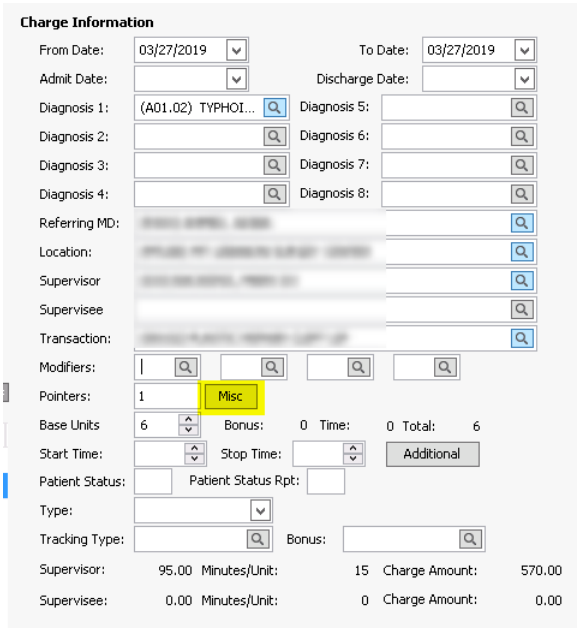
For clients using Anesthesia Enhanced Concurrency, the system will now require that concurrency check has been run for all batches and charges. In addition, if a batch is already marked as ready to close, and user adds a new transaction to the batch, the system will automatically suspend the batch until concurrency check is ran again to include the new charge.

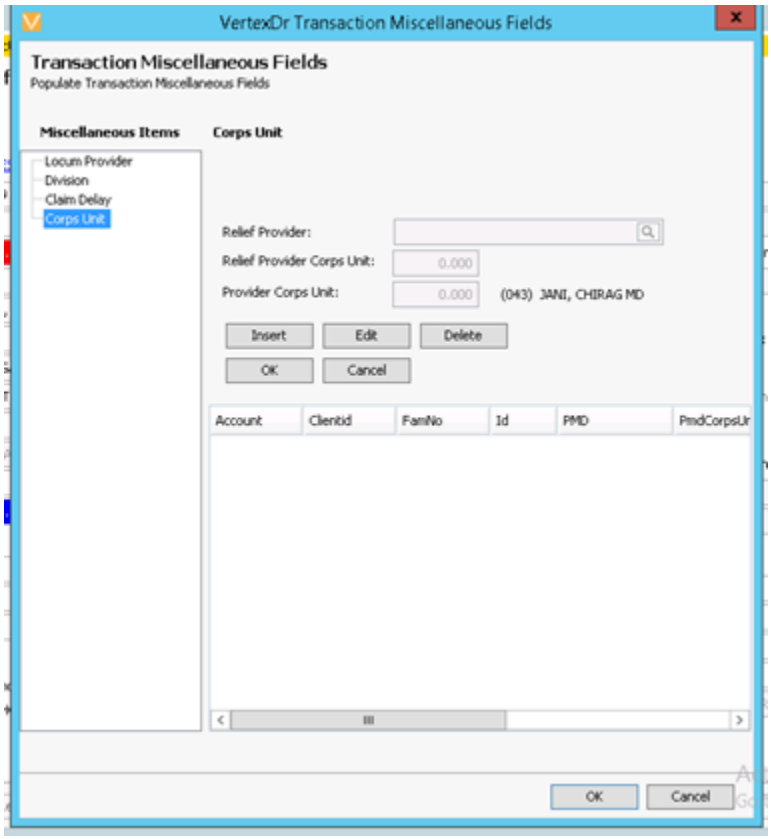
Closing

For all transaction with a type of service (TOS) of 7 (Anesthesia transactions), the system will automatically multiply the base charge amount by the amount of units on the transaction during the closing.

Corp Unit

Added Corps Unit to the Transaction Miscellaneous Fields window. Users can add multiple records per Transaction. The Provider field is pulled from the transaction, user chooses the relief provider and units for each. Miscellaneous field records added to an existing transaction will be updated immediately when the miscellaneous form is closed (with the OK button), whereas records added to a new transaction will only save when the transaction itself saves. User is prompted on the existing transaction.





Version 9.0.0.2 Addendum

Definition Table Update

The CqmValueSet Table will now be updated automatically with the definition update service process. In order for this to occur, the Use Medcin Code Link Update parameter must be enabled (Definition->Parameters->System Wide Defaults->VertexDr 1)

Split Billing Claims

For anesthesia clients, if an insurance carrier is setup for split billing, the system will now create a separate line item on the HCFA for the CRNA when applicable.

Paper Claims

Paper HCFA claims will now break by Date of Service in order to prevent claims from being denied as duplicates.

Remittance

The following payers are now available in Remit:

Colonial Penn Life (313)
Fidelis Care NY (314)
Pennsylvania Medicaid (315)
Keystone Health. (316)

Version 9.0.0.00 Addendum

Portal

Definition->Parameters->Third Party Settings->Portal Settings
There is a new option in the Portal Settings window called **Send CCD to Portal When Encounter is Signed**. When this option is enabled, the system will send a patients CCD record to a tickler table whenever an encounter is signed. The portal service will then send that CCD to the patient's portal account during its next run.

Patient Chart

Definition->Parameters->System Wide Defaults
There is a new button in the VertexDr 2 section of the System Wide Defaults called **Chart Config**. By using this, practices can now define what sections of a patient chart are visible as well as the order of the sections themselves at the system level. By default, the following sections will be visible after an upgrade to 9.0.0.00:

Active Tasks
Alerts
Allergies
Chart Summary
Correspondence
Documents
Encounters
Hospitalizations
Injections
Ink Documents
Medications
Messages
Orders
Past Medical Family/Social History
Pharmacies
Problem List
Quality Guidelines
Specialty Providers
Vaccinations
Vitals

It is important to note that if a user has anything chart configuration defined in the security record, the security record settings will override whatever is set at the system level. For example, If at the system all sections are is enabled but Provider Smith has Vitals disabled from the Chart Config on his security record, Provider Smith will not see the vitals section of the patient chart.

Appointment Reminders

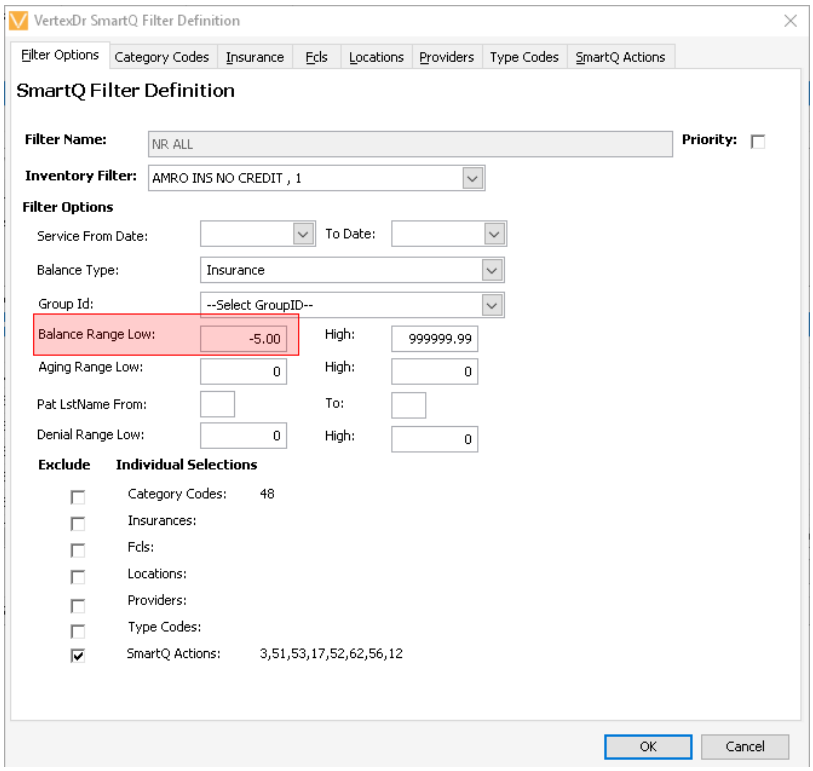
Definition->Parameters->Appointments

When a user changes the layout of a custom form template that is used for email reminders, the updates will be automatically applied when sending out new reminders. Previously, users had to either create a new template or select a different template in the appointment reminder definition, save, exit, and reselect the original template.

SmartQ

Definition->Office->SmartQ->SmartQ Filters
Definition->Office->SmartQ->Manager Inventory Assignment

Practices can now define SmartQ filters with Balances that have negative values.



SmartQ

Definition->Billing->Insurance Carriers

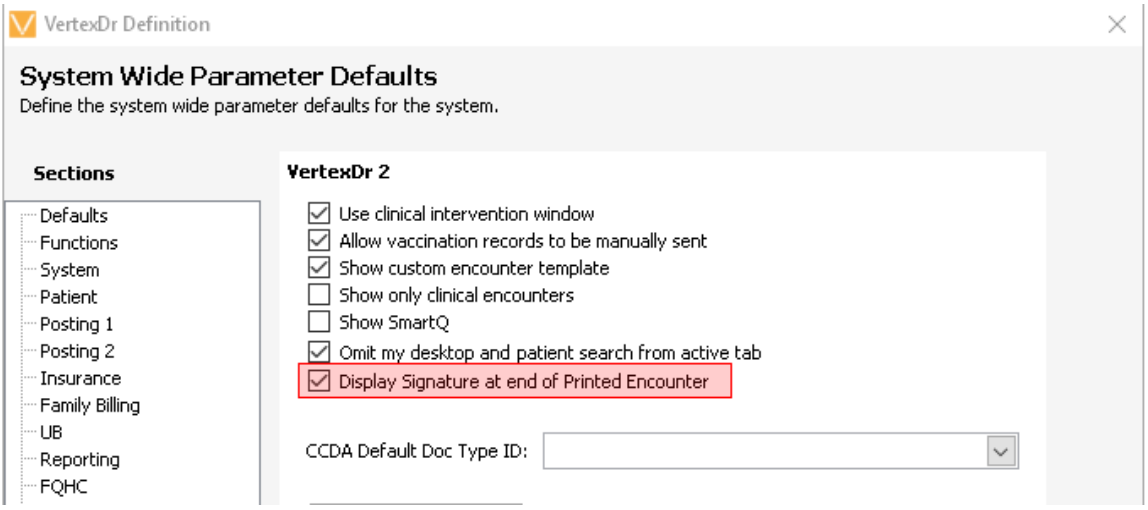
The system will now enable the Active Only checkbox by default when viewing the Insurance Carrier Table.

Patient Images

Definition->Parameters->Documents
Clients can now define resolutions up to 1024 x780 for patient images.

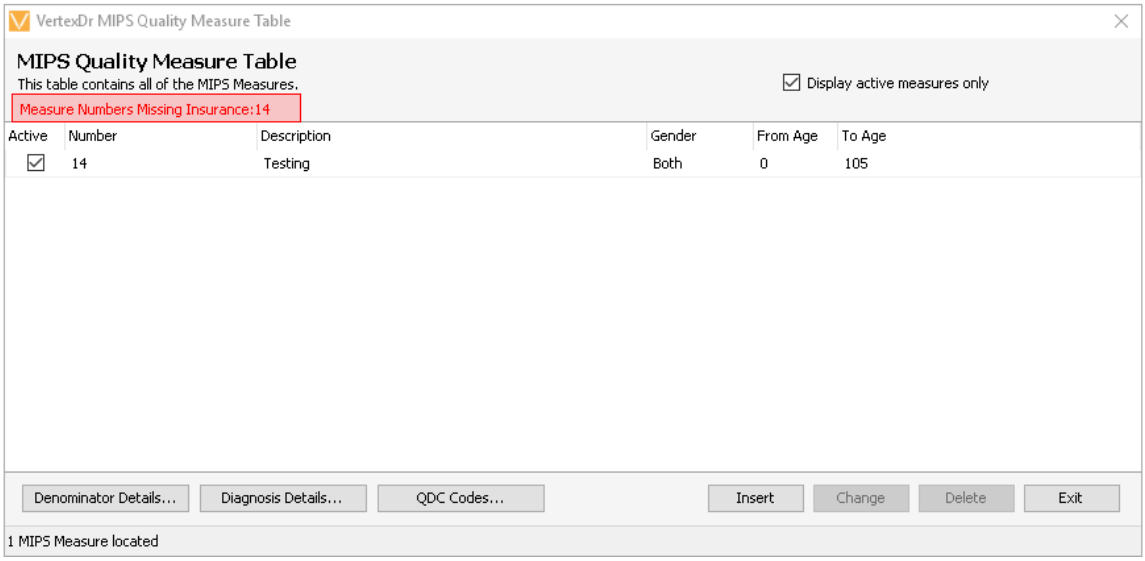
Encounters

Definition->Parameters->System Wide Defaults->VertexDr 2
There is a new option on the VertexDr 2 section of the System Wide Defaults called **Display Signature at end of Printed Encounter**. When this option is enabled, the electronic signature will be displayed at the end of the encounter summary when an encounter is printed. It is important to note that if the user chooses to add additional chart information to the printed encounter, the signature will be displayed at the end of the encounter information and then will be followed by any additional chart information if applicable.



MIPS Measures

Definition->Billing->MIPS Measures
When defining MIPS Measures, there will not be a warning in red if any measure is missing a defined insurance carrier. This warning will also show which specific measures are affected.


VertexDr MIPS Quality Measure Table
MIPS Quality Measure Table
This table contains all of the MIPS Measures.
Measure Numbers Missing Insurance:14
Display active measures only
Active
Number
Description
Gender
From Age
To Age
14
Testing
Both
0
105
Denominator Details...
Diagnosis Details...
QDC Codes...
Insert
Change
Delete
Exit
1 MIPS Measure located