VertexDr

APPLICATION MANUAL

Appointment Scheduler & Practice Manager

vertexdr.com

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Patient Search Table

The *Patient Search* Table maintains all demographic and clinical information for all of the patients in the practice's database. Patients registered in the system can be located using a variety of patient information. The *Patient Search* Table allows you to locate patients using eight separate search methods. These methods include: *Account Number*, *Birth Date*, *Last Name, First Name*, *Phone Number*, *Cross Reference Number*, *Social Security Number*, and *MRN*.

Accessing the Patient Search Table

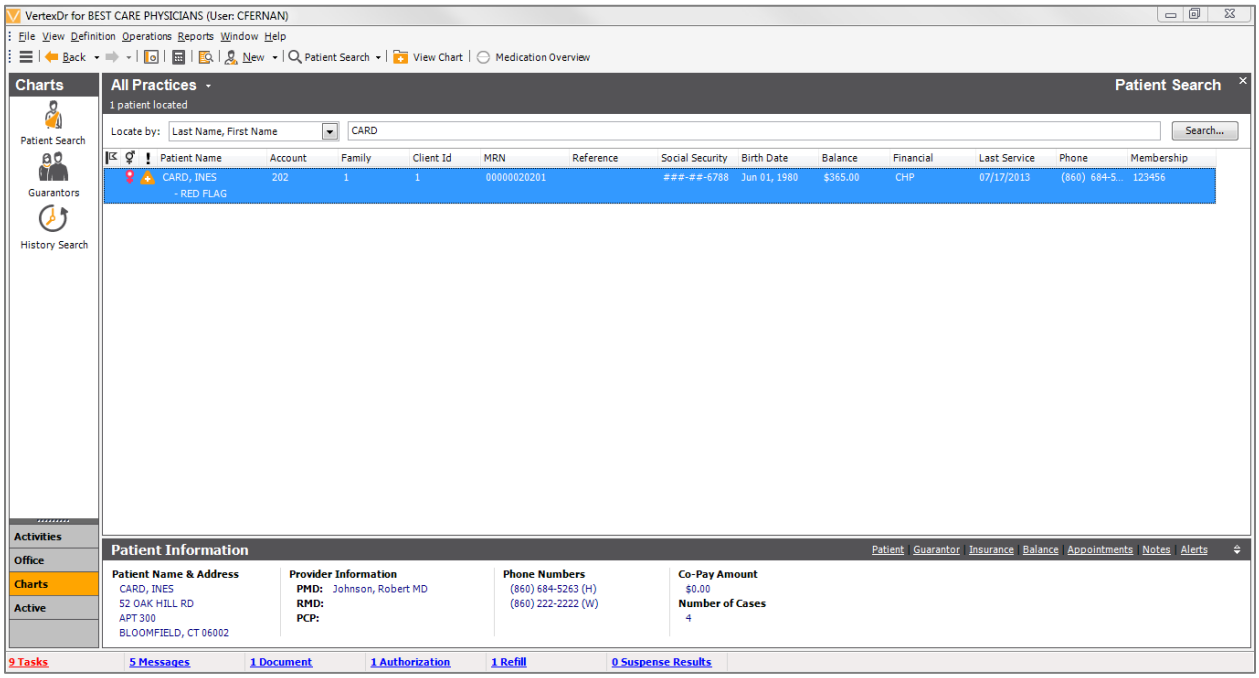
The *Patient Search* Table can be accessed directly by selecting the **Patient Search** Button from the Toolbar at the top of any system window.

It can also be accessed by selected the **Patient Search** Icon from the *Charts* Section of the Navigation Pane.

Searching for a Patient

The *Patient Search* Table allows you to locate patients using eight separate search methods. This section will explain each of these methods.

Note: The *Patient Search* Table can be defaulted to any of the search options. For more information on this parameter setting, reference the VertexDr Practice Suite Managers' .



1. To begin searching for a patient, select a **Locate by** Option from the dropdown menu.
   - **Account Number** – This option will allow the user to search by the system generated account number.
   - **Birth Date** – This option will allow the user to search for a patient by entering in their date of birth. Enter the date of the birth in the following format: MM/DD/YYYY.

Note: When searching by **Birth Date**, the system will automatically enter the backslashes. The user can simply type the numbers.

   - **Membership Number** – If the patient's primary insurance membership ID number is known, it can be used to search for the patient.
   - **Last Name, First Name** – When searching by a **Last Name, First Name** the user can enter a full patient's name if it is known or part of the name. The *Patient Search* Table will display the first 100 patients whose name matches the entered information.
   - **Phone Number** – This option will search the database of patients using the phone number entered in the *Home Phone* Field on *Personal* Section of Patient Definition.

Note: When searching by **Phone Number**, the system will automatically enter the parenthesis and the dash to format the number. The user can simply type the numbers.

   - **Reference** – The **Reference** Option allows the user to search for the patient using the Cross Reference Number if one has been entered on the *Personal* Section of Patient Definition.

Note: For more information on the Cross Reference Number, reference the *Patient Definition* Section of this manual.

   - **Social Security Number** – This option allows the user to search for the patient using the social security number if it has been entered in Patient Definition.

Note: When searching by **Social Security Number**, the system will automatically enter the dashes to format the number. The user can simply type the numbers.

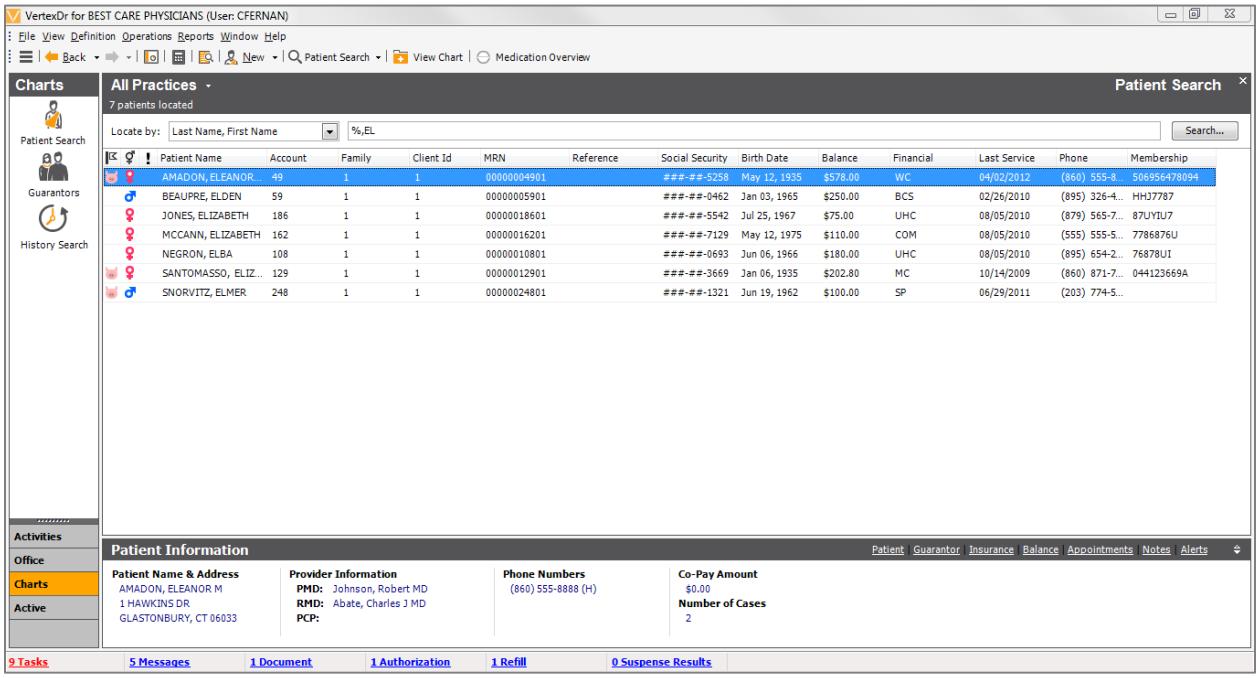
     - **MRN** – This option can be used to search for the patient using the system generated medical record number.

2. After selecting a **Locate by** method and entering the search criteria in the *Search* Field select the **Search** Button or click the **Enter** Key on the keyboard. The first 100 patients whose information matches the entered criteria will display in the *Patient Search Table* Window.

Note: If the patient has a system wide alert note, or if they have been marked to a Status of **Deceased**, this information will display in *red*, directly below the patient's name in the *Patient Search Table* Window.

Wildcard Search

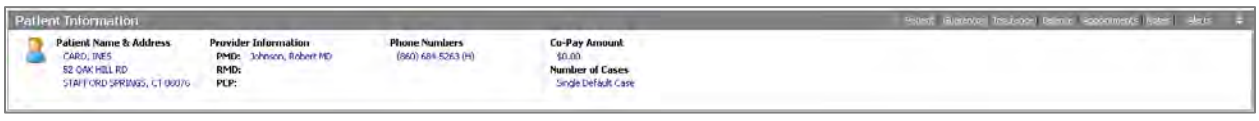
When searching by **Last Name, First Name** the Wildcard Feature allows the user to use the **%** Key on the keyboard to search for information that is unknown. The % sign can be used in place of a full first name, a full last name, part of a first name, or part of a last name. The example below shows the Wildcard being used for a full last name and just the vowel *I* is being used as search criteria for the first name.



In this case, the *Patient Search* Table found the first 100 patients whose last name was anything (because we used the Wildcard) and whose first name begins with an *I*.

The Patient Information Panel

The Patient Information Panel is located at the bottom of the *Patient Search Table* Window. The Panel displays pertinent patient-related information without forcing the user to enter into the account.



Accessing the Patient Information Panel

The Patient Information Panel can be defaulted to either open or closed. To open or close it manually, select the **Up/Down Arrow** Button in the right-hand corner of the Panel.

The Patient Link

The **Patient** Link displays basic patient contact information, including the patient's co-pay if that information was entered on the *Insurance* Section of Patient Definition.

The Guarantor Link

The **Guarantor** Link displays the contact information for the active guarantor (otherwise known as the individual responsible for the patient) on the patient's account.

The Insurance Link

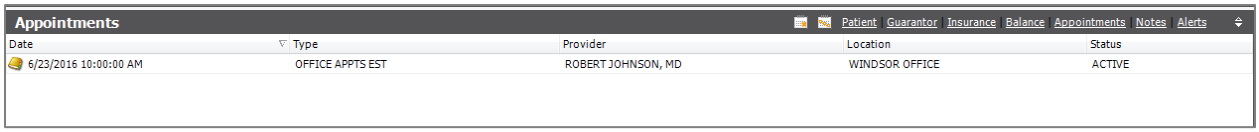
The **Insurance** Link displays the active primary, secondary, and tertiary insurance listed on the *Insurance* Section of Patient Definition.

The Balance Link

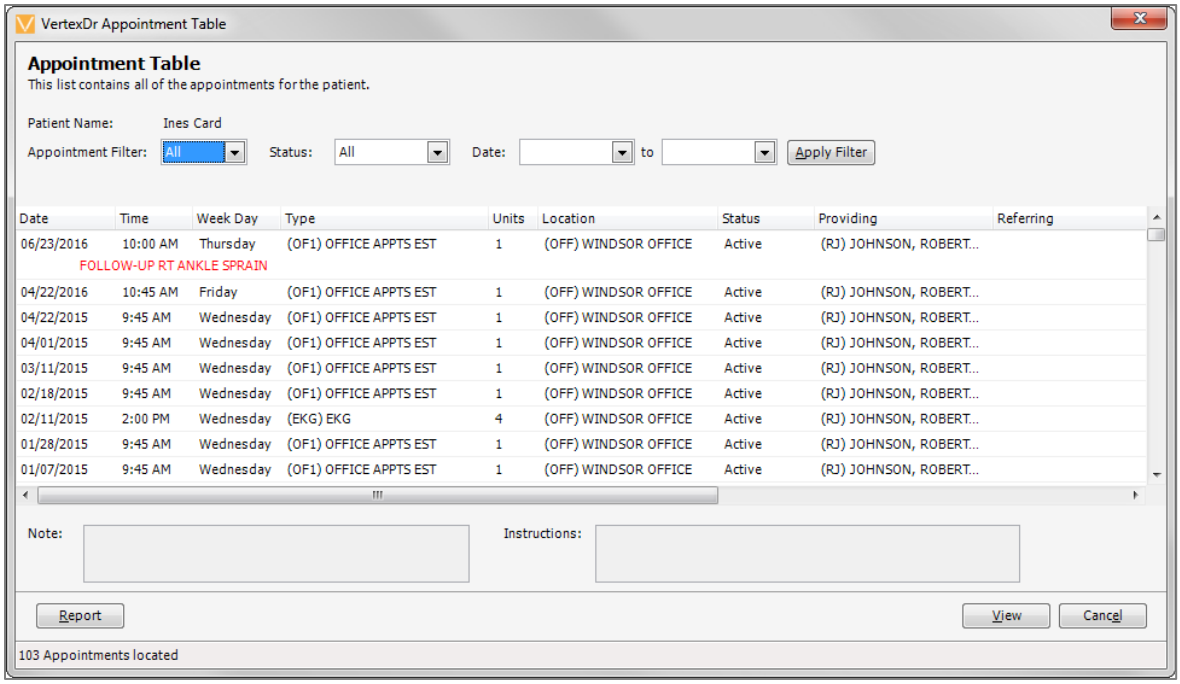
The **Balance** Link displays a total account balance for the patient followed by the patient's balance and the insurance balance. Both of those balances are then broken down by ageing category so the user can quickly see how long the patient has had these balances for.

The Appointments Link

The **Appointments** Link displays all of the patient's future appointments in the *Appointments* Table.



To view the patient's appointment history, select the **Calendar** Icon . The *Appointment Table* Window will open so that Future and Past appointments can be searched for and viewed.



Note: For more information on *Appointment Table* Window, reference the *Patient Definition* Section of this manual.

To view the *Patient Appointment* Window for one of the future appointments listed in the Patient Information Panel, highlight the appointment and then click the **Appointment Book** Icon .

The Notes Link

The **Notes** Link displays any dated notes which have been entered on *Notes* Section of Patient Definition. For more information on *Notes*, reference the *Patient Definition* Section of this manual.

The Alerts Link

The **Alerts** Link will list the pop-up alerts which have been added to the patient's account.

Patient Definition

Patient Definition houses all patient contact information, billing information, and insurance information. The system requires at a minimum that the *Last Name*, *First Name*, and *Sex*. The practice may choose to require additional information if desired through *System Wide Defaults*. Additional information may be needed to fully register the patient.

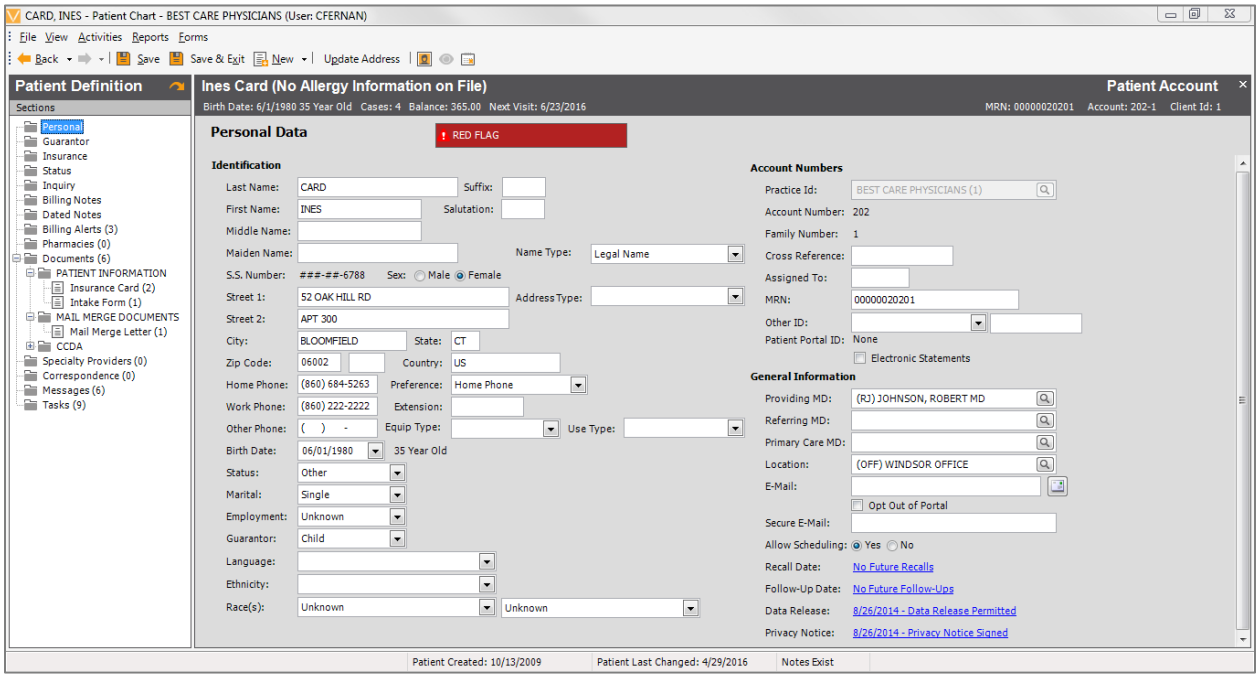
This section of the manual will cover all of the *Sections* within Patient Definition.

Note: The registration process can be made easier by using system codes. In all fields where a **Magnifying Glass** is available, if the code for the data being entered is known, enter the code and then tab off the field. The system will populate the description

automatically. If a code is entered incorrectly, the appropriate *Definition Table* Window will open. The entry can then be selected from the table.

Personal Section

The *Personal* Section includes the patient's demographic information. It also includes account information, physician information, and HIPPA related information.



The cursor will appear in the *Last Name* Field when the window opens. The **Tab** Key moves the cursor to the next field.

Note: Pressing the **Shift** and **Tab** Keys together will move the cursor back one field at a time.

Identification

In the *Identification* Area of the *Personal* Section, enter the known patient information by clicking or tabbing to each field.

- Enter the patient's Last Name, First Name, and Address in the appropriate fields. Enter the social security number if the patient provides it.

Note: *Suffix ("Sr.", "Jr.", etc.)*, *Middle Initial*, *Salutation ("Mr.", "Mrs.", "Ms.", etc.)*, and *Maiden Name* Fields are not required by the system. Enter this information if the patient provides it or if your practice requires it.

Note: The system will automatically check for duplicate social security numbers as soon as you tab off the field. When the flag is set, the system compares the new social security number to numbers already in the system. If a match is found, the system displays the matching accounts in a list box for viewing. You then have the option to select the other account to use or ignore the duplicate finding by cancelling out of the window.

- The **Bad Address** Checkbox can be used to flag accounts where returned mail has been received. A report can be run to view all accounts which have been flagged as **Bad Address**.
- The *Other Phone* Field is a good area to reference a cell phone number. The *Phone Type* Field allows the practice to specify what phone number has been provided.
- The *Status* Field contains specific statuses of impairment or disability. A user can also choose from deceased or normal by selecting from the drop down list.
- The *Marital* Field is the marital status of the patient at the given time.
- The *Employment* Field can be entered if known.

Note: The *Status*, *Marital*, and *Employment* Fields are not required by the system. Enter the information if it your practice requires it.

- The *Guarantor* Field sets the patient's relationship to the Guarantor and will default to *Self*. If the Guarantor Field is set to self, the system will automatically copy the patient's information to the *Guarantor* Section. If there is another responsible party, please select from the dropdown list.

Note: In general, if the patient is under the age of 18, this field must be set to the appropriate relationship.

Account Numbers

- The *Practice ID* Field is used by practices that have multiple profiles set up. Users can assign patients to selected practices by entering the correct ID. This field cannot be changed once the patient has been saved.
- The *Account Number* is a system generated account number.
- The *Family Billing Number* is used for Family Billing practices only. If your practice is not using Family Billing, this field will be set to *1* for every patient.
- The *Cross Reference* Field is used to track old medical recorder numbers. It can also be used to link patients to hospital numbers. The Cross Reference Number can be used in Patient Search as an additional search option.
- The *Assigned To* Field allows offices to assign accounts to selected users.
- The *MRN* is the patient's Medical Record Number.
- The *Patient Portal ID* Field links the patient's account number to their Patient Portal Account.

Note: This field only pertains to practices that have purchased the Patient Portal Module by MedFusion.

General Information

- The *Providing MD* should be set to the physician who typically provides service to the patient.

- The *Referring MD* is the physician that referred the patient to the practice.

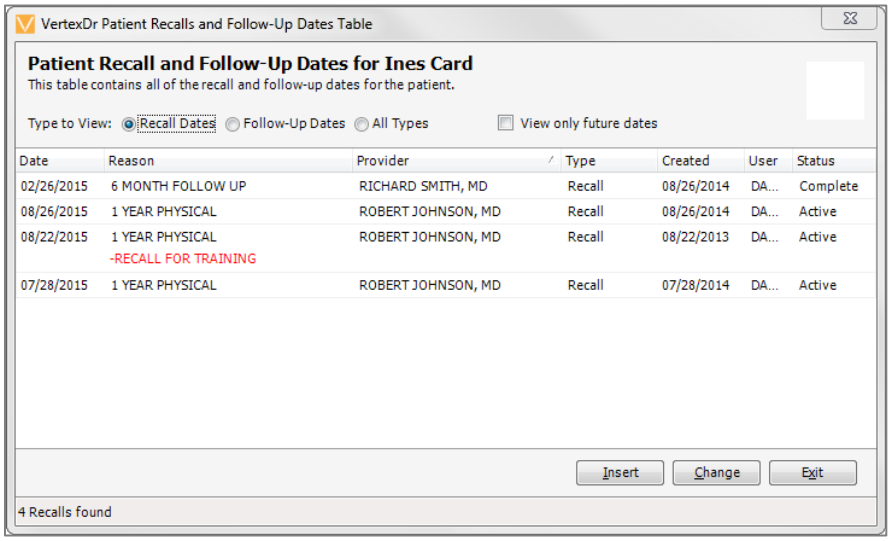
Note: If you are a primary care practice, this field may not be necessary. Also, the system can be set so that during the posting process, all transaction entries for the patient can be defaulted to the referring physician entered here. This helps to speed up the posting process.

- The *Primary Care MD* is the patient's primary care provider.
- In the Location Field, enter the Service Location where the patient is typically seen.
- In the *E-Mail Address* Field enter the patient's email address.
- The *Allow Scheduling* Field will default to *Yes*. If set to *No*, all future appointments can be cancelled for this patient. The system will also prevent anyone from scheduling any future appointments for this patient.

Note: Any user may set a patient to **No** for *Allow Scheduling*. However, marking a patient back to **Yes** is a User Security setting.

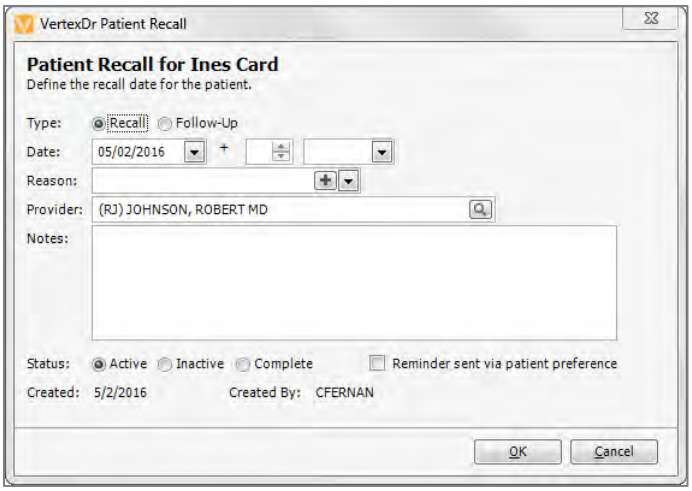
- The *Recall Date* Field is used for patients who need to be seen by a provider at a later date and did not schedule their future appointment at check out. By setting the recall date it allows the practice to send out reminder cards to the patients by running a report.
- The *Follow-up Date* Field is used for billing purposes only. By defining a follow-up date, it allows a billing associate to put in a reminder to the patient's account that a financial follow-up is needed by running a report.

  To enter a *Recall Date* or a *Follow-Up Date*, select the appropriate link. The *Patient Recalls and Follow-Up Dates Table* Window will open.



To switch between Recall Dates and Follow-Up Dates select the appropriate Radio Button. Select the **All Types** Radio Button to view both Recalls and Follow-ups.

To modify an existing date, highlight the date in the table and the select the **Change** Button. To insert a new Recall or Follow-Up, select the **Insert** Button. The *Patient Recall* Window will open.



The **Type** Radio Buttons will be defaulted to either *Recall* or *Follow-Up* depending on which option you selected to view in the *Patient Recalls and Follow-Up Dates Table* Window.

In the *Date* Field, select the date the patient is due for either an appointment recall or a financial follow-up. Use the **Up** and **Down** Arrows as well as the Dropdown List to help you set the date. For example, if a patient must return in 6 months, select *6* using the **Up** and **Down** Arrows and then select **Months** from the Dropdown List.

Select a **Reason** from the Dropdown List. If the reason needed is not available, select the **Green Plus Sign** Button to enter a new Reason Code.

The *Provider* Field will default to the provider on the patient's demographics. To change the provider this recall or follow-up is linked to, select the **Dropdown** Arrow.

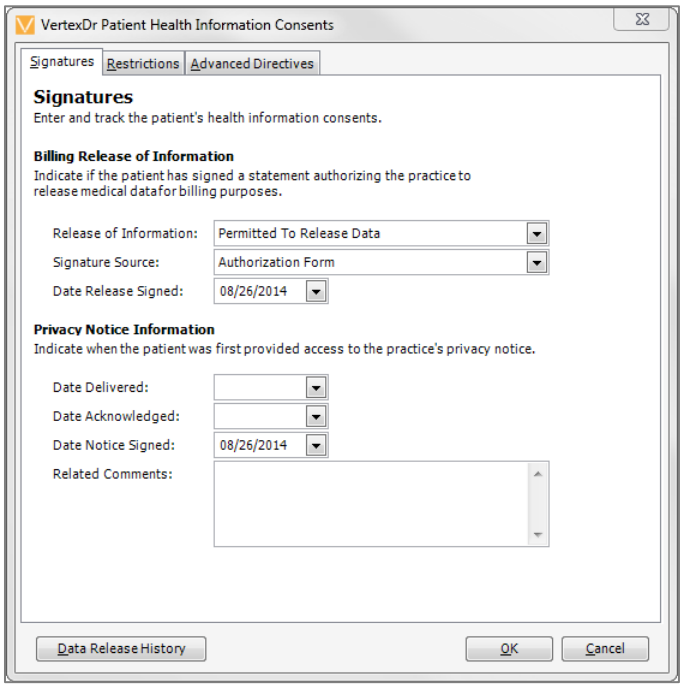
More specific information regarding this patient's recall or follow-up can be entered in the *Notes* Text Box.

The *Status* Field is used to indicate whether the recall or follow-up is currently active, inactive, or complete for this patient. The radio buttons will default to **Active**.

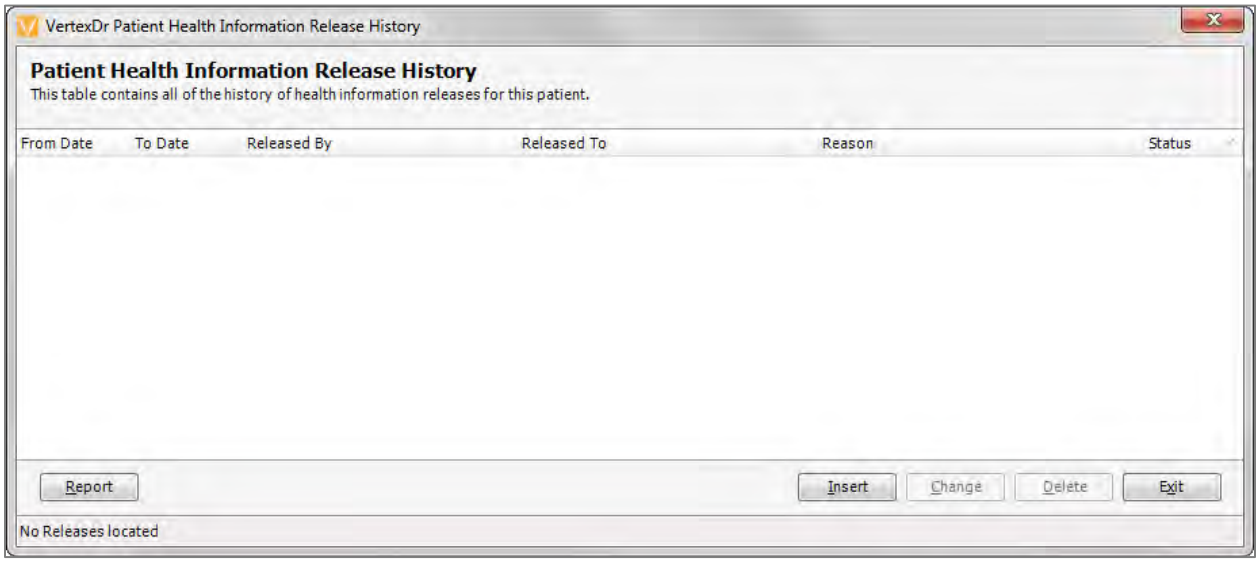
When finished, select the **OK** Button to save the recall or follow-up.

- The **Data Release** Link opens the *Patient Health Information Consents* Window. The **Signature** Tab contains *Billing Release of Information* and *Privacy Notice Information*. To enter this information, click the dropdown arrow and select from the list. The **Restrictions** Tab contains *Communication Restrictions* and *Information Restrictions*. The **Advanced Directives** Tab includes a checkbox indicating if Advanced Directives are on

file. It also allows a practice to scan a document relating to Advanced Directives.



- The **Data Release History** Button will open the *Patient Health Information Release History* Window.



When a release of patient information has been performed it can be recorded in this table.

Update Address

The **Update Address** Button in the toolbar will update the patient's information throughout the account. To save a change only in the section you are working in, click the **Save** Button.

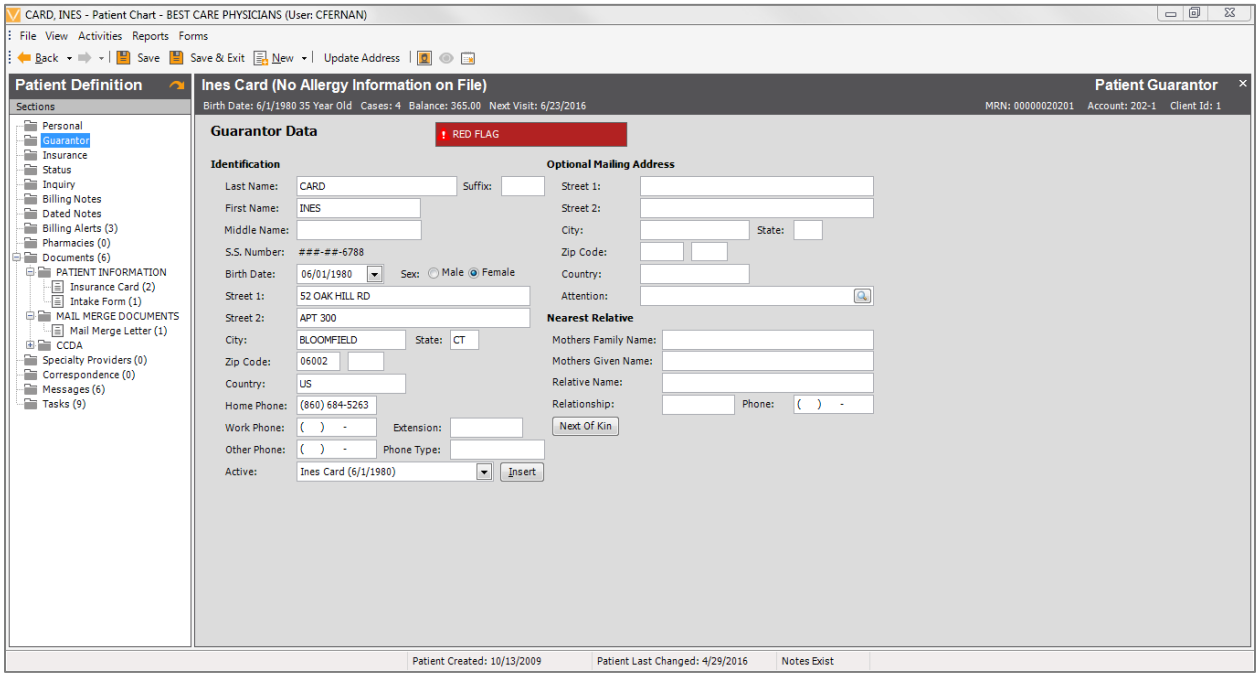
Note: The **Update Address** Button can be selected from the *Patient* Section or from the *Guarantor* Section. The changes from whichever section is currently being viewed will be carried forward to the *Patient*, *Guarantor*, and *Insurance* Sections. Be sure to select the **Update Address** Button from the correct section.

Acquire Image

The **Acquire Image** Button can be used to capture a picture of the patient using a web camera. The picture will become a part of the patient's chart.

Guarantor Section

The *Guarantor* Section displays the contact information for the person responsible for the patient.



Identification

If the Guarantor's relationship was set to *Self* on the *Personal* Section, the system will automatically pre-fill the *Identification* Fields with the information from the *Personal* Section. If the Guarantor's relationship was set to something else, the Guarantor information must be entered.

Optional Mailing Address

The *Optional Mailing Address* Fields are used to send a patient's statement and other correspondence to an address other than what is displayed in the *Identification* Area of the *Guarantor* Section. Any information entered in these fields will automatically override the Guarantor address on file.

Nearest Relative

The *Nearest Relative* Fields are used to track the patient's emergency contact information. The data stored in this section is purely informational and is not printed on statements or insurance claims.

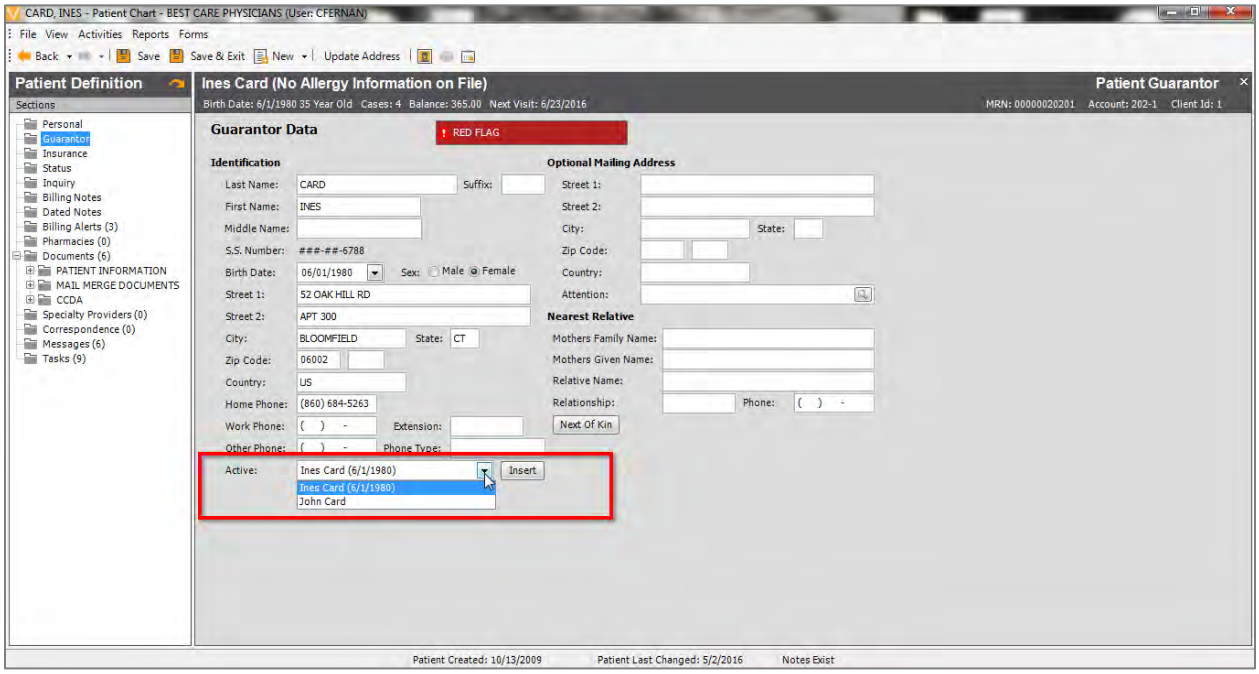
Multiple Guarantors

This feature will allow a practice to insert multiple guarantors for a patient and choose one as the *Active* Guarantor. To use this feature, the **Allow for Insertion of multiple Guarantors** Checkbox must be checked. To access this setting, select **Definitions**, **Parameters**, **System Wide Defaults**, and then *Patient*.

The following modifications to Patient Definition will become visible:

Patient Definition

- From the *Guarantor* Section of Patient Definition, an **Active** Dropdown Menu will become available.

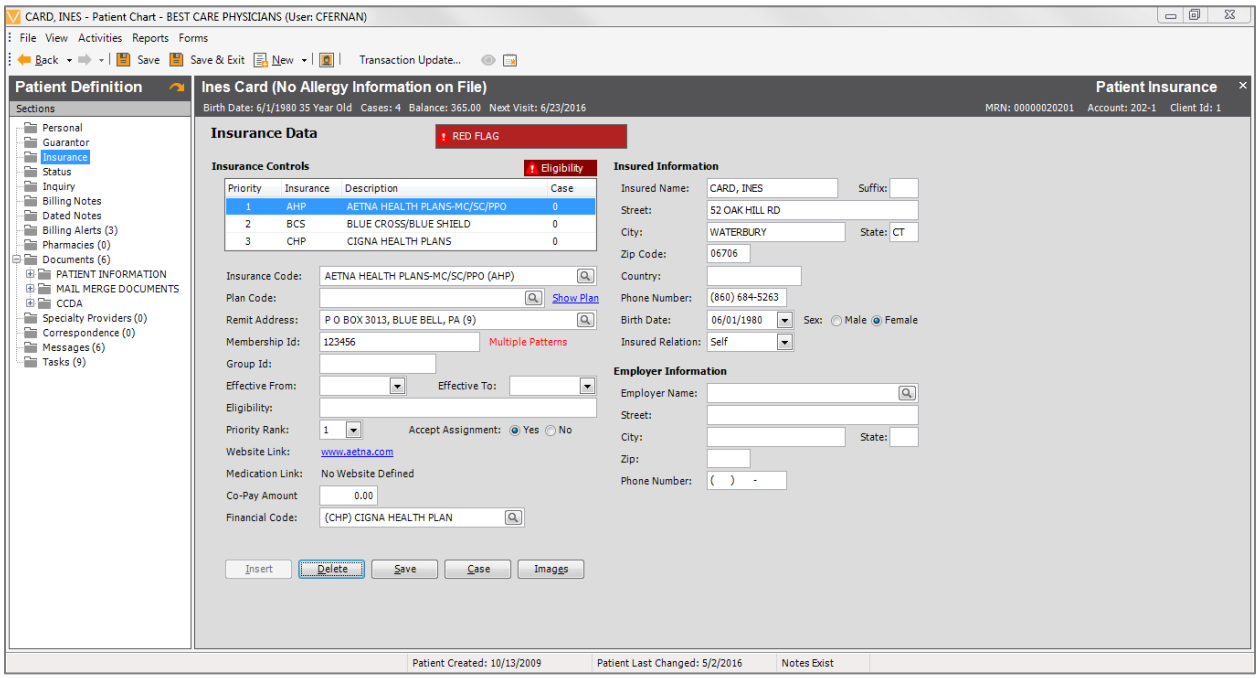


If a patient only has one guarantor, that guarantor will be the only option in the Dropdown Menu. If a patient has more than one guarantor, another guarantor may be selected as the *Active* guarantor using the Dropdown Menu. Once another guarantor is set to *Active* the information displayed on the *Guarantor* Section will reflect the selected guarantor's information.

- To insert a new guarantor, select the **Insert** Button next to the **Active** Dropdown Menu. Once selected a new guarantor record is inserted. Some information will carry over from the previous guarantor; however, the user must change or insert all necessary information before saving the record. After selecting the **Save** Button, the user may then select the newly inserted guarantor from the Dropdown Menu to make it the *Active* guarantor and then save the account.
- Once a patient has more than one guarantor the active guarantor will be used for all correspondences (i.e. mail merges, custom forms, letters, labels etc.). The active guarantor will also be used when updating the patient's address from the guarantor screen and when inserting insurance.
- When printing an On-Demand Statement for a patient who has charges associated with multiple guarantors the user has the option to select a guarantor from the *Guarantor* Field on the *Statement Selection* Window. Any statement printed will then display the chosen guarantor regardless of which guarantor is associated with the charge. If no guarantor is selected, then the guarantor associated with the charge will display on the statement when printed. If multiple charges are selected to be printed, then a statement will print for each guarantor's associated charges.

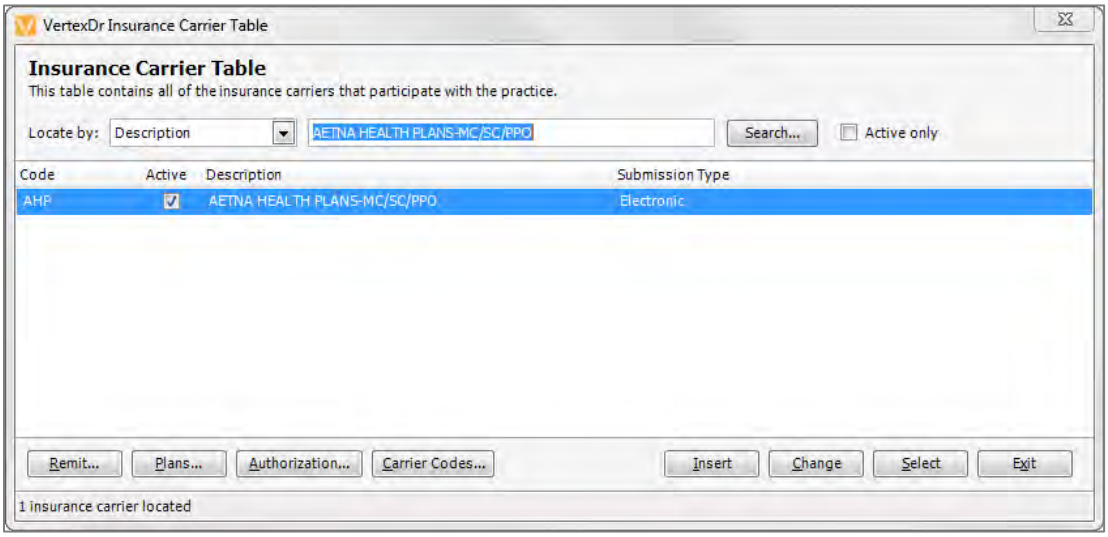
Insurance Section

The *Insurance* Section allows for the patient's Primary, Secondary, and Tertiary insurance information to be entered into the system. The *Insurance Controls* List Box displays all of the patient's current insurances. The highlighted insurance is displayed in the window's fields.

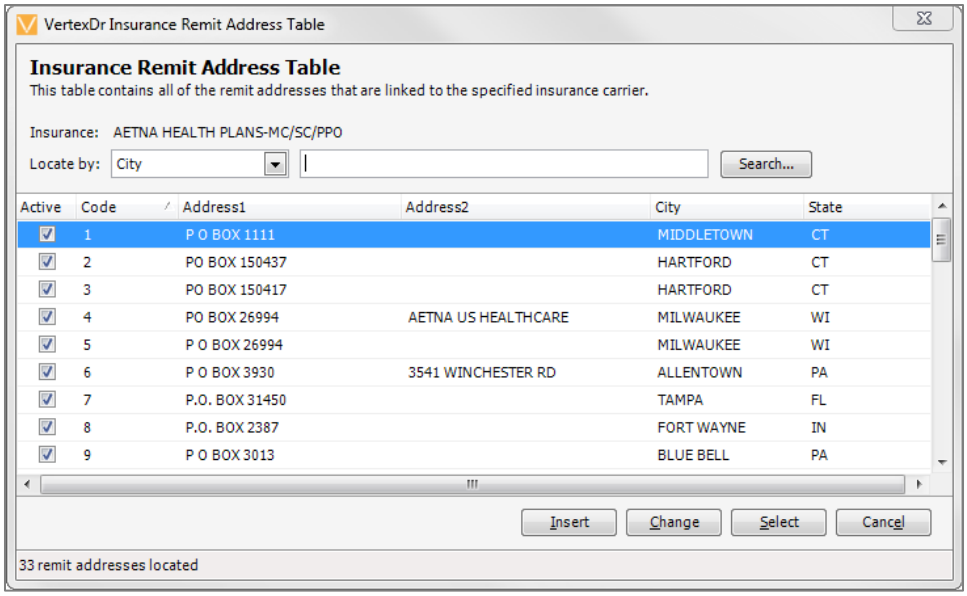


Inserting an Insurance Carrier

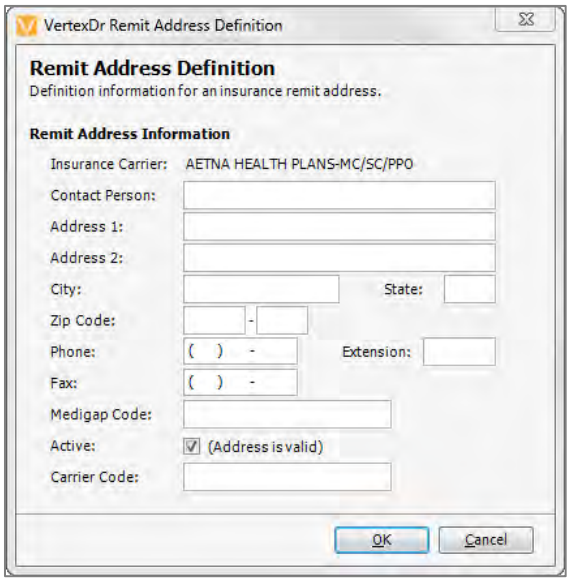
1. To enter new insurance, in the *Insurance Controls* Section, select the **Insert** Button. The system will automatically fill in the *Insured Information* Fields with the information from the *Identification* Area of the *Guarantor* Section. If the policy holder is not the Guarantor, the information in the *Insured Information* Fields must be changed to reflect the actual policy holder.
2. The *Employer Information* Fields are not required by the system. If the policy holder's employer is known, that information can be entered. If specific employers frequently refer their employees to the practice, a table can be created by selecting the **Magnifying Glass**.
3. In the *Insurance Code* Field select the **Magnifying Glass**. The *Insurance Carrier Table* Window will open. Enter the criteria and the select the **Search** Button.



4. Highlight the desired carrier in the list and then click the **Select** Button.
5. In the *Remit Address* Field click on the **Magnifying Glass**. The *Insurance Remit Address Table* Window will open. The table will display the remit addresses associated with the selected insurance carrier. Select an address from the list and click the **Select** Button.



If the remit address listed on the insurance card is not found in the *Insurance Remit Address Table* Window, select the **Insert** Button to add it. The *Remit Address Definition* Window will open.



Enter the pertinent information for the remit address and then select the **OK** Button.

6. In the *Membership ID* Field enter the patient's insurance membership identification number. This number is a unique pattern customized to each individual insurance carrier. A series of number signs appears to the right of the field indicating how many digits to be entered. Digits can include a combination of letters and numbers.

Insurance carriers in the system can be set up with a maximum of 3 patterns. A # symbol indicates that a number is a required. The letter *A* indicates that a letter is required. This can be any letter. The '*?*' indicates that both numbers and letters are possible as long the ID number is the specified number of characters long.

7. In the *Group ID* Field enter the group identification number if it is known.
8. If the practice wishes to track the effective dates for this insurance payer, they may be entered in the *Effective From* and *Effective To* Fields.

Note: The *Effective From* and *Effective To* Fields are optional. It should be noted that VertexDr Practice Manager tracks insurance at the line-item level. This means that if the insurance information on a patient's account is changed, any transactions created with previous insurance information will correctly retain the past insurance information for inquiry and resubmission purposes. The new insurance information will only be applied to new transactions moving forward unless a Transaction Update is performed.

9. The *Priority Rank* Field indicates what priority (Primary, Secondary, or Tertiary) the insurance is in. The system automatically sets the priority based on in which order the insurances were added. Once the insurance information is saved the *Priority Rank* Field can be changed.
10. The *Accept Assignment* field will automatically be defaulted based on the Insurance Carrier Definition. This indicates if the practice participates with the insurance carrier or not. If necessary, this can be changed by selecting the appropriate Radio Button.
11. If there is a website defined in the system for the insurance carrier it will be displayed in the **Website** *Link* Field.
12. In the *Co-Pay Amount* Field enter the amount of the co-payment to be paid by the patient as indicated on the insurance card.
13. The *Financial Code* Field will automatically fill in based on the Insurance Carrier Definition of the primary insurance. The Financial Code is used for reporting purposes and should remain as defaulted.

Note: When changing *Priority Rank*, it may also be necessary to adjust the *Financial Code* Field to reflect the appropriate primary insurance.

14. When finished entering the information select the **Save** Button

Inserting Secondary and Tertiary Insurance

To enter a secondary and/or tertiary insurance, select the Insert Button and fill in the information for the payer and the Insured. The *Priority Rank* Field will automatically set itself to the correct rank (i.e. *2* or *3* respectively).

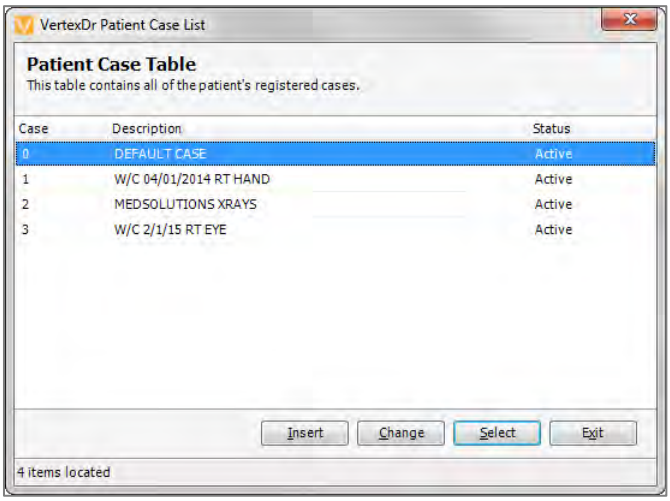
Note: The patient's co-payment is only tracked for the primary insurance. Do not change the co-payment or the Financial Code when entering secondary and tertiary insurance.

Case Management

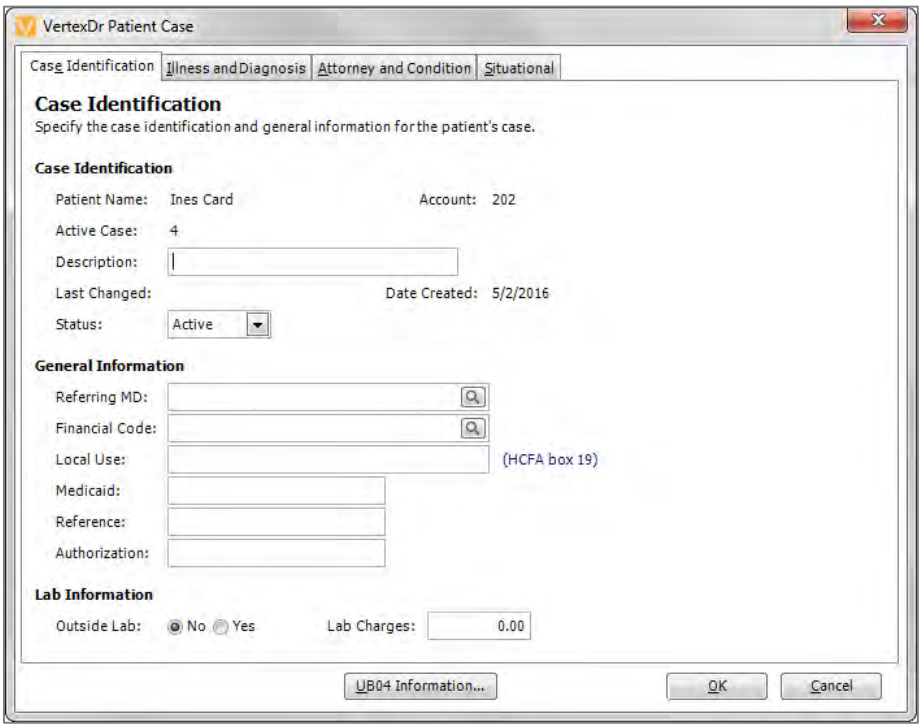
Cases contain their own insurance information. This allows offices to maintain one patient account with insurance information for any cases they may have pending. Examples of instances where a case would be needed are Worker's Compensation and automobile accidents. In these examples, the patient has a completely separate set of insurance. Claims are submitted to these carriers and not their normal primary, secondary, and tertiary carriers.

To insert a new case:

1. From the *Insurance* Section select the **Case** Button. The *Patient Case List* Window will open. The *Default Case* is *0*. This holds the patient's normal primary, secondary, and tertiary insurance information.



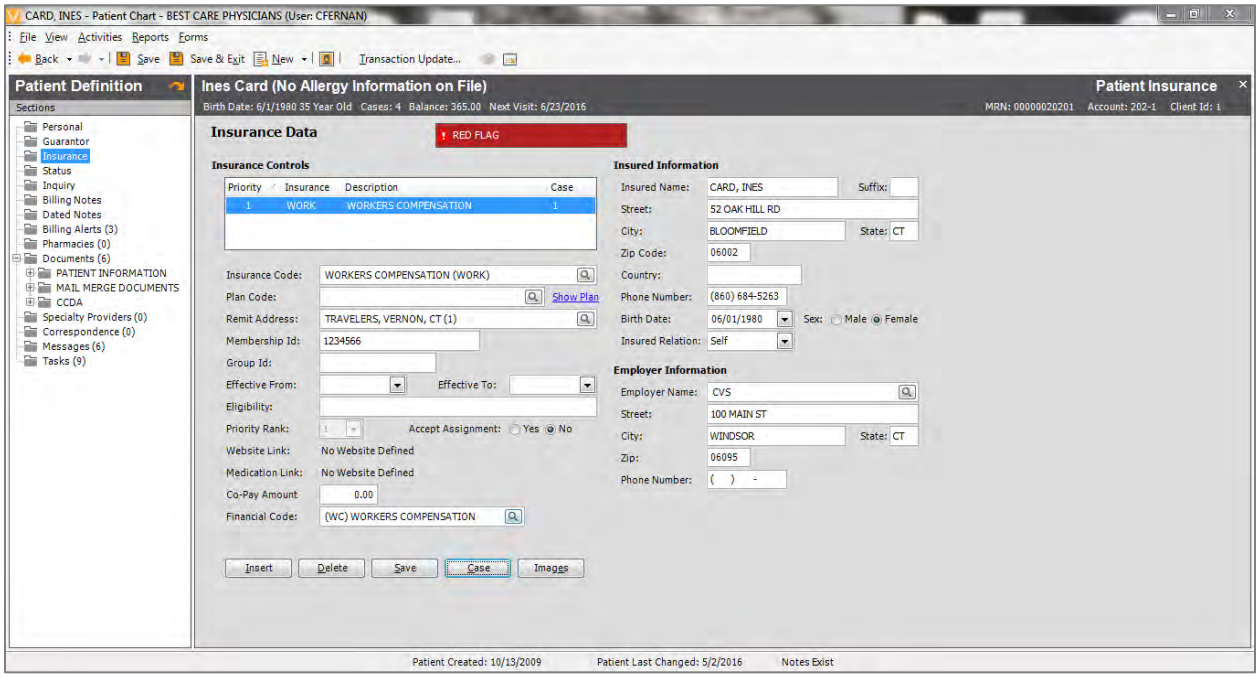
2. Click the **Insert** Button. The *Patient Case* Window will open.



- On the **Case Identification** Tab, enter the case description and any other information that may be pertinent in the appropriate fields.
- On the **Illness and Diagnosis** Tab, at minimum, specify the date of injury in the *Current Illness* Field. The *Diagnosis Groups* Section can be used to specify the specific diagnosis if it is known or needed.
- On the **Attorney and Condition** Tab the *Attorney Information* Section can be filled in if there is an attorney involved and the contact information is known. In the *Patient Condition* Section, if this is a Worker's Compensation related case, the **Employment** Button must be set to *Yes*. If this is related to a motor vehicle accident, the **Auto Accident** Button must be set to *Yes*, and the *Accident State* must be entered.
- The **Situational** Tab specifies the situation and the condition for the patient's case. Fill in and select the appropriate information if needed.
- When finished click the **OK** Button.

3. A message box will appear asking if you would like to duplicate the insurance from the default case. By selecting the **Yes** Button, the insurance carrier and their information that are linked to the default case will automatically copy to this case. If you select the **No** Button, there will be no insurance carrier and information linked to the case. You will have to insert that information after creating the case.

4. The added case will now appear on the *Patient Case List* Window. Highlight the newly created case and click the **Select** Button.
5. Follow the same steps for inserting an insurance carrier. The case number will now be represented on the selected insurance line in the *Insurance Controls* List Box.



There are now two cases associated with this patient.

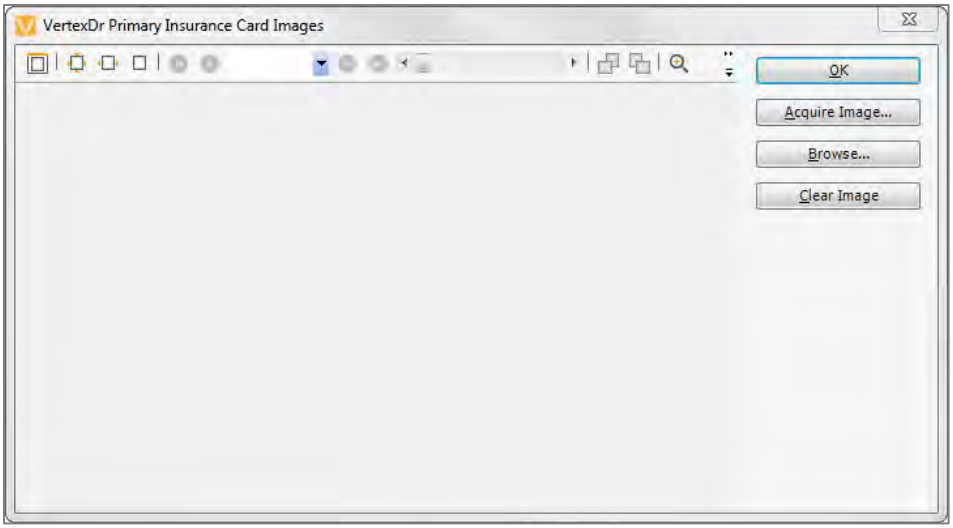
6. To switch back and forth between the cases to view information regarding them, click the **Case** Button. On the *Patient Case List* Window, highlight the desired case and click the **Select** Button.

Scanning Insurance Cards

Insurance cards can be scanned into the system for reference purposes. The system maintains a copy of all scanned insurance card images in the *Documents* Section of Patient Definition.

To scan an insurance card:

1. Highlight the insurance carrier in the *Insurance Controls* List Box you wish to scan a card for and then select the **Images** Button. The *Insurance Card Reader* Window will open.



2. Select the **Scan** Button. The *Scan Documents* Window will open.
3. The *Insurance Code* Field will automatically default to the *Priority Rank* of the selected Insurance. The *Type* Field will also default to *Insurance Card*.
4. Place the insurance card in the card scanner face down, all the way to the right-hand side and then select the **Scan** Button. The card scanner will scan the front of the card. A message box will open asking if there are additional pages to scan. Flip the card over and place it back in the Ambir scanner with the backside down, all the way to the right-hand side and then select the **Yes** Button. The scanner will scan back of the card.
5. The same message window will display a second time asking if there are additional pages to scan. Select the **No** Button. The image of the insurance card will display in the *Insurance Card Images* Window.
6. To move through the pages, select the single **Back Arrow** or the single **Forward Arrow**. You can also select **1 of 2** or **2 of 2** from the Dropdown List.
7. To rotate the image clockwise or counterclockwise, select one of the Rotate Icons.

8. To zoom in or out on the image of the card, select the **Plus** or **Minus Magnifying Glass** Icon.

9. To print the image of the card, select the Printer Icon.

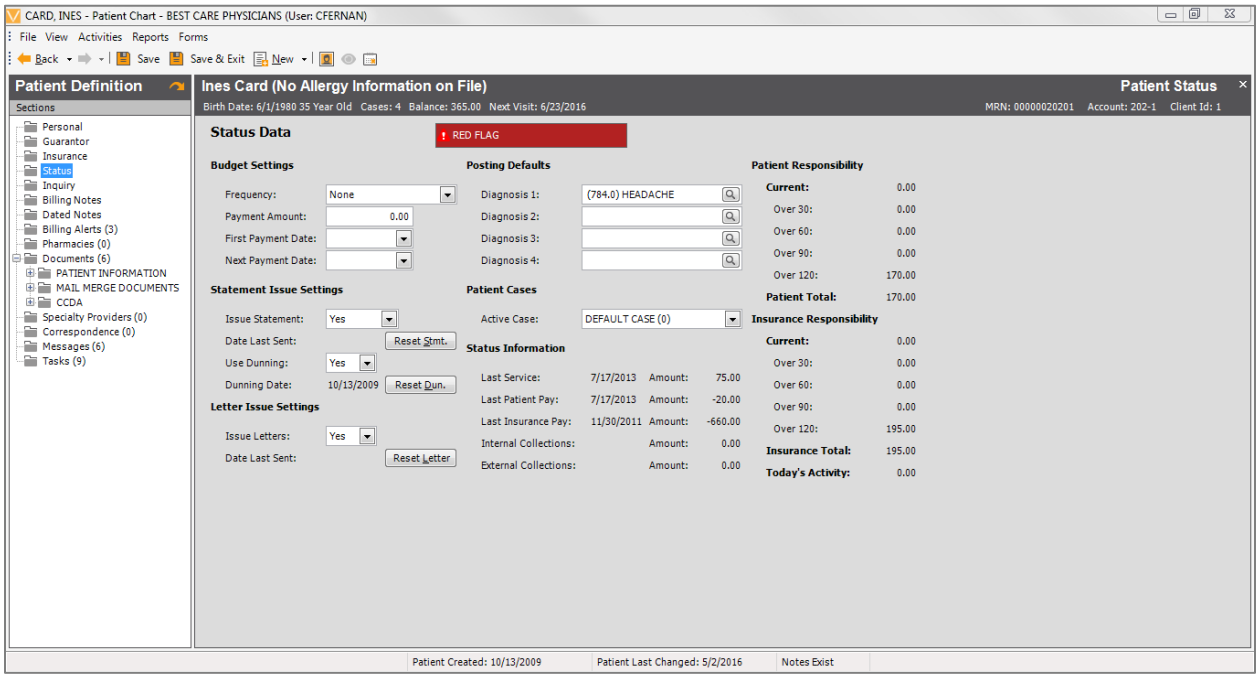
10. If the insurance card needs to be rescanned, select the **Clear Image** Button to delete the image of the card. To rescan the card, follow the steps above.

11. When finished, select the **OK** Button to save the image and any changes and return to the *Insurance* Section of Patient Definition.
12. To scan an image of the secondary and/or tertiary insurance cards, repeat steps 1 – 7 above.

Note: If an insurance card has been scanned, an insurance card icon will display to the left of the Insurance Carrier Code in the *Insurance Controls* List Box.

Status Section

The *Status* Section provides detailed information regarding Budget Settings, Statement and Letter Settings, Posting Defaults, and Patient and Insurance Monetary Responsibilities.



Budget Settings

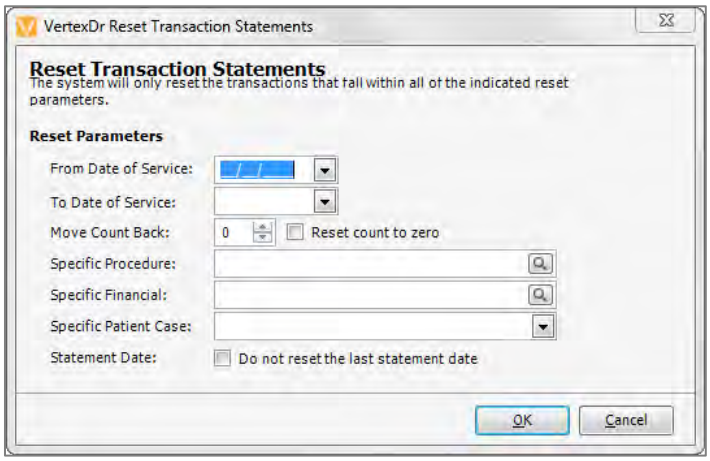
In the *Budget Settings* section, the practice can choose a budget plan for the patient. A budget plan is a contract between the patient and the office on when and how much the patient should pay to meet the patient's monetary obligations.

Statement Issue Settings

The *Statement Issue Settings* Section is where the practice can view the last time the patient received a statement or a dunning message, update whether the patient receives a statement, and whether or not dunning messages are appropriately applied to those statements. This is also where the statement settings can be reset for the patient if necessary.

To reset a statement:

1. Select the **Reset Stmt.** Button. The *Reset Transaction Statement* Window will open.



2. In the *From Date of Service* and *To Date of Service* Fields, enter the dates of service for the transactions where statements need to be reset.
3. In the *Move Count Back* Field, use the **Up** and **Down** Arrows to set the statement count back to *1* or *2*. To reset the statement count to *0*, select the **Reset count to zero** Checkbox.
4. If only statements for transactions linked to a *Specific Procedure*, *Financial Class*, or *Specific Patient Case* should be reset, select the appropriate code using the **Magnifying Glass** in the associated field.
5. If the patient is currently due for a statement and you would like them to receive that statement before resetting the statement count, then select the **Do not reset the last statement date** Checkbox.
6. When finished, select the **OK** Button.

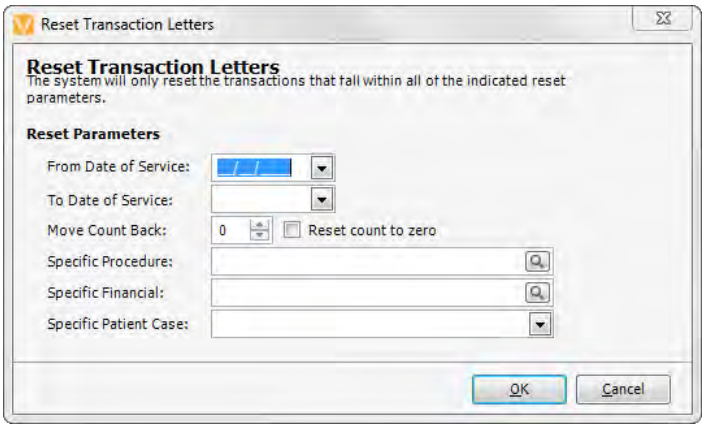
Note: Only some of the fields mentioned may be necessary when resetting statements. At any point, select the **OK** Button to save the settings and reset the statement criteria.

Letter Issue Settings

The *Letter Issue Settings* Section displays whether or not a patient receives letters as well as the last date the patient received a letter. When letters are issued for this patient can also be reset from here. This section is also used to issue a collection letter.

To reset a letter:

1. Select the **Reset Letter.** Button. The *Reset Transaction Letters* Window will open.



2. In the *From Date of Service* and *To Date of Service* Fields, enter the dates of service for the transactions where letters need to be reset.
3. In the *Move Count Back* Field, use the **Up** and **Down** Arrows to set the letter count back to *1* or *2*. To reset the letter count to *0*, select the **Reset count to zero** Checkbox.
4. If only letters for transactions linked to a *Specific Procedure*, *Financial Class*, or *Specific Patient Case* should be reset, select the appropriate code using the **Magnifying Glass** in the associated field.
5. When finished, select the **OK** Button.

Note: Only some of the fields mentioned may be necessary when resetting statements. At any point, select the **OK** Button to save the settings and reset the letter criteria.

Posting Defaults

The *Posting Defaults* Section stores the patient's most recent diagnoses. Depending on your system settings, these fields may or may not update when new diagnoses are posted. These codes will pull forward to Charge Posting.

Patient Cases

The *Patient Cases* Section will display the active insurance cases. If the patient has more than one case, they can be viewed by clicking the **Magnifying Glass** and selecting which case to view. Navigate back to the *Insurance* Section to view the selected case information.

Status Information

The *Status Information* Section displays the patient's last service date, the last patient and insurance payment dates with the respective amounts, and the amounts that are currently in collections.

Patient Responsibility

The *Patient Responsibility* Section displays the patient's balance and the aging status.

Insurance Responsibility

The *Insurance Responsibility* Section displays the insurance's balance and the aging status.

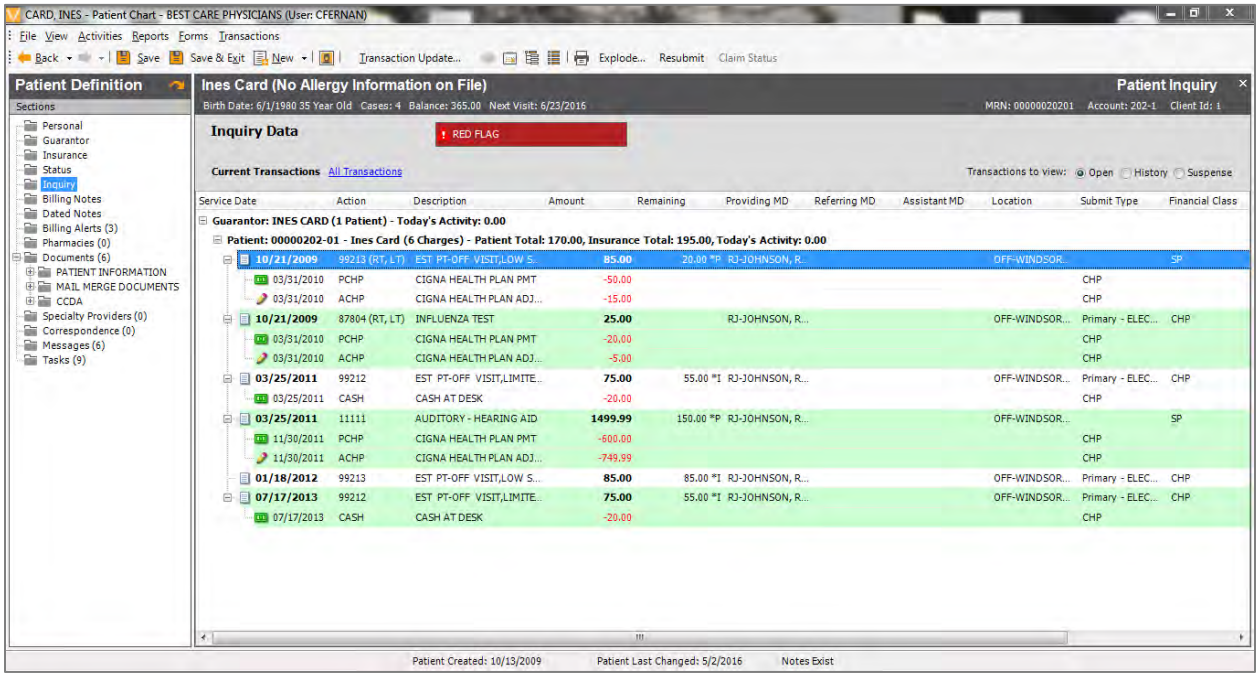
Today's Activity

The *Today's Activity* Section displays the total amount of posting activity for the present day.

Inquiry Section

The *Inquiry* Section provides a detailed history of the patient's transactions. This includes the service date with the transaction code, any payments, the amount charged, the remaining balance, the Providing and Referring MD's, the service location and the Financial Class. The **Transactions to view** Radio Buttons will default to *Open*. *Open* will display transactions in a batch, transactions with a balance, or transactions with a zero balance that are less than the system-defined number of days old. *History* displays all transactions that were posted to the account, except for transactions still in an open batch. *Suspense* displays transactions that are waiting to be released to a batch from the Import Facility.

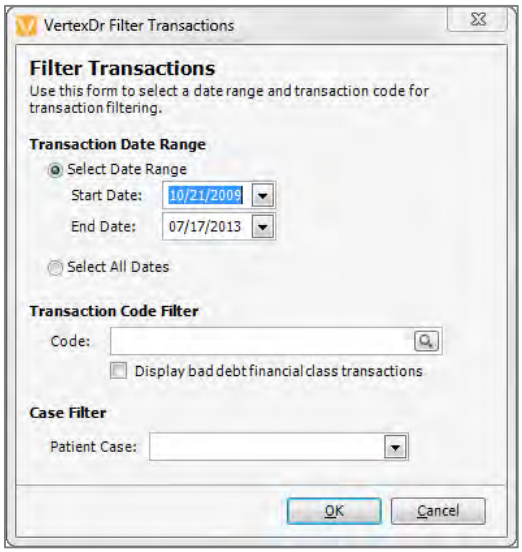
Note: Transactions will only be found under *Suspense* if the practice is utilizing specific areas of EMR, such as charge capture and/or the e-superbill.



All Transactions Link

The **All Transactions** Link allows users the ability to filter open transactions by specific service dates.

1. Click the **All Transactions** Link. The *Filter Transactions* Window will open. In the *Date Range* Section select the *Start Date* and the *End Date* by clicking the drop down arrows.

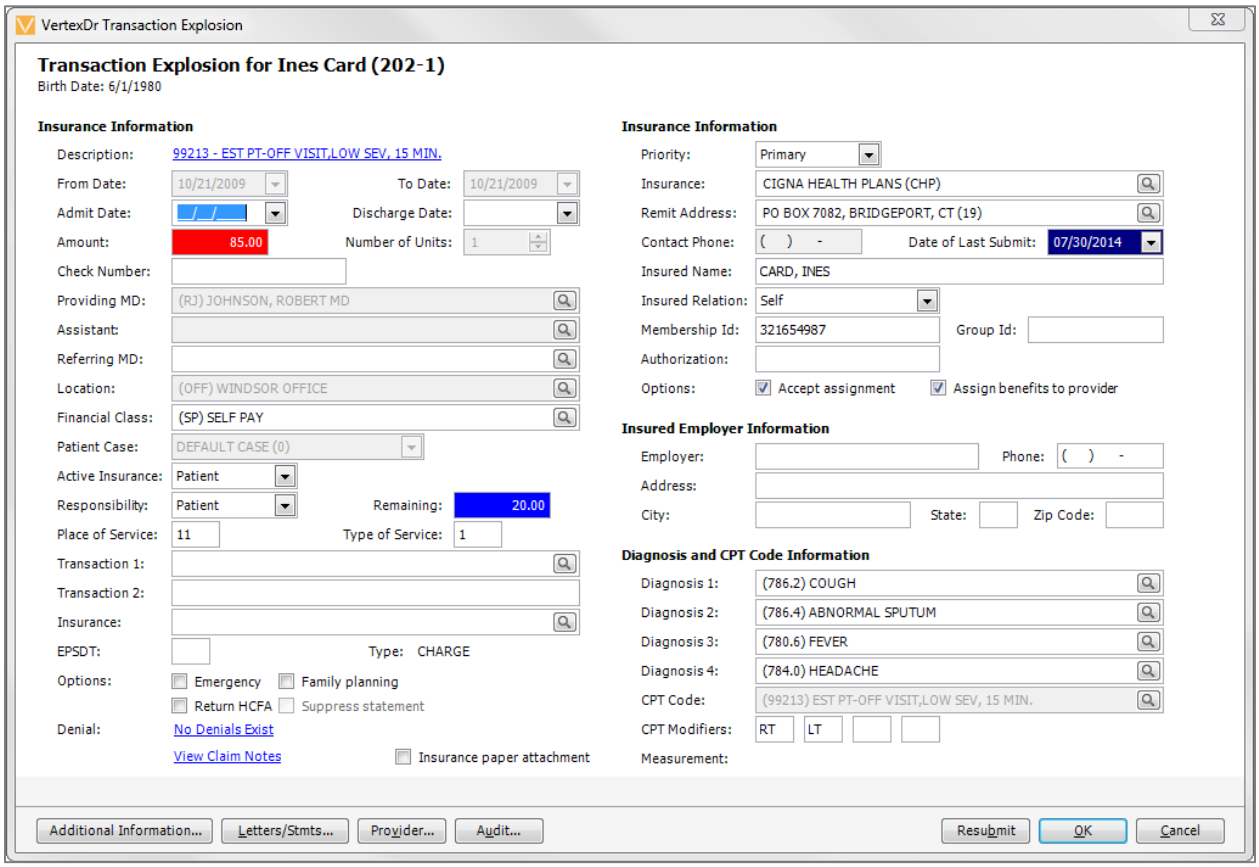


2. If a specific transaction code is desired, in the *Transaction Code Filter* Section, click the **Magnifying Glass**. The *Transaction Table* Window will open. Search for and select the desired Transaction Code.
3. To view transactions set to the system-defined Bad Debt Financial Class, select the **Display bad debt financial class transactions** Checkbox.
4. When finished, select the **OK** Button. The *Current Transactions* List Box will filter to the defined criteria.
5. To undo the filter, select the **(Filtered)** Link. The *Filter Transactions* Window will open.
6. Click the **Select All Dates** Radio Button and then select the **OK** Button. The *Current Transactions* List Box will re-display all of the patients *Open*, *History*, or *Suspense* Transactions.

Exploding a Transaction for Viewing

To view transaction details:

1. Double-click the transaction line item in the *Current Transactions* List Box. The *Transaction Explosion* Window will open.



This window displays specific information regarding the selected transaction.

2. The *Insurance Information* Section displays the transaction description, the charged amount, the amount remaining, the providers that are linked to the transaction, which case this transaction is associated with and any statement or insurance messages which may have gone out with the claim.

Note: To view the Transaction Definition for the attached procedure, select the **Description** Link. The *Transaction Definition* Window will open.

3. The *Insurance Information* Section displays the carrier(s) this transaction is currently out to. It also displays what remit address the claim was sent to and on what date.
4. The *Insured Employer Information* Section displays the employer information for the insured as it was defined in the *Insurance* Section of Patient Definition at the time the transaction was posted.
5. The *Diagnosis and CPT Code Information* Section displays the diagnoses and he procedure associated with the transaction.
6. The claim can be resubmitted by clicking the **Resubmit** Button.

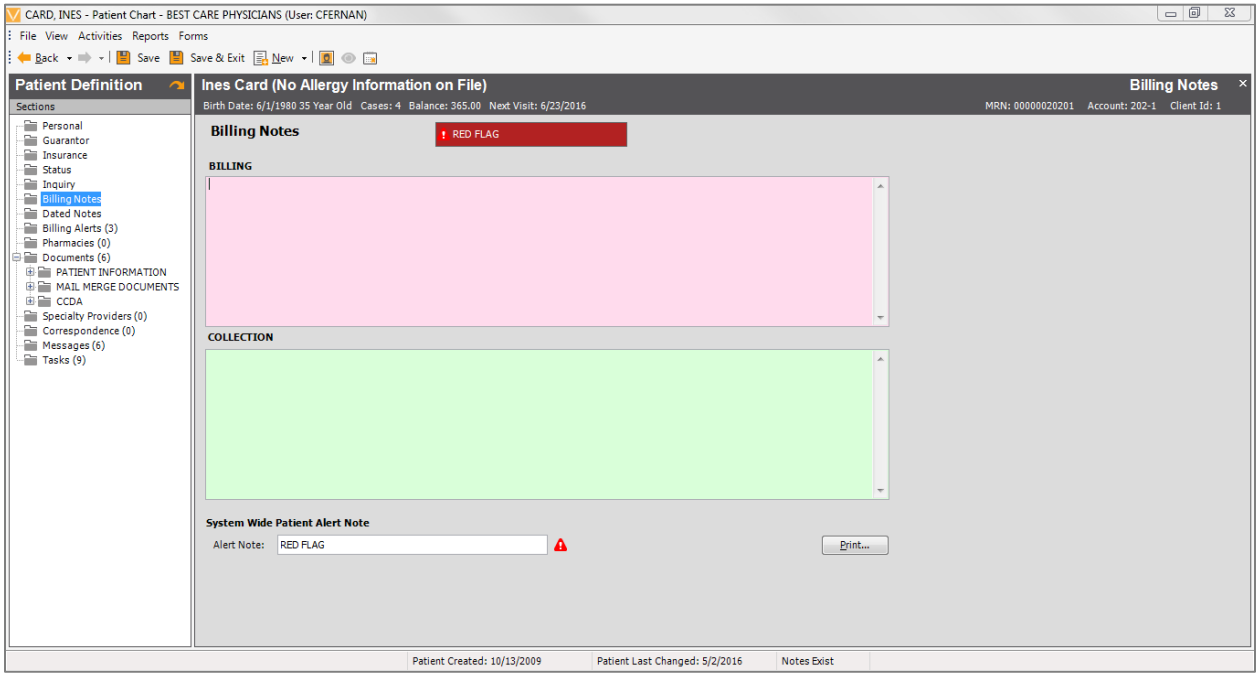
7. The **Additional Information** Button will display the NDC Code which was submitted with the clam if there was one.
8. The **Letters/Stmts** Button will display the statement and letter count for the selected transaction as well as the last time statement or letter was sent out for the selected transaction.
9. The **Provider** Button will open the Provider Definition for the Providing MD associated with this transaction.
10. The **Audit** Button will display the user who originally posted the transaction, the batch number this transaction was posted in, the date and time this transaction was posted, and the transaction ageing date.
11. The **Data Changes** Button within the *Transaction Audit Information* Window will display any changes which have been made to this transaction.
12. To exit the *Transaction Explosion* Window, select the **OK** Button to save and changes which may have been made or select the **Cancel** Button to exit the window without saving changes.

Inquiry Section Toolbar

- Select the **Transaction Update** Button to modify specific details regarding a defined transaction or group of transactions. For more information on performing a Transaction Update, see the *Posting* Section of this manual.
- Select the **Expand List** Button to expand the transactions in the *Current Transactions* List Box.
- Select the **Contrast** List Button to collapse the transactions in the *Current Transactions* List Box.
- Select the **Explode** Button to view details regarding the highlighted transaction.
- Select the **Resubmit** Button to resubmit the highlighted transaction to the responsible insurance. The transaction will go out with the next closing.
- If the carrier associated with the transaction allows electronic claims auditing, select the **Claim Status** Button to view the *Claim Status* Window.

Billing Notes Section

The *Notes* Section contains Dated Notes, internal Billing and Office Notes as well as the System Wide Patient Alert Note.



Note: The ability for each user to enter a note of any type is a User Security. For more information on User Securities, see the *User Security* Section of the VertexDr Practice Suite Managers .

Billing & Collection Notes

The *Billing* and *Collection* Areas are two free text boxes provided for general notes. These areas can be renamed by the practice in order to define them for other uses.

To enter a note in either box, simply click in the box with the mouse and begin typing.

Note: *Billing* and *Collection* Notes are not date or user stamped. The practice should consider having users who enter notes in these areas label them so as to define who entered the note and when.

To delete a *Billing* or *Collection* Note, simply highlight the note in the text box and then select the **Delete** Key on the keyboard.

Note: Any user may delete a *Billing* or *Collection* Note. Once the **Delete** Key is selected the note will be permanently deleted. No confirmation window will display to verify the deletion.

Patient Alert Notes

The *Patient Alert Note* is a specific note that displays anytime the patient is selected. The alert note displays in red just below the patient's name when conducting a search. When accessing Patient Definition, the alert will display in red

at the top of the *Personal*, *Guarantor*, *Insurance*, *Status*, *Inquiry*, and *Notes* Sections.

To enter a *System Wide Patient Alert Note*, simply click in the text box and beginning typing.

Note: The text box can hold up to 20 characters, including spaces, numbers, and special characters.

Dated Notes Section

The *Dated Notes* Section displays the context of the note. The list box shown below the *Dated Notes* Section, displays the date the note was created, the user who created the note and the beginning of the note.

To insert a Dated Note:

1. Click the **Insert** Button. The cursor will appear in the *Dated Notes* Section.
2. Enter the context of the note.
3. When finished, click the **Save** Button. The note will be date stamped and user stamped.

Deleting a Dated Note

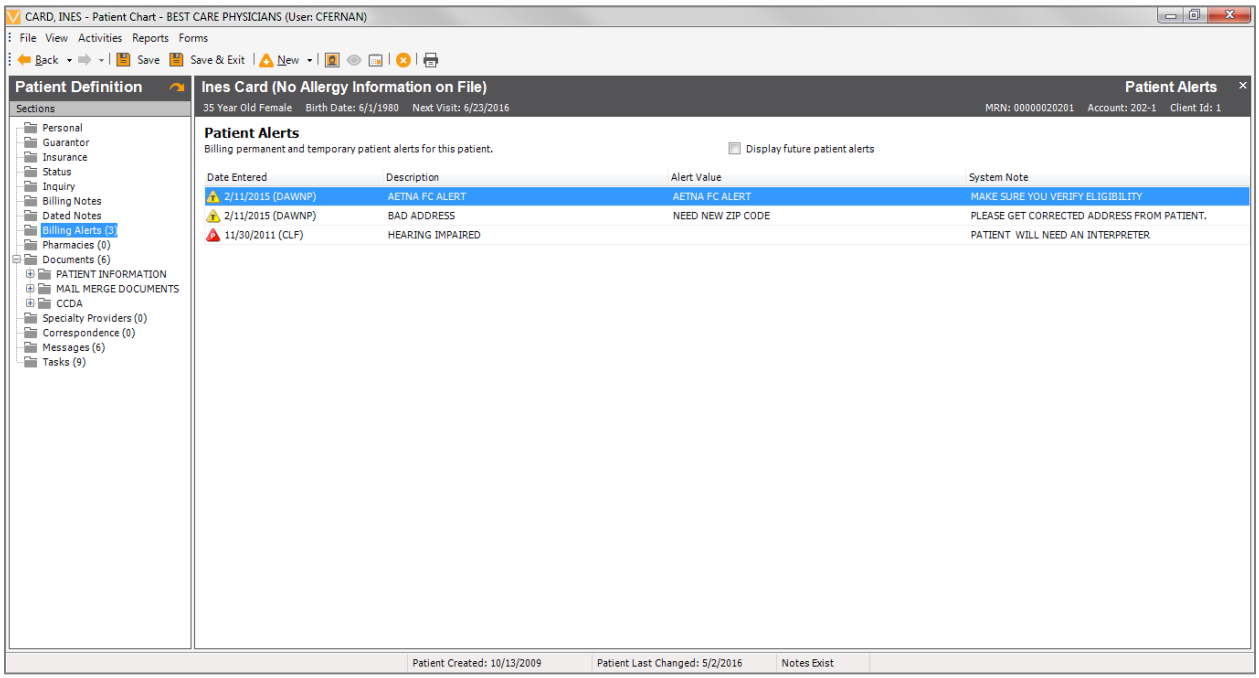
Dated Notes can be deleted by the original user on the calendar date the note was created.

To delete a Dated Note:

1. Highlight the note in the *Dated Notes* List Box and then select the **Delete** Button.
2. The Delete Rows Message window will display.
3. Select the **Yes** Button to confirm the deletion. Select the **No** Button to return to the *Notes* Section.

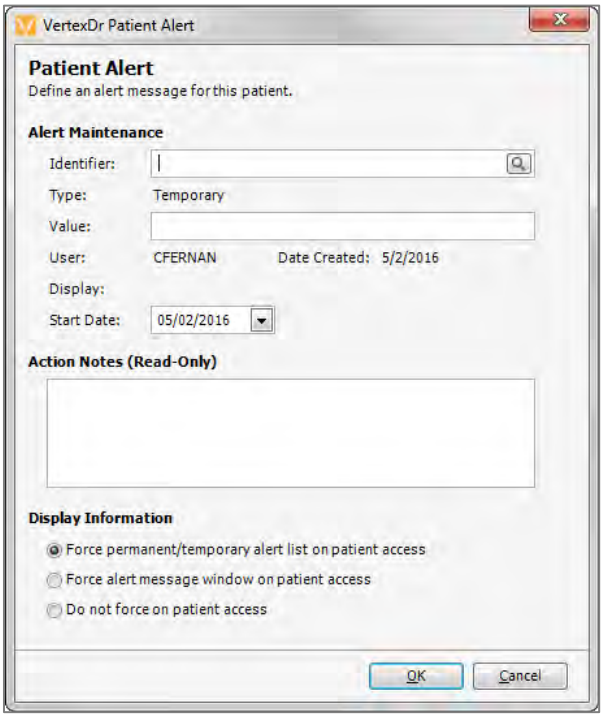
Billing Alerts Section

Billing Alerts allows the practice to attach non-clinical, permanent or temporary alerts associated with patient's account. An alert list or pop-up window will appear upon access into the patient's account.

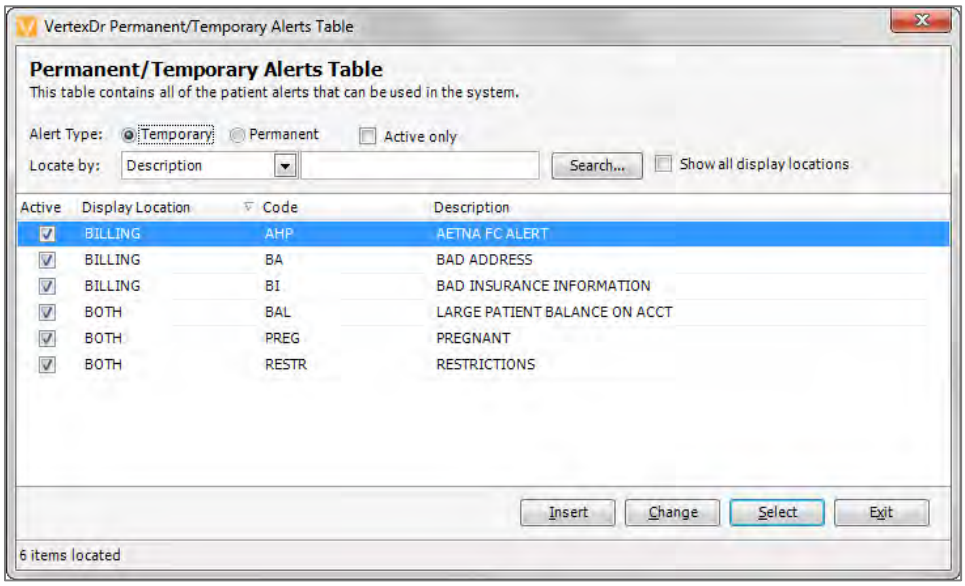


Inserting a Billing Alert

1. Select the **New** Button in the toolbar. The *Patient Alert* Window will open.



2. In the *Identifier* Field select the **Magnifying Glass** to access the *Permanent/Temporary Alerts Table* Window.



3. The *Alert Type* will default to *Temporary*. To view permanent alert types, select the **Permanent** Radio Button. The table will display alerts set to a type of *Billing* and *Both*. To view *Clinical* alerts, select the **Show all display locations** Checkbox. Select an alert from the list and click the **Select** Button.

Note: If the necessary alert is not available in the table, select the **Insert** Button to create a new alert. For more information on creating alerts, see the *VertexDr Practice Manager* Section of the VertexDr Practice Suite Managers Manual.

4. The *Patient Alert* Window will display with information from the selected alert filled in.
    - The *Identifier* Field will display the selected alert.
    - The *Type* Field will display either *Temporary* or *Permanent* depending on the alert selected.
    - The *Value* Field is a free-text field for additional notes pertaining directly to the patient. The *Value* Field can hold up to 40 characters including spaces, special characters, and numbers.
    - The *User* and *Date Created* field will automatically fill in.
    - The *Start Date* will default to today's date. To choose a different date, click the dropdown arrow and select a date from the calendar. If the alert will not begin displaying until the date selected.
    - The *Action Notes* Section is a read-only section. The notes in this section are attached to the selected *Identifier* and cannot be added to, changed or deleted. These notes are entered at the time of set-up.

- In the *Display Information* Section, choose which display option best relates to the alert. This will determine how the alert opens when the account is accessed.
    - **Force permanent/temporary alert list on patient access** – This option will ensure that if there are multiple alerts on the account, all of the alerts will be displayed at the same time, in a table, when the account is accessed.
    - **Force alert message window on patient access** – If there are multiple alerts on the account, this option will force each alert to open in an individual window. The user will have to manually scroll through the alerts.
    - **Do not force on patient access** – If this radio button is selected, the alert will be saved to the account, but it will not display when the account is accessed.

5. When finished, click the **OK** Button to save the alert.

Deleting a Billing Alert

1. To delete a Billing Alert, highlight the alert in the Patient Alerts List Box and then select the Red X in the Toolbar.

The *Confirm Patient Alert Deletion* Window will open. Select the **Yes** Button to confirm the deletion or select the **No** Button to return to Patient Definition.

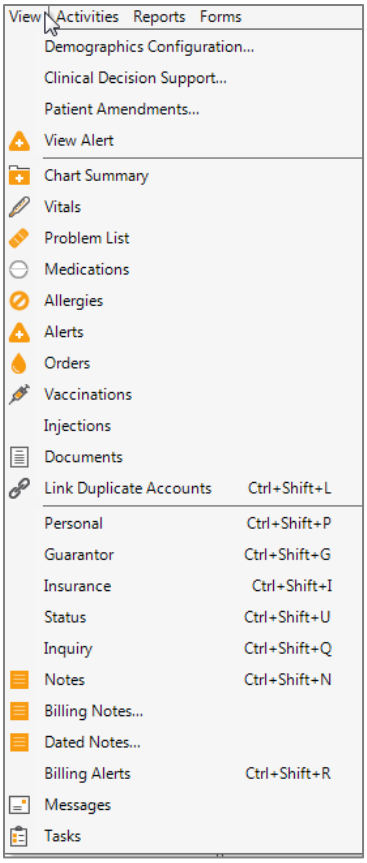
Pharmacies, Documents, Specialty Providers, Correspondence, Messages, & Tasks Sections

For more information on the *Pharmacies*, *Documents*, *Specialty Providers*, *Correspondence*, *Messages*, and *Tasks* Sections, please see the *Patient Chart* Section of this manual.

View Menu

Keyboard Shortcuts

The **View** Menu contains a keyboard short cuts legend.



The shortcut keys can be used to quickly navigate through the Patient Definition without using the mouse.

Demographics Configuration

Demographics Configuration allows the user to decide what areas of the Patient Definition they have access to when a patient account is opened.

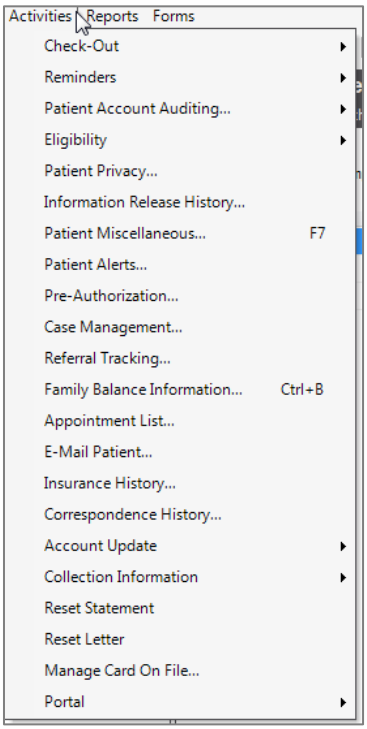
Selecting **Demographics Configuration** will open the *Demographics Summary Configuration* Window. All items will be initially listed in the *Assigned Items* List Box. Use the **Double-Arrow** Buttons to move all items between *Assigned Items* and *Available Items* or use the **Single-Arrow** Buttons to move individual items.

To reset the window to its original configuration, select the *Reset* Link at the bottom of the window. All items will be moved back to the *Assigned* List Box so that all folders are visible.

Note: Certain demographic items are unable to be moved from *Assigned Items*, this is by design. Also, the user must re-open the patient account in order to view the Configuration changes.

Activities Menu

The **Activities** Menu provides access to various areas of Patient Definition as well as other useful account functions. This section will cover the areas which have not already been mentioned.

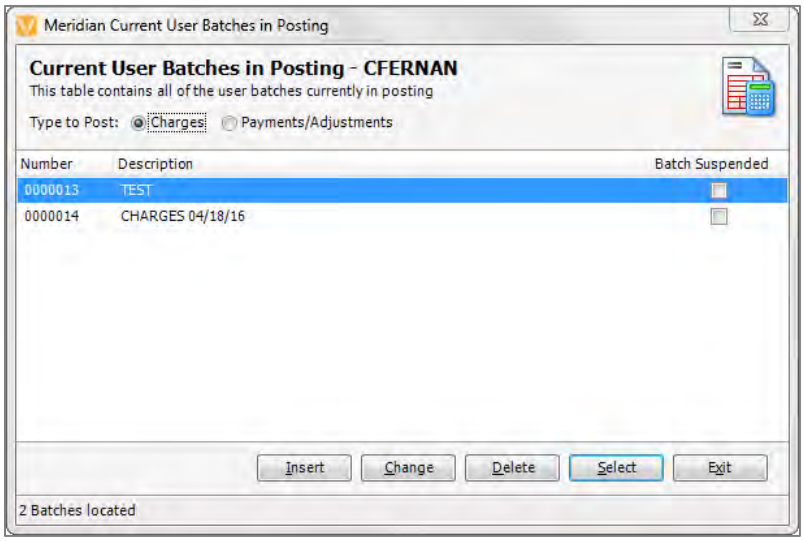


Check-Out

- **Schedule Appointment** - The **Schedule Appointment** Option will open the *Locate Available Appointments* Window. From this window, a first available appointment can be scheduled. For more information on using the *Locate Available Appointments* Window, reference the *Scheduling* Section of this manual.

Note: The **F8** Key may also be selected.

- **Account Posting** – This option will save the current patient demographics and then open the Charge Posting Area. When first selected, the Current User Batches in Posting Window will open.



Select the appropriate batch or enter a new one by selecting the **Insert** Button. The *Charge Posting* Window for the current patient will open so that charges may be posted.

When finished, select the **Save & Exit** Button to save the transaction and return to Patient Definition.

Note: The **F9** Key may also be selected.

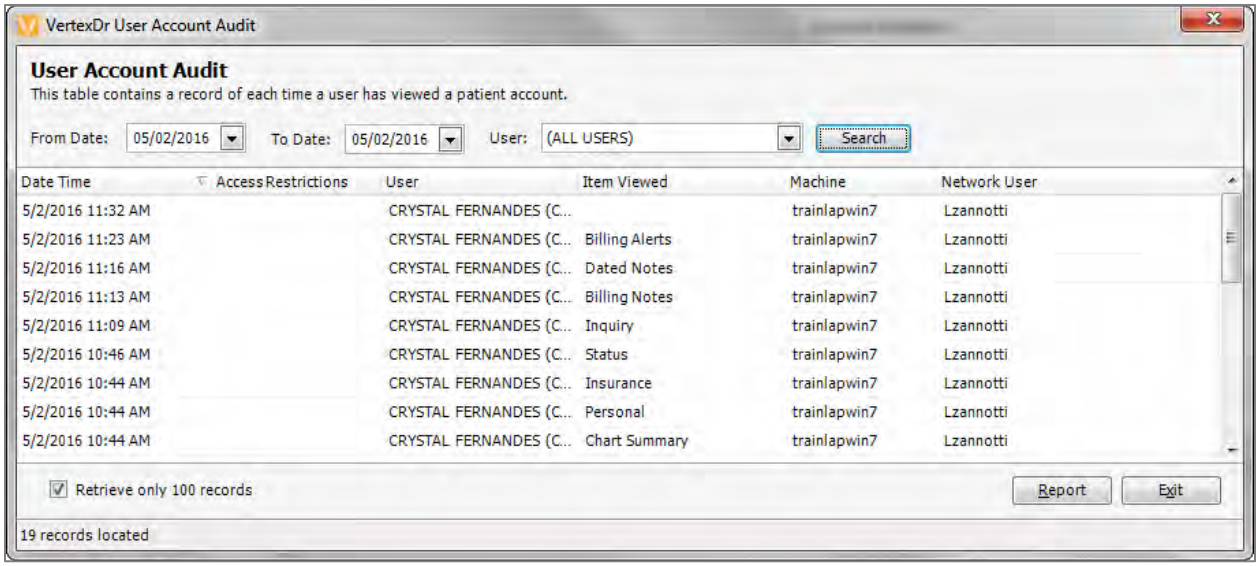
Reminders

- **Patient Recalls** – This option will open the *Patient Recalls and Follow-Up Dates Table* Window. The **Type to View Radio** Button will be defaulted to **Recall Dates**.
- **Patient Follow-Ups** - This option will open the *Patient Recalls and Follow-Up Dates Table* Window. The **Type to View** Radio Button will be defaulted to **Follow-Up Dates**.

Patient Account Auditing

User Access

User Access tracks each time a user has entered into the selected Patient Definition on the specified date.



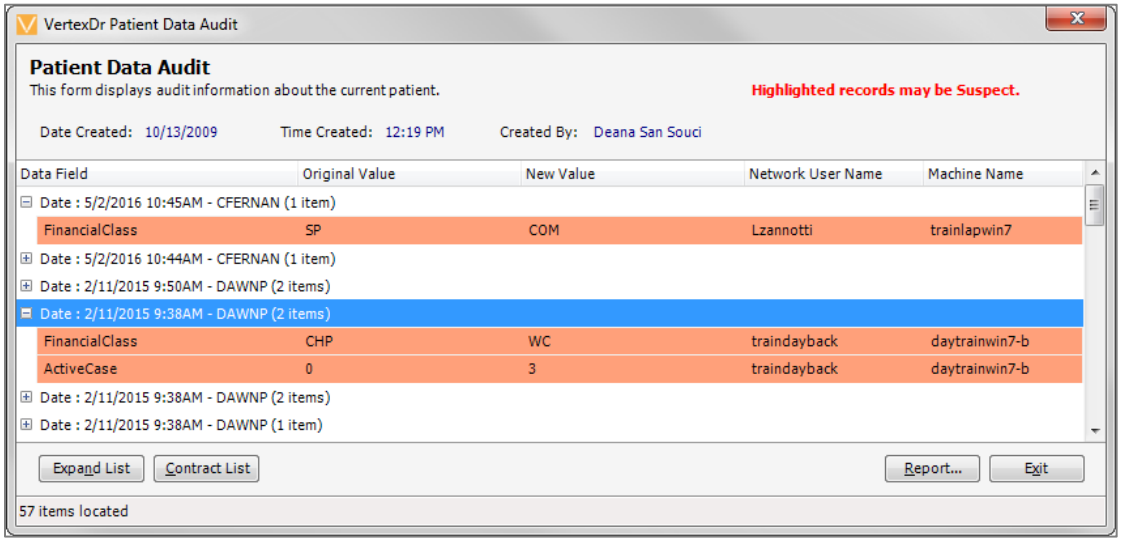
Use the *From Date* and *To Date* Fields to adjust the dates. Use the *User* Field to view when a specific user entered into the selected Patient Definition.

Note: The table will only display the first 100 records for the selected date range and user. If you wish to view more than 100, uncheck the Retrieve only 100 records Checkbox.

To print the selected results, select the **Report** Button.

Patient Changes

Selecting **Patient Changes** will open the *Patient Data Audit* Window.



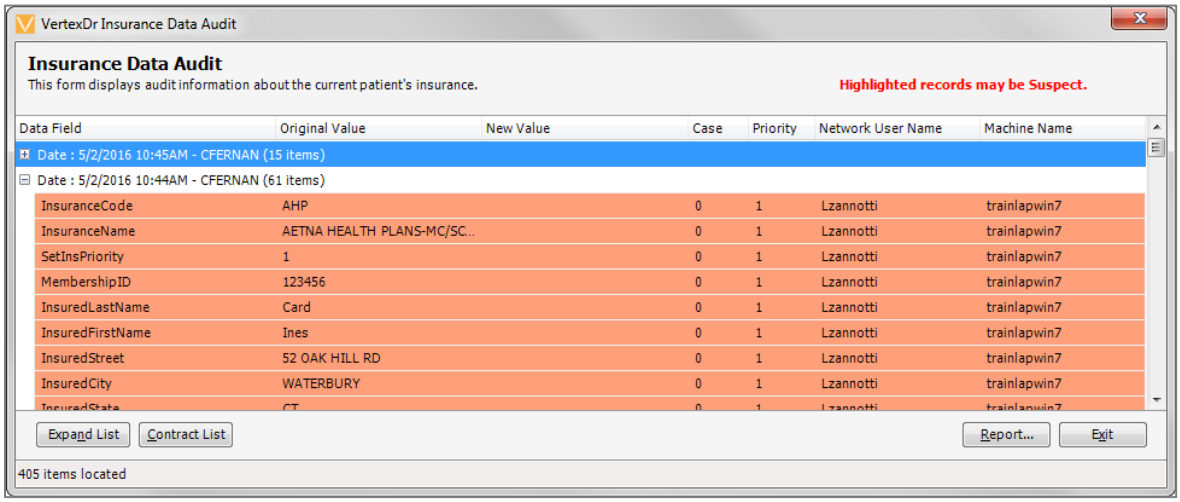
The *Patient Data Audit* Window will display all demographic changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Insurance Changes

Selecting **Insurance Changes** will open the *Insurance Data Audit* Window.



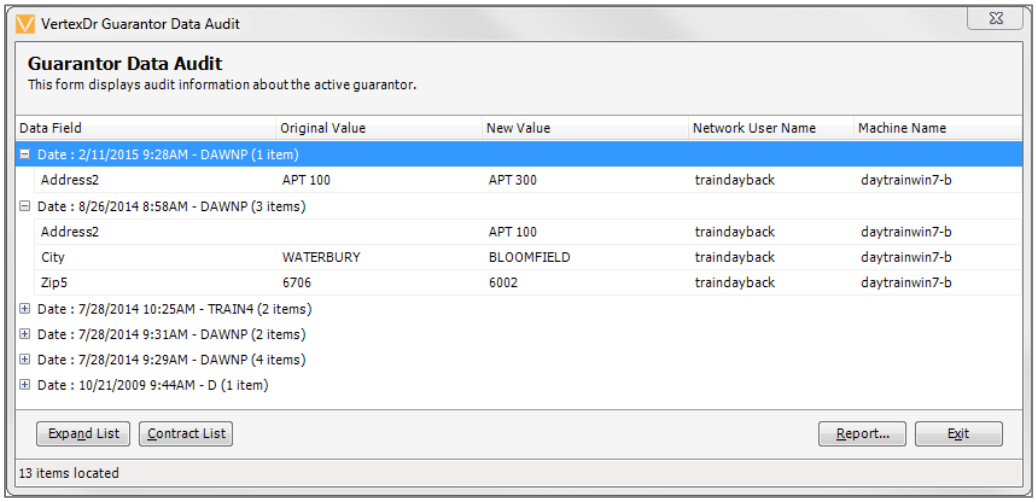
The *Insurance Data Audit* Window will display all insurance information changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Active Guarantor Changes

Selecting **Active Guarantor Changes** will open the *Insurance Data Audit* Window.



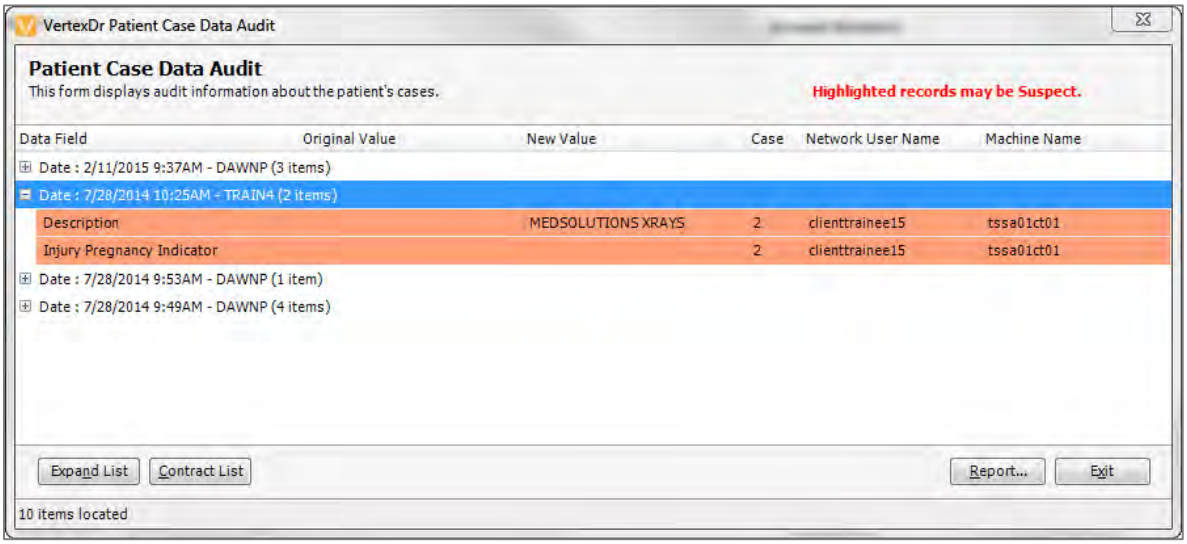
The *Guarantor Data Audit* Window will display guarantor information changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Patient Case Changes

Selecting **Patient Case Changes** will open the *Patient Case Data Audit* Window.



The *Patient Case Data Audit* Window will display case information changes for the selected patient. This includes the date and time of the change, what field(s) was

changed and what value it was changed to, the user who made the change, and which computer the change was made from.

To view the entire list of results, click the **Plus Sign** to the left of the *Date* or click the **Expand List** Button. To collapse the results, click the **Minus Sign** to the left of the *Date* or click the **Contract List** Button.

To print the results, click the **Report** Button.

Eligibility

Insurance Eligibility

Insurance Eligibility allows a user to run an on-demand insurance benefit check for the selected patient.

Note: Not all insurance carriers allow the Practice Suite to electronically check benefit eligibility.

For more information on eligibility checking, reference the *Posting* Section of this manual.

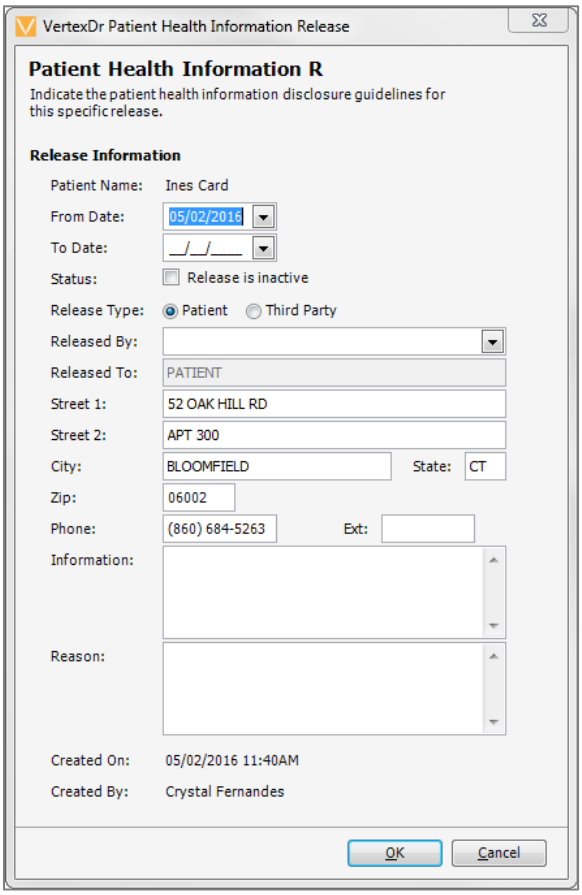
Patient Privacy

Selecting **Patient Privacy** will open the *Patient Health Information Consent* Window. For more information on this window, reference the *Personal* Section of Patient Definition in this manual.

Information Release History

The *Patient Health Information Release History* Window allows a practice to track when patient records have been released, by whom, and where to.

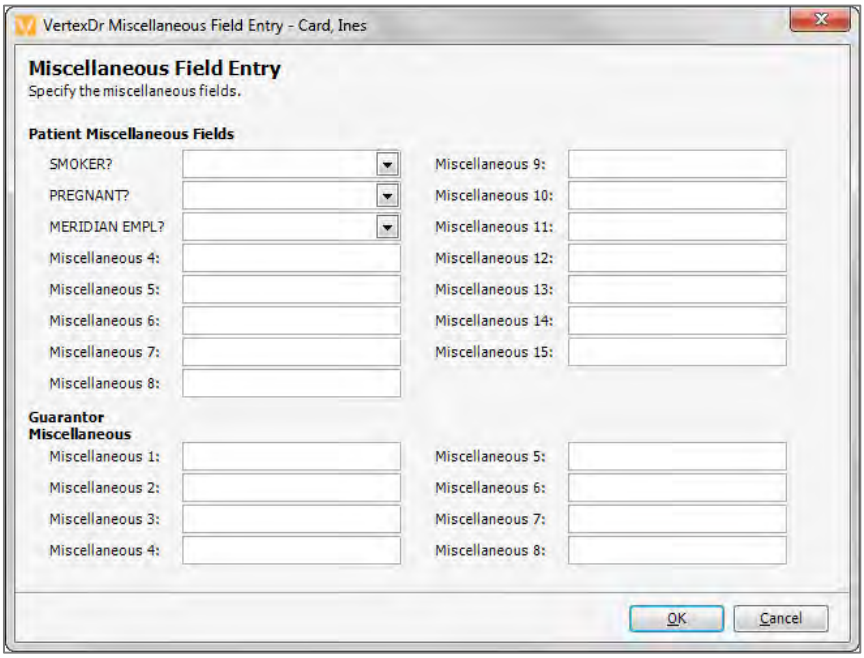
To enter a new release record, select the **Insert** Button. The *Patient Health Information Release* Window will open.



Fill in the appropriate information and then select the **OK** Button to save the changes.

Patient Miscellaneous

Miscellaneous Fields can be used to track practice-defined patient-related information. Once the fields are defined, the corresponding responses can be entered into the *Miscellaneous Field Entry* Window for tracking purposes.



The *Miscellaneous Field Listing* Report as well as Ad Hoc Queries can be run in Practice Reporter to retrieve the responses.

Note: The *Miscellaneous Field Entry* Window can also be accessed in the *Patient Appointment* Window by selecting the **F7** Key and the Posting Area from the **Activities** Menu.

Patient Alerts

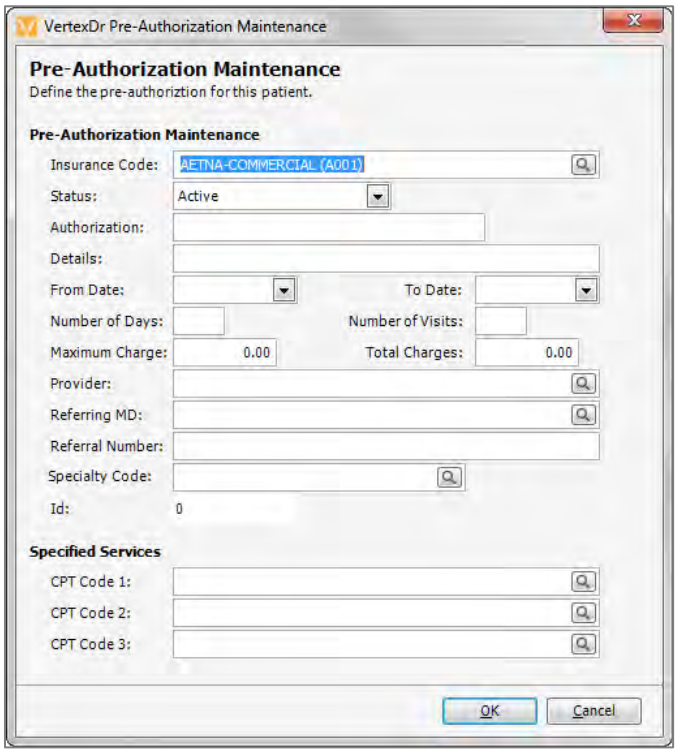
Selecting **Patient Alerts** will open the *Patient Alerts* Window. From this window, Billing Alerts can be inserted, changed, and deleted.

Pre-Authorization

The *Pre-Authorization Table* Window can be used by the practice to track insurance referrals needed by the office from the patient's insurance.

To insert a new Pre-Authorization:

1. Select the **Insert** Button. The *Pre-Authorization Maintenance* Window will open.



2. The *Insurance Code* Field will default to the Primary Insurance listed on the patient's account. To change the carrier, select the **Magnifying Glass** to access the *Insurance Carrier Table* Window.
3. The **Status** Dropdown is used to track the status of the pre-authorization. Upon insert, this field will default to *Active*. It can be changed to *Expired*, *Satisfied*, or *Inactive* if needed.
4. Enter the authorization number in the *Authorization* Field.
5. The *From Date* and *To Date* Fields can be used to track the effective dates for this authorization if necessary.
6. If the pre-authorization is limited to a specific number of days or visits, enter that information in the *Number of Days* and/or *Number of Visits* Fields.
7. If the pre-authorization is limited to a maximum charge per transaction or a total charge, enter that information in the *Maximum Charge* and/or *Total Charges* Fields.
8. If the pre-authorization is limited to a specific provider, enter that provider in the *Provider* Field.
9. If the referring provider should be tracked to this pre-authorization, enter the referring provider in the *Referring MD* Field.

10. If the pre-authorization has an additional referral number, it can be entered in the *Referral* Field if needed.

Note: Only the number entered in the *Authorization* Field will submit with the claim if the pre-authorization is attached at the time of Posting.

11. If the pre-authorization is limited to specific procedures, they can be entered in the *CPT Code 1 – 3* Fields.

12. When finished, select the **OK** Button to save the pre-authorization.

Note: Only the *Insurance Code*, *Authorization* and *From Date* Fields are required by the system. At any point, select the **OK** Button to save the pre-authorization.

Case Management

Selecting Case Management will open the *Patient Case List* Window. From this window, the active patient case can be changed or a new case be inserted.

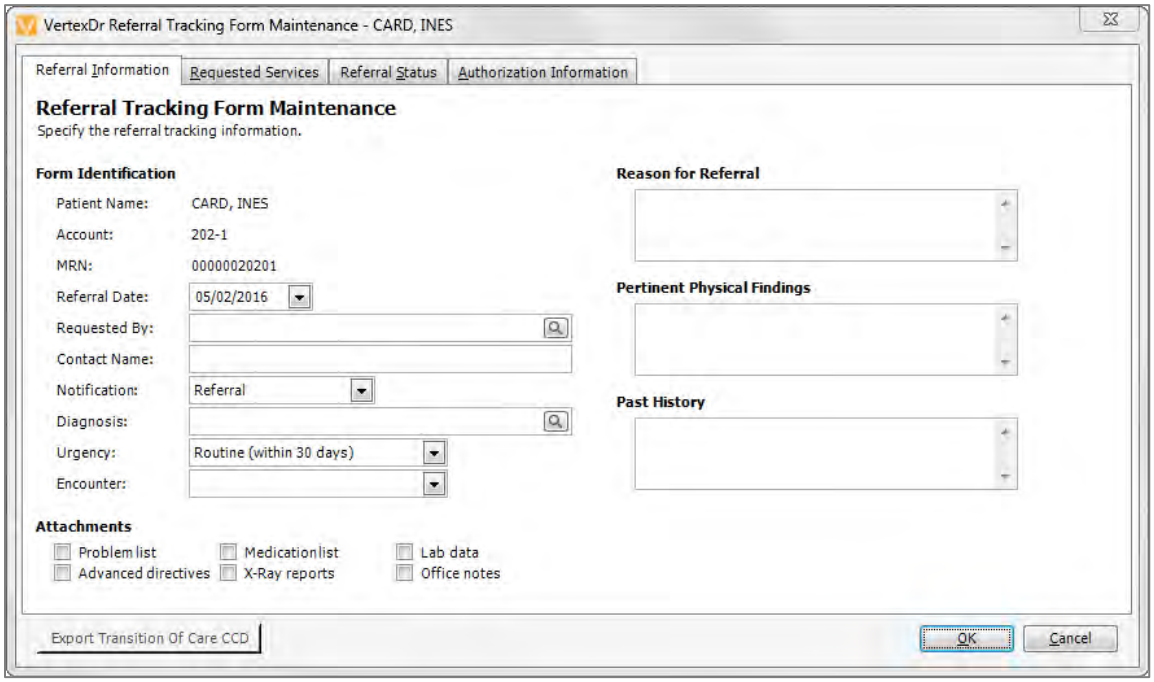
Note: To view the changes, select the *Insurance* Section.

Referral Tracking

Referral Tracking allows the practice to track when a patient is referred to another physician.

To insert a referral:

1. Select the **Insert** Button. The *Referral Tracking Form Maintenance* Window will open.



2. The **Referral Information** Tab can be used to track when the patient was referred to another physician, by whom, and for what diagnosis.

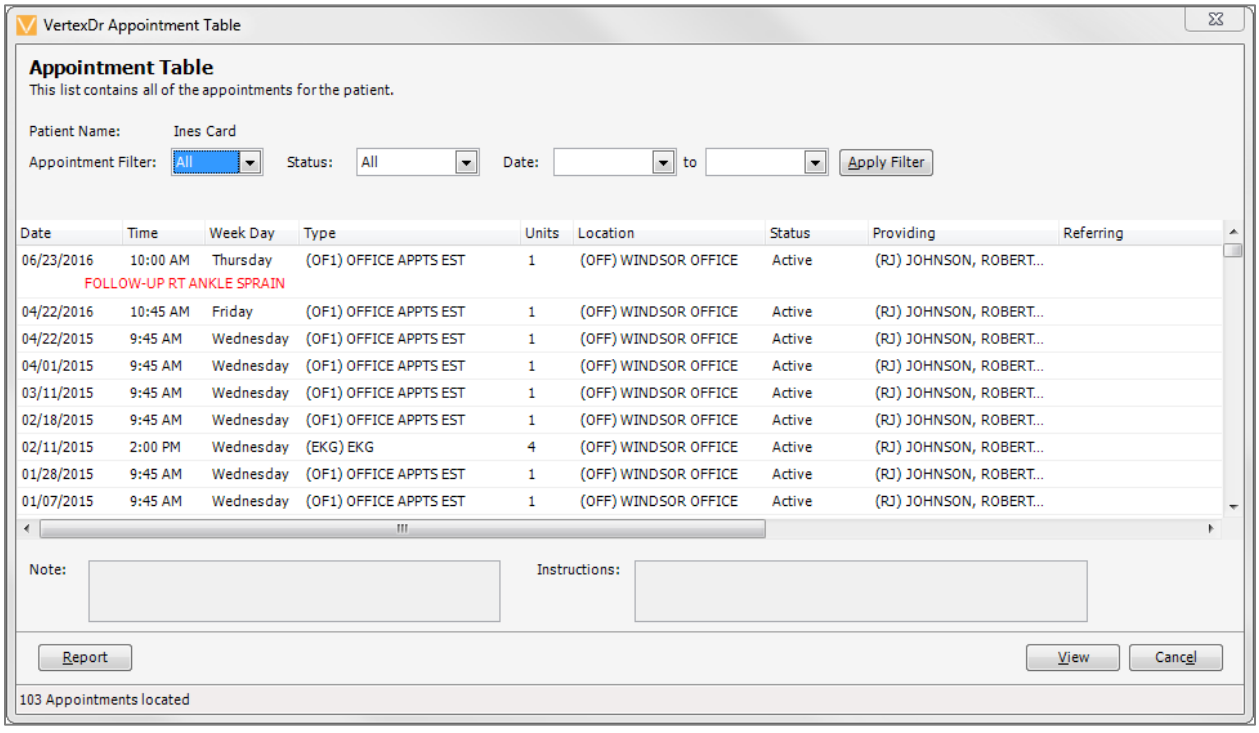
3. The **Requested Services** Tab can be used to indicate to whom the patient is being is being referred and why.
4. The **Referral Status** Tab can be used to track whether an appointment was made for the patient as well as whether or not the referral was reviewed.
5. The **Authorization Information** Tab can be used to track an insurance authorization if one was needed.
6. When finished entering the pertinent information, select the **OK** Button to save the referral.
7. To print an authorization, highlight it in the list box and then select the **Print** Button.
8. Select the **Audit** Button to view an audit record of when the patient's referrals were entered or changed.

Family Balance

If the practice is utilizing the Family Billing Feature, this option will display the Family Balance as well the account balance for individual member in the family. The *Family Balance Information* Window can also be retrieved by selecting **Ctrl** + **B** on the keyboard.

Appointment List

Selecting **Appointment List** will display the *Appointment Table* Window.



The *Appointment Table* Window will display all of the patient's appointments.

To filter the window to view past or future appointments:

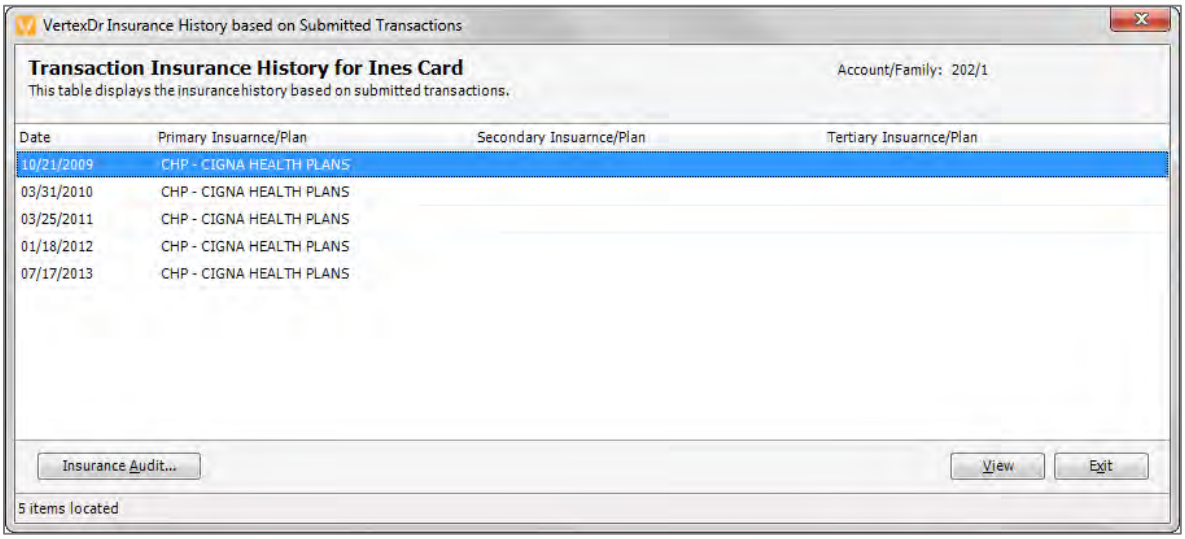
1. Select **Past** or **Future** from the **Appointment Filter** Dropdown Arrow.
2. To view appointments for only a specific date range, select the desired dates from the *Date* and *to* Fields.
3. Select the **Apply Filter** Button to view the defined results.
4. To print the filtered results, select the **Report** Button.
5. To view the *Patient Appointment* Window for a specific appointment date, highlight the appointment in the table and then select the **View** Button.

E-Mail Patient

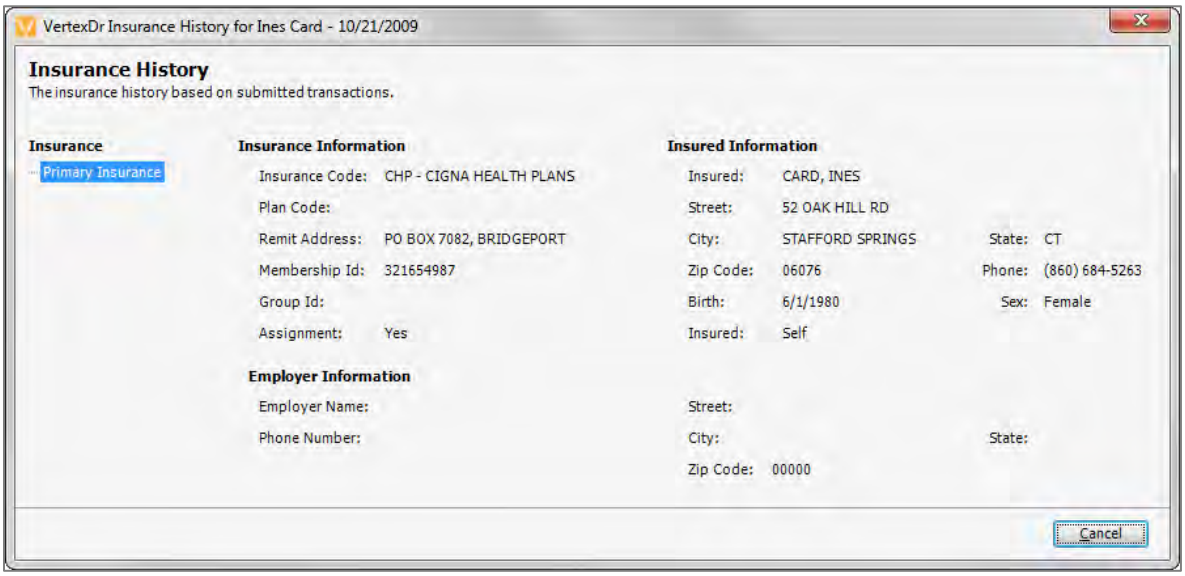
If your system is set to use the e-mail feature, select **E-Mail Patient** to send the patient an e-mail. If an e-mail address has been entered in the *E-Mail Address* Field on the *Personal* Section, the user's default e-mail program will open a new e-mail with the address already filled in.

Insurance History

The *Insurance History based on Submitted Transactions* Window displays which insurances transactions were submitted to and on what days.



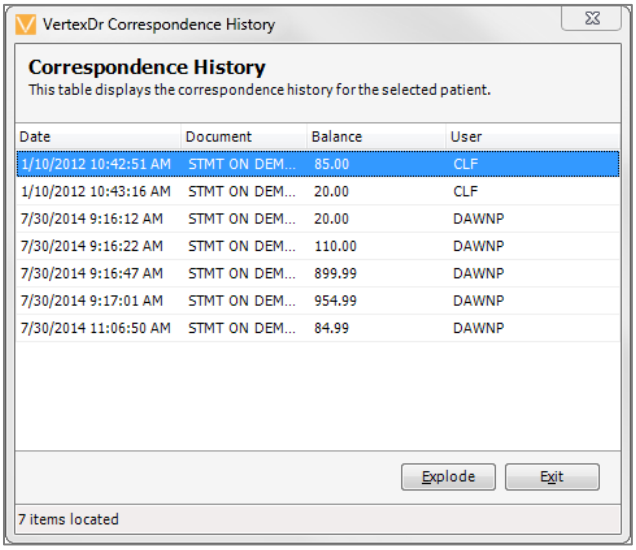
To view the insurance information, highlight the line item and then select the **View** Button. The *Insurance History* Window will display for the selected carrier.



To view an audit of all insurance changes, select the **Insurance Audit** Button.

Correspondence History

The *Correspondence History* Window will display each time the patient received a statement or a letter.



The window will display the date generated, the user who generated the statement or letter, and the balance included on the statement or letter.

To view the specific transactions associated with the statement or letter, highlight the line item and then select the **Explode** Button.

Account Update

Account Update allows the user to **Update Address from Patient**, **Update Address from Guarantor**, or **Update Insurance from Guarantor**.

Collection Information

This area is specific to practices using the Collector module. Please reference the Collector manual for more information.

Reset Statement

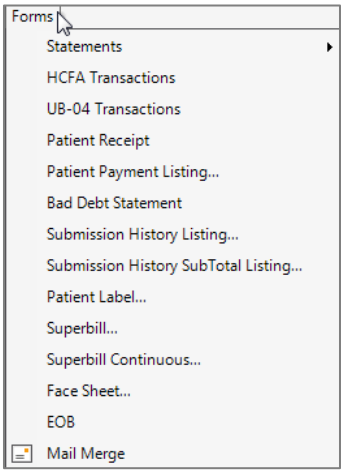
Selecting **Reset Statement** will open the *Reset Transaction Statements* Window.

Reset Letter

Selecting **Reset Letter** will open the *Reset Transaction Letters* Window.

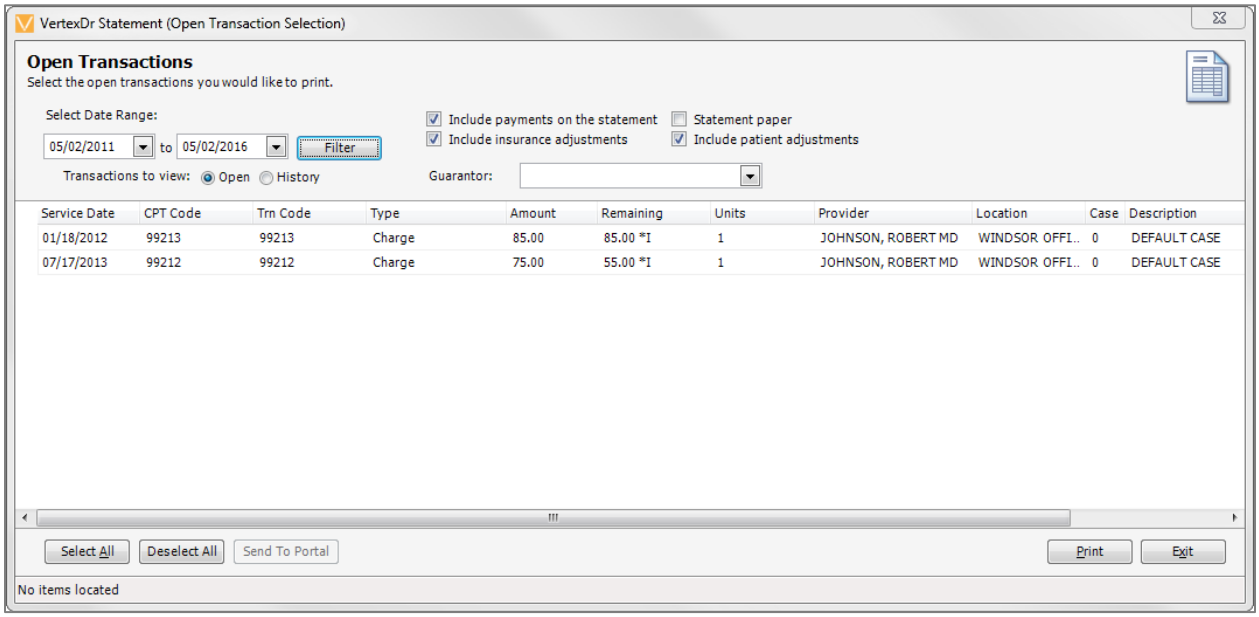
Forms Menu

The **Forms** Menu allows for the printing of various patient-related documents.



Statements

Selecting **Statements** will open the *Statement Selection* Window.



This window will allow the user to print on-demand statements for the selected transactions.

To run an on-demand statement:

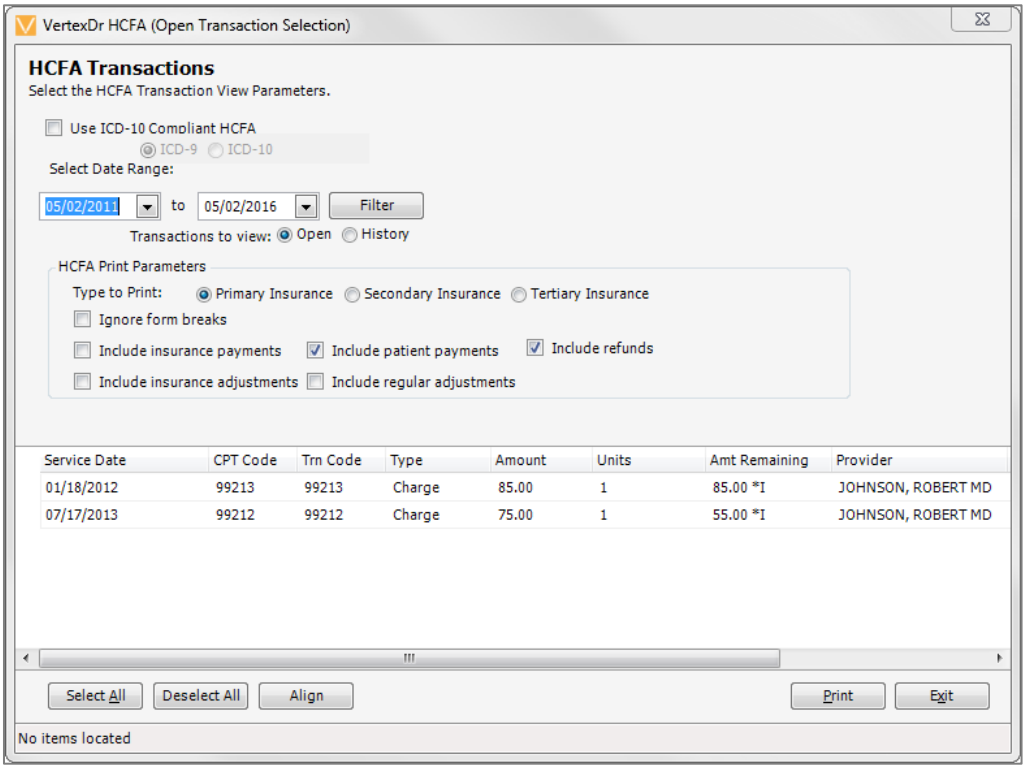
1. Set the desired date range and then select the **Filter** Button.
2. Use the **Open** and **History** Radio Buttons to either print open transactions or transactions which have rolled to History.
3. Uncheck the **Include Payments on the Statement** Checkbox if you do not wish for payments to be displayed.
4. Uncheck the **Include Adjustments on the Statement** Checkbox if you do not wish for adjustments to be displayed.
5. If the practice is using multiple guarantors, when printing an On-Demand Statement for a patient who has charges associated with multiple guarantors the user has the option to select a guarantor from the *Guarantor* Field on the *Statement* Window. Any statement printed will then display the chosen guarantor regardless of which guarantor is associated with the charge.

Note: If no guarantor is selected, then the guarantor associated with the charge will display on the statement when printed. If multiple charges are selected to be printed, then a statement will print for each guarantor's associated charges.

6. To select transactions, either click the **Select All** Button to highlight all transactions or use the **Ctrl** Key to select specific transactions.
7. Click the **Print** Button to run the On-Demand Statement(s). The system will generate a print preview. Click the **Print** Button again to print the statement(s).

HCFA Transactions

Selecting **HCFA Transactions** will open the *HCFA Selection* Window.



This window will allow the user to print on-demand claims for the selected transactions.

To run on-demand claims:

1. Set the date range for the desired transactions in the *Select Date Range*.
2. The *HCFA Print Parameters* section is used to define which carrier transactions and which types of transactions should be considered when the claims are run.
    - **Type to Print** – select the type of insurance transactions to print by selecting the **Primary Insurance**, **Secondary Insurance**, or **Tertiary Insurance** Radio Button.
    - The following checkboxes can be used to further define which transactions to print:
        - **Include Insurance Payments**,
        - **Include Patient Payments** (checked by default),
        - **Include Refunds** (checked by default),
        - **Include Insurance Adjustments**,
        - **Include Regular Adjustments**.

Check the desired checkboxes.

3. To select transactions, either click the **Select All** Button to highlight all transactions or use the **Ctrl** Key to select specific transactions.
4. Click the **Print** Button to run the on-demand claims. The system will generate a print preview. Click the **Print** Button again to print the statement(s).

Note: If the transactions need to be aligned to the HCFA paper, select the **Align** Button. 1000 points is equal to 1 inch on the paper HCFA.

Patient Receipt

If a payment was collected and posted today, a receipt can be printed for the patient.

Patient Payment Listing

A list of all patient payments for a specified date range can be printed.

Bad Debt Statement

The *Bad Debt Statement* Report will display a list of all transactions which have been set to a bad debt financial class for the selected patient.

Submission History Listing

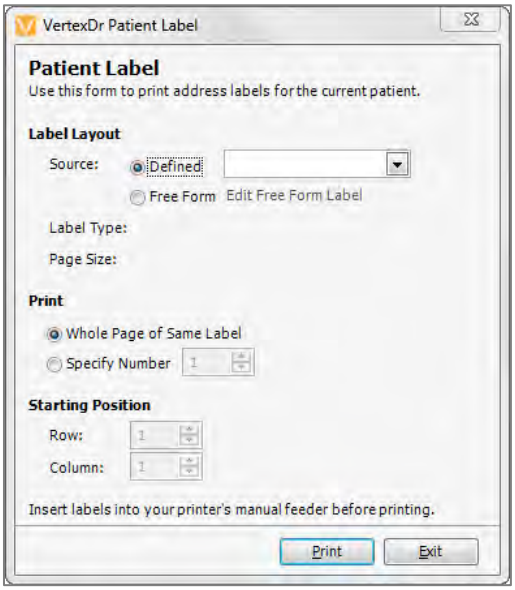
The *Submission History Listing* Report will display transactions submitted to insurance. The report includes: the *Service Date*, *Posted Date*, *Submit Type* (NEIC, Electronic, Paper, etc.), insurance carrier the transactions were submitted to, and the date submitted.

Submission History SubTotal Listing

The *Submission History SubTotal Listing* Report provides the same information as the *Submission History Listing* Report with the addition of the charged amount. This report also allows the user to define which Service Dates and Submission Dates to display.

Patient Label

Selecting Patient Label will open the *Patient Label* Window.



From here, an individual on demand patient label can be printed.

1. Select the desired label from the **Defined** Dropdown Arrow. The *Label Type* and *Page Size* will fill in with pre-defined information.
2. The Whole Page of Same Label Radio Button will be selected by default. If printing an entire sheet of the same label, leave this selected. Otherwise, select the **Specify Number** Radio Button to print a single label. If printing a single label on a full sheet of labels, specify which *Row* and *Column* to print the label in. If using a label maker, leave the *Row* and *Column* Fields set to *1*.
3. Insert labels into the printer and then select the **OK** Button to print the label(s).

Superbill/Superbill Continuous

To print a single on demand superbill for the patient, select either **Superbill** or **Superbill Continuous** depending on how the practice's superbill is set up.

Face Sheet

Select **Face Sheet** to print a single on demand face sheet for the patient.

Mail Merge

Selecting **Mail Merge** will open the Mail Merge Tree Window where a document can be created for the selected patient. For more information on creating a Mail Merge document, reference the *Mail Merge* Section of this manual.

VertexDr Appointment Scheduler

Understanding basic system menus, buttons, and functions

The Practice Suite's working environment provides menu commands, toolbar buttons, and keyboard shortcuts that permit access to all of the system's functions. The most commonly used system functions are placed on the system toolbar for fast and easy access.

User security and file encryption help to protect the integrity of the system. Each user is assigned a screen name which is associated with a security profile. The system also allows each user to enact a password. This security information tells the system what a user has access to and what activities they can perform. File encryption is used to protect sensitive files from unauthorized access and manipulation.

VertexDr Appointment Scheduler Menu

The menu system for VertexDr Appointment Scheduler is listed below. Some menus contain sub-menus. A black arrow at the end of a menu indicates the presence of a sub-menu. This area of the manual will cover menu items that are specific to VertexDr Appointment Scheduler only.

View Menu

Locate – Opens the Locate First Available Feature.

Change Resource Pool – Change the schedule view to a different resource pool (if using multiples).

Direct Appointment Access – Locate an appointment by appointment number.

Refresh – Manually refresh the VertexDr Appointment Scheduler window.

Reports Menu

Definition – Search the specified Resource Pool for *Reserved Procedures*, *Override Procedures*, *Provider Time Blocks*, and *Provider Workweek Blocks*.

Schedules – Access appointment schedules in various formats.

Productivity – Run reports on check-in productivity and efficiency.

Forms and Labels

Appointment Labels – Print batch appointment labels for a given date range.

Patient Face Sheet Batch - Print patient face sheets in a batch for a given date or date range.

Superbill Batch - Print superbills in a batch for a given date or date range.

Superbill Continuous – print superbills with a continuous format in a batch for a given date or date range

Meet & Greet - This report will display the financial class for patients whose appointments fall within a given date range.

Patient Sign-In - Print a sign-in sheet by provider and location for a given date range.

Resource Pool Definition - This report will display all members of each scheduling resource pool.

Appointment Types - Print a list of all appointment types defined in the system.

No Cross Reference Number - This report will display all patients who have a scheduled appointment, but do not have a cross reference number in Patient Definition.

Scheduling No Show - Display all No Showed appointments for a given date range. If your practice using multiple Resource Pools for scheduling, this report can also be filtered by resource pool

New Appointments Added - Display all appointments added for a given date range and resource pool. This report can also be filtered by appointment creator.

Appointments by Xref or MRN - Display a listing of all scheduled appointments for a given date range sorted by cross reference number or Medical Record Number.

Action Menu

Insert Appointment - Insert a new appointment into the highlighted timeslot.

Emergency Insert - Insert an emergency appointment into the highlighted timeslot. This appointment will appear in red on the schedule.

Edit Appointment - Edit the highlighted appointment.

Delete Appointment - Delete the highlighted appointment (depending on user securities).

Breakdown Day By Type - Provides a grouped view of scheduled appointments by appointment type.

Waitlist - Access the Patient Waitlist.

Reschedule List - Access the Patient Reschedule List.

Reschedule Whole Day - Reschedule the entire day you are currently viewing.

Update No-Show Appointments - Mark appointments as *No Show* in a batch format by selecting multiple visit types, resources, and locations.

Templates

Template Extraction Helper - Allows users to quickly build templates from previous resource schedules.

Time/Workweek Blocking – Insert Time Blocks and Outside Workweek Blocks for Resources for different reasons, lengths, and dates.

Reserved Time Slots - Inserts a reserved time for a Resource to indicate that a specific visit type is scheduled during that time. Reserved time slots can be scheduled over if necessary.

Location Setup - Add different locations to the Appointment Schedule to indicate where the Resource is providing service during the specified time on the specified day.

Scheduler Auditing - Run audit reports for template changes made to Provider schedules.

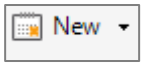
Group Time Blocking - Add or remove a Time Block for Multi-Resources at the same time.

Group Reserved Time - Add or remove Reserved Time for Multi-Resources at the same time.

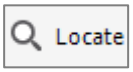
Group Location Setup - Add or remove a Location for Multi-Resources at the same time.

Toolbar Buttons

The VertexDr Appointment Scheduler toolbar contains buttons for some of the more common system tasks. When the mouse is placed over a toolbar button, a tool tip appears identifying the button's function. Not all buttons can be used in all windows. The system automatically disables any buttons that cannot be used in a specific window.

New - Create a new appointment. 

Notepad - Daily Office Note window.

Locate - Locate First Available Appointment. 

Today - Return to Today within the current calendar view.

Day - One-day calendar view.

Work Week - Five-day calendar view.

Week - Seven-day calendar view.

Month - Month calendar view.

Navigating VertexDr Appointment Scheduler

Select the **Appointments** Icon from the *Office* Section of the Navigation Pane. The *Appointment Schedule* Window will open.

All appointments can be viewed and maintained in the *Appointment Schedule* Window. The *Appointment Schedule* Window displays appointments by provider and date. The window contains four buttons in the toolbar that allow you to change appointment views quickly. The buttons allow appointments to be viewed:

- one day at a time

- one work-week at a time

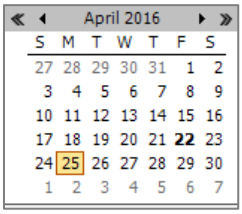
- one week at a time

- one month at a time

There is also a **Today** Button. This button will return you to today within whichever calendar view you are currently viewing.

Calendar Functions

The calendar in the upper, right-hand corner of the window will also allow you to navigate the Appointment Schedule.



The double arrows to the right and left will change the Appointment Schedule view back and forth through the years. The single arrows will change the Appointment Schedule view back and forth through the months. Click on the month displayed to choose a month in a six month range of the current month displayed.

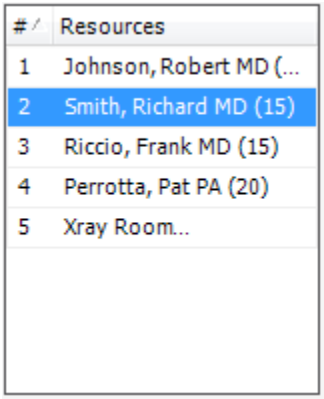
The calendar also has several advanced features:

- Hold down the **Control** Key on the keyboard then click on the days in the calendar you would like to see for a multi-day view.
- Hold down the left-click button on the mouse and slide the mouse across a week to view multiple days.
- Click on the first day in a series of days that you would like to see, then hold the **Shift** Button on the keyboard and click the last day in the series of days that you would like to see. (This view will allow you to highlight a maximum of six days.)

- Click on a day in the calendar then use the **Left**, **Right**, **Up**, **or Down** Arrow Keys on your keyboard to navigate through the calendar.
- Hold down the **Control** Key and click on days that are already highlighted to unselect them.

Selecting Scheduling Resources

VertexDr Appointment Scheduler allows you to choose which scheduling resources you would like to see in your Appointment Schedule view. The *Resources* Section will also display the amount of time that equals one time slot for each provider.



The *Resources* Section of VertexDr Appointment Scheduler has several viewing options. Each method for the viewing the Resources can be used in any of the Calendar Views.

- Click on a resource in the list to view that resource alone.
- Hold down the **Control** Key on the keyboard and click each resource you would like to see in a multi-resource view.
- Hold down the left-click button on the mouse and drag the cursor down the list of resources to highlight multiples quickly.
- Click on the first resource in a series of resources that you would like to see, then hold the **Shift** Key on the keyboard and click the last resource in the series of resources that you would like to see.
- Hold down the **Control** Key and click on a resource that is already highlighted to deselect that resource.

Locating a Patient

Patients registered in the system can be located using a variety of patient information. The *Patient Table* Window allows you to locate patients using eight separate search methods. These methods include: *Account Number, Birth Date, Last Name,First Name, Phone Number, Reference (cross reference number), Social Security Number, and Medical Record Number (MRN)*.

Locate By Options

Account Number

- Locate a patient in the patient table with the system generated account number.

Birth Date

- Locate a patient with their date of birth. No slashes or dashes are needed to search by a date of birth. Simply type the two-digit month, two-digit day, four-digit year and the system will appropriately format the number.

Last Name, First Name

- Locate a patient with some combination of their last name and first name or last name and first initial.
- Wild Card Search
    - The percent sign (%) serves as a wild card search. Add the percent sign anywhere within a last name or first name and the system will search for the closest match. For example, if you are a looking for a patient whose last name starts with "An" and ends with "son", you would enter "An&son" into the Search Bar. The system will display the first 100 patients whose last name starts with "An" and ends with "son".

Note: When searching, the system will only display the top one hundred search results. The more information used to search, the more accurate the search results will be.

Phone Number

- Locate a patient in the patient table using the patient's home phone number. As with the Birth Date search, no slashes, dashes, or parentheses are needed to search by a phone number. Simply type the three-digit area code followed by the seven-digit phone number and the system will format the number appropriately.

Reference

- *Reference* refers to the *Cross Reference* Field on Patient Definition. This is another number, such as an old chart number, which can be entered into the system to identify the patient**.**

Social Security Number

- Locate a patient in the patient table using the patient's social security number. As with the Birth Date search and the Phone Number search, no slashes, or dashes are needed to search by a social security. Simply type the nine digit social security number and the system will format the number appropriately.

MRN

- MRN refers to the Medical Record Number associated with the patient's chart. If this number is known, it can also be used to search for the patient in the Patient Table.

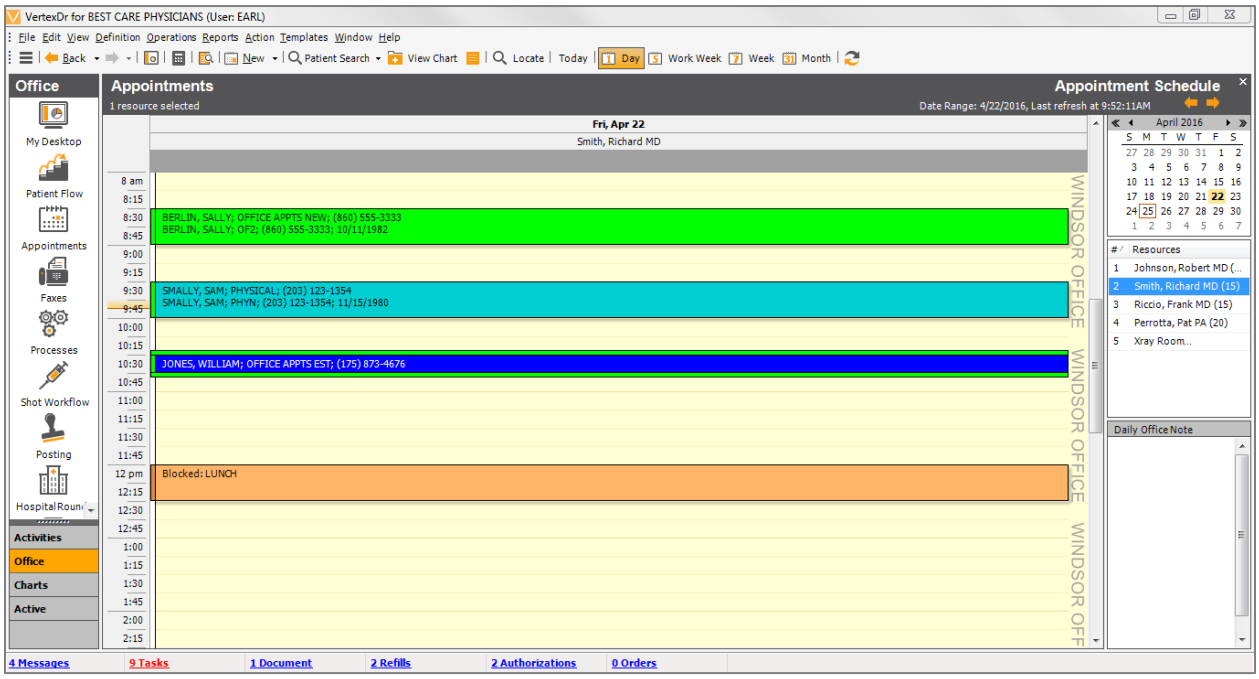
Inserting an Appointment

Appointment inserts are performed on the *Appointment Schedule* Window. This window provides you with the tools to insert, edit, and delete appointments.

1. From the *VertexDr Appointment Scheduler* Window, click on the **Day** Button in the top toolbar. Then, click on the resource in the *Resources* List whom you would like to schedule to.

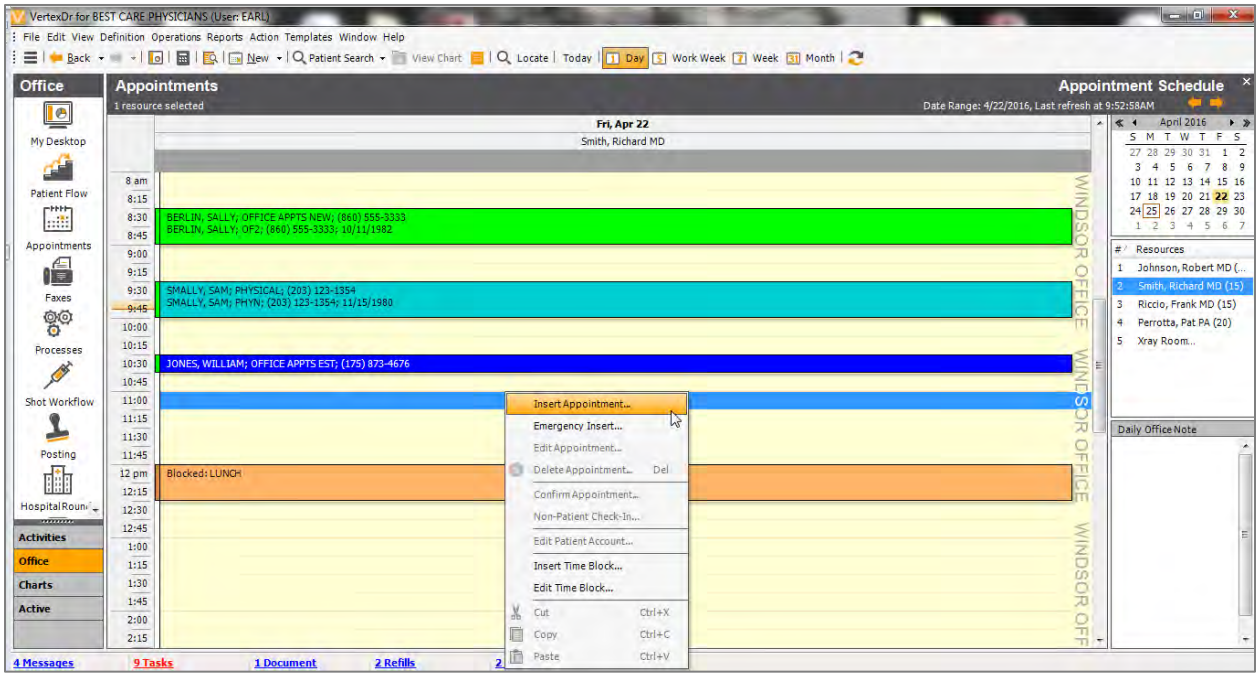
Note: For this tutorial, all of the steps will take place in a one day, one resource view. If the **Day** Button is not selected, select it now.

2. All time slots for the current provider are displayed in the window. (The current provider and date appear at the top of the window.) Click on an empty time slot. The time slot will be highlighted to indicate that it is selected.



3. There are three different methods you can use to insert a new appointment:

   - Click the **New** Button in the top toolbar to insert a new appointment.
   - Double-click on an available time slot.
   - Right-click on an available time slot, then select *Insert Appointment*.

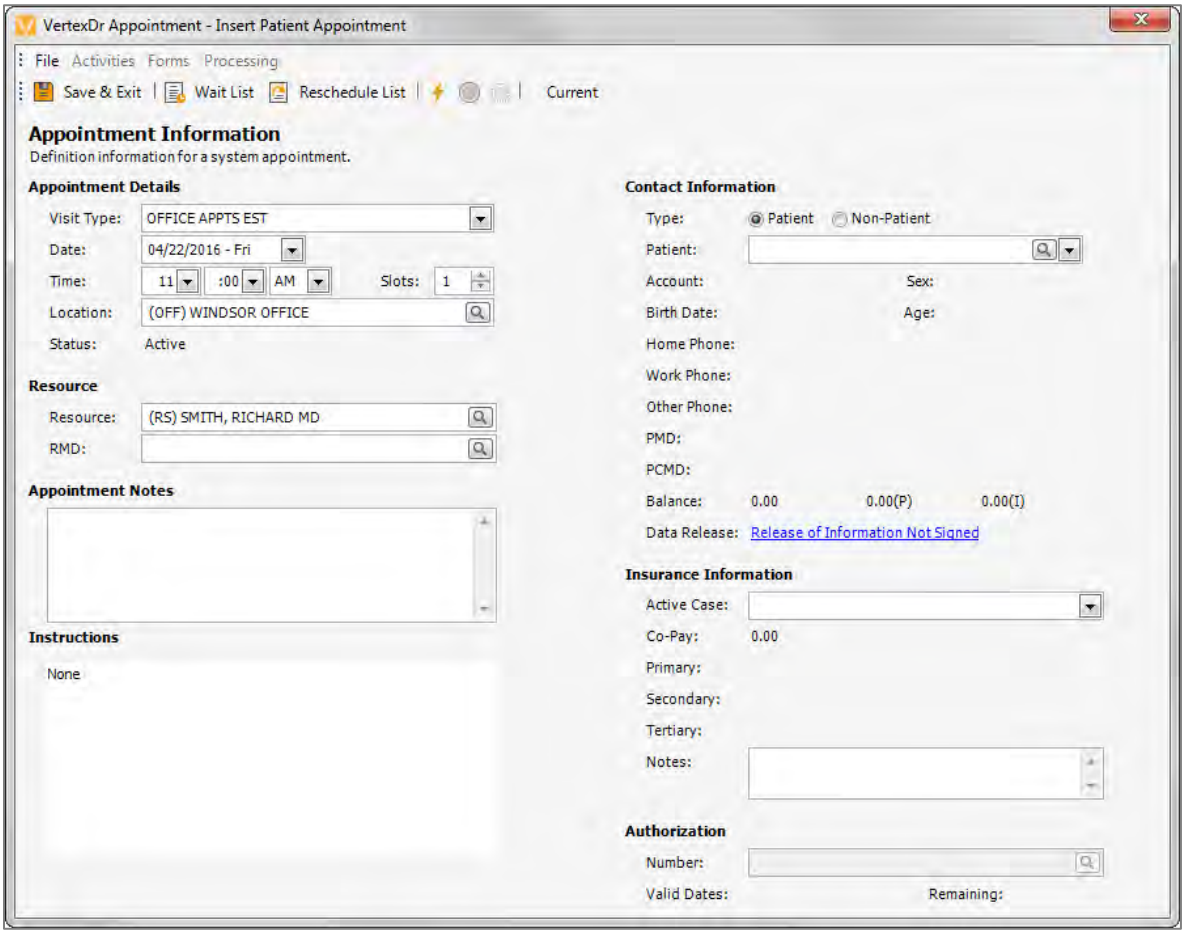


- The *Appointment Book* Window will open with some of the information already filled in.

The Appointment Book Window

The *Appointment Book* Window holds all of the specific appointment information. The date, time, location, and provider are automatically pre-filled by the system when you insert a new appointment, based on the time slot selected.

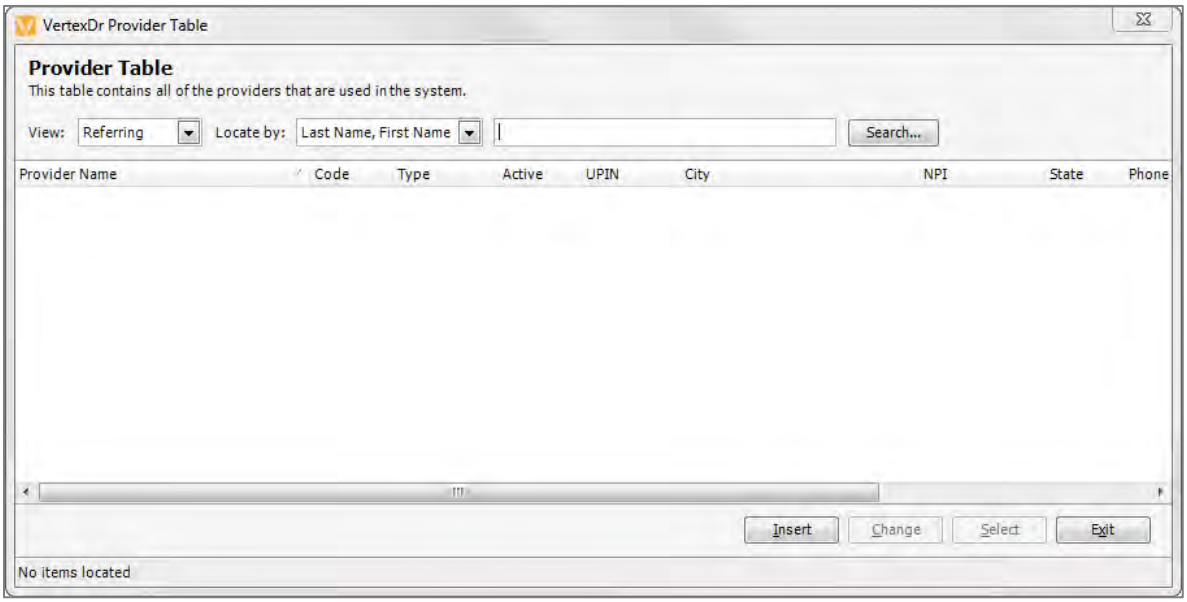
VertexDr Appointment Scheduler uses rule-based scheduling techniques. Each visit type can be assigned a default appointment length and accompanying visit instructions. In addition, each visit type can be customized for each specific provider. These features allow non-medical personnel to efficiently and accurately schedule appointments.



1. Select the appointment **Visit Type** from the dropdown. (The visit types in the list can vary depending on your system setup and provider.) When you select the visit type, the system changes the number of time slots to reflect the defined appointment length. The default appointment length can be overridden using the up and down arrow keys next to the *Slots* Field. In addition to populating the time slot information, the system also displays any patient or scheduling instructions in the *Instructions* Area, based on that visit type.

Note: Information on how to add Instructions to visit types is covered later in this manual. Please refer to the *Appointment Defaults* Section for details.

2. If the patient has been referred to your office, you may want to indicate the referring provider. To search for the referring provider, click on the **Magnifying Glass** Button. The *Referring Provider* Table opens.

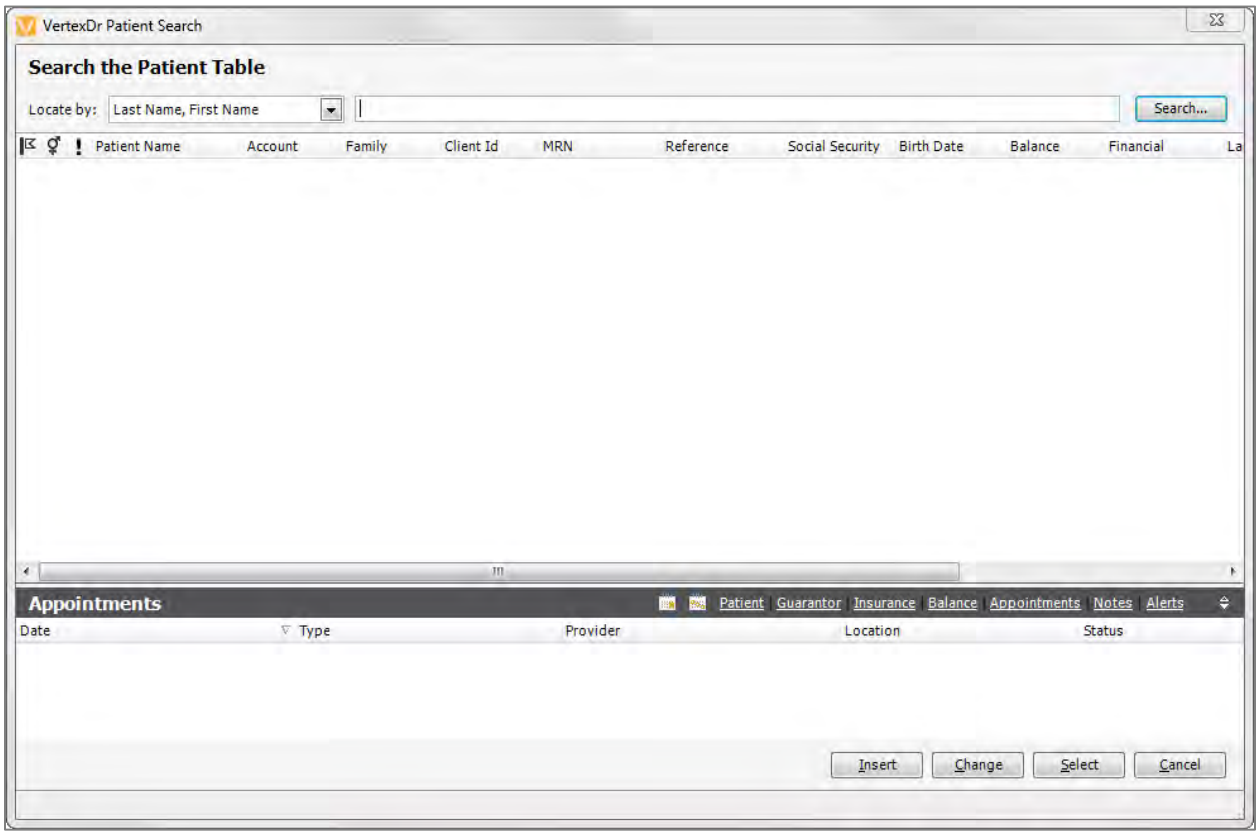


3. The *Appointment Notes* Text Box allows you to enter notes about the appointment. These notes will appear in some form on most of the schedule reports. Be sure not to enter information that you don't want a patient to see. These appointment notes can further define the visit type for a reason the patient is coming in.
4. The **Appointment Type** Radio Buttons tell the system if the appointment you are scheduling is for a patient or a non-patient.
   - Non-patient appointments require you to manually enter the name and phone number of the person coming to the office. Non-patient appointments are typically for sales representatives, or any other individual who should not be entered into the Patient Table.

Note: Non-patients cannot be searched for in the *Patient Search* Table.

   - Patient information for patient appointments is automatically loaded by the system.

5. To locate your patient, click on the **Magnifying Glass** Button to access the **Patient Search** Table. Selecting the patient from the **Patient Search** Table will fill in the *Contact Information* Section of the Appointment Book with the patient's information. It will also fill in the *Insurance Information* Section with patient's active insurance information, including their co-pay amount due, if they have one.



6. The **Patient** Dropdown arrow will allow you to choose from your patient history. My Patient History refers to the last fifteen patients whose accounts you have accessed.

7. The *Authorization Information* Area can be used to attach authorization information to the appointment. In the *Number* Field, click the **Magnifying Glass** Button to enter a new authorization number or choose from the patient's authorization list.

8. To save the new appointment, select the **Save & Exit** Button at the top of the book. The *Appointment Book* Window closes and the new appointment is displayed in the *Appointment Schedule* Window. The new appointment will appear in the visit type's defined color, if it is different than the default. If the appointment is longer than one time slot the entire appointment will be displayed on the window.

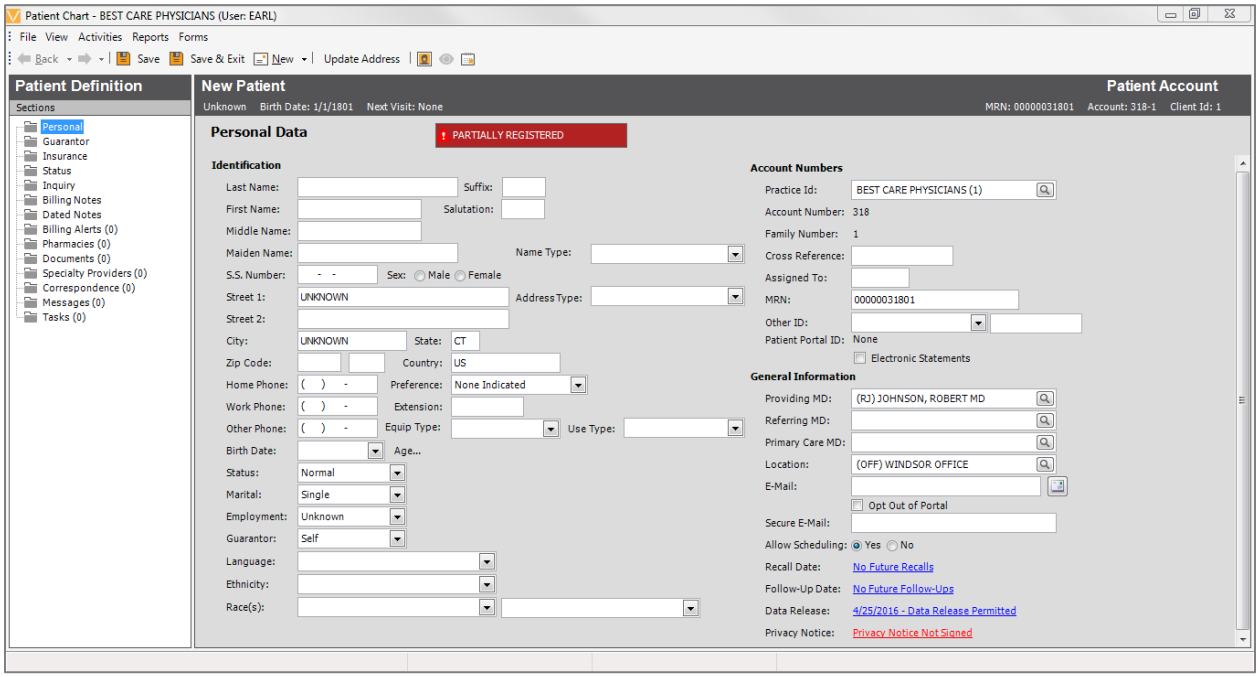
Inserting a New Patient (Quick Add)

VertexDr Appointment Scheduler allows you to partially register new patients while you are inserting appointments. Unless otherwise defined by the practice, the system will only require a name, sex, and Providing MD, and Location in order to partially register a patient.

The system will also flag the patient's account with a *Partially Registered* System Wide Patient Alert Note. This alert will follow the patient throughout the system until the patient's account is fully registered.

To insert a new patient:

1. Starting from the *Appointment Book* Window, click the **Magnifying Glass** Button. The *Patient Table* Window opens.
2. Select the **Insert** Button. The *Patient Chart* Window will open to the *Patient Definition* Section of the Patient Chart.



Note: It is recommended that you search by at least two different *Locate By* options before selecting **Insert**. This will reduce the chance of duplicate patient accounts in the Patient Table. Also, the system will allow you access to the full Patient Definition, but this section of the handbook will only cover the least amount of information needed to partially register a patient. Full registration will be covered in later sections. Keep in mind that the amount of required information can be changed by the practice. Each practice can have additional information required. This is just the system's overall requirements which absolutely must to be completed.

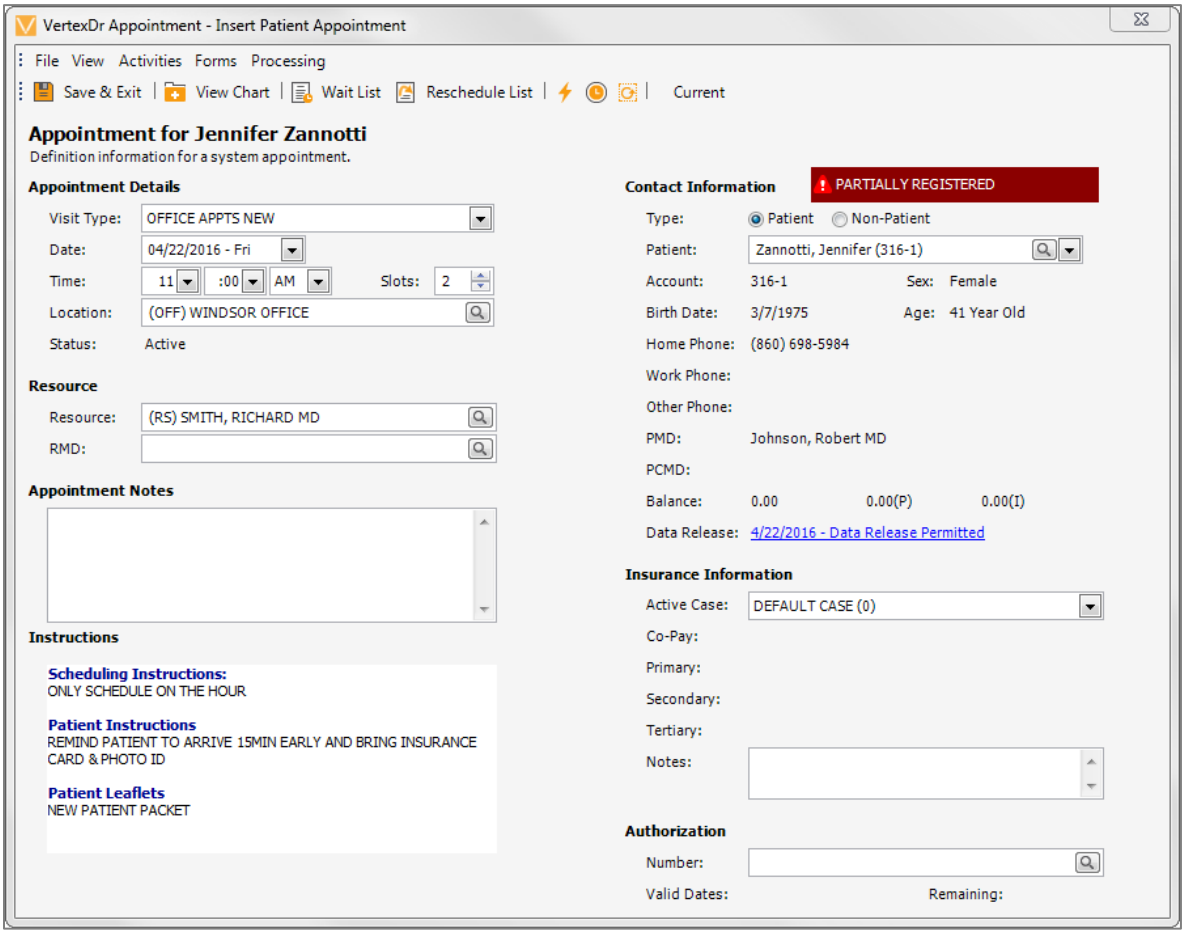
3. The cursor will appear in the *Last Name* Field. Enter the patient's last name, followed by their first name.
4. Select the patient's *Sex.*

5. *Providing MD* and *Location* are required fields. Click on the **Magnifying Glass** to access the *Provider* Table. The *Location* Field will populate with the user's default location, unless otherwise set by a parameter setting to a specific location. If the location is incorrect, click the **Magnifying Glass** to access the *Location* Table. Select the appropriate provider and location.

Note: It is recommended that you also enter at least one phone number where the patient can be reached, as well as their date of birth. This will make it easier to either search for the patient in the Patient Table or to contact them if necessary.

Unless your practice has multiple profiles, you may skip the Practice ID Field. It will be defaulted in. Also, note that the system has automatically generated an Account Number for the new patient. The Family Number is normally utilized by practices that utilize family billing, usually pediatric practices. It allows multiple patients to be billed under one account number.

6. To save the new patient, select the **Save & Exit** Button. The *Patient Definition* Window and the *Patient Table* Window will close. The new patient's information will appear in the *Appointment Book* Window, along with the *Partially Registered* System Wide Patient Alert.

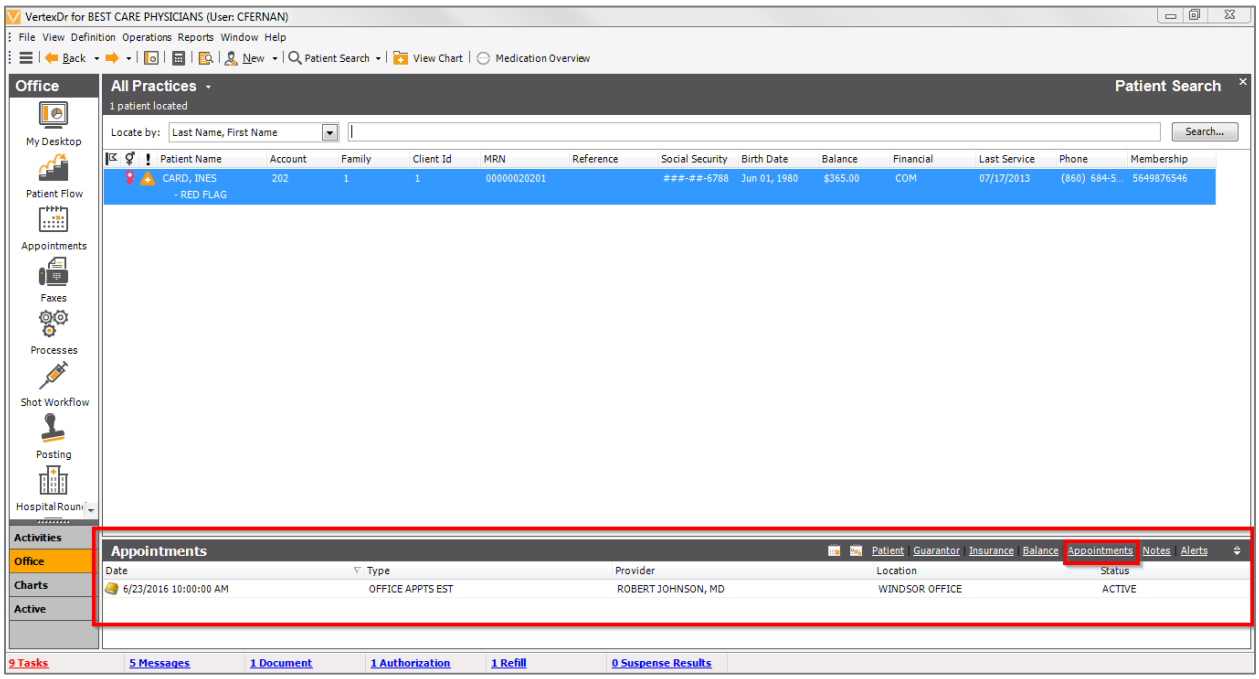


Locating Patient Appointments

Depending on your course of action, you have two ways to locate a patient's appointment: from the Patient Table or from inside a patient's account.

Locating Patient Appointments from the Patient Table

1. Click the **Patient Search** Button in the toolbar at the top. The *Patient Search* Table will open.
2. Locate and highlight the correct patient. In the Patient Information Panel at the bottom of the window, click on the **Appointments** Link. This will display any future appointments for the highlighted patient.



3. Highlight an appointment in the list and then click the **Appointment Book** Icon to view that appointment. The *Appointment Book* Window will open.
4. To view the highlighted patient's Appointment History, click on the **Calendar** Icon . The *Appointment Table* Window will open.
   - The *Appointment Table* Window allows you to view all appointments, past or future, for this patient.
   - To filter the appointment list, select *All*, *Past*, or *Future* from the *Appointment Filter* Dropdown Field. The *Status* Dropdown Field will allow you to display *All*, *Active*, *No Show*, *Cancelled*, *Rescheduled*, or *Deleted* appointments. The *Date* Fields will allow you to display the defined appointments for a specified date range. Once you have made your selections, click the **Apply Filter** Button.

- To view an appointment, click on the appointment to highlight it. Then, click the **View** Button. The *Appointment Book* Window will open for the selected appointment.

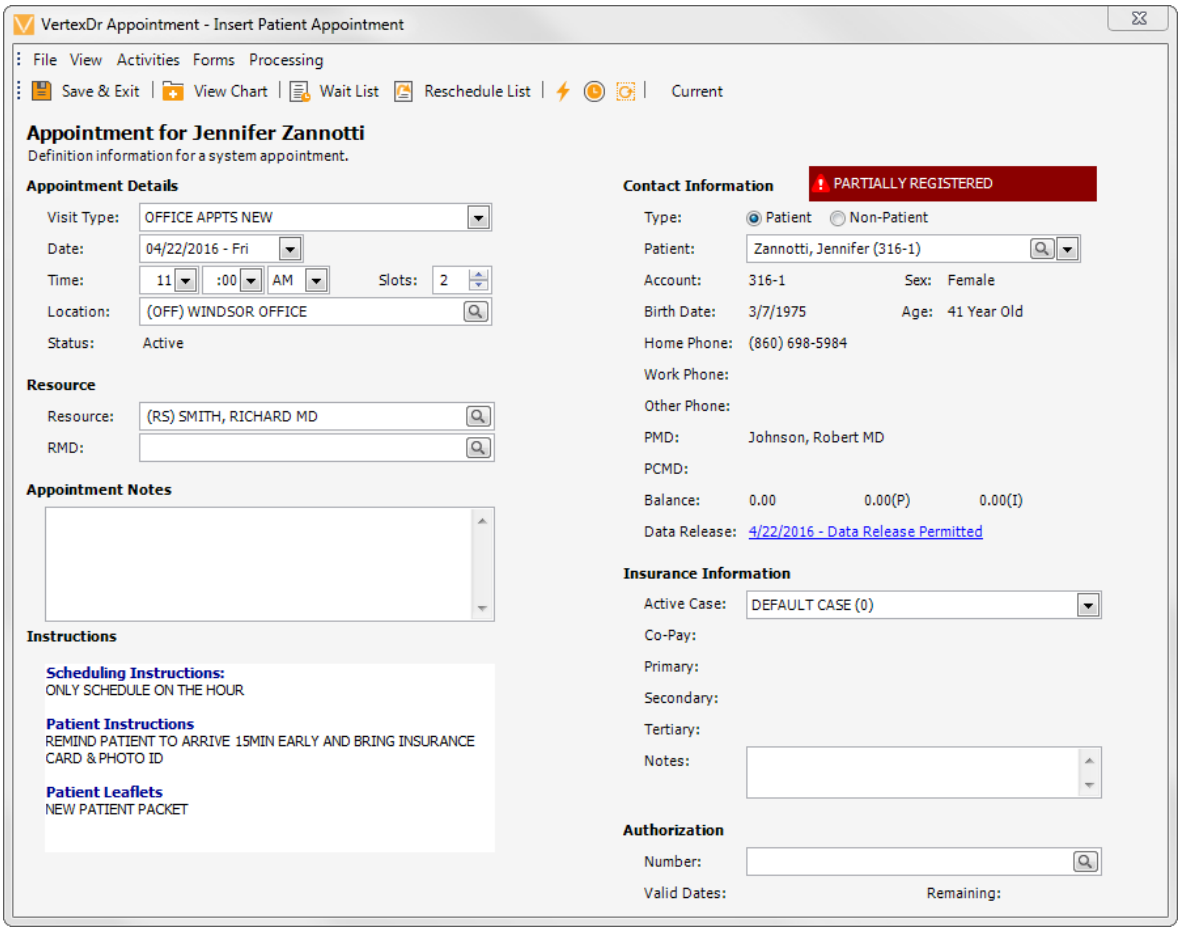
Locating Patient Appointments from Patient Definition

1. Click the **Patient Search** Button. Search for the patient. Double-click on the patient to enter into the account.
2. From the Patient Definition, select the **Activities** Menu in the toolbar at the top.
3. From the drop down menu, select Appointment List, the Appointment Table Window will open.
4. To filter the appointment list, select *All*, *Past*, or *Future* from the *Appointment Filter* Dropdown Field. The *Status* Dropdown Field will allow you to display *All*, *Active*, *No Show*, *Cancelled*, *Rescheduled*, or *Deleted* appointments. The *Date* Fields will allow you to display the defined appointments for a specified date range. Once you have made your selections, click the **Apply Filter** Button.
5. To view an appointment, click on the appointment to highlight it. Then, click the **View** Button. The *Appointment Book* Window will open for the selected appointment.

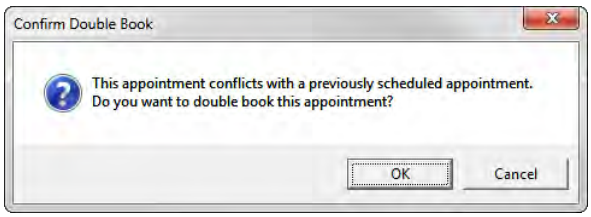
Changing Appointment Information

Appointment information can be changed directly from the *Appointment Schedule* Window. The system allows you to change the Appointment Information side of the Appointment Book. However, for auditing purposes, the system tracks these changes.

1. To begin, locate and select the patient's appointment in the *Appointment Schedule* Window.
2. Double-click on the appointment or right-click on the appointment and select *Edit Appointment* to open the *Appointment Book* Window. Notice that the Contact Information on the right side of the Appointment Book cannot be changed. (The system will not allow you to assign this appointment to another patient.)



3. Make any necessary changes and then select the **Save & Exit** Button. Prior to saving the changes, the system automatically verifies that your new appointment information does not conflict with other appointments and location times. If there is a conflict, the system will alert you and ask for a way to resolve the conflict.



Appointment Status

There are four different appointment statuses currently in the system. Each status reflects the present state of the appointment.

Active - Appointment is scheduled. The patient is expected to arrive.

No-Show - The patient missed the appointment. Appointments marked to a status of *No Show* will remain the Appointment Schedule Window

- Appointments that are marked as *No-Show* will display in pink in the patient's Appointment History.

Cancelled - The patient or the doctor cancelled the appointment. Appointments marked to a status of *Cancelled* will be removed from the Appointment Schedule Window

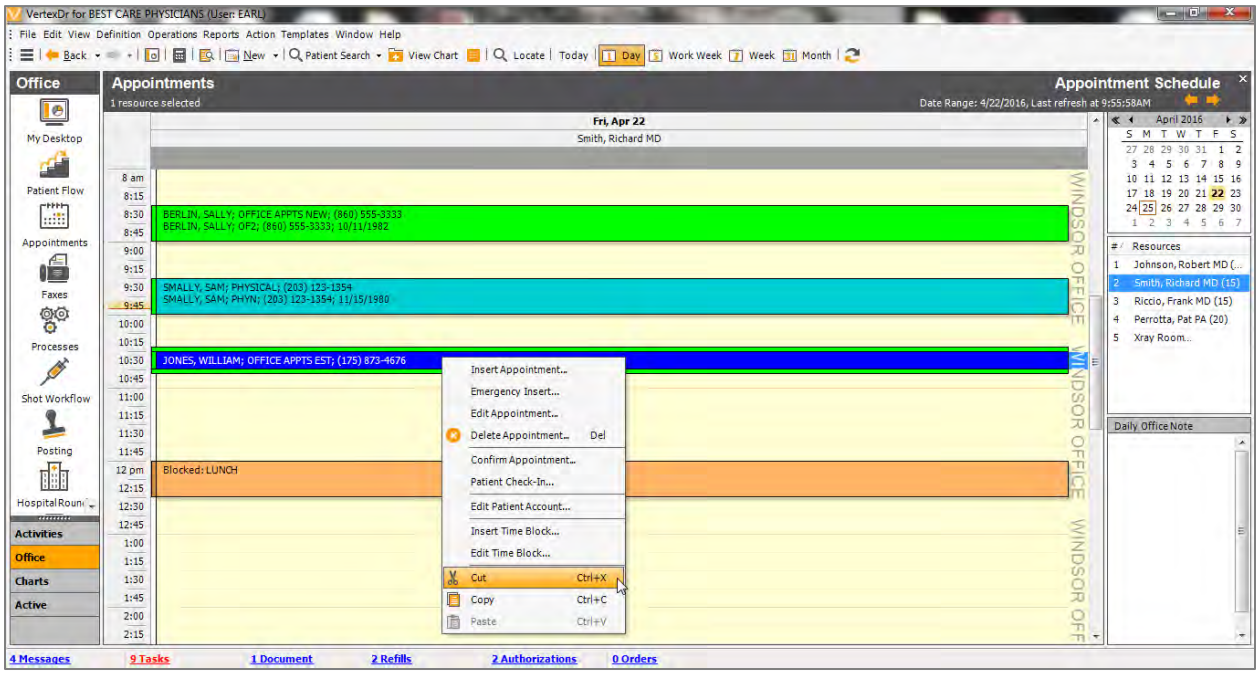
Reschedule - The appointment has been moved to the rescheduled list until the patient can be called and a new appointment can be scheduled.

Moving an Appointment

The Moving of an appointment is performed from the *Appointment Schedule* Window. The system has two methods of moving appointments: *Cut & Paste* and *Drag & Drop*. Both methods allow you to move an appointment to a new day, a new time, a new provider, and a new location.

Cut & Paste an Appointment

1. Click on the appointment that you want to move. The edges of the appointment will bold to indicate it has been selected.
2. Once the appointment is selected, right-click on the mouse. The Right-Click Menu will appear. Select *Cut Appointment* from the menu. Be aware that the appointment will remain on the schedule in the original location until the entire process is completed.



3. Locate the new time slot where you would like to schedule the cut appointment to. Select the time slot. Then right-click on the mouse and the same Right-Click Menu will appear. Select *Paste Appointment* from the menu.

4. The *Appointment Book* Window will open. Verify that all of the appointment information is correct. Click the **Save & Exit** Button to confirm. The new appointment is displayed in the *Appointment Schedule* Window.

You can also use keyboard shortcuts to *Cut & Paste* an appointment. In order to use the keyboard shortcuts, use **Ctrl+X** to cut the appointment, instead of right click to select *Cut* from the menu. Use **Ctrl+V** to paste the appointment to its new time slot instead of right click to select *Paste* from the menu.

Drag & Drop an Appointment

The *Drag & Drop* Feature allows you to quickly move an appointment by simply moving your mouse. To use this feature, both appointments must be viewed on the *Appointment Schedule* Window. To move an appointment using *Drag & Drop:*

1. Click on the desired appointment.
2. Hold down the Left-Click Button on the mouse and simply move the appointment to the new time slot.
3. Release the Left-Click Button when you have moved the appointment to the desired time slot. The *Appointment Book* Window will open. Verify that all of the appointment information is correct. Click the **Save & Exit** Button to confirm. The new appointment is displayed in the *Appointment Schedule* Window.

The *Drag & Drop* Feature can also be used to quickly increase or decrease time slots. To increase or decrease time slots using the *Drag & Drop* Feature:

1. Hold the mouse over the top or bottom edge of the desired appointment until the vertical arrow cursor ↕ appears.
2. When the vertical arrow cursor appears, hold down the Left-Click Button on the mouse.
3. While continuing to hold down the Left-Click Button on the mouse, drag the appointment up or down to either increase or decrease the time slots.
4. Release the Left-Click Button when you have changed the time slots appropriately. The *Appointment Book* Window will open. Verify that all of the appointment information is correct. Click the **Save & Exit** Button to confirm. The new appointment is displayed in the *Appointment Schedule* Window.

Note: The ability to use the Drag & Drop Feature is a User Security. It can be turned on or off for users.

Deleting an Appointment

Deleting appointments is an easy task provided your security profile allows you to perform the function. There are three different methods to delete an appointment: from inside the *Appointment Book*, from the right-click menu or delete on the keyboard.

Delete an Appointment from the Appointment Schedule Window

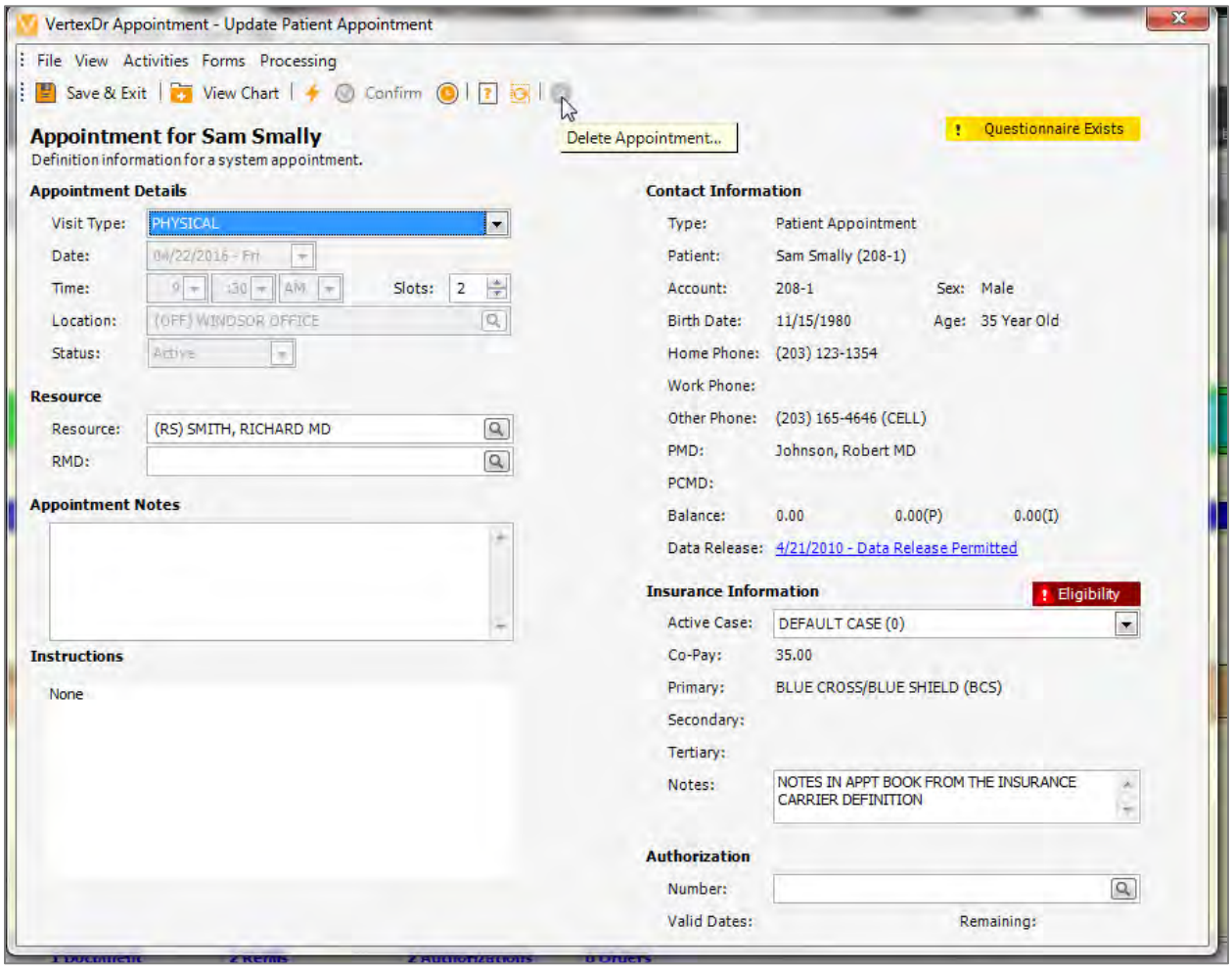
The easiest way to delete an appointment is to simply highlight the appointment you would like to delete, and then click the **Delete** Key on the keyboard.

The *Confirm Appointment Delete* Message will appear. Click the **Yes** Button to confirm the deletion. The appointment will be removed from the *Appointment Schedule* Window. Click the **No** Button to return to the *Appointment Book* Window.

Delete an Appointment from the Appointment Book

1. Locate the patient's appointment in the *Appointment Schedule* Window. Double-click the appointment or right-click on the appointment and select *Edit Appointment* to open the *Appointment Book* Window.

2. From the toolbar at the top, click the red **X** Button to delete the open appointment.



3. The *Confirm Appointment Delete* Message will appear. Click the **Yes** Button to confirm the deletion. The appointment will be removed from the *Appointment Schedule* Window. Click the **No** Button to return to the *Appointment Book* Window.

Delete an Appointment from the Right-Click Menu

1. *Locate* the patient's appointment in the *Appointment Schedule* Window.
2. Right-click on the appointment and select *Delete Appointment*.
3. The *Confirm Appointment Delete* Message will appear. Click the **Yes** Button to confirm the deletion. The appointment will be removed from the *Appointment Schedule* Window. Click the **No** Button to return to the *Appointment Schedule* Window.

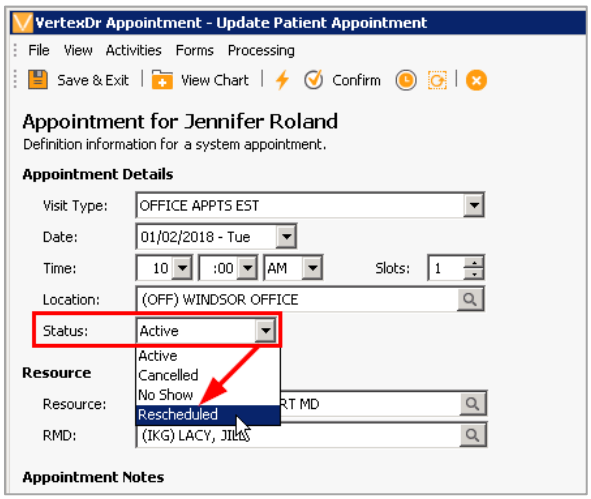
Rescheduling Appointments

Reschedule List

Individual patient appointments as well whole, or portions, of a day can be moved to the reschedule list. Once moved, the day can be blocked and the patients re-booked.

Moving a Single Patient Appointment to the Reschedule List

From within the *Patient Appointment* Window, change the **Status** Dropdown to **Rescheduled**.

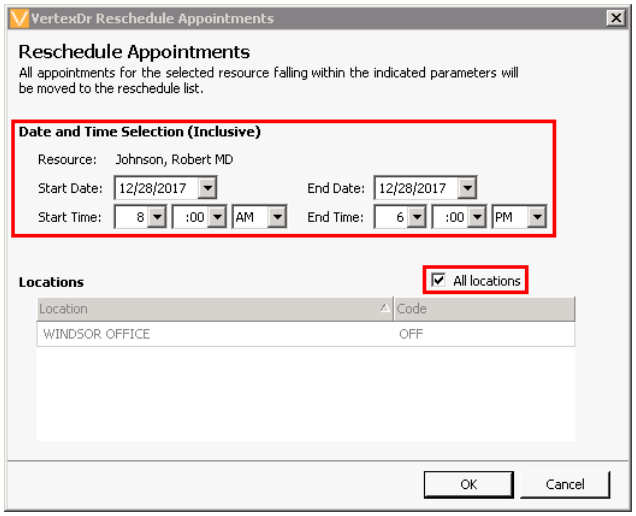


The appointment is removed from the schedule and placed on the Reschedule List.

Rescheduling an Entire Day or a Portion of a Day

All of the patients on a provider's schedule for a specific day or range of days can be move to the Reschedule List using the **Reschedule Whole Day** feature.

1. From with VertexDr Appointment Scheduler, select the appropriate provider's schedule and then click the **Action** Menu.
2. Click **Reschedule Whole Day**.
3. The *Reschedule Appointments* Window displays. The Resource listed reflects the currently selected provider. Enter the date(s) and timeframe for the appointments that are to be rescheduled.
4. If the provider is scheduled to multiple locations, patients from all locations will be moved to the Reschedule List by default. To select only patients from a specific location, uncheck the **Locations** Checkbox and then click the appropriate location.



5. Click the **OK** Button to move the patients within your defined parameters to the Reschedule List.

Viewing and Printing the Reschedule List

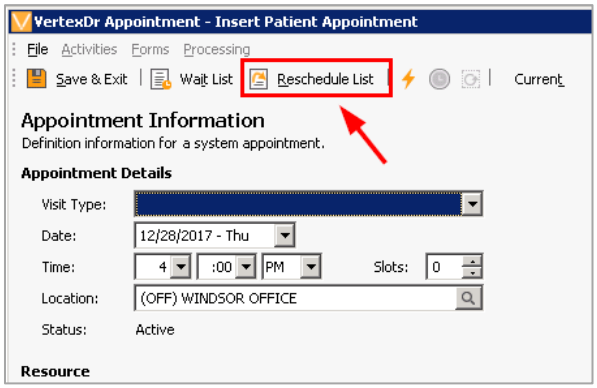
To view the Reschedule List, click the **Action** Menu and then click Reschedule List. The list of patient appointments currently on the Reschedule List is displayed.

The **Resource** and **Patient** filters can be used to locate a patient on the list by name or provider.

To print the list, click the **Report** Button.

Scheduling a Patient from the Reschedule List

1. Double-click on a timeslot.
2. From within the *Patient Appointment* Window, click the **Reschedule List** Button.



3. Locate the patient on the Reschedule List and then either double-click on the patient or click the **Select** Button.
4. All of the information from the original appointment, including the appointment notes, is pulled into the new appointment. Make any changes if

necessary, and then click the **Save & Exit** Button to schedule the appointment and remove the patient from the Reschedule List.

Reschedule List Workflow

The Reschedule List Workflow works in conjunction with the basic rescheduling system. It tracks user definable reschedule reasons and workflow stages. It also has a workflow queue with a number of filters to make working the appointments to be rescheduled simpler than with the old system.

Activating the Reschedule List Workflow

1. To activate the Reschedule List Workflow on the *VertexDr 2* Section of System Wide Default Parameters, click the **Use reschedule list flow** Checkbox.

Note: The Reschedule List Workflow requires the use of stages. However, the workflow parameter must be checked before stages can be created and assigned.

2. Stages are used to indicate the current effort to reschedule the appointment. Follow-up days can be set for each reschedule stage. To create stages for the Reschedule List click the **Definition** Menu, **Appointments**, and then **Reschedule Stages**. Click the **Insert** Button to create a new stage and define the follow-up days.

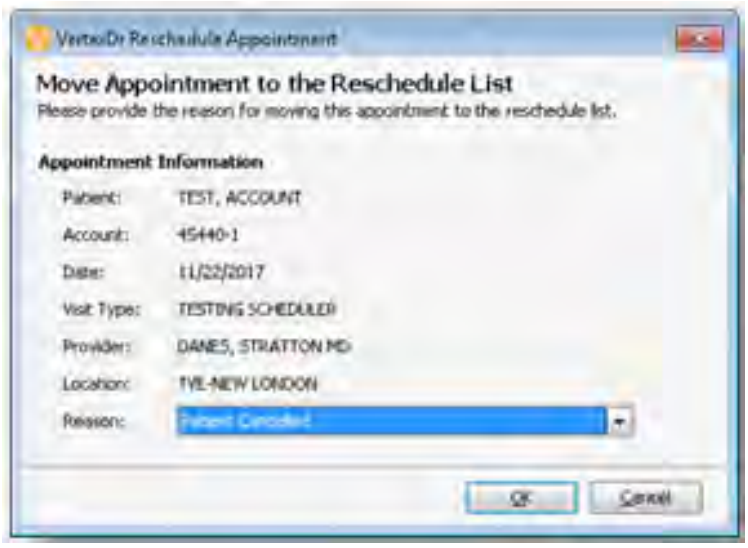
Note: Before creating stages, the **Use reschedule list flow** Parameter must be enabled and the user must log out and back into the Suite.)

3. Reschedule List Reasons are used to indicate the party or reason responsible for rescheduling the appointment. Reschedule List Reasons are used to filter the Reschedule List Workflow. To create and edit Reschedule List Reasons, click the **Definition** Menu, **Appointments**, and then **Reschedule Reasons**. Click the **Insert** Button to define a new reason.

Moving Appointments to the Reschedule List Workflow

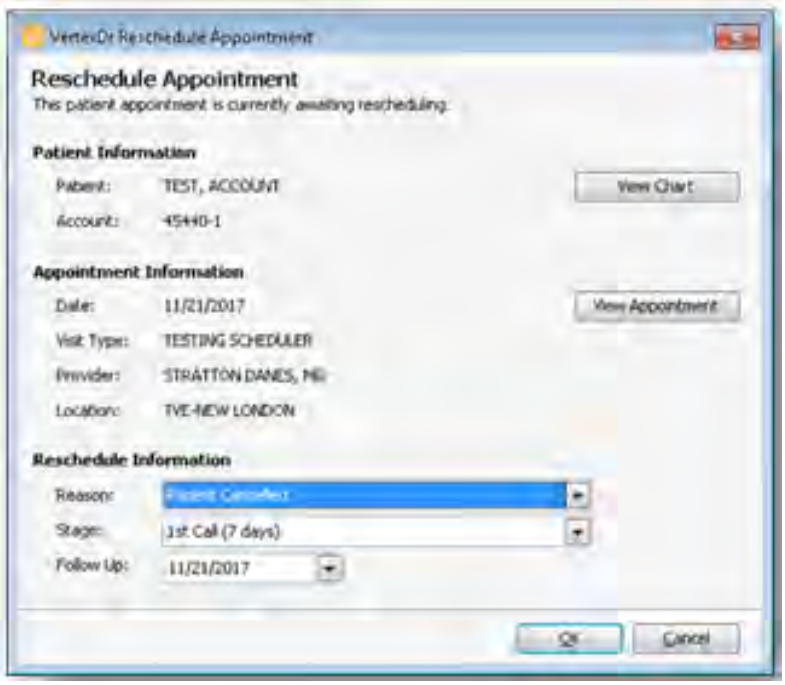
1. From within the *Patient Appointment* Window, change the **Status** Dropdown to **Rescheduled**.

2. The *Move Appointment to the Reschedule List* Window displays. Select the appropriate **Reason** from the dropdown and then click the **OK** Button.



Working the Reschedule List Workflow

1. From within VertexDr Appointment Scheduler, click the **Actions** Menu and then **Reschedule List**; or, press the **Ctrl** + **R** Keys on the keyboard.
2. The *Reschedule List* Panel displays at the bottom of the *Appointment Scheduler* Window. Patients can be located by name using the **Patient Search** Filter, or by **Provider**, **Visit Type**, **Reschedule Reason**, **Location**, **Reschedule Stage**, or **Follow Up** date.
3. Double-click on a patient/appointment in the grid to view the *Reschedule Appointment* Window. The View **Appointment** Button can then be clicked to view the original appointment. Select a reschedule Reason, Stage, and Follow Up date from the respective dropdowns.



4. Click the **OK** Button to save your selections and return to the *Appointment Scheduler* Window with the *Reschedule List* Panel displayed.

Scheduling Appointments from the Reschedule List Workflow

1. Single click on a patient in the *Reschedule List* Panel to select the appointment.
2. With the patient selected, double-click on an available timeslot on the appropriate provider's schedule.
3. The *Insert Patient Appointment* Window displays for the selected timeslot with the information from the original appointment pre-populated. Making any necessary changes and then click the **Save & Exit** Button.

Note: The Reschedule List remains active while the *Reschedule List Workflow* Panel is displayed. To schedule an appointment for a patient who is NOT on the Reschedule List, close the *Reschedule List Workflow* Panel.

Scheduling Appointments from the Insert Patient Appointment Window

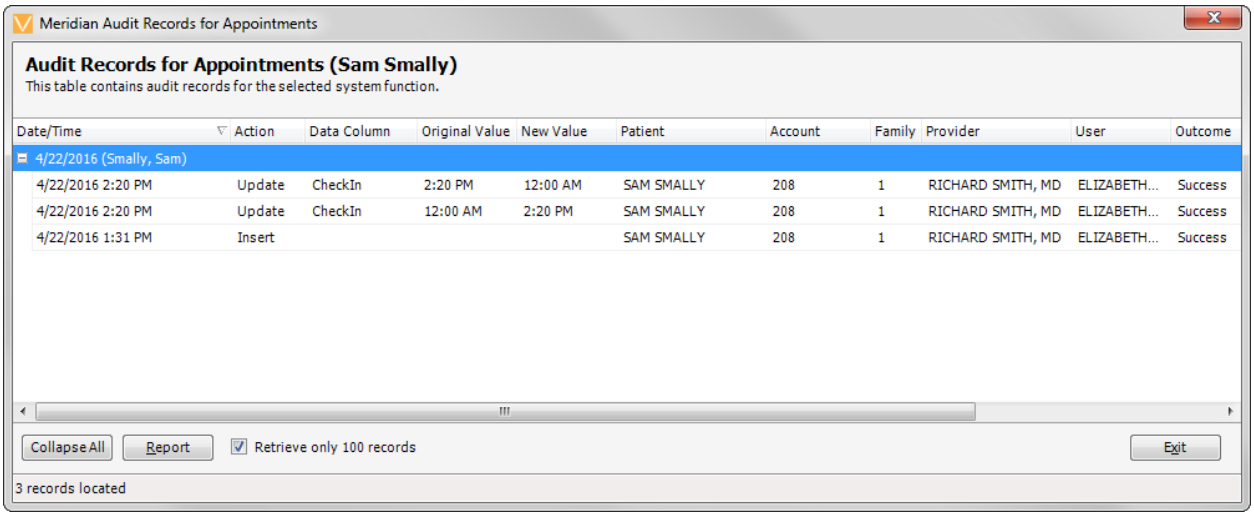
1. Patients can also be pulled off the Reschedule List directly from the *Insert Patient Appointment* Window. Click the **Reschedule List** Button.

2. The *Patient Reschedule List* Window displays. Use the filters to locate the patient and then double-click on the patient to make your selection.

Viewing Appointment Changes

VertexDr Appointment Scheduler tracks all appointment changes by user, time, date, and fields changed. This form of tracking allows offices to easily see which users changed an appointment.

1. *Locate* an appointment and double-click on it, the *Appointment Book* Window will open.
2. From the **View** Menu in the top toolbar, select *Appointment Changes*. The *Audit Record for Appointments* Window will open.



The *Audit Record for Appointments* Window displays all of the changes made to the selected appointment. The list box displays the *Date, Time, User,* person who *Requested* the change, and the changes made to the selected appointment.

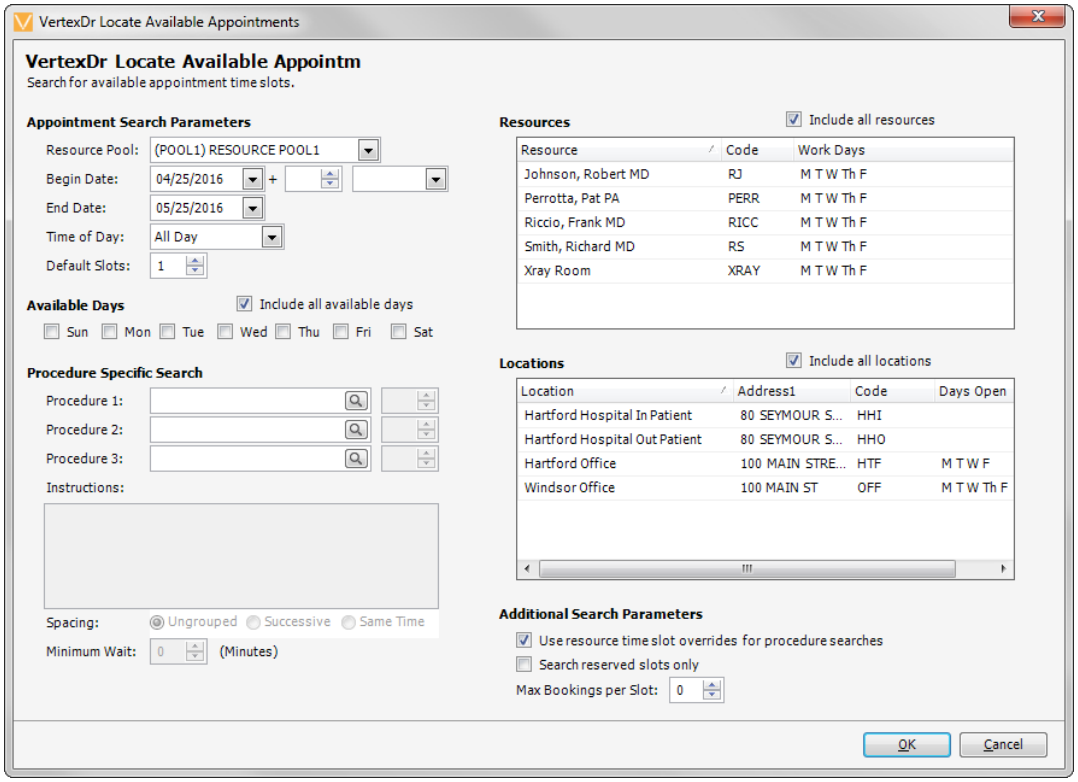
Note: During the appointment reschedule process, the system will ask you who requested the reschedule. You can select **Yes** (meaning that the provider made the request) or **No** (meaning that the patient made the request). This information appears in the *New Value* Column.

1. Click the **Report** Button if you would like to print the audit report.

Locating an Available Appointment Time

VertexDr Appointment Scheduler allows you to locate available time slots based on a wide variety of search criteria. The system allows you to select specific days, dates, times, time slots, providers, provider pools, and locations.

1. From the *Appointment Schedule* Window, select the **Locate** Button. The *Locate Available Appointments* Window will open.

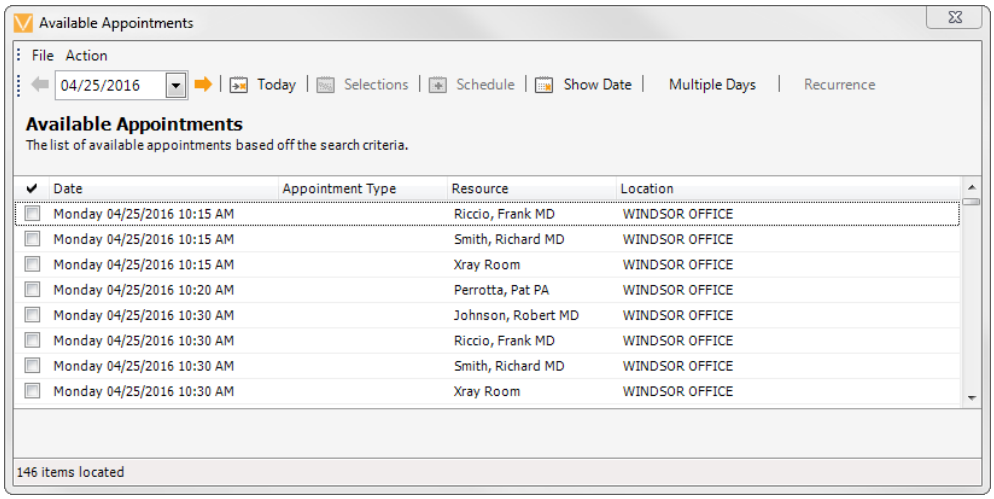


2. The *Resource Pool* Field allows you to select a group of providers and equipment for a search. Resource Pools allow you to group similar providers and equipment for appointment viewing and searching. The system will only search for available appointments for the resources listed in that resource pool. If your security has a resource pool attached to it, the system will automatically insert that pool in the *Resource Pool* Field.
3. In the *Begin Date* Field, enter the starting search date. The system defaults the date to today's date. The **Up** and **Down** Arrow Key to the right of the + sign will allow you to add additional time to the *Begin Date*. The Dropdown Arrow will allow you to select *Day(s)*, *Week(s)*, *Month(s)*, and *Year(s)*. For example, if the patient requires an appointment 6 months from today, select *6* from the **Up** and **Down** Arrows and select *Month(s)* from the Dropdown Arrow. The system will not begin looking for an appointment until this time frame. In this example, the system will not begin searching for an appointment until 6 months from today.

4. The *End Date* Field automatically sets itself to the specified number of days in parameters beyond the begin date. Although, you are able to change the end date to a specific end date if necessary.
5. The *Time of Day* Dropdown Field can be used to select a certain time of day for the appointment to limit the search. Again, the system will only search in the indicated time range. Also the time range can be manually entered in the Fields, without choosing something from the *Time of Day* Dropdown Field.
6. Locate First Available also allows you to select specific days of the week. By default, the system will automatically search all days. To select specific days, click on their corresponding Checkbox. The system will search only for the days checked.
7. The **Procedure Specific Search** section allows you to search for time slots based on certain procedures or visit types. Different providers may have different time requirements for the same visit type. This option can automatically search for the correct number of time slots for each provider, based on procedure overrides that have been setup in the system. The system also allows you to search for reserved time slots that match your visit type.

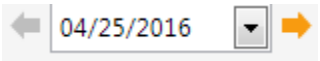
Note: In order for the system to acknowledge procedures overrides, the **Use resource time slot overrides for procedure searches** Checkbox must be checked.

8. The **Resources** List Box allows you to select certain providers and equipment for the search. The **Include All Resources** Checkbox tells the system to conduct the search with all of the resources in the list box. To select individual providers and equipment, simply click on them. To select multiple resources, hold the **Control** Button on the keyboard and click the multiple resources with the left-click on the mouse to select them. All selected resources will be highlighted to indicate that they have been selected in the search.
9. The system also allows you to narrow your search to a specific location. To do so, click on the desired locations in the Locations List Box. By default, the system will have the **Include All Resources** Checkbox checked. To select multiple locations, hold the **Control** Button on the keyboard and click the multiple locations with the left-click on the mouse to select them. All selected locations will be highlighted to indicate that they have been selected in the search.
10. If you want to limit your search to only the reserved time slots, make sure the **Search Reserved Slots** Checkbox is checked. This will cause the system to only search the reserved time slots that match your indicated *Procedure.*
11. To locate the available appointment time slots, select the **Search** Button. All available time slots will appear in the *Available Appointments* Window.

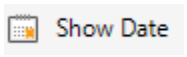


Note: Available appointments will display in a teal color to indicate that they are open, but reserved for a specific visit type. The appointments that are not highlighted can be used for any visit type. If the **Search Reserved Slots Only** Checkbox was checked, all available appointments will display in teal because they are all be reserved for the specified procedure.

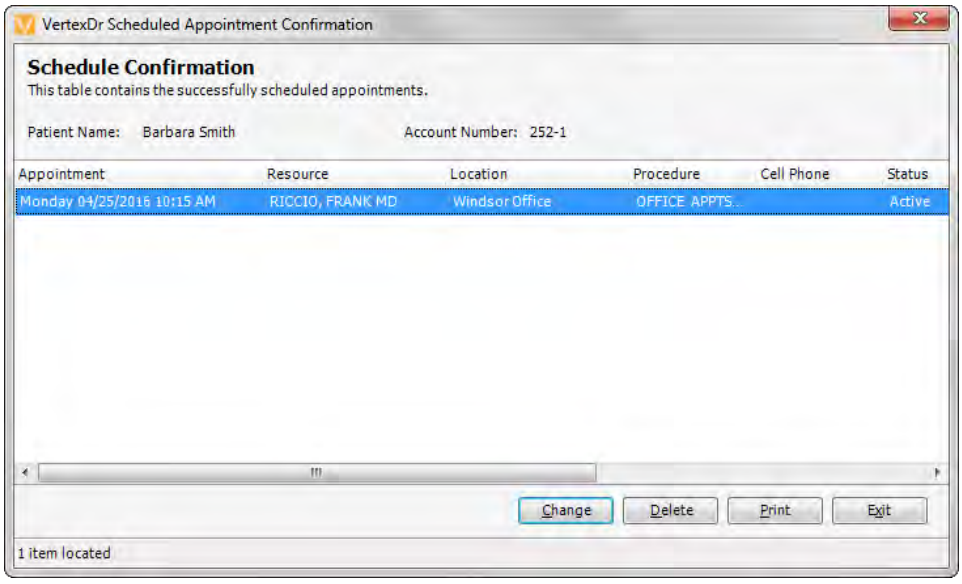
12. Select the desired available appointment by clicking the checkbox, and then click the **Schedule** Button. The *Appointment Book* opens. From there, follow the normal steps to completing the appointment and click **Save and Exit**.
    - Use the **Back** or **Forward** Arrow Buttons to search through the available appointments until an appointment that works for the patient is found. The **Calendar** Dropdown Arrow can be used to select a specific date from the Calendar.



    - Once an appointment is selected, the **Show Date** Button will allow you to view that date on the *Appointment Schedule* Window. The appointment can then be scheduled directly from the *Appointment Schedule* Window.



13. The *Scheduled Appointment Confirmation* Window will open. This can be printed and handed to the patient as a reminder.



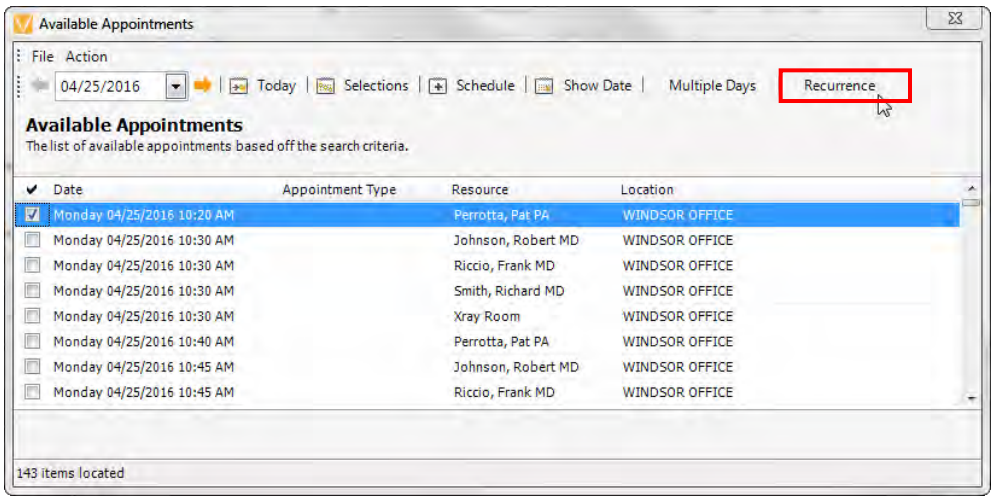
Placing Appointments in a Recurring Group Structure

VertexDr Appointment Scheduler allows you to place one or more appointments selected through the *Locate* Feature in a recurring group structure for a patient.

1. From the *Locate Available Appointments* Window, set your parameters the same way you would to locate the first available appointment.

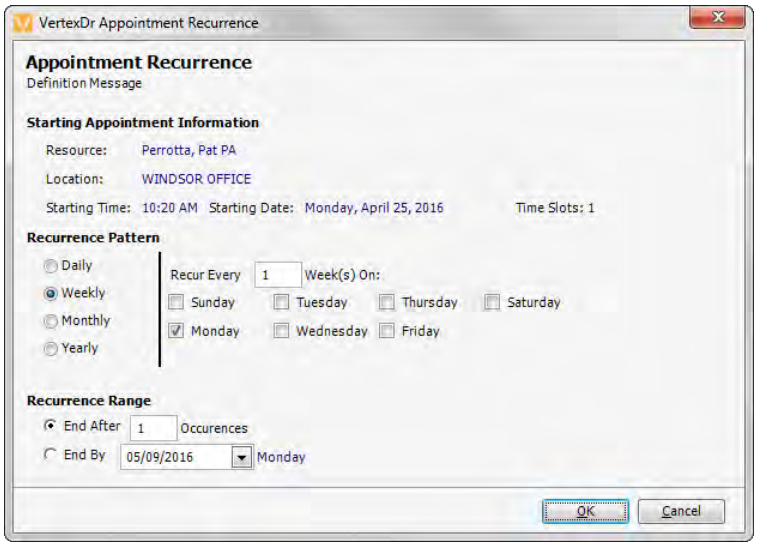
Note: It is recommended that you select a procedure. If the *Procedure* Field is left blank, you will be required to select a visit type for each appointment in the recurring group structure before being able to **Save & Exit** the Appointment Book.

2. To locate the available appointment time slots, select the **Search** Button. All available time slots will appear in the *Available Appointments* Window.
3. Select the desired available appointment by clicking the checkbox, then click the **Recurrence** Button. The *Appointment Recurrence* Window will open.

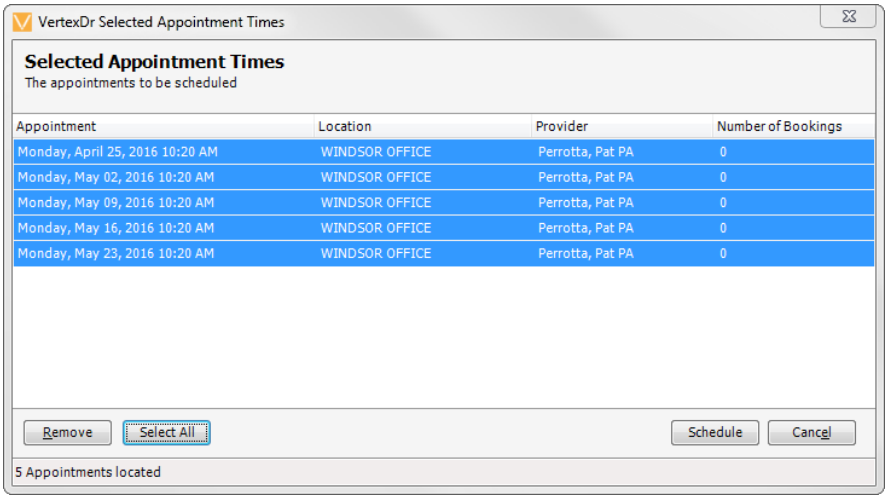


4. VertexDr Appointment Scheduler allows you to select how often you want the appointment to occur. Please set the Recurrence Pattern.

- An appointment can be set to recur Daily, Weekly, Monthly or Yearly and also on certain days. By default, the system will automatically set the appointment to recur weekly and on the same day as the originally selected appointment. To select specific days, click the corresponding checkbox. The system will make the appointments for the day(s) checked.



5. The recurrence range is used to tell the system when to end the recurring appointments. You may choose to end a series of appointments after a certain number of occurrences or to end by a specific date.
6. Click the **OK** Button. The *Selected Appointment Times* Window will open. If all the times are acceptable by the patient, click the **Select All** Button, then click the **Schedule** Button.

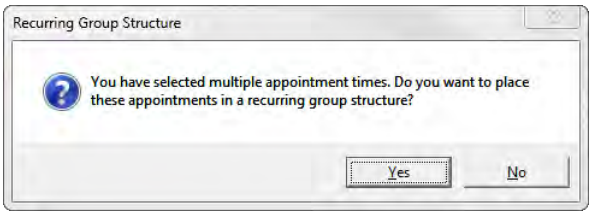


Note: If the system is unable to locate appointments within the given range because of Time Blocks or existing appointments, a message window will appear.

7. The *Patient Search* Table will open. Search for the patient, then select the patient by either highlighting the patient and clicking the **Select** Button;

highlighting the patient and selecting the **Enter** Button on the keyboard; or by double-clicking on the patient.

8. The *Recurring Group Structure* Message Box will appear asking "You have selected multiple appointment times. Do you want to place these appointments in a recurring group structure?" Click **Yes**.



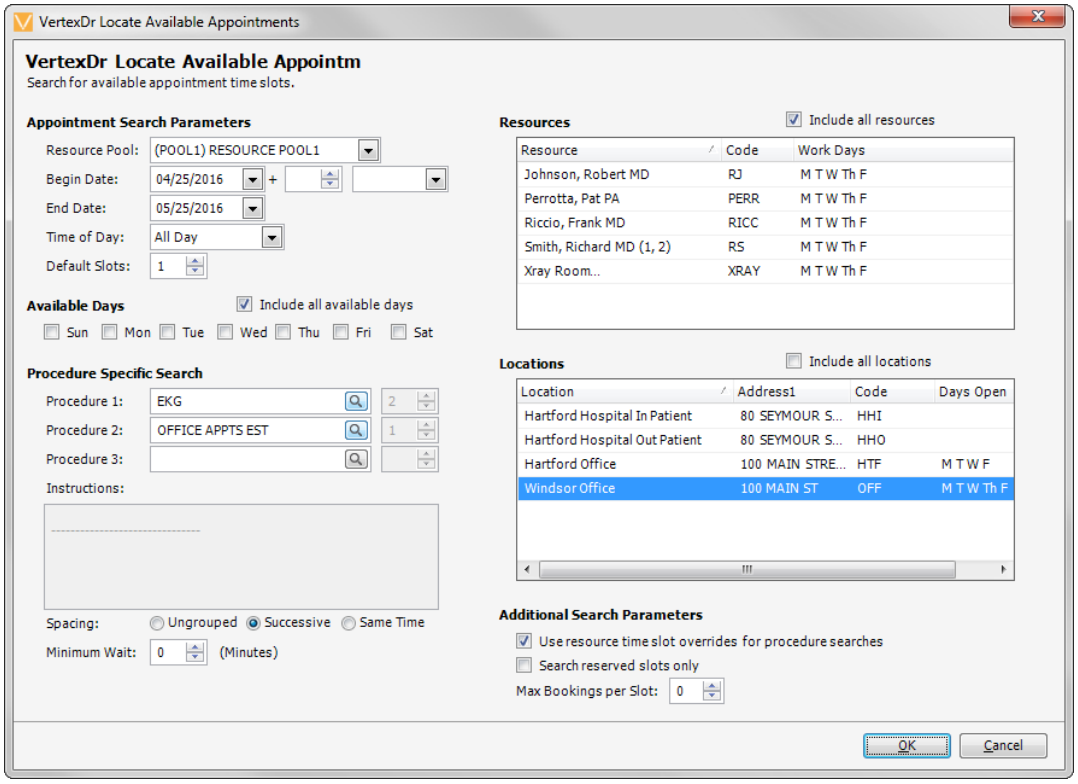
Note: Placing the selected appointments in a recurring group structure will flag the appointments with a ® symbol on the Appointment Schedule Window. This is a visual queue to the user that these appointments are linked. From inside the Appointment Book, the other appointments in the structure can be viewed by selecting **Activities**, then selecting **Recurring/Grouping**.

9. The Appointment Book will open up for the first appointment in the recurrence series. Add any appointment notes, if necessary, then click the **Save & Exit** Button. To view the other appointments, click the **Next** or **Previous** Buttons in the toolbar at the top of the Appointment Book.
10. The *Scheduled Confirmation* Window will open for all of the appointments in the recurring group structure. You may print this confirmation for the patient or simply exit the window.

Scheduling Successive Appointments

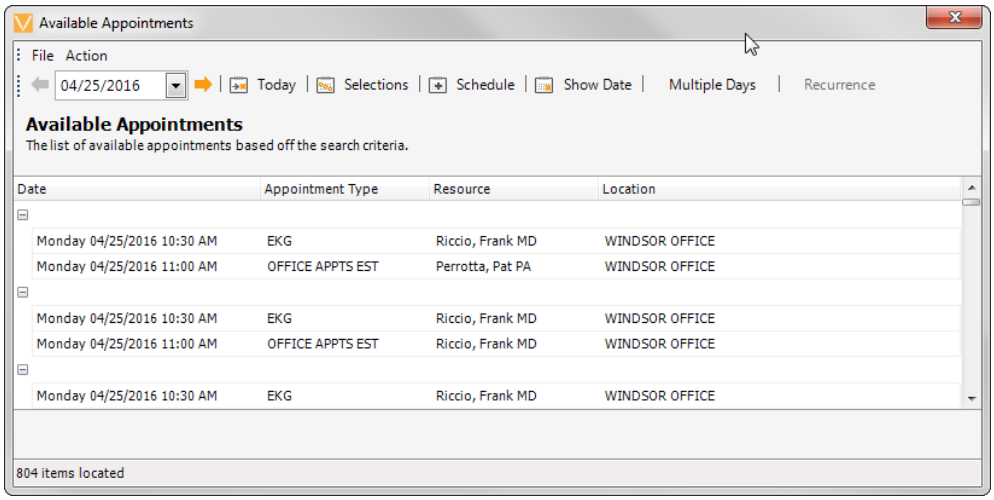
The Locate First Available Feature also has the ability to search for back-to-back appointments. This is referred to as successive appointments. To locate successive appointments, follow the steps for *Locating an Available Appointment Time* up to Step 6, then follow the steps below.

1. Once the *Appointment Search Parameters* and the *Available Days* have been set, select the procedures (appointment types) the patient will need appointments for. In the example below, the patient is being scheduled for an EKG with an office visit immediately following it.

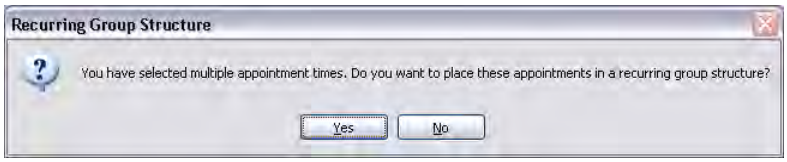


2. In the *Spacing* Field, click the **Successive** Radio Button.
3. If the patient is willing to wait a specified amount of time in between appointments, enter that amount of time in the *Minimum Wait* Field.
4. The **Resources** List Box allows you to select certain providers and equipment for the search. The **Include All Resources** Checkbox tells the system to conduct the search with all of the resources in the list box. To select individual providers and equipment, simply click on them. To select multiple resources, hold the **Control** Button on the keyboard and click the multiple resources with the left-click on the mouse to select them. All selected resources will be highlighted to indicate that they have been selected in the search.
5. The system also allows you to narrow your search to a specific location. To do so, click on the desired locations in the Locations List Box. By default, the system will have the **Include All Resources** Checkbox checked. To select multiple locations, hold the **Control** Button on the keyboard and click the multiple locations with the left-click on the mouse to select them. All selected locations will be highlighted to indicate that they have been selected in the search.

6. If you want to limit your search to only the reserved time slots, make sure the **Search Reserved Slots** Checkbox is checked. This will cause the system to only search the reserved time slots that match your indicated *Procedure.*
7. To locate the available appointment time slots, select the **Search** Button. All available time slots will appear in the *Available Appointments* Window. Since these are successive appointments, they will be linked together as shown below.



8. Select the desired available appointment by highlighting one of the appointments in the group, and then click the **Schedule** Button.
9. The *Recurring Group Structure* Message Box will appear asking "You have selected multiple appointment times. Do you want to place these appointments in a recurring group structure?" Click **Yes**.

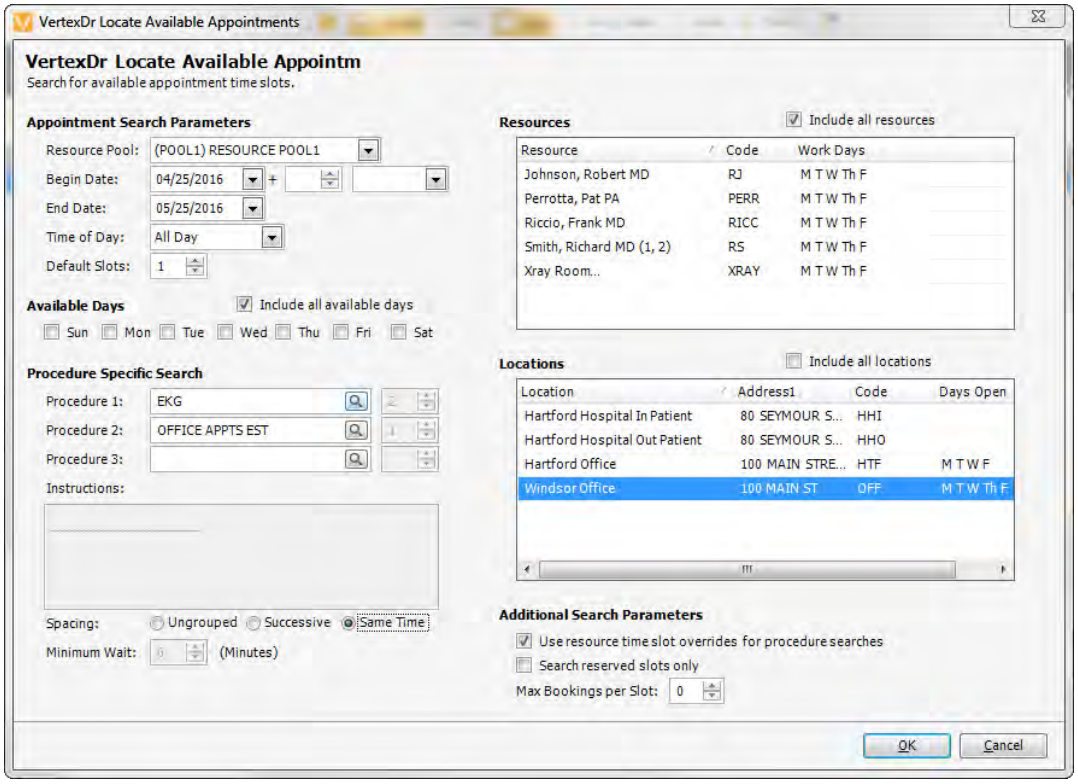


10. The Appointment Book will open up for the first appointment in the recurrence series. Add any appointment notes, if necessary, then click the **Save & Exit** Button. To view the other appointments, click the **Next** or **Previous** Buttons in the toolbar at the top of the Appointment Book.
11. The *Scheduled Confirmation* Window will open for all of the appointments in the recurring group structure. You may print this confirmation for the patient or simply exit the window.

Scheduling Same Time Appointments

The Locate First Available Feature also has the ability to search for appointments which should be scheduled at the exact same time. To locate same time appointments, follow the steps for *Locating an Available Appointment Time* up to Step 6, then follow the steps below.

1. Once the *Appointment Search Parameters* and the *Available Days* have been set, select the procedures (appointment types) the patient will need appointments for. In the example below, the patient is being scheduled for an EKG and an office appointment.



2. In the *Spacing* Field, click the **Same Time** Radio Button.

Note: Since the appointments are being scheduled for the same time, the *Minimum Wait* Field is not required.

3. To complete the process for scheduling same time appointments, follow steps 4 – 11 of *Scheduling Successive Appointments*.

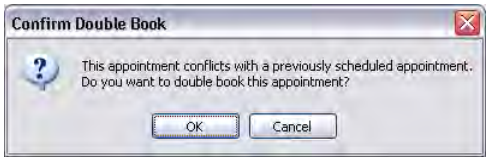
Double-Booking Appointments

VertexDr Appointment Scheduler allows for as many appointments to be booked in a single timeslot as needed.

Note: In this section, double-booking will be demonstrated from a one-day view.

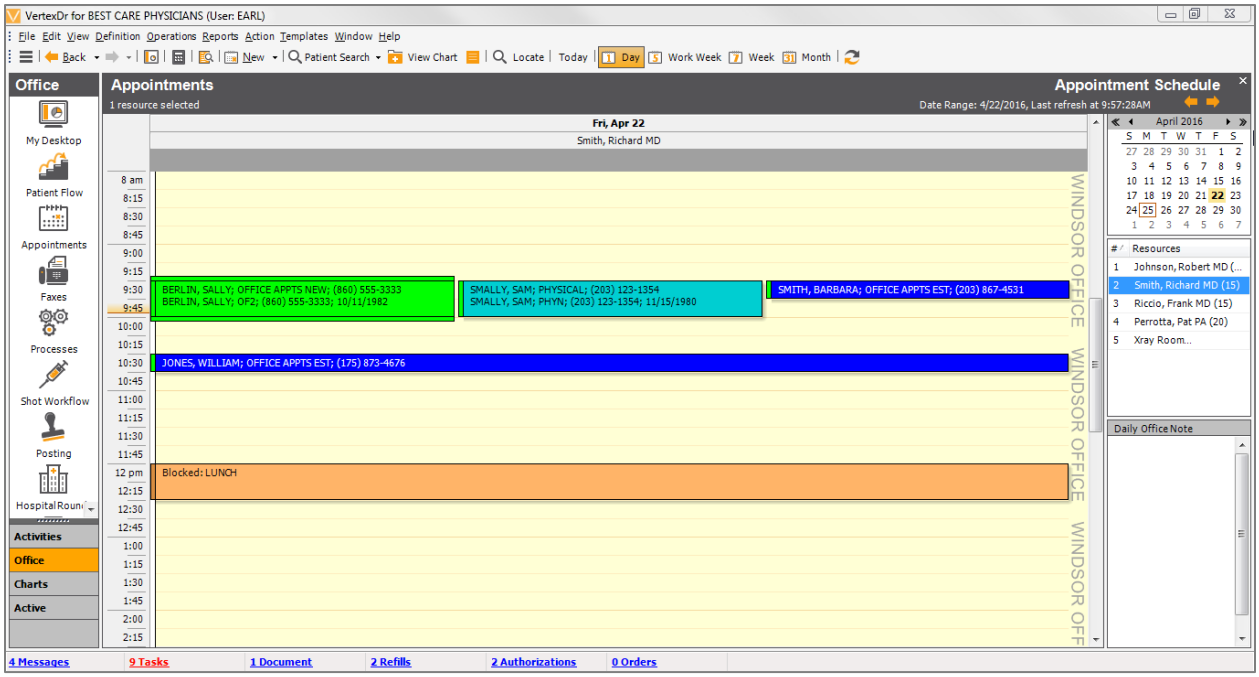
1. From the *Appointment Schedule* Window, click on the time slot where you would like to double-book an appointment.
2. There are three options to insert a new appointment:
   - Click the **New** Button in the toolbar at the top,
   - Right-click on the time slot and select *Insert Appointment*, or
   - Double-click in the empty area to the far-right of the appointment(s) already in the selected time slot.

3. The *Confirm Double Book* Window will open. Click the **OK** Button to accept the double-book or click **Cancel** to return to the Appointment Schedule Window.



4. If you select the **OK** Button, the *Appointment Book* Window will open. Insert the new appointment information and select the **Save & Exit** Button to save the new appointment.
5. The double-booked appointments will appear side-by-side in the Appointment Schedule.

Note: The system will order double-booked appointments from left to right in time slot order, starting with the appointment that has the largest number of time slots.

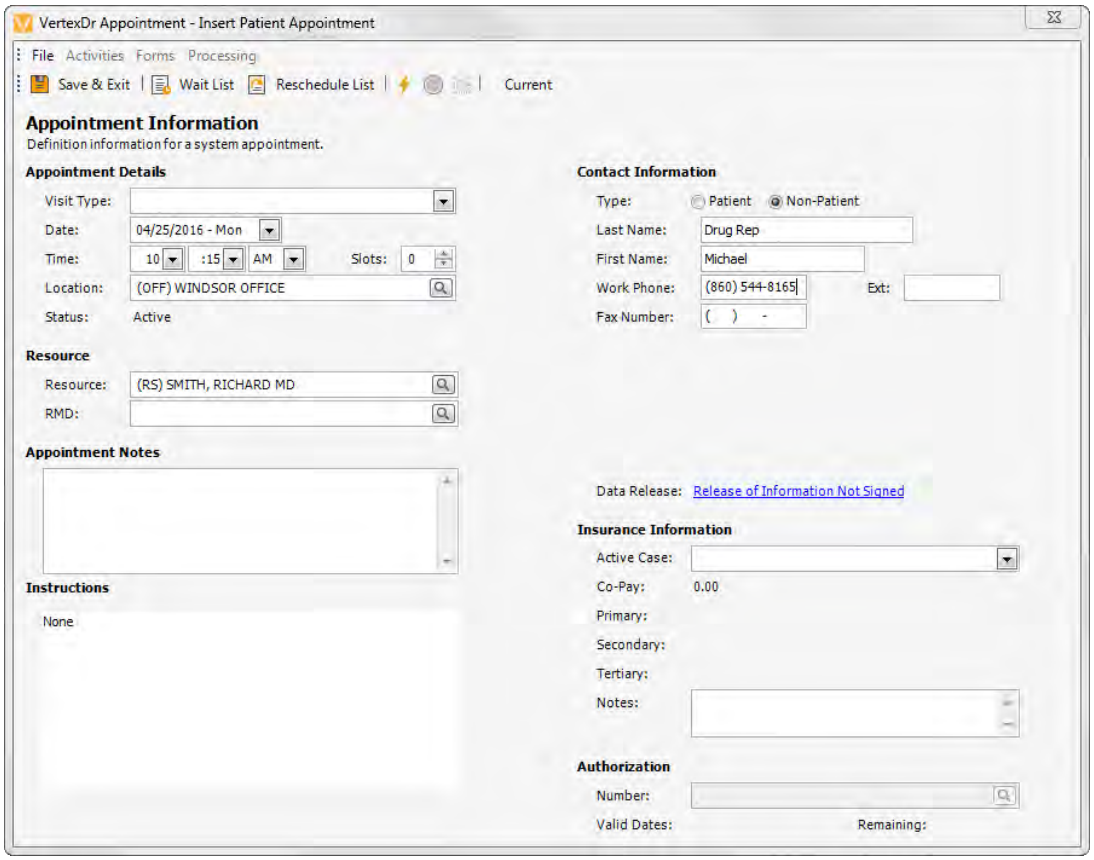


Inserting Non-Patient Appointments

There are times when you will need to schedule appointments with individuals who are not patients. VertexDr Appointment Scheduler allows you to schedule non-patient appointments very easily. The steps for inserting a non-patient appointment are almost identical to the steps for inserting patient appointments.

1. Locate a time slot and insert a new appointment by either clicking the **New** Button, selecting *Insert Appointment* from the right-click menu, or double-clicking on an available time slot. The *Appointment Book* Window opens.

2. Change the **Type** Radio Button from *Patient* to *Non-Patient*. Several fields appear when you select the **Non-Patient** Radio Button.



3. Enter the individual's name, phone number and any corresponding appointment notes.
4. Select the **Save & Exit** Button to save the appointment. The non-patient will appear on the *Appointment Schedule* Window.

Note: Create a visit type for non-patient appointments and then assign it a unique color. Anyone viewing the Appointment Schedule Window will be able to spot the non-patient appointments immediately.

Note: Non-Patient appointments are used for someone who is not listed in the patient table. They are not able to be searched for. They also cannot be moved to the Reschedule List.

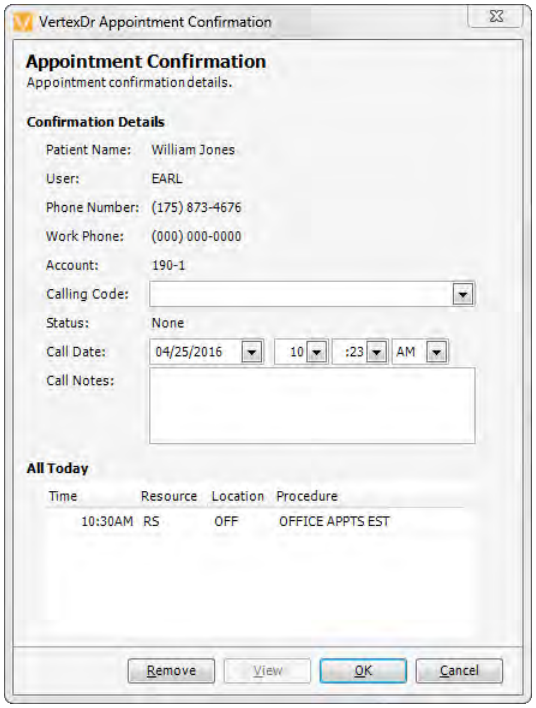
Confirming Appointments

Many offices like to confirm appointments a day or two before the patient is scheduled to arrive. VertexDr Appointment Scheduler allows you to confirm appointments in a few simple steps.

You can confirm an appointment from inside of the Appointment Book or from the right-click menu in the *Appointment Schedule* Window.

Confirm an Appointment from the *Appointment Book* Window

1. Select the patient appointment that you want to confirm, double-click on the appointment to open the *Appointment Book* Window.
2. Click the **Confirm** Button at the top of the Appointment Book.
3. The *Appointment Confirmation* Window opens.



4. The *Appointment Confirmation* Window displays the patient's name and contact information. It also displays all of the patient's appointments for the selected day. Once you have called the patient, select the result from the *Calling Code* Dropdown Field.
5. Enter any *Calling Notes* pertaining to your confirmation effort.
6. Select the **OK** Button to confirm the appointment.

Note: Calling Codes indicate either a "confirmed" or a "called" status. When a code designated as a "confirmed" status is selected, the appointment will appear with a yellow border in the *Appointment Schedule* Window. When a code designated as a "called" status is selected, the appointment will appear with an orange border in the *Appointment Schedule* Window.

Inserting new calling codes is covered in the *Appointment Definition* Section of this manual.

The **View** *and* **Remove** Buttons perform some additional tasks. When you select the **View** Button, the system brings up the *Appointment Book* Window with the current appointment. This allows you to obtain additional appointment information. The **Remove** Button will remove the confirmation status from the appointment. This should be used if an appointment was inadvertently marked as being confirmed.

Confirm an Appointment from the Right-Click Menu

1. Right-click on the appointment you would like to confirm, then select *Confirm Appointment*.
2. The *Appointment Confirmation* Window opens.
3. All of the same options available when confirming an appointment from inside of the *Appointment Book* Window are also available when confirming an appointment from the right-click menu.

Confirming Appointments with Televox

If your practice partners with Televox to make confirmation calls, a report can be generated from the Suite to send to Televox.

A service runs on the VertexDr Appointment Scheduler that looks for appointments two (2) days out. That report is then transmitted to Televox to make the calls.

Televox updates the appointment statuses in the VertexDr Appointment Scheduler and provides the practice with a report of the confirmation of the call statuses.

Note: It may be necessary to create additional Confirmation Calling Codes. That can be done by clicking the **Definition** Menu, **Appointments**, and then **Confirmation Calling Codes**.

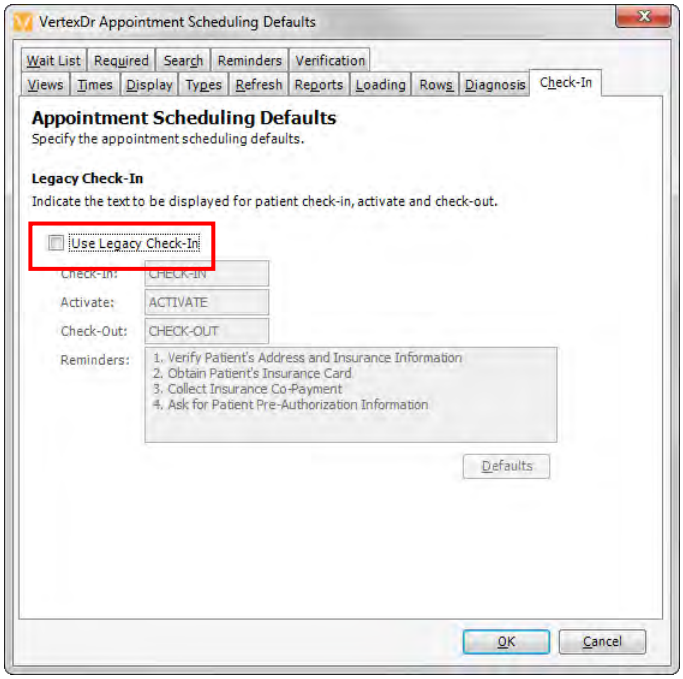
Checking In Patients

It is recommended that all patients be checked-in through the *Patient Flow* Area. For more information on Patient Flow, refer to the *Patient Flow* Section of the manual.

A practice can decide, however, whether or not they want to use Patient Flow. If your practice decides not to use the *Patient Flow* Area, then Legacy settings can be turned on. This will allow for patients to be checked in via the right-click menu from the *Appointment Schedule* Window.

To turn on Legacy Settings:

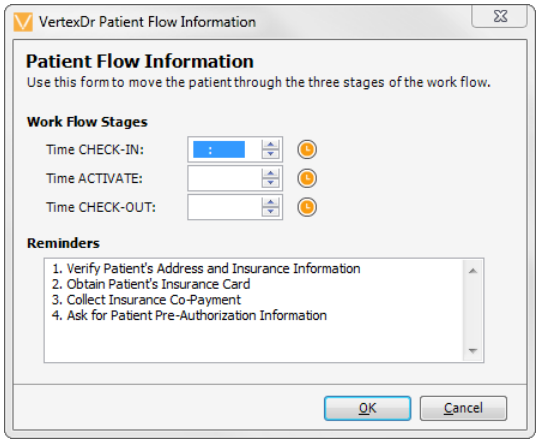
1. From the **Definition** Menu in the toolbar at the top, select **Parameters**, then select **Appointment**. The *Appointment Scheduling Defaults* Window will open.



2. From the **Check-In** Tab, select the **Use Legacy Check In** Checkbox.

To check-in a patient with this feature:

1. From the *Appointment Schedule* Window, right-click on the appointment, then select *Patient Check-In*. The *Patient Flow Information* Window will open.



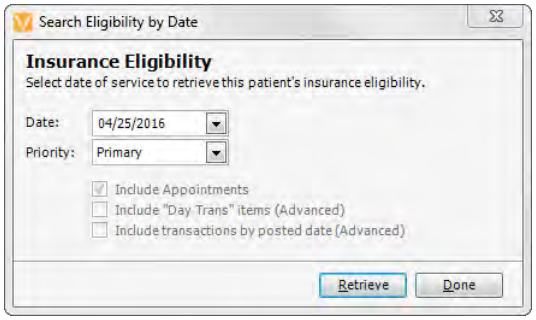
2. Click the clock at each stage to enter in the current time. Use the **Up** and **Down** Arrow Buttons to select a time if you happen to forget to check in a patient.

Electronic Eligibility Checking

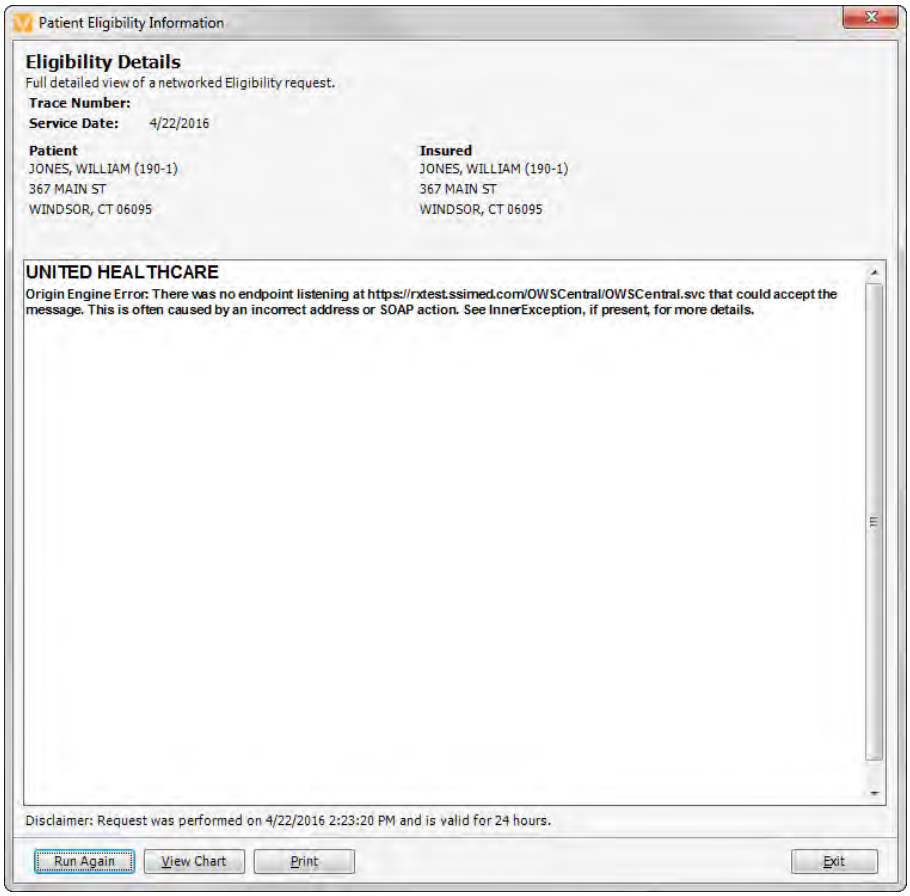
The Practice Suite has several ways of checking insurance eligibility electronically for the insurance carriers that allow the system to do so. This section of the manual will cover electronic eligibility from inside of the Appointment Book.

To run electronic insurance eligibility checking from inside of the Appointment Book:

1. Double-click on an appointment to open the Appointment Book.
2. Select the **Green Checkmark** Button in the toolbar at the top. The *Search Eligibility by Date* Window will open.



3. The *Date* Field will default to today's date. It can be left at today.
4. The *Priority* Field will allow you to check eligibility for the patient's Primary, Secondary, and Tertiary insurance information.
5. Click the **Retrieve** Button to access the patient's insurance eligibility. The *Patient Eligibility Information* Window will open displaying the patient's benefit information.



6. Click the **Run Again** Button to re-retrieve the information.
7. Click the **View Chart** Button to access the *Patient Definition* Section of the Patient's Chart.
8. Click the **Exit** Button to exit the *Patient Eligibility Information* Window.
9. The *Search Eligibility by Date Window* will remain open allowing you to check eligibility on the patient's secondary and tertiary insurances if needed.
10. Click the **Exit** Button to exit the *Search Eligibility by Date* Window.

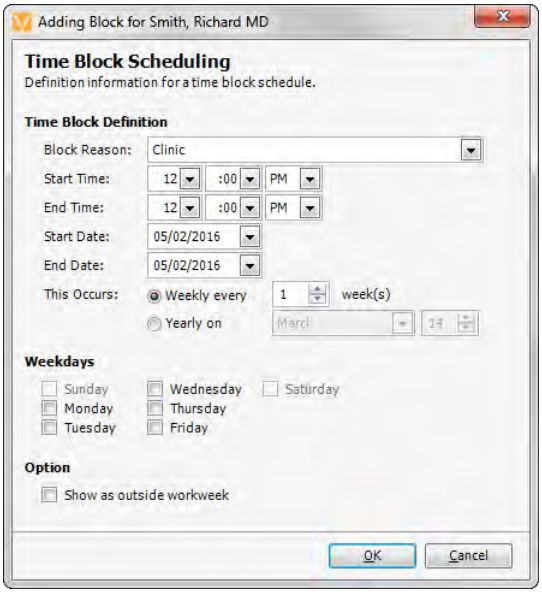
Templating

Inserting Time Blocks

The Time Block option allows offices to establish periods of time when the resources are not available for appointments that are within normal business hours.

To insert a Time Block:

1. From the Toolbar at the top, select **Templates**, then select **Time/Workweek Blocking**, and then select **Insert Time Block**. The *Adding Block for Provider* Window will open.



2. Select the appropriate reason from the *Block Reason* Field. This will indicate on the schedule why the resource is unavailable. For example, *Lunch*, *Hospital Rounds*, etc.
3. Select the *Start Time* and *End Time* for this Block Reason.
4. Select the *Start Date* and *End Date* for this Block Reason.

Note: The Time Block does not need to be set for an extended period of time (such as an entire year). Once the template has been created, it will be applied within a specified date range.

5. The *This Occurs* Field is used to select the recurrence for the selected Time Block.
6. The **Weekdays** Checkboxes are used to indicate which days of the week the selected Time Block occurs on. Select the appropriate days of the week.
7. If the provider is entirely out of the office, select the **Show as outside workweek** Checkbox.

Note: If the **Show as outside workweek** Checkbox is selected, the *Block Reason* is not required.

8. Click the **OK** Button to save the information. The Time Block will appear on the *Appointment Schedule* Window in the times selected and on the day(s) selected.

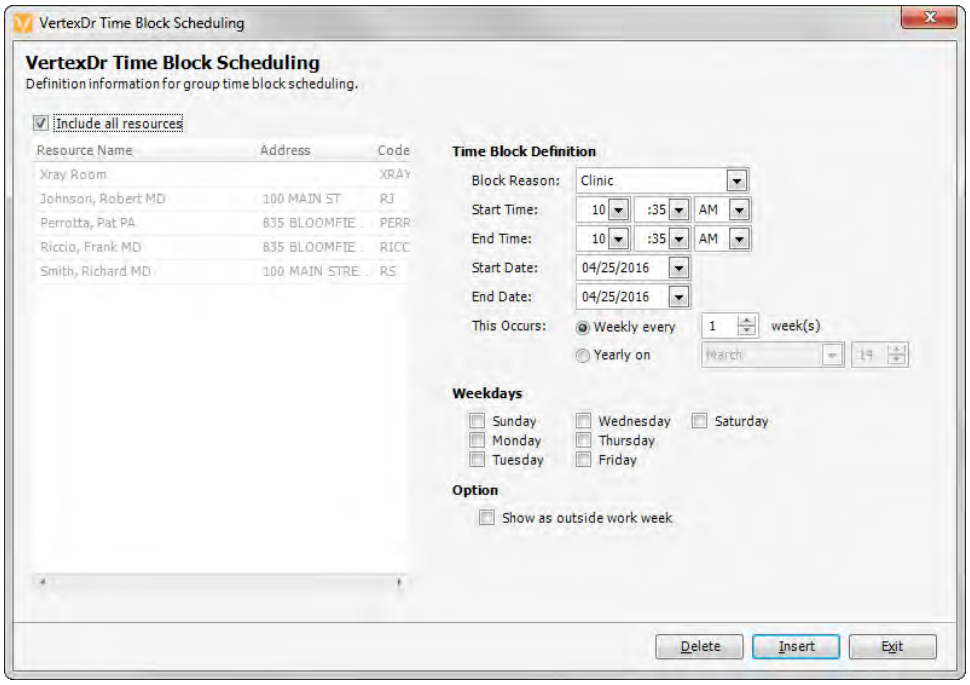
Note: The *Adding Block for Provider* Window can also be accessed by right-clicking on the day in the *Appointment Schedule* Window. Select *Insert Time Block* from the right-click menu.

Group Time Blocking

The Group Time Blocking options allows for the same time blocks to be both inserted and deleted for multiple resource(s) at a time.

To access the Group Time Blocking option:

1. Select **Templates** from the toolbar at the top, and then select **Group Time Blocking**. The *Time Block Scheduling* Window will open.



2. The left side of the window allows for all resources or specific resources to be selected. The **Include all resources** Checkbox is checked by default. To select only specific resources, uncheck the checkbox, then select the appropriate resources.
3. Select the appropriate reason from the *Block Reason* Field. This will indicate on the schedule why the resource is unavailable. For example, *Lunch*, *Hospital Rounds*, etc.
4. Select the *Start Time* and *End Time* for this Block Reason.
5. Select the *Start Date* and *End Date* for this Block Reason.
6. The *This Occurs* Field is used to select the recurrence for the selected Time Block.
7. The **Weekdays** Checkboxes are used to indicate which days of the week the selected Time Block occurs on. Select the appropriate days of the week.
8. If the provider is entirely out of the office, select the **Show as outside workweek** Checkbox.

Note: If the **Show as outside workweek** Checkbox is selected, the *Block Reason* is not required.

9. To add the specified time block to the resource(s) schedule, select the **Insert** Button. If you wish to delete the specified time block from the

resource(s) schedule, select the **Delete** Button. The system will scan the schedule for the selected resources and delete the time blocks that match the specified criteria.

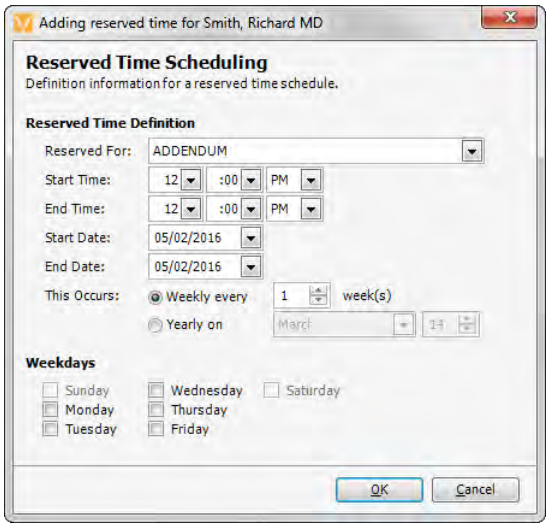
Note: The Group Time Blocking Feature is unable to delete only a portion of a time block. The entire time block item must be deleted.

Inserting Reserve Time Slots

Reserve Time Slots allow the practice to indicate when the resource is available for specific appointment types. For example, a provider may only want to schedule physicals on Tuesday mornings.

To insert a Reserve Time Slots:

1. From the Toolbar at the top, select **Templates**, then select **Reserved Time Slots**, and then select **Insert Reserved Time**. The *Adding Reserved Time for Provider* Window will open.



2. The *Reserved For* Field allows you to select from the list of Visit Types. Select the appropriate Visit Type for the selected resource.
3. Select the *Start Time* and *End Time* for this reserved time.
4. Select the *Start Date* and *End Date* for this reserved time.

Note: The reserved time does not need to be set for an extended period of time (such as an entire year). Once the template has been created, it will be applied within a specified date range.

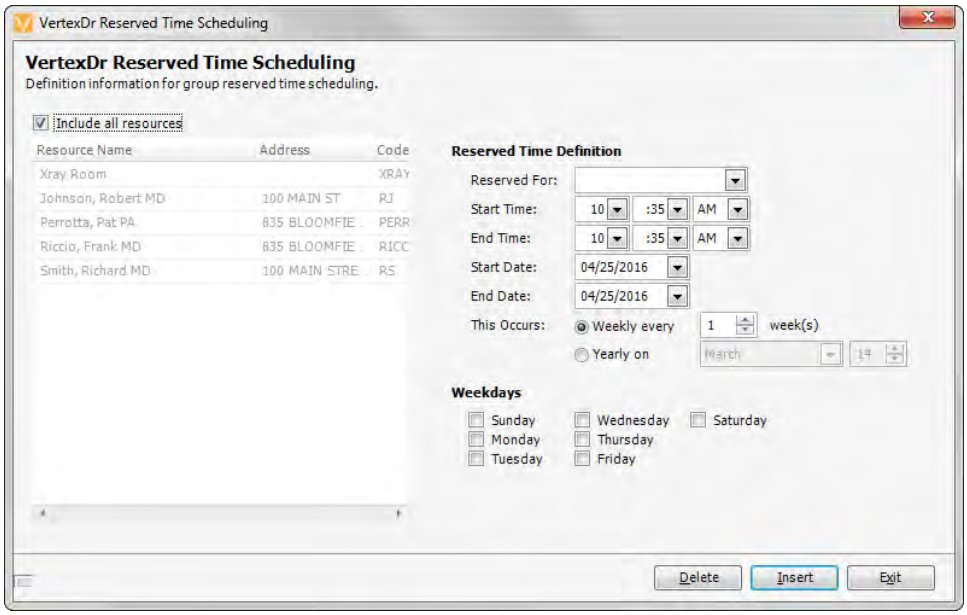
5. The *This Occurs* Field is used to select the recurrence for the selected reserved time.
6. The **Weekdays** Checkboxes are used to indicate which days of the week the selected reserved time occurs on. Select the appropriate days of the week.
7. Click the **OK** Button to save the information. The reserved time will appear on the *Appointment Schedule* Window in the times selected and on the day(s) selected.

Group Reserved Time Slots

The Group Reserved Time Slots option allows for reserved time slots to be both inserted and deleted for multiple resources at the same time.

To access the Group Reserved Time Slots option:

1. Select **Templates** from the toolbar at the top, and then select **Group Reserved Time**. The *Reserved Time Scheduling* Window will open.



2. The left side of the window allows for all resources or specific resources to be selected. The **Include all resources** Checkbox is checked by default. To select only specific resources, uncheck the checkbox, then select the appropriate resources.
3. Select the appropriate reason from the *Reserved For* Field. This will indicate on the schedule which specific visit type should be scheduled in the specified time slots.
4. Select the *Start Time* and *End Time* for the reserved time slot.
5. Select the *Start Date* and *End Date* for this reserved time.
6. The *This Occurs* Field is used to select the recurrence for the selected reserved times.
7. The **Weekdays** Checkboxes are used to indicate which days of the week the selected reserved time occurs on. Select the appropriate days of the week.
8. To add the specified reserved time slots to the resource(s) schedule, select the **Insert** Button. If you wish to delete the specified time block from resource(s) schedule, select the **Delete** Button. The system will scan the schedule for selected resources and delete the reserved time slots that match the specified criteria.

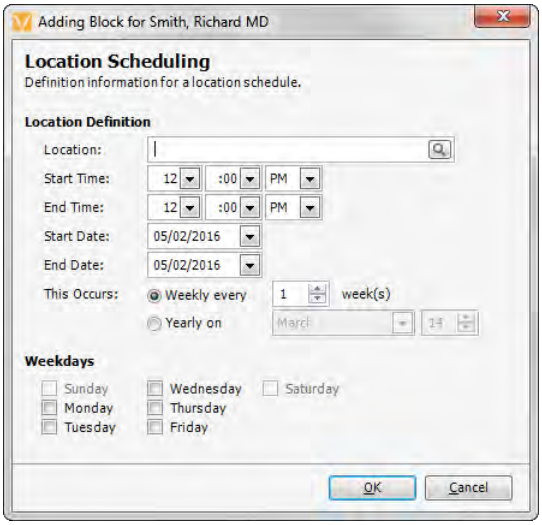
Note: The Group Reserved Time Feature is unable to delete only a portion of a reserved time. The entire reserved item must be deleted.

Inserting Locations

Location Setup allows the practice to keep track of multiple provider locations. This is helpful when the provider is scheduled to multiple locations throughout the week.

To establish a location:

1. From the Toolbar at the top, select **Templates**, then select **Location Setup**, and then select **Insert Location**. The *Adding Block for Provider* Window will open.



2. The *Location* Field is used to select which location the resource is located and should be scheduled to during that time frame. Click the **Magnifying Glass** to access the *Service Location* Table.
3. Select the *Start Time* and *End Time* for when the provider is at this location.
4. Select the *Start Date* and *End Date* for this Location.

Note: The location does not need to be set for an extended period of time (such as an entire year). Once the template has been created, it will be applied within a specified date range.

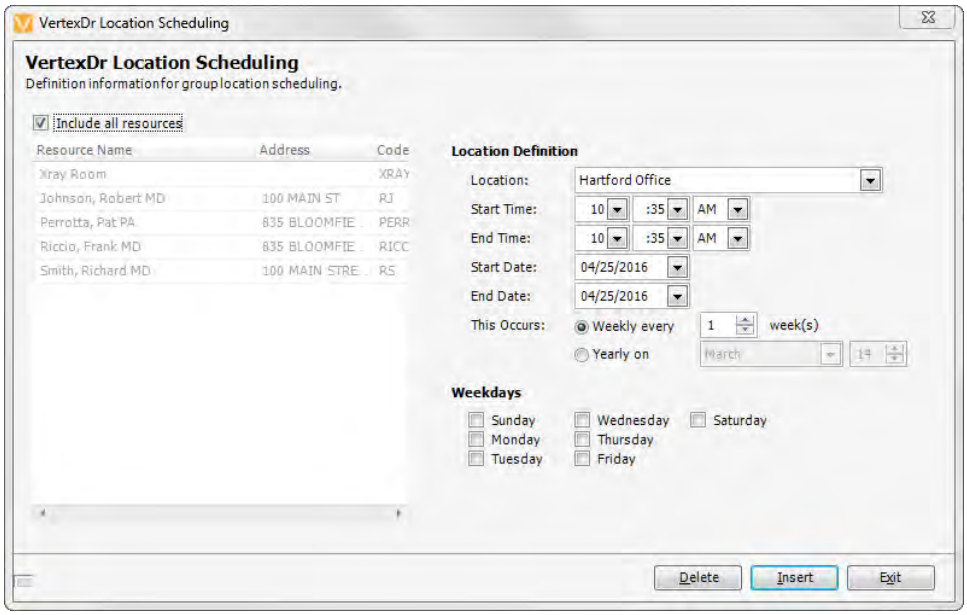
5. The *This Occurs* Field is used to select the recurrence for the selected location.
6. The **Weekdays** Checkboxes are used to indicate which days of the week the resource is available at the selected location. Select the appropriate days of the week.
7. Click the **OK** Button to save the information. The location will appear on the *Appointment Schedule* Window in the times selected and on the day(s) selected.

Group Reserved Locations

The Group Reserved Locations option allows for locations to be both inserted and deleted for multiple resources at the same time.

To access the Group Location option:

1. Select **Templates** from the toolbar at the top, and then select **Group Location Setup**. The *Location Scheduling* Window will open.



2. The left side of the window allows for all resources or specific resources to be selected. The **Include all resources** Checkbox is checked by default. To select only specific resources, uncheck the checkbox then select the appropriate resources.
3. Select the appropriate location from the *Location* Field. This will indicate on the schedule which location the resource is scheduled to during the specified times.
4. Select the *Start Time* and *End Time* to indicate the hours the provider is at the location.
5. The *Start Date* and *End Date* for this location.
6. The *This Occurs* Field is used to select the recurrence for the selected location.
7. The **Weekdays** Checkboxes are used to indicate which days of the week the selected location occurs on. Select the appropriate days of the week.
8. To add the specified location to the resource(s) schedule, select the **Insert** Button. If you wish to delete the specified location from resource(s) schedule, select the **Delete** Button. The system will scan the schedule for selected resources and delete the locations that match the specified criteria.

Note: The Group Time Blocking Feature is unable to delete only a portion of a location. The entire location item must be deleted.

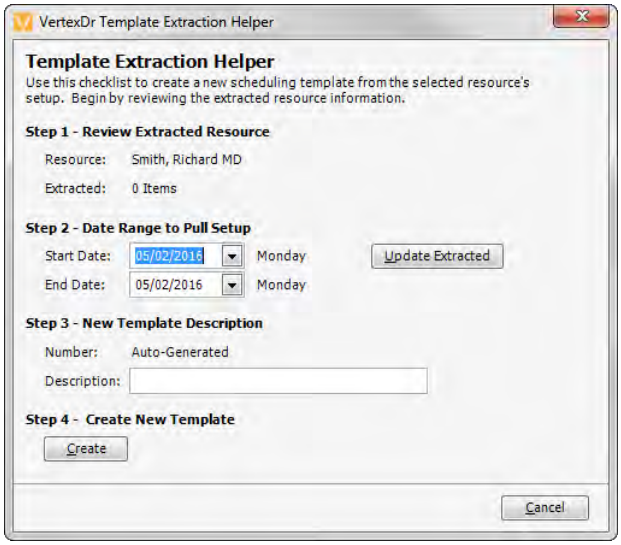
Template Extraction Helper

Once the schedule has been set up for the selected resource, the Template Extraction Helper will allow for a copy to be made and stored as a template for future use. That template can be applied to a resource's schedule for a specified date range.

Note: Template Extraction Helper can also be used to make a copy of multi-week templates.

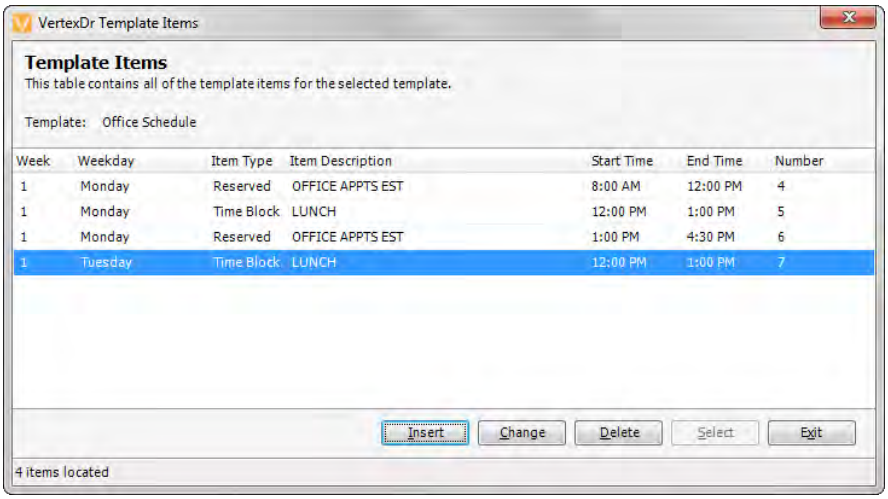
Follow the steps below in order to create a template from a templated schedule:

1. Once all of the time blocks, reserves and locations have been added to the schedule for the time frame, select **Templates** from the toolbar at the top, then select **Template Extraction Helper**. The *Template Extraction Helper* Window will open.



2. The *Resource* Field will reflect the resource selected in the *Appointment Schedule* Window.
3. The *Extracted* Field will indicate how many template items are being extracted.
4. The *Start Date* and *End Date* Fields should reflect the entire time frame that you wish to copy.
5. In the *Description* Field, give the template a name. This is used to distinguish between multiple templates, so it is clear which template and which items are in that template for when you are applying it later.

6. Click the **Create** Button to generate the template. The *Template Items* Window will open.



7. Verify that all of the template items are correct. If necessary, click the **Insert** Button to insert a new template item. Click the **Change** Button to edit an existing template item. Click the **Delete** Button to remove an existing template item.
8. If the template is complete, click the **Exit** Button to close the *Template Items* Window.

Applying a Template

Once the template has been created, it can be applied to a resource for a specified date range.

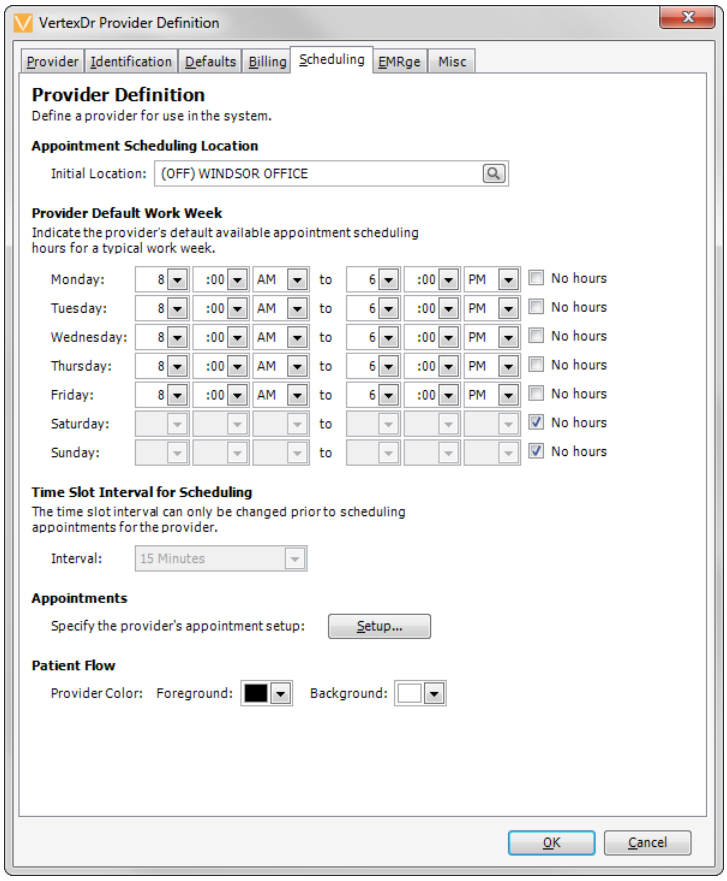
To apply the template:

1. Select **Definition** from the toolbar at the top. Then, select **Billing**, and then **Providers**. The *Provider Table* Window will open.
2. Search for the resource whose schedule you are templating.

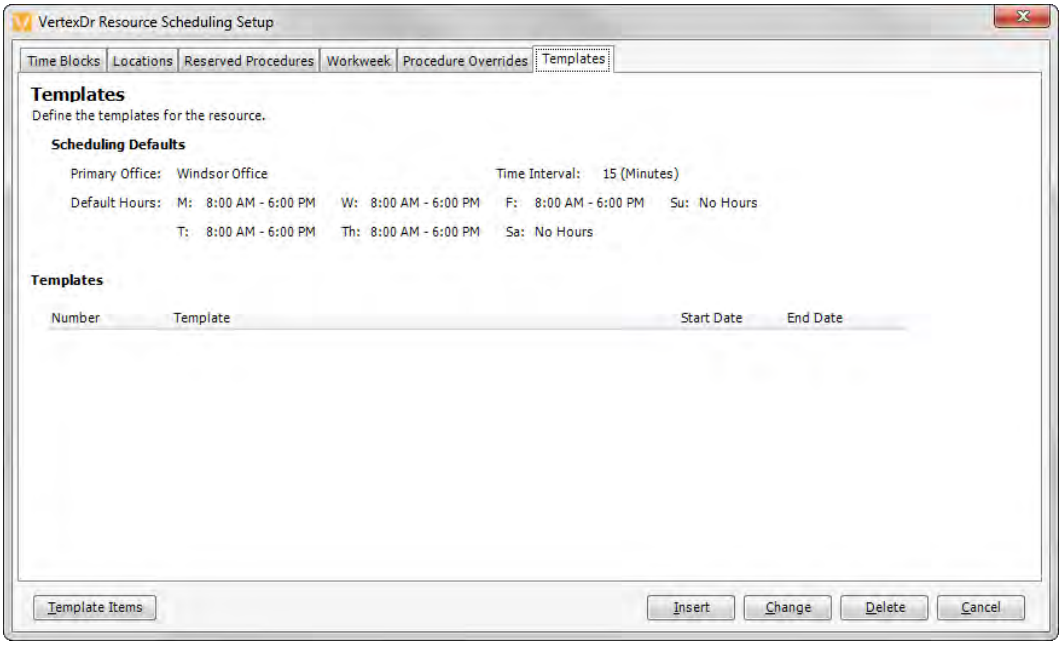
Note: If you are applying a template for equipment or a technician, select that type from the *View* Field. Then search the table for the desired resource.

3. Once the resource has been found, highlight the resource and click **Change**. The *Provider Definition* Window will open.

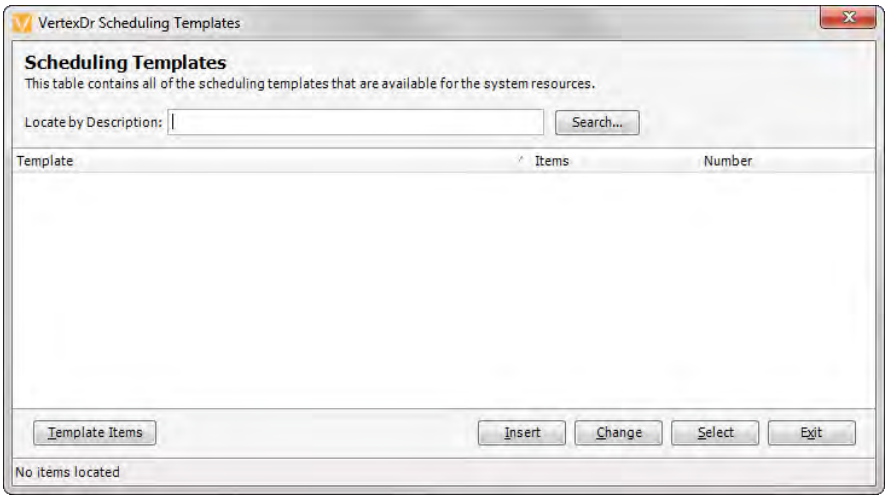
4. Select the **Scheduling** Tab, and then click the **Setup** Button in the *Appointments* Section.



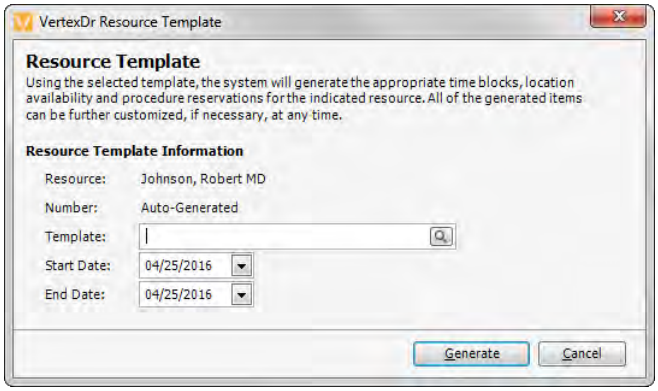
5. The *Resource Scheduling Setup* Window will open.



6. Select the **Templates** Tab, and then click the **Insert** Button to add a template. The *Resource Template* Window will open.

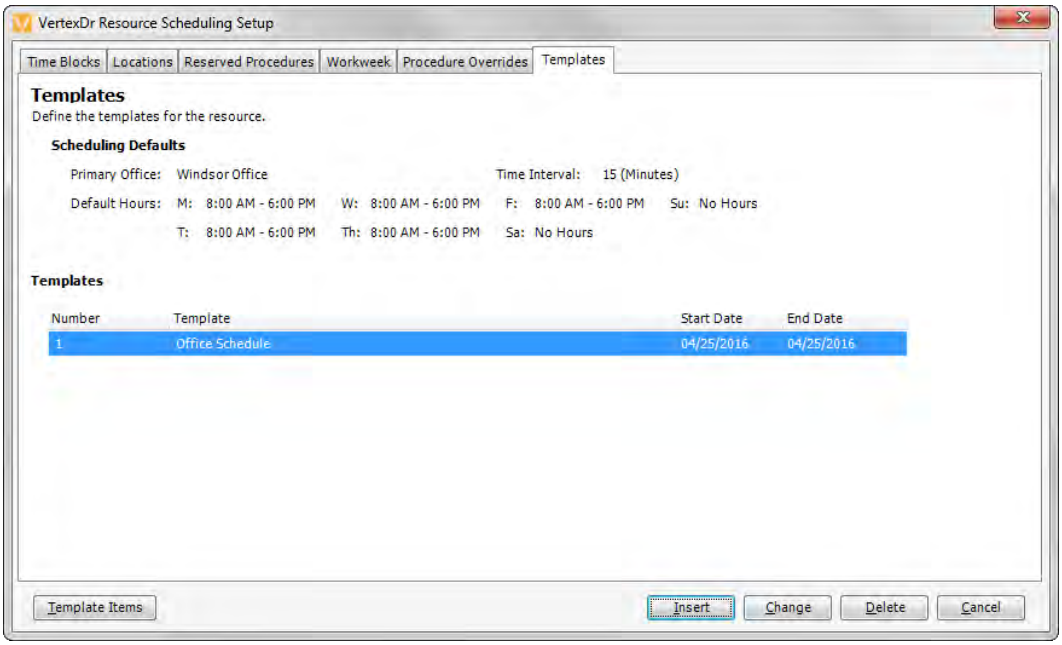


7. Click the **Magnifying Glass** to search for the previously created template. The *Scheduling Templates* Window will open.
8. Click the **Search** Button to view the first 100 templates in the system. If there are more than 100 templates, type in part or all of the template name in the *Locate by Description* Field, then click **Search**. Once the template has been located, highlight it and click **Select**. The system will return to the *Resource Template* Window.



9. Set the *Start Date* and *End Date* Fields to reflect the date range that you would like to apply this template for.
10. Once the template has been selected and the date range set, click the **Generate** Button.

11. The system will return to the *Resource Scheduling Setup* Window. The inserted template will be displayed in the list box.



12. Click **Cancel** and/or **Exit** on all of the open windows to exit the *Provider Definition*.

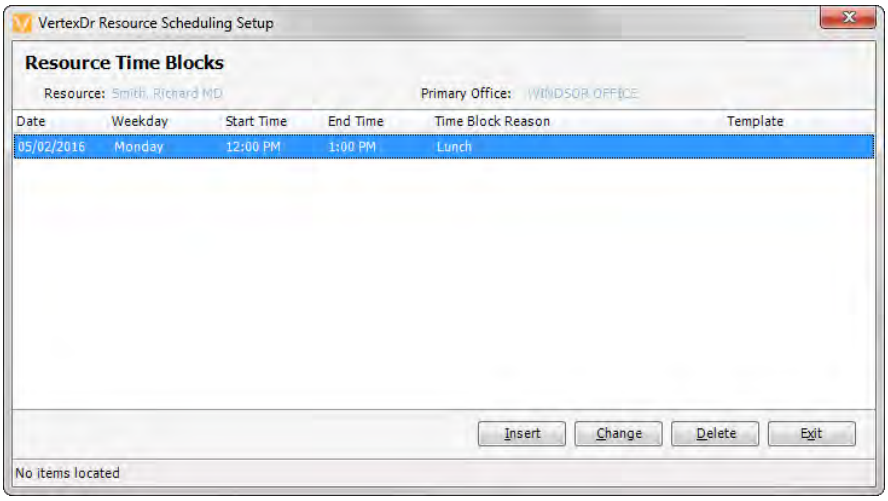
Edit Individual Template Items

Once the template has been applied to the schedule, the individual template items can still be edited. Making changes to the individual template items does not affect the resource template, only the selected day.

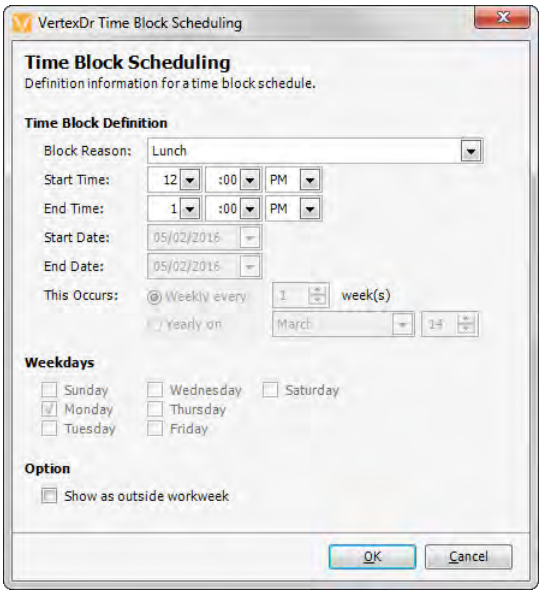
The option to edit an individual template item functions the same for Time Blocks, Reserved Time and Locations. The following section will use editing an individual Time Block as an example. Follow the same steps to edit an individual Reserved Time or Location.

To make a change to an individual Time Block:

1. From the Toolbar at the top, select **Templates**, then select **Time/Workweek Blocking**, and then select **Edit Time Block**. The *Resource Scheduling Setup* Window will open.



2. Highlight the template item you wish to change and either double-click or select the **Change** Button. The *Time Block Scheduling* Window will open.



Note: To delete the highlighted template item, select the **Delete** Button. The *Record Delete* Window will open. Select **Yes** to confirm the deletion or **No** to return to the *Resource Time Blocks* Window.

3. The time block reason can be changed from the *Block Reason* Dropdown or the time block can be change to an outside workweek block by selecting the **Show as outside workweek** Checkbox.
4. The start and end times can be edited from the *Start Time* and *End Time* Fields.

5. Click the **OK** Button to save the changes.

Individual Time Blocks can also be edited from the Right-Click Menu.

1. Select the day in the *Appointment Schedule* Window where you need to make the template change.
2. Right-click on the day and select *Edit Time Block* from the right-click menu. The *Resource Time Blocks* Window will open.
3. Follow steps 2 through 5 of the *Edit Individual Template Items* Section to make changes to the Time Block(s).

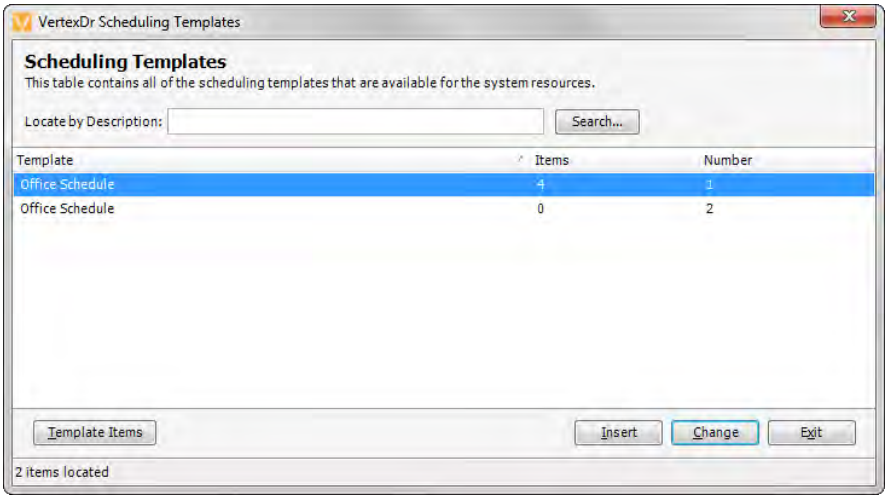
Note: The right-click option is only available to edit Time Blocks. It cannot be used to edit Reserved Time or Locations.

Edit Resource Templates

Changes can also be made to the resource template. For example, a provider may want to want to increase or decrease his hours in the next year. Once these changes have been made, the template will need to be reapplied in order for the changes to be visible.

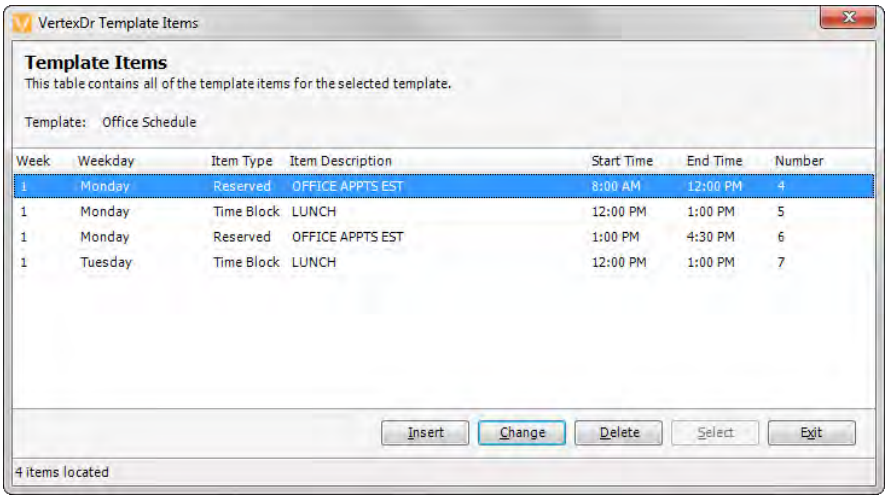
To access the resource templates:

1. Select **Definition** from the toolbar at the top. Then select **Appointments**, and then select **Resource Templates**. The *Scheduling Templates* Window will open.



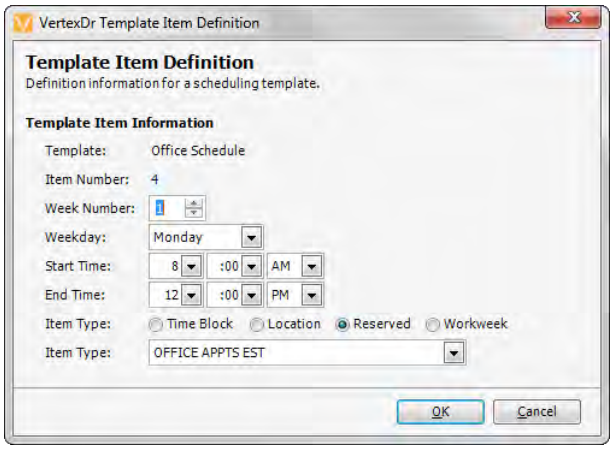
2. Click the **Search** Button to view the first 100 templates in the table or type in part of the template name in the *Locate by Description* Field and then click **Search**.

3. Highlight the desired template and then click the **Template Items** Button. The *Template Items* Window will open.



4. The buttons at the bottom of the window will allow you to make adjustments to the existing resource template:
    - **Insert** – add a new template item (time block, workweek, reserved time slot(s), or location) to the template.
    - **Change** – highlight an existing template item and click the **Change** Button to change the time, day of the week, block reason, reserved or location.
    - **Delete** – highlight an existing template item and click the **Delete** Button to remove it from the resource template.

    Selecting any of the buttons will open the *Template Item Definition* Window.



- The *Week Number* Field will allow you to select which week in the resource template this template item should occur in, if this template was a multiple week template.
- Select the appropriate day of the week from *Weekday* Field.

- The *Start Time* and *End Time* Fields should reflect the appropriate time of the selected template item.
- The **Item Type** Radio Buttons allow you to set the type of template item: *Time Block*, *Location*, *Reserved*, or *Workweek*.
- The *Item Type* Dropdown will change according to the **Item Type** Radio Button selected. Choose the desired *Item Type* from the dropdown.
- When finished, click the **OK** Button. The template item will be added, changed, or deleted accordingly.

Reapplying a Resource Template

If the changes made to the resource template should be made to the resource schedule, the template must be reapplied to the resource in order for the changes to be visible.

To reapply the resource template, follow the steps listed in the *Applying a Template* Section of this manual. Be sure to change the *Start* and *End Date* Fields to be the appropriate date in the future.

Re-generating a Template

The originally applied template can be re-generated for a specified date range. For example, if the date range needs to be changed. The Re-generate feature can also be used if any changes were made to the resource's template that need to be reflected in the current schedule.

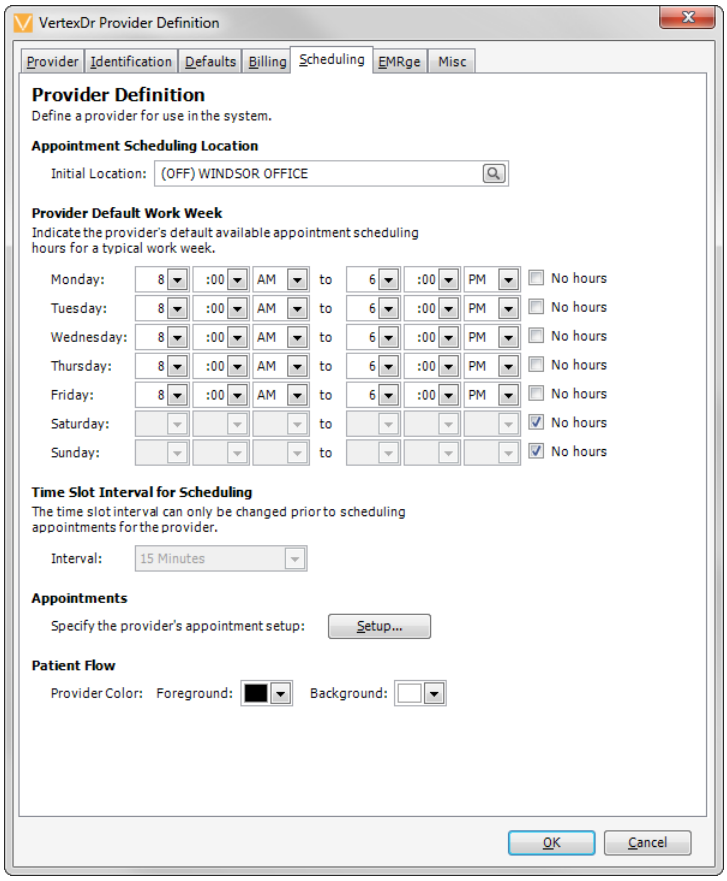
To re-generate the existing template:

1. Select **Definition** from the toolbar at the top. Then, select **Billing**, and then **Providers**. The *Provider Table* Window will open.
2. Search for the resource whose schedule you are re-generating.

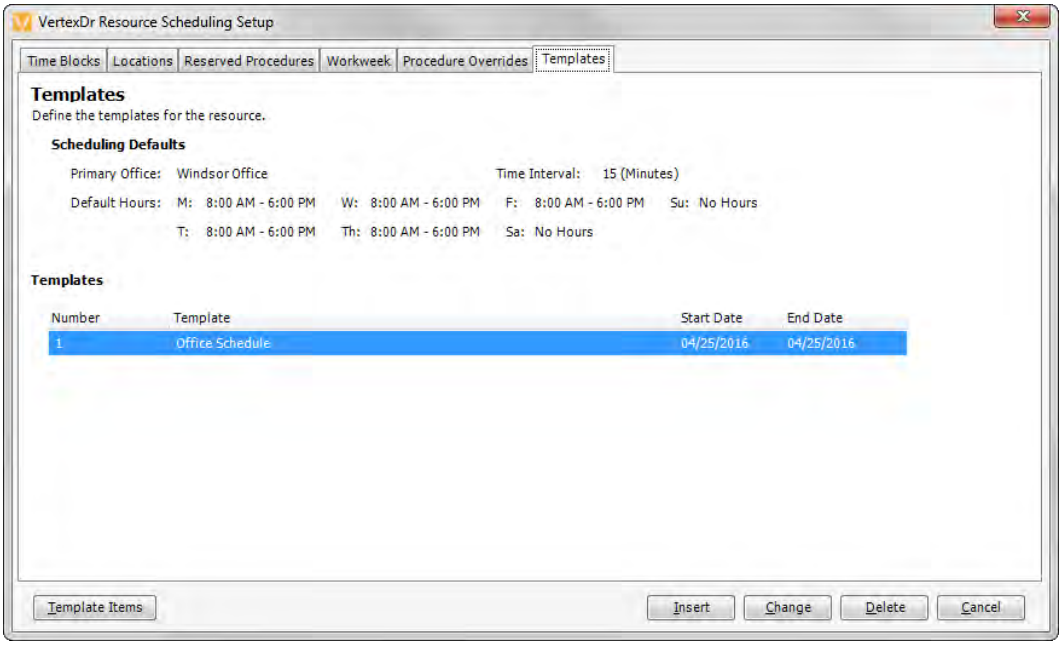
Note: If you are applying a template for equipment or a technician, select that type from the *View* Field. Then search the table for the desired resource.

3. Once the resource has been found, highlight the resource and click **Change**. The *Provider Definition* Window will open.

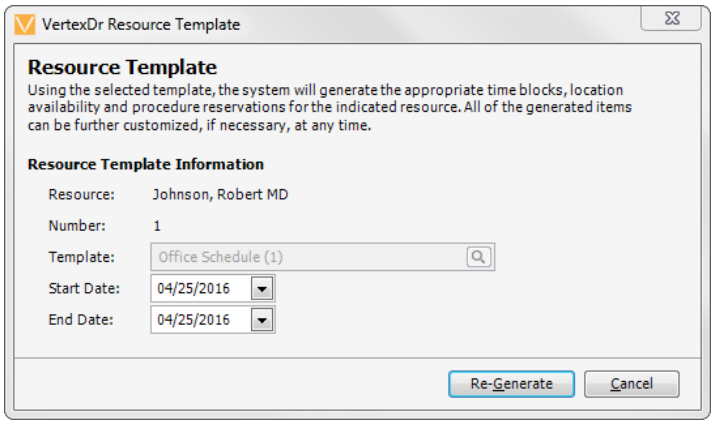
4. Select the **Scheduling** Tab, then click the **Setup** Button in the *Appointments* Section.



5. The *Resource Scheduling Setup* Window will open.



6. Select the **Templates** Tab, and then click the **Change** Button. The *Resource Template* Window will open.



7. Edit the date range as needed, then click the **Re-Generate** Button.

Deleting Resource Templates

The originally applied template can also be deleted.

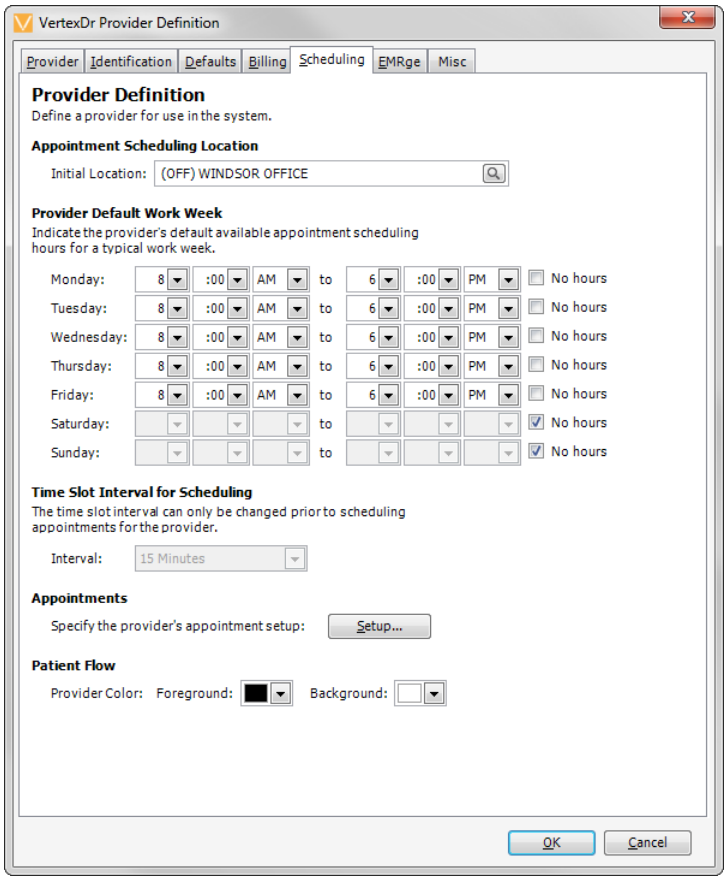
To re-generate the existing template:

1. Select **Definition** from the toolbar at the top. Then, select **Billing**, and then **Providers**. The *Provider Table* Window will open.
2. Search for the resource whose schedule you wish to delete.

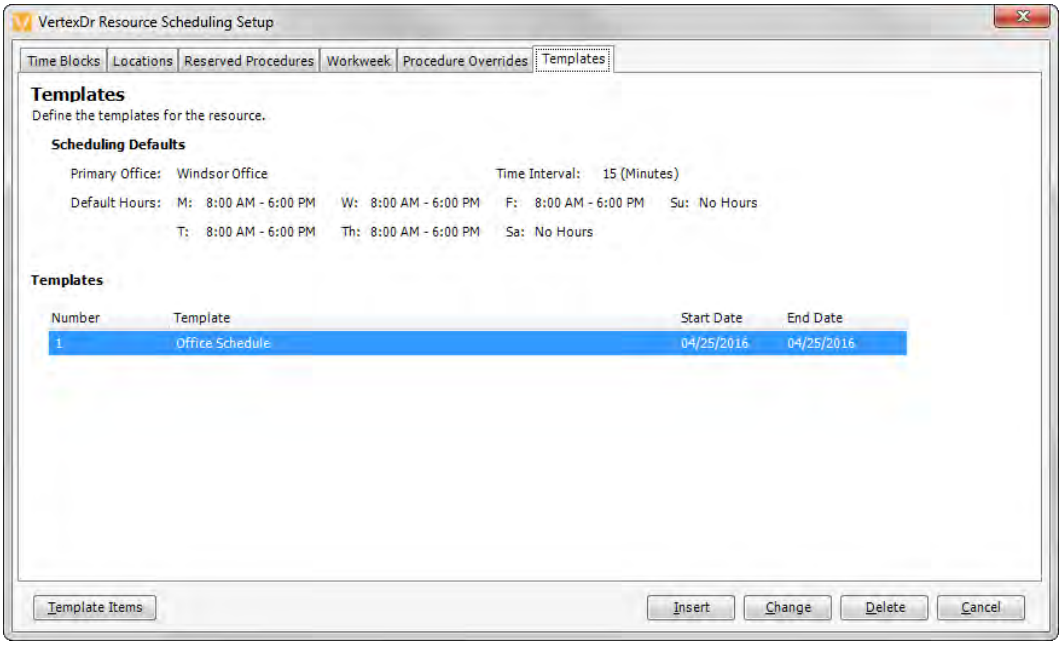
Note: If you are deleting a template for equipment or a technician, select that type from the *View* Field. Then search the table for the desired resource.

3. Once the resource has been found, highlight the resource and click **Change**. The *Provider Definition* Window will open.

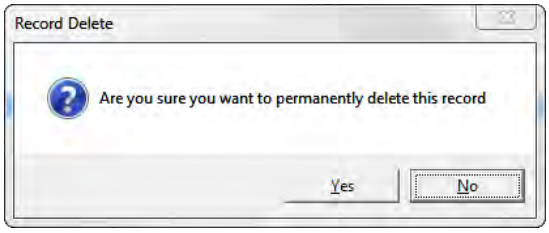
4. Select the **Scheduling** Tab, and then click the **Setup** Button in the *Appointments* Section.



5. The *Resource Scheduling Setup* Window will open.



6. Select the **Templates** Tab, and then click the **Delete** Button. The *Record Delete* Window will open. Click the **Yes** Button to confirm the delete. Click the **No** Button to return to the *Resource Scheduling Setup* Window.



7. All of the template items associated with the deleted template will be removed from the *Appointment Schedule* Window.

Posting

VertexDr Practice Manager uses batch posting for all posting activities. Batch posting allows users to easily keep track of the charges, payments, and adjustments they have posted in the system. Users can define expected batch amounts that the system will use to help users reconcile their posting activity.

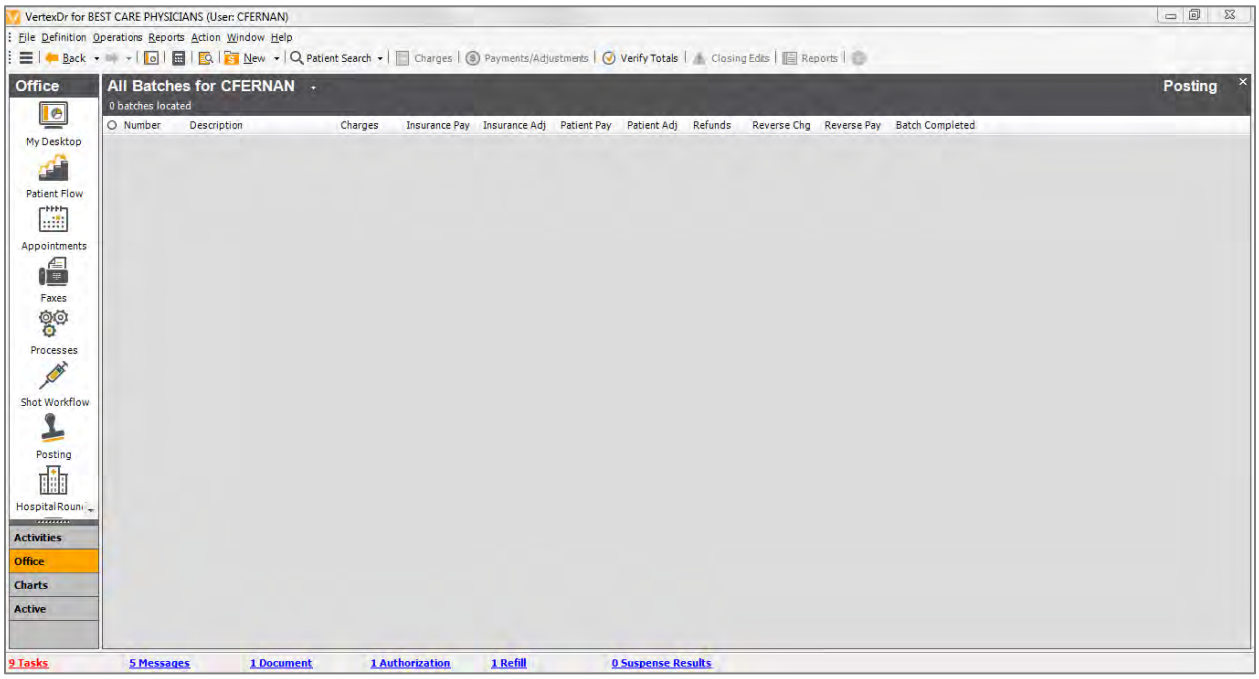
Note: Prior to conducting any posting activity, at least one batch per user must be established. All posting transactions are assigned to a batch. A user can have multiple batches a day. Multiple batches may make it easier to balance/reconcile the batch.

Creating a Batch

A batch must first be created in order to post any transaction in the system. The following steps will assist in creating a batch.

1. From the **Office** Menu in the Navigation Pane, Click the **Posting** Icon.

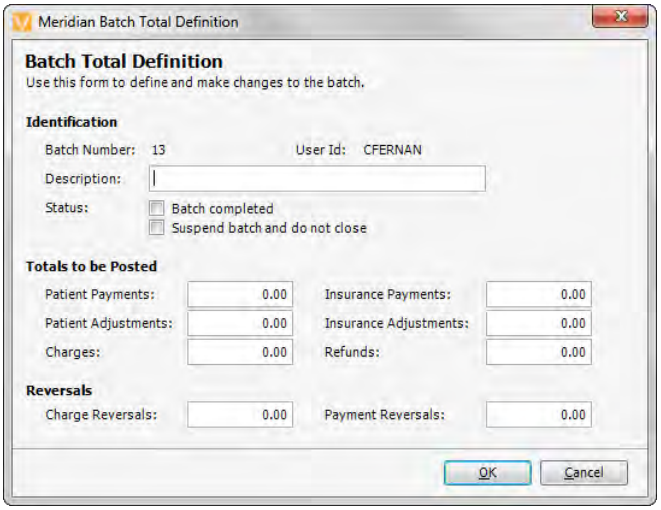
2. The *Posting* Window will open. This list will display all open batches for the user who is logged in.



3. To create a new batch, Click the **New** Button.

4. The *Batch Total Definition* Window will open. The batch can be further defined from here. The *Batch Number* is automatically populated by the system. The system keeps track of each user and their last known batch number and increments that accordingly.

Note: The batch does not require any other information to be populated in order for the batch to be valid. It is the decision of the user if they wish to further define the batch. The more information entered into the batch will further help to identify what is in the batch. The other fields may also help in balancing the batch. The rest of the fields are described below. If the user decides to populate these fields, the descriptions of the fields are listed below.



- The *Description* Field is used to describe the batch and what it consists of.
- The **Batch completed** Checkbox can be checked to signify that the batch is completed and ready for a closing.

Note: The batch does not have to be marked completed for it to close. Even without marking the batch completed, the transactions will still be processed and closed on during the closing, as long as the batch is not suspended.

- The **Suspend batch and do not close** Checkbox is used to hold a batch. Suspending a batch will prevent any of the transactions in the batch from being processed and closed on. The system will not close the suspended batch as long as the **Suspend batch and do not close** Checkbox is checked.

Note: All batches that are suspended will appear in the *Batch Total Definition* Window with a red light next to the batch number. If the batch is not suspended, it will have a green light next to the batch number.

- The *Patient Payments*, *Patient Adjustment, Charges*, *Insurance Payments*, *Insurance Adjustments*, *Refunds*, *Charge Reversals* and *Payment Reversals* Fields can be used to define the amount expected in the batch. If the user chooses to define these fields, make sure that the *Patient Payments*, *Patient Adjustments*, *Insurance Payments*, *Insurance Adjustments* and *Charge Reversals* Fields have a negative (-) in front of

the amount. The *Charges*, *Refunds* and *Payment Reversals* Fields should be a positive amount. If these fields are not populated then the system will just display the actual amount posted in the batch. It will not perform any calculations for balancing.

5. Click the **Ok** Button to save the batch. If you click the **Cancel** Button, the batch will not be saved.

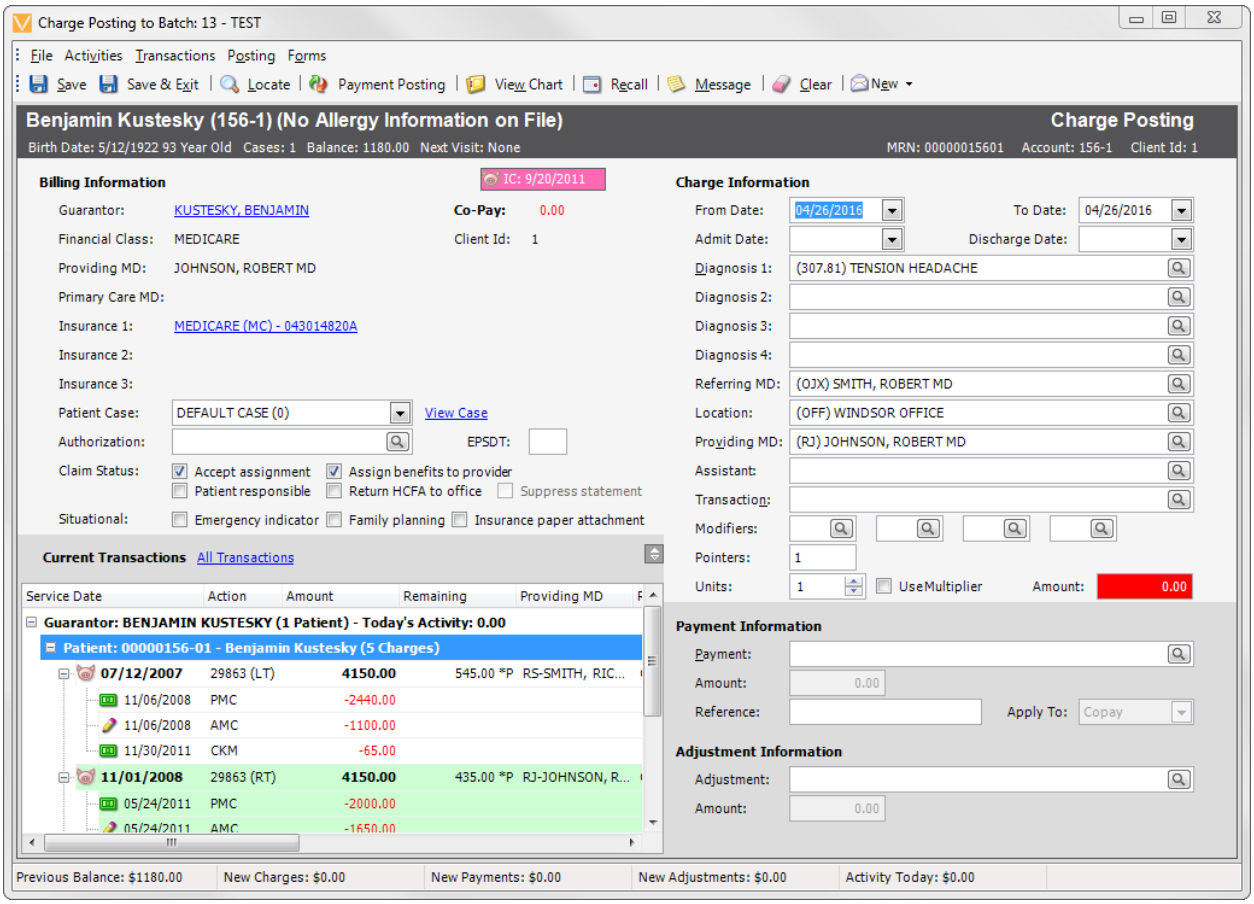
Posting Charges

The following section will explain how to post charges in the system through a batch. Remember that in order to post anything a batch must be created first.

1. From the *Posting* Window, select the appropriate batch by highlighting the batch.
2. Click the **Charges** Button in the Toolbar.
3. The *Direct Patient Access* Window will open.

4. The *Direct Patient Access* Window allows you to locate patients by their *Name, Account Number*, *Cross Reference Number*, *Social Security Number*, or *Membership ID*. The *Patient* Dropdown Arrow will allow you to select a patient from *My Patient History*. *My Patient History* reflects the last fifteen (15) patients whose accounts you have accessed. If additional search options are needed, the *Patient Search* Window can be accessed by clicking the **Magnifying Glass**.

5. Once the correct patient is selected, the *Charge Posting to Batch #* Window will open.



The *Charge Posting to Batch #* Window

The *Charge Posting to Batch #* Window is where all charges will be manually posted to a patient's account. Directly under the Toolbar, some Patient account information can be viewed in the blue bar. If you hover over the Patient Name, more information will pop-up as additional information for you. Birth Date, Balance Information, Next Visit, and Account Numbers are visible here as well.

The Billing Information Section

The *Billing Information* Section provides information about the patient's account including the primary, secondary and tertiary insurances listed on the account and any cases if they have multiples.

- The Guarantor's information can be displayed by simply clicking on the **Guarantor** Link.
- The Co-pay Amount attached to the account is listed
- The Financial Class attached to the account is listed.
- The Providing MD and Primary Care MD on the account are listed.

- The Primary, Secondary and Tertiary Insurance information can be viewed by simply clicking on the **Insurance Carrier** Link next to the *Insurance 1*, *2*, and *3* Field.
- The Active Patient Case information is displayed in the *Patient Case* Field. The link next to this field allows a user to see the details of the selected case. If another case needs to be chosen, click the *Patient Case* Dropdown and select the correct case. The *Patient Case* Field will be Red if there is more than one active case on the account.
- The *Authorization* Field is used to attach an authorization to the charge. The **Magnifying Glass** Button can be used to access the *Pre-Authorization* Table, where the user can select the correct authorization or insert a new authorization.
- The *EPSDT* Field is used for Medicaid and the code would be entered in the field.
- The **Accept assignment** Checkbox defaults from the *Insurance Carrier Definition* Table. If checked, it signifies that you accept the assignment from the carrier.
- The **Assign benefits to provider** Checkbox is used to determine who the check should go to. If the **Assign benefits to provider** Checkbox is checked, it signifies that the reimbursement check should come to the provider. If unchecked, the check will go to the patient.
- The **Patient responsible** Checkbox is used to roll the balance of a charge to a patient responsibility. If the **Patient responsible** Checkbox is checked, the system will roll the balance to patient and bypass sending the claim to insurance.
- The **Return HCFA to office** Checkbox is used to mark a transaction to print out a paper claim.
- The **Emergency indicator** Checkbox is used for Medicaid.
- The **Family Planning** Checkbox is used for Medicaid.
- The Open Transactions are listed in the bottom left area. The system can be set to alternate colors between green and white for each charge sequence. All items, such as payments, will be linked to the appropriate charge.
- The **All Transactions** Link can be used to filter transactions in the list by Date or Transaction Code.

The Charge Information Section

The system automatically places the cursor in the *From Date* Field of the *Charge Information* Section. The system will also default in today's date. To help speed up the posting process, the system will carry forward the date from charge to charge. Enter the dates using a MM/DD/YYYY format. If the date needs to be changed, it can be typed over with the correct date. The system automatically carries the *From*

Date to the *To Date* Field after tabbing from the *From Date* Field. If this date needs to be changed, type the new date in the *To Date* Field.

- If the transaction is for an inpatient procedure, the *Admit Date* and *Discharge Date* Fields are available for entry.
- The primary diagnosis (ICD-9) code can be entered in the *Diagnosis 1* Field. Any additional diagnosis codes needed, can be entered in the *Diagnosis 2-4* Fields. If the exact diagnosis code is not known, the *Diagnosis Code* Table can be accessed by clicking the **Magnifying Glass**.
- Depending on the Parameter settings, the *Referring MD, Location* and *Providing MD* Fields can be filled in based on what is on the Patient Definition. If the setting is not on to pull from Patient Definition, then these fields will have to be entered. If the setting was pulling the information in from Patient Definition, but it is incorrect for this transaction, then the information can be changed at this time. The **Magnifying Glass** can be used to access the tables.
- The *Location* Field refers to the location where the service was provided.
- The *Providing MD* Field refers to the Provider who performed the service.
- The *Assistant* Field is used if a non-credentialed provider performs the procedure, but the claim must be billed out under the supervising provider. The Assistant is tracked as the *Provider of Service* within VertexDr Practice Manager, which means that the revenue will be tracked toward the assistant.
- The *Transaction* Field is for the procedure that was performed. The **Magnifying Glass** can be used to access the *Transaction* Table if the code is not known and a search needs to be performed.
- The *Modifiers* Fields are used to enter any valid modifiers for the transaction. The **Magnifying Glass** can be used to access the *CPT Code Modifiers* Table.
- The *Pointers* Field is used to order or eliminate diagnosis codes from the *Diagnosis 1-4* Fields for the specific transaction. When entering in this field, enter the number(s) of the *Diagnosis* Field(s) without any spaces. For example, if the all four diagnosis codes are populated and they are placed in the correct order of importance, then 1234 should be entered in the *Pointers* Field. No commas, dashes, slashes or spaces should be entered.
- The *Units* Field is used when you are billing multiple units. The correct number of units should be entered in this field.
- The **Use Multiplier** Checkbox is used if you need to multiply the standard charge amount for the transaction code by the number of units.

The Payment Information Section

The *Payment Information* section is used to post any payments that the patient paid toward the visit.

- The *Payment* Field is used to identify how the patient paid. The **Magnifying Glass** can be used to access the *Transaction* Table if the correct code is not known.
- The *Amount* Field is for the amount that the patient paid.
- The *Reference* Field is used for a check number if the patient paid by check.
- The *Apply To* Dropdown Field is used to specify if the payment should be applied as a *Copay* or to *All Charges*, in case there are multiple transactions being posted.

The Adjustment Information Section

The *Adjustment Information* Section is used if there is an amount that needs to be adjusted off for this transaction.

- The *Adjustment* Field is used for the Adjustment Code used. This can be tracked by this code. The **Magnifying Glass** can be used to access the *Transaction* Table to find the correct adjustment code if the code is not known.
- The *Amount* Field is used for the amount that will be adjusted off.

Saving a Transaction

To save the transaction, press the **F10** Key or click the **Save** Button. Either of these options will save the transaction and return the cursor to the *Transaction* Field, so that any additional charges may be entered. The **F11** Key will save the transaction and then return the cursor to the *From Date* Field, where the date can easily be changed for the additional charges. Once the transaction has been saved, it will be visible in the Transaction List in the bottom left.

Note: The **Save & Exit** Button will save the current transaction and will also exit the batch. The **F12** Key can also be used to save the current transaction and exit the batch. Either of these 2 options should only be used when the user has posted all of the transactions and there are no more to post.

Note: At any point during posting that all the necessary information is entered, a transaction can be saved. The user does not have to go through each of these items if they do not apply. For instance, if there is no payment, adjustment or message being entered for the charge, the user can Press **F10** after entering the Transaction Code in the *Transaction* Field.

Locate another Patient

Once all of the charges for the current patient have been entered, a new patient can be selected by pressing the **F5** Key or the **Locate** Button. The *Direct Patient Access* Window will open. Follow the same steps as above to post the charges for the newly located patient.

Icon Legend

- Charge that has been posted and closed.

- Charge that has been posted and still in a batch.
- Payment that has been posted and closed.
- Payment that has been posted and still in a batch.
- Unidentified payment that has been posted and closed.
- Unidentified Payment that has been posted and still in a batch.
- Adjustment that is posted and could be either in a batch or be closed.
- Collection Transaction.
- Reversal that is posted and could be either in a batch or be closed.
- Charge posted with an error.
- Global Transaction that is posted and could be either in a batch or be closed.

Posting a Charge in a Global Period

When posting a charge that has a global period attached, the process is the same as posting a regular charge. The difference is how the charge displays in the Transaction List. Instead of just the piece of paper icon, it also has a globe icon.

The next time this account is accessed in posting, the *Global Billing Days Alert* Window will open. This alerts the user that the account contains transactions with active global billing days and it is still within the global days.

Posting with Appointment Information

All appointments within VertexDr Practice Manager have an Appointment Number attached. VertexDr Practice Manager allows charges to be posted using the patient's appointment information. The system can carry forward:

- *Service Location,*
- *Service Date,*
- *Provider,*
- *Referring Provider,* and the
- *Transaction code*.

Note: In order for the Transaction Code to carry forward, prior to using the Appointment Posting feature, the Appointment Type must be linked to the appropriate Transaction Code.

There is also a parameter setting that must be turned on to allow posting by appointment number.

Once this setting has been turned on, an *Appointment* Field will be added to the *Direct Patient Access* Window. This field enables the user to enter the *Appointment Number*, instead of *Name* or *Account Number*, to select the patient. Once the patient is located by the *Appointment Number*, the *Charge Information* will load from the appointment.

After locating the patient, all the steps for posting are the same as above (see the *Charge Posting to Batch # Window* Section of this manual). If nothing needs to be changed, press **F10**.

Posting Grouped Transaction Codes

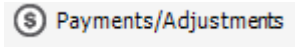
During Posting, Grouped Transaction Codes can be utilized to post multiple transaction codes at one time. By creating a Grouped Transaction Code, the posting process can be more efficient. A Grouped Transaction Code is a code that has multiple transaction codes attached to it. When the Grouped Transaction Code is entered in the *Transaction* Field, and the Transaction is saved, all of the attached transaction codes will be billed as their own line item. The benefit is that the user only entered and saved one Transaction but multiple will be posted.

Posting Payments

There are multiple types of payments that can be applied to transactions in the patient's account. At least one batch must be established before any payment posting can begin (see the *Creating a Batch* Section of this manual). All transactions are linked to a specific batch.

Patient Payments

There are three different ways of applying a patient payment: a single charge, a range of charges or as an unidentified payment.

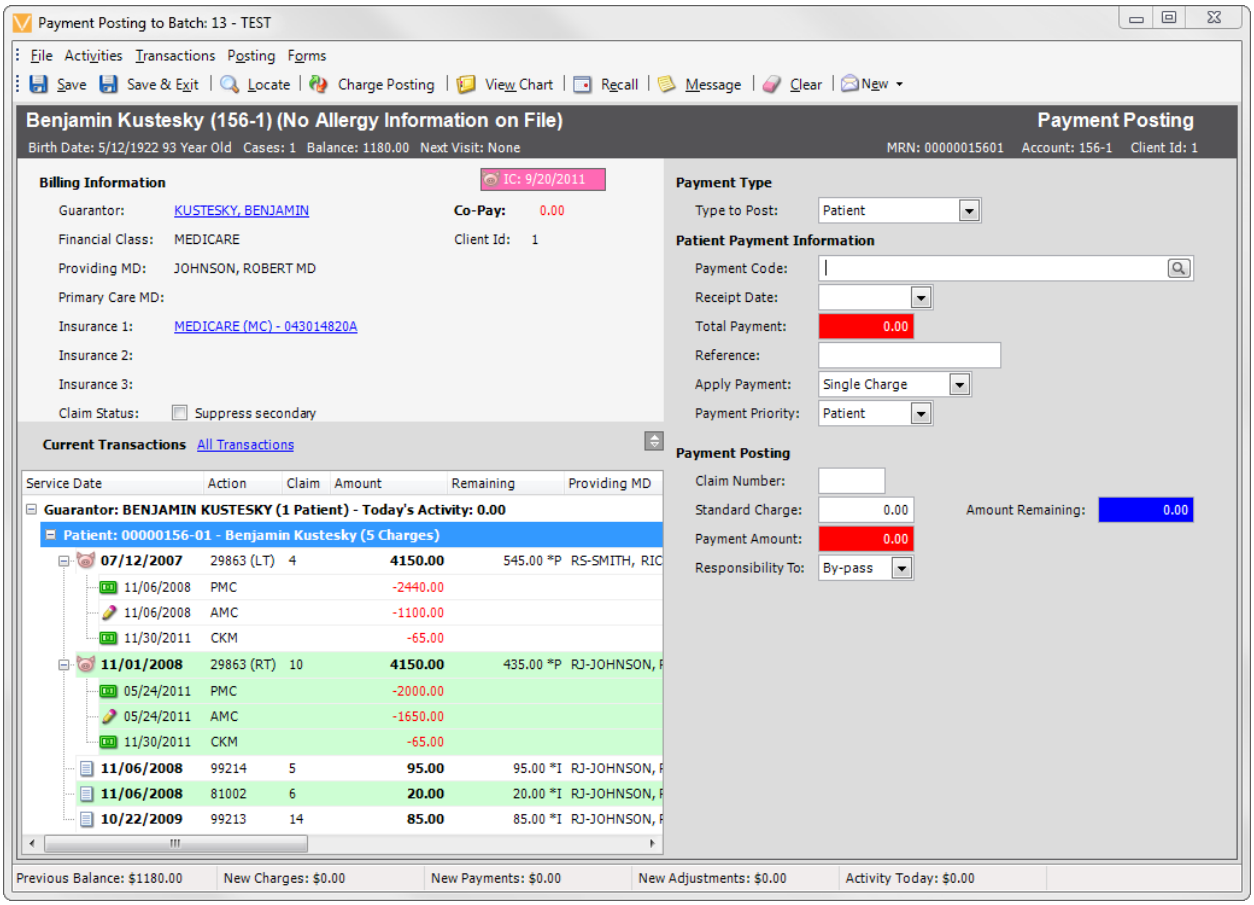
1. From the *Posting* Window, select the appropriate batch by highlighting the batch.
2. Click the **Payments/Adjustments** Button 

in the Toolbar or right-click on the desired batch and select *Payments/Adjustments*.

3. The *Direct Patient Access* Window will open.

4. The *Direct Patient Access* Window allows you to locate patients by their *Name, Account Number*, *Cross Reference Number*, *Social Security Number*, or *Membership ID*. The *Patient* Dropdown Arrow will allow you to select a patient from *My Patient History*. *My Patient History* reflects the last fifteen (15) patients whose accounts you have accessed. If additional search options are needed, the *Patient Search* Window can be accessed by clicking the **Magnifying Glass**.

5. Once the correct patient is selected, the *Payment Posting to Batch #* Window will open.



The Payment Posting to Batch # Window

Directly under the Toolbar, some Patient account information can be viewed in the blue bar. If you hover over the Patient Name, more information will pop-up as additional information for you. Birth Date, Balance Information, Next Visit, and Account Numbers are visible here as well.

The Billing Information Section

The *Billing Information* Section provides information about the patient's account.

- The Guarantor's information can be displayed by simply clicking on the **Guarantor** Link.
- The Co-pay Amount attached to the account is listed.
- The Financial Class attached to the account is listed.
- The Providing MD and Primary Care MD on the account are listed.
- The Primary, Secondary and Tertiary Insurance information can be viewed by simply clicking on the **Insurance** Link next to the *Insurance 1*, *2*, and *3* Field.
- The **Suppress Secondary** Checkbox is used to prevent a secondary claim from being produced.
- The **All Transactions** Link can be used to filter transactions in the list by Date or Transaction Code.
- The **Arrow up and down** Icon to the right of the **All Transactions** Link is used to increase the number of transactions that are visible in the list. It will hide the other information and extend the transaction list.
- The Transaction List Box displays all open transactions for the patient. All transactions that are attached together are linked by a tree structure. For instance, the charge and the payments/adjustments that came in for that charge. For easier reading, the system can be set to alternate colors between green and white for each sequence.

The Payment Type Section

This field is used to select which type of transactions will be posted. The *Type to Post* Dropdown Field should be set to *Patient* to post a single patient payment. Based on the different types selected, the system will change the display to accommodate the different fields needed for each Payment Type.

Patient Payment Type

The **Patient** Payment Type is used t post payments received from the patient.

- The system places the cursor in the *Payment Code* Field. The *Payment Code* Field is used to indicate how the patient paid. The **Magnifying Glass** can be used to access the *Transaction* Table to find the correct code if the code is not known.

- The *Receipt Date* Field is used for the date the payment was received.

Note: In any blank *Date* Field, the **Down** Arrow Key, on your keyboard, will insert Today's date for faster entry.

- The *Total Payment* Field is used for the total dollar amount the patient is paying.
- The *Reference* Field is a free text field and is most commonly used for the check number.
- The *Apply Payment* Dropdown Field is used to specify how the payment should be applied. Payments can be applied to a *Single Charge*, a *Range of Charges*, or *Moved to Unidentified*.
- The *Payment Priority* Dropdown Field is used to identify where the payment is coming from. It will be left on *Patient* for all Patient Payment Types. This field will be used more during Insurance Payment Posting.
- The *Claim Number* Field refers to the claim number of the charge the payment should be attached to. Each Charge is assigned a unique claim number at the time of posting. The claim number can be located in the Transaction List Box, next to the charge in the *Claim* Column. Entering an invalid Claim Number or character in the *Claim Number* Field will result in the *Payment Posting Charge View* Window opening. The correct claim can be selected from this window.
- The *Standard Charge, Amount Remaining,* and *Payment Amount* Fields will be populated. If the Payment is correct, press **F10** to save the transaction.

Note: If you are only posting part of the payment to the existing claim, change the *Payment Amount* Field to the correct amount. The remaining payment balance must be posted to another claim before continuing to another transaction. Please note that a *Payment Remaining* Field will appear with the amount that is left to be posted. In order to continue posting the remaining payment, enter the *Claim Number* in the *Claim Number* Field.

- The *Responsibility To* Dropdown Field refers to who is responsible for the Amount Remaining.

Note: In the *Responsibility To* Dropdown Field throughout the system, *Bypass* means leaving the responsibility where it currently is. *Primary* means primary insurance is responsible, *Secondary* means secondary insurance is responsible. *Tertiary* means tertiary insurance is responsible. *Patient* means the patient will be responsible.

Single Charge

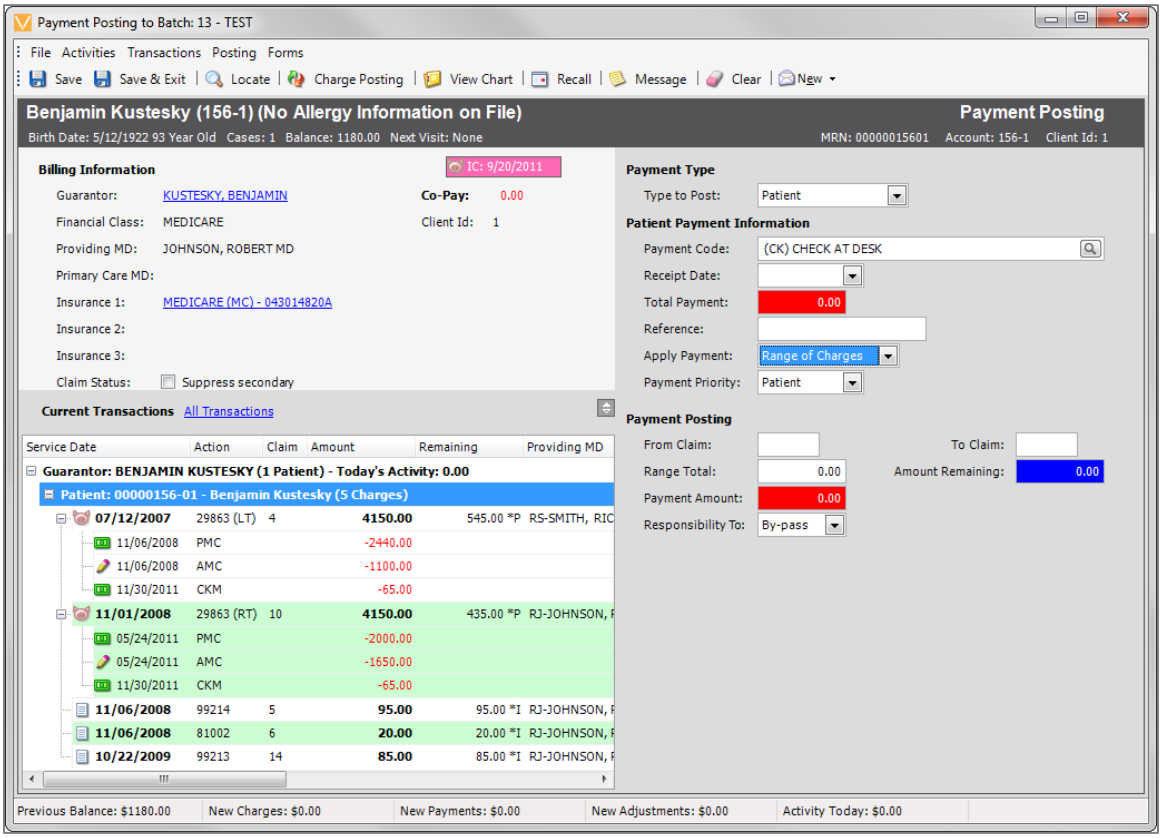
The *Single Charge* payment option is used to post a patient payment to a single transaction at a time.

1. Follow the steps from a Single Charge until the *Apply Payment* Bulleted Section. In the *Apply Payment* Dropdown Field, select *Single Charge*.

2. The *Payment Priority* Dropdown Field is used to identify where the payment is coming from. It will be left on Patient for all Patient Payment Types. This field will be used more during Insurance Payment Posting.
3. The *From Claim* Field refers to the first Claim Number the payment should be attached to.
4. If the Payment is correct, press **F10** to save the transaction.

Range of Charges

The *Range of Charges* payment option is used to post a patient payment to multiple transactions at the same time, rather than posting multiple payments individually. This option can save time.



1. Follow the steps from a Single Charge until the *Apply Payment* Bulleted Section. In the *Apply Payment* Dropdown Field, select *Range of Charges*. The *Claim Number* Field will change to a *From Claim* Field and a *To Claim* Field will appear to the right of the *From Claim* Field. The *Standard Charge* Field changes to a *Range Total* Field.
2. The *Payment Priority* Dropdown Field is used to identify where the payment is coming from. It will be left on Patient for all Patient Payment Types. This field will be used more during Insurance Payment Posting.
3. The *From Claim* Field refers to the first Claim Number the payment should be attached to.

4. The *To Claim* Field refers to the last Claim Number that a payment should be applied to.

Note: Please make sure that there are no transactions in between that range of claim numbers that are out to an insurance responsibility. Also please make sure that the claim numbers are in order of the oldest claim to the newest claim. The system will begin with the first claim and pay off the balance, if there is enough money. The system then continues to the next claim if there is money left over. The next claim will be paid off if there is enough money. The system continues with this process until it runs out of money to apply.

5. The *Range Total, Amount Remaining* and *Payment Amount* Fields will be populated. If the Payment is correct, press **F10** to save the transaction.

Move to Unidentified

The *Move to Unidentified* option allows for a payment to be made to the account without attaching it to an existing claim. This could be for a service rendered, but no charge posted yet, or even for a service not yet rendered.

1. Follow the steps from a Single Charge until the *Apply Payment* Bulleted Section. Instead, from the **Apply Payment** Dropdown, select **Move to Unidentified**.
2. The *Unidentified Payment* Window will open.
3. If the money should be applied to a different *Providing MD* or *Location*, please select the correct *Providing MD* or *Location*. If the *Providing MD* and *Location* are correct, click **Move**.

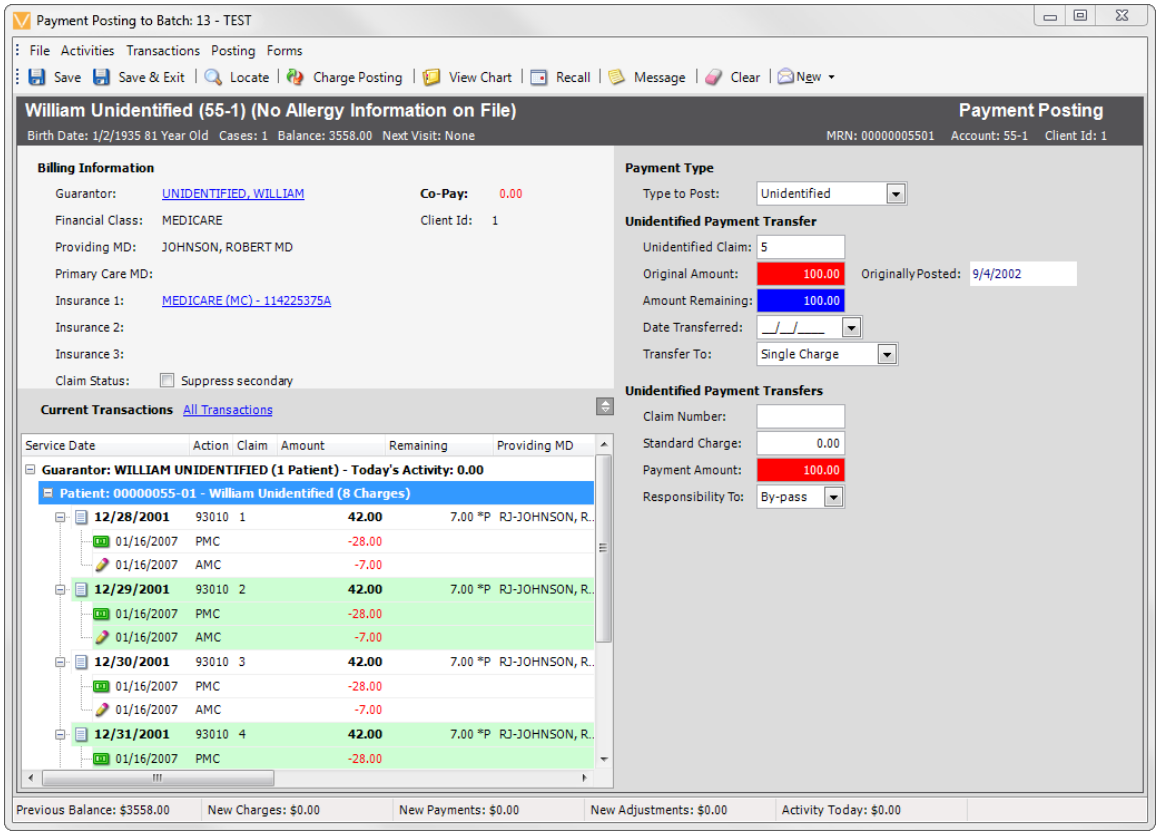
Note: Unidentified Payments that have been closed are able to be reallocated using the Unidentified Payment Type. If an Unidentified Payment is still in a batch, it cannot be reallocated using the Unidentified Payment Type. The payment would have to be deleted from the current batch it is in.

Unidentified transactions will appear with a yellow **U** Icon in the Transaction List Box. Once a closing is run, the yellow **U** Icon will turn to a blue **U** Icon in the Transaction List Box.

Unidentified Payment Type

This method of posting reallocates unidentified payments and assigns them to selected charges.

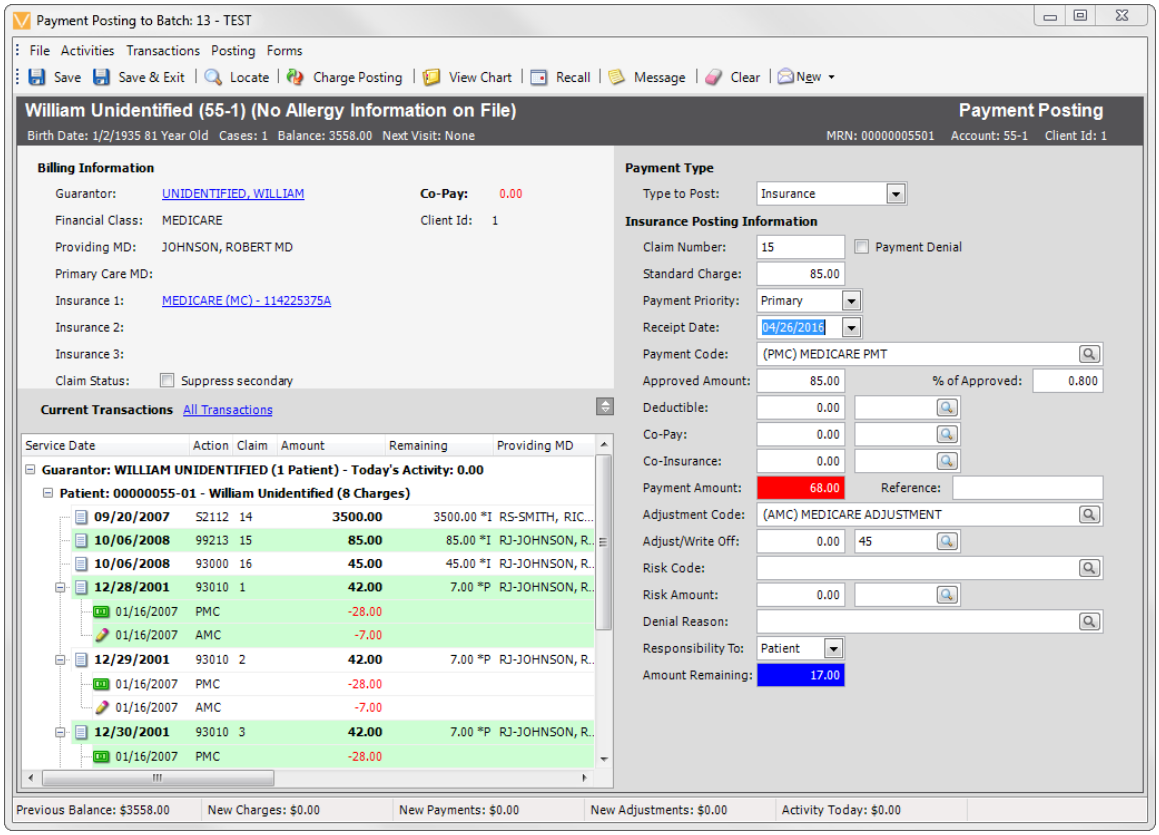
1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Unidentified*.



2. The *Unidentified Claim* Field refers to the claim number of the unidentified claim. The claim number of the unidentified payment can be found in the *Claim* Column in the Transaction List Box.
3. Once the *Unidentified Claim* Field is entered, the *Original Amount* Field will populate with the original amount of the unidentified claim. The *Originally Posted* Field will populate the original posted date.
4. The *Amount Remaining* Field is also populated based on the remaining balance of the unidentified claim.
5. The *Date Transferred* Field refers to the date the money was transferred to another claim with a balance.
6. The *Transfer To* Dropdown Field is used to identify how the payment should be applied, by either a *Single Charge* or *Range of Charges*. Once the correct option is selected please follow the steps from the section above for either Single Charge or Range of Charges beginning at the *Claim* Fields.
7. The system will automatically post an adjustment for the applied amount to the unidentified claim and the payment to the chosen claim.

Insurance Payment Type

1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Insurance*.



2. The *Claim Number* Field refers to the claim number of the charge the payment should be attached to. Enter the correct *Claim Number*.
3. Once you tab out of the *Claim Number* Field, the system pre-fills some other fields.
4. The **Payment Denial** Checkbox is used when posting insurance denials. This will be discussed in the *Denials* Section.
5. The *Standard Charge* Field pre-fills with the charge amount.
6. The *Payment Priority* Dropdown Field is used to identify which insurance is paying, *Primary*, *Secondary* or *Tertiary*. This will default to the correct order based on where the responsibility is for the charge. This can be changed in a case of a secondary payment being received before the primary payment.
7. The *Receipt Date* Field refers to the date the payment was received.
8. The *Payment Code* Field refers to the payment code set up for the insurance carrier. This information will fill in automatically when selecting the claim number. If the code needs to be changed, the **Magnifying Glass** can be used to access the *Transaction* Table to find the correct code.
9. The *Approved Amount* Field refers to the approved/allowed amount of the charge as stated from the EOB. The amount can be populated automatically if the fee schedule for the contracted amount of the carrier has been entered into the system. If the contracted amount has not been entered in the

system, the *Approve Amount* Field populates with the remaining amount of the charge.

10. The *% of Approved* Field refers to the percentage of the approved amount the carrier pays. This field is populated automatically based on the set up in the *Insurance Carrier* Table for the carrier.
11. The *Deductible, Co-Pay and Co-Insurance* Fields refer to the deductible amount, co-pay amount or co-insurance amount, if any apply. If there is a deductible, co-pay or co-insurance amount, they should be entered in the correct field. This information is stated on the EOB and should be entered.

Note: The *Co-pay* Field should be filled in with the amount the patient should pay, regardless of whether or not the patient paid already. If the patient has not paid yet, the amount will be billed. If the patient already paid then there will not be an amount remaining to bill.

12. The *Adjustment Reason Codes* fill in appropriately for the deductible, co-pay or co-insurance. However, the Magnifying Glass can be used to access the *Adjustment Reason Code* Table, if needed.
13. The *Payment Amount* Field refers to the actual amount of the payment. This will calculate based on the approved amount, percent of approved, deductible, co-pay and co-insurance amounts entered into the system.
14. The *Reference* Field is a free text field and is most commonly used for the check number or EOB number.
15. The *Adjustment Code* Field refers to the adjustment code set up for the insurance carrier. This information will fill in automatically when selecting the claim number. If the code needs to be changed, the **Magnifying Glass** can be used to access the *Transaction* Table to find the correct code. This field is used if there is any amount to be adjusted off.
16. The *Adjustment Reason Code* fills in appropriately. However, the **Magnifying Glass** can be used to access the *Adjustment Reason Code* Table, if needed.
17. The *Adjust/Write Off* Field is the amount to be adjusted off. This amount will populate based on the charge amount minus the approved amount.
18. The *Risk Code* Field and the *Risk Amount* Field will be used if the insurance calculates a risk adjustment. The *Risk Code* Field refers to the risk adjustment code set up for the insurance carrier. This information will fill in automatically when selecting the claim number, if applicable. If the code needs to be changed, the **Magnifying Glass** can be used to access the *Transaction* Table to find the correct code. The *Risk Amount* Field will need to be filled in with the amount of the risk adjustment. This may also require you to adjust the *Payment Amount* Field. The *Adjustment Reason Code* fills in appropriately. However, the **Magnifying Glass** can be used to access the *Adjustment Reason Code* Table, if needed.
19. The *Denial Reason* Field is used when posting insurance denials. This will be discussed in the Denials Section.

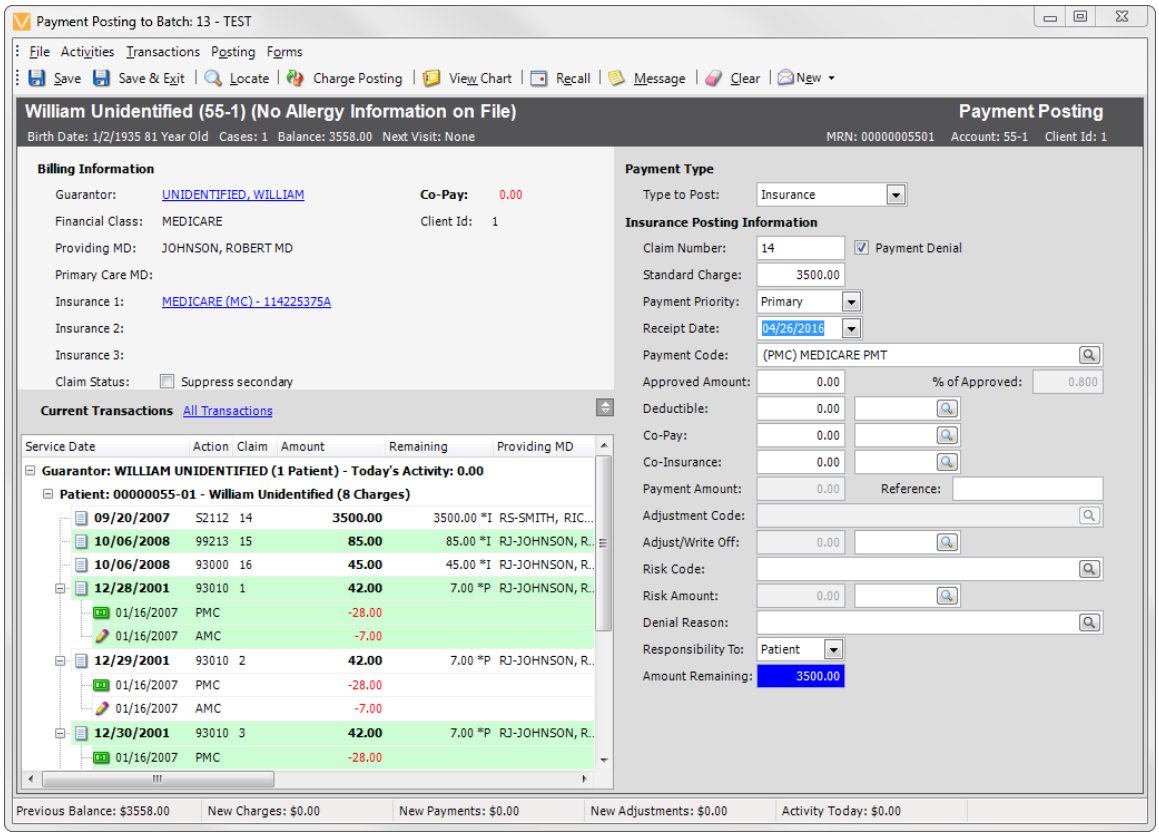
20. The *Responsibility To* Dropdown Field refers to who is responsible for the Amount Remaining. This field can be set by a parameter setting that will allow the system to automatically roll the responsibility to the correct one.
21. The *Amount Remaining* Field is populated with the remaining balance of the claim.
22. To save the transaction, press the **F10** Key.

Note: At any point during posting, if all of the necessary information is entered, a transaction can be saved. The user does not have to go through each of these items if they do not apply. For instance, if everything was correct once the *Approved Amount* was entered, the user can Press **F10** then.

Payment Denial Posting

It is necessary to post the insurance denials if you wish to track them in the system. The following section will instruct you on how to post the denial, as well as how to track the denials in the system.

1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Insurance*.
2. Once you have entered the correct Claim Number, check the **Payment Denial** Checkbox.



3. Once the checkbox is checked, the system will automatically inactivate the fields that are no longer needed. The remaining fields can be filled in appropriately.

Note: The system can also be set to populate the *Payment Code* Field with a denial payment code, if set up in the *Insurance Carrier* Table for the selected insurance carrier. Also a default *Denial Reason* can be set up to populate as well.

4. The *Denial Reason* Field would need to be filled in if the practice wishes to be able to track denials by reason. The **Magnifying Glass** can be used to access the *Denial* Table.
5. Press **F10** to save the transaction.

Tracking a Patient's Denial History

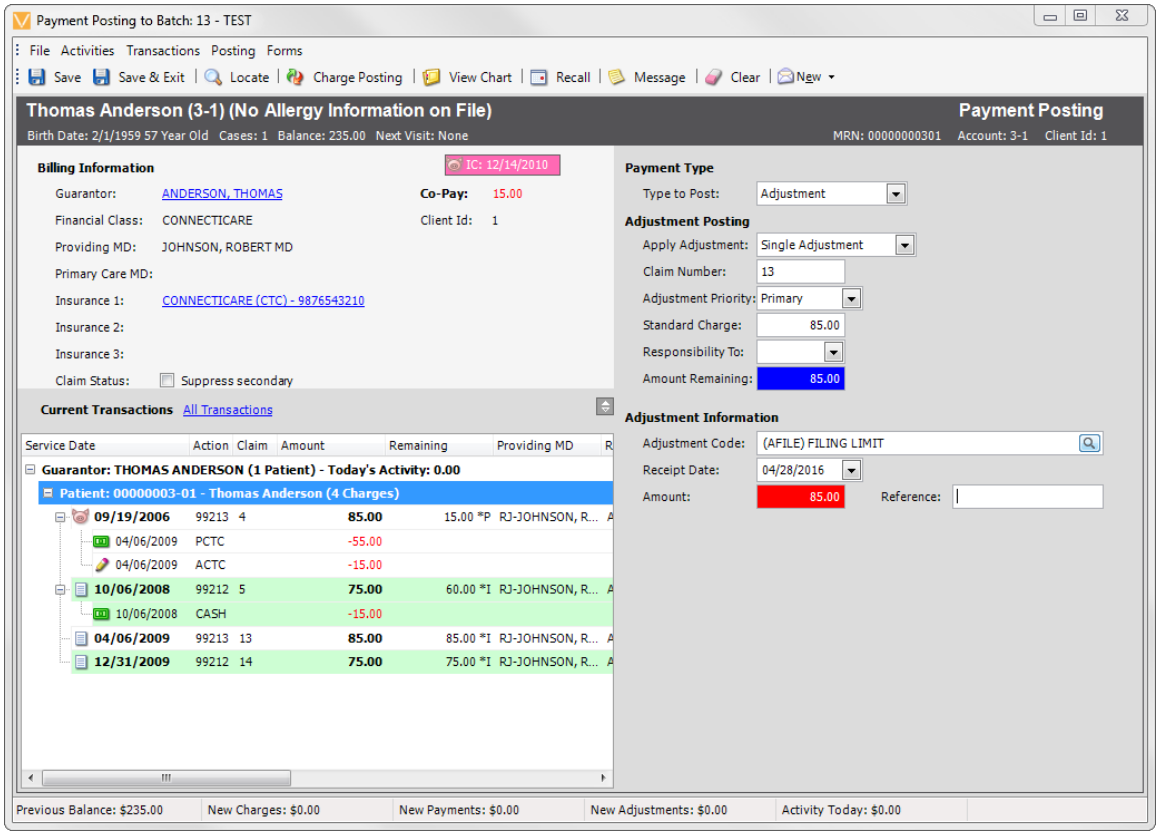
You can track a patient's denial history from their chart.

1. Once in a Patient Chart under the *Patient Definition*, click the *Inquiry* Section.
2. Highlight the charge the denial is attached to.
3. Click **Transactions** from the Menu Bar, then select *Denial History*.
4. The *Transaction Denial History* Table will open.

Note: Through Practice Reporter, denials can be tracked by dates and other options as well by running the *Denial Tracking by Financial Class* Report under *Insurance*.

Adjustment Payment Type

1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Adjustments*.



2. The *Adjustment Code* Field refers to the code that will be used for the *Adjustment*. These codes can be as specific as the practice would like them to be for tracking purposes. The **Magnifying Glass** can be used to access the *Transaction* Table.

Note: An Adjustment Credit will apply a credit on the transaction, which will take money off of the balance. An Adjustment Debit will add money to the balance.

3. Enter the date in the *Receipt Date* Field.
4. The *Amount* Field refers to the amount to be adjusted from the transaction.
5. The *Reference* Field is a free text field and is mostly commonly used for the check number or EOB number. In this case, it may be left blank.
6. The *Claim Number* Field refers to the claim number of the transaction that should be adjusted.
7. The system will automatically pre-fill the *Standard Charge* Field with the amount remaining on the transaction.
8. The *Responsibility To* Dropdown Field needs to have the appropriate responsibility selected, if there is a balance remaining on the transaction in the *Amount Remaining* Field.
9. Press **F10** to save the adjustment.

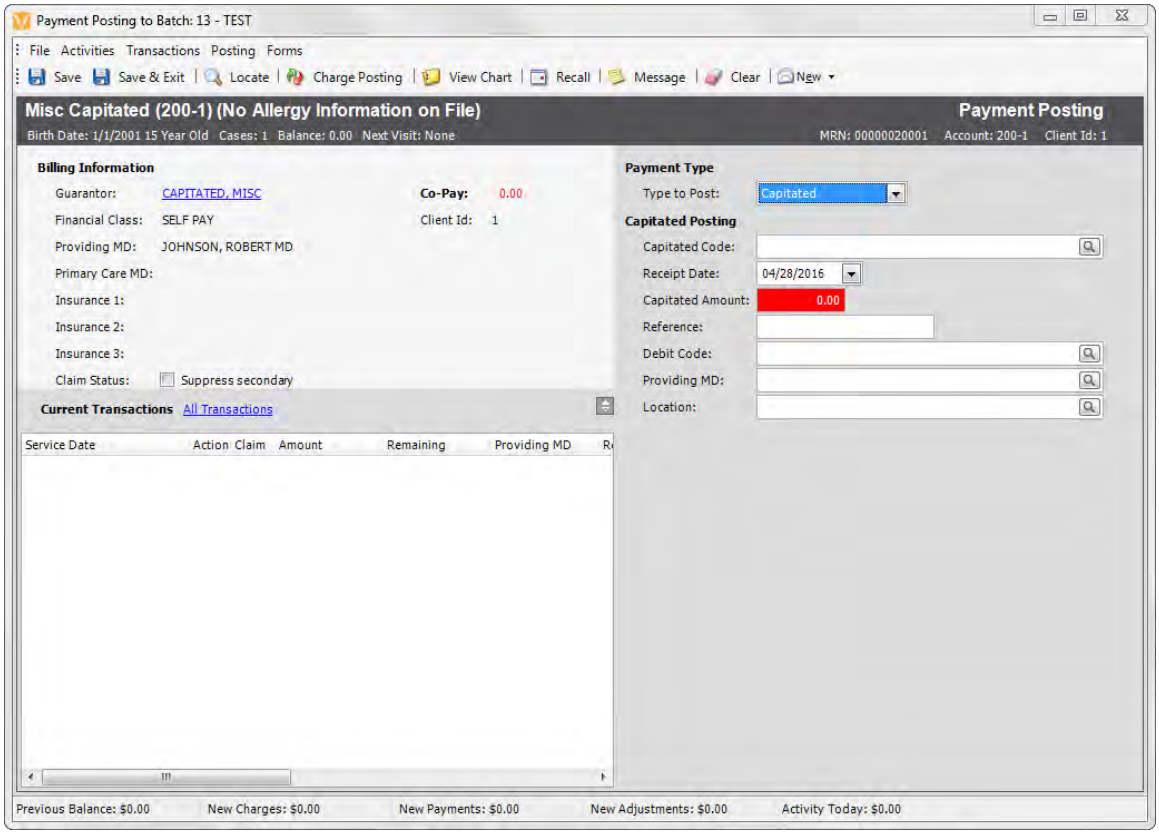
Capitated Payment Type

The Capitated *Type to Post* Dropdown is used to post capitated payments from a capitated carrier and also adjust it off at the same time. This will prevent the capitated payment from affecting the Accounts Receivable (AR).

Note: It is recommended that a miscellaneous capitated account be created to post the capitated payments to. The individual patient accounts have the charge posted to the account. The charge is automatically adjusted off for a capitated adjustment based on the set up of the insurance carrier, at the time of charge posting.

To post the Capitated Payment:

1. From within your payment batch, the *Type to Post* Dropdown should be set to *Capitated*.



2. The *Capitated Code* Field refers to the capitated transaction code. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
3. The *Receipt Date* Field should reflect the date the capitated payment was received.
4. The *Capitated Amount* Field refers to the total amount of the capitated payment.
5. The *Reference* Field is a free text field. It is most commonly used to reflect a check number or an EOB number.

6. The *Debit Code* Field refers to the transaction debit code for the capitated payment. This will ensure that the payment is debited off immediately, preventing it from affecting the AR. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
7. The *Providing MD* Field refers to the provider who the revenue should be tracked to.
8. The *Location* Field refers to the location where the revenue should be tracked to.
9. Select **F10** to save the transaction.

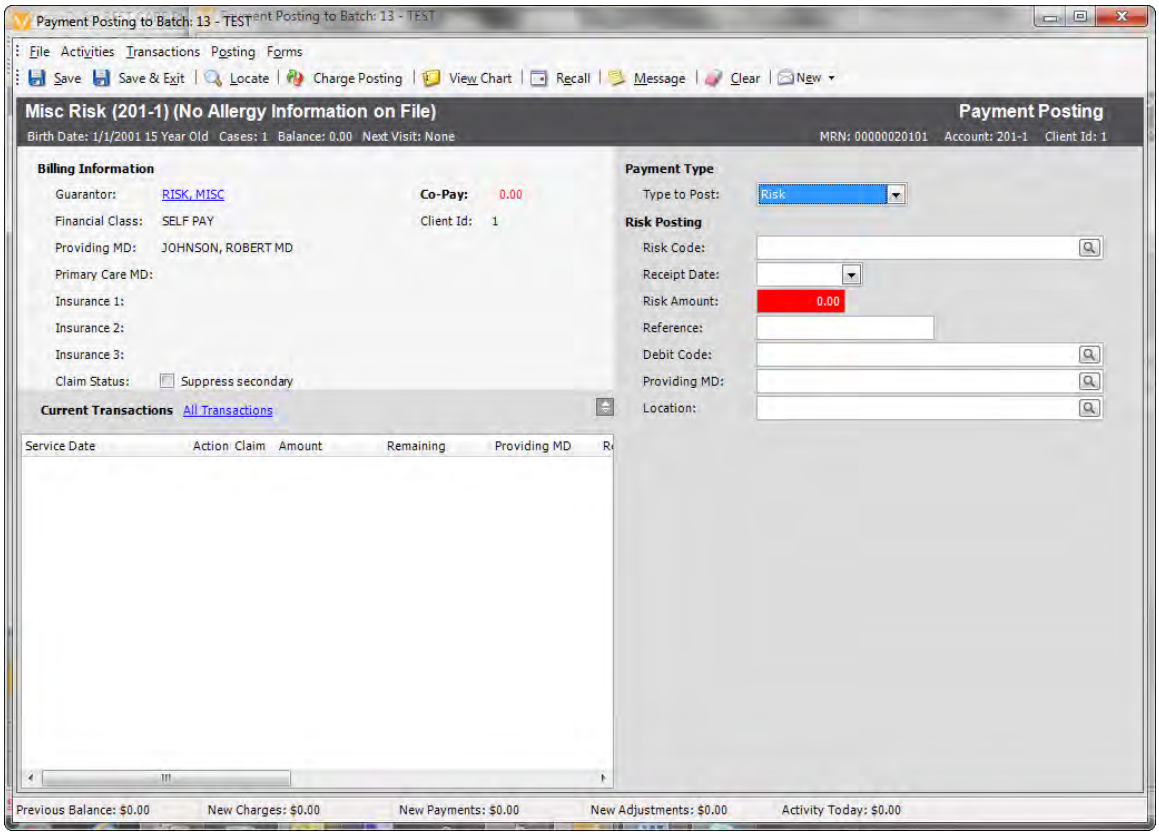
Risk Payment Type

The Risk *Type to Post* Dropdown is used to post risk payments from a risk carrier and also adjust it off at the same time. This will prevent the risk payment from affecting the AR.

Note: It is recommended that a miscellaneous risk account be created to post the risk payments to. The individual patient accounts have the risk withhold posted to the originally received payment for the individual charge. This *Type to Post* option is for posting the lump sum payment received from the carrier at the end of the year.

To post the Risk Payment:

1. From within your payment batch, the *Type to Post* Dropdown should be set to *Risk*.



2. The *Risk Code* Field refers to the risk payment code. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
3. The *Receipt Date* Field should reflect the date that the risk payment was received.
4. The *Risk Amount* Field should reflect the total amount of the risk payment.
5. The *Reference* Field is a free text field. It is most commonly used to reflect a check number or EOB number.
6. The *Debit Code* Field refers to the transaction debit code. This will automatically debit off the payment so that it does not affect the AR. The **Magnifying Glass** will allow you to access the *Transaction Code* Table.
7. The *Providing MD* Field refers to the provider who the revenue should be tracked to
8. The *Location* Field refers to the location where the revenue should be tracked to.
9. Select **F10** to save the transaction.

Interest Payment Type

The **Interest** Type to Post Dropdown is used to post an interest payment made by the insurance carrier.

To post an interest payment:

1. From within the payments batch, select **Interest** from the **Type to Post** Dropdown.
2. Select the appropriate payment code from the **Payment Code** Magnifying Glass.
3. Enter the date that the interest payment was received in the *Receipt Date* Field.
4. Enter the amount of the interest payment in the *Interest Amount* Field.
5. The *Reference* Field can be used to enter the check number that the payment was received on.
6. Just as with Capitated and Risk payments, the system will automatically debit off the interest payment. Select the appropriate adjustment code from the **Debit Code** Magnifying Glass.

Note: They system will automatically debit off the interest payment because this is not money that was billed for and should not be considered when tabulating the A/R.

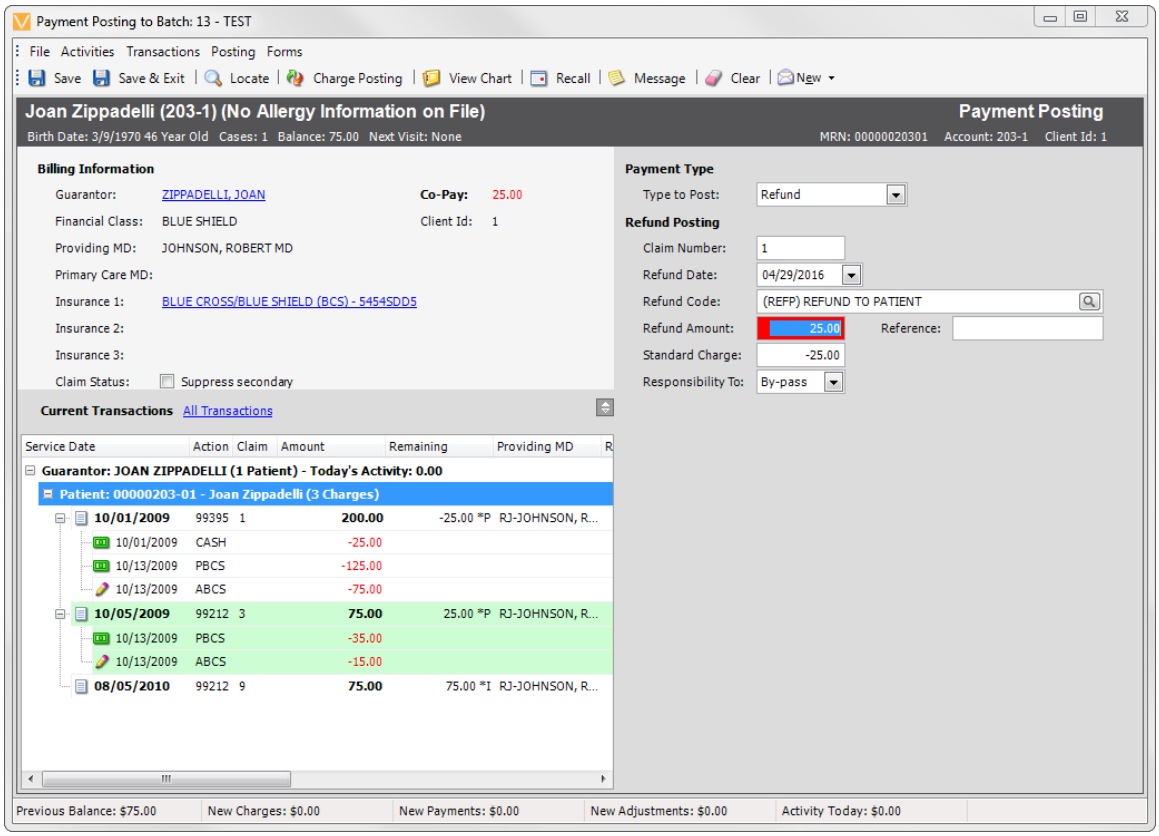
7. Link the interest to the appropriate provider and service location by selecting the **Provider** and **Location** Magnifying Glasses.
8. Select **F10** to save the transaction.

Refund Payments

The Refund **Type to Post** Dropdown is used to post both refunds to the patient or the insurance carrier for credits on an account.

To post a refund:

1. From within the payments batch, select **Refund** from the **Type to Post** Dropdown.



2. The *Claim Number* Field refers to the claim number in the Transaction List Box that is being refunded.
3. The *Refund Date* Field should reflect the date the refund was issued.
4. The *Refund Code* Field refers to the Transaction Code used to issue the refund. The **Magnifying Glass** will take you to the *Transaction Code* Table.

Note: Posting a refund to a patient or to an insurance carrier is set up the same way. The Refund Code is the only difference. For example, for a refund to a patient, a Refund Code of REFP can be used. For a refund to an insurance carrier, a Refund Code of REFI can be used. Although, additional refund codes can be created by accessing the *Transaction Code* Table.

5. The *Refund Amount* Field should reflect the total amount of the refund being issued.
6. The *Reference* Field is a free text field. It is most commonly used to reflect a check number or an EOB number. In this case, the check number should be the check number being issued by the practice.

7. The *Standard Charge* Field will pull forward the remaining balance from the selected claim number.
8. The *Responsibility To* Field is used to reflect who is responsible for the balance (*Patient*, *Insurance*, *By-Pass*) if one is created by posting this transaction. If a total refund of the amount remaining is being issued, the *Responsibility To* Field can remain at *By-Pass*.

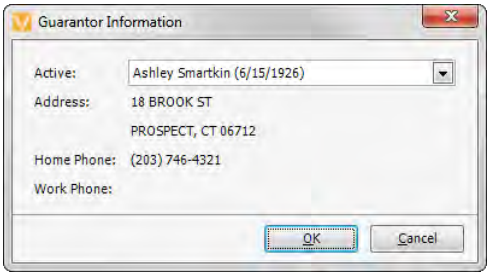
Posting Payments for Multiple Guarantors

Charge Posting

When posting a charge the system will, by default, associate that charge to the *Active* guarantor. When the charge rolls to a patient responsibility the correct guarantor will receive the statement.

To associate a charge with a non-active guarantor:

1. Select the *Guarantor Name* Link in Charge Posting and then select another guarantor from the list. The *Guarantor Information* Window will open.



Note: If the practice is utilizing the Suspense Area, this can also be done from there.

2. Select the appropriate guarantor from the **Active** Dropdown Arrow.
3. When finished, click the OK Button to save the changes and return to the *Charge Posting* Window.

If a patient has charges associated with more than one guarantor, charges will then become grouped by guarantor in Charge and Payment Posting, Suspense, and the *Inquiry* Section of Patient Definition. In all of these areas the charges associated with the *Active* guarantor will be expanded by default. The charges associated with the *Inactive* guarantor will be collapsed and will need to be expanded for viewing.

Transaction Update with Multiple Guarantors

A transaction update can be performed to change the *Active* guarantor on a charge. This can be done from the **Active Guarantor** Dropdown in the Transaction Update Window.

Note: For more information on performing a Transaction Update, reference the *Transaction Update* Section below.

Statements with Multiple Guarantors

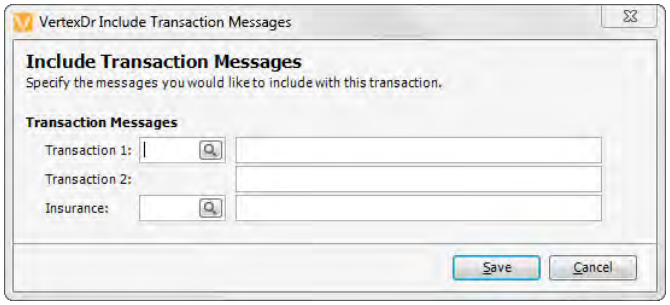
Closing statements will be issued to the guarantor who is associated with the charge.

When printing an On-Demand Statement for a patient who has charges associated with multiple guarantors the user has the option to select a guarantor from the *Guarantor* Field on the *Statement Selection* Window. Any statement printed will then display the chosen guarantor regardless of which guarantor is associated with the charge. If no guarantor is selected, then the guarantor associated with the charge will display on the statement when printed. If multiple charges are selected to be printed then a statement will print for each guarantor's associated charges.

Adding a Message to a Transaction

A message can be attached to any type of transaction. Messages are used to provide additional information regarding the transaction. These messages can be messages that need to be provided for the patient or the insurance carrier.

1. A message can be attached to any transaction by clicking the **Message** Button from the Toolbar. The *Include Transaction Messages* Window will open.



   - The *Transaction 1* and *2* Fields are used for messages that will appear on a patient's statement. All fields are free text, although a table of standard messages can be built to select from, by clicking on the **Magnifying Glass**.
   - The *Insurance* Field is used for messages that will appear as comments attached to the transaction on the claim to the insurance carrier. This field is free text, or a standard message can be selected by clicking on the **Magnifying Glass**.

2. Once the correct messages have been entered, click the **Save** Button to save the message(s) to the transaction.

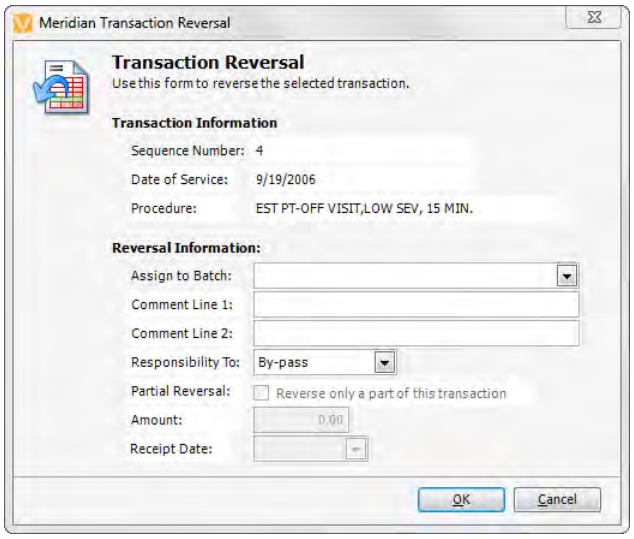
Reversals

VertexDr Practice Manager has the ability to reverse out charges, as well as full and partial payments. The following section will demonstrate each of these options. A reversal must be used when a transaction has already been closed on, since the transaction cannot be deleted once it is truly posted by a closing.

Charge Reversal

1. From within a batch, highlight the transaction in the Transaction List that you wish to reverse.

2. From the Menu Bar, select **Transactions**, then select *Reverse Transaction*. The *Transaction Reversal* Window will open.



3. From the *Assign to Batch* Dropdown, select the existing batch you would like this reversal to be attached to.
4. *Comment Line 1* and *Comment Line 2* are free text fields. Comments about why this transaction is being reversed can be entered here.
5. The *Responsibility To* Field should be set to reflect who is responsible for the balance if posting this reversal creates one.
6. Click the **OK** Button to reverse the entire payment.

Note: If there are payments and/or adjustments already posted to the charge you are reversing; those transactions will also need to be reversed. The system will simply issue them as a credit to the account; it will not automatically reverse them.

Full Payment Reversal

1. From within a batch, highlight the transaction in the Transaction List that you wish to reverse.
2. From the Menu Bar, select **Transactions**, then select *Reverse Transaction*. The *Transaction Reversal* Window will open.
3. From the *Assign to Batch* Dropdown, select the existing batch you would like this reversal to be attached to.
4. *Comment Line 1* and *Comment Line 2* are free text fields. Comments about why this transaction is being reversed can be entered here.
5. The *Responsibility To* Field should be set to reflect who is responsible for the balance if posting this reversal creates one.
6. Click the **OK** Button to reverse the entire payment.

Partial Payment Reversal

To reverse a partial payment, follow the same steps as posting a full payment reversal up to Step 5, then follow the steps below.

1. Click the **Reverse only a part of this transaction** Checkbox. The Amount Field will become available.
2. In the *Amount* Field, type in the partial amount that should be reversed.

Note: This amount must be a negative number. Posting a positive dollar amount will post a credit rather than a reversal.

3. The *Responsibility To* Field should be set to reflect who is responsible for the balance if posting this reversal creates one.
4. Click the **OK** Button to reverse the partial payment.

Reversals from Patient Definition

Payments and charges can also be reversed from inside of Patient Definition. From Patient Definition, select the *Inquiry* Section. Once in the *Inquiry* Section, follow the steps above to reverse a charge, full payment, or partial payment.

Batch Verification

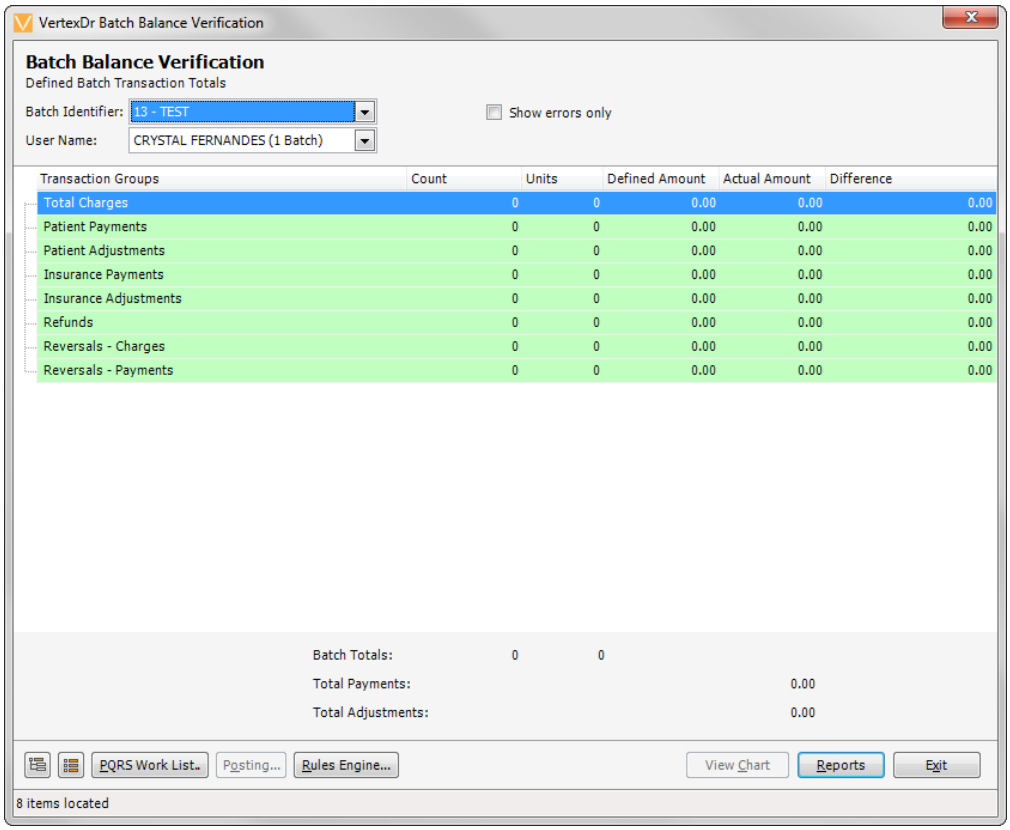
Once you have finished posting, VertexDr Practice Manager provides several checks to complete the batch.

Verify Totals

Verify Totals will allow each user to view the charges and/or payments posted within each batch.

To verify the totals within the batches:

1. From the Posting Area, select the **Verify Totals** Button in the toolbar at the top. The *Batch Balance Verification* Window will open.



2. The *Batch Identifier* Dropdown will allow you to view the totals for your other batches if there are any.
3. The *User Name* Dropdown will allow you to select a different user to view their batches if your user securities permit this.
4. To expand or contract the Transaction Groups either click the **Expand** or **Contract** Button or click the **Plus Sign** next to the group(s) you would like to view. If the dollar amount being posted was defined at the time the batch was created and if posting was performed without errors, the dollar amounts in the *Defined Amount* Column will match the dollar amounts in the *Actual Amount* Column. If any differences exist, they are displayed in the *Difference* Column. If there are any amounts in the *Difference* Column, the batch is incomplete or has errors.

Rules Engine

The **Rules Engine** Button runs all batch checks.

- Duplicate Check
- CodeCorrect
- Claims Rules

Note: CodeCorrect and Claims Rules are purchasable modules. Contact the Support Department for additional information.

Duplicate Check

The **Duplicate Check** checks for duplicate transactions within the selected batch. Duplicate Check searches the batch for duplicate transactions always based on account, date of service, and transaction. Two additional items of modifiers and providers may also be a factor in determining a duplicate, if set appropriately.

To access Duplicate Check:

1. From within the *Claims Check* Window, click the **Duplicate Check** Checkbox. Select the **OK** Button to run the duplicate check. The *Duplicate Charge Report* Window will open.
2. Report Options – the checkboxes will allow you to tell the system to ignore the modifiers or the providers. For example, if you check the box for these options, the system will only look for a match on account, date of service and transaction. If you leave both of these boxes unchecked the system will look for a match on account, date of service, transaction, modifier and provider. That would mean that all five items would have to be identical in order for the system to kick the claim out as a duplicate.
3. Click the **OK** Button to run Duplicate Check. A print preview will open immediately, even if the system finds no duplicate transactions.

Code Check

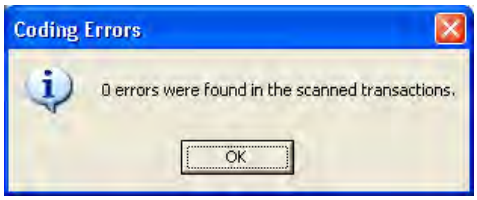
Medical Management has teamed up with CodeCorrect® to offer its clients a comprehensive coding compliance tool. OHS Code Check bundles CodeCorrect®'s online CCI and LMRP edits to help verify transaction accuracy and compliance.

Note: Code Check requires an internet connection. Enabling Code Check carries an additional charge, set-up fee, and training fee.

To run Code Check:

1. From within the *Claims Check* Window, select the **Code Check** Checkbox and then select the **OK** Button. The *Coding Errors* Message will appear and display the number of errors found, if any.

Note: If you have also selected to run the Duplicate Check, the system will first run the Duplicate Check. Once the report print preview is closed, Code Check will then run.



2. Click the **OK** Button to view a print preview of the errors. If no errors were found, click the **OK** Button to exit the *Coding Errors* Message.

3. The report will list the patient's name, account number, and pertinent information about the transaction with errors. It will also list the error directly below the line item. Both errors and warnings will be flagged.
    - If there are errors, **Red Exclamation Point** Icon will appear in the *Service Date* Column to the left of the Service Date and an error report will automatically generate. Use the error report to review which accounts have Code Check errors so that they may be corrected before being submitted with the closing.

Note: The system will *not* prevent transactions with Code Check errors from being submitted if they are not corrected. If transactions with unfixed Code Check errors are in an unsuspended batch when a closing is run, they will be submitted with the rest of the transactions as usual.

Code Check Error Report:

- Errors display with an E_ on the report. Errors may result in transactions being denied and should be fixed before the closing runs.
- Warnings display with a W_ on the report. Warnings may or may not result in a denial. Addressing warnings is recommended at the discretion of the user.

Rule Check

Rule Check was created by Medical Management to help practices identify broken insurance claims rules within the selected batch. Similar to Code Check, broken claims rules will not prevent a transaction from being submitted. The system merely adds the transactions to a worklist where they can be corrected if necessary.

Note: There is an additional fee associated with the set-up of Rule Check.

To run Rule Check:

1. Select the **Rule Check** Checkbox from the *Claims Check* Window. If the system finds broken claims rules errors, the *Broken Claims Rules* Window will open.

Note: If you have selected to also run the Duplicate Check and Code Check, the system will first run both of those checks. Once the associated reports have been closed, the system will then automatically run Rule Check.

2. The *Broken Claims Rules* Window will display the patient's name as well as some of the charge information, including the charged amount, the transaction date, and the providing doctor.
3. To view the highlighted patient's *Inquiry* screen, click the **Inquiry** Button at the bottom of the window.
4. To access charge posting so changes can be made to the appropriate transaction(s), click the **Charge Posting** Button.
5. To exit the *Broken Claims Rules* Window, click the **Exit** Button.

Closing Edits

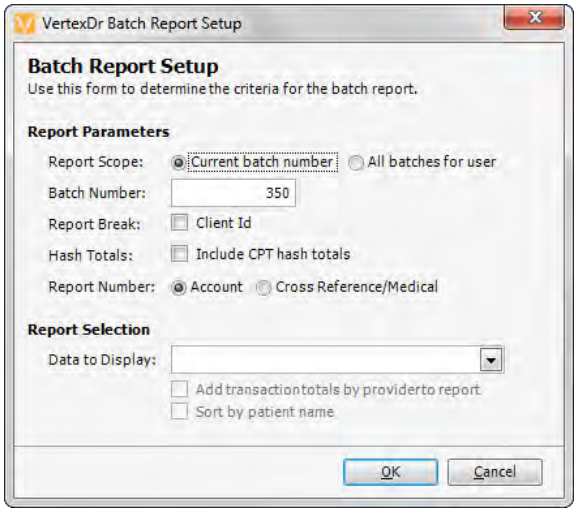
Closing Edits will search the batches for any errors which may cause a closing halt. When a closing halt occurs, a closing is not run for the day and no claims are processed. For example, if a payment batch is released and the corresponding charges batch is suspended, the system will not be able to close because the payments cannot be posted.

To run Closing Edits:

1. From within the *Posting* Window, click the **Closing Edits** Button in the toolbar.
2. If you would like to have the system run the check on all transactions, please click **No**. If you would like the system to by-pass certain transaction types, click the **Yes** Button.
3. If a closing edit is found, a print preview will open. The report can be printed from here. Be aware, if the error is not fixed before a closing is attempted, then the closing will not run and no transactions will be processed for the day.

Batch Reports

Reports can be accessed from the posting screen or from inside the *Batch Balance Verification* Window. Either way, select the **Report** Button. The *Batch Report Setup* Window will open.



- The **Current Batch Number** Radio Button allows you to run the selected report for only the batch you had highlighted.
- The **All batches for user** Radio Button will print the selected batch report for all of the batches if the user had multiples.
- The *Batch Number* Field will display the batch number for the selected batch if the **Current batch number** Radio Button is selected. This area will be grayed out if the **All batches for user** Radio Button is selected.

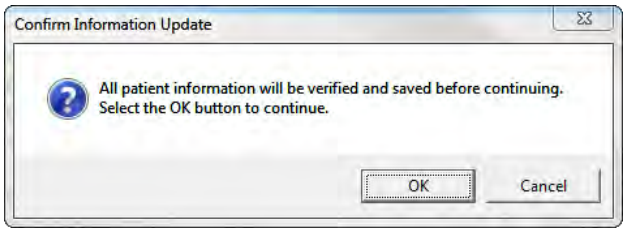
- The **Client ID** Checkbox will separate the report by client ID if the practice has multiple profiles.
- The **Include CPT hash totals** Checkbox will include the Hash Totals for the charge codes on the report.
- The **Account** Radio Button will display the system generated account number on the report.
- The **Cross Reference/Medical** Radio Button will display the cross reference number from **Patient Definition** on the report if that field is being used by the practice.
- The **Data to Display** Dropdown will allow you to select the type of report that you would like to run.
    1. *Summary Report of Group Totals* – this report will provide totals only by transaction type. No patient information is displayed.
    2. *Detail Report in Posted Order* – this report will display all posted transactions in a line-item-view in user posted order. Transaction type totals are also provided at the end of the report.
    3. *Detail Report in Accession Number Order* – this report will display all posted transactions in a line-item-view in check number order.
    4. *Payments Only* – this report provides payment totals only. No patient information is displayed.
    5. *Payments Only with Procedure Totaling* – This report displays each payment, and also totals the top ten procedure (payment) codes at the bottom of the report.

Transaction Update

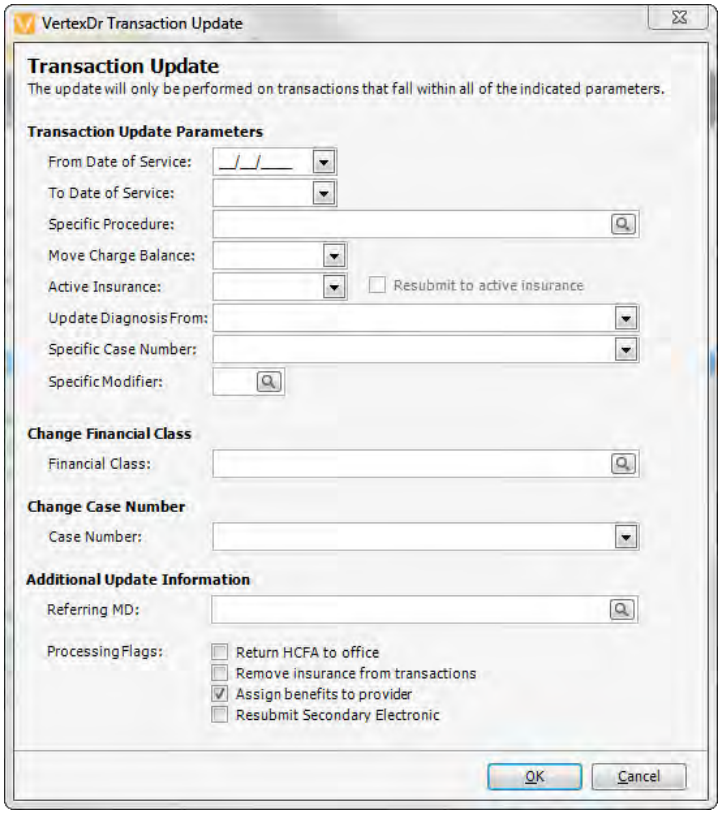
Transaction Update allows changes to be made (such as updating insurance or changing the case) to transactions that have already been posted and closed to a patient's account. This section will cover all of the options in the *Transaction Update* Window, however, not all of these items may be required for every transaction update.

1. From the *Inquiry* Section within Patient Definition, select **Transactions** from the Menu Bar, then select *Transaction Update*.

2. The *Confirm Information Update* Window will open. This window is telling you that the system will save all demographics. Click the **OK** Button to continue.



3. The *Transaction Update* Window will open.



4. The *From Date of Service* and *To Date of Service* Fields allow you to set a date range for the transaction(s) being updated.
5. The *Specific Procedure* Field allows you to define a specific procedure code within the specified date range.
6. The *Move Charge Balance* Dropdown Field indicates where the responsibility of the transaction should be updated to.
    - If the insurance carrier is being changed, select *Insurance* from the dropdown.
    - If this transaction is being moved to the patient's responsibility, select *Patient* from the dropdown.
7. The *Active Insurance* Dropdown Field refers to the insurance priority the transaction(s) are being updated to. For example, if the patient had new

primary insurance and the transaction(s) need to be resubmitted to the new primary insurance, select *Primary* from the dropdown.

Note: If Transaction Update is being used to change insurance on transaction(s), be sure to make the change on the *Insurance* Section of Patient Definition first.

8. Select the **Resubmit to active insurance** Checkbox if the transactions should be resubmitted to the specified insurance during the next closing. Not checking this checkbox will update the information on the exploded transaction, but it will not resubmit.
9. The *Update Diagnosis From* Dropdown Field allows you to update the diagnosis to reflect the diagnosis on either the patient's case or the *Status* Section of Patient Definition.
10. The *Specific Case* Dropdown Field refers to the current case that the transaction is posted to. Select the original case from the dropdown if the case information needs to be changed.
11. The **Financial Class** Magnifying Glass allows you to update the financial class on the indicated transaction(s).
12. The *Case Number* Dropdown Field under the *Change Case Number* Section will allow you to select the appropriate case that the indicated transactions should be updated to.
13. The *Active Guarantor* Dropdown Field under the *Change Active Guarantor* Section will allow you to update the guarantor if multiples exist on the account. This is primarily used for Family Billing.
14. The *Referring MD* Field allows you to update the referring provider on the indicated transaction(s). The **Magnifying Glass** will take you to the *Provider* Table.
15. The *Processing Flags* refer to:
    - *Return HCFA to office* – this will create a paper claim during the closing.
    - *Remove insurance from transaction* – this will remove the insurance from the indicated transactions. This is useful for patients who did not have insurance at the time of visit and the insurance was not deleted from the *Insurance* Section of the Patient Definition.
    - *Assign benefits to provider* – this will ensure that any payments that come in for the indicated transactions will be sent to the office and not directly to the patient.
    - *Resubmit secondary electronic* – if you have selected to resubmit the specified transactions to the secondary carrier and the carrier accepts secondary claims electronically, check the checkbox.

Note: Not all carriers accept secondary claims electronically. Be sure the carrier you have chosen does before checking the checkbox.

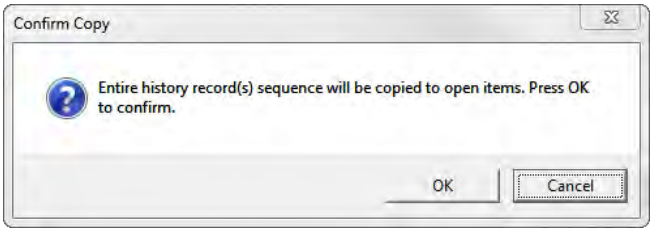
16. When finished setting up the *Transaction Update* Window, click the **OK** Button. If selected to, the specified transactions will resubmit appropriately during the next closing. Any changed information, such as insurance changes, can be viewed immediately from the exploded transaction in the *Inquiry* Section.

Pulling Transactions from History

Transactions that have rolled to History cannot be accessed from the posting area until they are pulled from History.

To pull a transaction from History:

1. From the *Inquiry* Section in Patient Definition, select the **History** Radio Button in order to view the transactions in History.
2. Highlight the transaction you wish to pull.
3. From the Menu Bar, select **Transactions,** then *Pull Transaction from History*.
4. The *Confirm Copy* Message will appear.



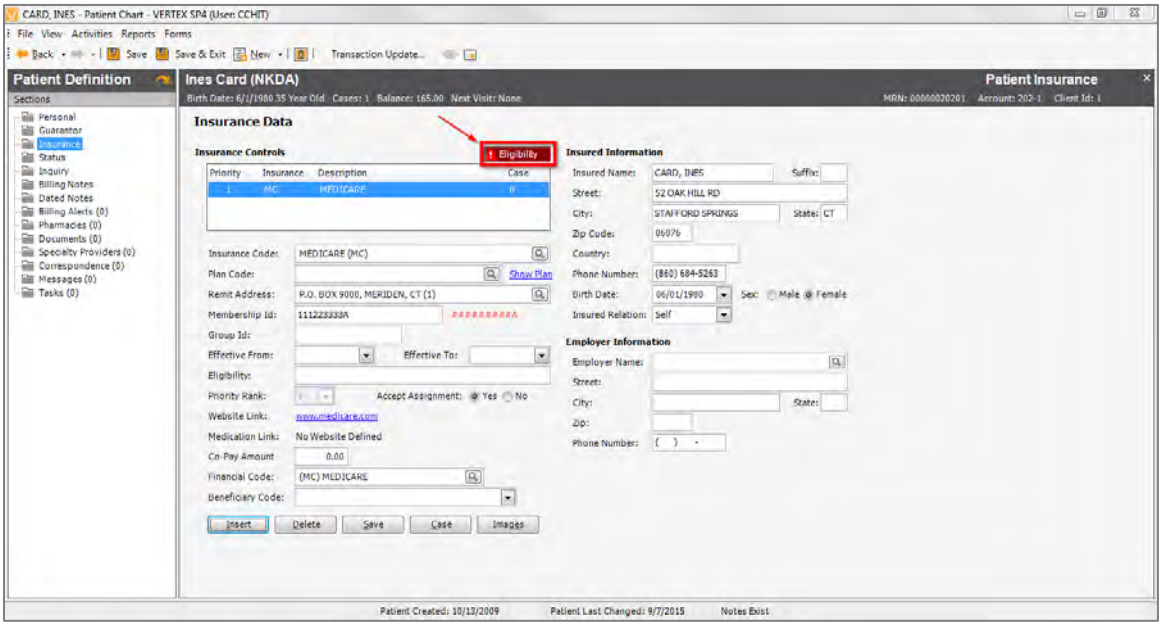
5. Click the **OK** Button to copy the transaction from History into Open. The screen will remain in the **History** Radio Button allowing you to select another transaction to pull.
6. If you would like to verify the copy, select the **Open** Radio Button to view the open items.

Electronic Eligibility Checking

The Practice Suite has several ways of checking insurance eligibility electronically for the insurance carriers that allow the system to do so. This section of the manual will cover electronic eligibility from inside of Patient Definition, as well as Batch Eligibility.

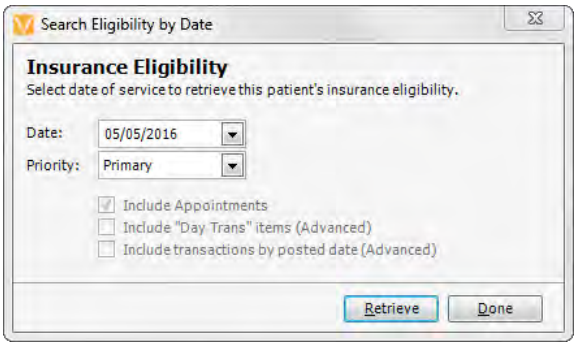
Eligibility in Patient Definition

Within Patient Definition users are visually signaled that insurance eligibility can be checked electronically by a red Eligibility Flag on the *Insurance* Section.



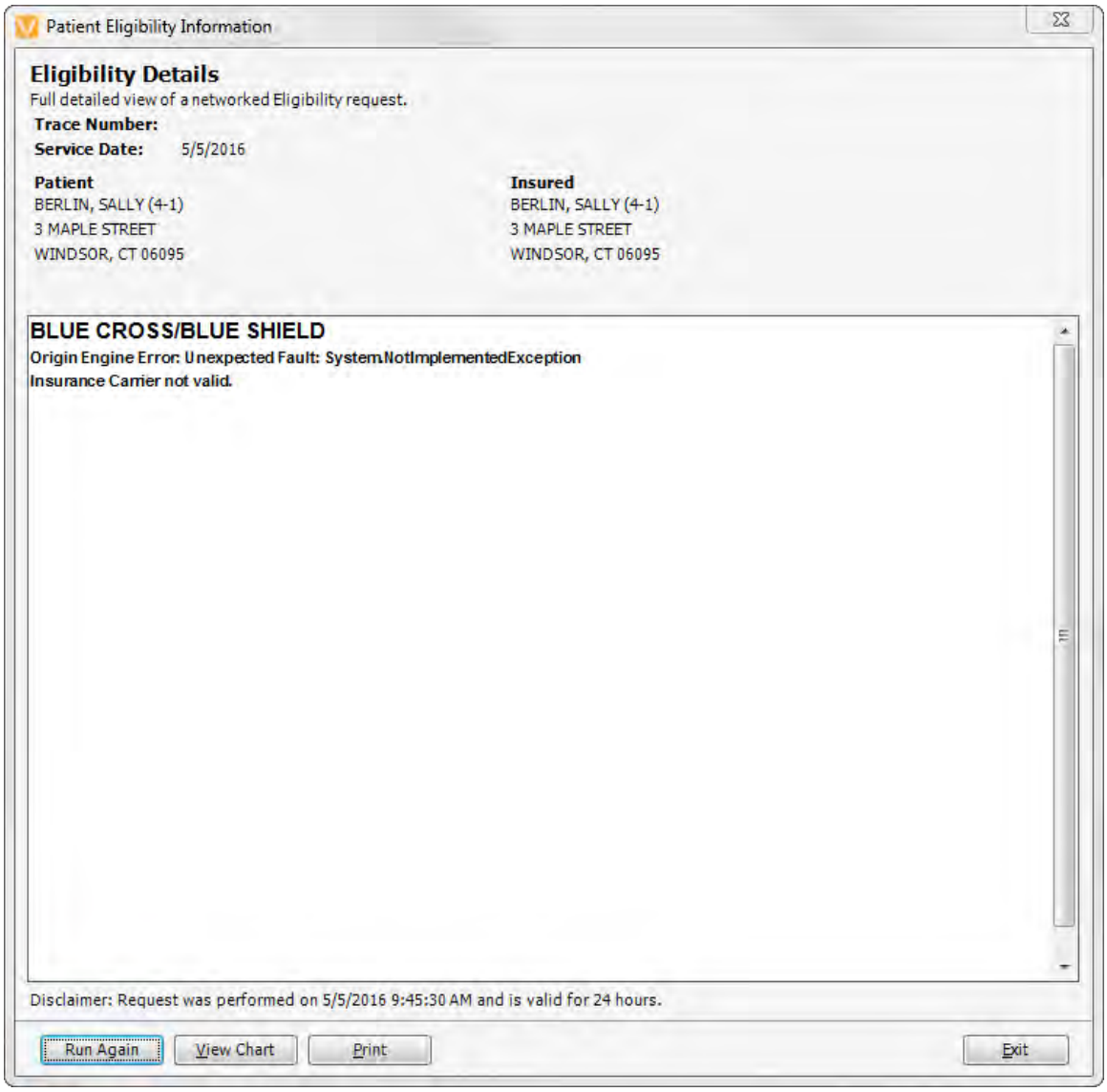
To view the patient's insurance benefit information:

1. Select **Activities** from the Menu Bar, and then select *Eligibility*.
2. Select *Insurance Eligibility*. The *Search Eligibility By Date* Window will open.



3. The *Date* Field will default to today's date.
4. Select the insurance priority you would like the system to check eligibility for: *Primary*, *Secondary*, or *Tertiary*.

5. Select the **Retrieve** Button to initiate the service and generate the report. The *Patient Eligibility Information* Window will open.



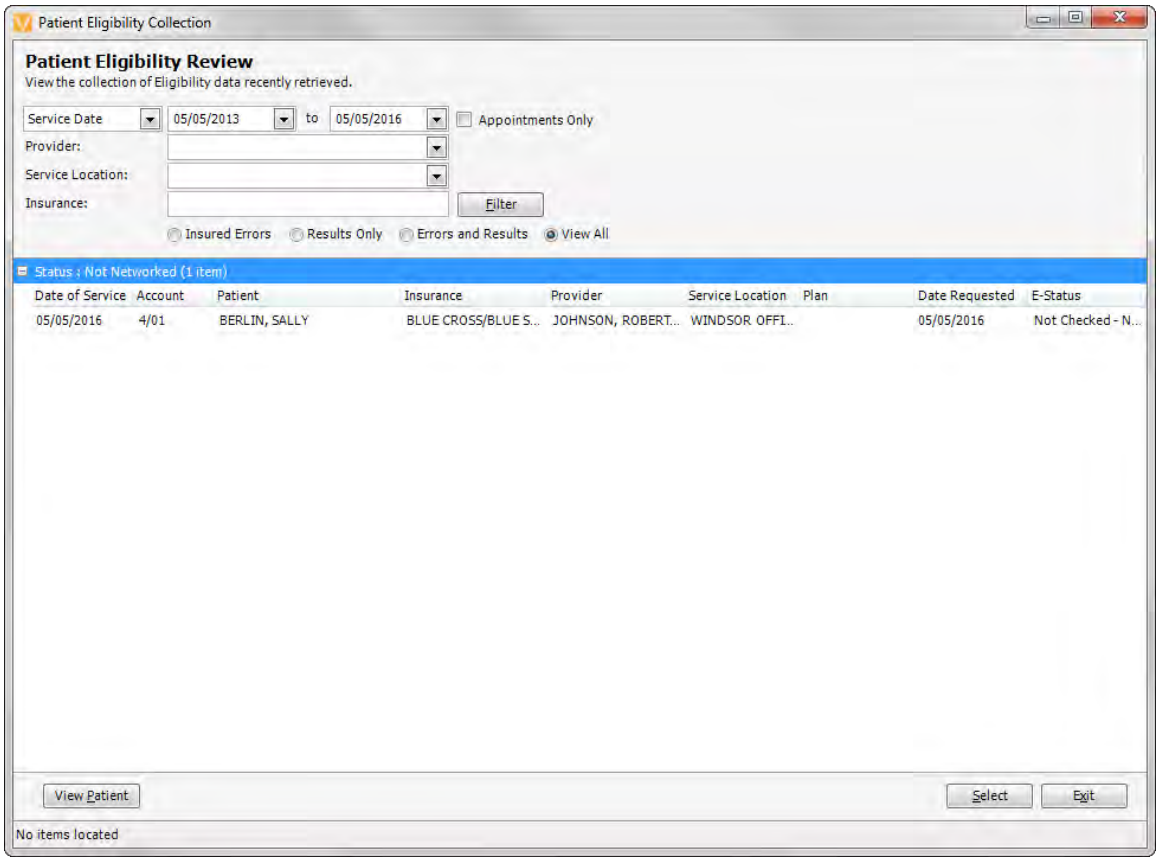
6. Select the **Run Again** Button to re-run the eligibility check.
7. Select the **View Chart** Button to access Patient Definition.
8. To exit the window, click the **Exit** Button.
9. Click the **Save & Exit** Button to exit Patient Definition.

Batch Insurance Eligibility Checking

Batch Insurance Eligibility is a service which runs on VertexDr Appointment Scheduler nightly. The service checks the insurance information for each patient who has a scheduled appointment. If the patient's insurance allows for electronic eligibility checking, the service will retrieve the information and produce a report.

To view the retrieved insurance eligibility reports:

1. Select *Patient Eligibility* from the **Operations** Menu and then select *View Available Eligibility Responses*. The *Eligibility Collection* Window will open.



2. The *Eligibility Collection* Window divides the retrieved responses into queues. Queues may include:
    - *Results*: the displayed patients' insurance allowed electronic eligibility checking and a report of benefit information was collected.
    - *No Insurance*: the displayed patient is set as *Self Pay* on the *Insurance* Section of Patient Definition.
    - *Not Checked – No Network Access*: the patient's insurance does not allow for electronic eligibility checking. A report was not collected.
3. To view the retrieved benefit report either double-click on a line item or highlight a line item and click the **Select** Button. The *Patient Eligibility Information* Window will open.
4. To view the highlighted patient's demographic information, select the **View Patient** Button.
5. To exit the *Eligibility Collection* Window, select the **Exit** Button.

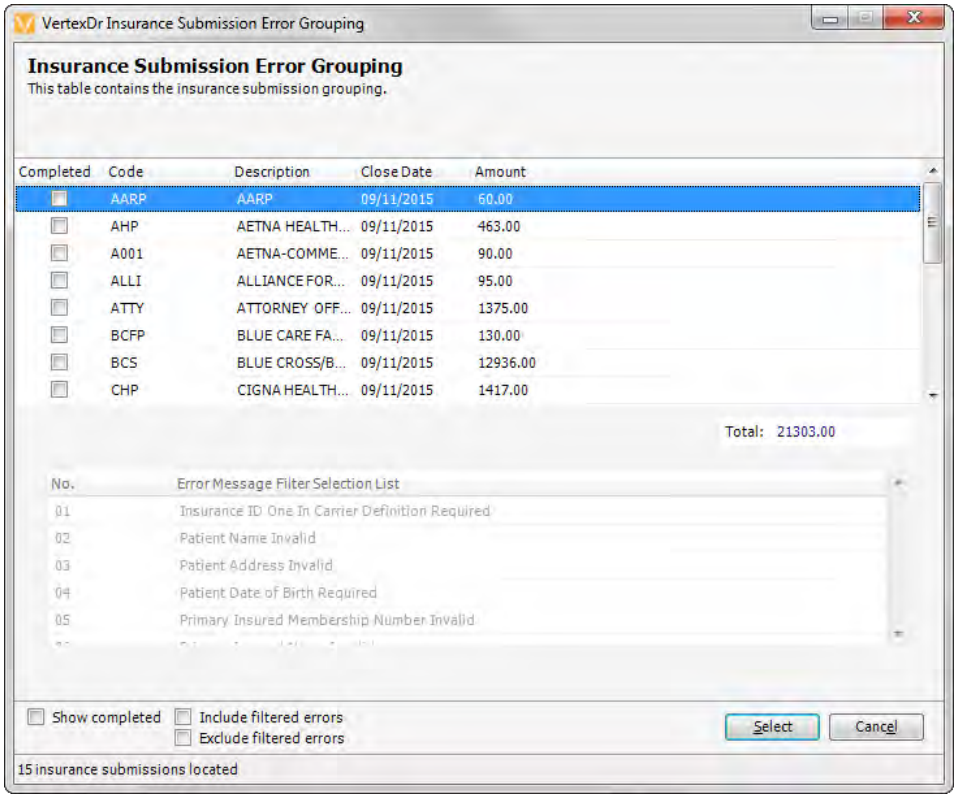
Insurance Submission Error Worklist

The *Insurance Submission Error Worklist* allows for the claims errors found during the closing process to be fixed electronically. The transactions housed within the

worklist were not submitted to insurance during the closing process and are awaiting corrections. Once these errors are corrected, the system will automatically submit these claims during the next closing process. If they are still in error, they will appear here again after the closing. If the error has been fixed, the transaction will not be on this list anymore.

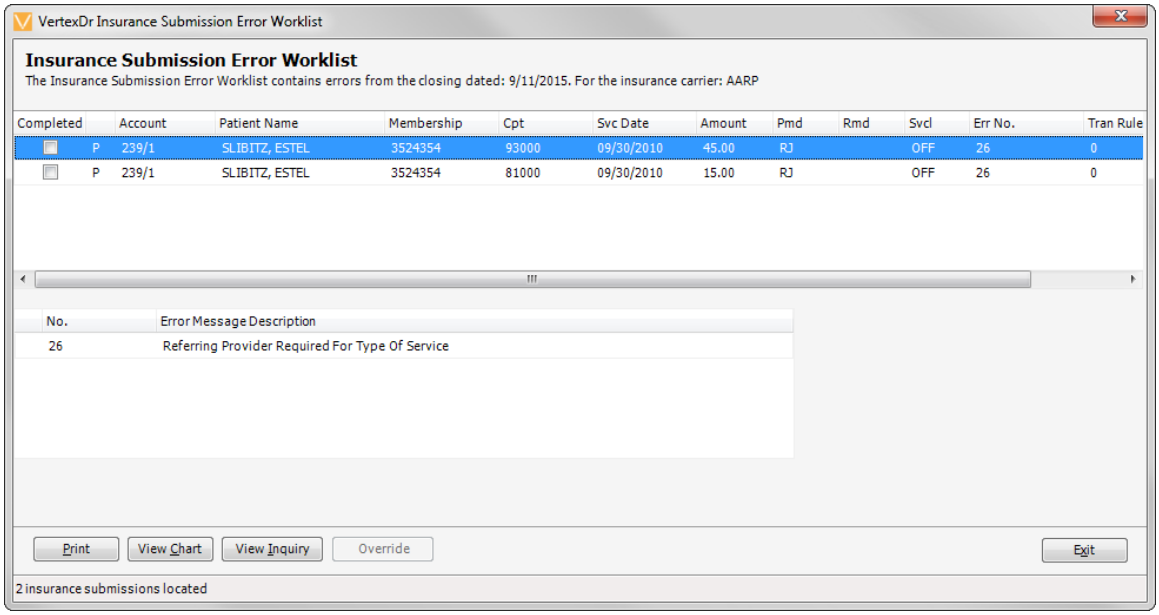
To access the *Insurance Submission Error Worklist*:

1. Select **Operations** from the Menu Bar and then select *Insurance Submission Error Worklist*. The *Insurance Submission Error Grouping* Window will open.



   - The *Insurance Submission Error Grouping* Window will display the errors grouped by financial class. It will also display the date of the closing and the total dollar amount which received the errors.
2. The **Show Completed** Checkbox will redisplay any financial classes that have been filtered off of the worklist because of a completed status.
3. The **Exclude filtered errors** Checkbox will make the Error Message Filter Selection List available. If you wish for an error not to be displayed in the worklist, select it from the list. Hold down the **Control** Key to select multiple errors not to display.

4. Highlight the financial class you wish to work, then either double-click or click the **Select** Button. The *Insurance Submission Error Worklist* Window will open.



5. Highlight a line item to view the error description in the *Error Message Description* List Box.
6. To print a report of the transactions with errors for the selected financial class, select the **Print** Button
7. The **View Chart** Button and the **View Inquiry** Button will both allow access to Patient Definition. The **View Chart** Button will access the *Personal* Section of Patient Definition, while the **View Inquiry** Button will immediately access the *Inquiry* Section. Using either button, the user will have access to all of Patient Definition.
8. Once the corrections have been made, the checkbox under the *Completed* Sort Bar can be marked by using the right-click button on the mouse.

Note: The line items do not need to be marked as complete once the corrections have been made. This is merely offered as an option to the user. Once all of the transactions for a financial class have been marked as complete, the financial class will filter out of the *Insurance Submission Error Grouping* Window.

9. To exit the *Insurance Submission Error Worklist* Window, select the **Exit** Button.
10. To exit the *Insurance Submission Error Grouping* Window, select the **Cancel** Button.

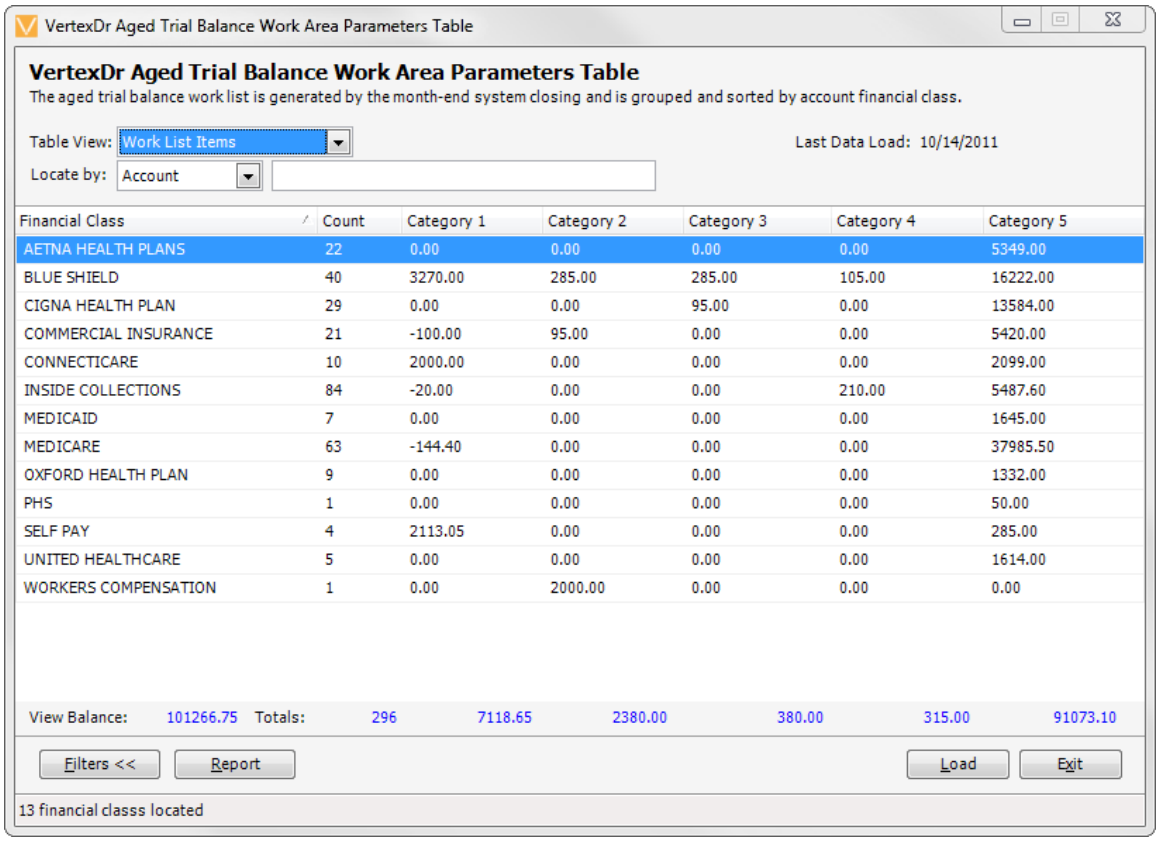
ATB (Aged Trial Balance) Work List

The *ATB Work List* allows for outstanding patient and insurance balances to be worked electronically in the system, rather than on a printed aged trial balance

report. The ATB Work List is grouped and sorted by financial class, and is generated by the Month-End System Closing.

To access the *ATB Work List*:

1. Select **Operations** from the Menu Bar, and then select *ATB Work List*. The *Aged Trial Balance Work Area Parameters Table* Window will open.

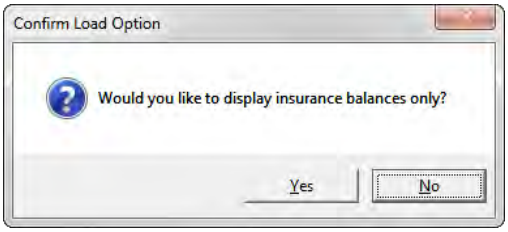


2. The *ATB Work Area Parameters* Window displays a list of all financial classes with outstanding balances. The total number of patient accounts with outstanding balances for the highlighted financial class can be viewed in the *Count* Column. The columns for *Categories 1* through *5* show the ageing of balances for the highlighted financial class.
    - *Category 1*: Current balances that are 30 days old and under.
    - *Category 2*: Balances that are 31 days and older.
    - *Category 3*: Balances that are 61 days and older.
    - *Category 4*: Balances that are 91 days and older.
    - *Category 5*: Balances that are 121 days and older.

Note: Ageing Categories are defined per financial class. Depending on the transaction ageing needs of your system, the days old for *Categories 1* through *5* may be different.

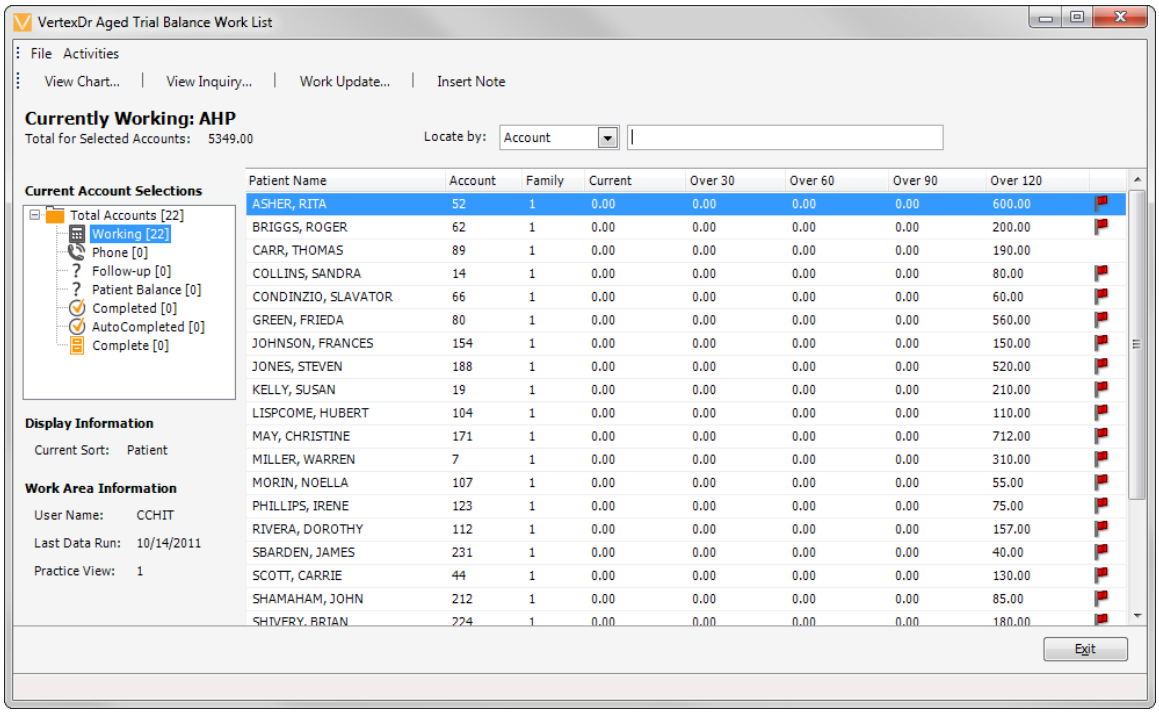
Below each column are totals for their respective category. To the left of the category totals, you will see *View Balance*. This is the total accounts receivable balance outstanding to your practice.

3. To view the items within a *Financial Class* grouping, double-click the desired *Financial Class* or highlight the desired *Financial Class* and click **Load**.
4. The *Confirm Load Option* Message will appear.



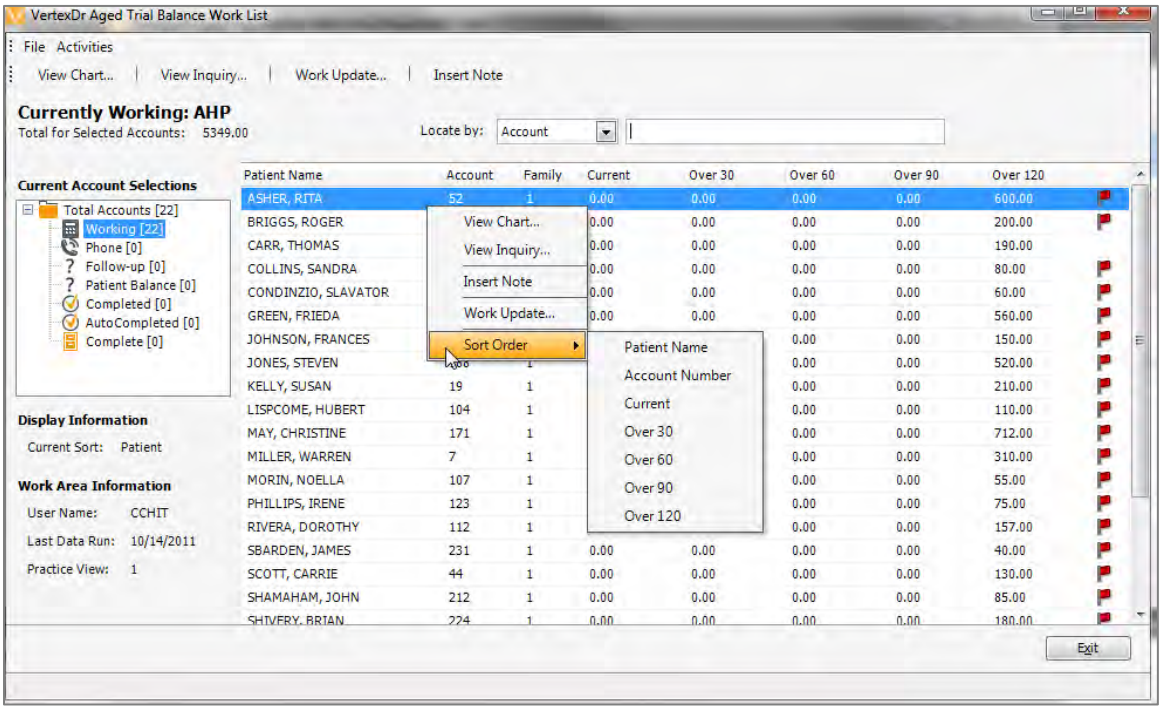
Select the **Yes** Button if you wish to view insurance balances only. Click the **No** Button if you wish to view both insurance and patient balance items.

5. The *Aged Trial Balance Work List* Window will open.

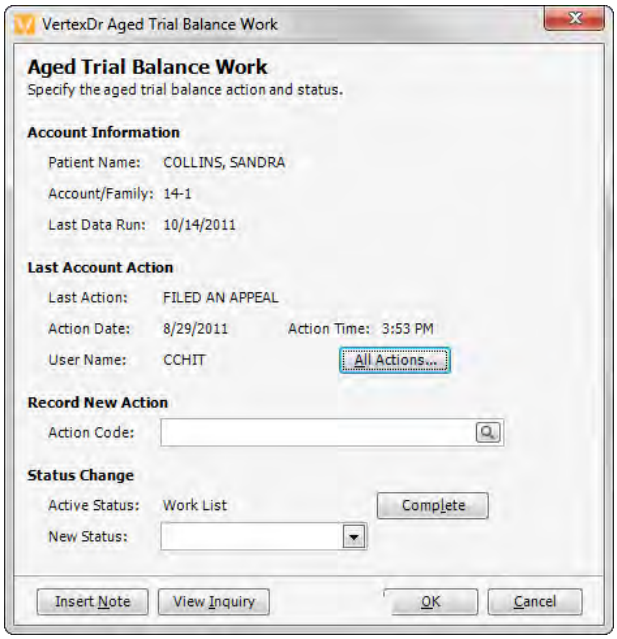


6. Information in the *ATB Work List* Window can be sorted several different ways.
    - Click on any category in the gray sort bar to sort the *ATB Work List* Window by that category.

- Right-clicking anywhere within the *ATB Work List* Window, and click *Sort Order* to sort the information by either *Patient Name*, *Account Number*, or by ageing category.

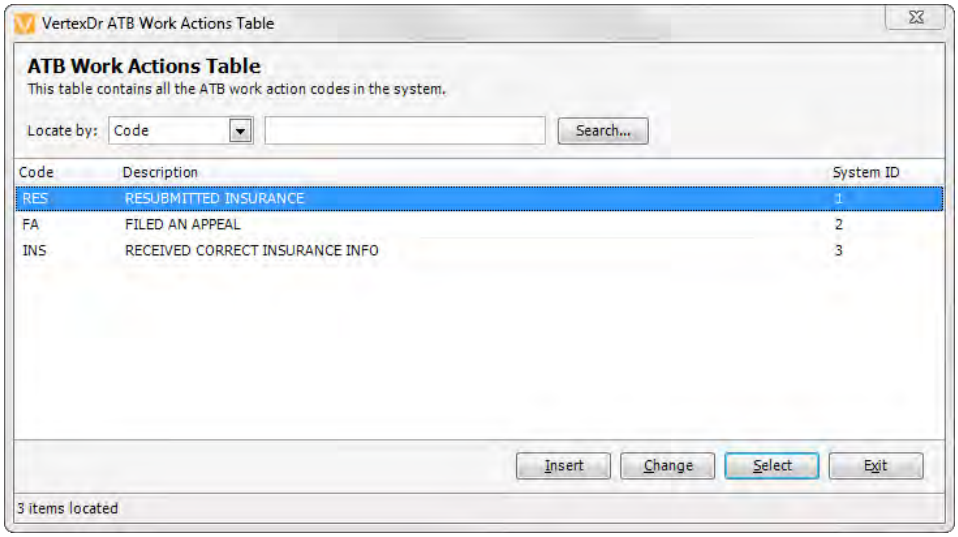


7. Highlight the desired patient and select the **Work Update** Button. The *Aged Trial Balance Work* Window will open.

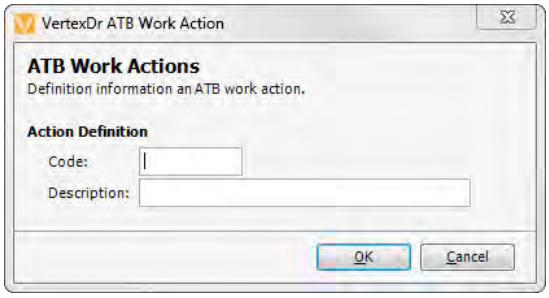


8. The various fields in the *Aged Trial Balance Work* Window will allow the user to document the actions that have been taken to collect the outstanding balance.

9. To document your efforts at collecting the outstanding balance, enter the code of the action code or select the **Magnifying Glass** Button in the *Action Code* Field. The *ATB Work Actions Table* Window will open.



- Click the **Search** Button to view the first 100 ATB Action Codes in the table or search for the desired code. To choose the desired code, double-click or highlight the code and click the **Select** Button
- Click the **Insert** Button to add a new ATB Action Code to the table. The *ATB Work Action* Window will open. Provide a code and a description to create the ATB Action Code. When finished, click the **OK** Button to return to the *ATB Work Actions Table* Window.



- Highlight an existing code and click the **Change** Button to make changes.
- Click the **Exit** Button to close the *ATB Work Actions Table* Window without selecting a code.

10. Select the **Completed** Button to move this account to the *Completed* List for the current month. If more action must be taken this month, select a list from the **New Status** Dropdown.
    - *Working* – all patients who currently have an outstanding balance. These patients accounts should be reviewed, worked, and then moved to the appropriate lists.

- *Phone* – move patients into the *Phone* List if phone calls need to be made to the patient regarding outstanding balances.
- *Follow-Up* – this list is used for accounts that have outstanding insurance balances.
- *Patient Balance* – this list is used for accounts where the outstanding balance is set to patient responsibility. Depending on the defined system parameters, this list can pre-filled with all patient balance accounts.
- *Completed* – Patient accounts with balances that have been resolved and all outstanding payments have been posted should be moved into the *Completed List.* The *Completed* List can also be used for accounts where no additional action needs to be taken for the current month.

Note: When all balances have been paid in full to a patient account in the *Working* List and a Daily System Closing is run, the account can be moved to the *Completed* List the next time the financial class is loaded.

11. The **Insert Note** Button will open the *Notes* Section of Patient Definition and will allow the user to add a Dated Note, Billing and Collection Note, or a System Wide Alert Note to Patient Definition.
12. The **View Inquiry** Button will access the *Inquiry* Section of Patient Definition.
13. Click the **OK** Button to save the notes and ATB Action Codes you've added and exit the *Aged Trial Balance Work* Window and return to the *Aged Trial Balance Work List* Window.
14. Click the **Cancel** Button to exit without saving and return to the *Aged Trial Balance Work List* Window.
15. When finished, click the **Exit** Button to exit the *Aged Trial Balance Work List* Window and return to the *Aged Trial Balance Work Area Parameters Table* Window where a different financial class can be selected. To exit the ATB Work List completely, click the **Exit** Button.

Note: The next time a Monthend closing is run the system will automatically move all qualifying transactions back to the *Working* List. All transactions which have been paid in full will be removed from the ATB Work List entirely.