VertexDr Electronic Health Records

APPLICATION MANUAL

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Table of Contents

Introduction

Welcome to the Practice Suite!

The Practice Suite (also herein referred to as "the Suite") will allow your practice to organize patient information in a way that streamlines your workflow, as well as make information retrieval easy and efficient. This manual will guide you through a step-by-step process to fully understanding the software applications.

The 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.

Pre-Requisites

Windows® Operations

Prior to using the Practice Suite, you should be familiar with the Windows 98/2000/XP/Vista operating system. This guide assumes that you already have at least a basic understanding of Windows 98/2000/XP/Vista functionality and support terms. You should already know how to open files, select items, utilize menus, manipulate windows, and tab through fields.

If you are not familiar with Windows 98/2000/XP/Vista, you should obtain training before attempting to use the system. There are many interactive Windows tutorials available that provides basic operating system training. If you prefer more personal training, many computer chain stores offer Windows 98/2000/XP/Vista classes at an affordable cost.

Documentation Conventions

Typeface Conventions

Italics	Indicates colors, system fields and windows
Boldface	Indicates keystrokes, menu commands and buttons that are to be entered or executed.

Keyboard Conventions

ALT+F	Indicates a combination of keystrokes. In this case, hold down the **ALT Key** and press the **F Key**, and then release both keys.

Getting Started in the Practice Suite

System Log In

A user logs into the system using their assigned Screen Name which is a unique identification code.

1. Click the **Practice Suite** Icon on the desktop or in the **Start** Menu.

2. The *User System Login Window appears*.

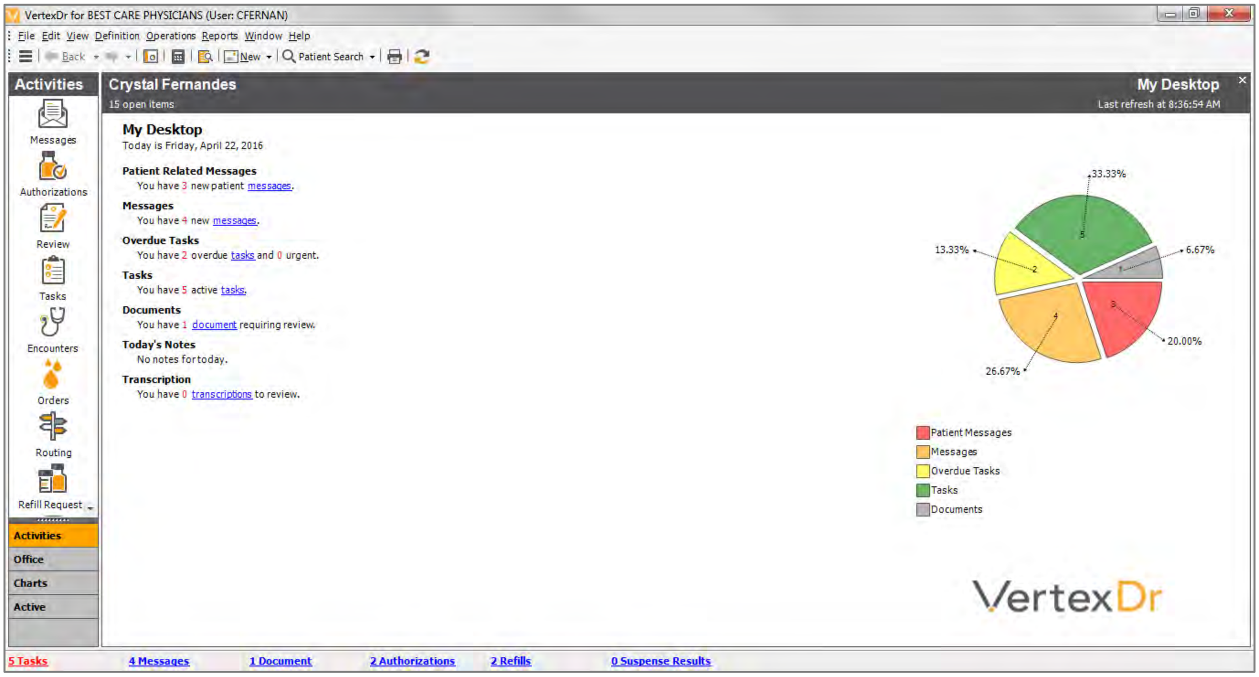
- The *Screen Name* Field can contain up to 8 alpha characters. It is not case sensitive.
- The *Password* Field is optional. It is recommended that the practice have users set up to use a password. The system replaces what you type with asterisks for security purposes. If you enter an incorrect or invalid code, the system will display a denial message and access will not be granted.
- The *Location* Field is defaulted to **Default Location**. If the practice has multiple locations a different location may be selected from this dropdown field.

3. Click the **Login** Button to access the Practice Suite.

My Desktop

The *My Desktop* Window is the "home page" for the Practice Suite. It provides several ways to access many of the various areas in the system.

From the *My Desktop* Window, the user can also review daily activities at a glance.



The **My Desktop** Button on the Toolbar is available in all areas of the Suite.

The Pie Chart

The pie chart is a graphical representation that breaks down daily functions by percentage. The pie chart breakdown indicates the various areas within the Suite that the user has access to. Each area of the Suite is assigned a specific color as shown in the color coded legend below the pie chart. The pie chart is also interactive. Click on any piece of the pie to access that area of the Suite.

Links

My Desktop Links in the middle of the screen allow access to the same areas of the Practice Suite as the pie chart. The *red* numbers show the number of new, or unopened, items there are in each area of the Suite. Click any *blue* link to access that area of the Suite.

Status Bar

The Status Bar appears at the bottom of the screen in most areas of the Practice Suite. The Status Bar displays how many new, or unopened, items are in each area. High priority tasks and messages turn the **Task** or **Message** Link from *blue* to *red*. The **Status Bar** Links let a user know at a glance, if a new task, message, etc. has been sent to them. Click any *blue* link to access that area of the Suite.

Navigation Pane

The Navigation Pane appears on the left side of the screen in most areas of the Practice Suite, similar to the **My Desktop** Links. The Navigation Pane has an *Activities* Section*, Office* Section*, Charts* Section and an *Active* Section. Click the section, and then click an icon to go to that area of the Suite. Click the **Hide Navigation** Button on the Toolbar to hide the Navigation Pane from view.

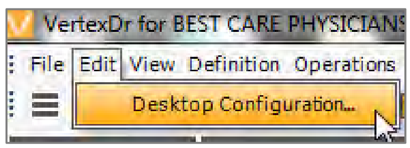
Click it again to open the Navigation Pane.

Customizing My Desktop

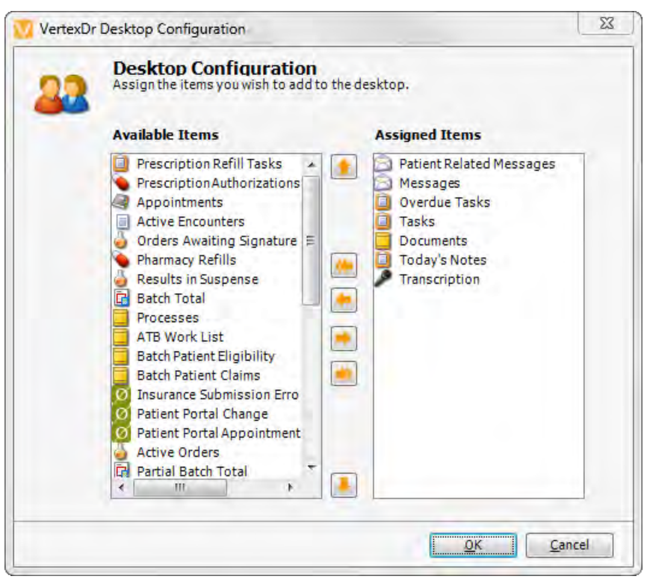
The items that display in the *My Desktop* Window may be customized for each user. Items assigned to the user's desktop will display under **My Desktop** Links in the order selected.

To customize the desktop:

1. From the *My Desktop* Window, click the **Edit** Menu and then click **Desktop Configuration**.



2. The *Desktop Configuration* Window opens. The items listed in the *Assigned Items* Column are currently displayed on the user's desktop. The items listed in the *Available Items* Column can be added to the user's desktop if desired.



- Highlight an item in the *Available Items* Column. Click the **Right Blue Arrow** Button to move the item to the *Assigned Items* Column.
- Highlight an item in the *Assigned Items* Column. Click the **Left Blue Arrow** Button to move the item back to the *Available Items* Column.
- Click the **Right Double Blue Arrow** Button to move all the items from the *Available Items* Column to the *Assigned Items* Column.
- Click the **Left Double Blue Arrow** Button to move all the items from the *Assigned Items* Column to the *Available Items* Column.

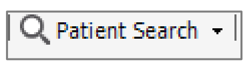
3. Click the **OK** Button to save. The items in the *Assigned Items* Column will display as **My Desktop** Links and as part of the pie chart.

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.



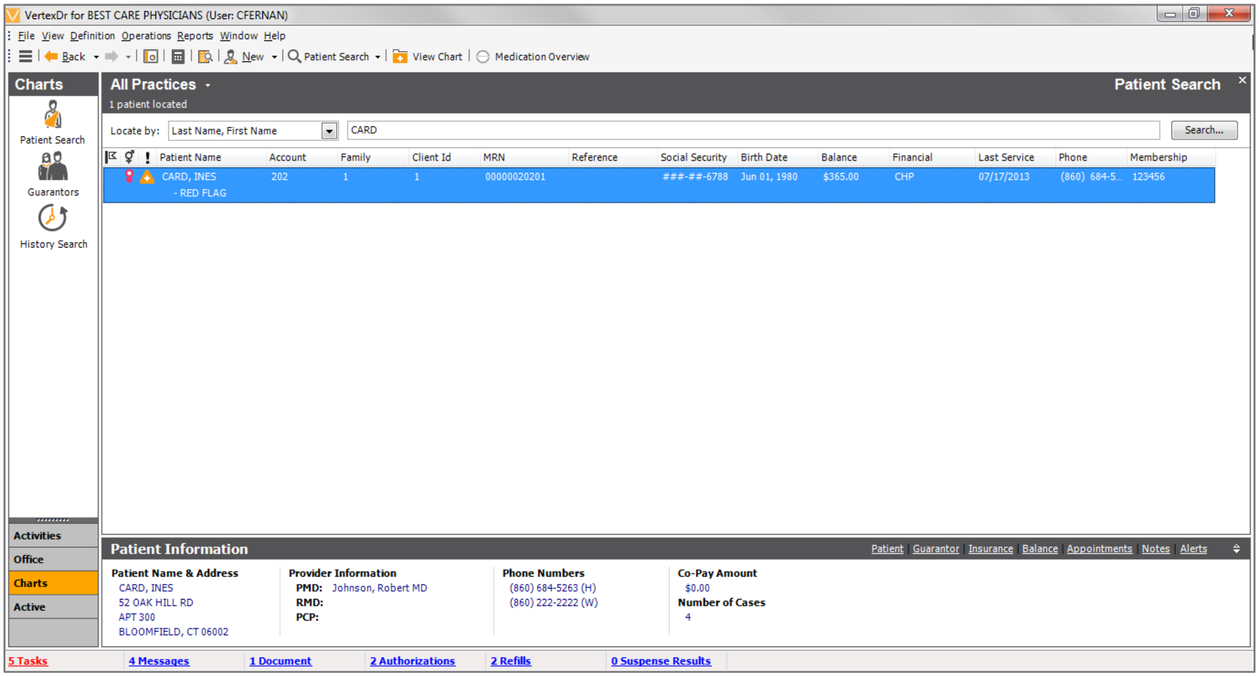
It can also be accessed by selected the **Patient Search** Icon from the *Charts* Section of the Navigation Pane.

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 Practice Suite Managers' Manual.

1. To begin searching for a patient, select a **Locate by** Option from the dropdown.



- **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 the *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.

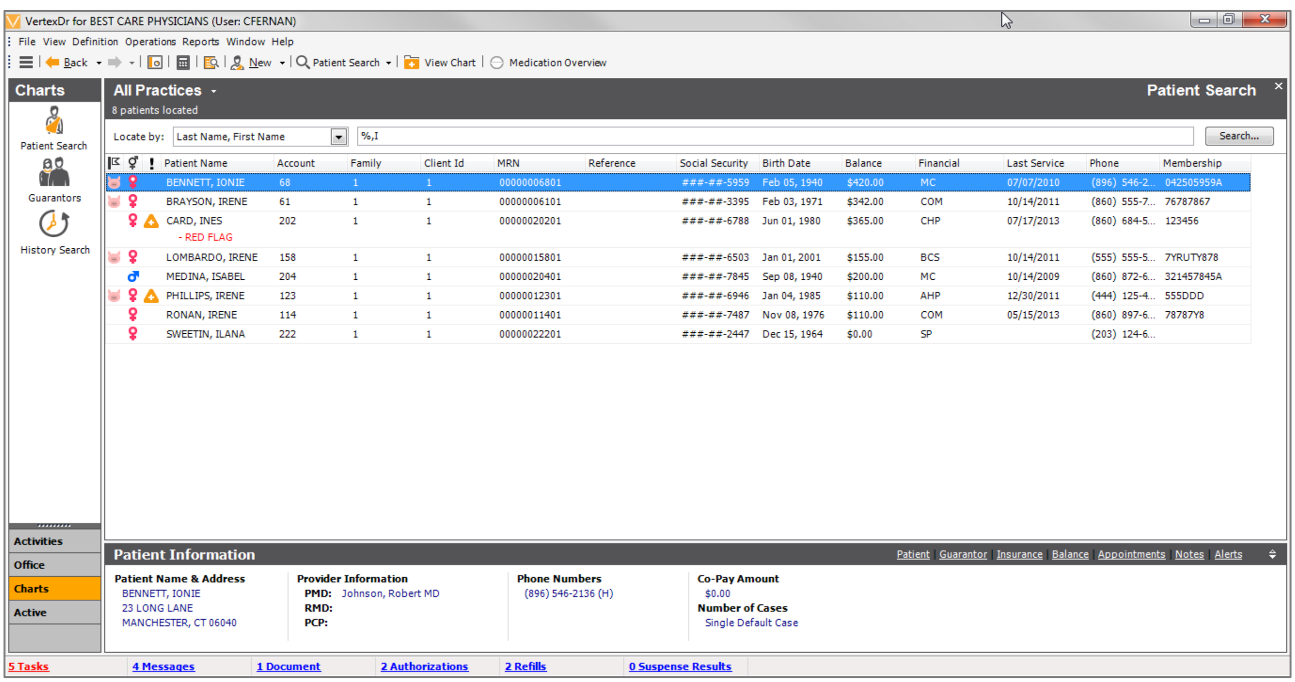
- **MRN** – This option can be used to search for the patient using the system generated medical record number.

2. After selecting a search method from the **Locate by** Dropdown and entering the search criteria in the *Search* Field, click 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.

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

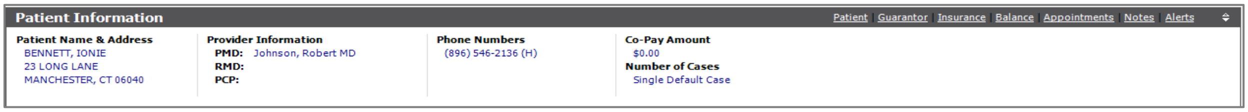
When searching by **Last Name, First Name** the Wildcard Feature allows the user to use the **%** Key on the keyboard to search for information that is unknown. The % sign can be used in place of a full first name, a full last name, part of a first name, or part of a last name. The example below shows 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. The Panel displays a preview of pertinent patient 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

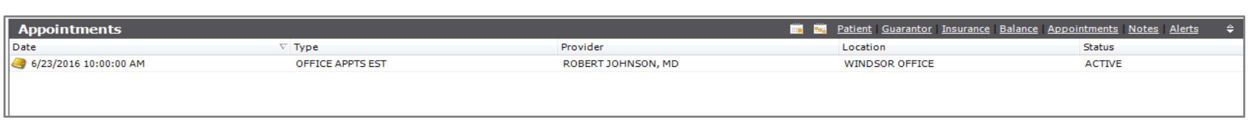
The **Insurance** Link displays the active primary, secondary, and tertiary insurance listed on the *Insurance* Section of Patient Definition.

The Balance Link

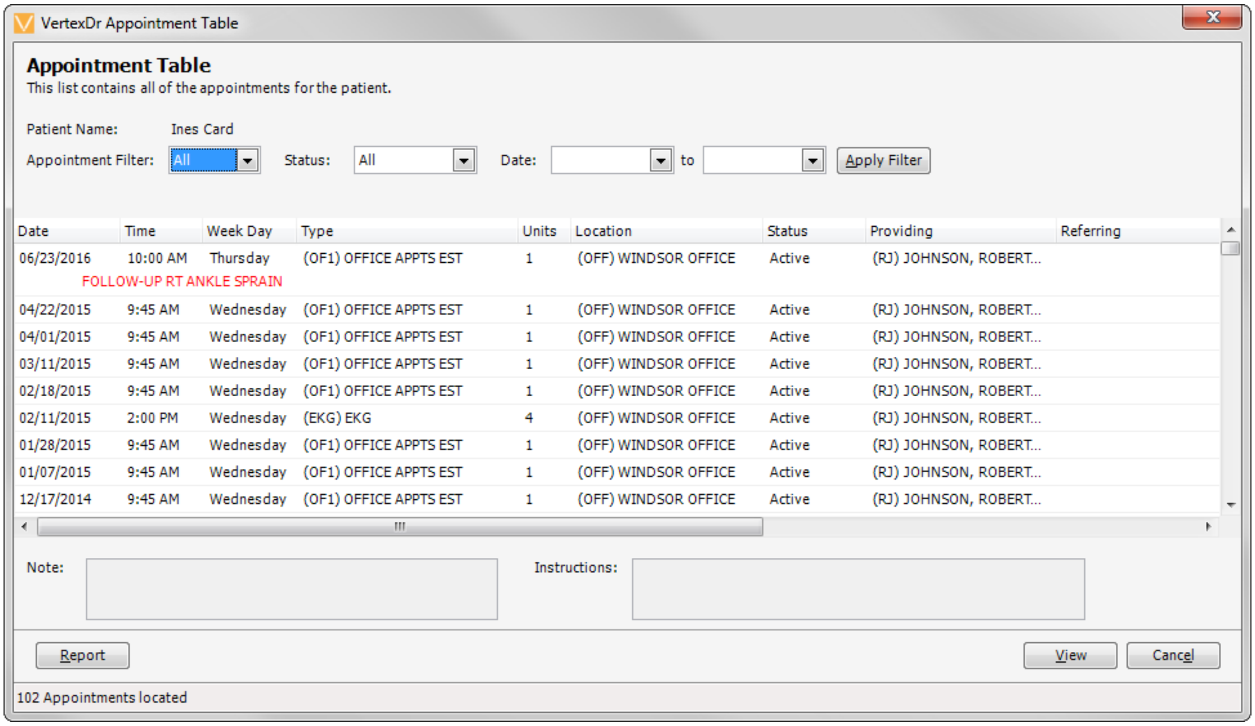
The **Balance** Link displays a total account balance for the patient followed by the patient's balance and the insurance balance. Both of those balances are then broken down by ageing category so the user can quickly see how long the patient has had these balances for.

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 the *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 the *Notes* Section of Patient Definition. For more information on *Notes*, reference the *Patient Definition* Section of this manual.

The Alerts Link

The **Alerts** Link lists any pop-up alerts entered on the highlighted patient's Patient Definition.

Patient Definition

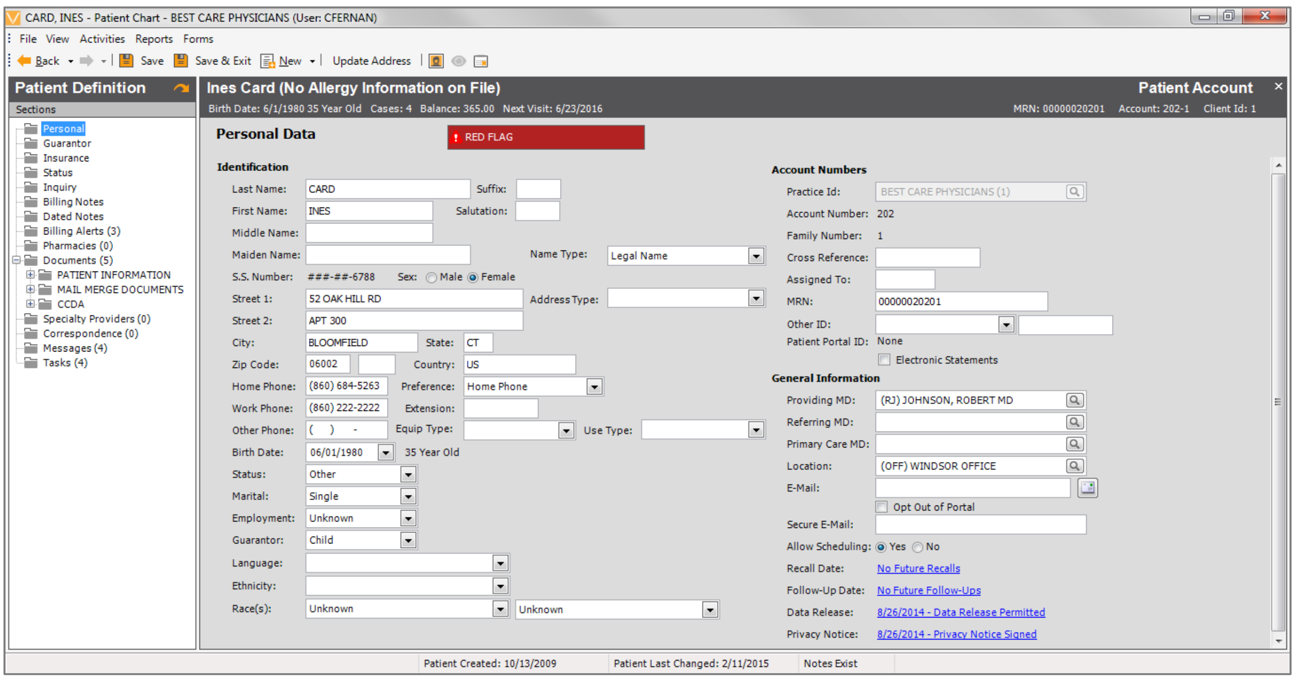
Patient Definition houses all patient contact information, billing information, and insurance information. The system requires at a minimum, the *Last Name*, *First Name*, and *Sex*. The practice may choose to require additional information if desired through *System Wide Defaults*. Additional information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



The cursor will appear in the *Last Name* Field when the window opens. The **Tab** Key on the keyboard 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 patient's preferred method of communication can be selected from **Preference** Dropdown.
- 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.

- The patient's primary language can be noted using the **Language** Dropdown.
- The patient's ethnicity can be noted using the **Ethnicity** Dropdown.
- The patient's race can be noted using the **Race** Dropdown.

Note: The race security setting must be enabled for a user to modify this field. For more information on user securities, reference the Manager's Manual.

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* lists the patient's Medical Record Number.
- The *Patient Portal ID* Field links the patient's account number to their Patient Portal Account. If the practice is not utilizing the Patient Portal, or if the patient does not have a Patient Portal account, "None" is displayed in the *Patient Portal ID* Field.

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

General Information

- The *Providing MD* Field should be set to the physician who typically provides service to the patient.
- The *Referring MD* Field is used to list 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* Field is used to note the patient's primary care provider.
- In the Location Field, enter the Service Location where the patient is typically seen.
- The *E-Mail Address* Field can be used to note the patient's email address.
- The **Allow Scheduling** Radio Buttons default to **Yes**. If set to **No**, all future appointments and appointment reminders (Recalls) can be cancelled for this patient. The system will also prevent anyone from scheduling any future appointments for this patient through Scheduler.

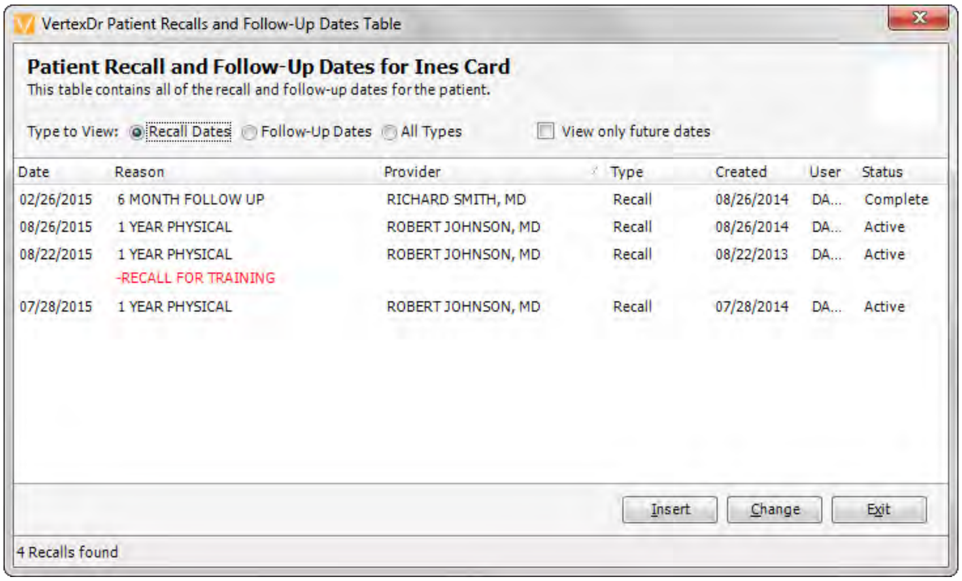
Note: Any user may set a patient to **No** for **Allow Scheduling**. However, marking a patient back to **Yes** is a User Security setting.

- 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.

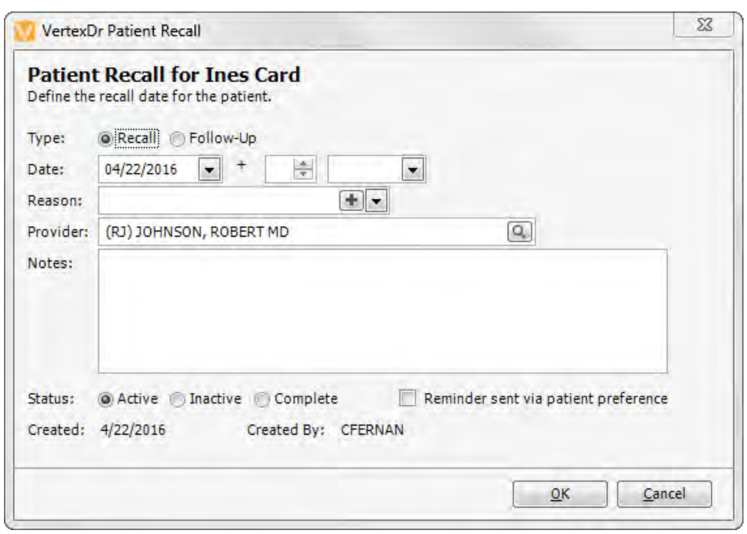
To enter a *Recall Date* or a *Follow-Up Date*:

1. Select the appropriate link. The *Patient Recalls and Follow-Up Dates Table* Window opens.



2. 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.

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

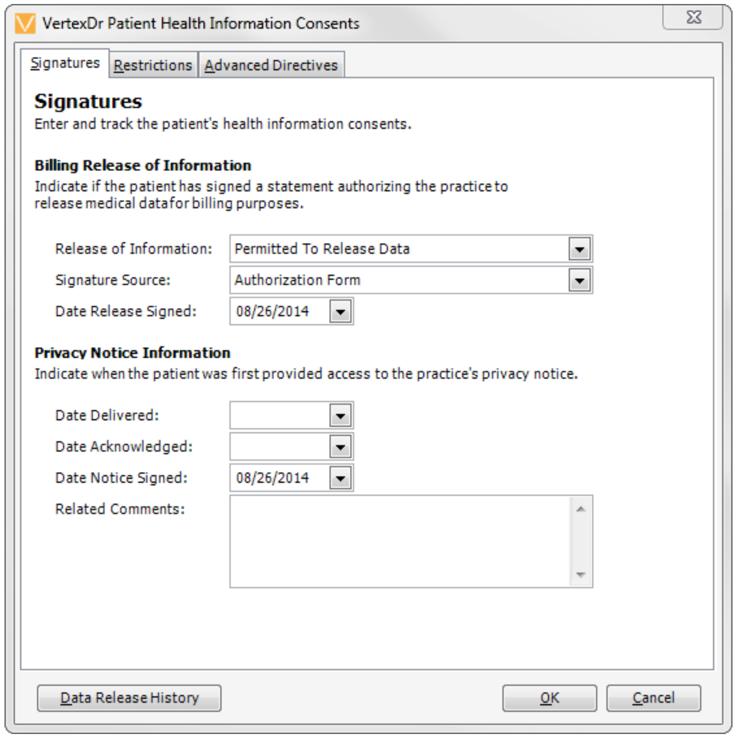


4. The **Type** Radio Buttons are defaulted to either *Recall* or *Follow-Up* depending on which option you selected to view in the *Patient Recalls and Follow-Up Dates* Table.

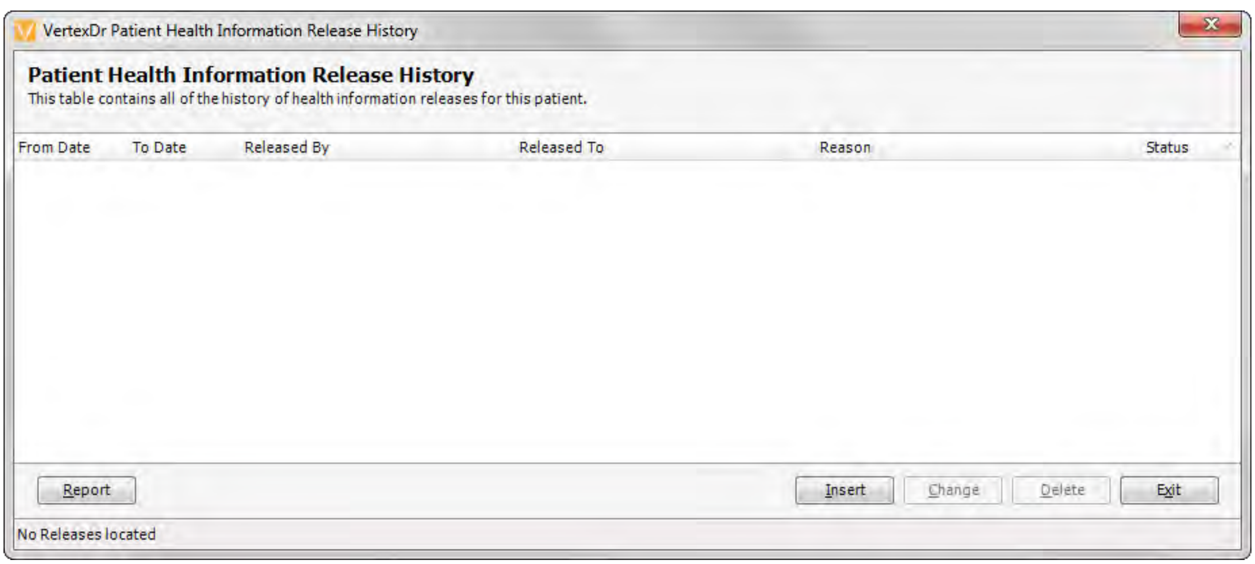
   In the *Date* Field, select the date the patient is due for either an appointment recall or a financial follow-up. Use the **Up** and **Down** Arrows as well as the Dropdown List to help you set the date. For example, if a patient must return in 6 months, select **6** using the **Up** and **Down** Arrows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

5. Select a **Reason** from the Dropdown. If the reason needed is not available, select the **Green Plus Sign** Button to enter a new Reason Code.
6. The *Provider* Field will default to the provider listed on the patient's demographics. To change the provider that this recall or follow-up is linked to, select the **Dropdown** Arrow.
7. More specific information regarding this patient's recall or follow-up can be entered in the *Notes* Text Box.
8. 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**.
9. When finished, click 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 opens the *Patient Health Information Release History* Window.



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

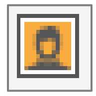
Update Address

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

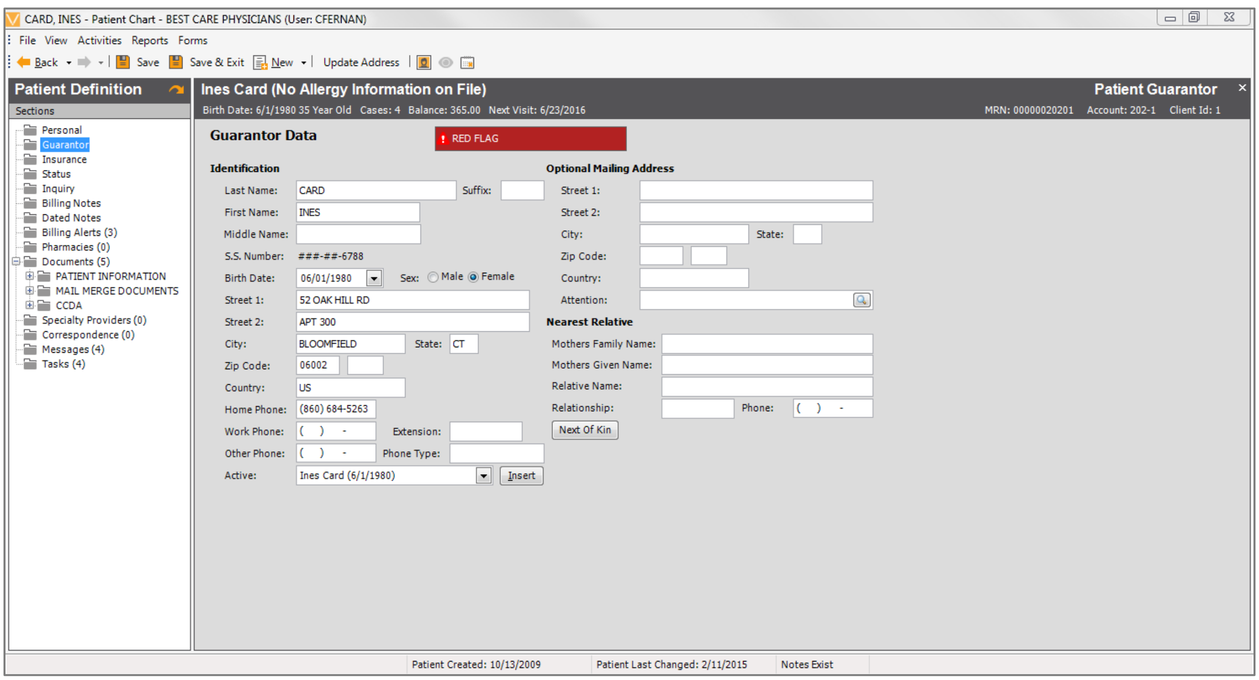
The **Acquire Image** Button can be used to capture a picture of the patient using a web camera. The picture will become a part of the Patient Chart.



Guarantor Section

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

Note: The guarantor refers to the individual who is legally responsible for the patient. The policy holder information is entered in the *Insurance* Section.



Identification

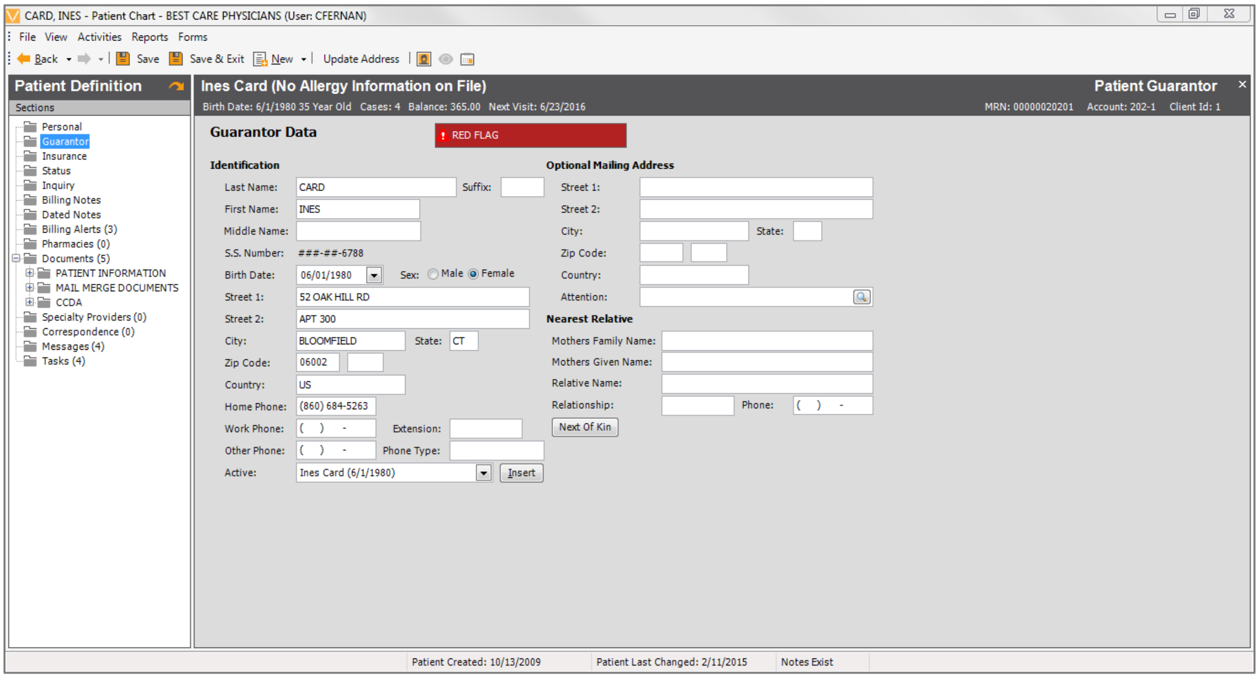
If the Guarantor's relationship was set to *Self* on the *Personal* Section, the system will automatically pre-fill the *Identification* Fields with the information from the *Personal* Section. If the Guarantor's relationship was set to something else, the Guarantor information must be entered.

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*.

Once the setting is selected the **Active** Dropdown becomes available in Patient Definition.



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.

Note: For more information on printing on-demand statements, reference the *Activities Menu* Section of this guide.

Optional Mailing Address

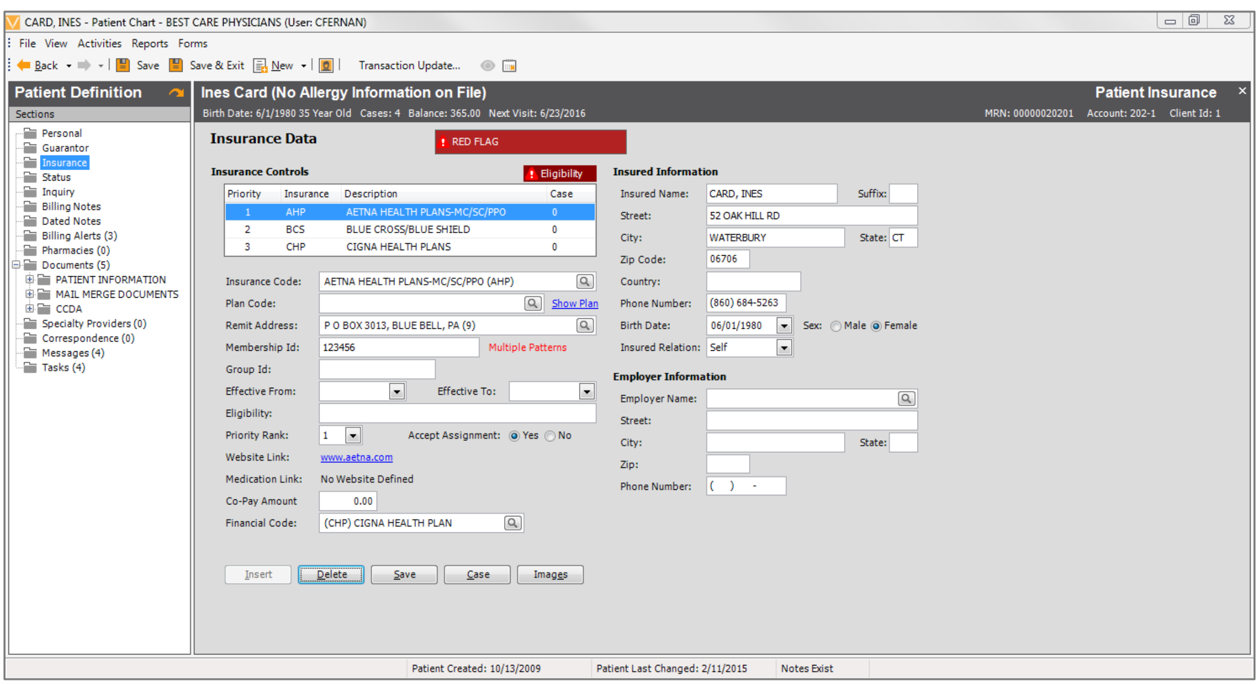
The *Optional Mailing Address* Fields are used to send a patient's statement and other correspondence to an address other than what is displayed in the *Identification* Area of the *Guarantor* Section. Any information entered in these fields will automatically override the Guarantor address on file.

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.

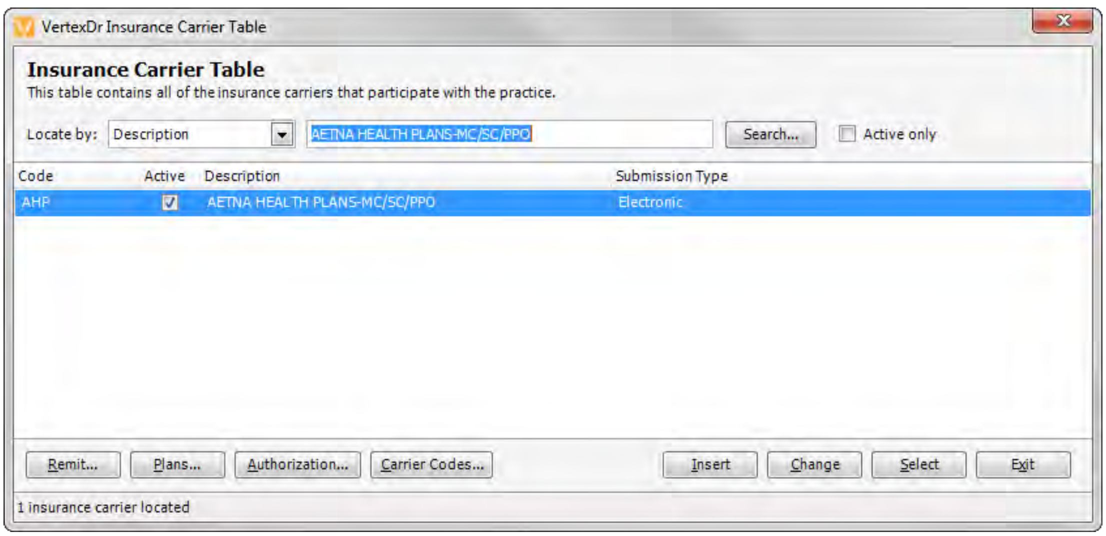
Insurance Section

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.

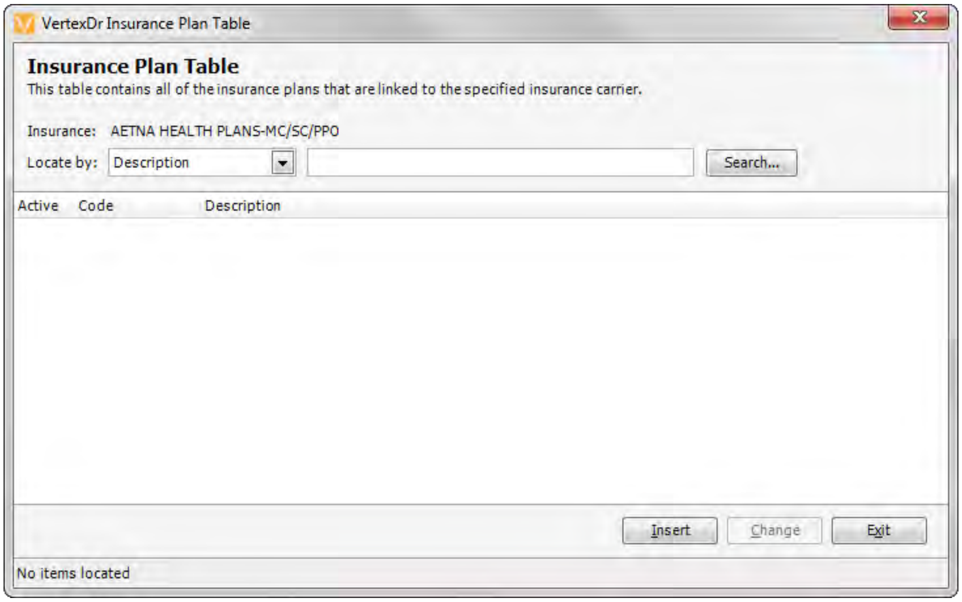


Inserting an Insurance Carrier

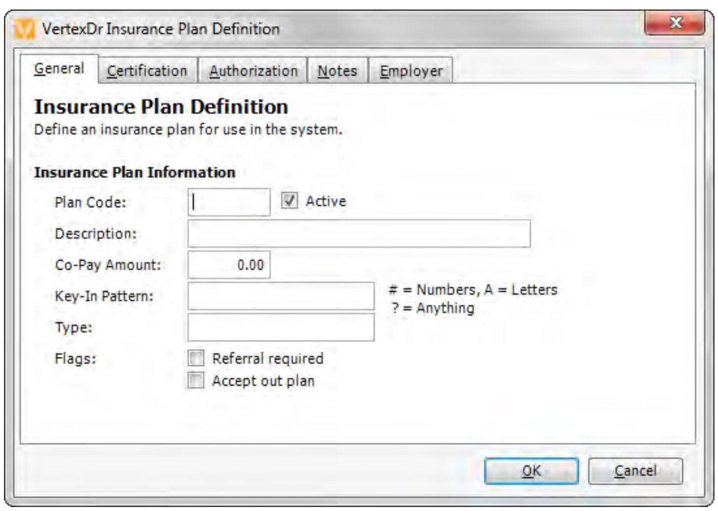
1. To enter new insurance, in the *Insurance Controls* Section, select the **Insert** Button. The system will automatically fill in the *Insured Information* Fields with the information from the *Identification* Area on the *Guarantor* Section. If the policy holder is not the Guarantor, the information 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 will open. Enter the criteria and then click the **Search** Button.



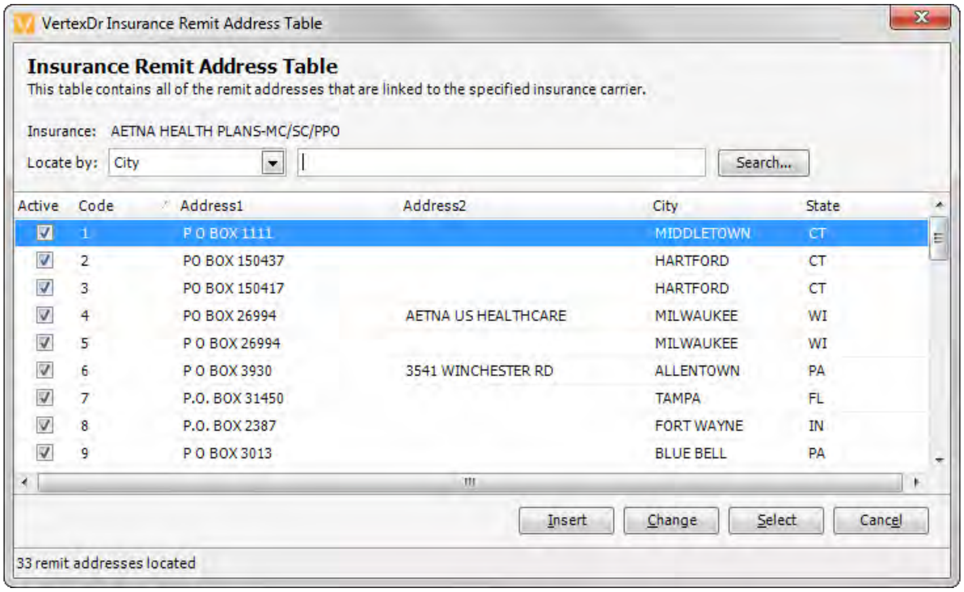
4. Highlight the desired carrier in the list and then click the **Select** Button.
5. In the *Plan Code* Field click the **Magnifying Glass**. The *Insurance Plan Table* Window will open. Enter the criteria and click the **Search** Button.



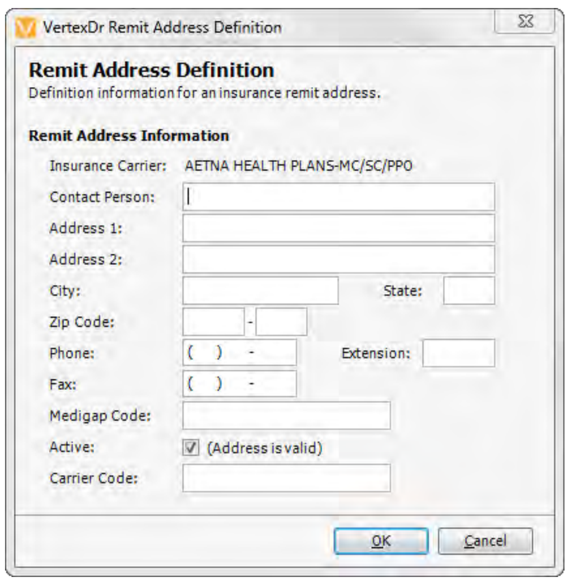
6. Select a plan from the list and click then **Select** Button. The selected insurance plan will populate in the *Plan Code* Field.
7. The **Show Plan** Link allows for easy access to the *Insurance Plan Definition* Window.



8. In the *Remit Address* Field click on the **Magnifying Glass**. The *Insurance Remit Address* Table opens. The table displays 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.

9. 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. In the example below, a series of number signs appear 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.

10. In the *Group ID* Field enter the group identification number if it is known.
11. 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.

12. 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.
13. The *Accept Assignment* field is 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.
14. If there is a website defined in the system for the insurance carrier it will be displayed in the **Website** Link.
15. 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.
16. 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.
17. When finished entering the information click 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: Do not change the Financial Code when entering secondary and tertiary insurance.

Changing Priority Ranks

If an insurance carrier is entered in Patient Definition in an incorrect order, it can be re-ordered by changing the priority rank. To do so, highlight the insurance carrier in the *Insurance Controls* List Box and then select the appropriate priority rank from the **Priority Rank** Dropdown.

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

Delete Insurance

When a patient's insurance is no longer active, or valid, it should be deleted from the *Insurance* Section of Patient Definition. To do so, highlight the insurance carrier in the *Insurance Controls* List Box and then click the **Delete** Button.

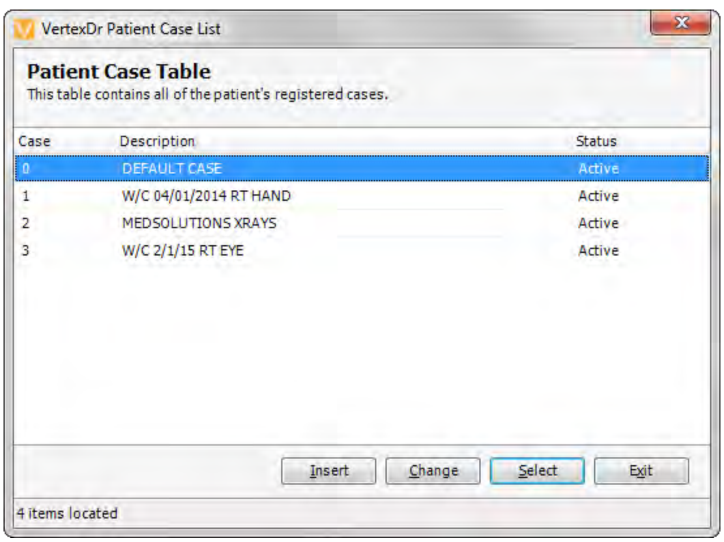
The Suite tracks insurance at the line-item level. This means that if the insurance information on a patient's account is changed, any transactions created with the previous insurance information will correctly retain the past insurance information for inquiry and resubmission purposes. The new insurance information will only be applied to new transactions moving forward unless a Transaction Update is performed.

Case Management

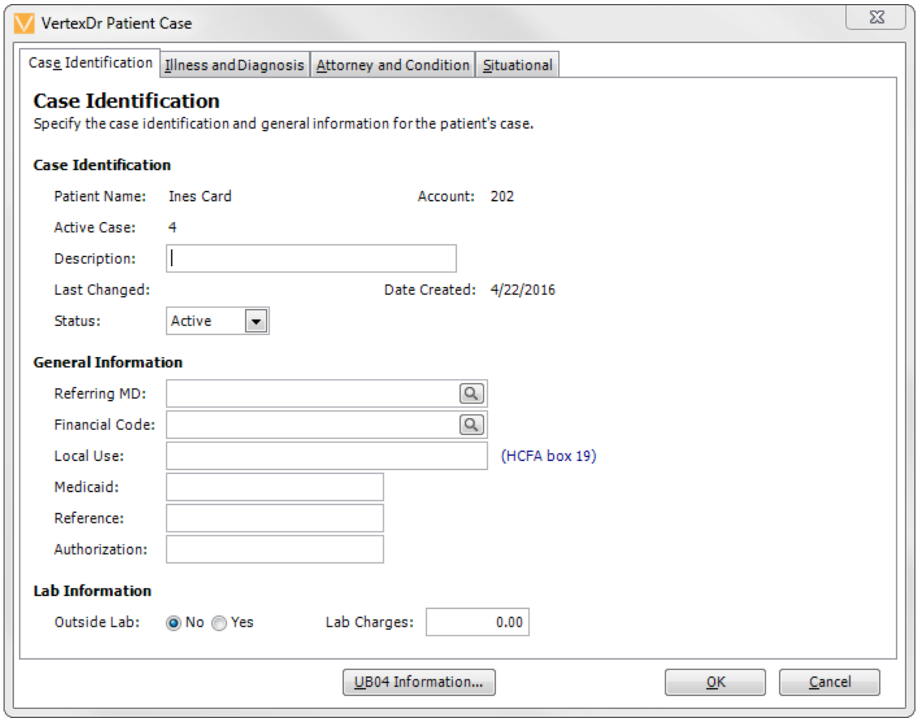
Cases contain their own insurance information. This allows offices to maintain one patient account with insurance information for any cases they may have pending. Examples of instances where a case would be needed are Worker's Compensation and automobile accidents. In these examples, the patient has 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 click the **Case** Button. The *Patient Case List* Window opens. 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.

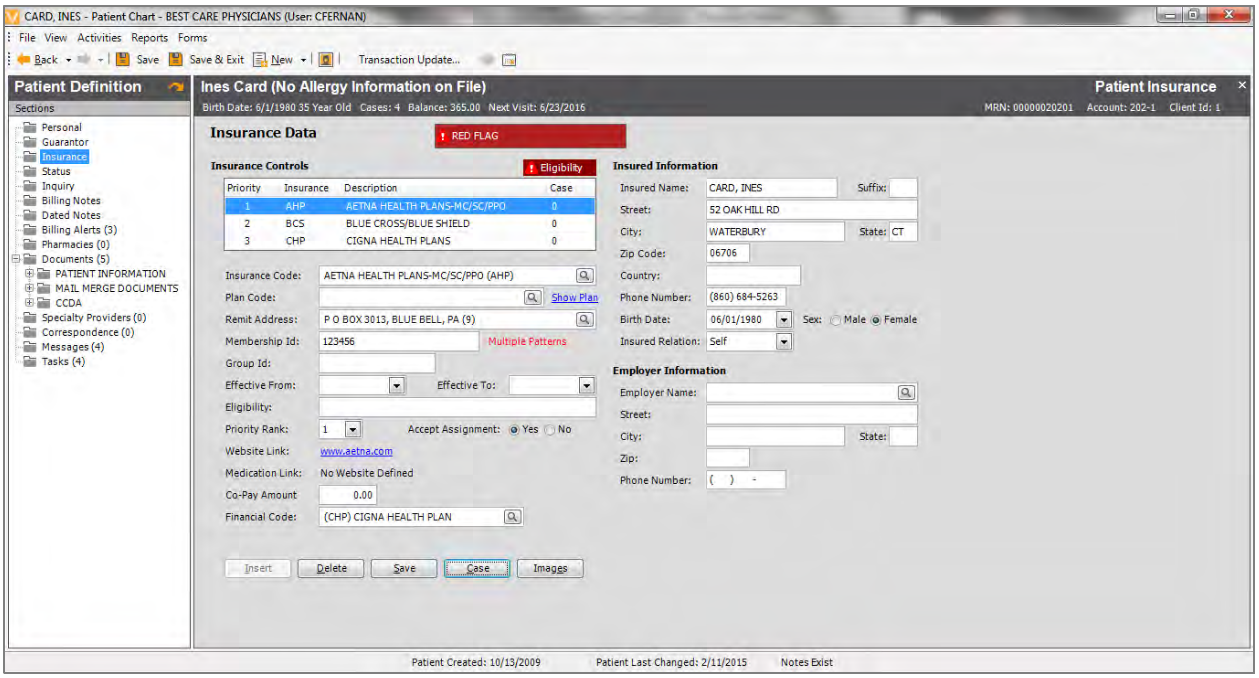


- On the **Case Identification** Tab, enter the case description and any other information that may be pertinent in the appropriate fields.
- On the **Illness and Diagnosis** Tab, at minimum, specify the date of injury in the *Current Illness* Field. The *Diagnosis Groups* Section can be used to indicate 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* Field must be completed.
- 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 the user 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 the new case. If you select the **No** Button, there

will be no insurance carrier and information linked to the new 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.

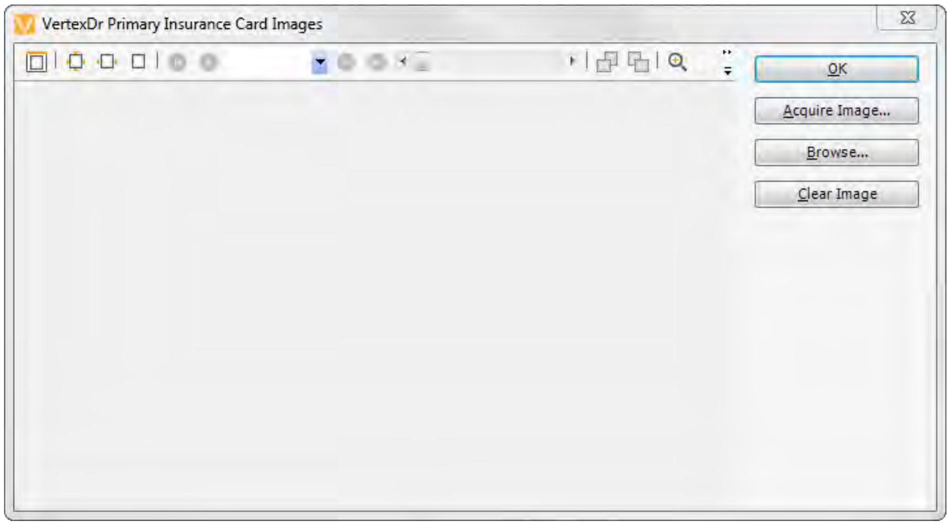
6. To switch back and forth between the cases to view information regarding them, click the **Case** Button. On the *Patient Case List* Window, highlight the desired case and click the **Select** Button.

Scanning Insurance Cards

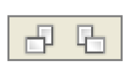
Insurance cards can be scanned into the system for reference purposes. The system maintains a copy of all scanned insurance card images in the *Documents* Section of Patient Definition.

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 click the **Images** Button. The *Insurance Card Images* Window opens.



1. The *Insurance Code* Field will automatically default to the *Priority Rank* of the selected Insurance. The *Type* Field will also default to *Insurance Card*.
2. 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.
3. 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.
4. 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.
5. To rotate the image clockwise or counterclockwise, select one of the Rotate Icons.



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

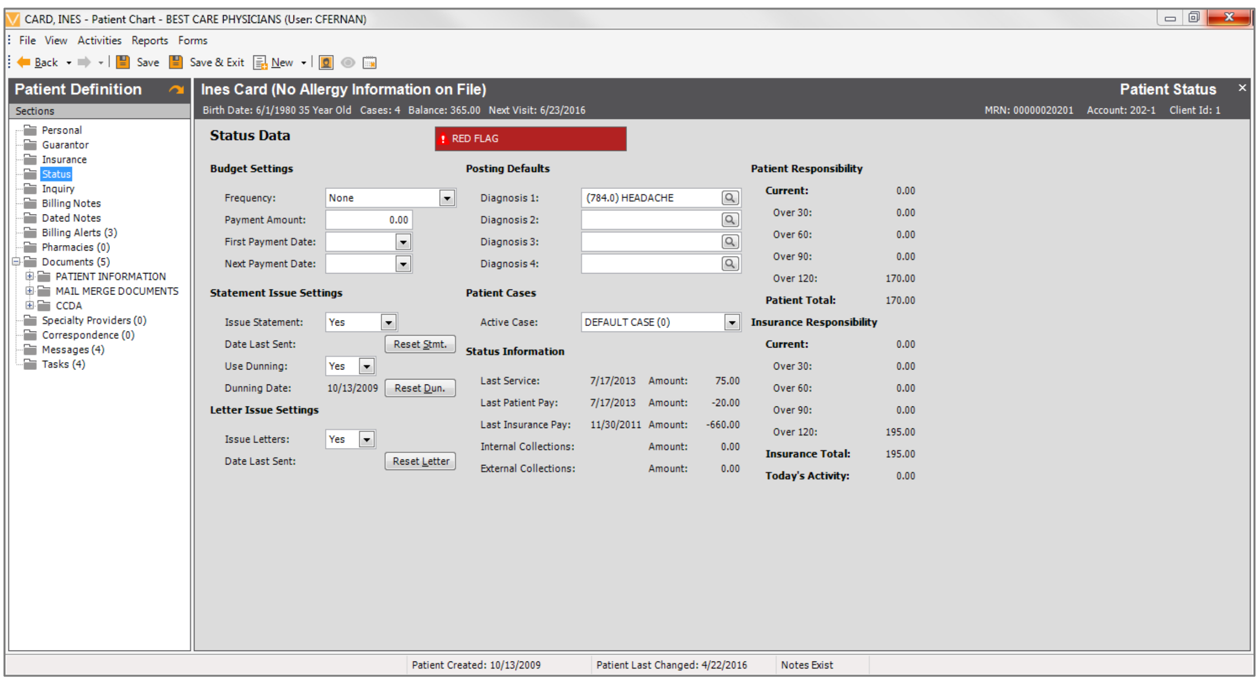
7. To print the image of the card, select the Printer Icon.

8. 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.
9. When finished, select the **OK** Button to save the image and any changes and return to the *Insurance* Section of Patient Definition.
10. 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

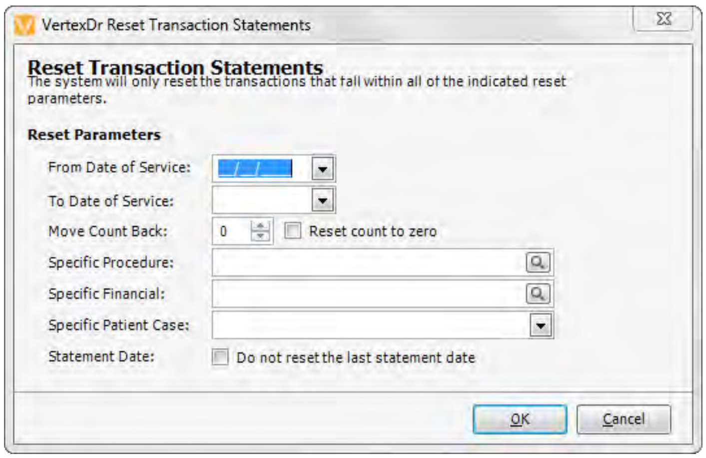
In the *Budget Settings* Section, the practice can enter a budget plan for the patient. A budget plan is a contract between the patient and the office regarding when and how much the patient should pay to meet the patient's monetary obligations.

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 opens.



2. In the *From Date of Service* and *To Date of Service* Fields, enter the dates of service for the transactions for which 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.

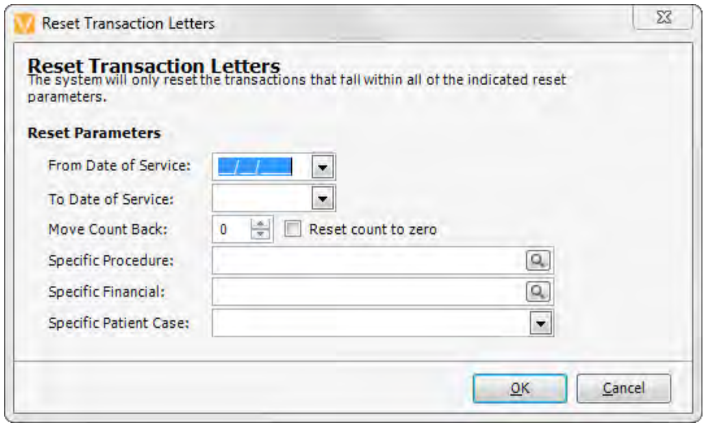
Note: Only some of the fields mentioned may be necessary when resetting statements. At any point, select the **OK** Button to save the settings and reset the statement criteria.

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 opens.



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 the 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.

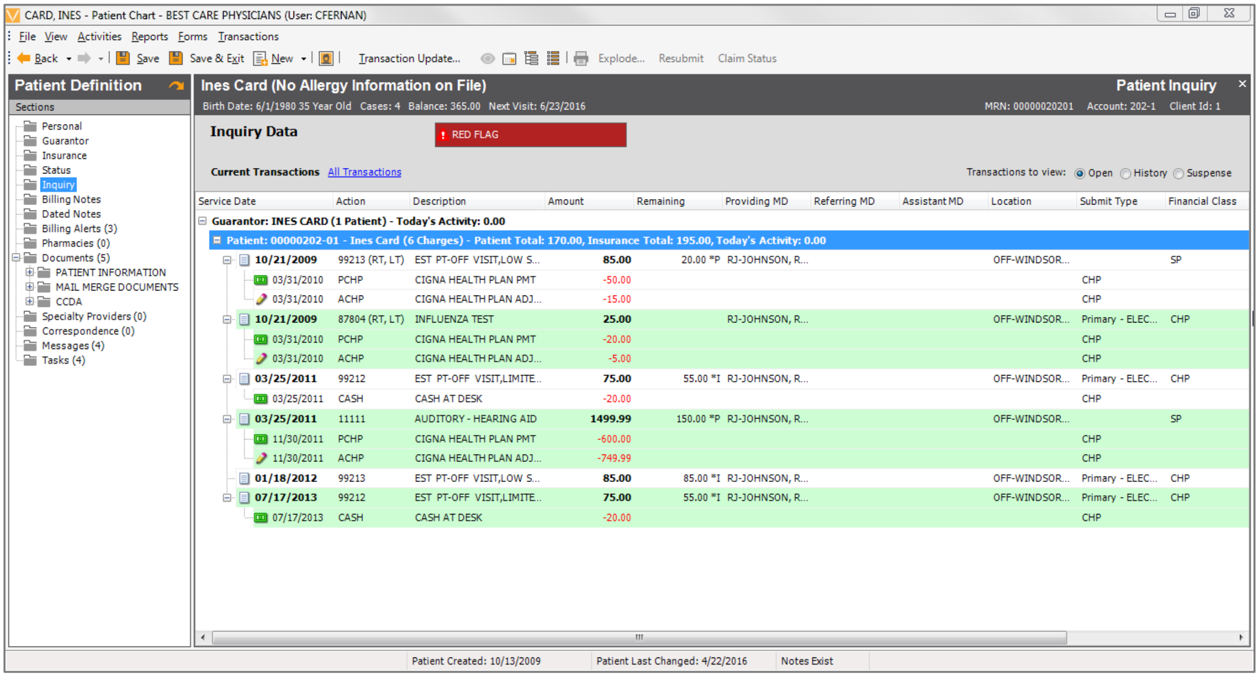
Today's Activity

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 provider associated with the transaction, 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.

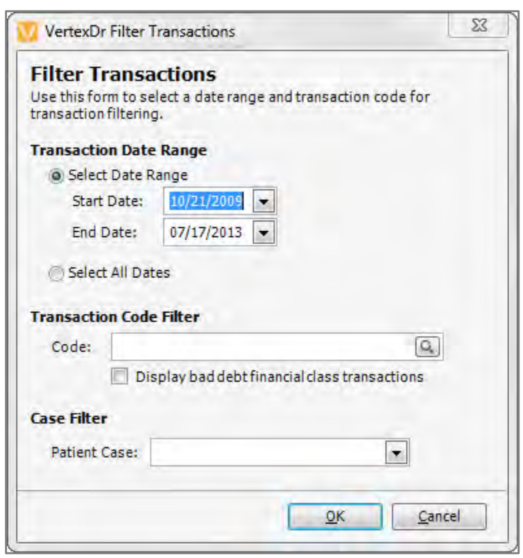
Note: Transactions will only be found under *Suspense* if the practice is utilizing specific areas of EMR, such as charge capture and/or the e-superbill.



All Transactions Link

The **All Transactions** Link allows the user to modify the visible transactions using filter criteria.

1. Click the **All Transactions** Link. The *Filter Transactions* Window opens.



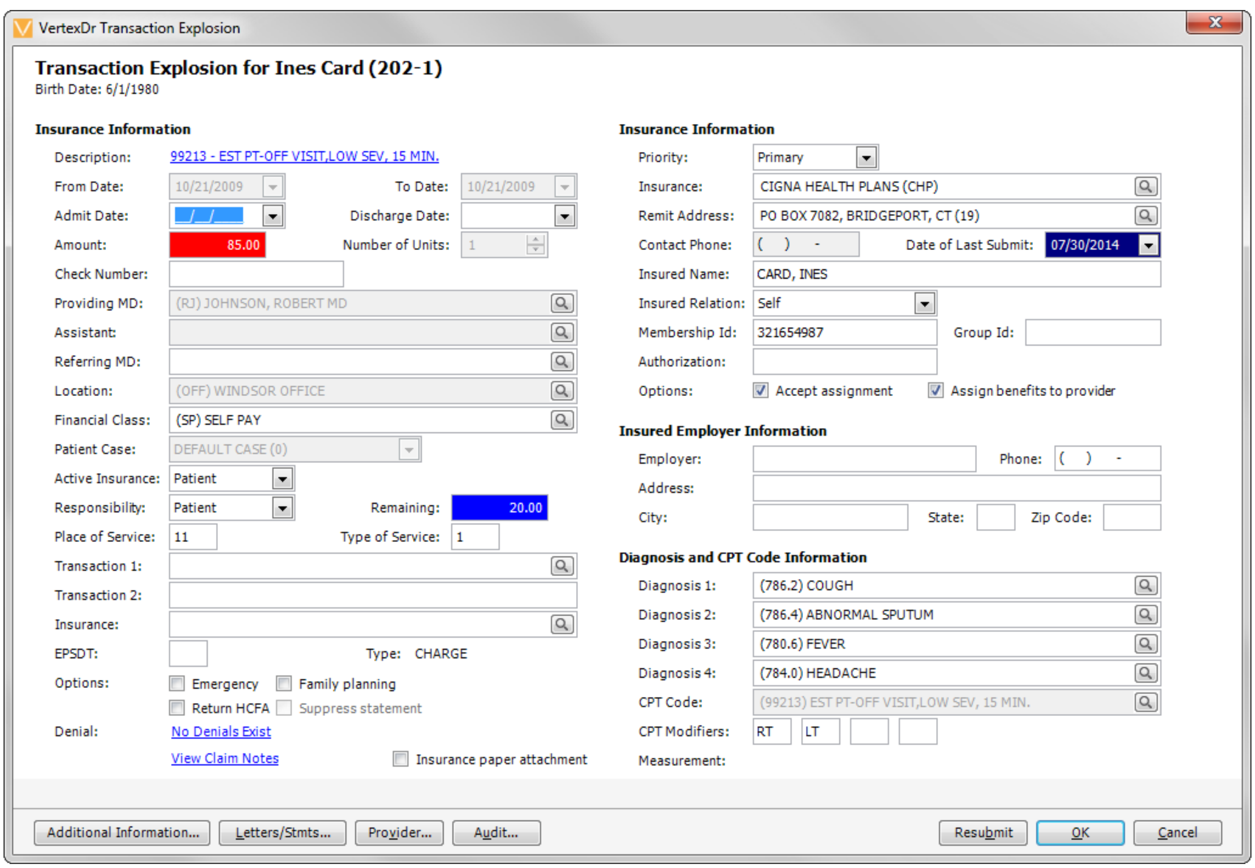
2. In the *Transaction Date Range* Section select the **Start Date** and the **End Date** by clicking the dropdown arrows.

3. If a specific transaction code is desired, in the *Transaction Code Filter* Section, click the **Magnifying Glass**. The *Transaction* Table will open. Search for and select the desired Transaction Code.
4. To view transactions set to the system-defined Bad Debt Financial Class, select the **Display bad debt financial class transactions** Checkbox.
5. To view transactions associated with a specific case, select the desired case from the **Patient Case** Dropdown.
6. When finished, select the **OK** Button. The *Current Transactions* List Box will filter to the defined criteria.
7. To undo the filter, select the **(Filtered)** Link. The *Filter Transactions* Window will open.
8. Click the **Select All Dates** Radio Button and then select the **OK** Button. The *Current Transactions* List Box will re-display all of the patient's open, historical, or suspended 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 opens.



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 opens.

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 listed 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 the procedure associated with the transaction.
6. The claim can be resubmitted by clicking the **Resubmit** Button.
7. The **Additional Information** Button displays the NDC Code which was submitted with the clam if there was one.
8. The **Letters/Stmts** Button displays 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 opens the Provider Definition for the Providing MD associated with this transaction.
10. The **Audit** Button displays 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 displays 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

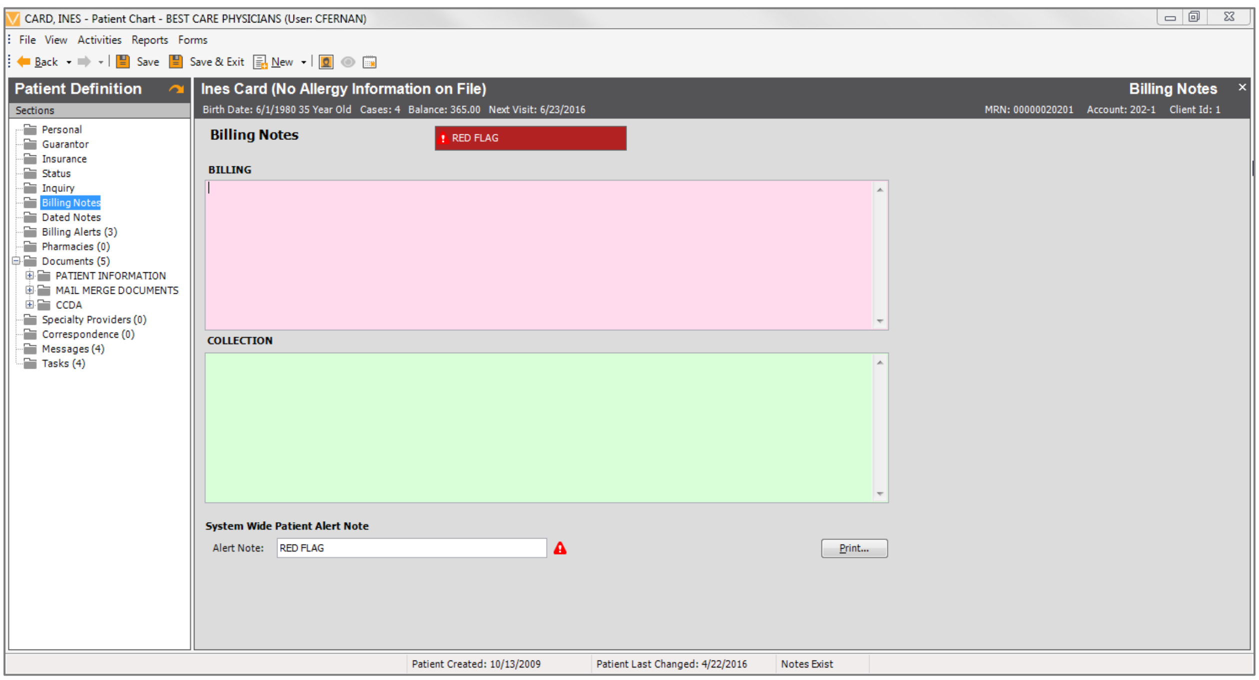
- Select the **Transaction Update** Button to modify specific details regarding a defined transaction or group of transactions.

Note: 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 **Contract** 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.

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 Practice Suite Manager's Manual.

Dated Notes

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 click the **Delete** Button.
2. The *Delete Rows* Message Window displays.
3. Click the **Yes** Button to confirm the deletion. Click the **No** Button to return to the *Notes* Section.

Note: Dated notes can only be deleted on the date they were created, by the user who created it. After that date, the dated note becomes a permanent record in Patient Definition.

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

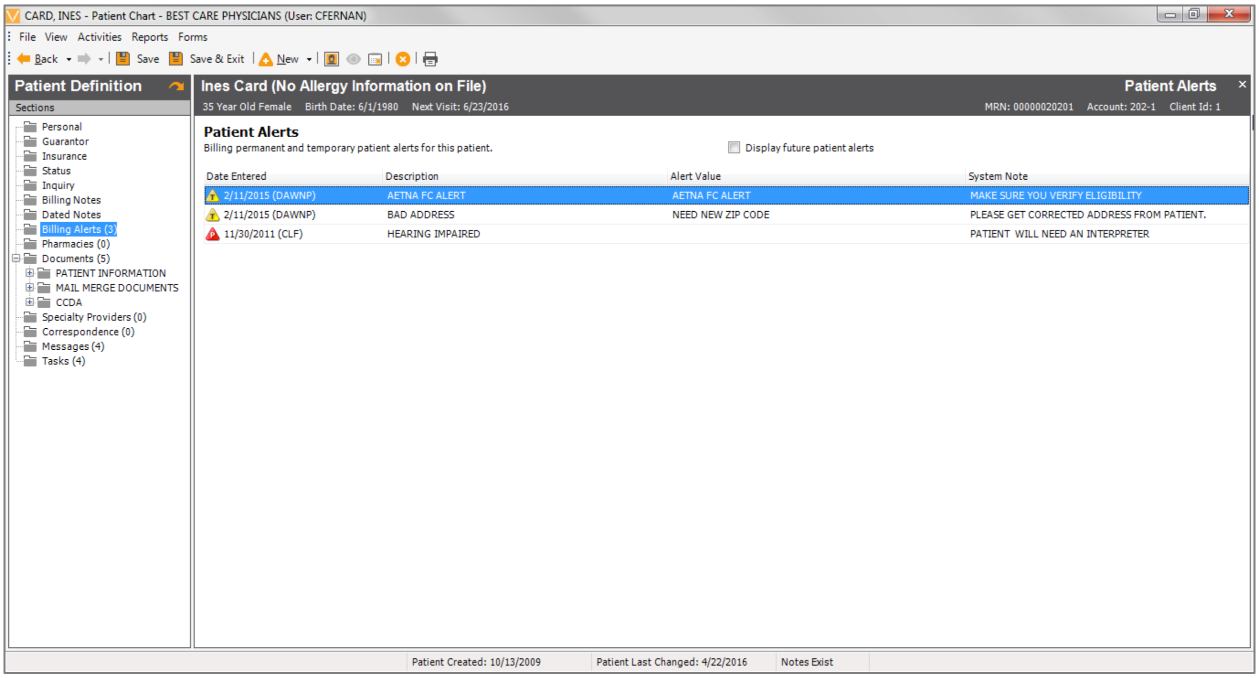
The *Patient Alert Note* is a specific note that displays anytime the patient is selected. The alert note displays in red just below the patient's name when conducting a search. When accessing Patient Definition, the alert will display in red at the top of the *Personal*, *Guarantor*, *Insurance*, *Status*,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

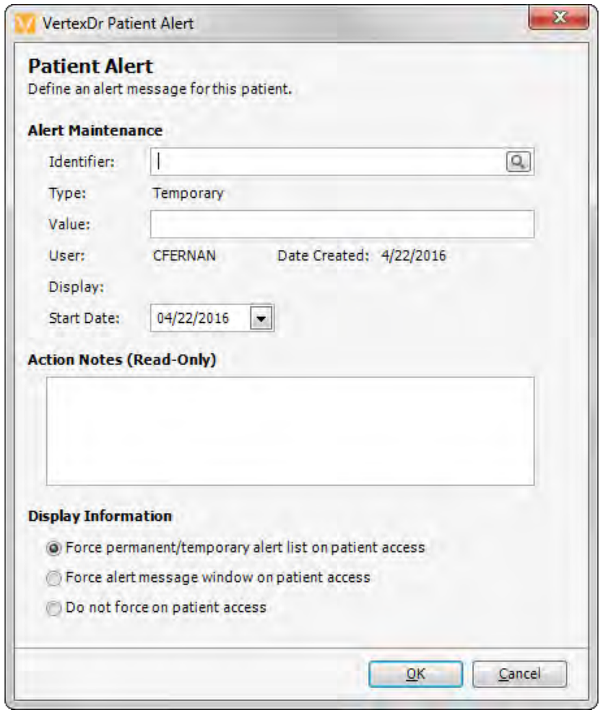
Billing Alerts Section

The *Billing Alerts* Section 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.

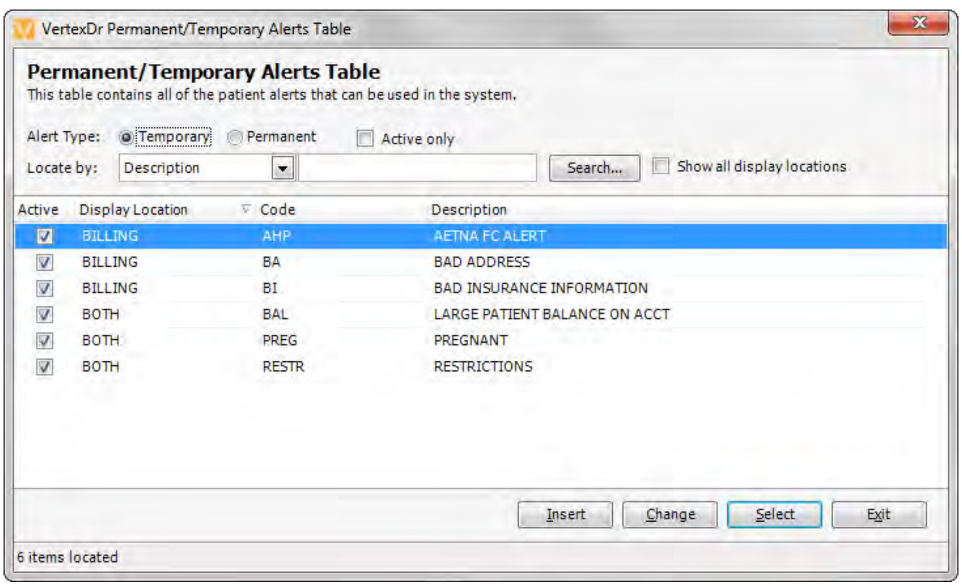


Inserting a Billing Alert

1. Select the **New** Button in the Toolbar. The *Patient Alert* Window opens.



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 displays 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 then 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 *Manager* Section of the Practice Suite Manager's Manual.

4. The *Patient Alert* Window displays with information from the selected alert filled in.
    - The *Identifier* Field displays the selected alert.
    - The *Type* Field displays either *Temporary* or *Permanent* depending on the alert selected.

Note: Temporary or Permanent refers to the alert status. Temporary alerts refer to something that might come to an end, such as a "Large Balance". Permanent alerts refer to something that will always be the case, such as "Hearing Impaired".

- 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

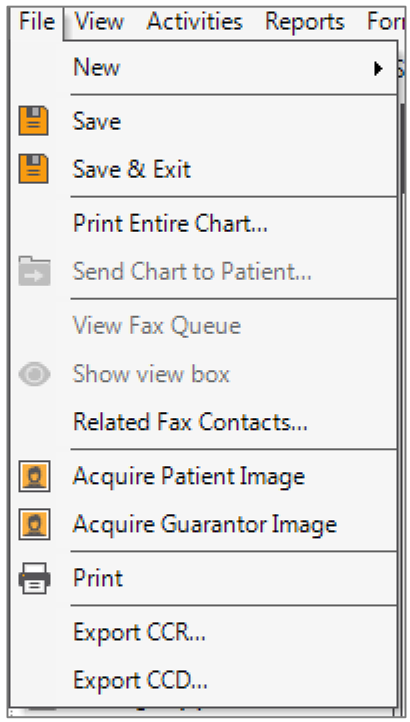
1. To delete a Billing Alert, highlight the alert in the *Patient Alerts* List Box and then click the r*ed* **X** in the Toolbar.
2. The *Confirm Patient Alert Deletion* Window opens. Click the **Yes** Button to confirm the deletion or click the **No** Button to return to Patient Definition.

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.

File Menu

The **File** Menu is located in the Toolbar. Most of the options available in the File Menu can also be found in other areas of Patient Definition.



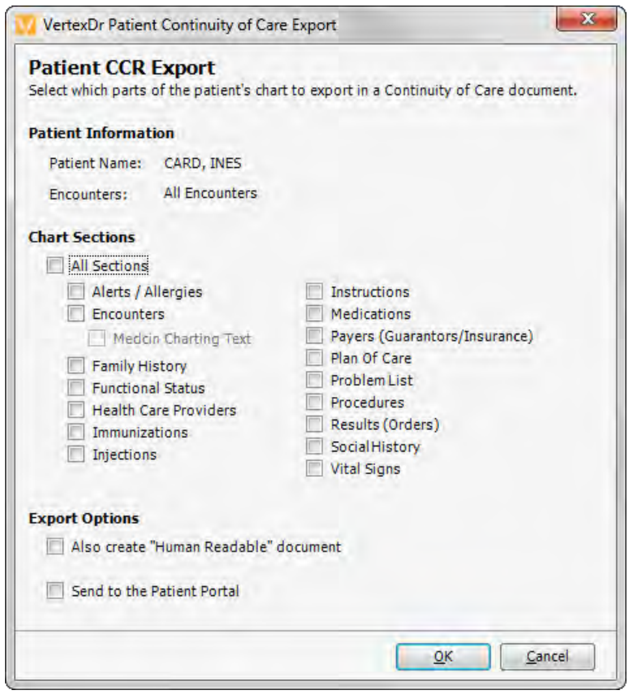
- The **New** Option can be used to create a new Billing Alert, an appointment recall, or a mail merge letter.
- Select the **Save** Option to save any changes that have been made and remain in Patient Definition.
- Select the **Save & Exit** Option to save any changes that have been made and then immediately exit Patient Definition.
- If the practice is using a web cam, an image of the patient can be captured by selecting the **Acquire Patient Image** Option.
- The **Acquire Guarantor** Image Option can be used to capture a picture of the guarantor, if other than the patient.
- Select the **Print** Option to print the section of Patient Definition the user has open.

Export CCR

A CCR is a Continuity of Care Report which provides a detail print out of the patient's chart information. The file can be saved and provided to the patient in various electronic methods if necessary.

To generate the CCR:

1. Select the **Export CCR** Option from the **File** Menu in the Toolbar. The *Patient Continuity of Care Record Export* Window opens.

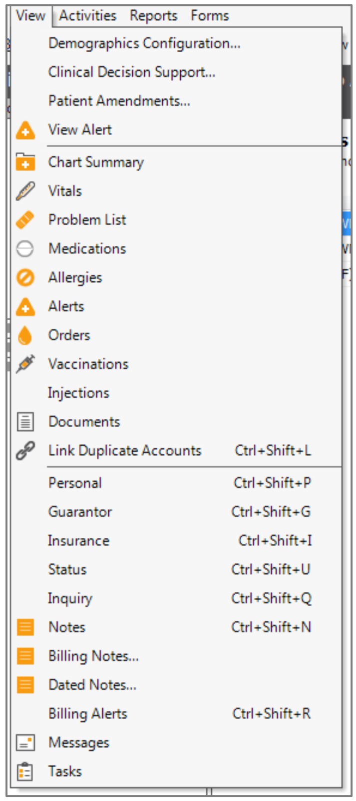


2. The user can select the desired sections of the Patient Chart to include in the CCR be clicking the necessary checkboxes.
3. To produce a print preview of the report, select the **Show "Human Readable" document when complete** Checkbox.
4. If the practice is using the Patient Portal and the patient would like the CCR uploaded to their Portal account, select the **Send to Patient Portal** Checkbox.
5. When finished, click the **OK** Button.
6. The *Save Continuity of Care Record As* Window appears. The file can be saved to the desired location on the user's computer or the practice's network. Once the report is successfully saved to the designated location the *Success!* Window appears. Click the **OK** Button.
7. Once the file is saved, if the user selected the **Show "Human Readable" document** Checkbox, the report will display. It can be printed or faxed from the *CCR View* Window.

View Menu

Keyboard Shortcuts

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



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

Demographics Configuration

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

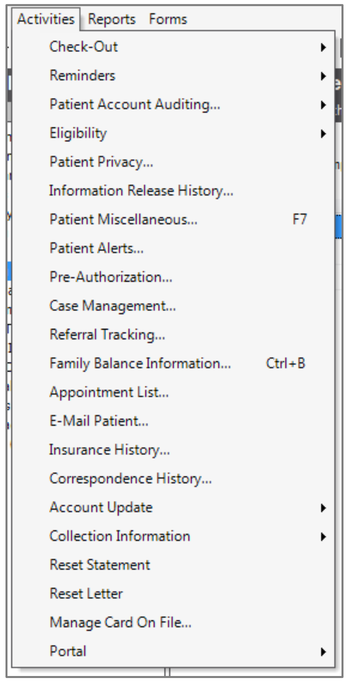
Selecting **Demographics Configuration** will open the *Demographics Summary Configuration* Window. All items will be initially listed in the *Assigned Items* List Box. Use the **Double-Arrow** Buttons to move all items between *Assigned Items* and *Available Items* or use the **Single-Arrow** Buttons 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. The **F8** Key may also be selected to access the *Locate Available Appointments* Window.

Note: For more information on using the *Locate Available Appointments* Window, reference the *Scheduling* Section of this manual.

- **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 clicking the **Insert** Button. The *Charge Posting* Window for the current patient will open so that charges may be posted. When finished, click the **Save & Exit** Button to save the transaction and return to Patient Definition.

Note: The F9 Key may also be selected.

Reminders

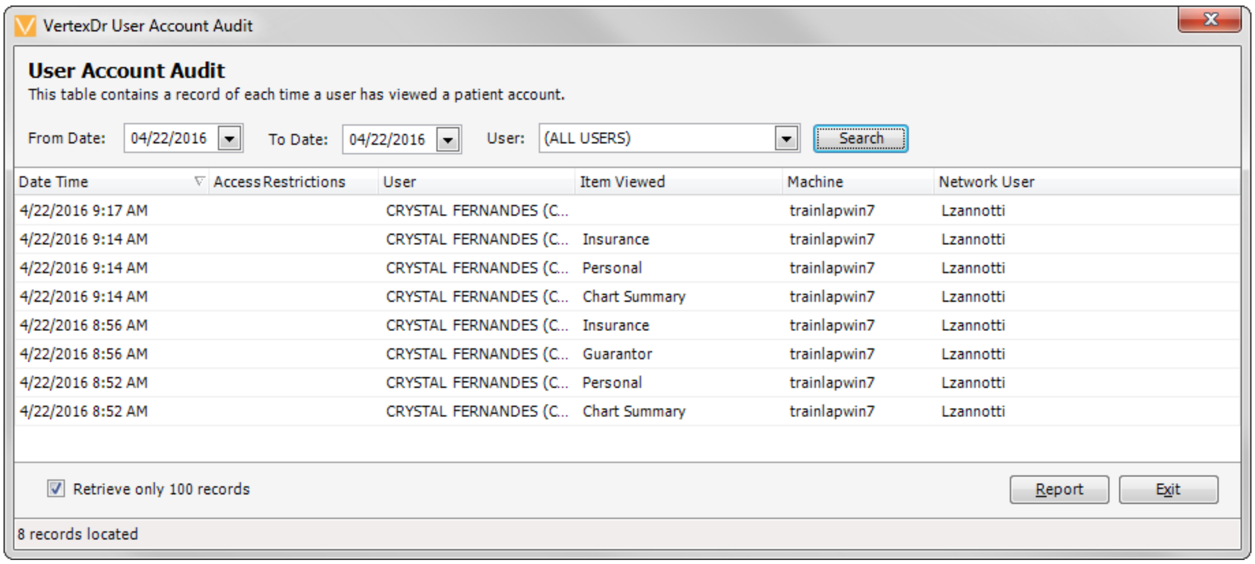
- **Patient Recalls** – This option opens the *Patient Recalls and Follow-Up Dates* Table. The **Type to View Radio** Button will be defaulted to **Recall Dates**.

- **Patient Follow-Ups** - This option will open the *Patient Recalls and Follow-Up Dates* Table. 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.



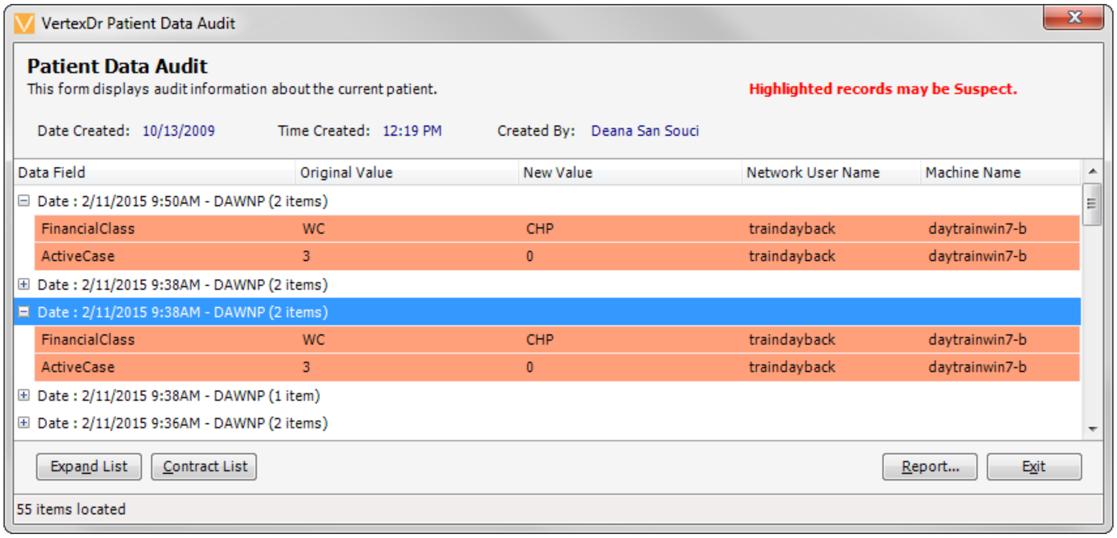
Use the *From Date* and *To Date* Fields to adjust the dates. To view when a specific user entered into the selected Patient Definition, select a specific user from the **User** Dropdown.

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, click the **Report** Button.

Patient Changes

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



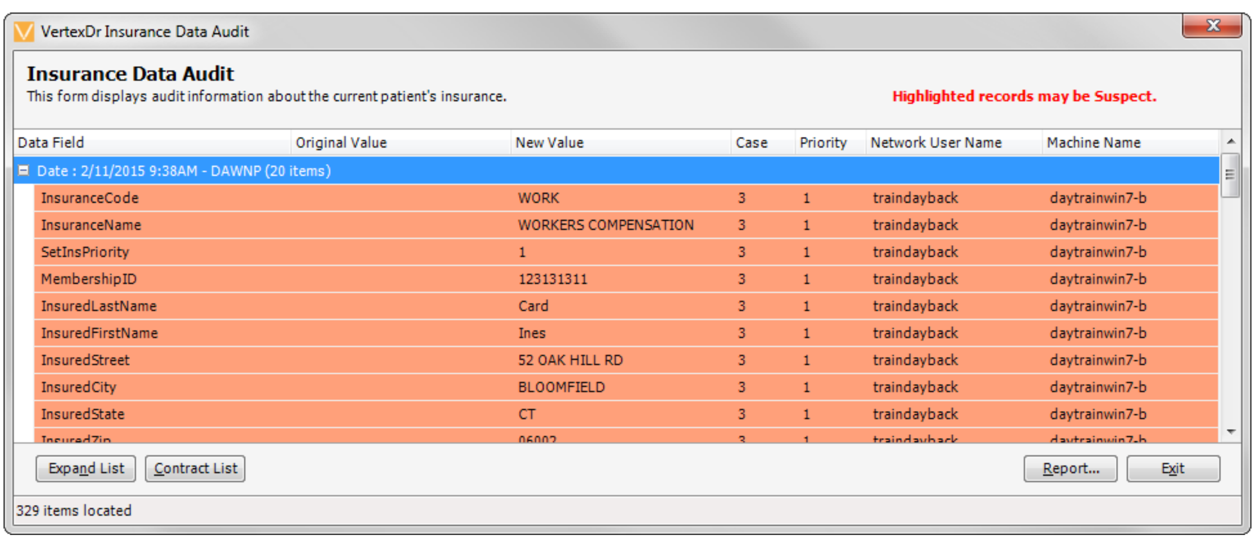
The *Patient Data Audit* Window displays all demographic changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

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** opens the *Insurance Data Audit* Window.



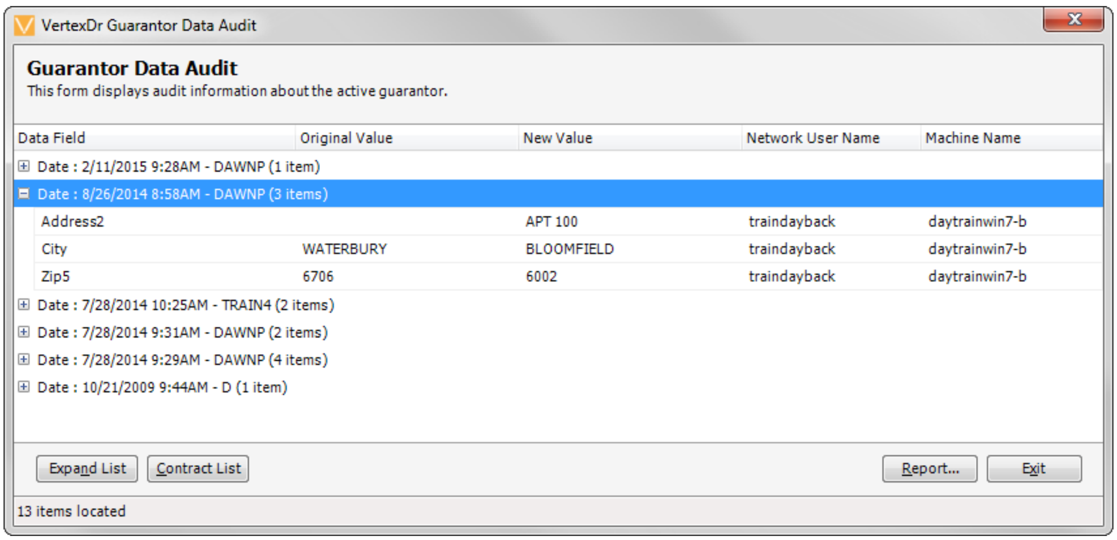
The *Insurance Data Audit* Window displays all insurance information changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

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** opens the *Insurance Data Audit* Window.



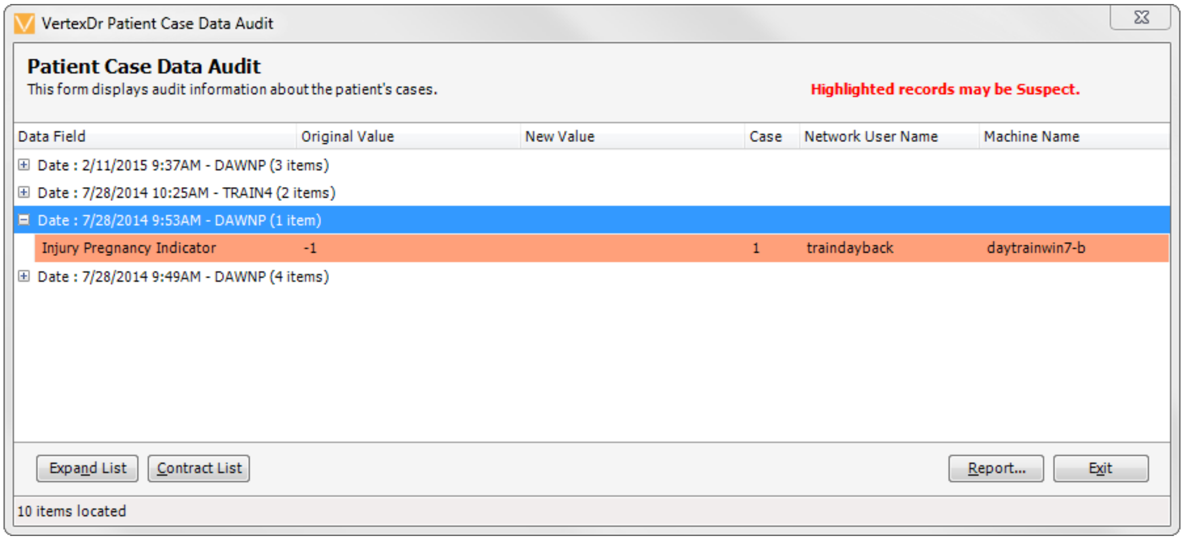
The *Guarantor Data Audit* Window displays guarantor information changes for the selected patient. This includes the date and time of the change, what field(s) was changed and what value it was changed to, the user who made the change, and which computer the change was made from.

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** opens 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.

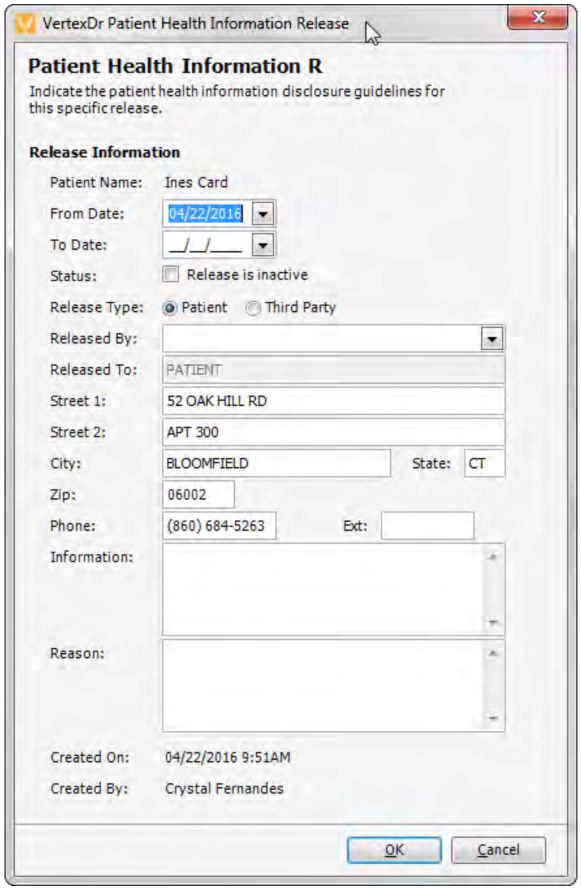
Patient Privacy

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

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.

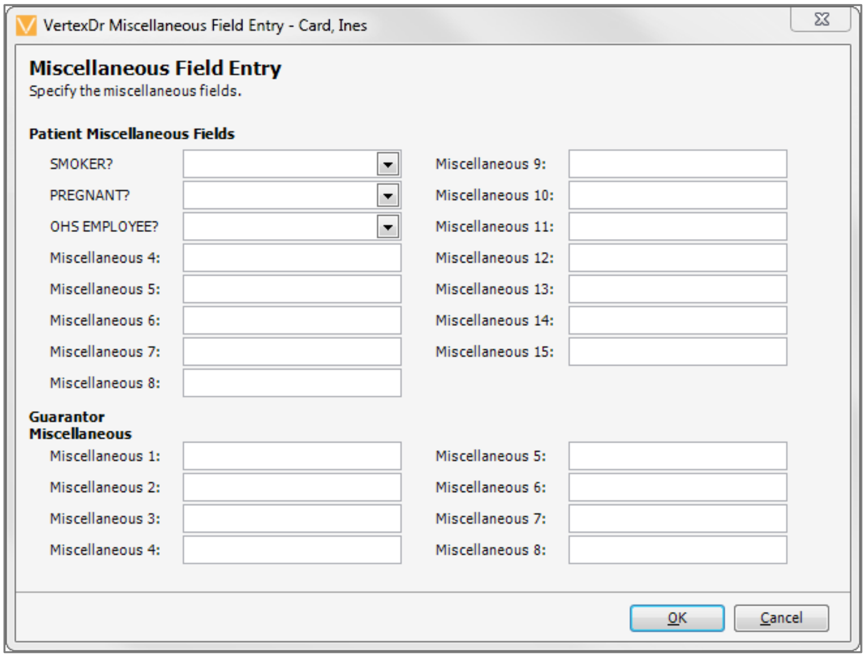
To enter a new release record, select the **Insert** Button. The *Patient Health Information Release* Window will open.



Fill in the appropriate information and then click 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

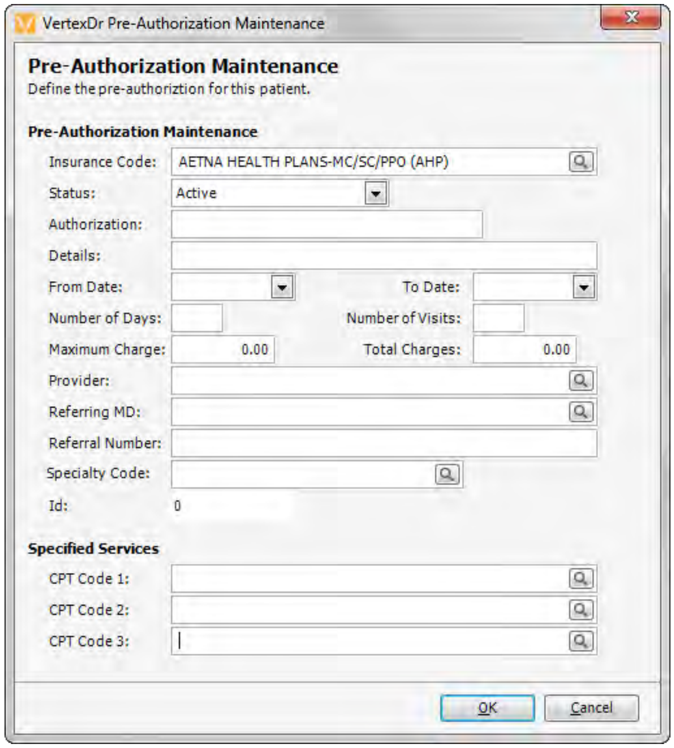
Selecting **Patient Alerts** will open the *Patient Alerts* Window. From this window, Billing Alerts can be inserted, changed, and deleted.

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 opens.



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.
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 practice tracks pre-authorization by specialty, the appropriate specialty can be selected by click the **Magnifying Glass** in the *Specialty Code* Field.

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

13. When finished, click 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.

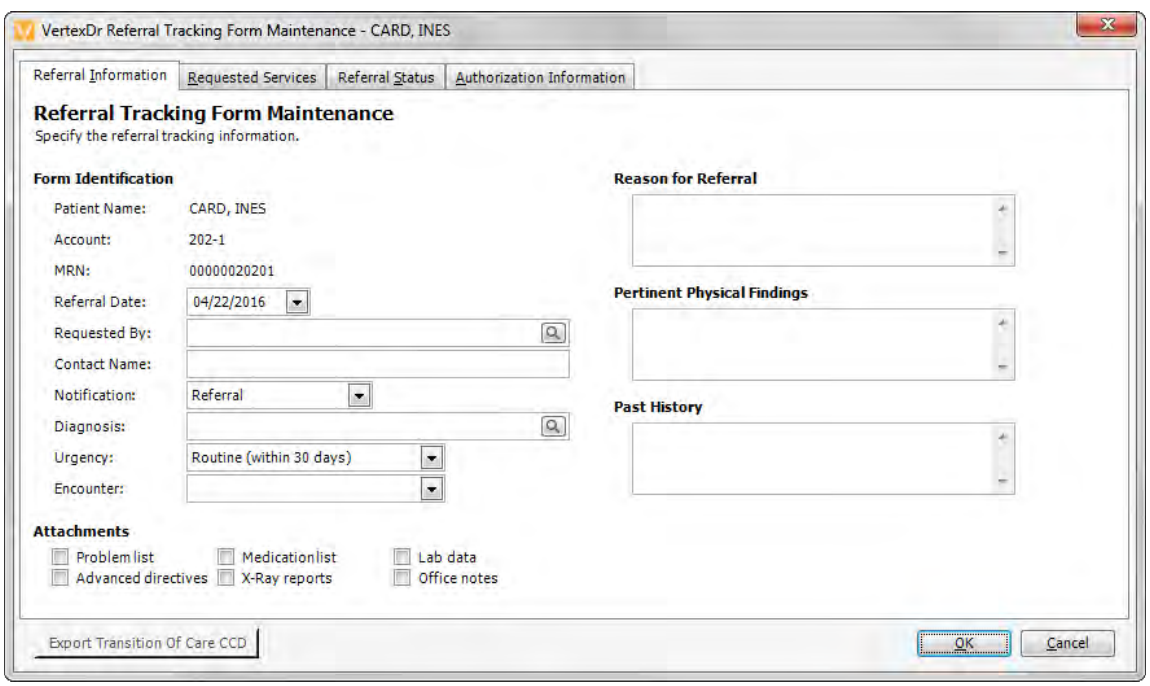
Note: To view the changes, select the *Insurance* Section.

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 opens.



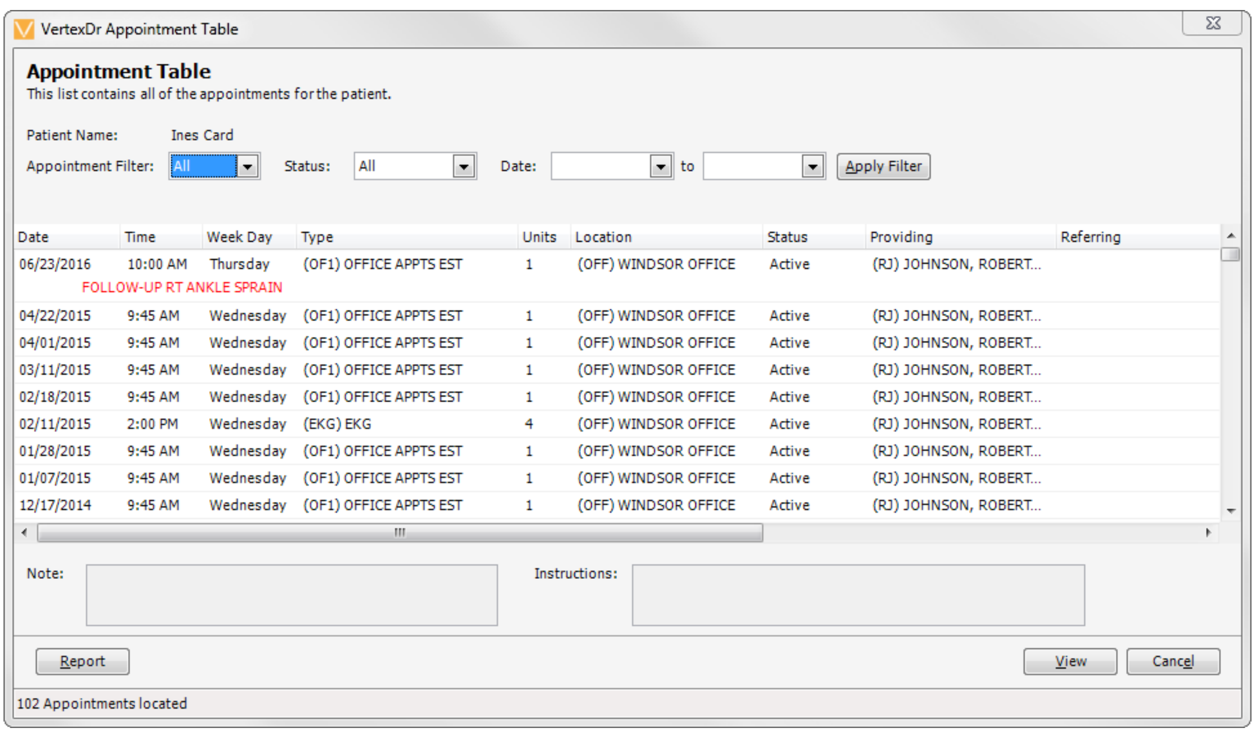
2. The **Referral Information** Tab can be used to track when the patient was referred to another physician, by whom, and for what diagnosis.
3. The **Requested Services** Tab can be used to indicate to whom the patient is being is being referred and why.
4. The **Referral Status** Tab can be used to 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, click the **OK** Button to save the referral.
7. To print an authorization, highlight it in the list box and then click the **Print** Button.
8. Click 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** Keys on the keyboard.

Appointment List

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



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

To filter the window to view past or future appointments:

1. Click **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. Click the **Apply Filter** Button to view the defined results.
4. To print the filtered results, click the **Report** Button.
5. To view the *Patient Appointment* Window for a specific appointment date, highlight the appointment in the table and then click the **View** Button.

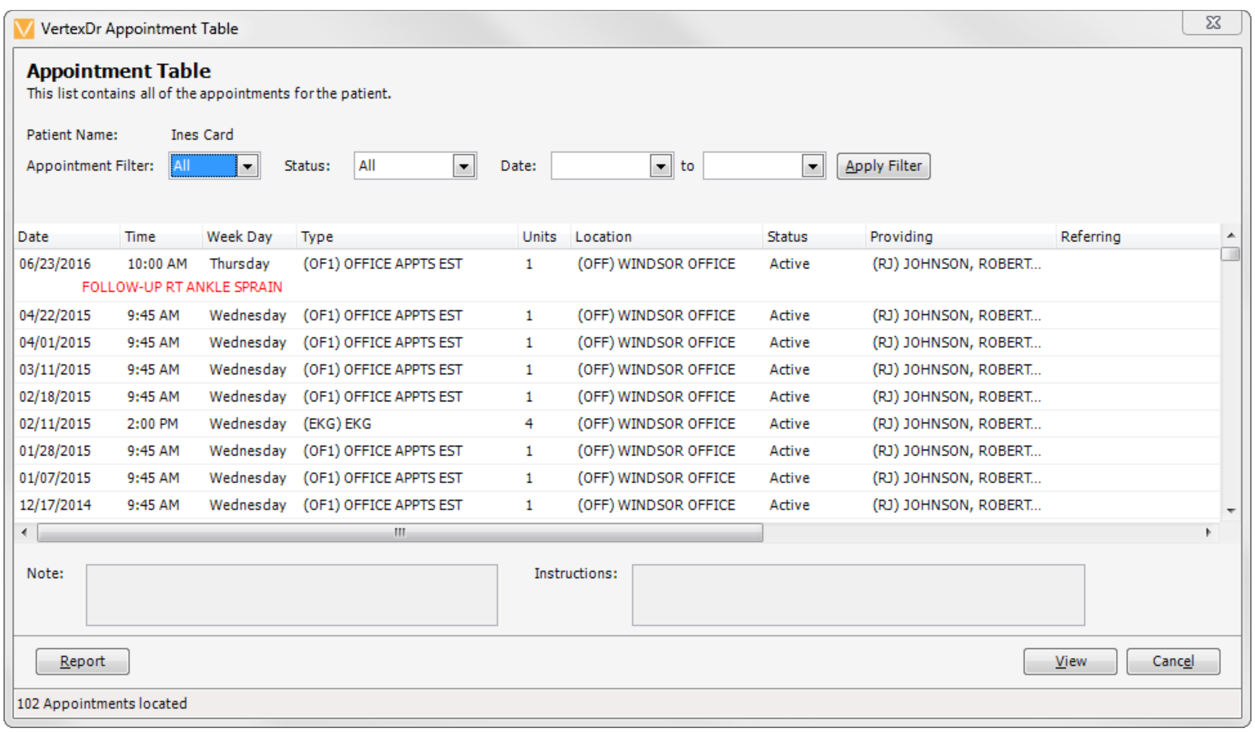
E-Mail Patient

If your system is set to use the e-mail feature, click **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.

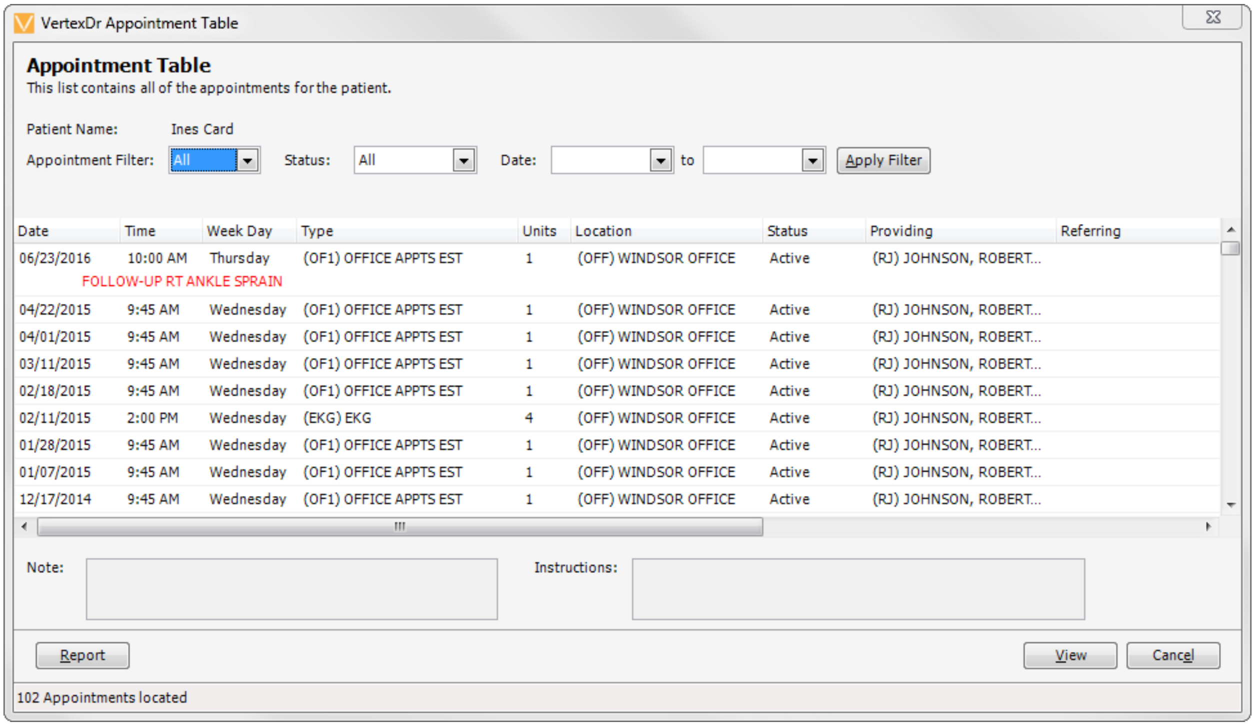
Note: The ability to e-mail through the Suite is a user security. For more information on user securities, reference the *User Security* Section of the Manager's Manual.

Insurance History

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



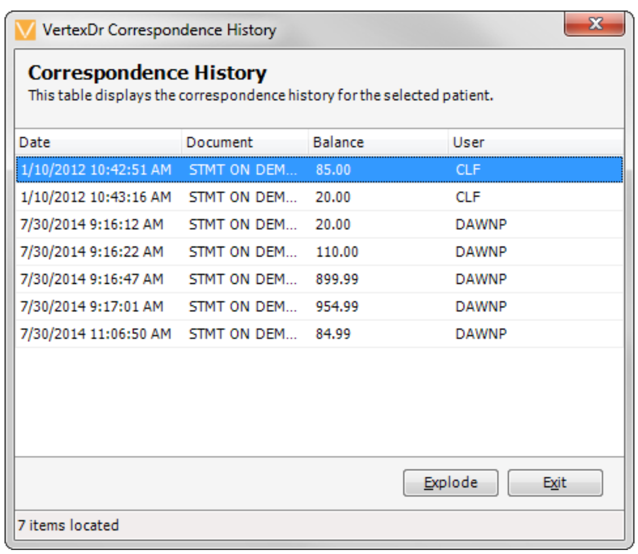
To view the insurance information, highlight the line item and then click the **View** Button. The *Insurance History* Window displays for the selected carrier.



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

Correspondence History

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



The window displays 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 click 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** opens the *Reset Transaction Statements* Window.

Reset Letter

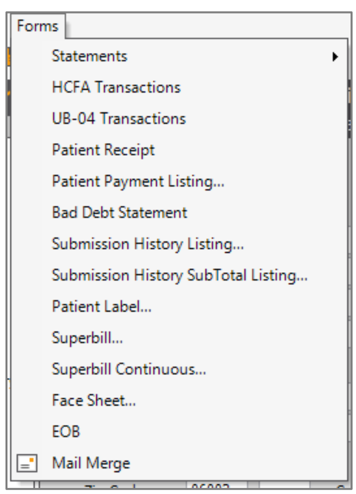
Selecting **Reset Letter** opens the *Reset Transaction Letters* Window.

Reports Menu

The **Reports** Menu allows for various state forms, such as the State of Connecticut "Blue" and "Yellow" forms, and vaccination records to be generated if needed.

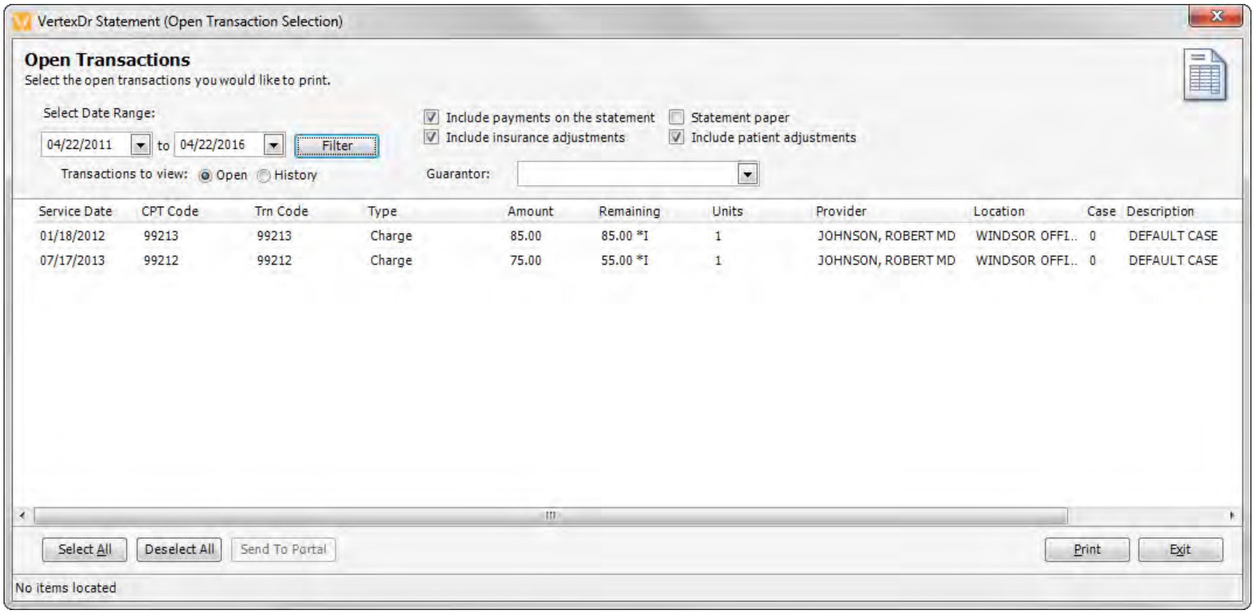
Forms Menu

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 click 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.

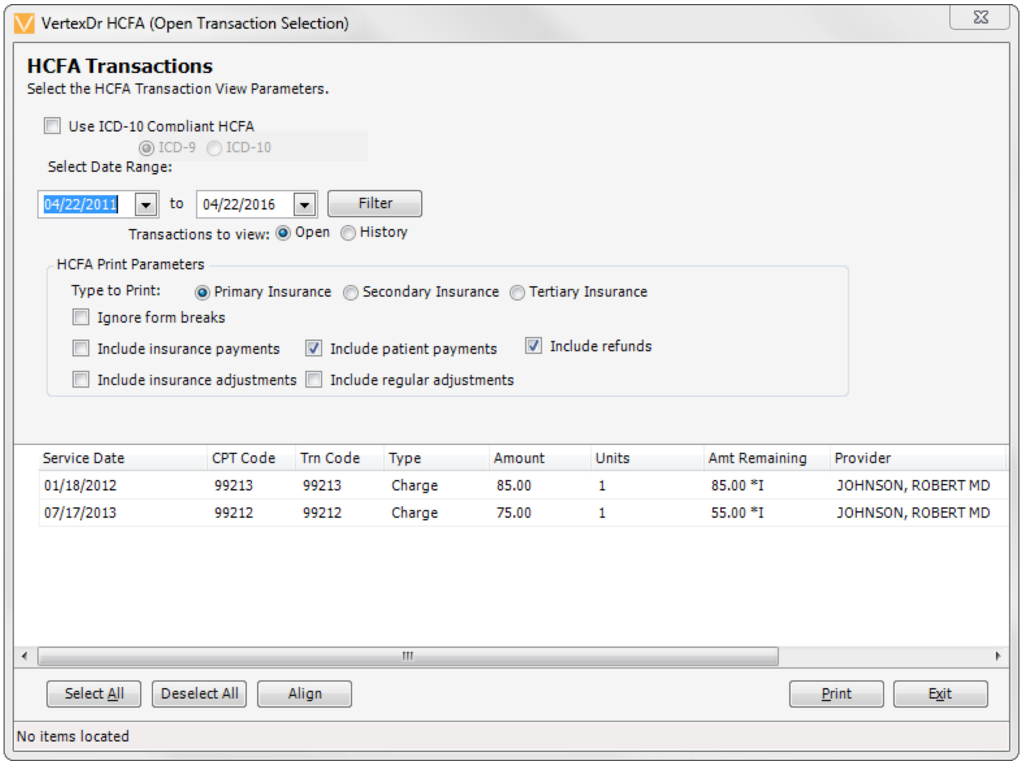
Note: If no guarantor is selected, then the guarantor associated with the charge will display on the statement when printed. If multiple charges are selected to be printed then a statement will print for each guarantor's associated charges.

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

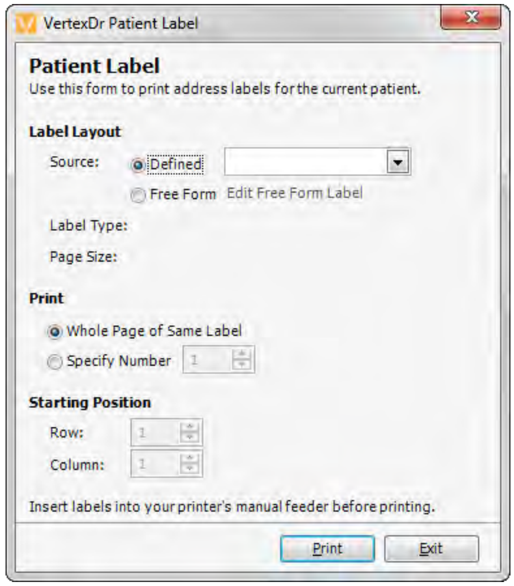
The *Submission History Listing* Report will display transactions submitted to insurance. The report includes: the *Service Date*, *Posted Date*, *Submit Type* (NEIC, Electronic, Paper, etc.), insurance carrier the transactions were submitted to, and the date submitted.

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

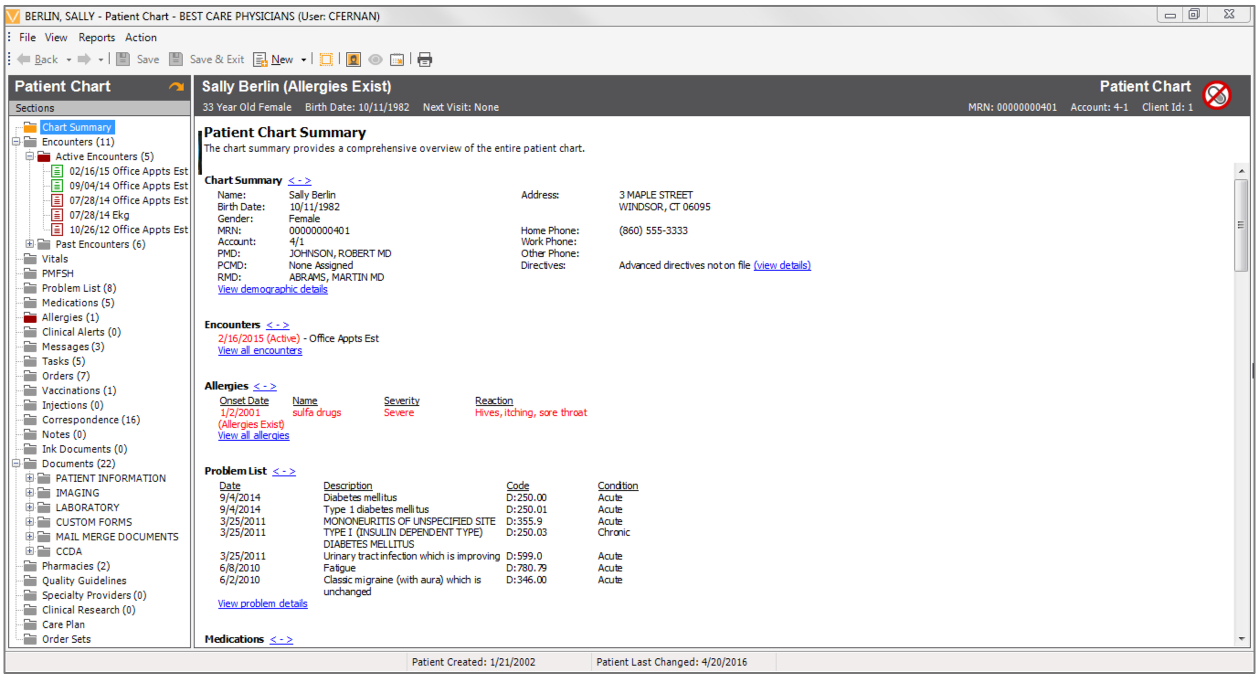
Selecting **Mail Merge** will open the Mail Merge Tree Window where a document can be created for the selected patient. For more information on creating a Mail Merge document, reference the *Mail Merge* Section of this manual.

Patient Chart

The Patient Chart contains all of the patient's pertinent clinical data. To navigate the Patient Chart, click on an item in the *Sections* List Box on the left.

Chart Summary

The *Chart Summary* Section provides an overall view of the Patient Chart. These sections are discussed in greater detail below and throughout this manual.

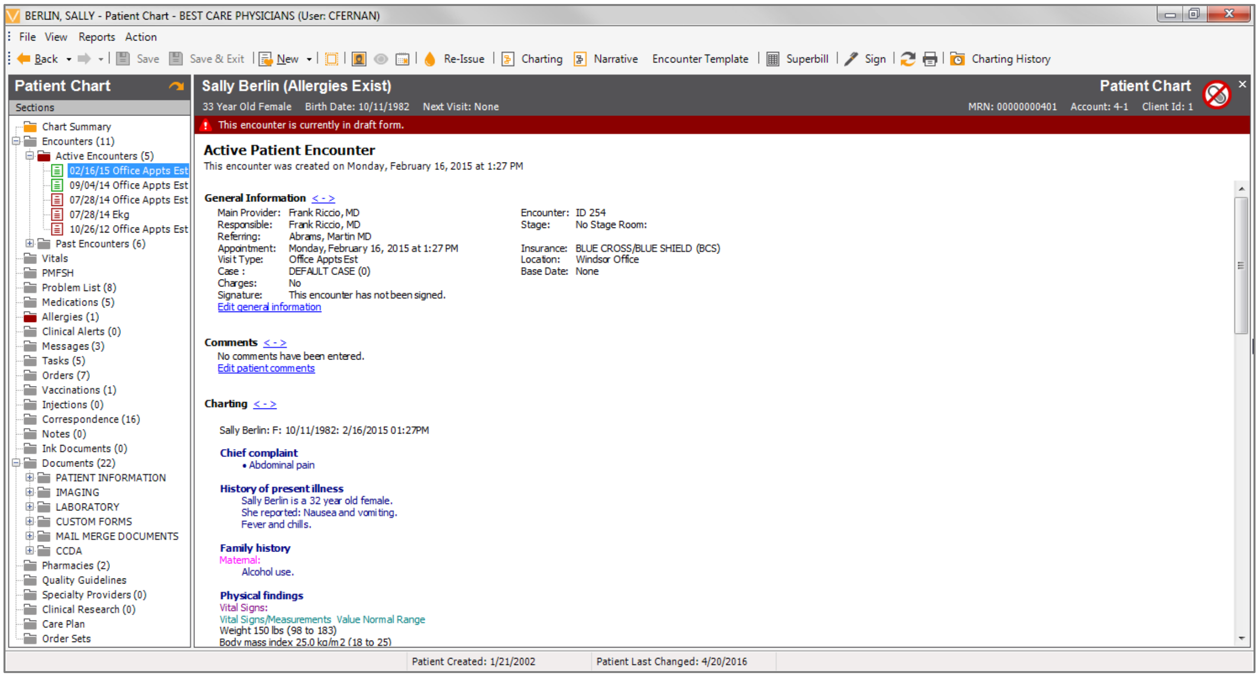


Encounters

Encounters are electronic progress notes documenting a patient visit. Encounters are defined as *Active* or *Past Encounters*.

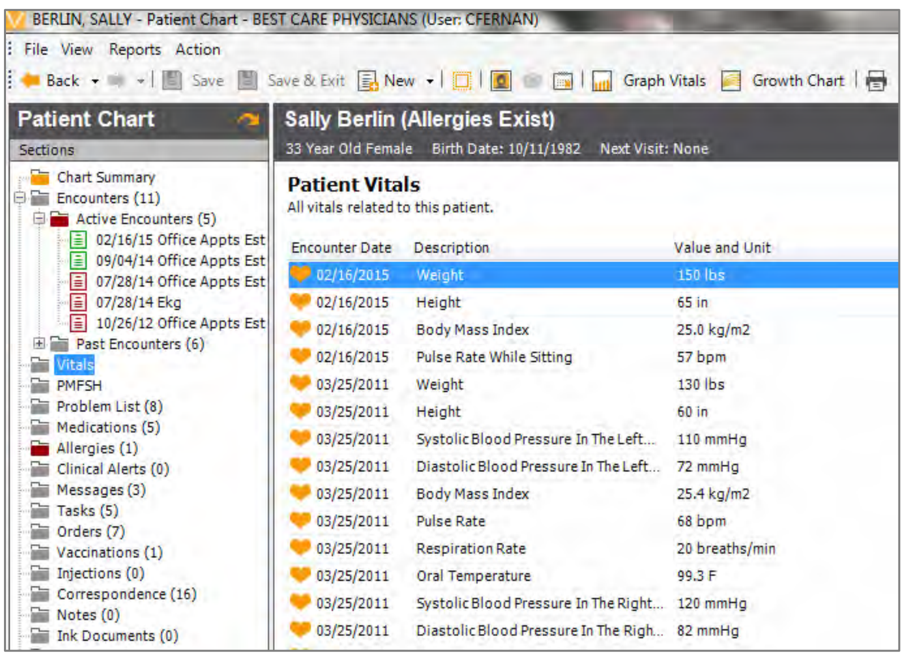
Active Encounters are encounters that have not been signed by the provider. The *red* **Paper** icon indicates no documentation has been recorded. The *green* **Paper** icon indicates documentation has been recorded.

Past Encounters are encounters in which a provider has reviewed the documentation and signed off on the documentation to finalize the encounter. Once signed, encounters become a permanent part of the Patient Chart.



Vitals

Vitals entered through the *Charting* Area can be viewed by clicking on the *Vitals* Section in the *Sections* List Box.



Vitals can be grouped by clicking the **Type** Radio Button.

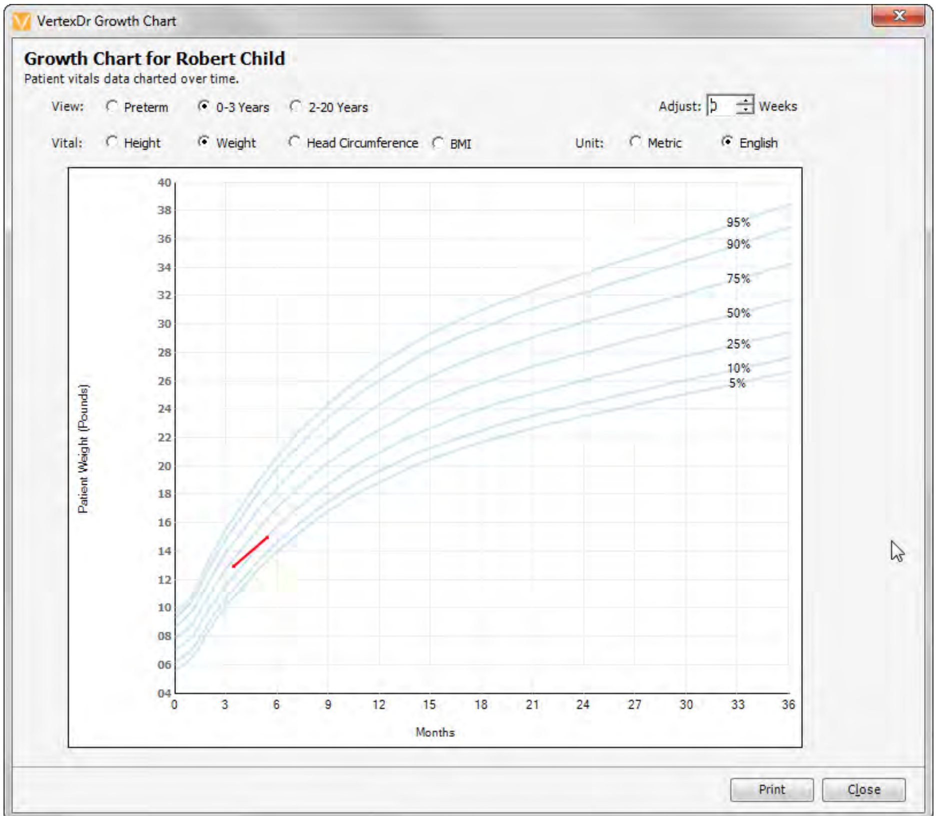
Graphing Vitals

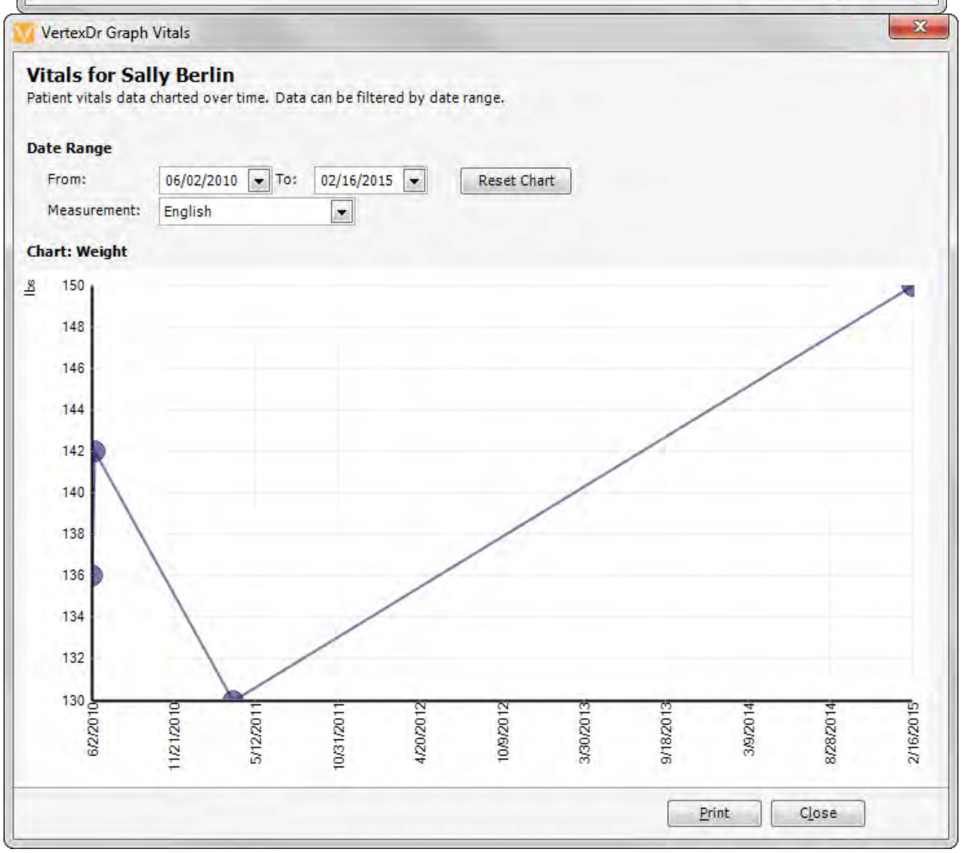
Once vitals have been recorded on more than one encounter, they can be graphed.

To graph vitals:

1. In the *Vitals* Section, highlight the vital to be graphed (e.g. *Height*, *Weight*, *Systolic* or *Diastolic Blood Pressure*).
2. On the toolbar, click the **Graph Vitals** Button 

. The *Graph Vitals* Window displays.


VertexDr Growth Chart
Growth Chart for Robert Child
Patient vitals data charted over time.
View: Preterm 0-3 Years 2-20 Years
Adjust: Weeks
Vital: Height Weight Head Circumference BMI
Unit: Metric English
Patient Weight (Pounds)
95%
90%
75%
50%
25%
10%
5%
Months
Print
Close

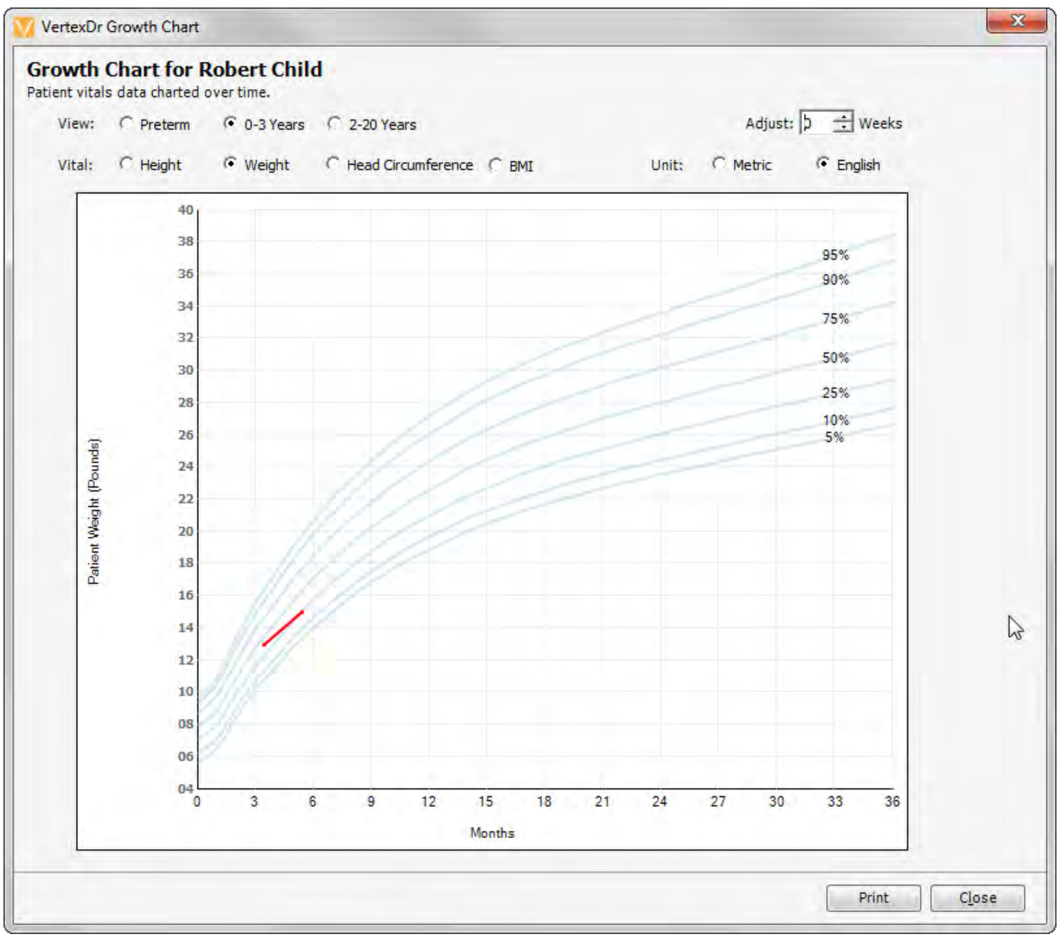

VertexDr Graph Vitals
Vitals for Sally Berlin
Patient vitals data charted over time. Data can be filtered by date range.
Date Range
From: 06/02/2010 To: 02/16/2015
Reset Chart
Measurement: English
Chart: Weight
lbs
6/2/2010
11/21/2010
5/12/2011
10/31/2011
4/20/2012
10/9/2012
3/30/2013
9/18/2013
3/9/2014
8/28/2014
2/16/2015
Print
Close

3. The *Date Range fields reflect the encounter dates in which vitals were recorded*. To change the date, click the dropdown arrows to select the correct dates from the calendar. When finished, click the **Reset Chart** Button.
4. The preferred measurements (**English** or **Metric**) can be selected from the dropdown menu.
5. To print the graph, click the **Print** Button.
6. When finished, click the **Close** Button to exit the *Graph Vitals* Window and return to the Patient Chart.

Growth Charts

For pediatric patients the **Growth Chart** Button can be used to display all recorded data pertaining to a standard growth chart.

Note: The **Growth Chart** Button must be enabled in the *User Security* Area. If disabled, the button is not visible. For more information on user securities, see the Practice Suite Manager's Manual.



If the data elements are recorded in the encounters click the **Height**, **Weight**, **Head Circumference** and **BMI** Buttons to graph the selected vitals.

PMFSH

The ***Past Medical, Family and Social History*** Section (PMFSH) displays all PMFSH findings that have been documented in the *Charting* Area.

PMFSH groups can be created to include or exclude the defined PMFSH items. Once groups are defined, documented PMFSH items can be manually assigned or automatically assigned using Medcin prefixes. Once assigned, findings in PMFSH groups can be filtered to display only the most recent, inactivated, and activated. Users can also be assigned to PMFSH groups to ensure that groups are visible for the user when a Patient Chart is accessed.

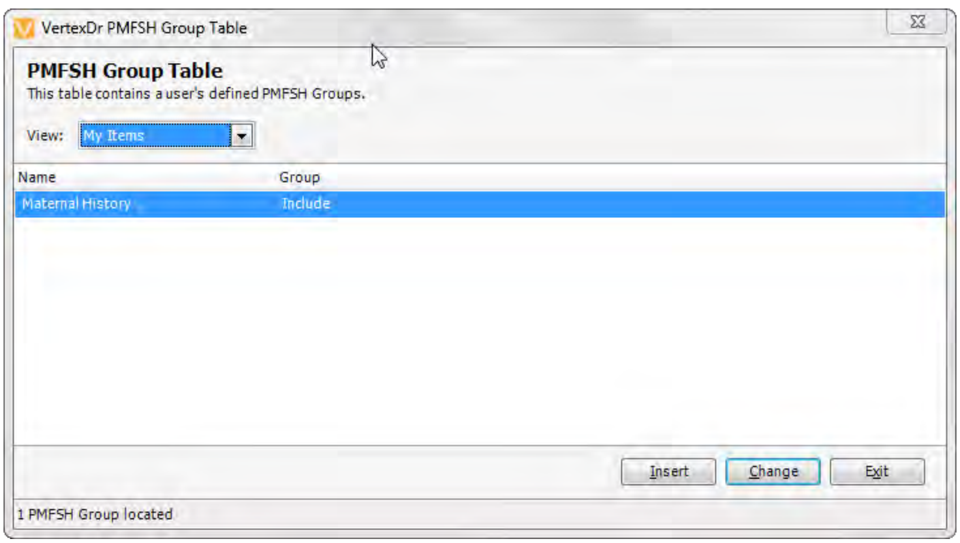
Creating PMFSH Groups

PMFSH groups can be created from a Patient Chart. Once created, they can be accessed from other Patient Charts as well.

Note: At least one PMFSH must exist in the *PMFSH Definition* Table before additional PMFSH groups can be created directly from the Patient Chart. For more information on the **Definition** Menu, reference the Practice Suite Manager's Manual.

To create a PMFSH group from the Patient Chart:

1. Click the **Groups** Button on the Toolbar. The *PMFSH Group* Table opens.



2. Click the **Insert** Button. The *PMFSH Group Definition* Window displays.

3. Enter a description for the group in the *Name* field.
4. Select either **Include** or **Exclude** from the **Grouping** Dropdown to indicate that the finding should or should not be listed as a PMFSH item.
5. To automatically assign a finding to the defined PMFSH group based on a Medcin prefix, select the appropriate prefix from the **Prefix** dropdown.

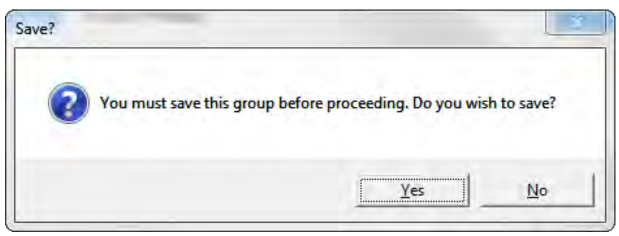
Assigning Users to a PMFSH Group

By default, the user who created the PMFSH group is automatically assigned to the PMFSH group. Other users can be assigned to the group as well. Once assigned to specific groups, the assigned users will see the PMFSH findings arranged in the Patient Chart according to the groups they are assigned to.

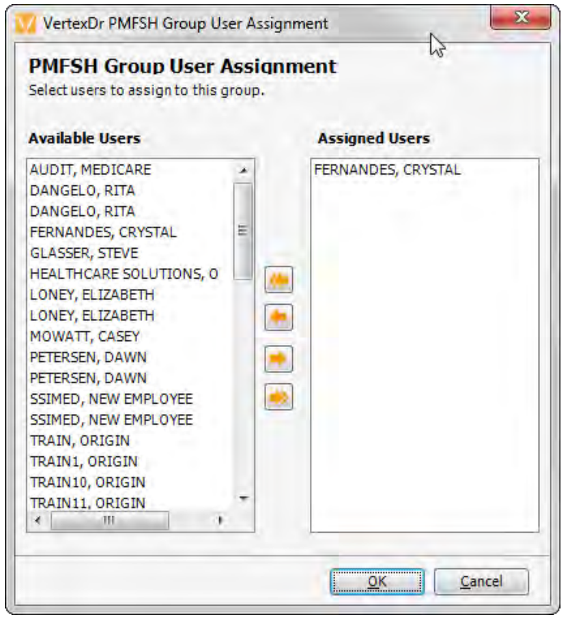
To assign a user to a PMFSH:

1. From the *PMFSH Group Definition* Window, click the **Users** Button.

2. The *Save?* Message Box appears. Click the **No** Button to return to the *PMFSH Group Definition* Window. Click the **Yes** Button to save the PMFSH group and access the *User Definition* Window.



3. The *PMFSH Group User Assignment* Window displays. The user who created the PMFSH group is automatically listed in the *Assigned Users* List Box.



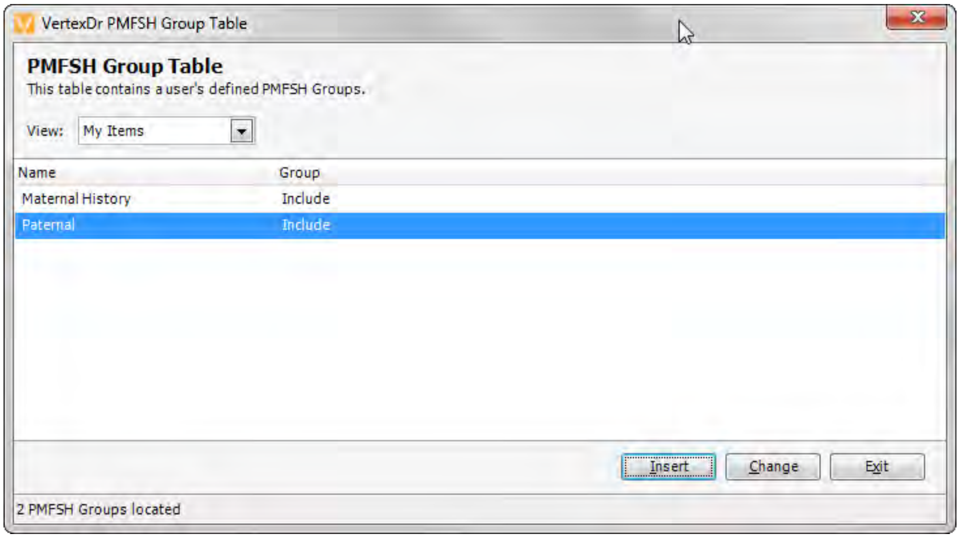
To add assign additional users to the PMFSH group, highlight a user and then click the **Right Arrow** Button to move the user from the *Available* List Box to the *Assigned Users* List Box.

4. Repeat Step 3 for each user until all necessary users are assigned to the PMFSH group.
5. To remove an assigned user from a PMFSH group, highlight the user in the *Assigned Users* Column and then click the **Left Arrow** Button to move the user back to the *Available Users* List Box.

Note: The **Double Right Arrow** Button can be used to move all users in the *Available Users* List Box to the *Assigned Users* List Box. Similarly, the **Double Left Arrow** Button can be used to move all users from the *Assigned Users* List Box back to the *Available Users* List Box.

6. When finished, click the **OK** Button to save the user assignments and return the *PMFSH Group Definition* Window.

7. Click the **OK** Button to save the newly created PMFSH group and return to the *PMFSH Group* Table. The newly created PMFSH group displays.



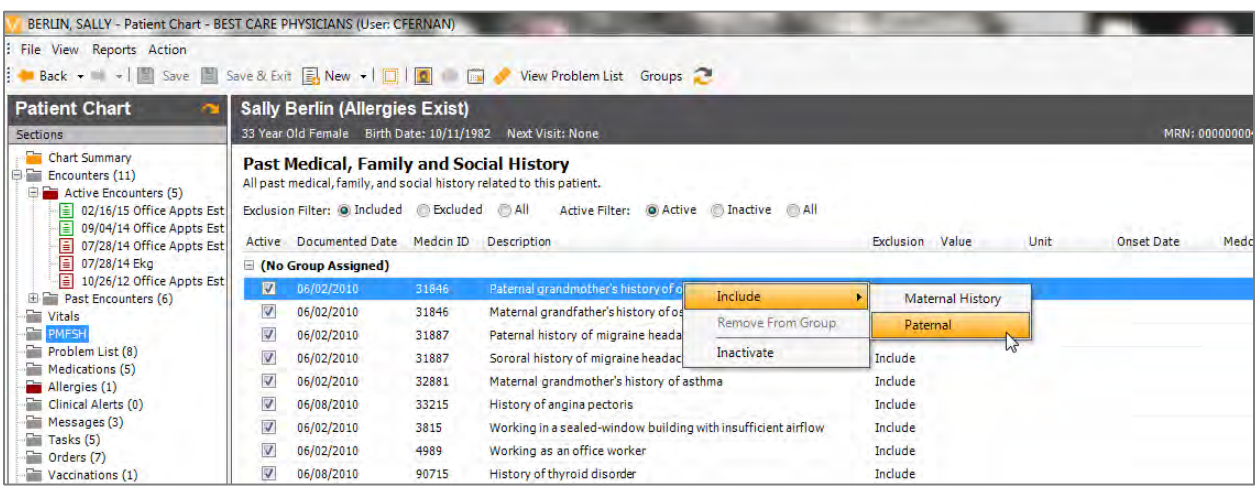
8. Click the **Exit** Button to close the *PMFSH Group* Table.

Manually Assigning PMFSH Findings to Groups

PMFSH findings may be manually assigned to customized groups from the Patient Chart. Once a PMFSH finding is grouped, whenever that PMFSH finding is charted for any patient it will automatically be assigned to that group for users who are assigned to the PMFSH group.

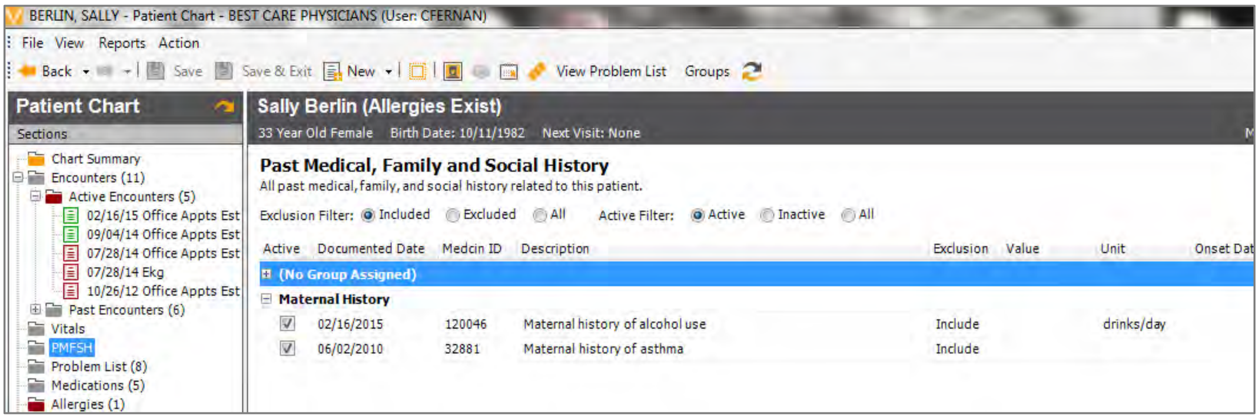
To manually assign findings to a PMFSH group from the *PMFSH* Section of the Patient Chart:

1. Right-click the PMFSH finding to be included in a group.



2. Highlight the **Include** Option and then select the appropriate group from the submenu. The finding is then displayed within the selected PMFSH group.

Note: It may be necessary to slide the right Scroll Bar down in order to view the finding.



Managing PMFSH Findings

Inactivating PMFSH Findings

PMFSH findings can be inactivated from the Patient Chart. A comment is not required, but can be inserted to record why the finding was inactivated.

An inactivated PMFSH finding can later be reactivated. If there is a comment attached to an inactivated PMFSH finding it will not be displayed when the PMFSH finding is reactivated. If the PMFSH finding is then inactivated again, the original comment will redisplay.

Note: Comments cannot be added to Active PMFSH findings.

To inactivate a PMFSH finding:

1. From the *PMFSH* Section of the Patient Chart, right-click on a PMFSH finding.
2. Select **Inactivate** from the **Right-Click** Menu.

To activate an inactive PMFSH finding:

1. Right-click on the finding and then select **Activate** from the **Right-Click** Menu.

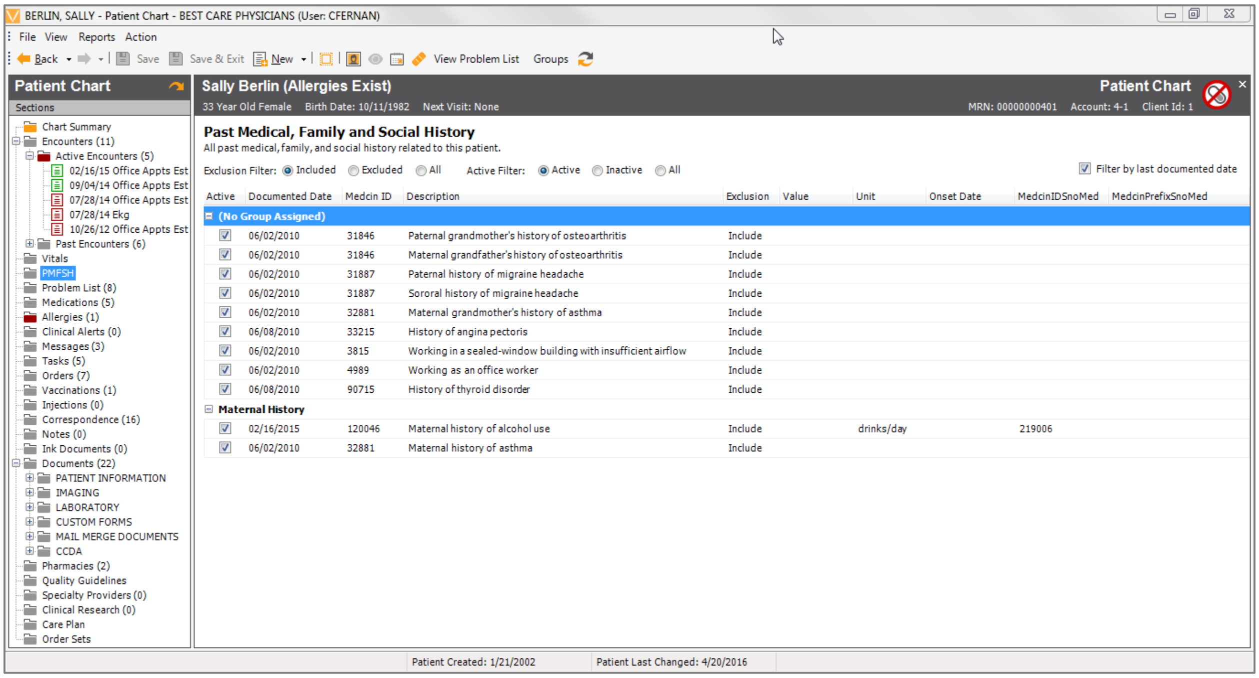
PMFSH Filters

When viewing the *PMFSH* Section of the Patient Chart, the **Included** Radio Button in the *Exclusion Filter* Field and the **Active** Radio Button in the *Active Filter* Field are enabled by default. The **Excluded**, **All**, **Inactive**, and **All** Radio Buttons can be selected to filter the view.

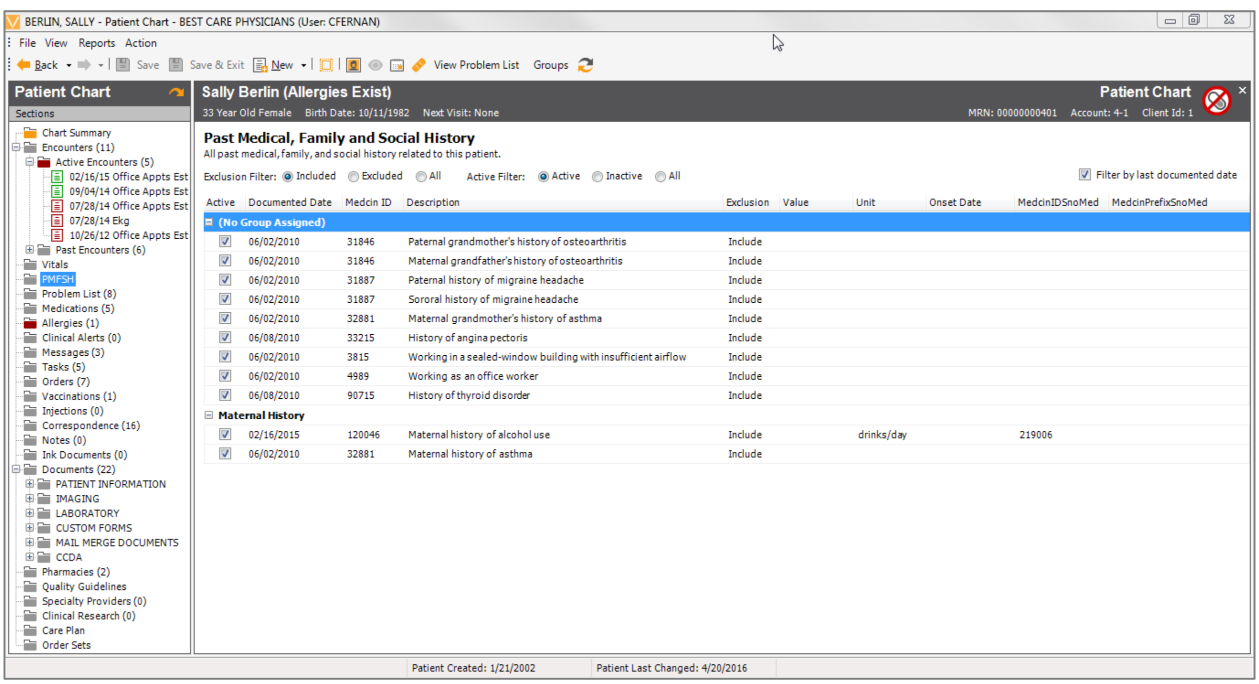
2. Click the **Inactive** Radio Button to view only inactive PMFSH findings documented in the Patient Chart. Inactive PMFSH findings display with the checkbox under the *Active* Column unchecked. Any comments are displayed in *red* below the inactivated PMFSH findings. Comments are automatically stamped with the date, time, and user who entered the comment.
3. Click the **All** Radio Button to view both inactive and active PMFSH findings documented in the Patient Chart.
4. Click the **Included** Radio Button in the *Exclusion Filter* Area and the **Inactive** Radio Button in the *Active Filter* Area to view inactive PMFSH findings with an assigned grouping of "included".
5. Click the **Included** Radio Button in the *Exclusion Filter* Area and the **All** Radio Button in the *Active Filter* Area to view both active and inactive PMFSH findings with an assigned grouping of "included".
6. Click the **Excluded** Radio Button in the *Exclusion Filter* Area and the **Active** Radio Button in the *Active Filter* Area to view active PMFSH findings with an assigned grouping of "excluded".
7. Click the **Excluded** Radio Button in the *Exclusion Filter* Area and the **Inactive** Radio Button in the *Active Filter* Area to display inactive PMFSH findings with assigned grouping of "excluded".
8. Click the **Excluded** Radio Button in the *Exclusion Filter* Area and the **All** Radio Button in the *Active Filter* Area to display both active and inactive PMFSH findings with an assigned grouping of "excluded".
9. Click the **All** Radio Button in the *Exclusion Filter* Area and the **Active** Radio Button in the *Active Filter* Area to display only active PMFSH findings with an assigned grouping of both "included" and "excluded".
10. Click the **All** Radio Button in the *Exclusion Filter* Area and the **Inactive** Radio Button in the *Active Filter* Area to display only inactive PMFSH findings with an assigned grouping of both "included" and "excluded".
11. Click the **All** Radio Button in the *Exclusion Filter* Area and the **All** Radio Button in the *Active* Filter Area to display both inactive and active PMFSH findings with an assigned grouping of both "included" and "excluded".

Filter by Last Documented Date

Each time a PMFSH finding is documented in Medcin Charting it is individually displayed in the *PMFSH* Section of the Patient Chart. Therefore, the same PMFSH finding can display multiple times in the *PMFSH* section of the Patient Chart.



When the **Filter by last documented date** Checkbox is selected, only the most recently documented PMFSH findings per unique Medcin ID and Medcin prefix display.



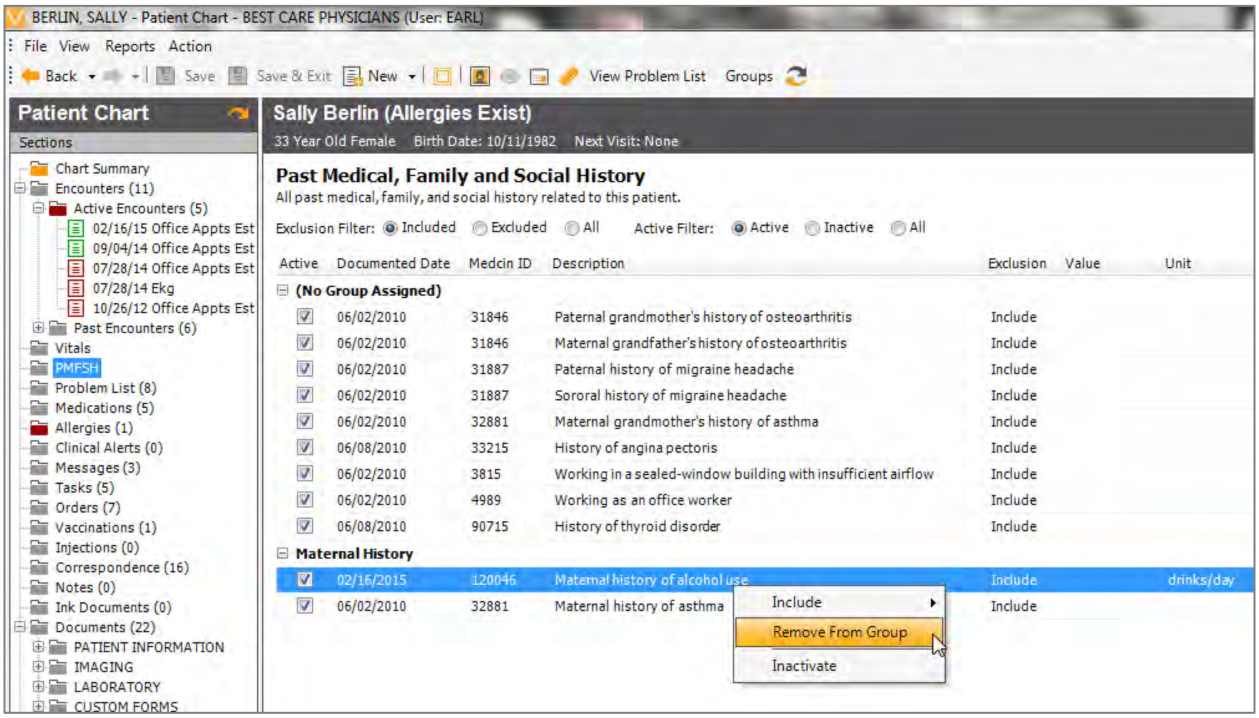
Note: The **Filter by last documented date** Checkbox can be checked by default. For more information, reference the Parameters Section of the Manager's Manual.

Removing a PMFSH Finding from a Group

Prefix driven PMFSH findings cannot be removed from their group. However any other PMFSH finding can be removed from an assigned group.

To remove a PMFSH finding from an assigned group:

1. From the *PMFSH* Section of the Patient Chart, right-click a PMFSH finding that is not assigned to a pre-fixed driven group.

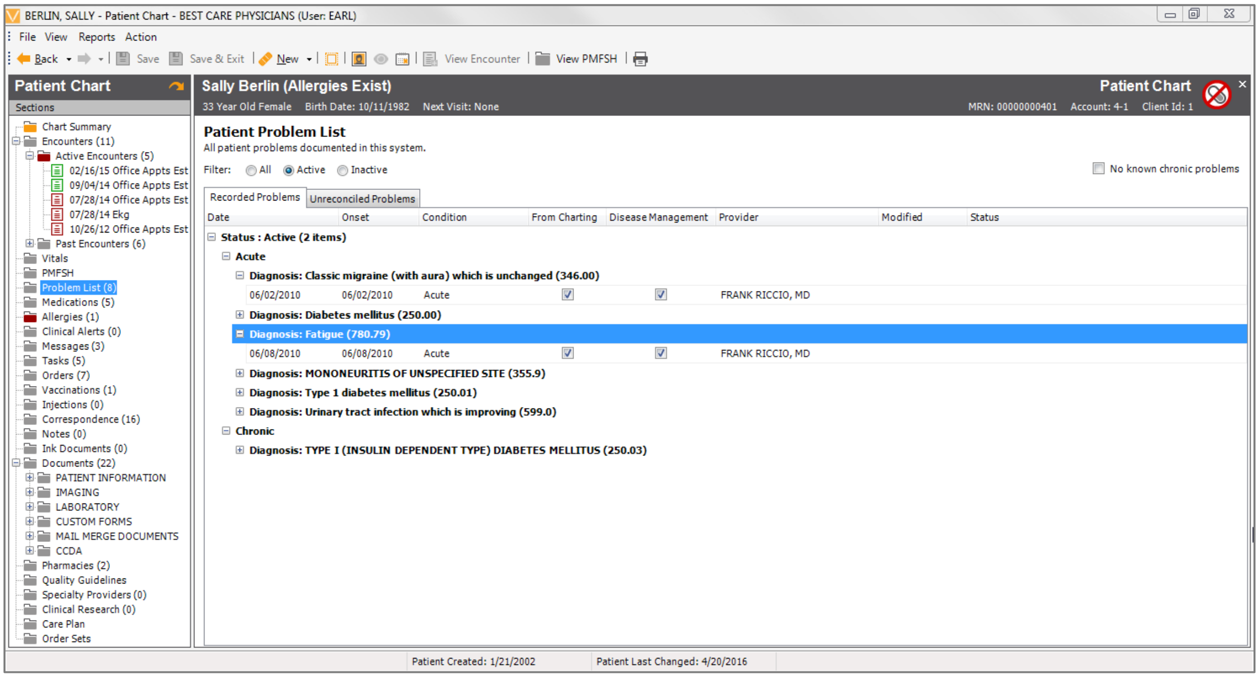


2. Select **Remove From Group** from the **Right-Click** Menu. The removed finding is automatically placed within the *No Group Assigned* Grouping.

Problem List

The Patient Problem List displays the diagnoses that were documented on an encounter or added via the **New** Button.

The *Gray* Sort Bar documents the *Date* the problem was entered into the Patient Chart, the *Onset* date if entered, the *Condition* related to the problem, and whether the problem was entered *From Charting* or is considered *Disease Management*.

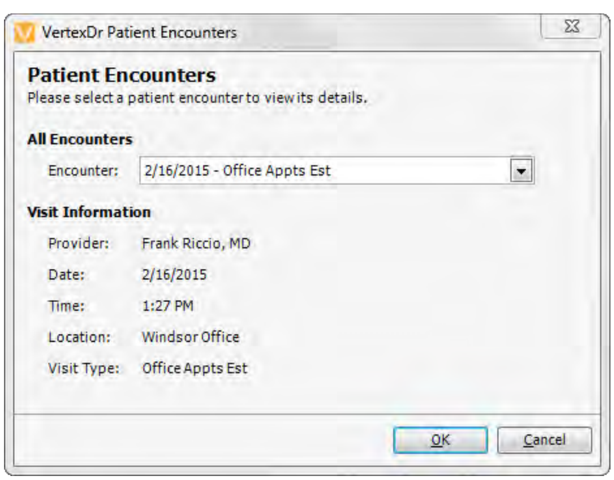


Note: By double clicking on a problem you may resolve a problem by clicking on the **Inactive** Radio Button. Comments associated with a problem can also be added, changed, or deleted.

Manually Entering a Problem

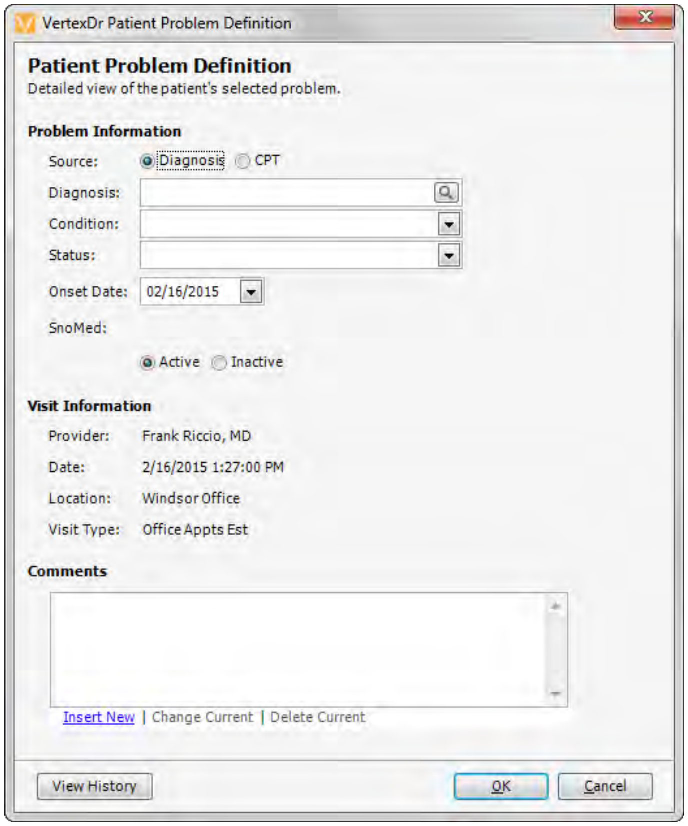
To manually enter a problem into the Patient Chart:

From the *Problem List* Section of the Patient Chart, click the **New** Button and then select an encounter from the *Patient Encounters* Window.



Note: All problems must be linked to an encounter.

1. Once the appropriate encounter is selected, click the **OK** Button. The *Patient Problem Definition* Window displays.



2. Set the **Source** Radio Button to either **Diagnosis** or **CPT code**. To search for the appropriate diagnosis or CPT code, c**lick the Magnifying Glass Icon.**
3. Designate the condition status of the diagnosis by selecting either **Acute** or **Chronic** from the **Condition** Dropdown.

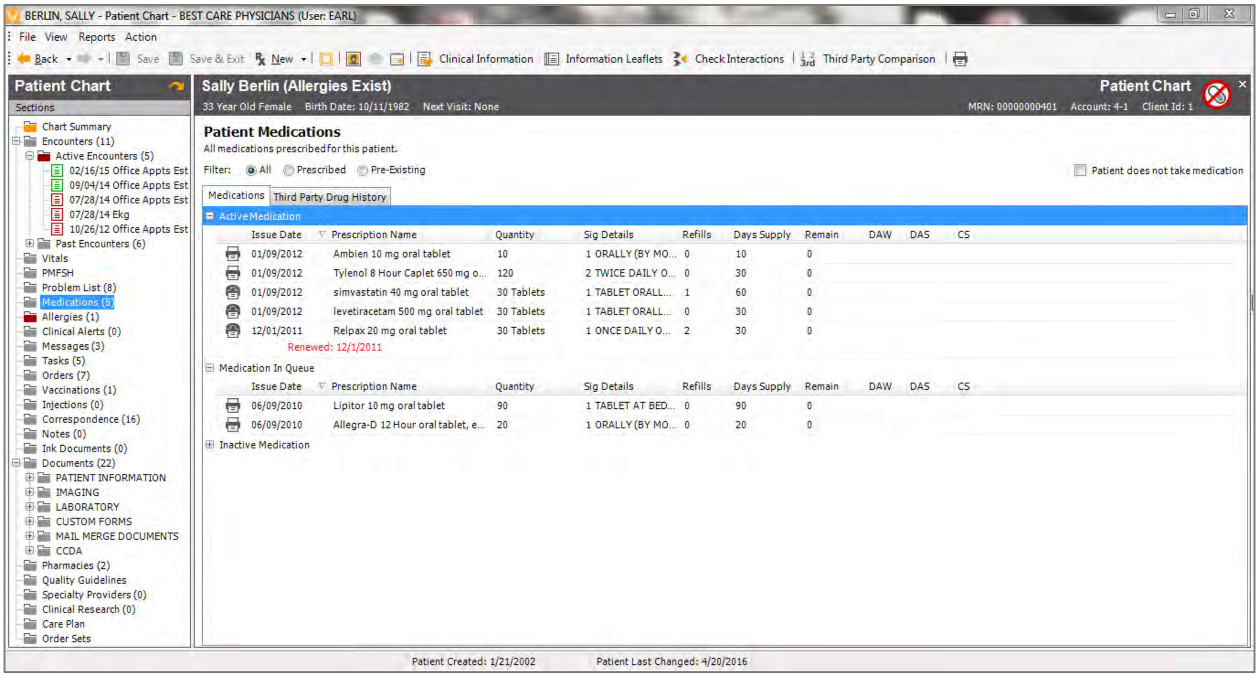
Note: The *Condition* Field is required.

4. Assign an onset date to the problem by typing a date in the *Onset* Field or selecting a date from the **Calendar** dropdown. If the exact onset date is not known, using today's date as the date informed is acceptable.
5. The **Status** Radio Buttons allow for a problem to be inactivated if it has been resolved or added in error.
6. When finished, click the **OK** Button to save the problem.

Medications

The Medications Section displays all medications for the selected patient. **All**, **Prescribed** or **Pre-Existing** medications that were recorded in the Patient Chart can be viewed. The **Third Party Drug History** Tab allows for prescribed medications issued through the patient's insurance carriers to be reviewed.

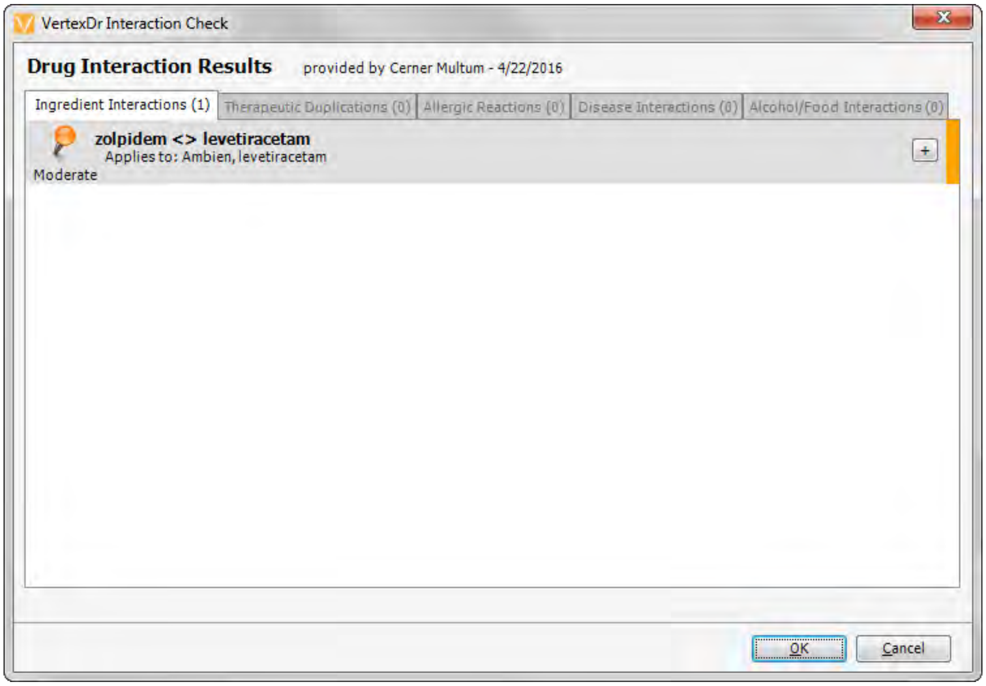
Note: This section will briefly describe the functionality of the *Medications* Section of the Patient Chart. For more information on prescribing medication, reference the *Prescription Writer* Section of this manual.



Medication Section Toolbar

- **Click the New b**utton to display the *Prescription Writer* Window where a new prescription can be prescribed or an existing prescription can be renewed.
- **Click the Clinical Information B**utton to display the *Prescription Information* Window which provides clinical information for the selected medication. This information is intended for the clinical staff.
- **Click the Information Leaflet** Button to display the *Web Browser* which provides information for the selected medication and is intended for the patient.

- The **Check Interactions** Button may be used to display potential interactions for a selected medication. Highlight a specific medication from the **Medications** Tab, and then click the **Check Interactions** Button. The *Interaction Check* Window displays.



Any potential therapeutic duplications, drug interactions, or allergic reactions to all currently prescribed drugs are displayed in the corresponding columns.

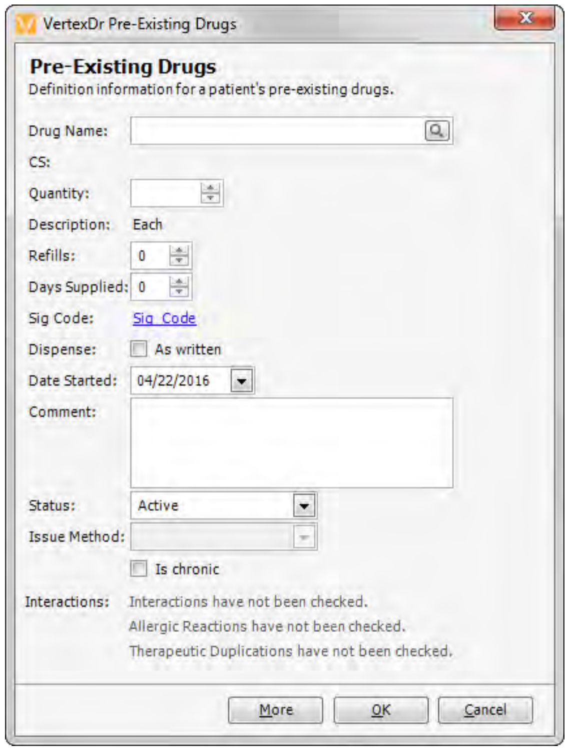
Patient Medications Window

The **Medications Tab** shows all currently **Active Medication**, **Medication in Queue**, and **Inactive Medication**.

The **Third Party Drug History Tab** displays all medications issued to the patient through their insurance carriers.

To copy a medication from the **Third Party Drug History** Tab to the **Medications** Tab:

1. Double-click on the desired medication. The *Pre-Existing Drugs* Window displays.

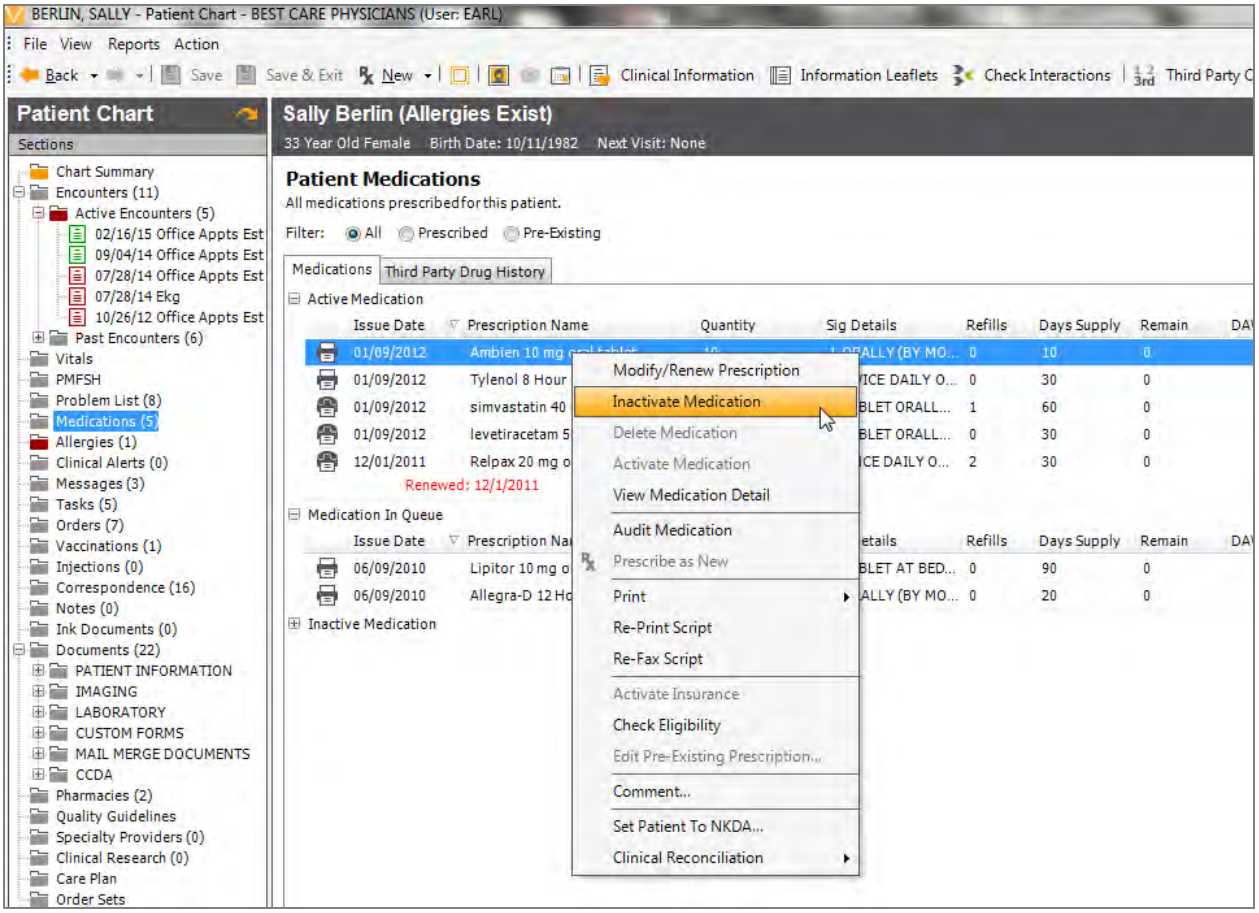


2. No information is required, however whatever pertinent information is known can be entered into the *Pre-Existing Drugs* Window.
3. When finished, click the **OK** Button.

Medications Section Right-Click Menu

The **Right-Click** Menu in the *Medications* Section of the Patient Chart provides additional functions related to the listed medications.

From the **Medications Tab**, right-click on a medication to access the following options:



- **Inactivate Medication**: This option will mark the selected medication as inactive and then move the medication to the *Inactive* Queue. Comments can be entered if necessary.
- **Delete Medication**: Pre-existing medications can be deleted if necessary.

Note: The ability to delete a medication is a user security.

- **View Medication Detail**: This option opens the *Medication Detail* Window. The **Prescription**, **Issue**, and **Pharmacy** details information is displayed.
- **Audit Medication**: This selection displays any modification to the prescribed medication, e.g., inactivation, added comments, etc.
- **Modify/Renew Prescription**: The *Prescription Writer* Window will open allowing for the selected medication to be prescribed. The old prescription is also inactivated.
- **Prescribe as New**: Right-click on a pre-existing medication to prescribe it as a new medication. The *Prescription Fill* Window will open within the *Prescription Writer* Window.

- **Print**: You have the option to print the medication or the medication list.
- **Reprint Script**: This will reprint the selected prescription.

Note: Reprinted prescriptions do not contain the provider's electronic signature.

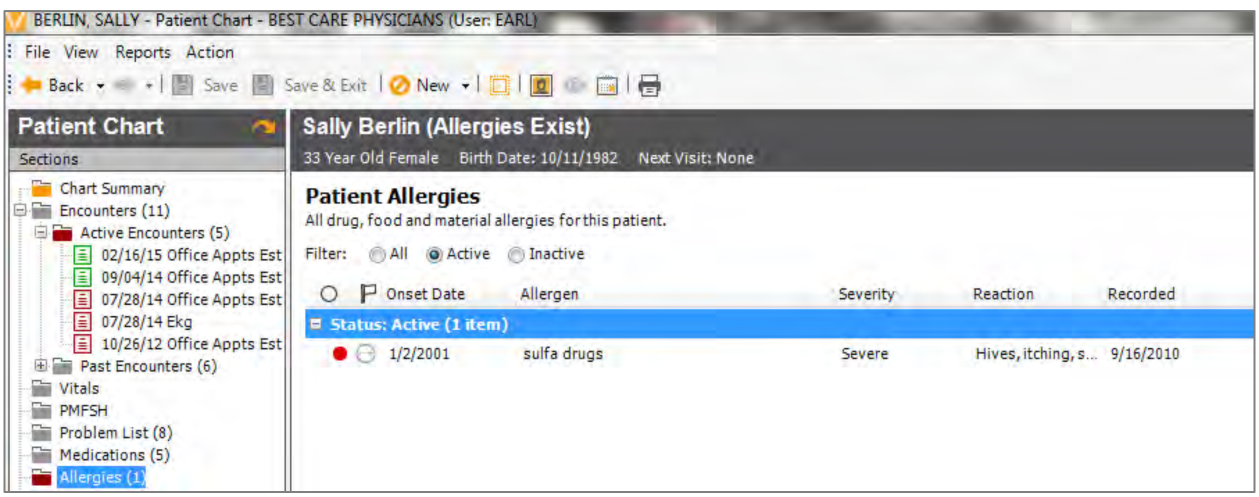
- **Re-Fax Script**: This will re-fax the selected prescription to the listed pharmacy.
- **Check Eligibility**: This option can be clicked to confirm the patient's prescriptin eligibility with the insurance listed on the *Insurance* Section of Patient Definition.

Note: Prescription eligibility is an additional service. For more information, please contact the Support Department. Prescription eligibility is not available from all carriers.

- **Edit Pre-Existing Prescription**: If highlighted on a pre-existing prescription, this option can be selected to modify how the patient was taking this medication.
- **Comment**: This option allows comments to be added to the selected medication. Comments will display in *red* below the medication.
- **Set Patient to NKDA**: Click this option to mark the patient as having no known drug allergies.

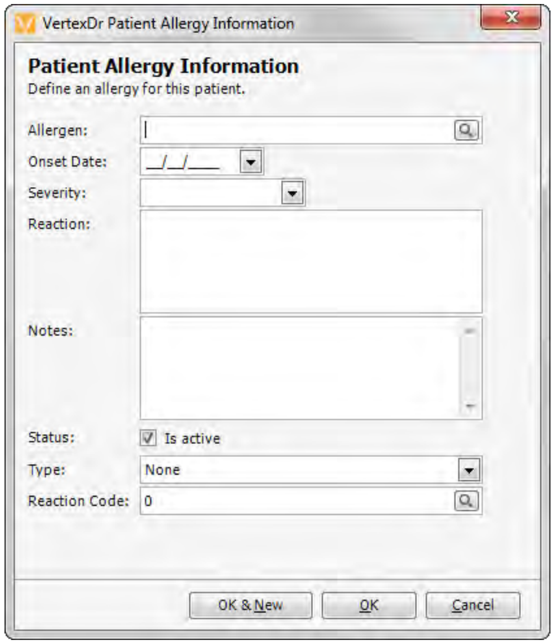
Allergies

The Allergies Section displays all allergies listed for this patient.

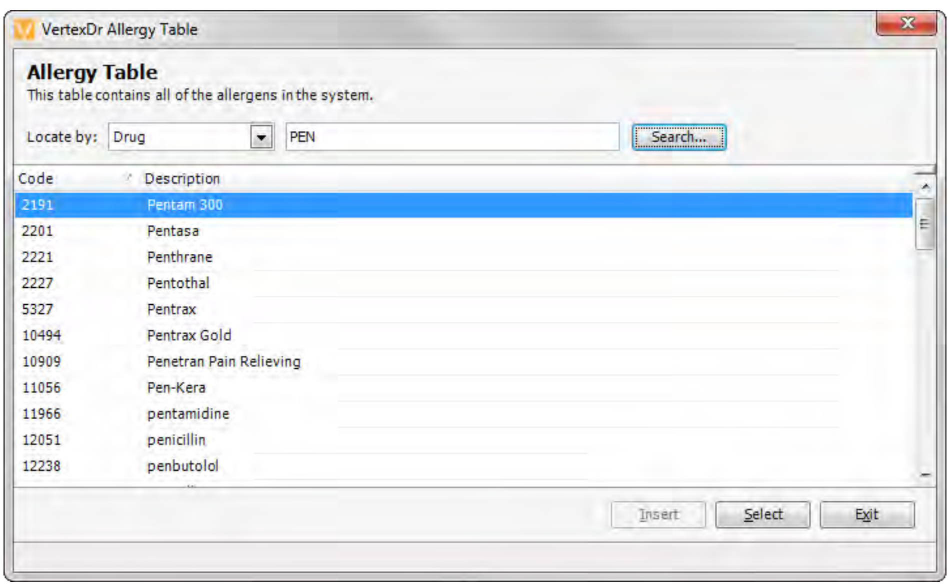


Inserting a New Allergy

1. To insert a new allergy, click the **New** Button. The *Patient Allergy Information* Window displays.

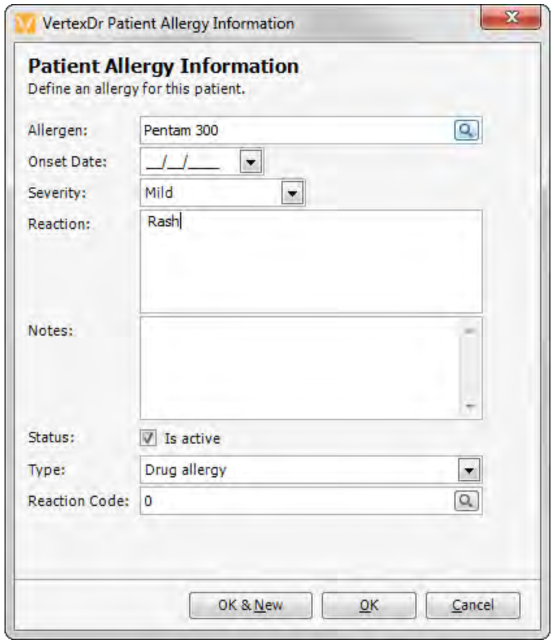


2. In the *Allergen* Field, click the **Magnifying Glass**. The *Allergy Table Window* displays.



3. From the **Locate by** Dropdown select either **Allergy** or **Drug**. The **Allergy** Option will search for groups of allergies, such as all forms of penicillin. The **Drug** Option will search for specific drugs, such as Penicillin.

4. Select the allergy or drug and then click the **Select** Button. The *Patient Allergy Information* Window will display with the selected allergy or drug listed in the *Allergen* Field.



5. The *Onset Date* Field is not required. To change the date, click the dropdown arrow and make a selection.
6. The allergen severity is required. Select **Mild**, **Moderate**, or **Severe** from the dropdown.
7. The **Reaction** Text Box can be used to explain the patient's reaction and/or symptoms related to the selected allergen.
8. *The* ***Notes*** Text Box is typically filled in with details from the Patient Portal if the Practice is utilizing that module. It can also be used as a free text field for additional comments.
9. The **Active** Checkbox is used to inactivate a listed allergy. When adding a new allergy, this checkbox should be checked.
10. **Drug Allergy**, **Food Allergy**, **Drug Intolerance**, **Food Intolerance**, or **Allergy to Substance** can be selected from the **Type** Dropdown. The **Type** Dropdown is defaulted to **None**.
11. When finished, click the **OK** Button to save the allergy and then return to the Allergies Section of the Patient Chart. Or, to save this allergy and then enter another, click the **OK & New** Button.

Inactivating Allergies

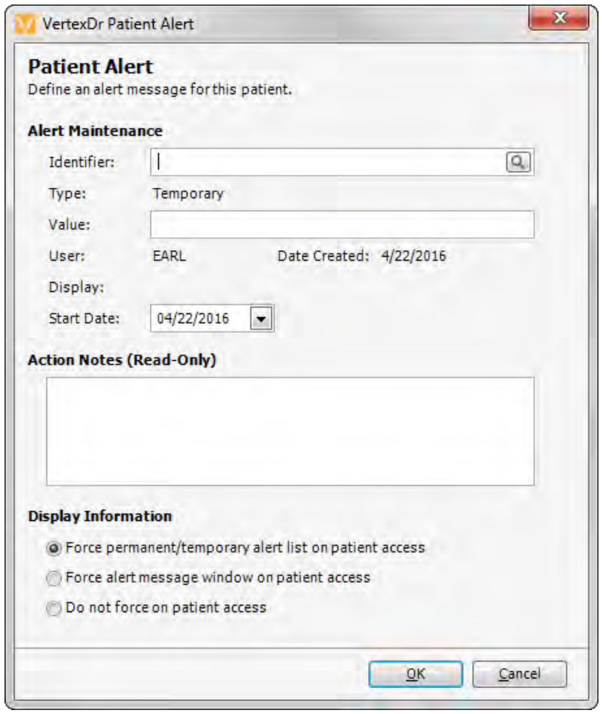
To inactivate an allergy double click on the allergy and then uncheck the **Active** checkbox. When finished, click the **OK** Button to save the change.

Clinical Alerts

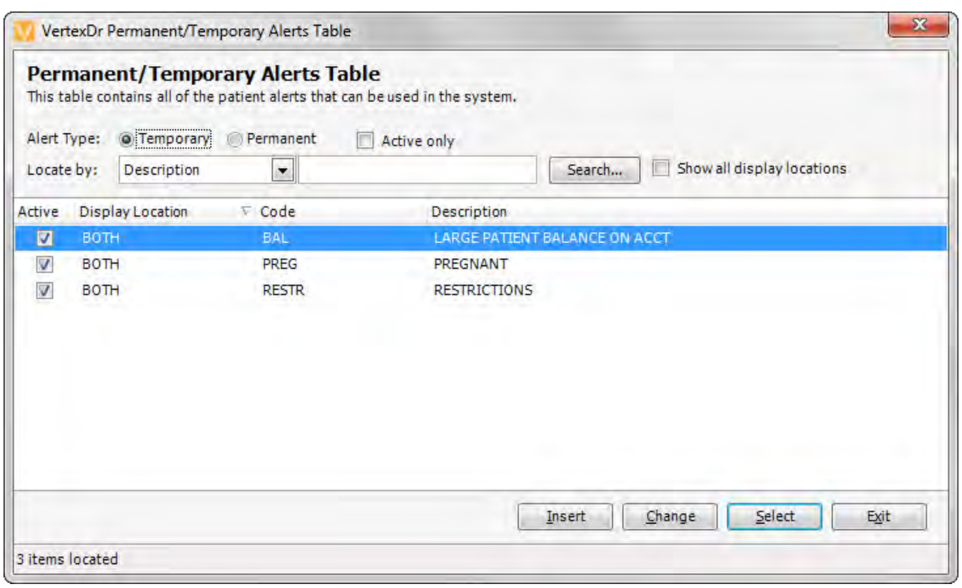
The Patient Alerts Window displays all clinical alerts for the patient.

Note: Billing Alerts may also be visible depending on the alert settings.

1. To insert a new alert, from the *Clinical Alerts* Section of the Patient Chart, click the **New** Button. The *Patient Alert* Window displays.



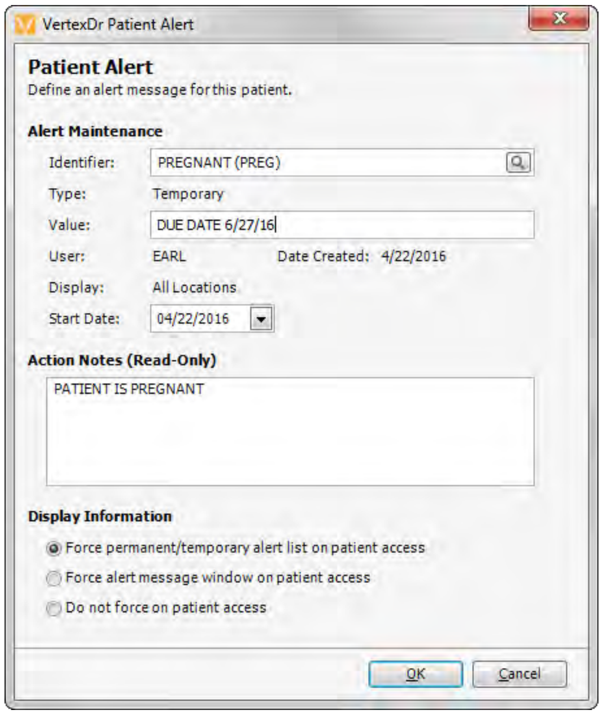
2. In the *Identifier Field*, click the **Magnifying Glass** Icon to select a Permanent/Temporary Alert Type.



3. Select the alert from the list and then click the **Select** Button. The *Patient Alert* Window displays with the selected alert listed in the *Identifier* Field.

Note: The *Permanent/Temporary Alerts* Table is a top 100 table. If there are more than 100 alert types listed in the table, use the *Search* Field to locate the desired alert.

4. The *Value* Field is a free text area that can be used to define the Clinical Alert. In this example you might add "Patient Due Date is 1/11/2011".



5. The *User*, *Date Created*, and *Display* Fields will default to with the user code of the individual entering the alert, today's date, and the display location selected in the *Display Information* Section.
6. The *Start Date* Field defaults to today's date. The Clinical Alert will begin displaying immediately. If the alert is not valid until a future date, the *Start Date* Field can be changed.
7. The **Display Information** Radio Buttons default to **Force permanent/temporary alert list on patient access**. This option will force all patient alerts to display in one window when the Patient Chart is accessed.
   - The **Force alert message window on patient access** Radio Button will display all patient alert messages in separate windows. The user must select the **Previous** or **Next** Button in order to view additional alerts.

- If the **Do not force on patient access** Radio Button is selected, the Clinical Alert will not be displayed in a window when the Patient Chart is accessed. That particular alert is only visible from the *Clinical Alerts* Section of the Patient Chart.

8. When finished, click the **OK** Button to save the alert.
9. To add additional alerts, repeat Steps 1 through 8 above.

Messages

If this selected patient was attached to any messages, those messages are displayed in the Messages Section of the Patient Chart. A new message with the selected patient attached can be sent from the *Messages* Section of the Patient Chart by clicking the **New** Button, filling in the appropriate fields and then clicking the **Send** Button.

Note: Any message created with a patient name attached becomes a permanent part of the Patient Chart and is displayed in this section. For more information on sending and receiving messages, reference the *Messaging* Section of this manual.

Tasks

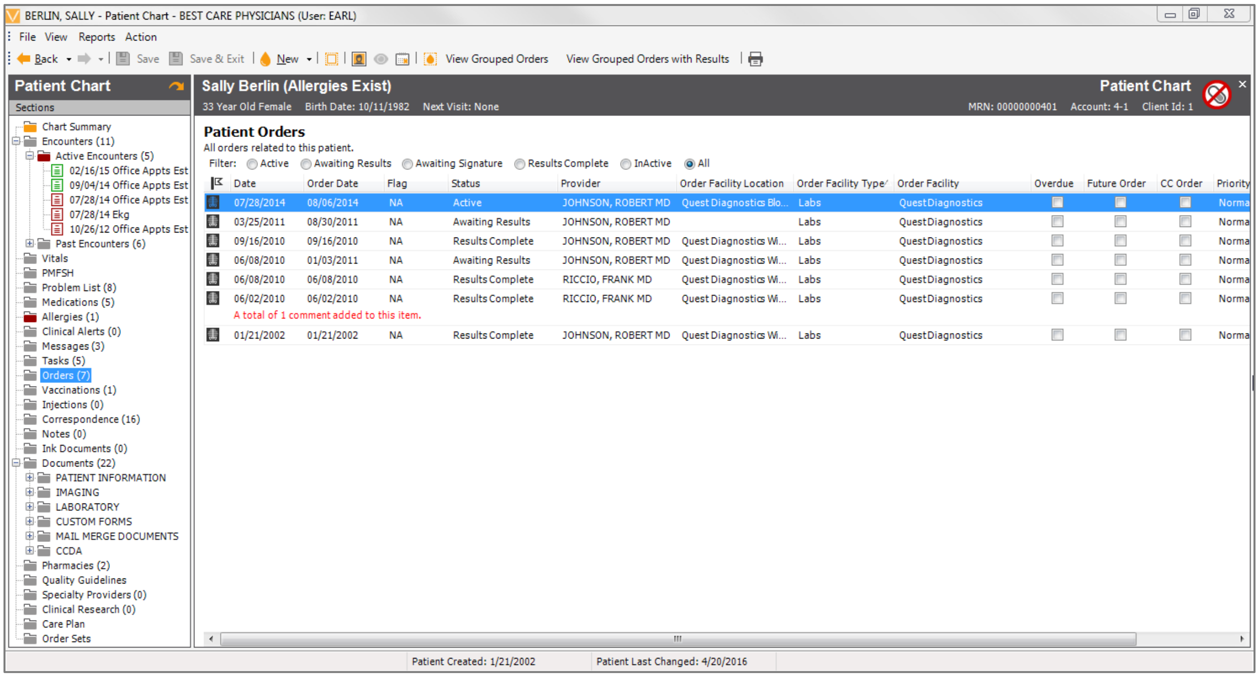
Similar to the Messages Section, the Tasks Sections lists all of the tasks related to the selected patient. A new task with the selected patient attached can be sent from the *Tasks* Section of the Patient Chart by selecting the **New** Button, filling in the appropriate fields and then clicking the **Save and Close** Button.

Note: Any tasks created with a patient name attached become a permanent part of the Patient Chart and is in this section. For more information on sending and receiving tasks, reference the *Tasks* Section of this manual.

Orders

The Orders Section displays all orders relating to the selected patient. A new order can be created from this section by clicking the **New** Button.

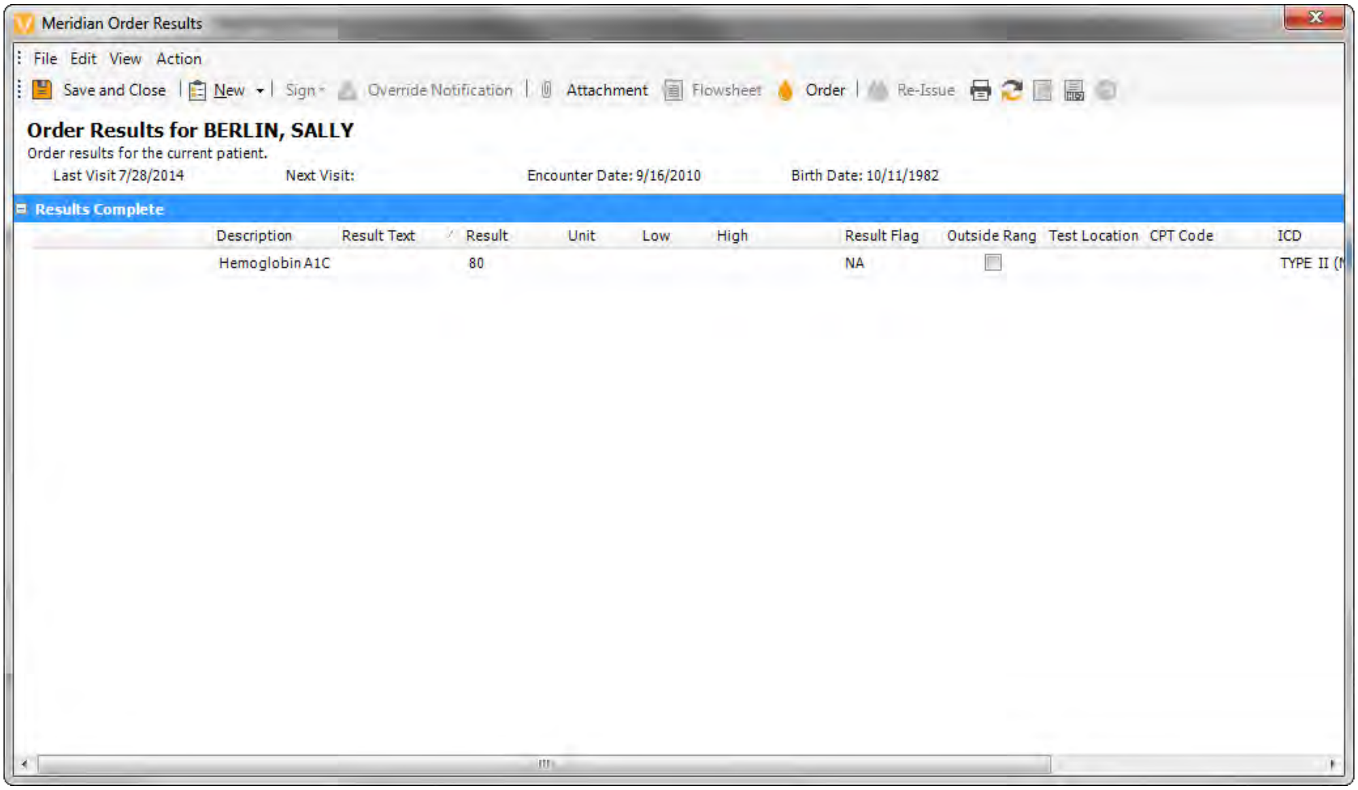
Note: For more information on ordering labs, reference the *Orders* Section of this manual.



The *Patient Orders* Window can be filtered to view only **Active** orders, orders currently **Awaiting Results**, orders currently **Awaiting Signature**, orders with **Results Complete**, **Inactive** orders, or **All** orders. To filter the view, select the appropriate **Filter** Radio Button.

Viewing Order Results

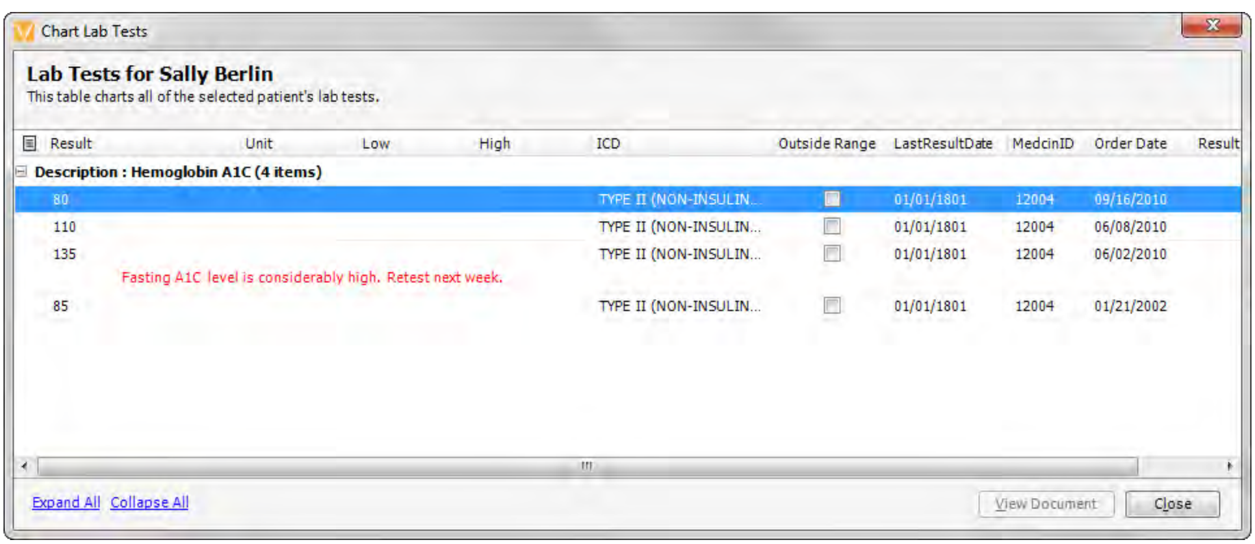
1. To view results for an order in the *Orders* Section, double click on the order. The *Order Results* Window will display.



2. Manually entered results can be viewed in the *Result Text*, *Result*, *Unit*, *Low* and *High* Columns.
3. Results that were attached to the order as a document can be viewed by selecting the **Attachment** Button.

Grouped Orders

Orders grouped by typed can be viewed by selecting the **Grouped Orders** Button in the toolbar. The *Chart Lab Test* Window will display.



If an order has results attached as a document, the **View Document** Button will become available.

To view only grouped orders with results, select the **View Grouped Orders with Results** Button from the toolbar.

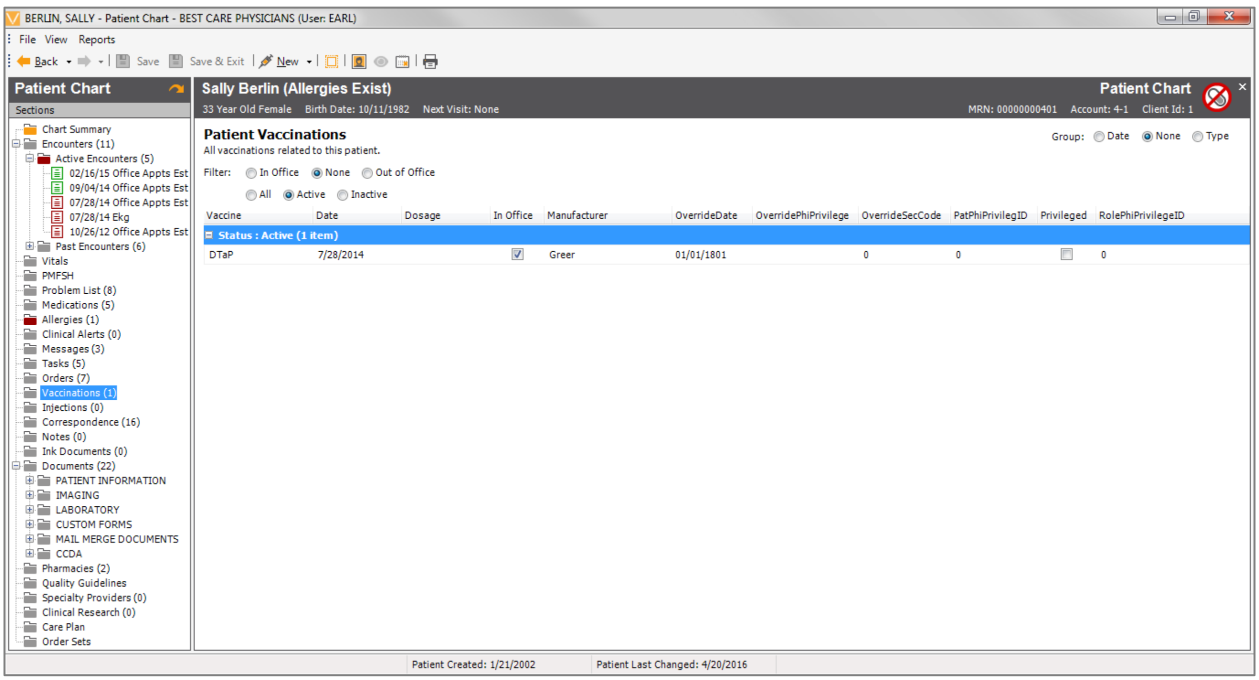
Hospitalizations

The Patient Hospitalization Window displays documentation in relation to any hospitalizations. Charges applied to in-patient visits to a medical facility with an admit date and a discharge date will be posted in this section of the Patient Chart.

Vaccinations

The Patient Vaccinations Window displays the vaccines and injections that have been administered to this patient.

Note: For more information on entering vaccines, reference the *Vaccinations* Section of this manual.

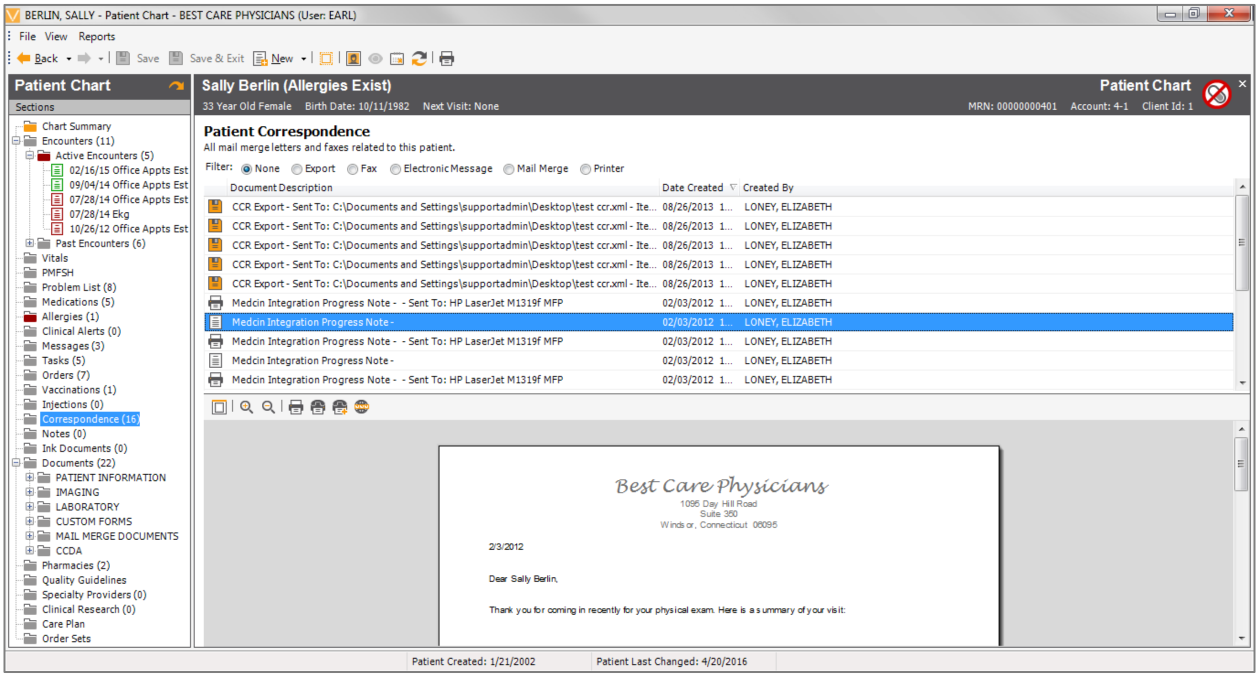


Injections

The *Patient Injections* Window displays all non-vaccine injections pertaining to this patient.

Correspondence

The Patient Correspondence Window displays any documents which have been sent out of the Patient Chart.

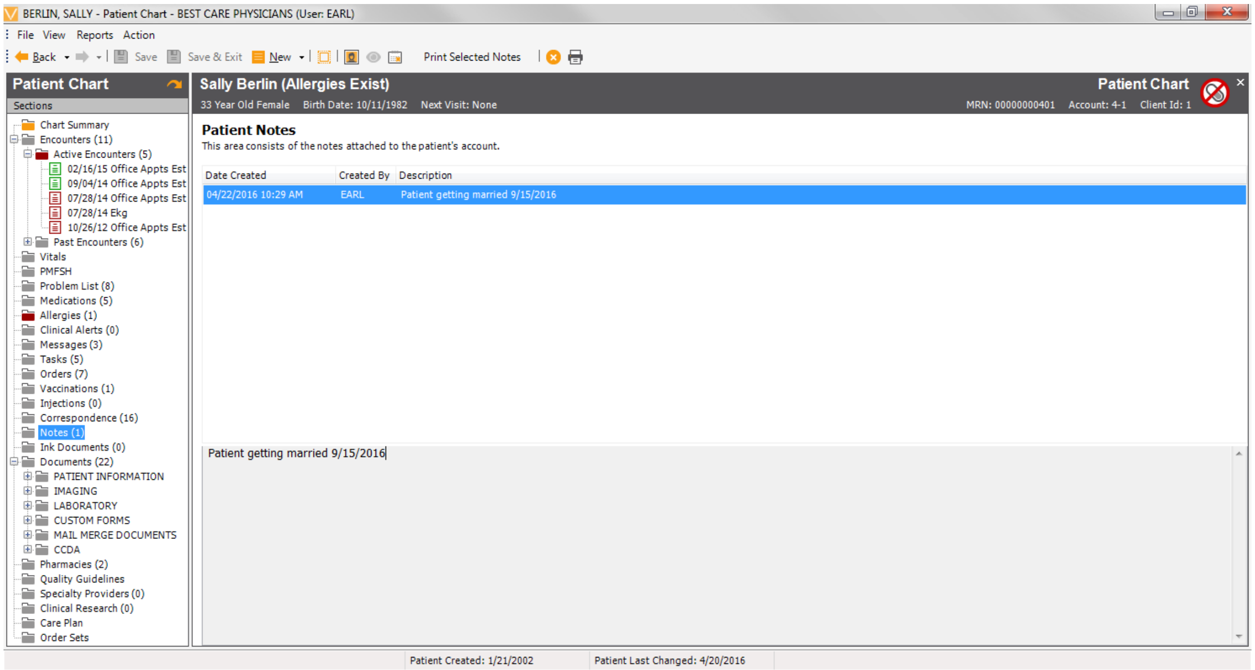


The radio buttons serve as a filter to display the following sent options:

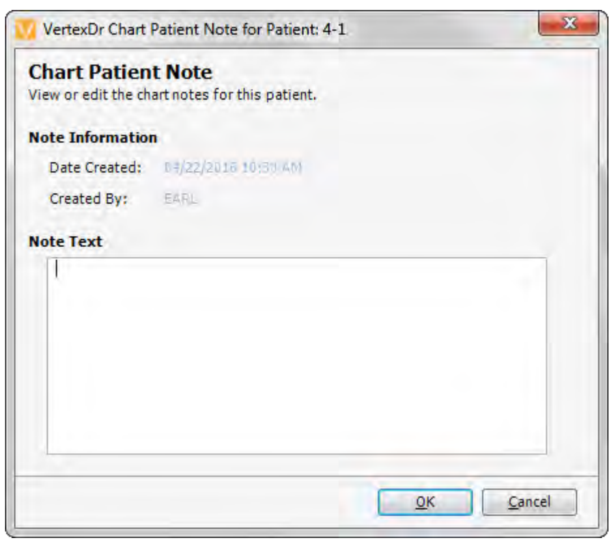
- **Export:** All documents exported from the Patient Chart.
- **Fax:** All documents faxed into and from the Patient Chart.
- **Electronic Message:** All messages received from the Patient Portal.
- **Mail Merge:** All letters created for this patient.
- **Printer:** Any documents printed from the Patient Chart.

Notes

The Patient Notes Window displays all clinical notes regarding the selected patient.



1. To insert a note, click the **New** Button. The *Chart Patient Note* Window opens.



2. In the *Note Information* Section, the *Date Created* Field defaults to the current date and time. The *Created By* Field defaults with the user code for the user entering the new note.
3. The *Note Text* Field is a free-text field. Enter the note in this field.
4. When finished click the **OK** Button. The most recent note will appear at the top of the list.

Deleting Notes

Notes can be deleted by selecting the *red* **X** Button in the Toolbar.

Printing Notes

To print the notes, hold down the **Ctrl** Key on the keyboard to select the desired notes to print and then click the **Print Selected Notes** Button.

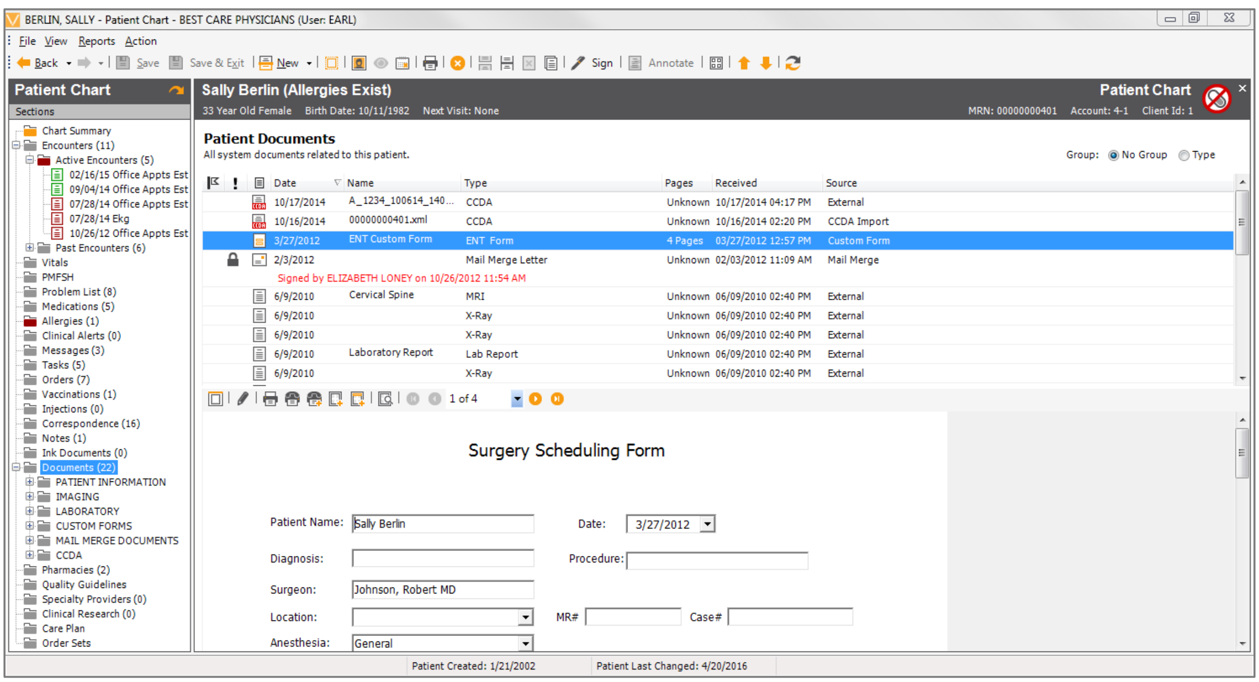
Ink Documents

The *Ink Documents* Section of the Patient Chart displays any handouts that have been printed from the Suite for the selected patient.

Note: For more information on generating Ink Documents, reference the *Ink Document* Section of this manual.

Documents

The Patient Documents Window displays all scanned and routed documents that have been placed in the Patient Chart as well mail merge documents and custom forms.



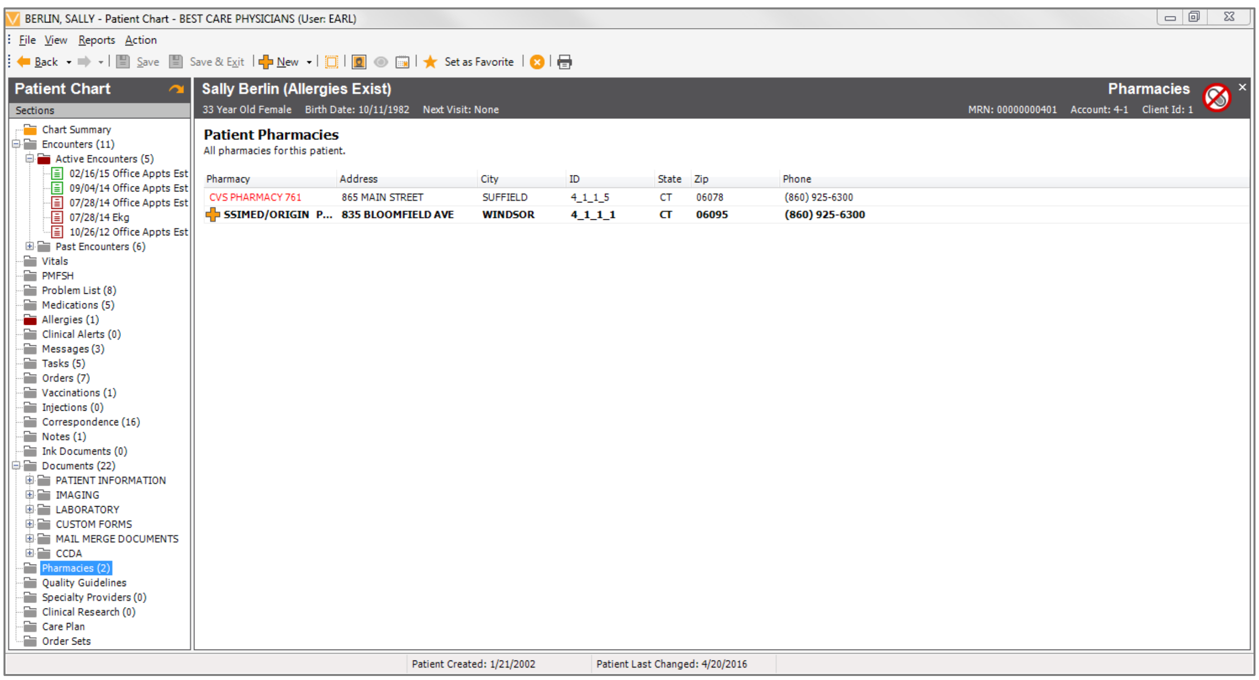
- The **Print** Button prints the information as displayed on the *Documents* screen.
- The **Fax** Button will fax the selected document.
- The **Delete** Button deletes the selected document as long as it has not been signed or annotated.
- The **Split into Two Documents** Button splits the indicated page into two documents.

- The **Merge Documents** Button merges to separate documents to create one document.
- The **Delete Current Page** Button will delete the page of the selected document.
- The **Copy Document** Button copies the document to route to another user.
- The **Sign** Button attaches an electronic signature and locks the document.
- The **Annotate** Button allows users the ability to write on the document in ink forms.

Note: For more information on mail merge letters and custom corms, reference the *Mail Merge* and *Custom* Forms Sections of this manual.

Pharmacies

The ***Patient Pharmacies*** Window displays the pharmacies related to this patient. From this section of the Patient Chart, new pharmacies can be added, set as the patient's favorite pharmacy, or deleted.

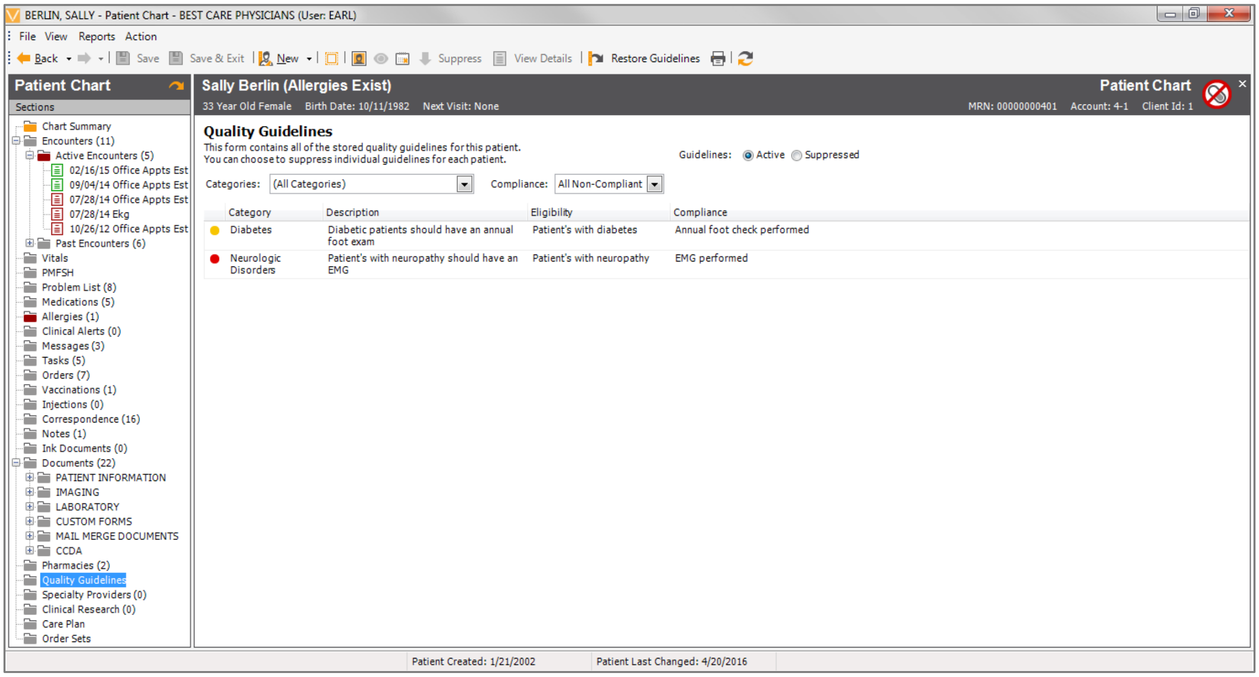


Note: For more information on adding and deleting pharmacies, reference the *Medication Overview* Section of this manual.

Quality Guidelines

Quality Guidelines are guidelines based on the age and sex of the patient and encompass a wide variety of health related issues affecting the target population. Quality Guideline Concepts can be tracked in order to satisfy Meaningful Use requirements.

Practice-specific clinical reporting/tracking guidelines that are selected and set up by the provider or office staff to track patient eligibility and compliance to those guidelines are a requirement for Meaningful Use.



The *Gray* Sort Bar displays the *Description* of the guideline, the *Eligibility* requirements defined for the guideline, and the suggested *Compliance* instructions the provider could give to the patient. To view more information regarding guideline, highlight the guideline and then select the **View Details** Button.

Restore Guidelines

Patients with a scheduled appointment will be checked for qualifying guidelines the night before their appointment. For add-on patients or other patients not checked by the service, Quality Guidelines can be manually restored.

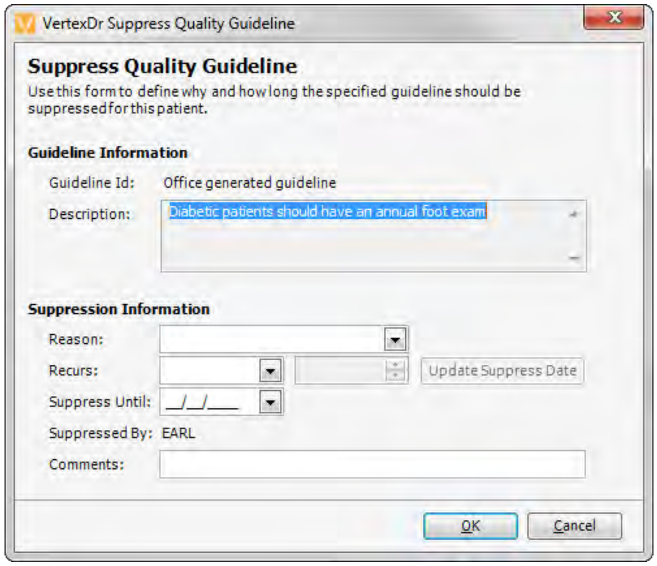
To manually verify the patient for qualifying guidelines, click the **Restore Guidelines** Button from the *Quality Guidelines* Section of the Patient Chart.

Suppressing Quality Guidelines

Guidelines are automatically suppressed when the satisfying criteria (e.g. Medcin finding, prescribed medication, diagnosis, etc.) is documented in the Patient Chart. However, if an exception occurs, guidelines can be manually suppressed.

To manually suppress a Quality Guideline:

1. Highlight the guideline in the Patient Chart and then click the **Suppress** Button from Toolbar or the **Right-Click** Menu. The *Suppress Quality Guideline* Window displays.



2. The *Description* Field will auto-populate the description of the guideline being suppressed.
3. Select the reason for suppressing the guideline for this patient from the **Reason** Dropdown.
4. If this guideline is recurring for this patient, the recurrence can be set from the *Recurs* Field. Once a recurrence has been selected, click the **Update Suppress Date** Button to auto-populate the *Suppress Until* Field. This guideline will be active again for this patient until this date.
5. The *Suppressed By* Field will default to the user code of the individual entering the information
6. Comments can be added in the *Comments* Text Box.
7. When finished, click the **OK** Button to suppress the guideline.

Ignoring Quality Guidelines

Quality Guideline sources can be ignored system wide or by provider.

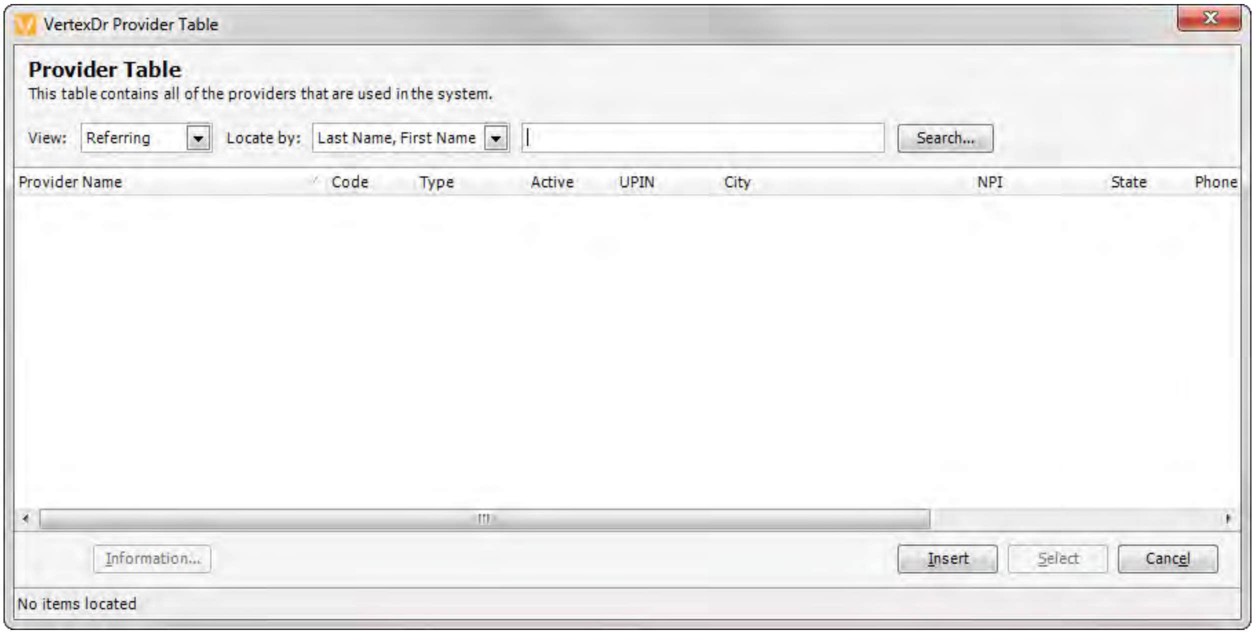
To ignore a quality guideline concept from the Patient Chart:

1. Right-click on the specific guideline and then select one of the following options
   - **Ignore Concept (System Wide)**, or
   - **Ignore Concept (Current Provider Only)**

Specialty Providers

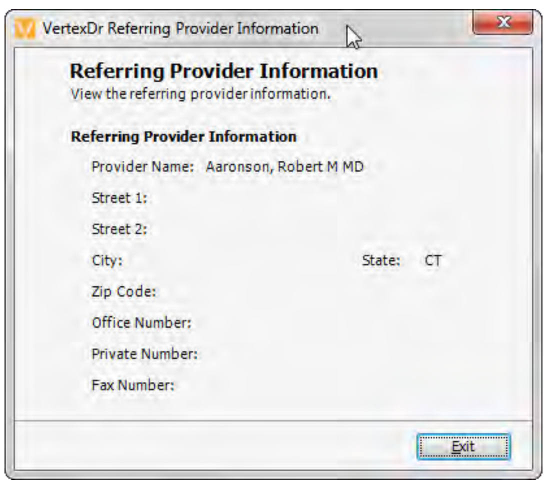
The *Specialty Providers* Window can be used to store the specialist providers related to the patient. Specialist refers to providers outside of your Practice.

1. To add a Specialty Provider, from the *Specialty Providers* Section of the Patient Chart, click the **New** Button. The *Provider Table* Window opens.



2. Search for and select the appropriate provider.

Note: To view the highlighted provider's contact information, click the **Information** Button. The *Referring Provider Information* Window will display. When finished, click the Exit Button to continue adding the provider to the Patient Chart.



3. Click the **Select** Button to add the provider to the patient's list of Specialty Providers.

Deleting a Specialty Provider

To delete a provider from the *Specialty Provider* Section, highlight the provider in the list and then click the *red* **X** Button in the Toolbar.

Messages

Messaging is an interoffice e-mail system. Messages are used to gather information or reply to an inquiry. A message may require a response in the form of a reply.

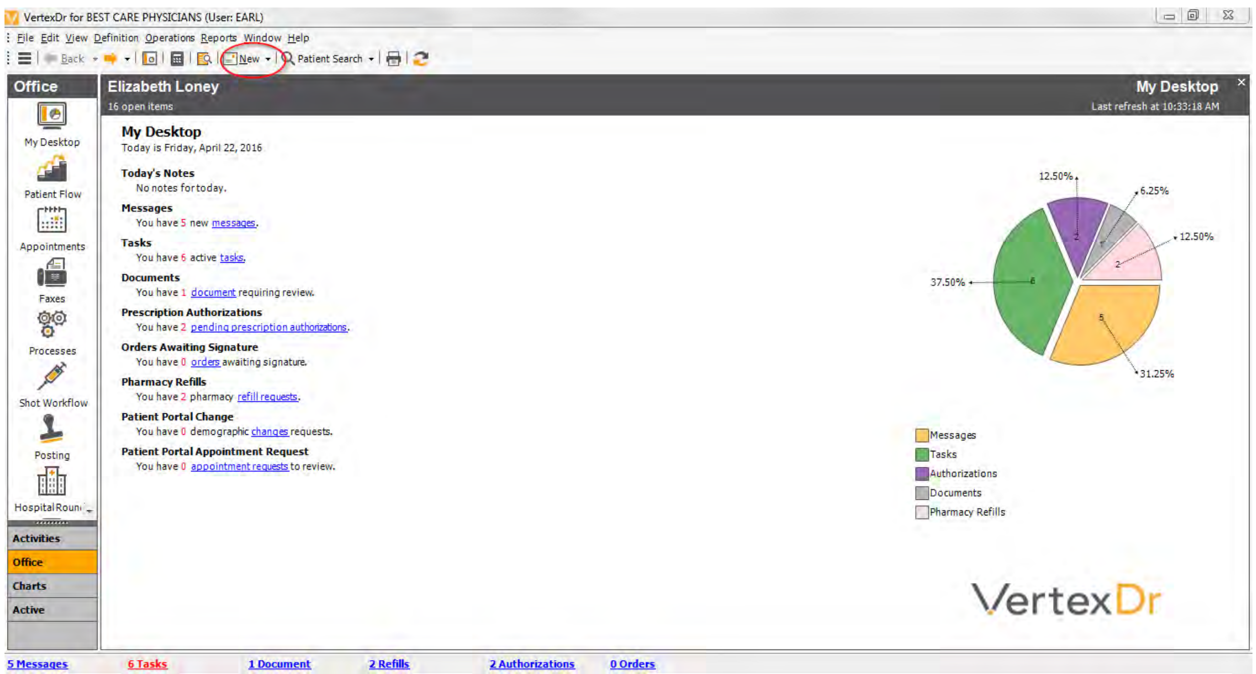
Messages are usually not patient related, but patients can be attached. Messages with an attached patient become a permanent record in the Patient Chart.

Messages may be sent to individuals or to a role. A role is a group of individuals; such as Front Desk, Providers, etc.

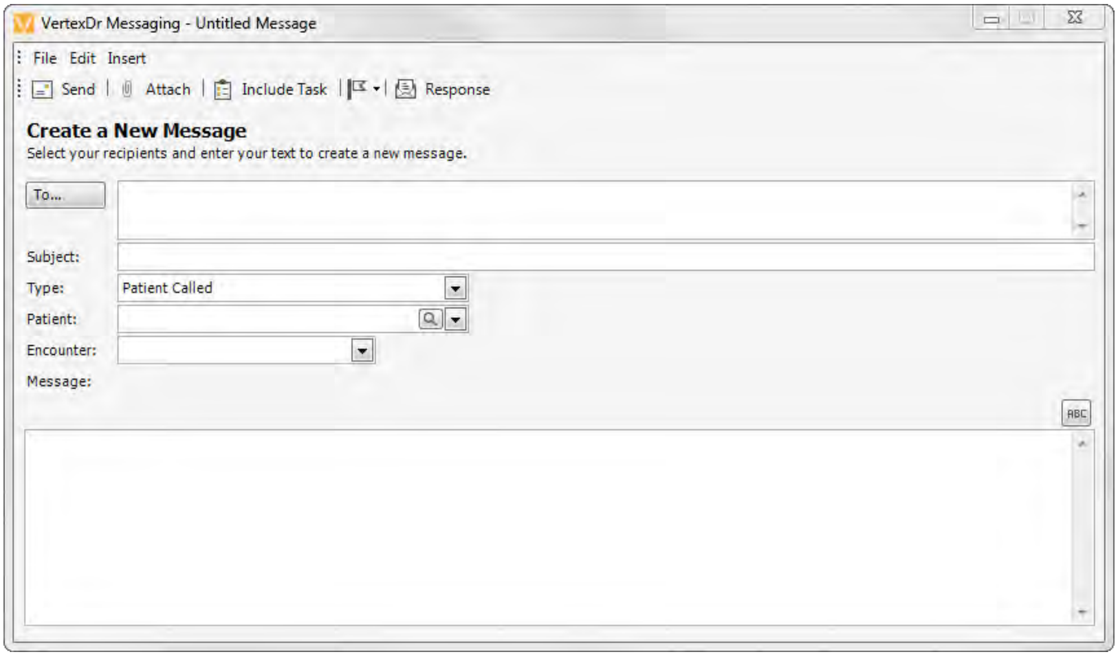
Creating and Sending a Message

1. From any area in the Practice Suite, click the **New** Button on the Toolbar. Or click the **New** Dropdown Button on the Toolbar and select **Message**.

Note: The **Messages** Icon an also be selected from the *Activities* Section of the Navigation Pane.



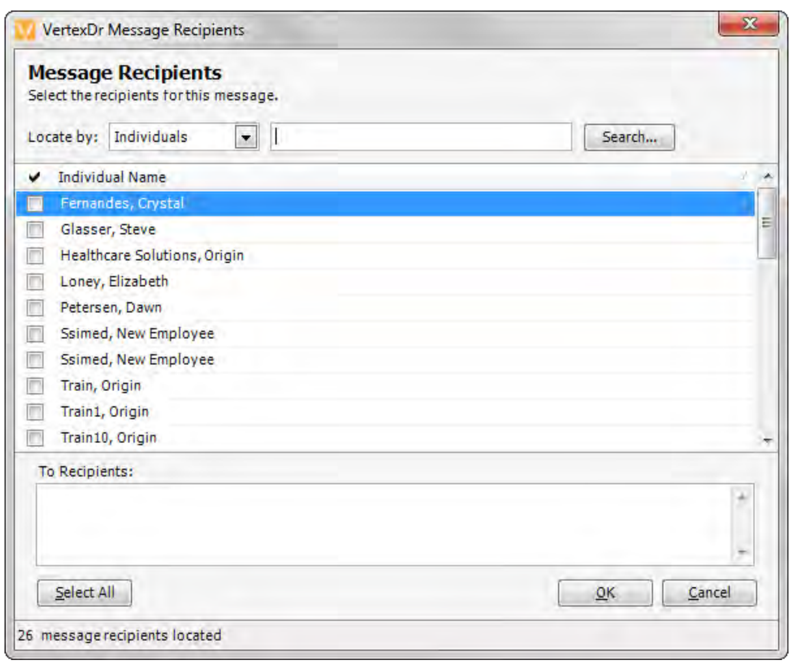
The *Create a New Message* Window opens.



2. Click the **To** Button to select the recipient(s).

Selecting Individual Recipients

1. Once the **To** Button is selected, the *Message Recipients* Window opens.



2. Select **Individuals** from the **Locate By** Dropdown Field if it is not already defaulted.

3. Type the individual's last name into the *Search* Field and then click the **Search** Button to find the individual.
4. Click the **Individual Name** Checkbox(es) to select one or multiple individuals.
    - Click the **Select All** Button to select all individuals in this table.

Note: For Full Service clients, please note when using the **Select All** Button that Healthcare users are also listed in the *Message Recipients* Window.

1. The selected recipient(s) appear in the *To Recipients* Field.

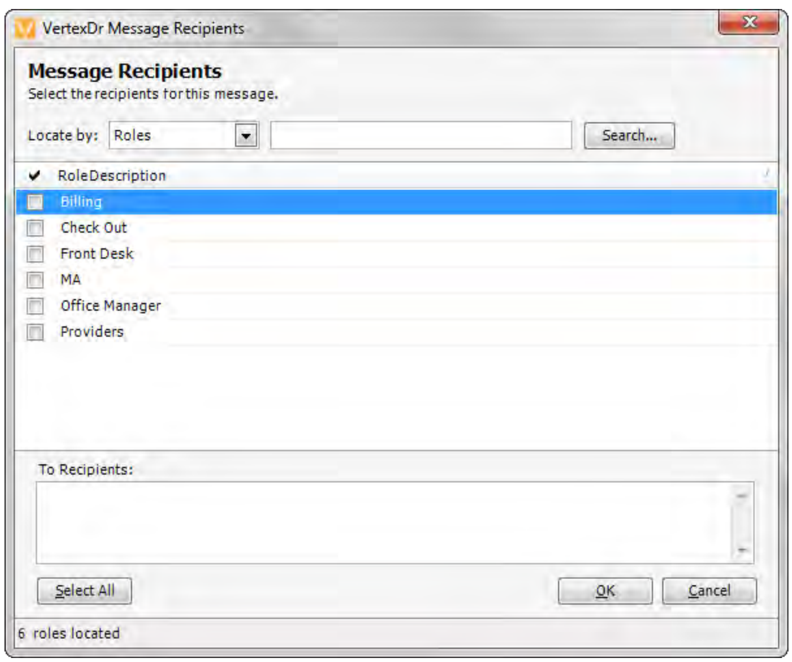
5. Click the **OK** Button to continue.

Selecting a Role for the Recipients

A role is a defined group of recipients such as Front Desk, Providers, etc.

To send a message to a role:

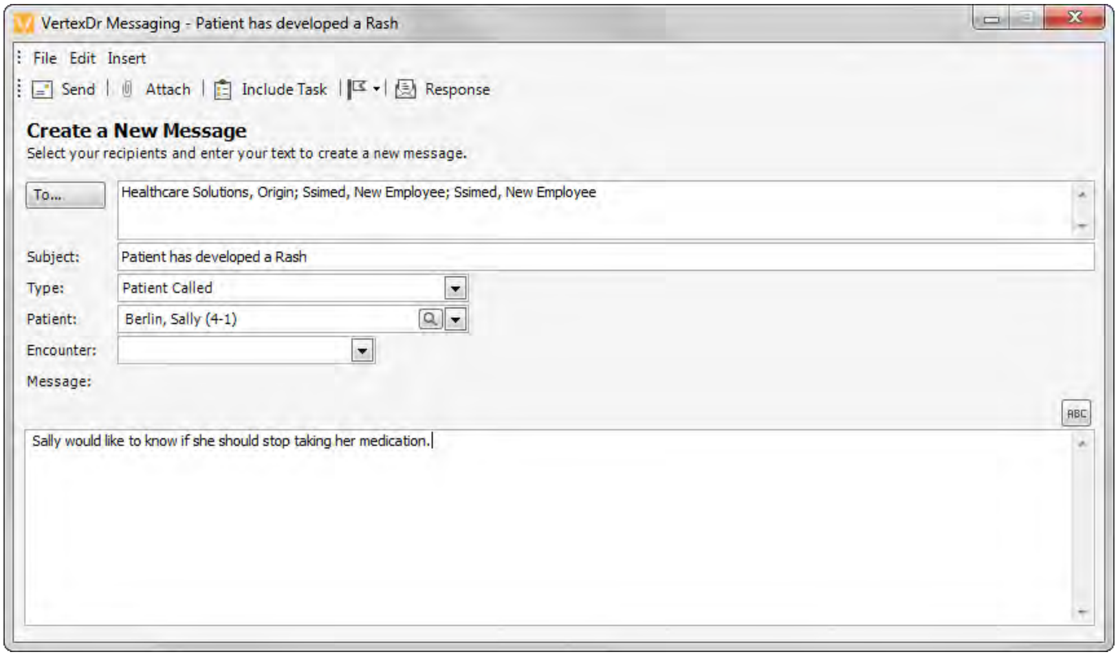
1. Select the **To** Button in the *Create a New Message* Window. The *Message Recipients* Window opens.



2. Click the *Locate By* Dropdown Field and select *Roles*.
3. Click the **Role Description** Checkbox(es) to select the role(s).
    - Click the **Select All** Button to select all the roles in the table.
    - The recipients in each role selected appear in the *To Recipients* Field.
4. When finished, click the **OK** Button to continue.

Sending a Message

1. Once a recipient(s) has been selected, the *Create a New Message Window becomes visible again with the selected recipients listed in the To Field.*



2. Type the subject into the *Subject* Field.
3. Click the **Type** Dropdown to select the appropriate Message Type.

Note: The Message Type is required.

4. Click the Magnifying Glass Icon in the Patient Field to search and select a patient if necessary. You can also click the Patient Dropdown Arrow to select a patient from the last 15 patients accessed.

Note: If a patient is attached to the message, this message will become a permanent part of the Patient Chart.

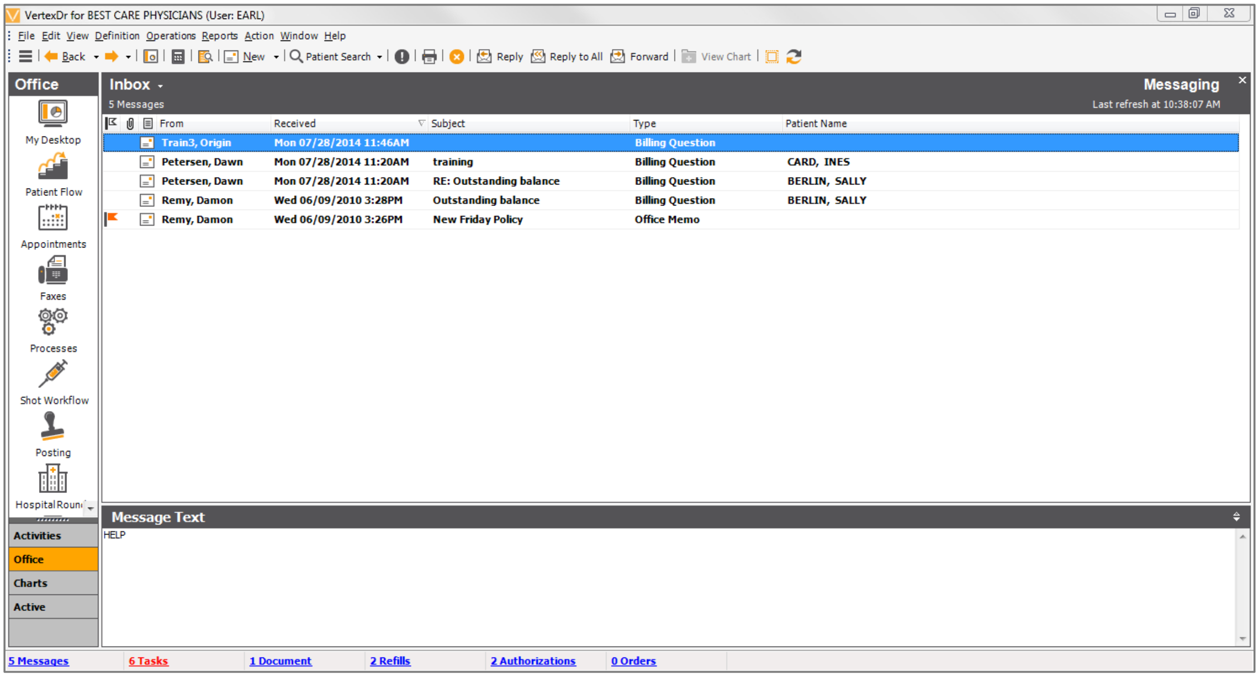
5. The **Encounter** Dropdown Arrow is only available when a patient is selected. From the dropdown, select the applicable encounter date to reference that date of service in the message if necessary.
6. Type the message text into the *Message* Field.
7. When finished, click the **Send** Button to send the message to the selected recipient(s).

Viewing Messages

Messages can be opened and responded to from the *Messaging* Area. The *Messaging* Area can be accessed from all areas of the Practice Suite in two ways:

1. The first way is to click the **Messages** Link on the Status Bar at the bottom of My Desktop.

2. The second way is to select the **Messages** Icon from the *Activities* Section of the Navigation Pane.



The Gray Sort Bar

The *Gray* Sort Bar displays:

- A *Flag* – The *Flag* indicates the message's priority. A *red* flag indicates a High priority message.
- *Paper Clip* – The *Paper Clip* indicates that the messages has an attachment,
- *Paper* – This column indicates whether the message has been read. An open envelope signifies a read message. A closed envelope signifies an unread message.

Note: Unread messages will also display in bold text.

- *From* – This column lists who sent the message.
- *Received* – This column lists when the message was received.
- *Subject* – This column indicates what the message is regarding, if the sender added a *Subject*.
- *Type* – The *Type* Column indicates the selected Message Type.
- *Patient Name* – If a patient was attached to the message, the patient's name will be listed in this column.

To sort the Messaging Area by any of the *Gray* Sort Bar items, simply click on that option in the *Gray* Sort Bar.

The Message Preview Pane

The Message Text Preview Pane is located at the bottom of the *Messaging* Area and displays the message text for the message that is highlighted.

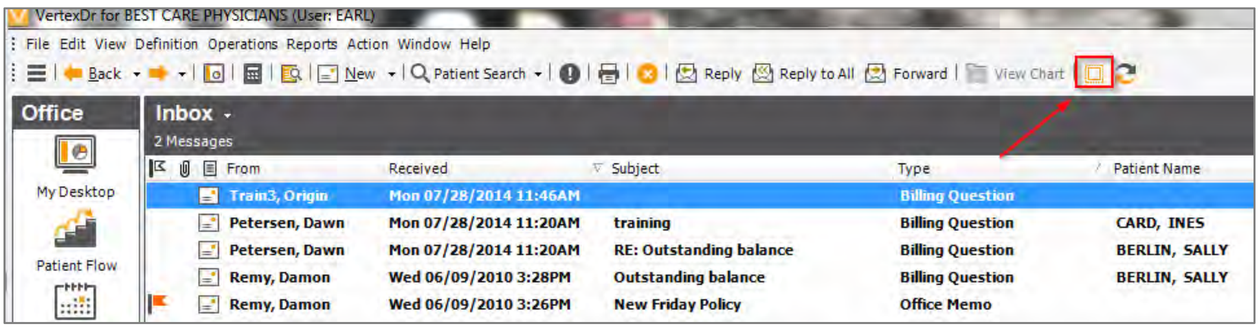
Note: It is a user security to have the Message Text Preview *Pane* open when accessing the *Messaging* Section of the Suite.

- Click the **Down Arrow** Button to the right of the *Blue* Bar to close the *Message Text* Pane.
- Click the **Up Arrow** Button to open the *Message Text* Pane.

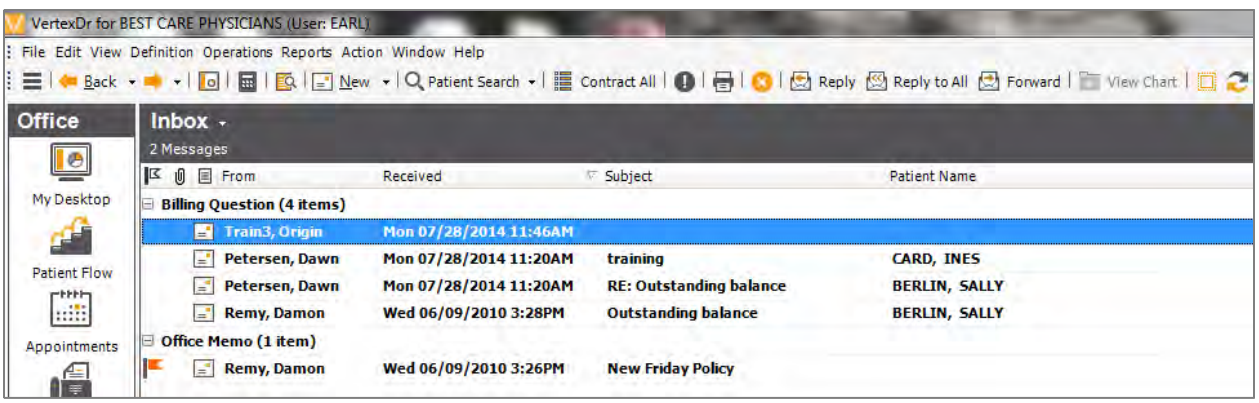
Viewing Message Type Groups

Messages may be grouped by the message type for viewing.

From the Messaging Area, click the Group Button on the Toolbar.



Messages appear grouped by message type.

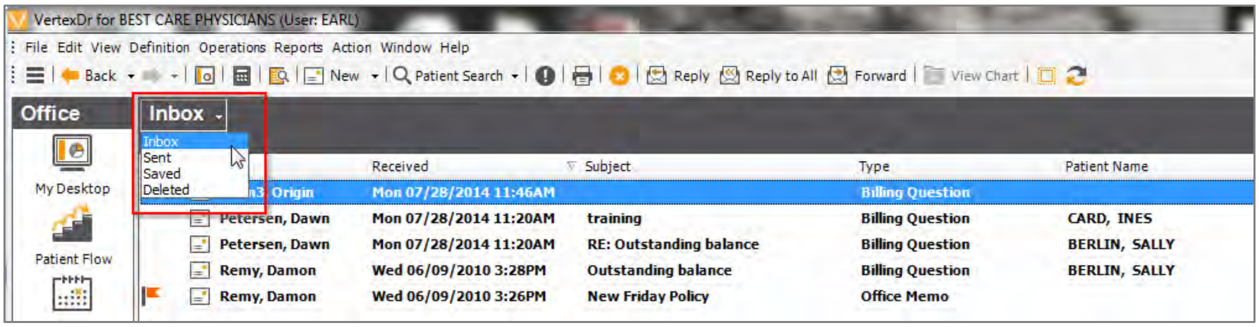


1. Click the **Contract All** Button on the Toolbar to contract the message type groups. The **Expand All** Button becomes visible on the Toolbar.
2. Click the **Expand All** Button to expand the message type groups.

Click the **Ungroup** Button on the Toolbar to view messages ungrouped by message type.

The Messaging Filter

The *Messages* Area in the Practice Suite defaults to inbox messages. Messages that have been sent, saved and deleted can also be viewed. Click anywhere in the **Inbox** Dropdown to open the Messaging Filter.

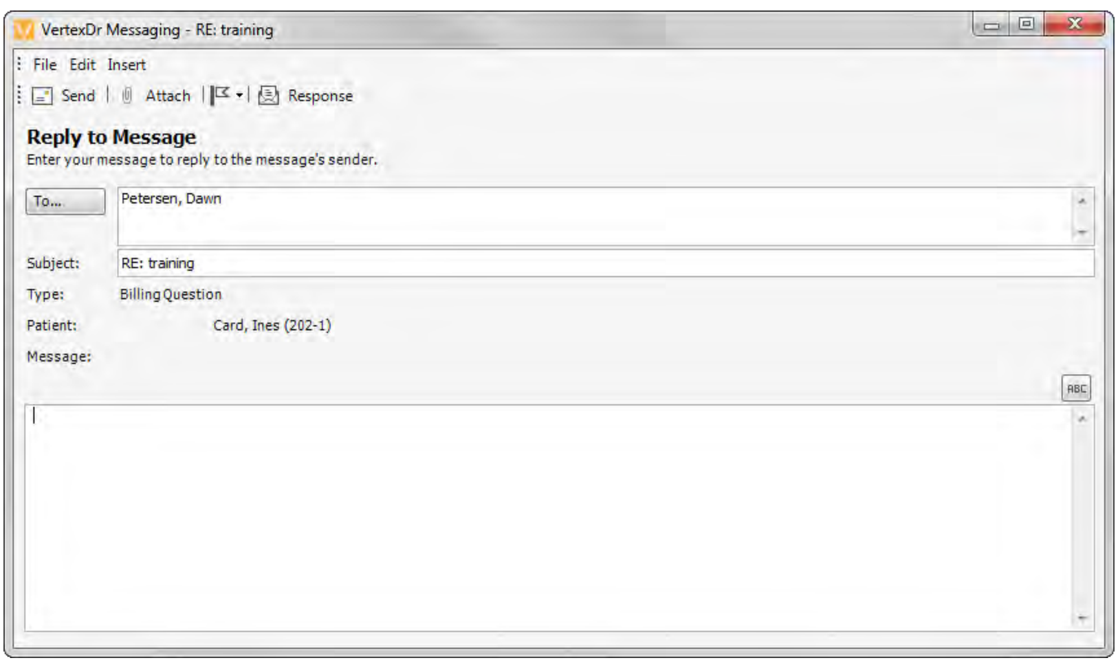


Select from **Sent**, **Saved** or **Deleted** from the dropdown menu to view those message folders.

Replying, Replying to All and Forwarding Messages

Messages can be replied to and forwarded in two ways. The first way is to highlight the message and click the **Reply, Reply to All** or **Forward** Button on the Toolbar. The second way is to open the message and click the **Reply, Reply to All** or **Forward** Button on the Toolbar.

1. From the *Messaging* Area highlight the message and then click the **Reply** Button on the Toolbar or select the **Reply** Button from inside of an open message. The *Reply to Message* Window opens.



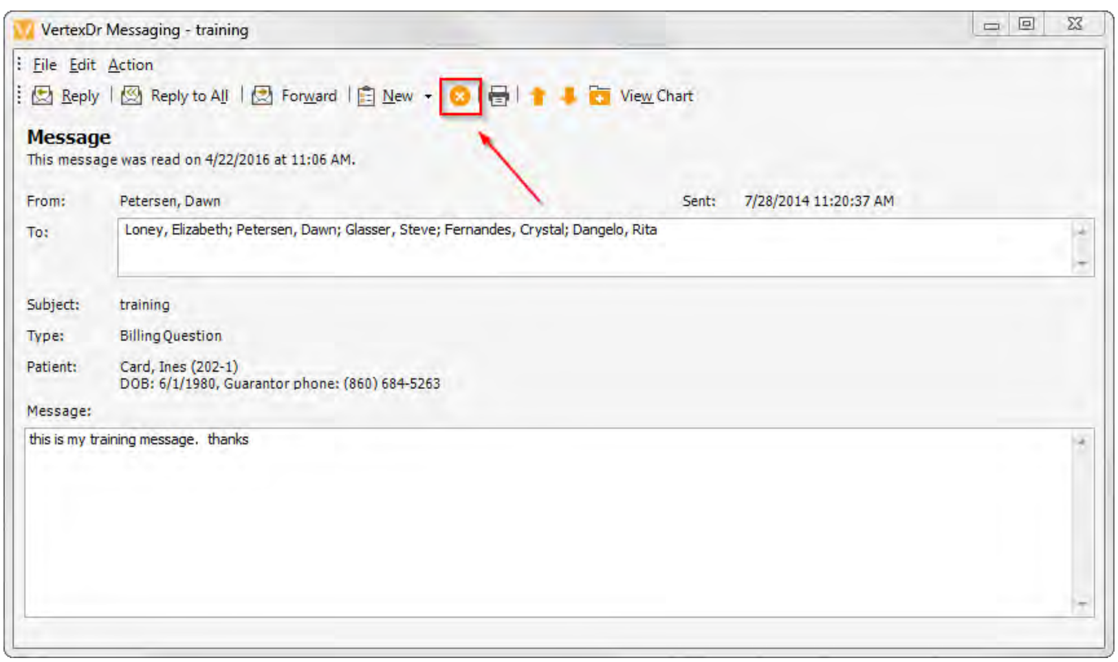
2. The system is defaulted to pull the sender's name into the *To* Field. If this security setting is not turned on, click the **To** Button and select the recipient(s).
3. The system pulls the *Subject* from the original message into the *Subject* Field.
4. The system pulls the Message Type from the original message into the *Type* Field.
5. The system pulls the patient's name into the *Patient* Field, if a patient was attached to the original message.
6. Type the reply into the *Message* Field.
7. When finished, click the **Send** Button to send the reply to the recipient(s).

Deleting and Saving Messages

There are two ways to delete messages. The first way is to highlight the message and click the **Delete** Button on the Toolbar. The second way is to double click to open the message and then click the **Delete** Button on the Toolbar. A message can be saved from an opened message by clicking the **Edit** Menu and selecting move to saved folder from the dropdown menu.

Deleting Messages

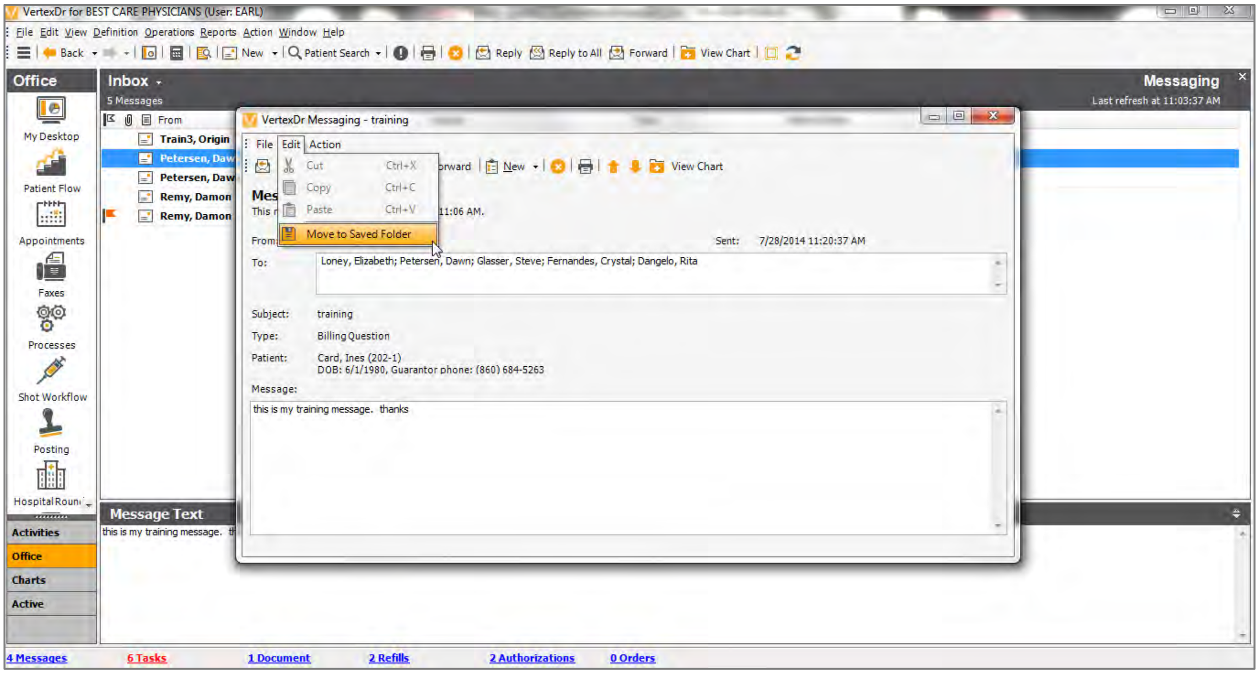
1. Double click on a message to open it.
2. From the *Message* Window, click the *red* **X** Button on the Toolbar to send the message to the deleted folder in the *Messaging* Area.



Note: There is a user security setting to tell the system to automatically delete messages in the Delete Folder after a specified number of days.

Saving Messages

1. Double click a message to open it.
2. From the *Message* Window, click the **Edit** Menu.



3. Select **Move to Saved Folder** from the dropdown to move the message to the Saved Folder in the *Messaging* Area.

Toolbar Options from an Opened Message

The buttons that display in an opened message depend on what fields are referenced in the original message. For instance, if a patient is not attached to the original message then a **View Chart** Button will not display on the Toolbar. Also if an encounter is not referenced in the original message then an **Encounter** Button will not display on the Toolbar.

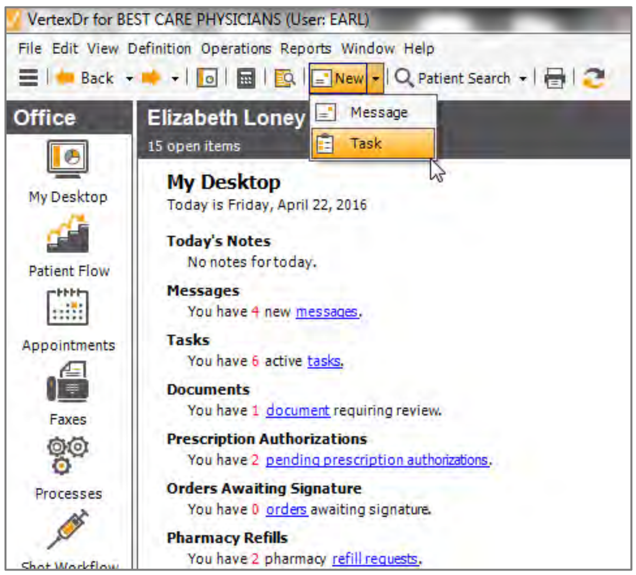
1. Double click on a message to open it. The Message Window opens.
2. Click the **New** Button on the Toolbar to create a Task. The recipient may decide to tell the sender to call the patient back with the answer to the question asked in the original message.
3. Click the **Print** Button on the Toolbar to print the message.
4. Click the **Down** and **Up** Buttons on the Toolbar to read the previous or next messages in the *Messaging* Area.
5. If a patient is referenced in the original message, click the **View Chart** Button on the Toolbar to open the patient's chart.
6. If an encounter is referenced in the original message, click the **Encounter** Button on the Toolbar to open the encounter in the patient's chart.

Tasks

Tasks, like Messages, are used as a method of communicating within the office. Tasks are used to tell someone to do something. A task may be assigned a due date and tracked for completion. Tasks are usually patient related. Like Messages, a Task may be sent to individuals or to a role. Tasks with an attached patient become a permanent record in the Patient Chart.

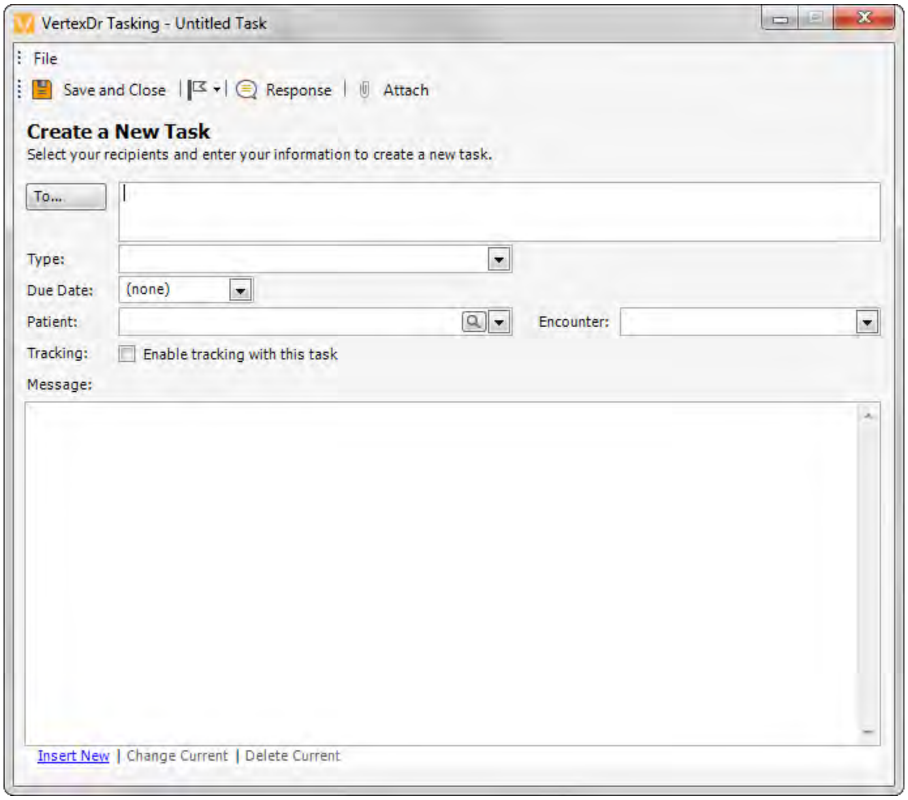
Creating and Sending Tasks

1. From any area in the Practice Suite, click the New Button on the Toolbar. Or click the New Dropdown Button on the Toolbar and select task.



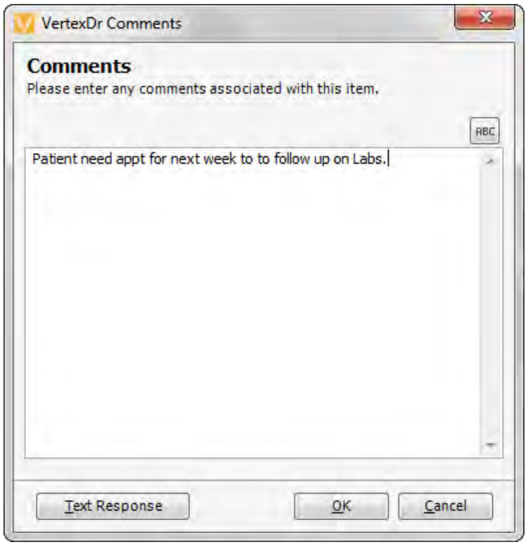
Sending a Task to an Individual

1. Once the **New** Button is selected, the *Create a New Task* Window opens.

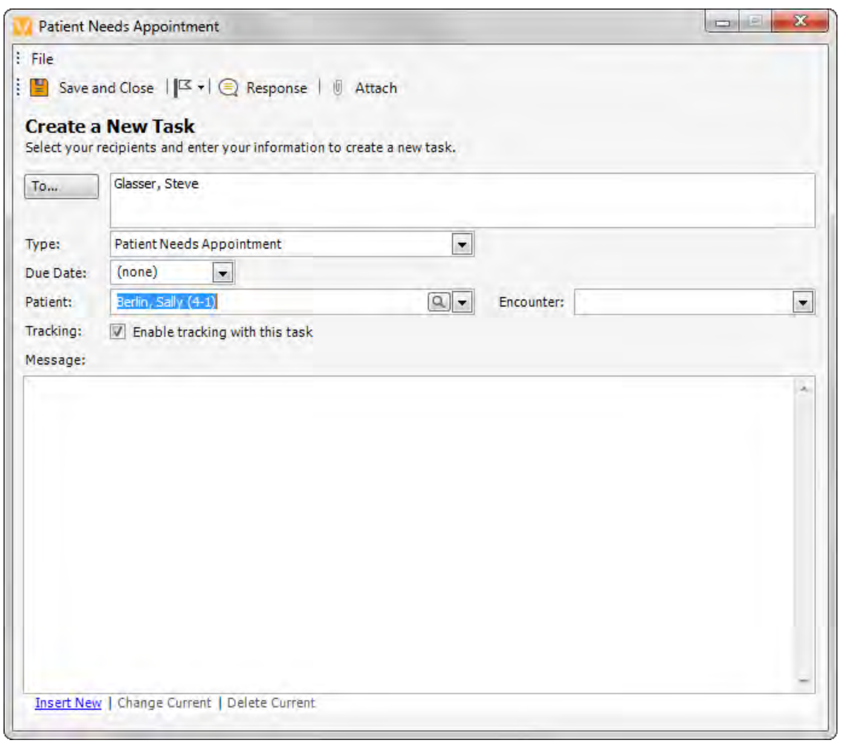


2. Click the **To** Button to select the recipient.
3. Click the **Type** Dropdown to select the Task Type.
4. The *Due Date* Field is optional. Highlight the *Due Date* Field and type in the due date. You can also click the **Due Date** Dropdown Button and select the due date from the calendar. Click the year to change the year in the calendar.
5. Click the **Magnifying Glass** Icon in the *Patient* Field to search and select the patient. You can also click the **Patient** Dropdown to select the patient from the last 15 accounts accessed.
6. The *Encounter* Dropdown Field is only available when a patient has been attached. Click the *Encounter* Dropdown Field to select an encounter date to reference.
7. The **Enable Tracking With This Task** Checkbox is defaulted to be checked off based on the Task Type that was selected. This checkbox needs to be checked off to be able to track the task to completion. A user can send a task to oneself but cannot track a task that is sent to themselves. Click the **Enable Tracking With This Task** Checkbox to uncheck it.

8. Type the task instructions in the *Message* Field or click the **Insert New** Link at the bottom of the window. The *Comments* Window opens.



9. Type the task instructions in the *Comments* Field.
10. When finished, click the **OK** Button to save the comment. The *Create a NewTask* Window becomes visible.



The system stamps the task instructions with the date, time and user name.

11. Click the **Change Current** Link to open the *Comments* Window and edit the task instructions.

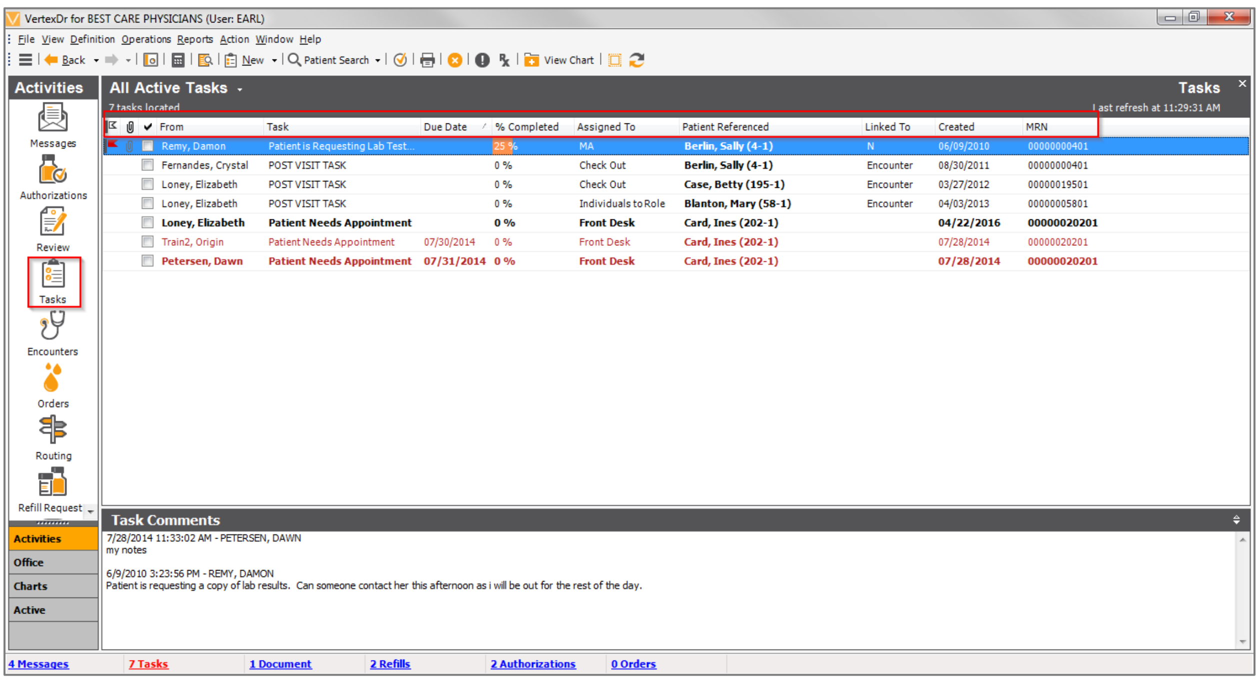
12. Click the **Delete Current** Link to delete the task instructions.
13. Click the **Insert New** Link to open the *Comments* Window to type additional task instructions.
14. Click the **Save and Close** Button on the Toolbar to send the task to the recipient.

Viewing Tasks

Tasks can be opened and completed from the *Tasks* Area. The *Tasks* Area can be accessed from all areas of the Practice Suite in two ways. The first way is to click the **Tasks** Link on the Status Bar at the bottom of My Desktop. The second way is to use the Navigation Pane to the left of My Desktop.

Accessing the Tasks Area

1. From the *Activities* Section of the Navigation Pane, click the **Tasks** Icon.



The *Gray* Sort Bar displays:

- The *Flag* Column displays the task's priority level.
- The *Paper Clip* Column indicates whether the task has an attachment.
- The *Checkmark* Column displays a checkmark when the task is marked as complete.
- The *From* Column will display the task sender.
- The *Task* Column displays the Task Type.

- The *Due Date* Column will indicate the date this task must be completed by if one was indicated.
- The *%Completed* Column displays the extent to which the task has completed.
- The *Assigned To* Column will display either the individual or the role that the task was sent to.
- The *Patient Referenced* Column will display the patient's name if a patient was attached to the task.
- The *Linked To* Column will display the encounter date if the task was attached to a specific date of service.
- The *Created* Column displays the date that the task was originally sent.
- The *MRN* Column displays the patient's second system generated number if a patient was attached to the task.

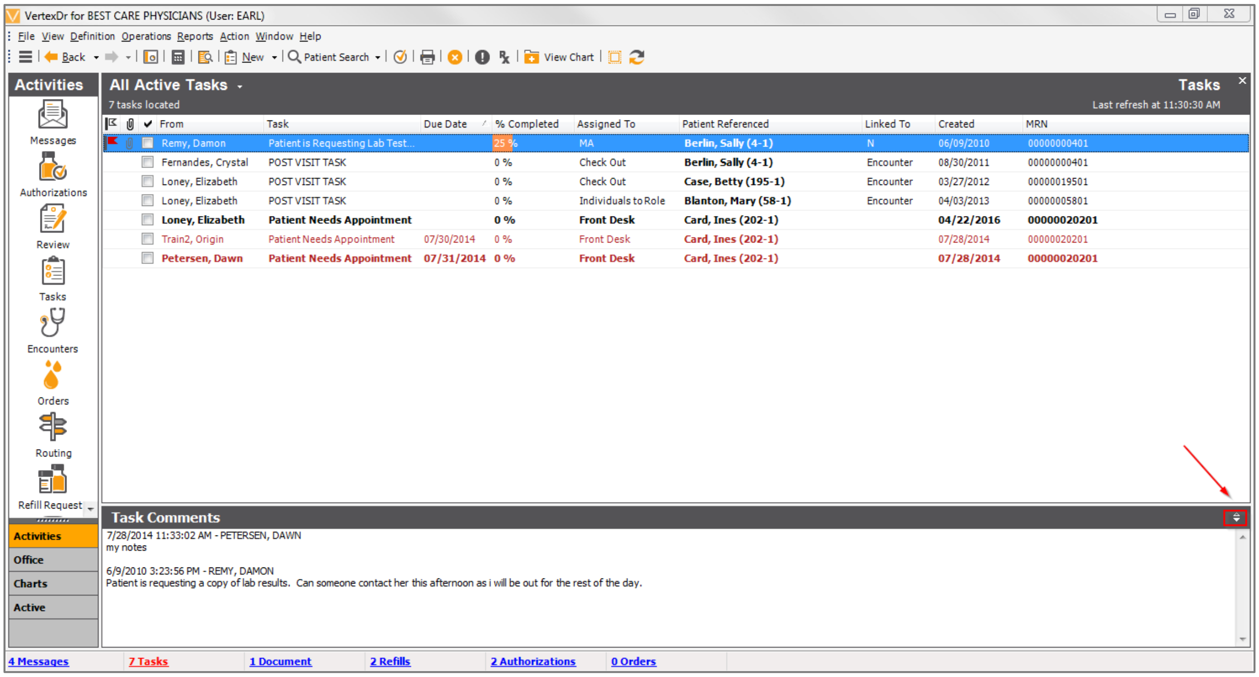
Tasks with due dates are color coded as follows:

- A *Black* Task – No due date was assigned to the task.
- A *Red* Task – The task is past the assigned due date time.
- A *Green* Task – The task is within the due date assigned.

The Tasks Preview Pane

The *Task Comments* Pane displays the text for the task that is highlighted. The *Task Comments* Pane can be defaulted to open with the correct user security.

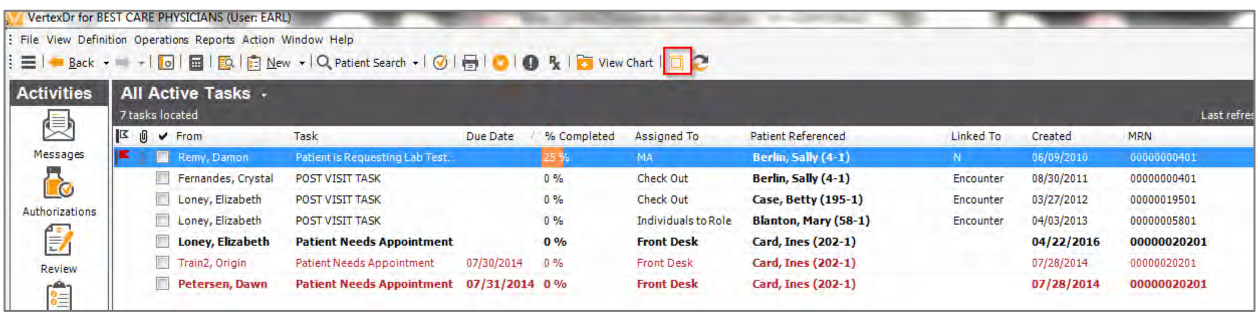
1. Click the **Down Arrow** Button to the right of the *Blue* Bar to close the *Task Comments* Pane.
2. Click the **Up Arrow** Button to open the *Task Comments* Pane.



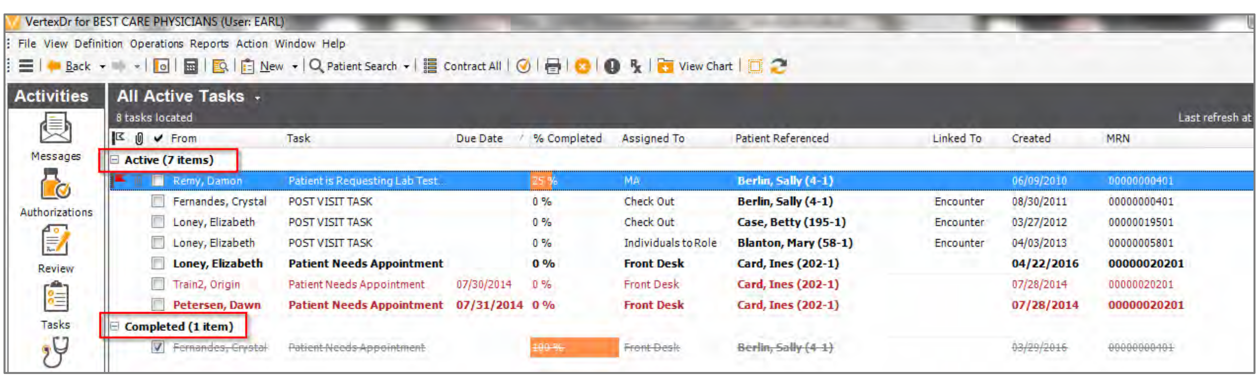
Viewing Task Status Groups

Tasks may be grouped by their status (*Active*, *Completed* and *Deleted*) for viewing.

1. From the *Tasks* Area, click the **Group** Button on the Toolbar.



2. Tasks appear grouped by their status.

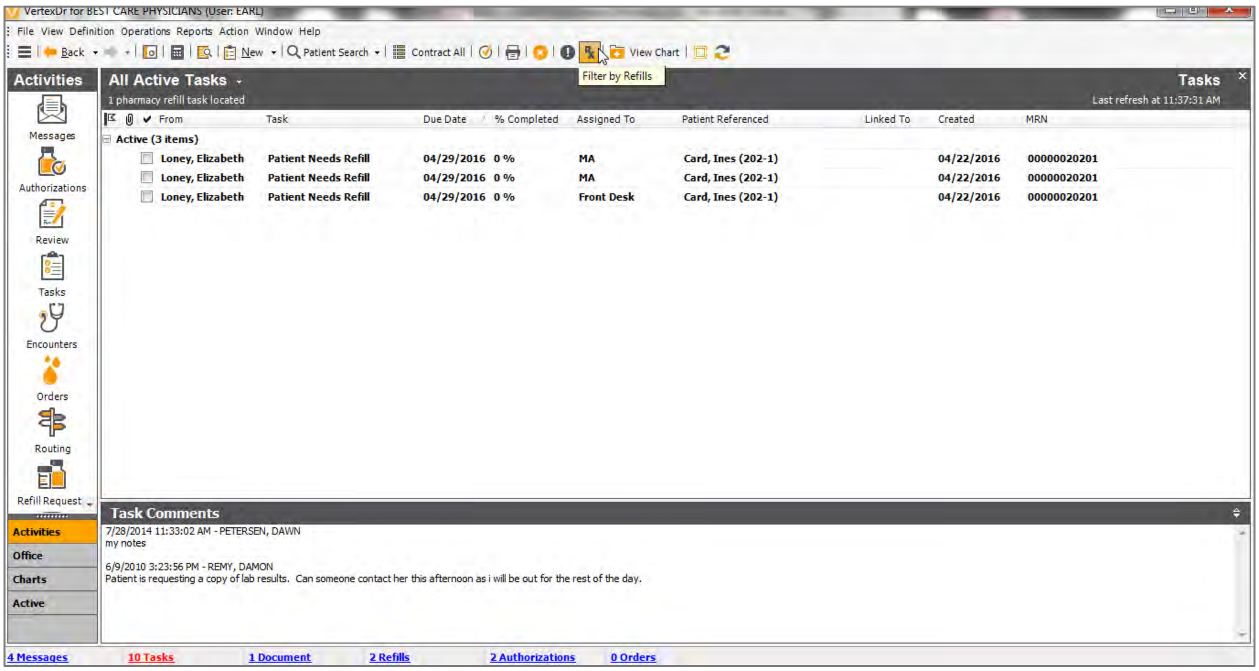


3. Click the **Contract All** Button on the Toolbar to contract the message type groups. The **Expand All** Button becomes visible on the Toolbar.
4. Click the **Expand All** Button to expand the message type groups.
5. Click the **Ungroup** Button on the Toolbar to view tasks ungrouped by their status.

Filter by Refills

Some practices have non-clinical staff sending prescription refill tasks to designated clinical staff for approval. The *Task* Area can be filtered to view only the Prescription Refill Tasks.

1. From the *Tasks* Area, click the **Filter by Refills** Button.



2. Only prescription refill tasks will display in the *Tasks* Area.
3. Click the **Filter by Refills** Button on the Toolbar again to view all active tasks.

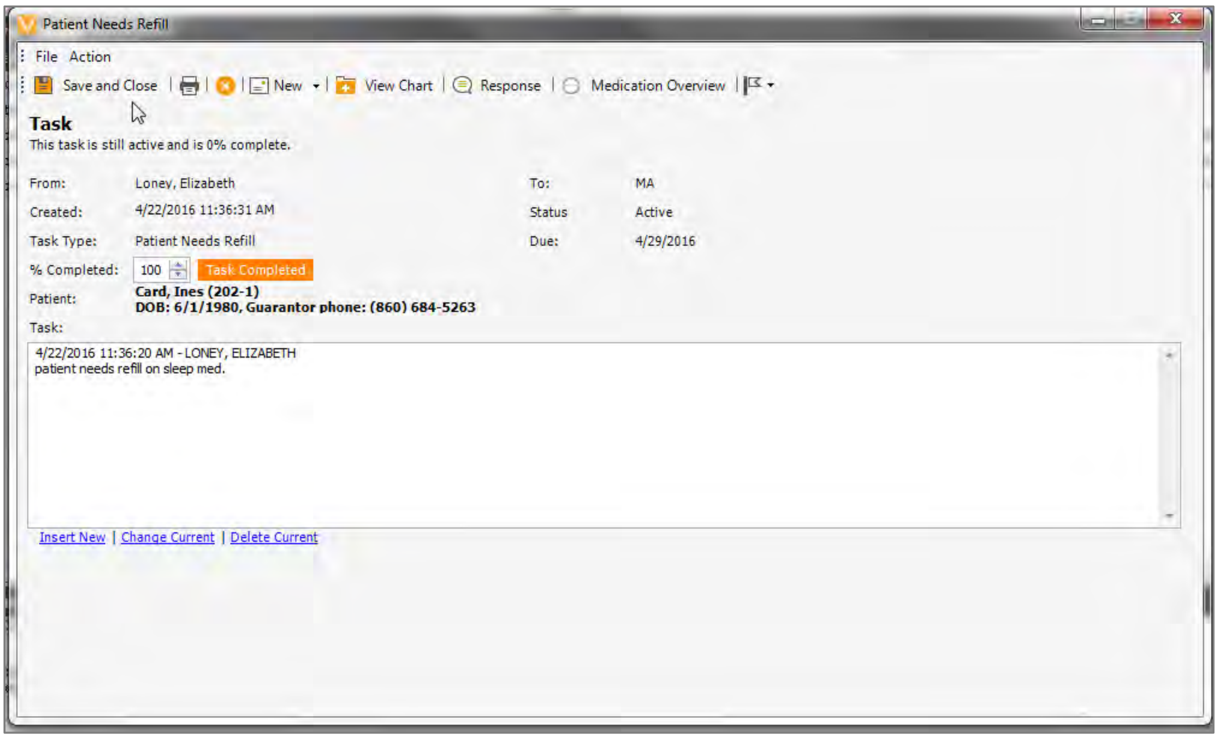
Completing Tasks

Tasks may be completed several ways. The first way is to click the **Complete** Button on the Task Toolbar. The second way is to click the **Toggle** Button in the *% Completed* Field and select 100%. The third way is to type 100 into the *% Completed* Field.

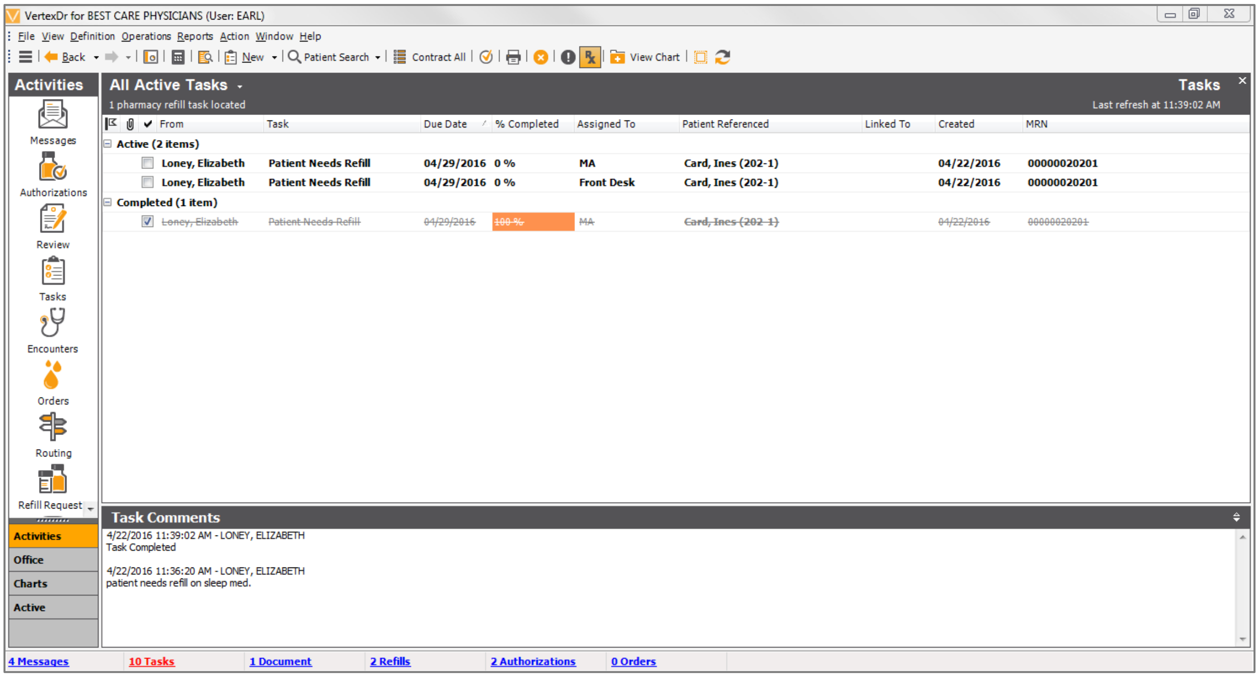
Inserting Comments When Completing Tasks

When completing a task, the user may want to insert a comment stating what was done to complete the task.

1. Start typing in the *Task* Field or click the **Insert New** Link to open the *Comments* Window.
2. Type what was done to complete the task in the *Comments* Window.
3. Click the **OK** Button to close the *Comments* Window.
4. The *Task* Window becomes visible.
5. Click the **Complete** Button on the Toolbar. Or type 100 in the *% Completed* Field. The **Toggle** Button in the *% Completed* Field can also be used to select 100. An o*range Task Complete* Label appears next to the *% Completed* Field indicating that the task has been completed.



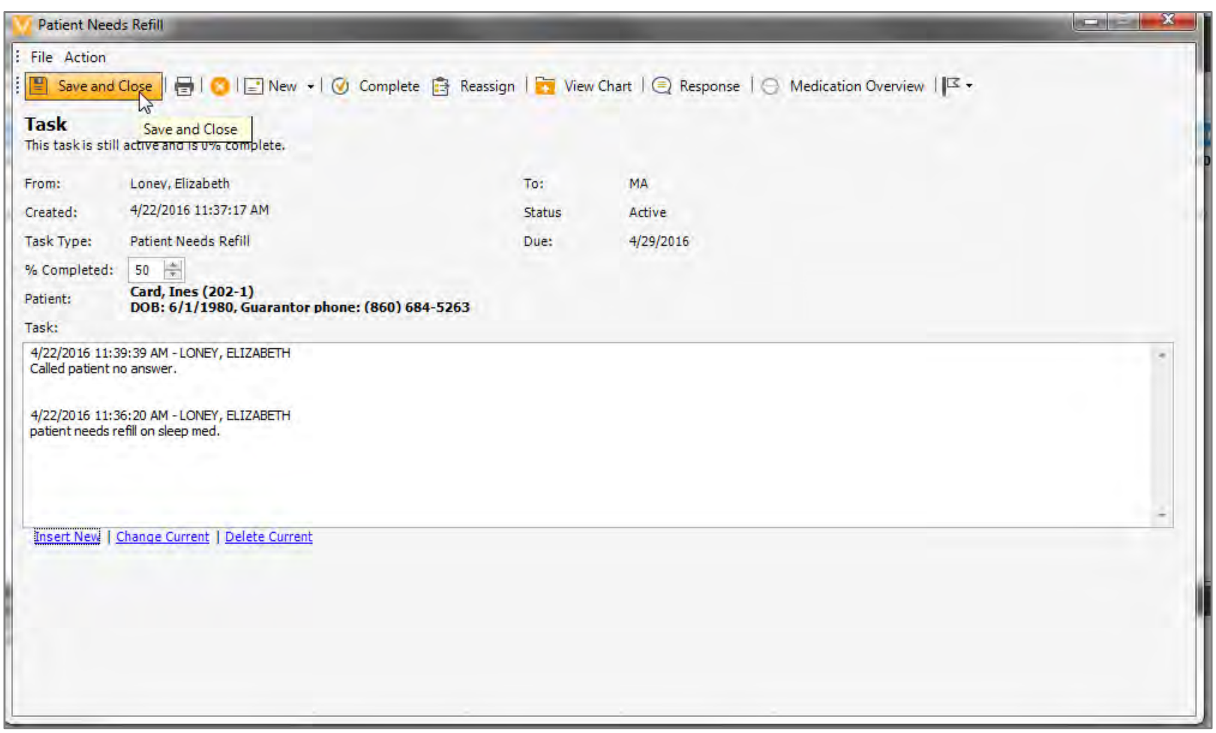
6. Click the **Save and Close** Button on the Toolbar. The completed task now displays in the *Task* Area with a line through it.



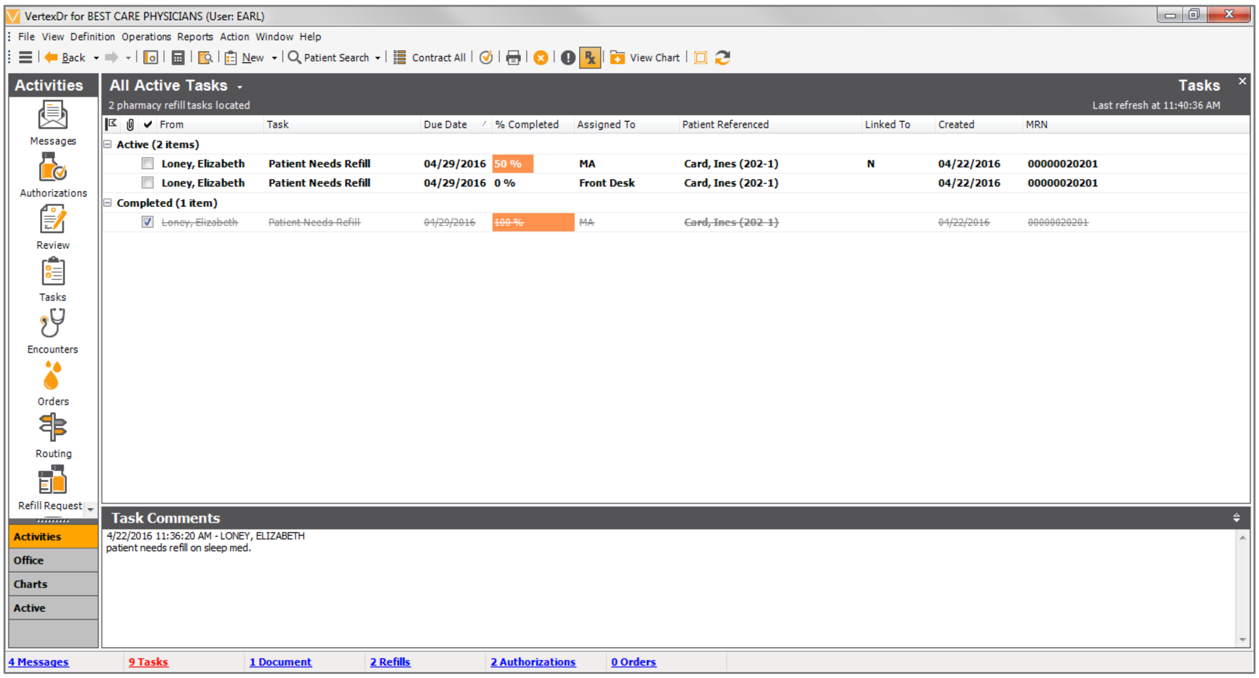
Partially Completing a Task

A user in a role (group of recipients) may take action and record what they did towards completing the task. To do so, the user can partially complete the task. All other users in the role can see that the task is partially completed.

1. From the *Tasks* Area, double click a task to open it.



2. Click the **Insert New** Link to open the *Comments* Window. Type what action was taken towards completing the task in the *Comments* Window.
3. Click the **OK** Button to close the Comments Window. The *Task* Window becomes visible.
4. Click the **Toggle** Button in the *% Completed* Field and select 25, 50 or 75. Or type the desired percentage in the *% Completed* Field.
5. Click the **Save and Close** Button on the Toolbar to save the changes to the task. The task displays as 50% complete in the *Tasks* Area.

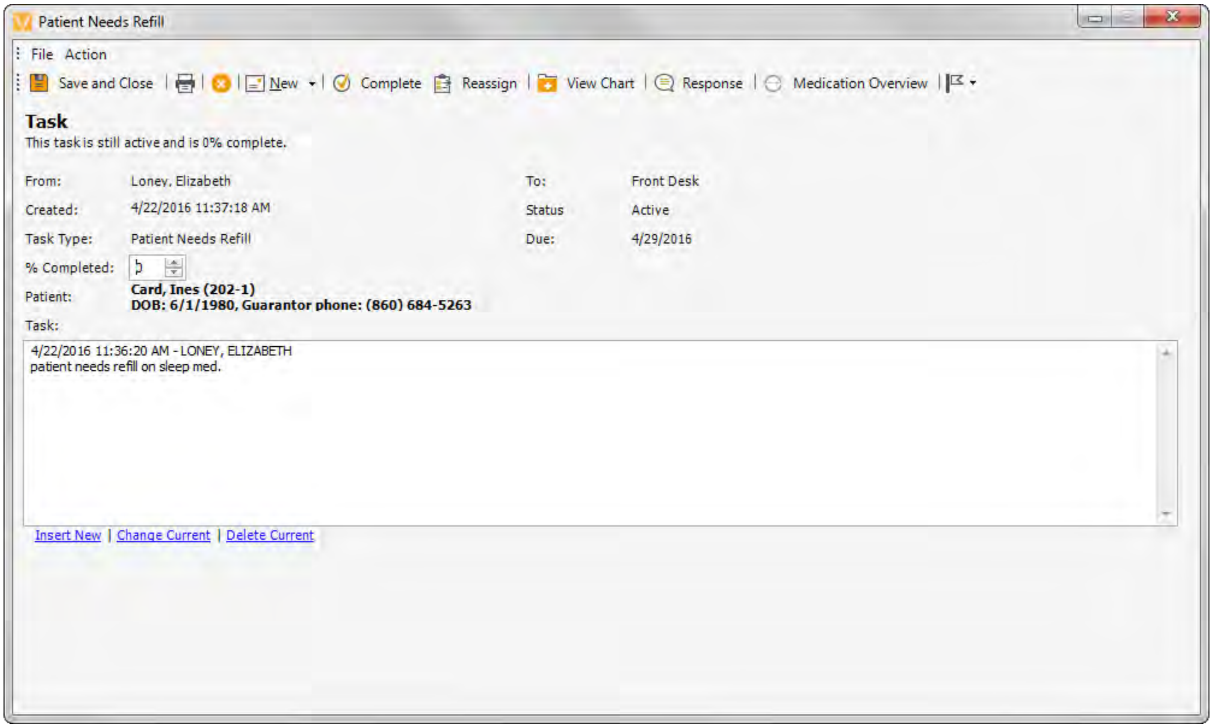


Note: If a task is sent to a role and is deleted, it will also be deleted from the *Task* Area of all other users within that role. If a patient was attached to the task, the task will not be deleted from the Patient Chart. When the deleted task is opened from the Patient Chart there is a *Deleted* Field that displays the user's name who deleted the task.

Task Toolbar

The buttons that display in an opened task depend on what fields are referenced in the original task. For instance, if a patient is not attached to the original task then a **View Chart** Button will not display on the Toolbar. Also if an encounter is not referenced in the original message then an **Encounter** Button will not display on the Toolbar.

1. Double click on a task to open it. The *Task* Window opens.



2. Click the **Print** Button on the Toolbar to print the task.
3. Click the **Delete** Button on the Toolbar to delete the task.

Note: If a patient is attached to the task, this does not delete the task from the patient's chart. If the task was sent to a role, the task will be deleted from everyone within that role.

4. Click the **New** Button on the Toolbar to create and send a message or task to the sender.
5. Click the **Complete** Button to complete the task.
6. Click the **Reassign** Button to assign the task to someone else.

Note: For more information on reassigning tasks, see the *Reassigning Tasks* Section of this chapter.

7. If a patient is referenced in the original task, click the **View Chart** Button on the Toolbar to open the Patient Chart.
8. Click the **Response** Button to insert pre-populated text into the *Task* Field.

Note: For more information on Responses, see the *Text Responses* Chapter in this manual.

9. Click the **Medication Overview** Button to view the attached patient's medications, pharmacy or allergy information.

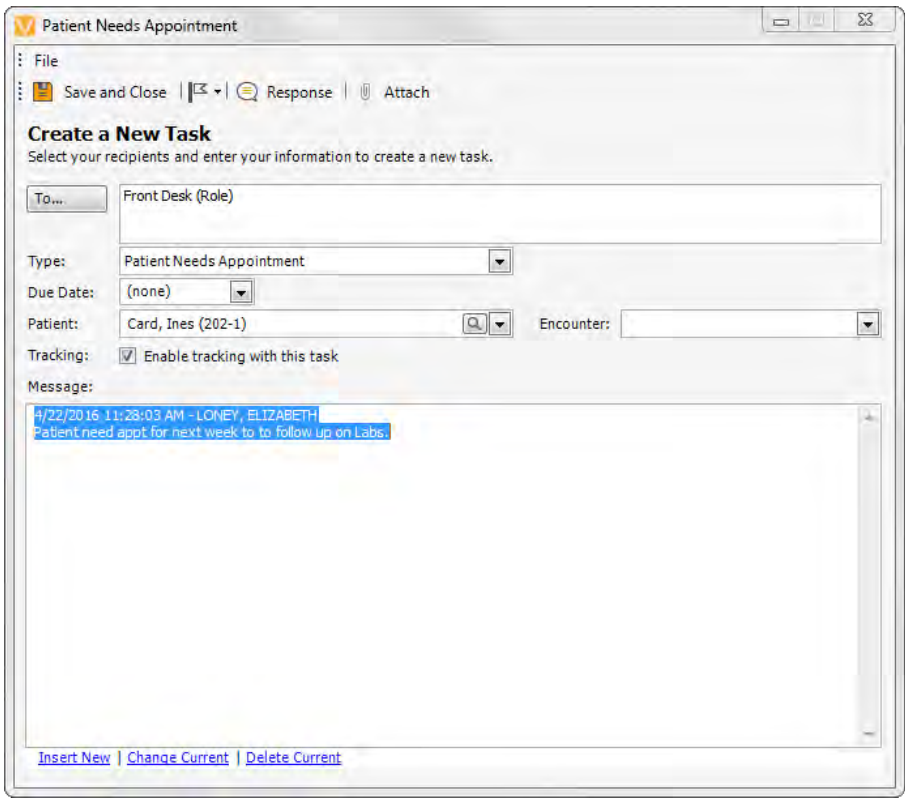
10. Click the **Priority Flag** Button to change or add a priority banner across the top of the Task Window and flag the task as being a priority.

Note: For more information on priority flags, see the *Attaching a Priority to a Task or Message* Chapter of this manual.

Sending Tasks to a Role

A role is a group of individuals within the office. When a task is sent to a role one copy of the task is sent to all individuals included within the role. All of the individuals in the role can track completion of the task.

1. From any area in the Origin Practice Suite, click the **New** Button or **New** Dropdown Button on the Toolbar. The *Create a New Task* Window opens.

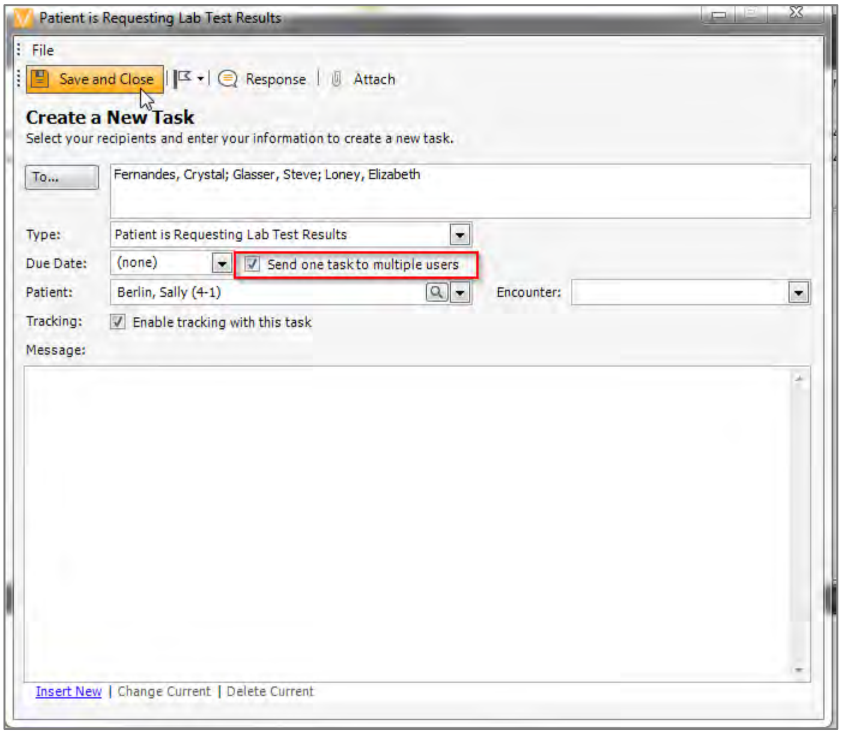


2. Click the **To** Button to select a role.
3. Complete the applicable fields within the task.
4. Click the **Save and Close** Button to send the task to the recipients in the selected role.

Creating a Temporary Role

A temporary role can be created if more than one individual is selected as recipients. All recipients will share a copy of the same Task and all changes and completion will be viewable by all users that were selected.

1. Open the *Create a New Task* Window.

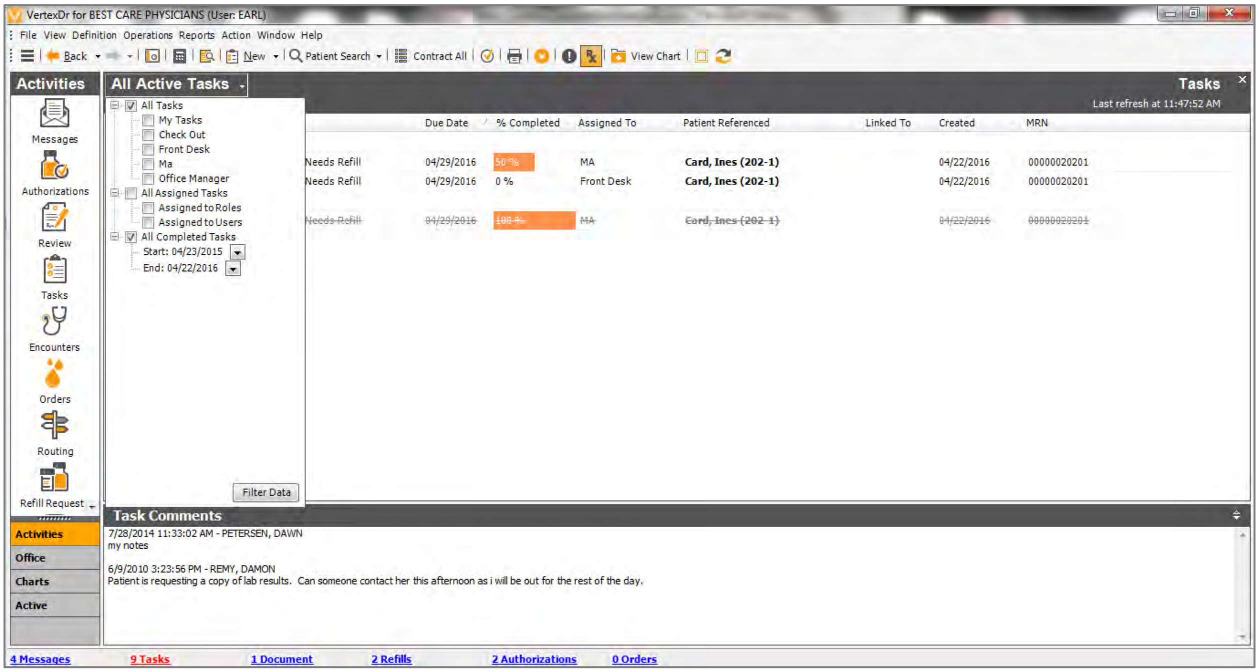


2. Select the individual recipients.
3. Complete the applicable fields for the task.
4. Click the **Send One Task to Multiple Users** Checkbox to create a temporary role.
5. Click the **Save and Close** Button on the Toolbar to send the task to the recipients.

The Task Filter

The Task Filter allows the user to view tasks assigned to them and tasks that they assigned to other individuals or roles for tracking purposes. Users may also set the Task Filter to view completed tasks as well as set a date range to view. After setting the Task Filter, click the **Filter** Button to see the selected filtered view.

1. From the *Tasks* Area, click the Task Filter.



2. If the **All Tasks** Checkbox is checked off all tasks assigned to the user as an individual and as part of a role will display. Those roles are listed below if you'd like to only see tasks sent to those specific roles you are a part of.
3. To view only tasks you assigned to other roles and users, click the **All Tasks** Checkbox in the *Task* Filter to uncheck it.
4. Click the **All Assigned Tasks** Checkbox in the *Task* Filter.
5. To view all completed tasks, select the **All Completed Tasks** Checkbox. The **Start** and **End** Dropdown Arrows can be used to specify completed tasks within a date range.
6. Click the **Filter Data** Button.

Reassigning a Task

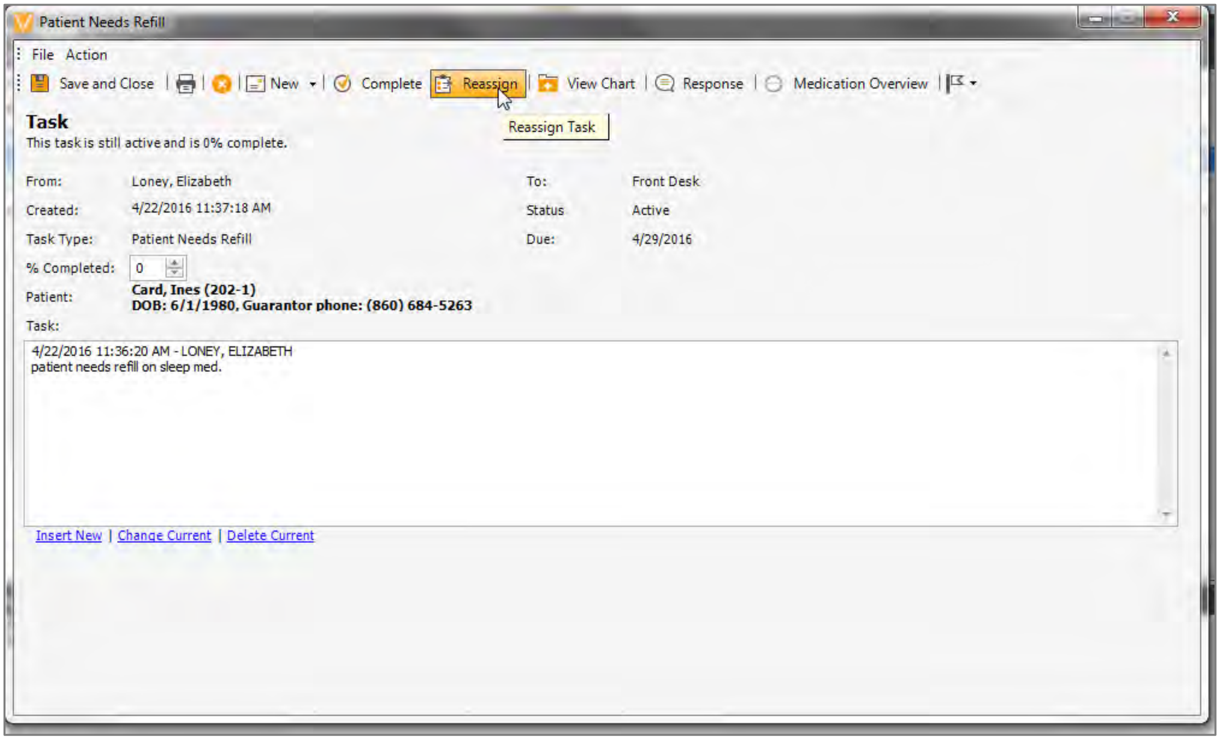
When a task cannot be completed by a user, the task may be easily reassigned to another person within the office.

Reassigning a Task to another Individual

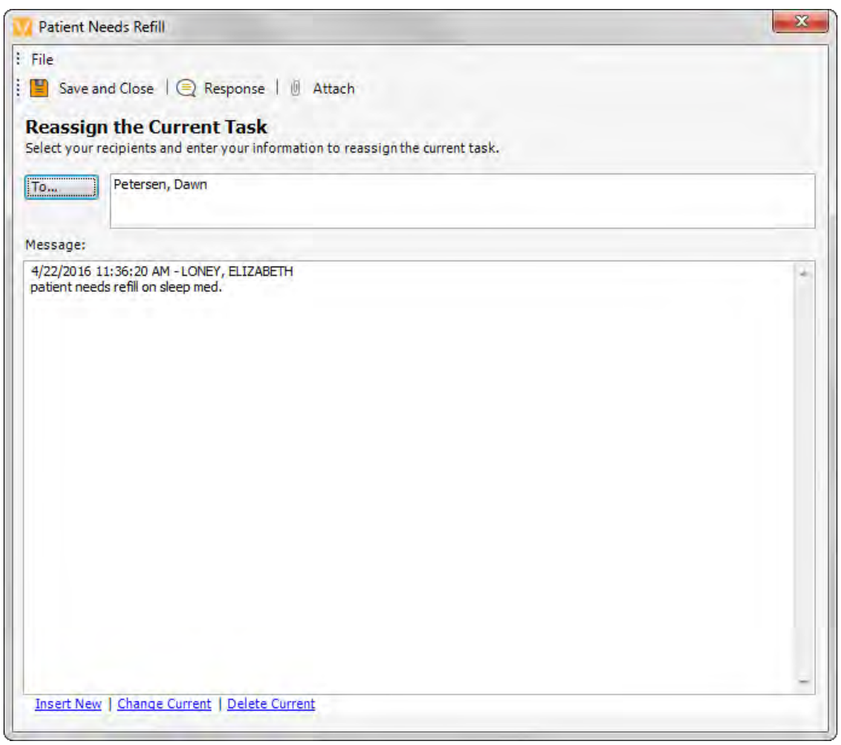
Note: It is not necessary to reassign a task that was sent to a role unless the responsible party is not a part of the role.

1. From the *Task* Window, insert any comments and who the task is being reassigned to.
2. Click the **Reassign** Button on the Toolbar. This allows the initial sender to track the task and who now holds the responsibility of the

task. The comments also carry over to the new recipient so the user doesn't have to enter two comments.



The *Reassign the Current Task* Window opens.



3. The message from the original task displays in the *Message* Field. Click the **To** Button to select the recipient.
4. Click the **Save and Close** Button to send the reassigned task to the selected recipient.

Completing the Reassigned Assigned Task

Once the task has been reassigned, the user can then mark the task as being completed just as they would a task sent to an individual or a role.

Note: For more information on deleting a task, reference the *Completing a Task* Section of this chapter.

Other Features for Messaging and Tasking

The following features are available in both Messaging and Tasking:

- Using Text Responses to auto-populate the Message Field with text that is used over and over again.
- Attaching priorities.
- Using Spell Check.
- Attaching scanned documents and external documents.

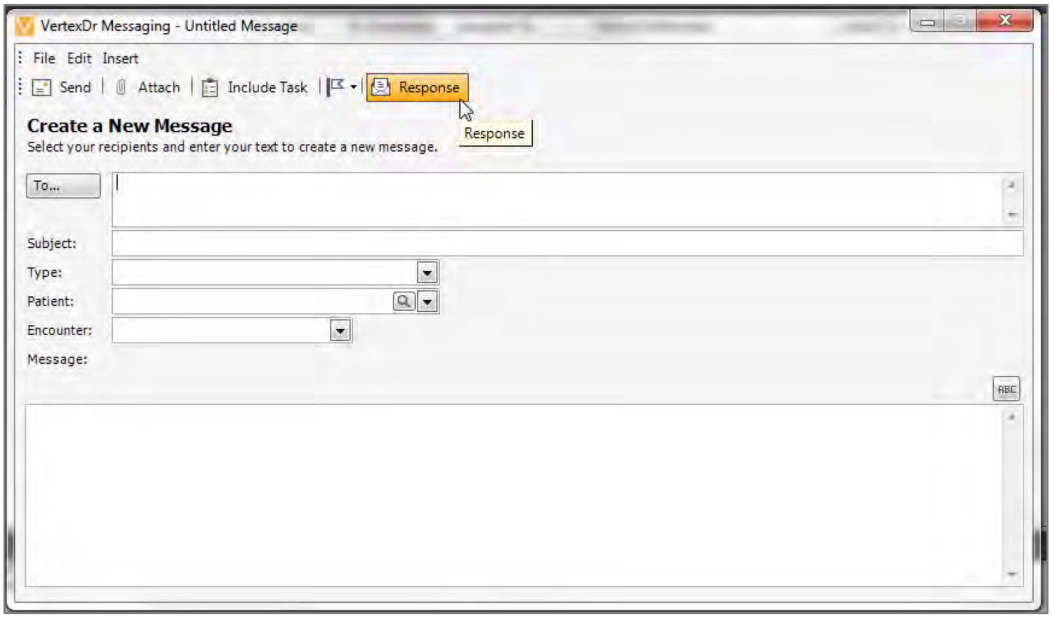
Text Responses

Text that is used over and over again in sending or replying to messages and/or tasks can be set up as text responses. When a text response is selected the pre-defined text will auto-populate the *Message* Field, saving time.

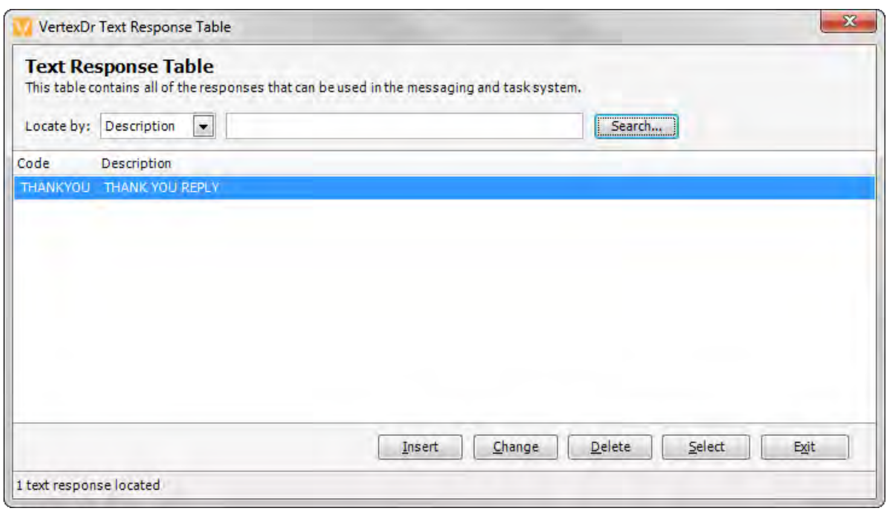
Note: For more information on creating text responses, reference the Practice Suite Managers' Manual.

Accessing Text Responses

1. From the *Create a New Message* Window, click the **Response** Button on the Toolbar.



The *Text Response* Table opens.



2. Click the **Search** Button to view the first 100 available text responses or use the *Search* Field to search for the desired text response.
3. Highlight the desired text response and then click the **Select** Button. The selected text response will display in the *Message/Task Comments* Field.

Attaching Priorities

A priority can be attached to a message or when replying, replying to all or forwarding a message. A priority can be attached to a task when assigning or completing a task.

The system defaults the following priorities:

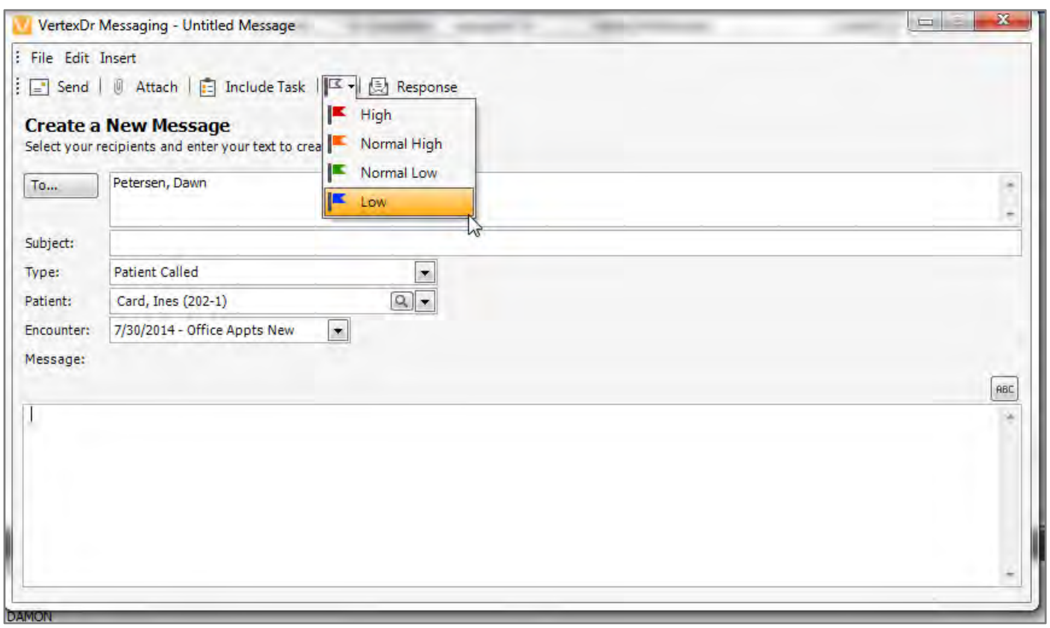
- *Red* Flag – High priority
- *Orange* Flag – Normal high priority
- *Green* Flag – Normal low priority
- *Blue* Flag – Low priority

Note: The practice can opt to rename the priority flags.

When a priority is attached to a message or task, a colored banner displays across the top of the message or task.

Attaching a Priority to a Message

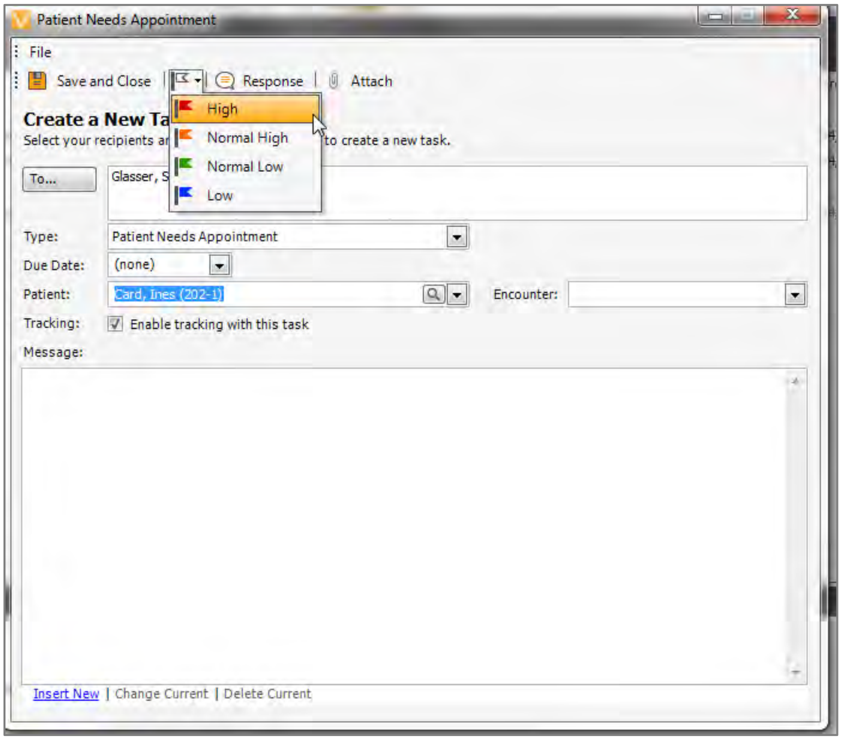
1. From the *Create a Message* Window, click the **Priority** Dropdown on the Toolbar.



2. Select a priority from the dropdown menu.

Attaching a Priority to a Task

1. From the *Create a Task* Window, click the **Priority** Dropdown Arrow on the Toolbar.



2. Select a priority from the dropdown menu.

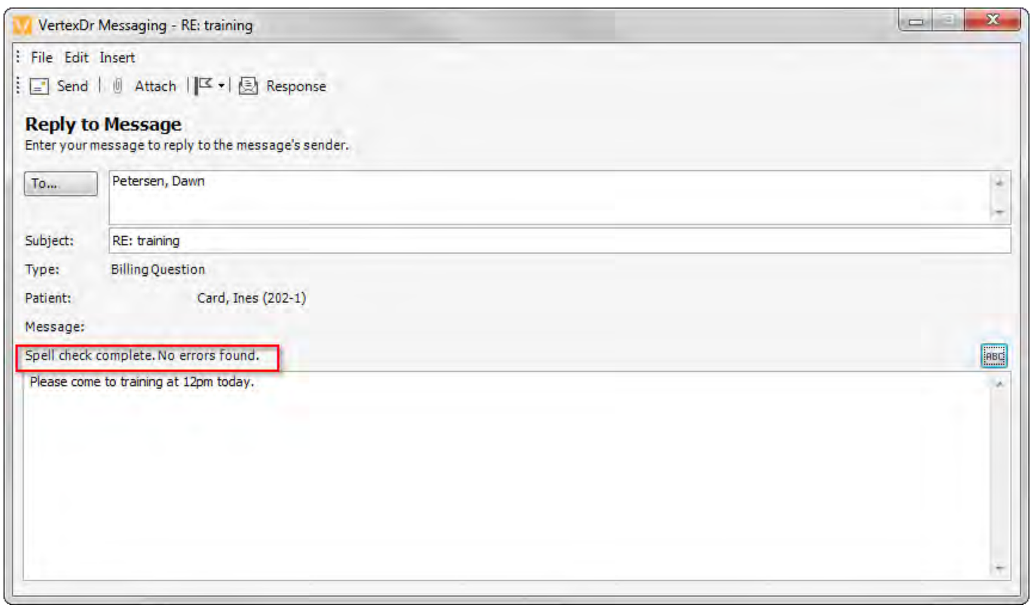
Using Spell Check

Spell Check is available in creating, responding or forwarding a message or task. If there are no spelling errors, it will be indicated above the *Message* Field. If there are possible errors the *Spell Check* Window opens.

Accessing Spell Check in Messaging and Tasking

1. From the *Create a New Message* or *Task* Window, click the *Green* **Checkmark** Button.

2. The message "Spell check complete. No errors found." displays above the *Message* Field if there are no spelling errors.



3. If there were spelling errors, the *Spell Check* Window opens.

The misspelled word displays in *red*.

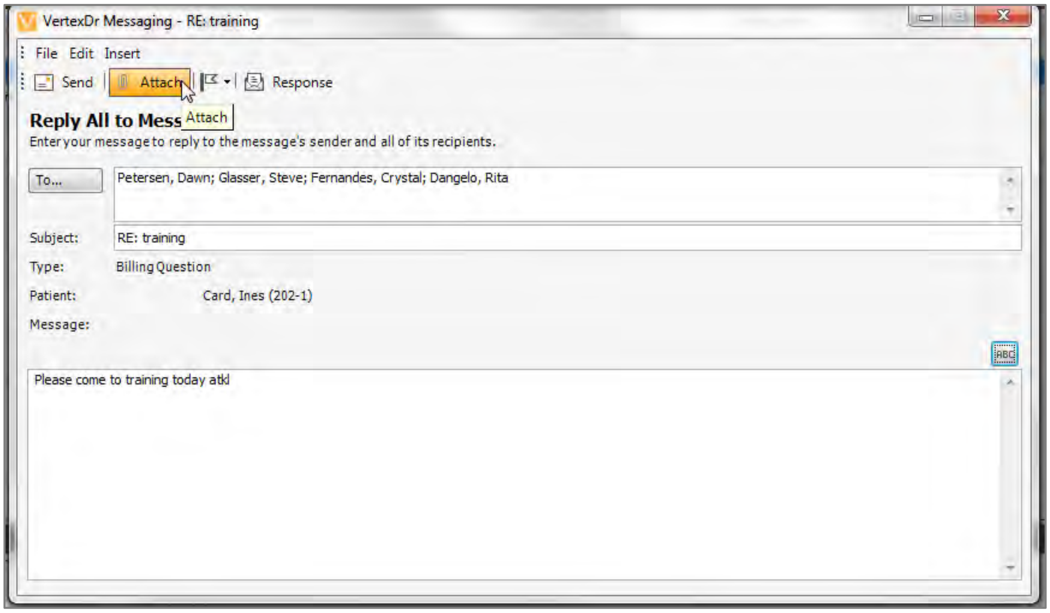
4. Click the **Ignore Once** Button to ignore spell check's recommendation for spelling.
5. Click the **Ignore All** Button to ignore all spell check's recommendation in all instances that the misspelled word is used.
6. Acronyms and abbreviated words can be added to the dictionary so spell check will not consider them as being misspelled. To do this, click the **Add to Dictionary** Button.
7. Click the **Change All** Button to agree to spell check's recommendation in all instances that the misspelled word is used.
8. Highlight an alternative spelling for the misspelled work in the *Suggestions* Field to have spell check change the word to be spelled correctly. Then click the **Change** or **Change All** Button.

Attaching Scanned Documents to Messages and Tasks

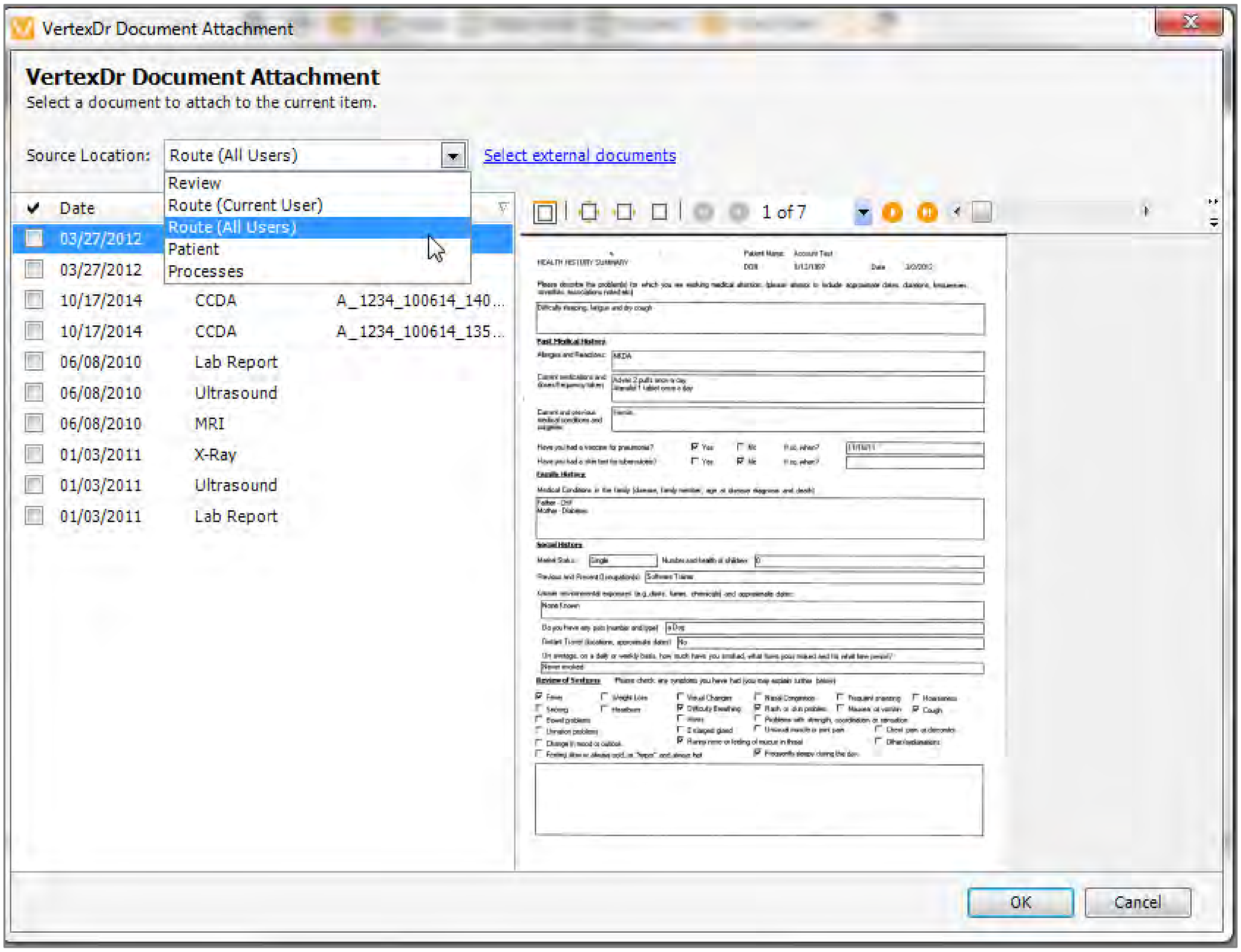
Senders can attach scanned documents to messages and tasks. Recipients can open and view scanned documents attached to messages and tasks.

Attaching a Scanned Document to a Message or a Task

1. From the *Create a New Message* or *Create a New Task* Window, click the **Attach** Button.



The *Document Attachment* Window opens.

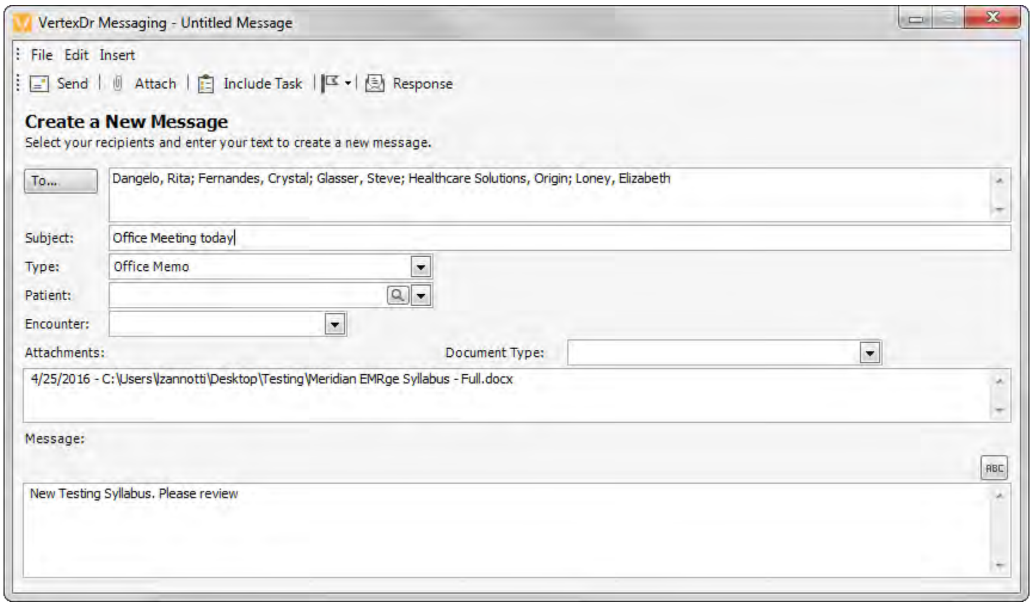


2. Click the **Source Location** Dropdown Field. This is to locate where in the system the scanned document being attached to the message resides.

   - Select **Review**, if the document resides in the user's *Document Review* Area.
   - Select **Route (Current User)**, if the document resides in the *Routing* Area and was scanned in by the current user.
   - Select **Route (All Users)**, if the document resides in the Routing Area and was scanned in by another user.
   - If a patient is attached to the message or task, select **Patient**, if the document resides in the *Documents* Section of the Patient Chart.
   - Select **Processes**, if the document resides in the *Processes* Area (incoming faxes).
   - Select the **Select External Documents** Link if the document resides locally. This enables you to browse the local machine or the network to import the document.

For this example, **Route (Current User)** was selected from the **Source Location** Dropdown.

3. Click the checkbox next to the document to be attached to the message.
4. Click the **OK** Button to continue. The *Create a New Message* or *Task* Window becomes visible.

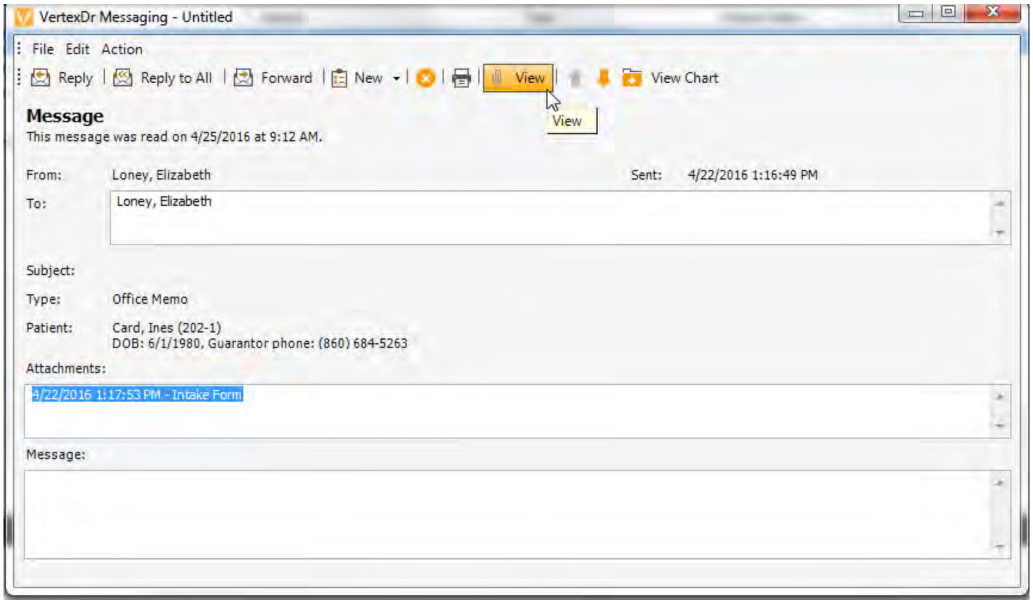


An *Attachments* Field with the name of the document appears above the *Message* Field.

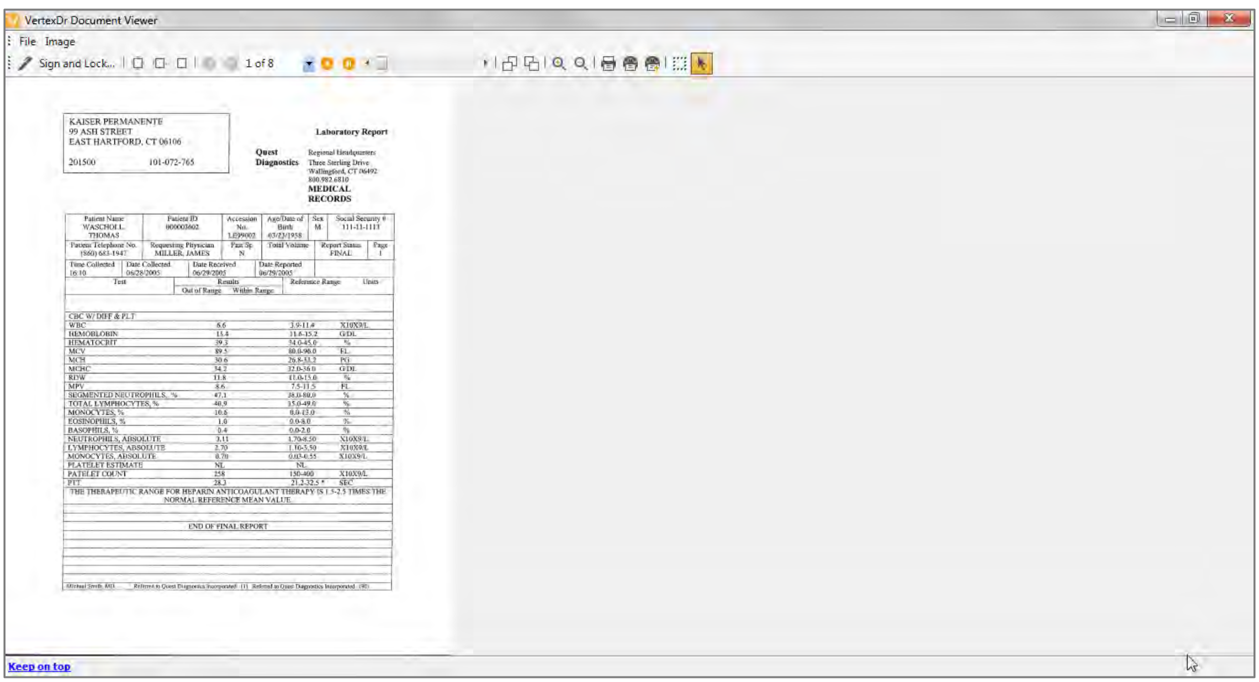
5. Click the **Send** Button to send the message with the attached document to the recipient(s).

Viewing a Document Attached to a Message or a Task

1. From the *Message* or *Task* Window, click the **View** Button.



The *Document Viewer* Window opens.



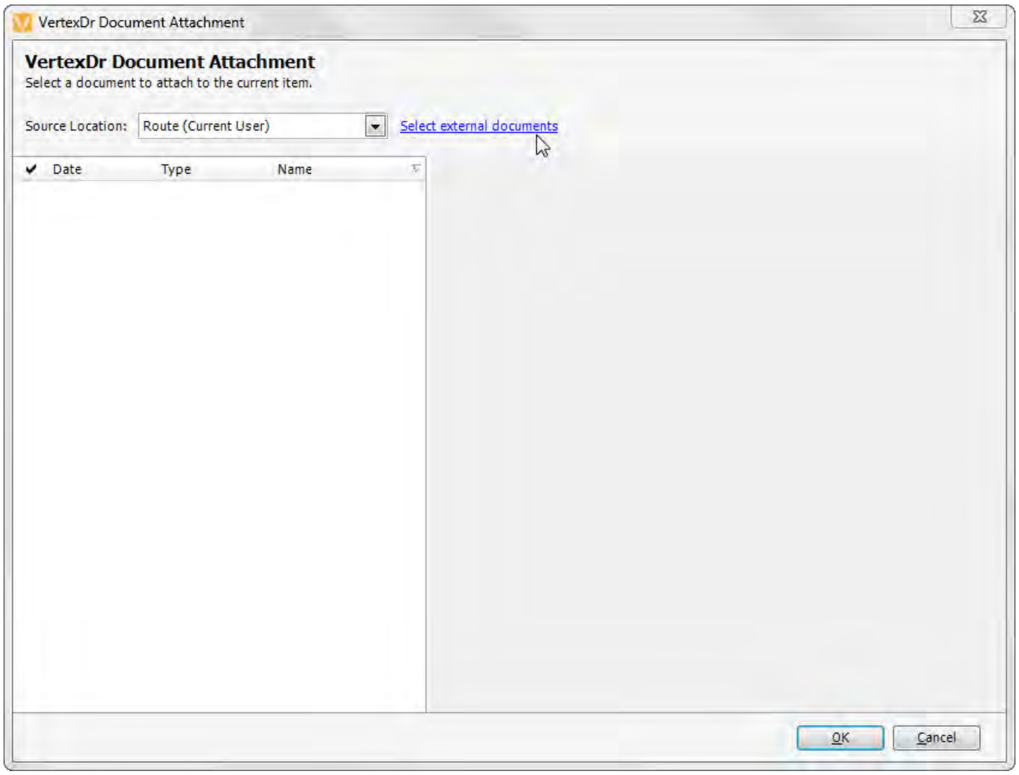
2. Depending on the user's securities, selecting the **Sign and Lock** Button will sign off on the document and lock it for future editing.
3. Click the *red* **X** in the upper right hand corner to close the *Document Viewer* Window when finished.

Attaching an External Document to a Message or Task

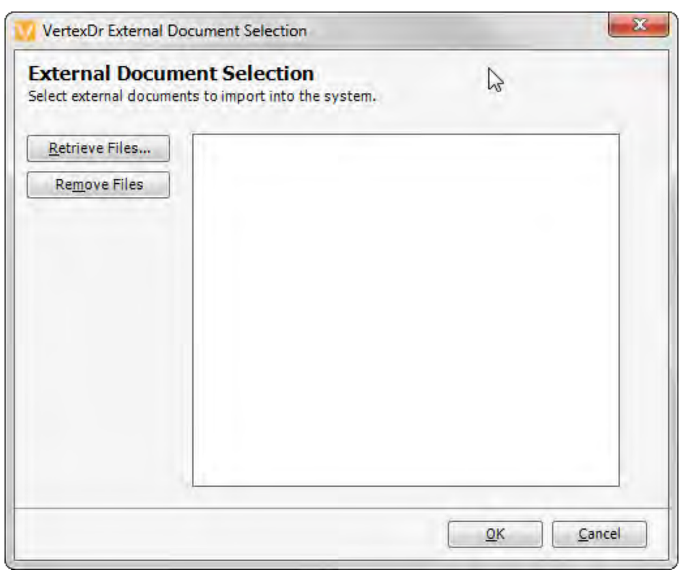
Documents can be retrieved from anywhere on the user's computer and attached to a message or task. Multiple external documents can be attached to a message or task. External documents attached to a message or task must have a document type selected. A patient must be attached to the message or task with an external document. This is so the external document has a place to reside within the system.

Attaching an External Document to a Message

1. From the *Document Attachment* Window, click the **Select External Documents** Link.



The *External Document Selection* Window opens.

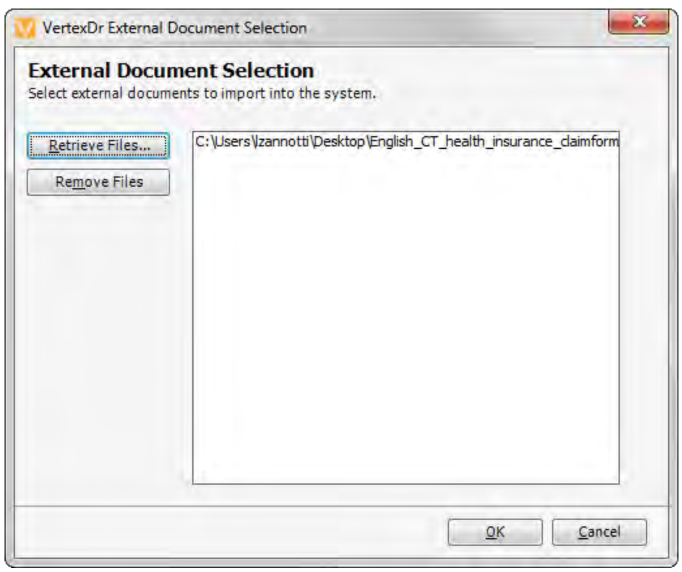


2. Click the **Retrieve Files** Button. The *Select a File* Window opens.

3. Click the **Look in** Dropdown and select the area where the document resides.
4. Highlight the external document. Click the **Open** Button.

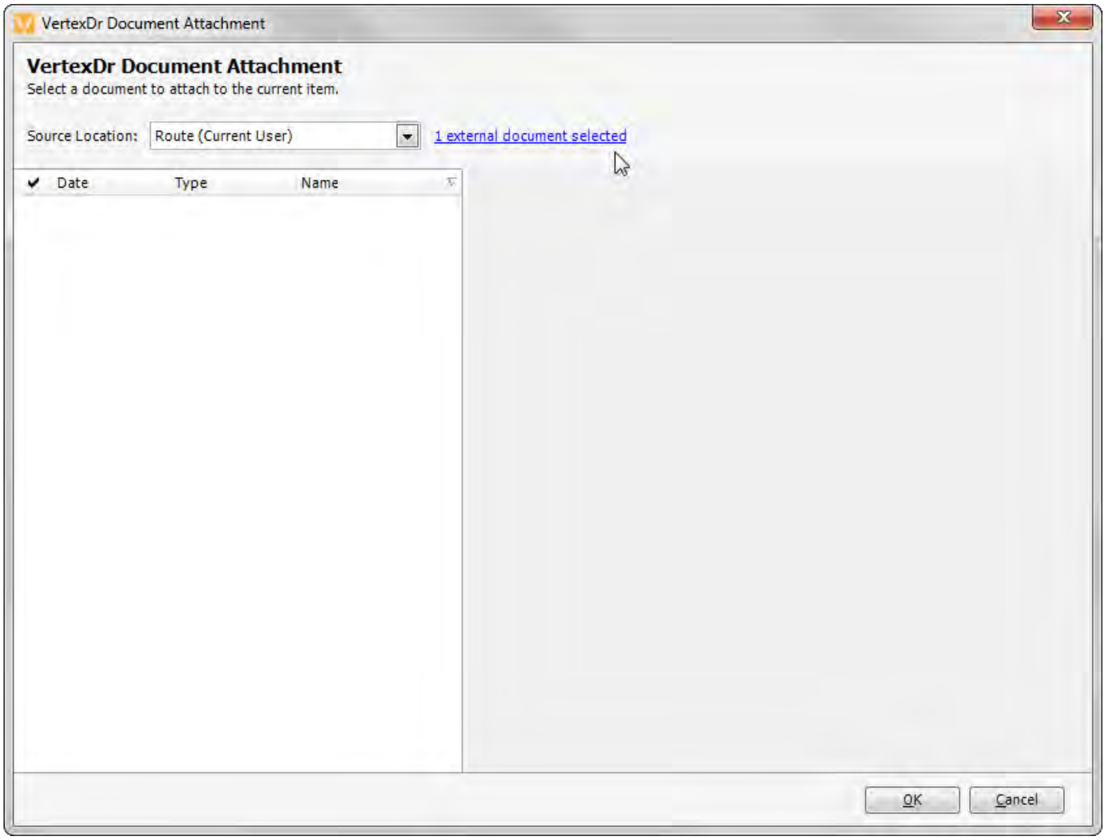
Note: Repeat the above two steps to attach more than one external document to the message or task.

The *External Document Selection* Window becomes visible.



5. The selected external document's pathway displays in the *External Document Selection* Field. If the wrong external document is selected, click the **Remove Files** Button. Follow the steps on the previous page to select another external document.

6. Click the **OK** Button to close the *External Document Selection* Window. The *Document Attachment* Window becomes visible.

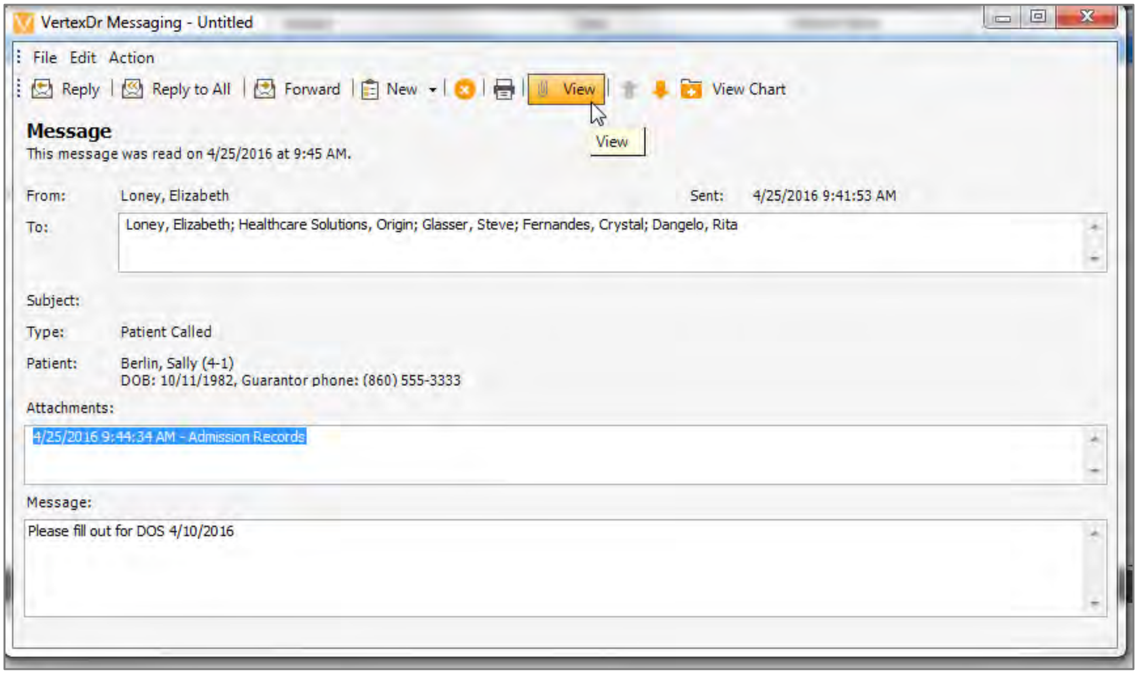


The **# External Document Selected** Link displays next to the *IB* Dropdown Field.

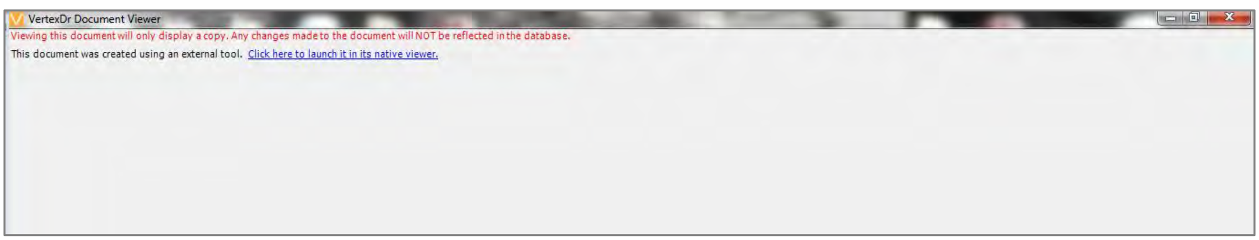
7. Click the **OK** Button to close the *Document Attachment* Window.

Viewing an External Document Attached to a Message or a Task

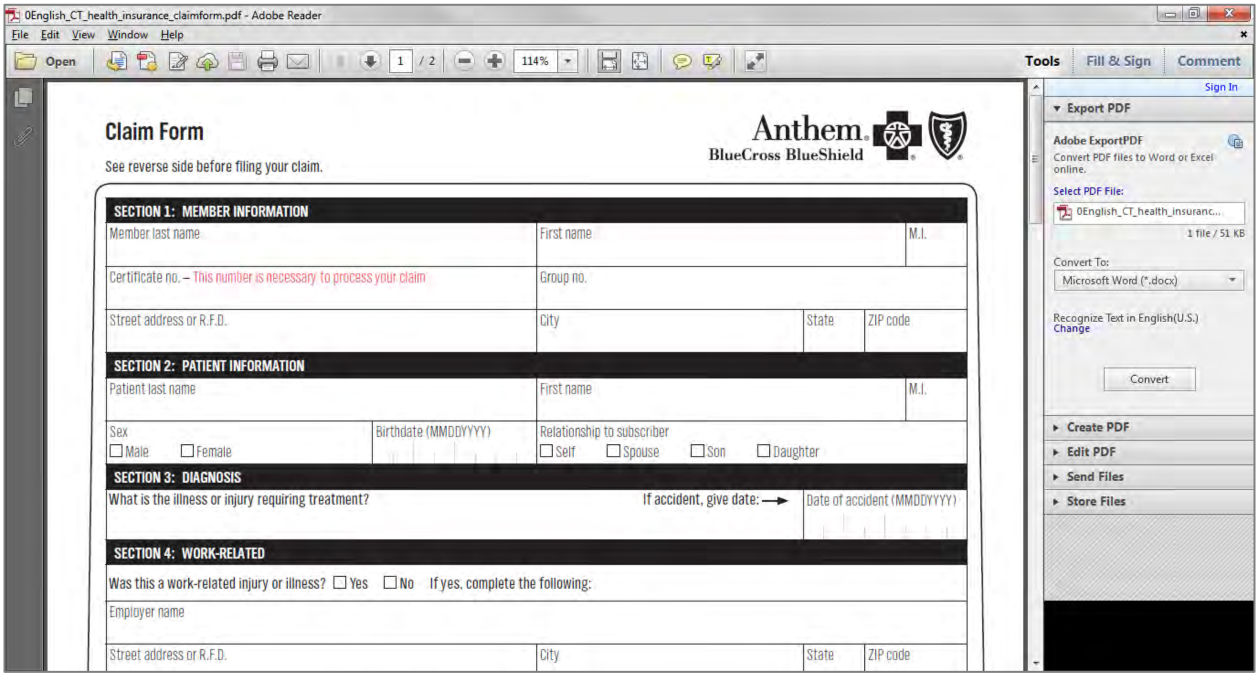
1. From the *Message* or *Task* Window, click the **View** Button.



The *Document Viewer* Window opens.



2. Click the **Click Here to Launch it in its Native Viewer** Link. The *Adobe Reader* Window opens.



3. Click the *red* **X** in the upper right-hand corner to close the *Document Viewer* Window when complete.

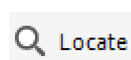
Scheduler

Toolbar Buttons

The 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. 

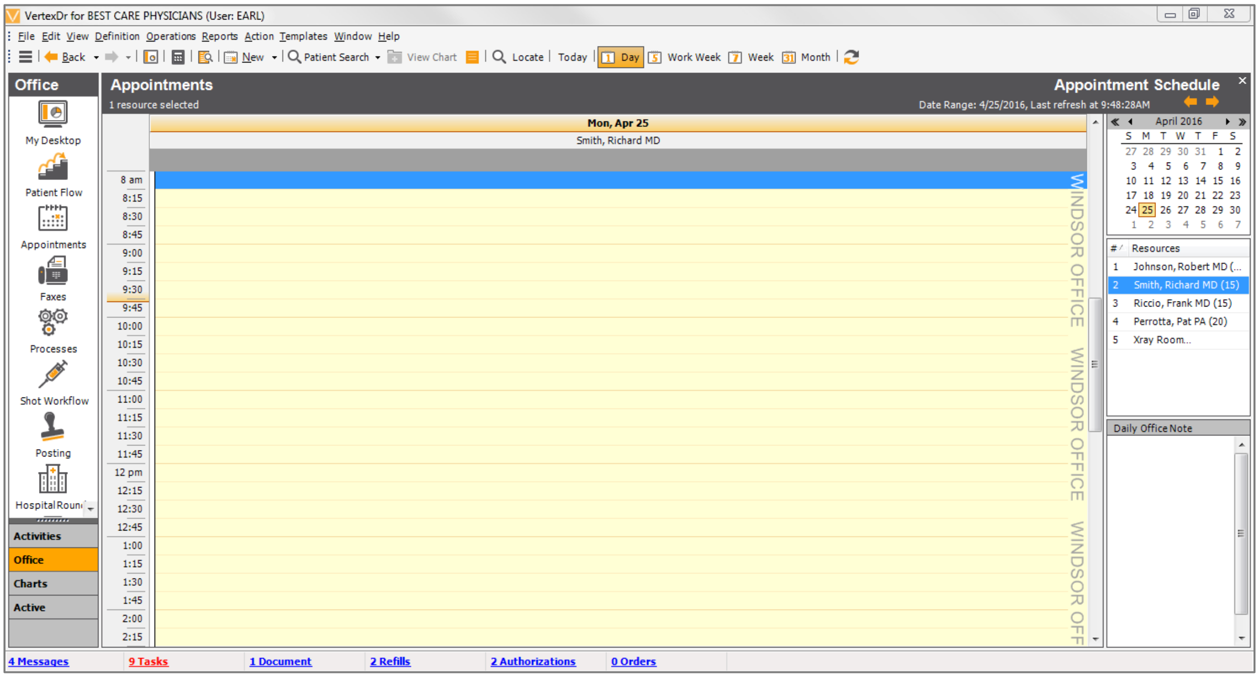
Notepad - Daily Office Note window. 

Locate - Locate First Available Appointment. 

Navigating Scheduler

Select the **Appointments** Icon from the *Office* Section of the Navigation Pane.

The *Appointment Schedule* Window opens.



All appointments can be viewed and maintained in the *Appointment Schedule* Window.

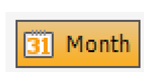
Calendar Views

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 

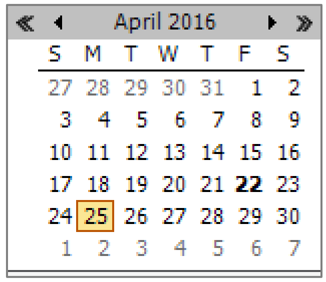
- one week at a time 

- one month at a time 

There is also a **Today** Button. This button will return the user to today's date within the current calendar view.

Calendar Functions

The calendar in the upper, right-hand corner of the *Appointment Schedule* 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.

Hold down the **Left-Click** Button on the mouse on the month displayed to choose a month in a six month range of the current month displayed.

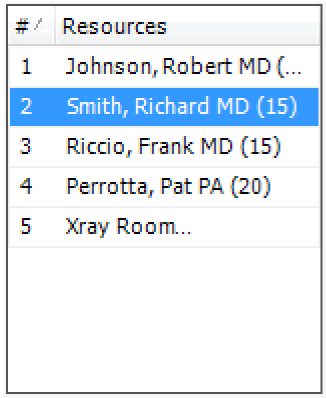
Finally, the double-arrows above the calendar  will move the appointment schedule forward or backward one week at a time.

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

Scheduler allows you to choose which scheduling resources you would like to see in your appointment schedule. The *Resources* List Box also displays the amount of time that equals one-time slot for each resource.



The *Resources* List Box has several viewing options. Each method for 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 multiple resources 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.

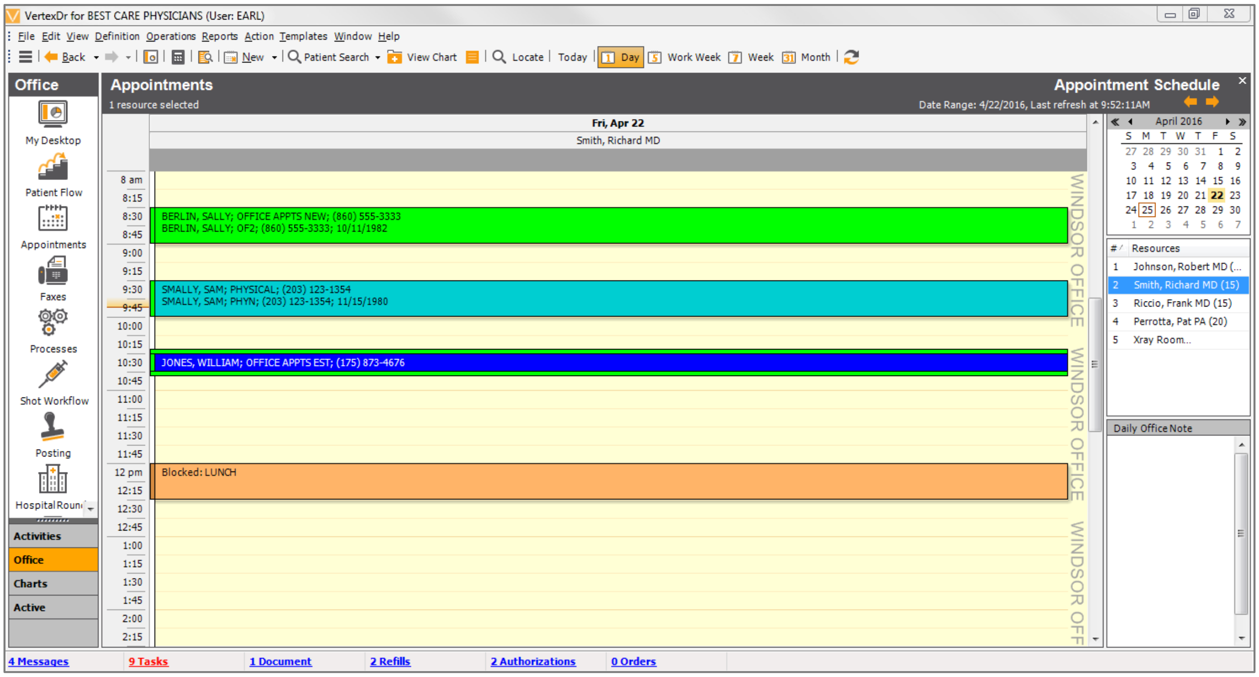
Inserting an Appointment

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 *Appointment Schedule* Window, click on the **Day** Button in the top toolbar. Then, click on the resource in the *Resources* List Box whom you would like to schedule to.

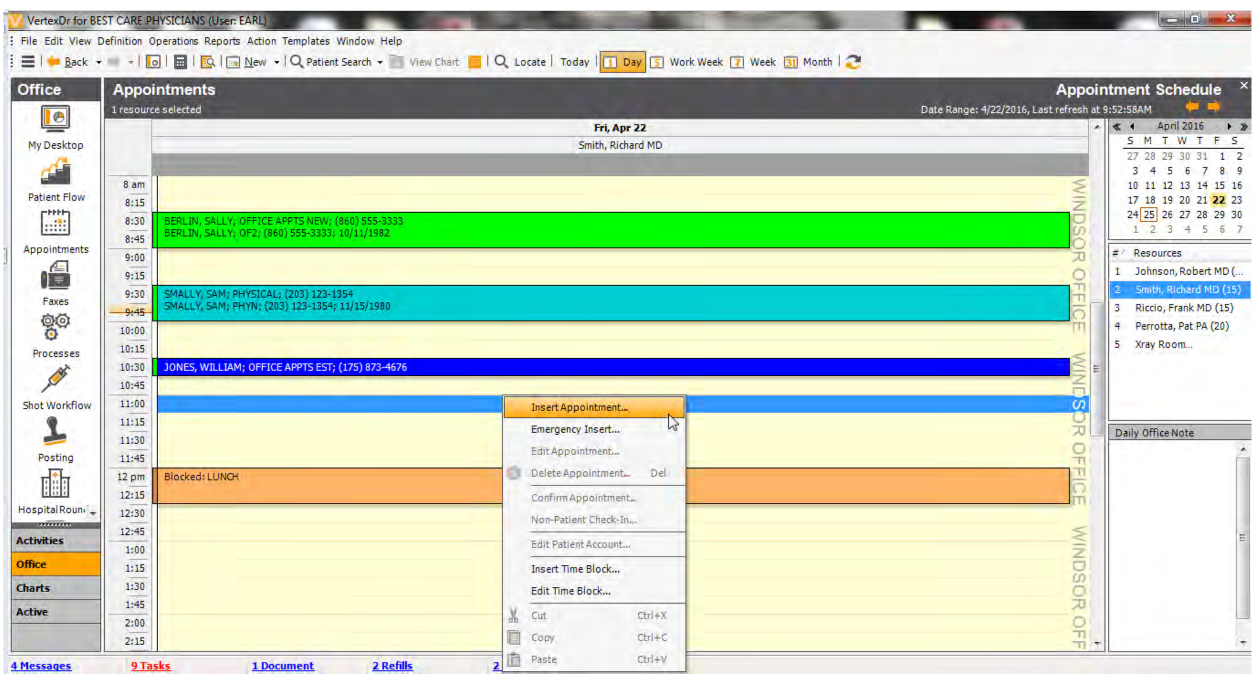
Note: For this tutorial, all of the steps will take place in a one day, one resource view. If the **Day** Button is not selected, select it now.

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:

- **New** Button  - 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 click **Insert Appointment**.

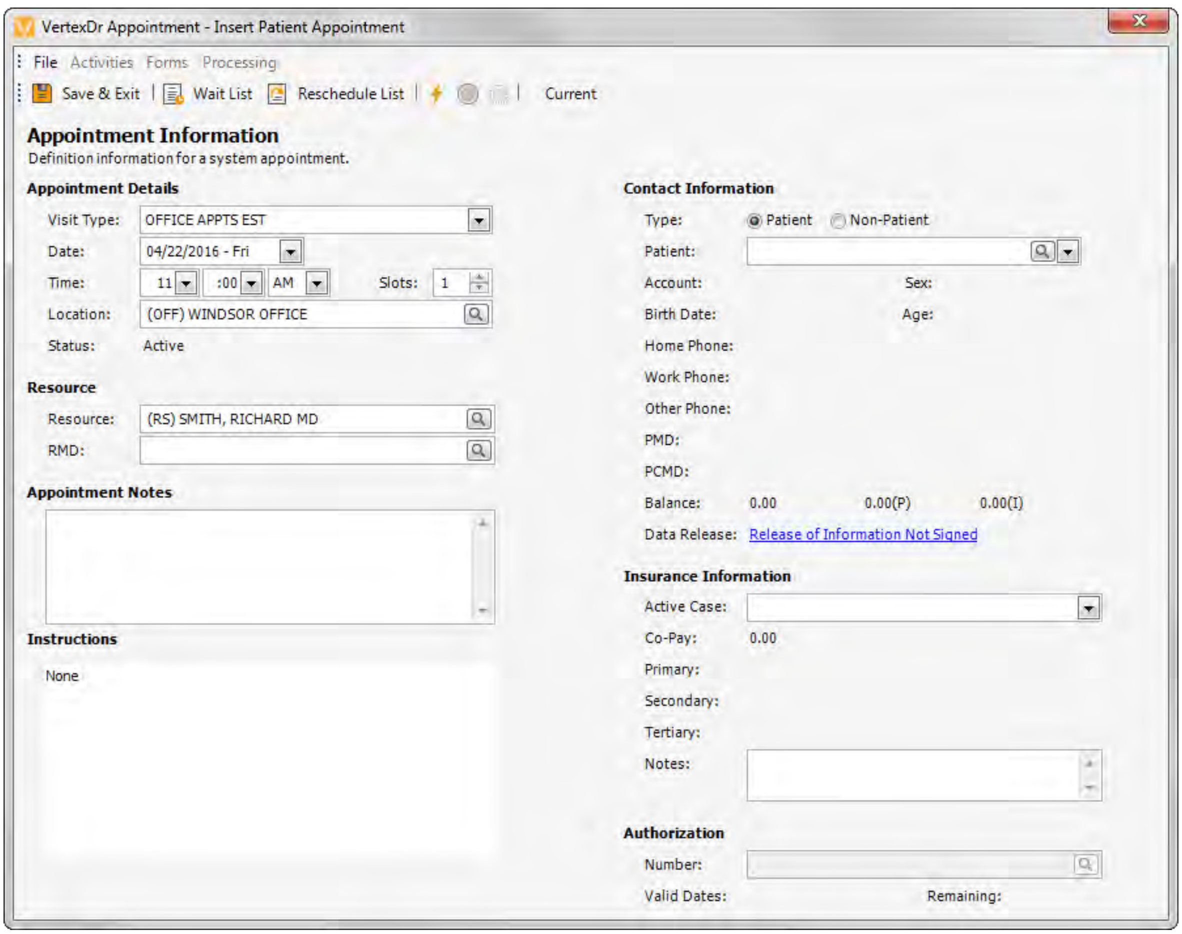


- The *Insert Patient Appointment* Window will open with some of the information already filled in. The following section covers the *Patient Appointment* Window and entering an appointment into the schedule.

The Patient Appointment Window

The *Patient Appointment* 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.

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 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. Click on the **Magnifying Glass** Button next to the *RMD* Field to search for and select a referring provider if needed.
3. The *Appointment Notes* Text Box allows you to enter specific 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 or the reason the patient is coming in.
4. The **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 Search* Table.

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

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

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 *Insert Patient Appointment* Window 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. If the visit pertains to a Worker's Compensation claim, or set of insurance other than the patient's regular medical insurance, the respective case can be selected from the **Active Case** Dropdown.

Note: For more information on creating cases, reference the *Insurance* Section of the *Patient Definition* Chapter in this manual.

8. 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.

9. To save the new appointment, select the **Save & Exit** Button at the top of the window. The *Insert Patient Appointment* 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)

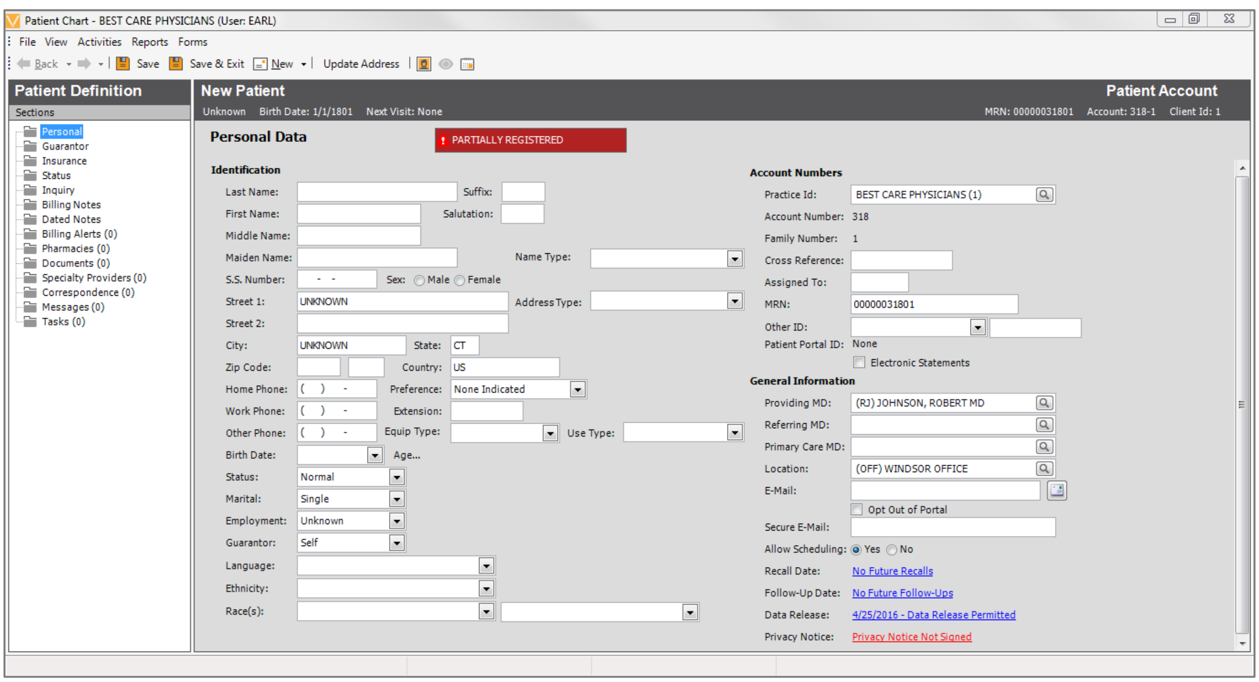
Scheduler allows for appointments to be partially registered if needed. This is helpful when scheduling an appointment for a new patient. Unless otherwise defined by the practice, the system will only require a name, sex, Providing MD, and Location in order to partially register a patient.

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 *Insert Patient Appointment* Window, click the **Magnifying Glass** Button. The *Patient Search Table* Window opens.
2. Select the **Insert** Button. The *Patient Chart* Window will open to the *Patient Definition* Area.

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 Search* Table.



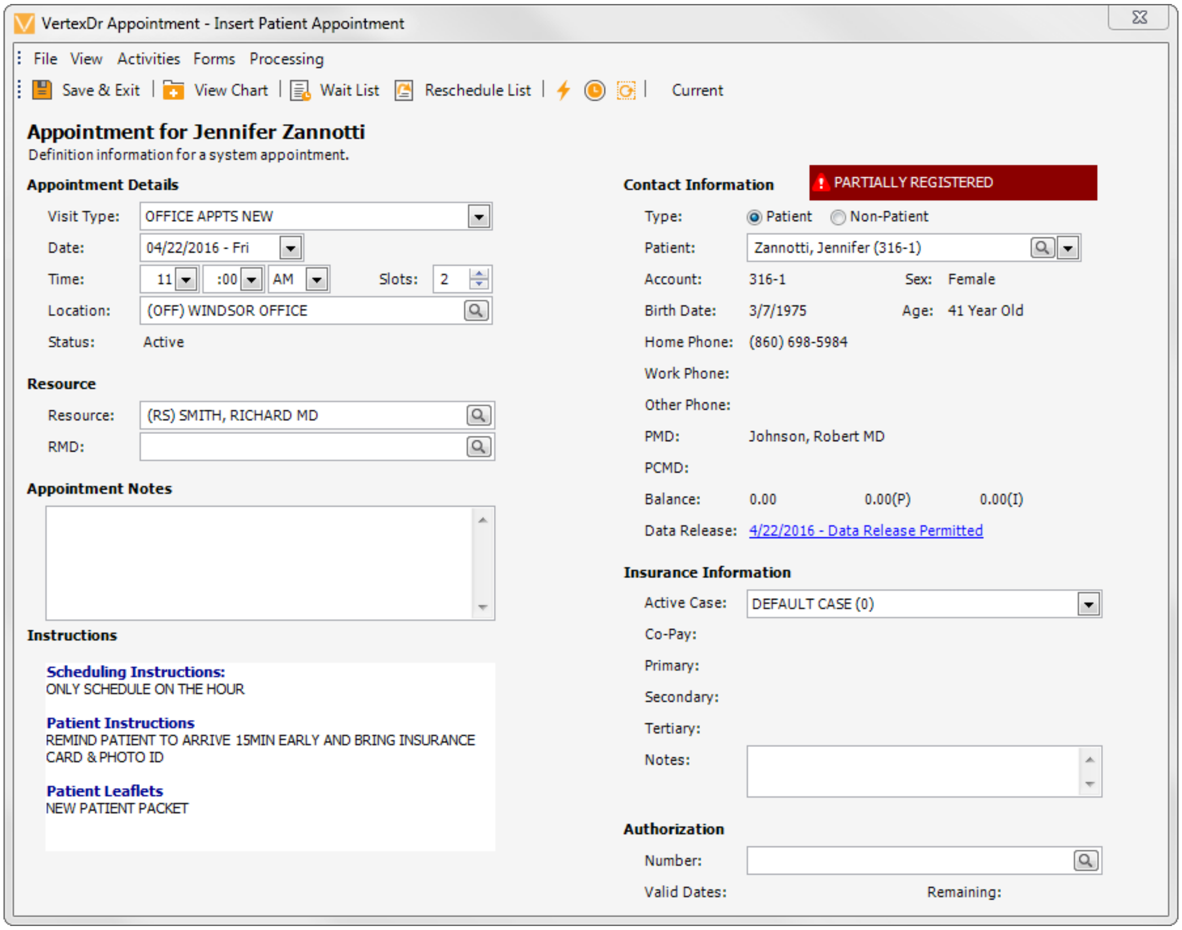
Note: The system will allow access to full Patient Definition, but this section of the handbook will only cover the least amount of information needed to partially register a patient. Full registration will be covered in later sections. Keep in mind that the amount of required information can be changed by the practice. This section of the handbook will only cover 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 search for the patient in the *Patient Search* Table and 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 Search Table* Window will close. The new patient's information will appear in the *Insert Patient Appointment* Window, along with the *Partially Registered* System Wide Patient Alert.

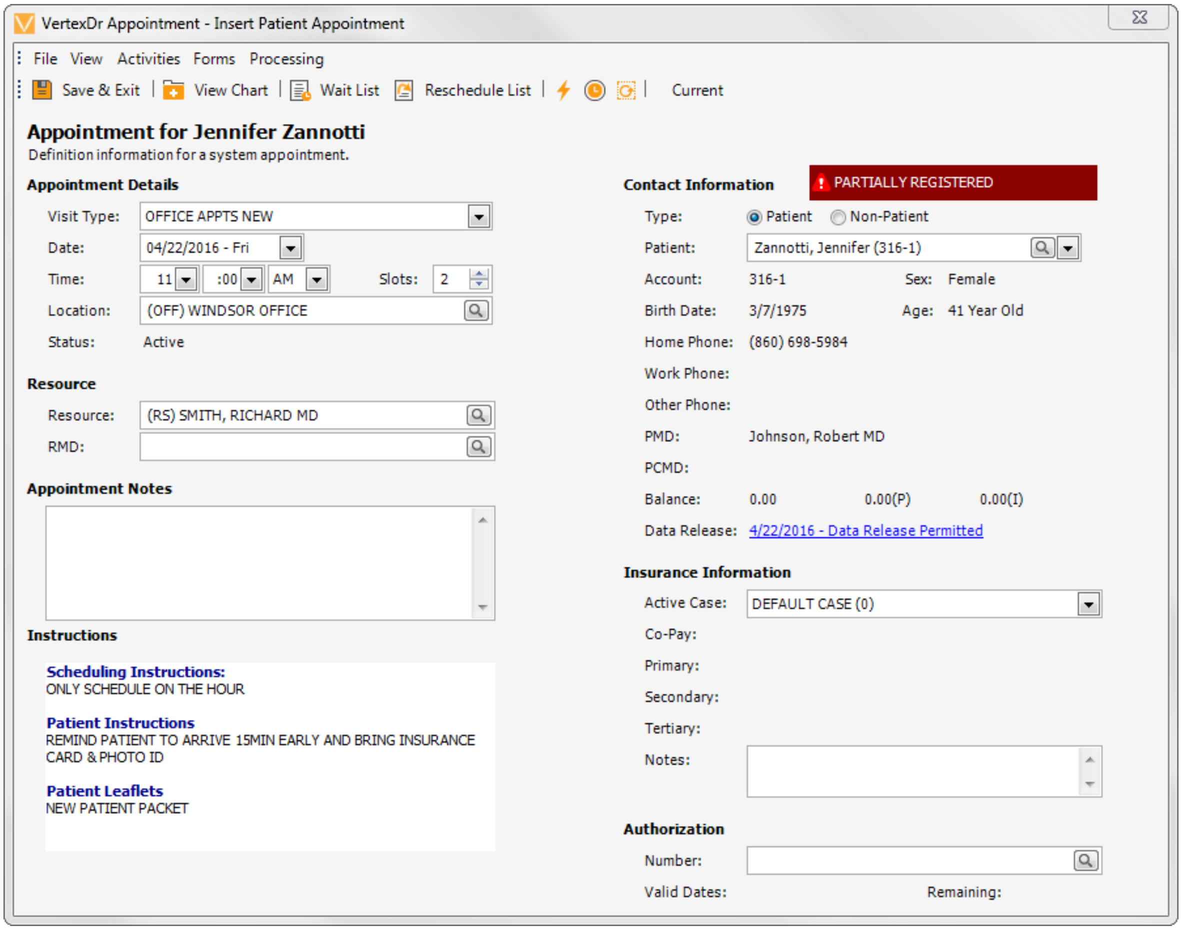


7. To save the appointment for the new patient, select the **Save & Exit** Button.

Changing Appointment Information

Appointment information can be changed directly from the *Appointment Schedule* Window. The system also allows you to change the Appointment Information side of the *Patient Appointment* Window. For auditing purposes, all appointment changes are tracked by the system.

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 *Patient Appointment* Window. Notice that the Contact Information on the right side of the *Patient Appointment* Window 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 as well on the *Appointment Schedule* Window.
- **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

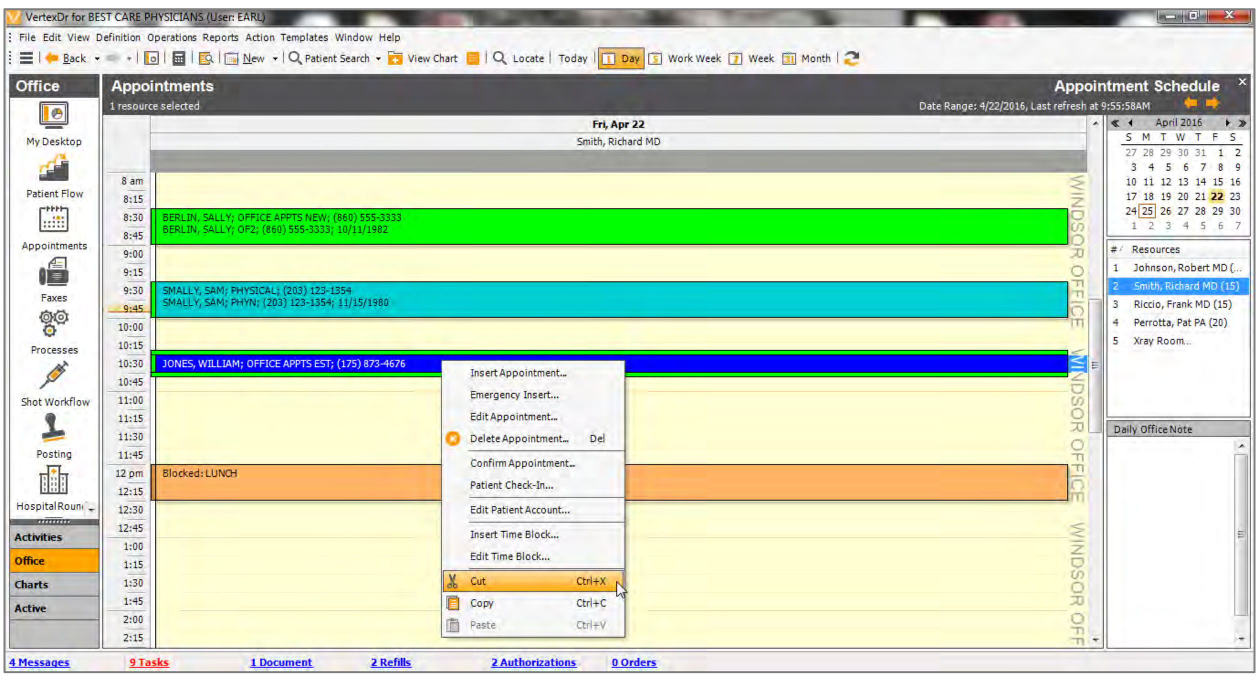
Appointments are moved from within the *Appointment Schedule* Window. The system has two methods of moving appointments: *Cut & Paste*, *Drag & Drop,* and *Copy & Paste*. Both methods allow you to move an appointment to a new day, a new time, a new resource, and a new location.

Cut & Paste an Appointment

Click on the appointment that you would like to move. The edges of the appointment will bold to indicate it has been selected.

1. Once the appointment is selected, right-click on the mouse. The **Right-Click** Menu will appear. Select **Cut** from the menu.

Note: The appointment will remain on the schedule in the original location until the entire process is completed.



2. 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** from the menu.
3. The *Patient Appointment* Window will open. Verify that all of the appointment information is correct. Select 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 drag 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 *Patient Appointment* 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 *Patient Appointment* Window will open. Verify that all of the appointment information is correct. Select the **Save & Exit** Button to confirm. The new appointment is displayed in the *Appointment Schedule* Window.

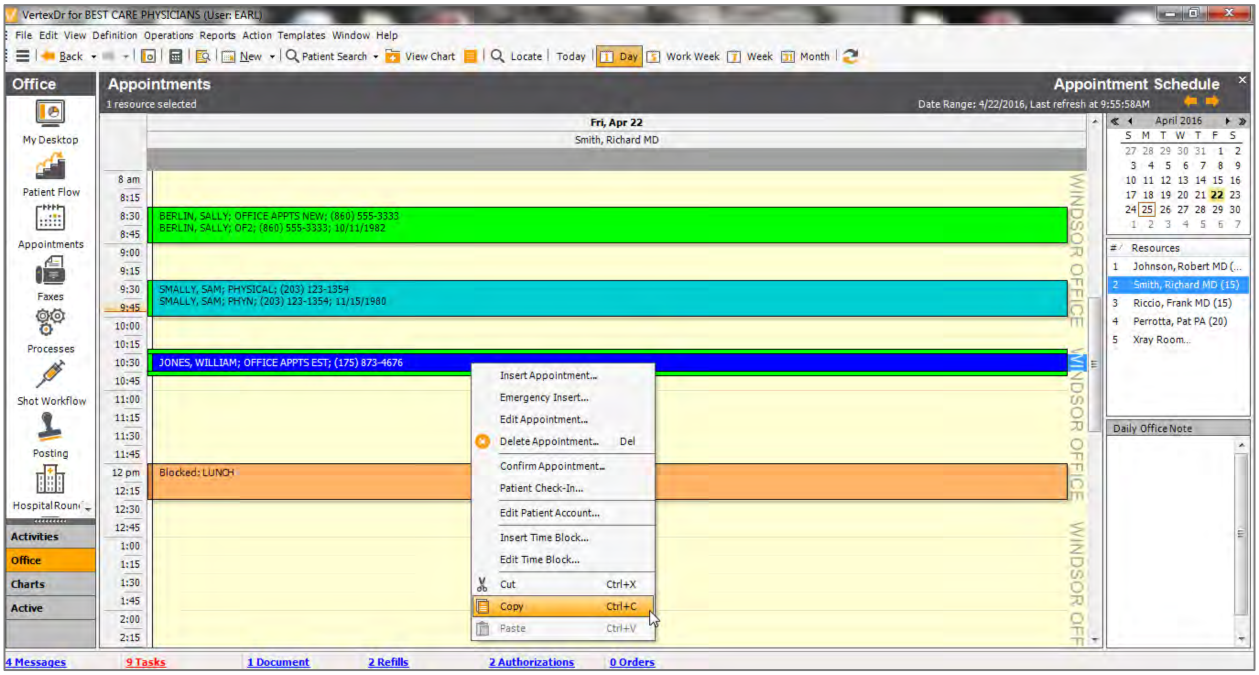
Note: The ability to use the Drag & Drop Feature is a user security. It can be turned on or off for users.

Copy & Paste

The Copy & Paste Feature allows for an appointment to copied from one day on the schedule and pasted on a new day. The Visit Type, Appointment Notes, and Patient from the original appointment are carried forward to the new appointment. To copy and paste an appointment:

1. Once the appointment is selected, right-click on the mouse. The **Right-Click** Menu will appear. Select **Copy** from the menu.

Note: The appointment will remain on the schedule in the original location until the entire process is completed.



2. 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** from the menu.

3. The *Patient Appointment* Window will open. Verify that all of the appointment information is correct. Select 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+C** to copy the appointment, instead of right click to select **Copy** 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.

Double-Booking Appointments

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

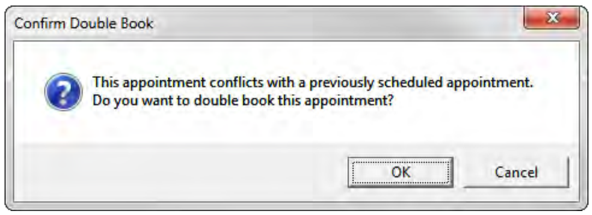
Note: In this section, double-booking will be demonstrated from a one-day view.

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:

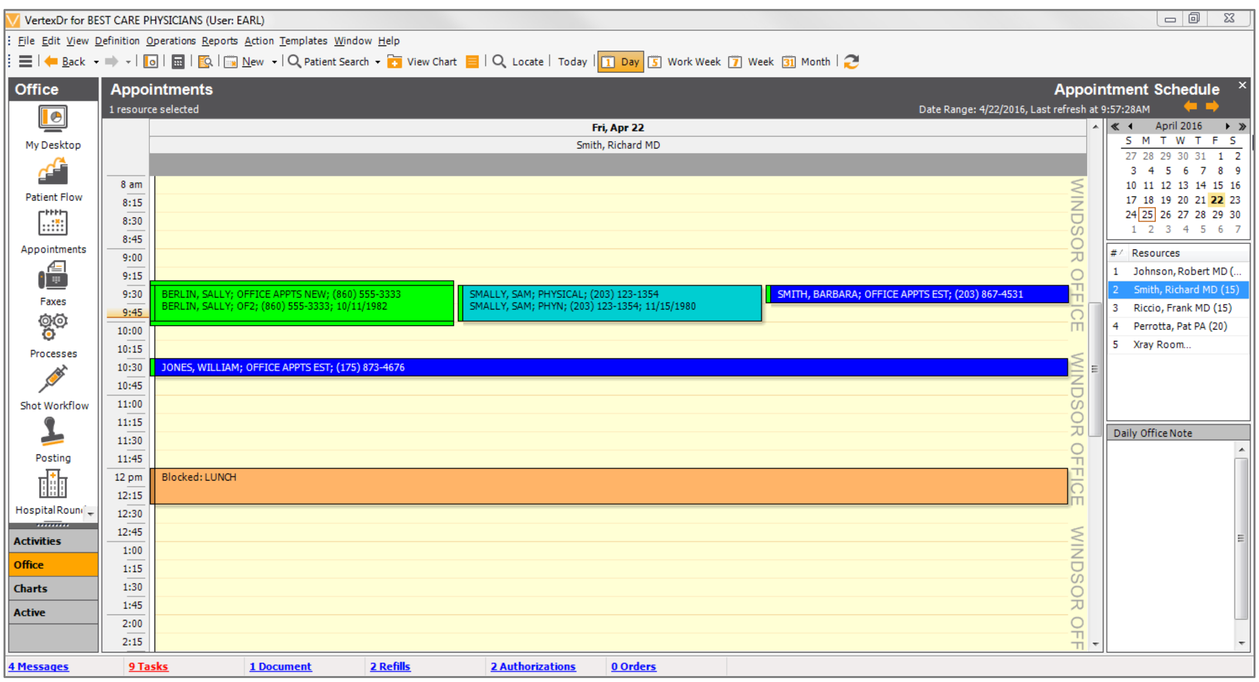
- Click the **New** Button in the Toolbar at the top,
- Right-click on the time slot and select **Insert Appointment**, or
- Double-click in the empty area to the far-right of the appointment(s) already in the selected time slot.

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



4. If the **OK** Button is selected, the *Patient Appointment* Window opens. Enter the appointment information and then click 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.

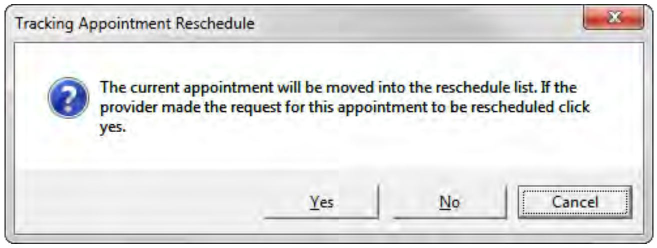


Reschedule List

Appointments for patients who wish to reschedule to a later date can be moved to the Reschedule List. The Reschedule List can allow for quick and easy scheduling when the patient calls back with a desired date.

Move an Appointment to the Reschedule List

1. From the **Status** Dropdown Arrow within the *Patient Appointment* Window, select *Rescheduled.* The Tracking Appointment Reschedule Window will display.

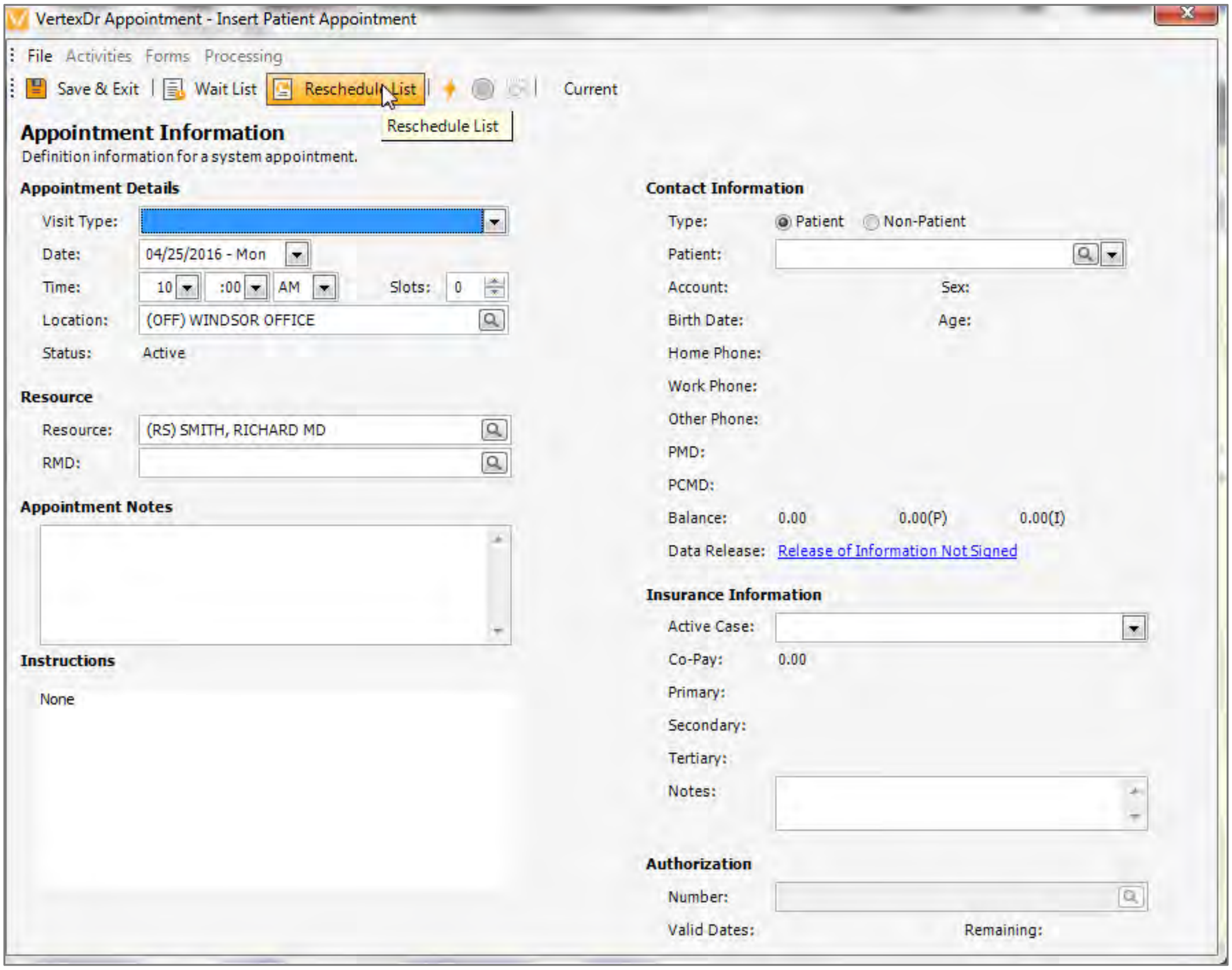


2. Select the **Yes** Button to indicate that the Provider made the request to reschedule. Select the **No** Button to indicate that the patient made the request to reschedule. Select the **Cancel** Button to return to the *Patient Appointment* Window. By selecting either the **Yes** or the **No** Button, the system will remove the current appointment from the *Appointment Schedule* Window and move it to the Reschedule List. This includes any Appointment Notes which were including in the appointment.

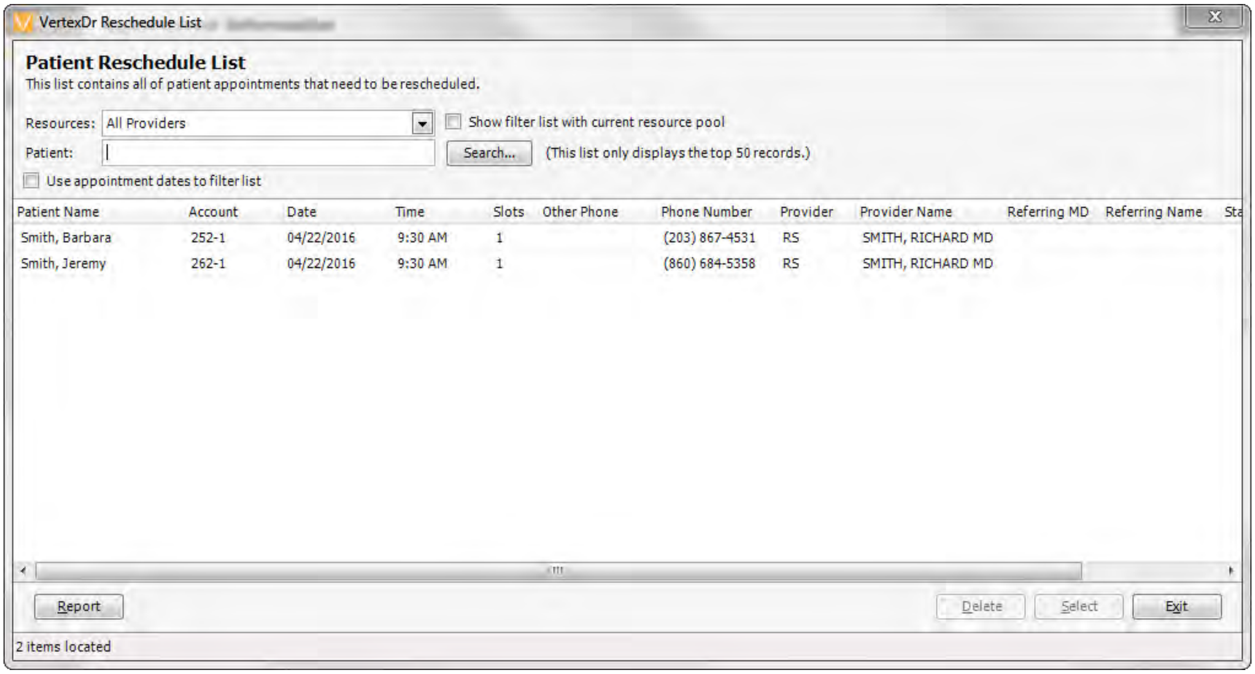
Retrieving an Appointment from the Reschedule List

To retrieve an appointment on the Reschedule List from within the *Patient Appointment* Window:

1. From within the *Insert Patient Appointment* Window, select the **Reschedule List** Button.


VertexDr Appointment - Insert Patient Appointment
File Activities Forms Processing
Save & Exit
Wait List
Reschedule List
Current
Reschedule List
Appointment Information
Definition information for a system appointment.
Appointment Details
Visit Type:
Date: 04/25/2016 - Mon
Time: 10 :00 AM
Slots: 0
Location: (OFF) WINDSOR OFFICE
Status: Active
Resource
Resource: (RS) SMITH, RICHARD MD
RMD:
Appointment Notes
Instructions
None
Contact Information
Type: Patient Non-Patient
Patient:
Account:
Sex:
Birth Date:
Age:
Home Phone:
Work Phone:
Other Phone:
PMD:
PCMD:
Balance: 0.00 0.00(P) 0.00(I)
Data Release: Release of Information Not Signed
Insurance Information
Active Case:
Co-Pay: 0.00
Primary:
Secondary:
Tertiary:
Notes:
Authorization
Number:
Valid Dates:
Remaining:

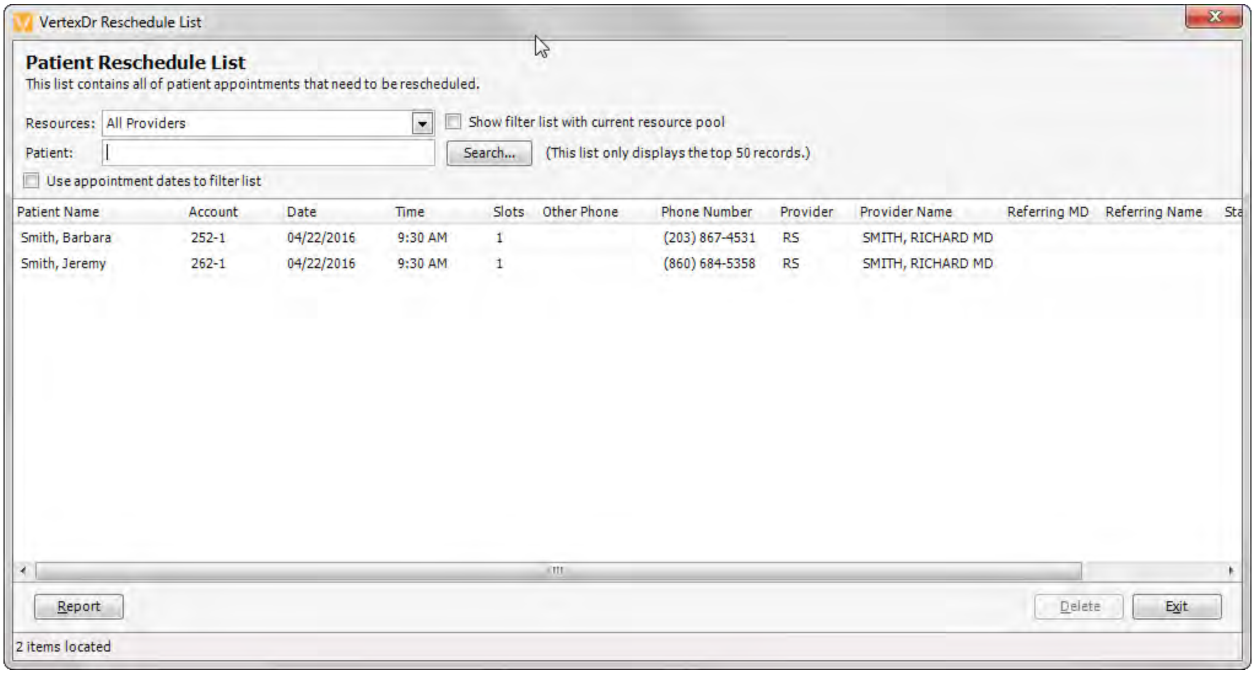
The *Reschedule List* Window opens.



2. Highlight the desired appointment line item from the table, and then click the **Select** Button.
3. The *Patient Appointment* Window will be automatically populated with all of the information from the original appointment, including the Appointment Notes.
4. Select the **Save & Exit** Button to save the rescheduled appointment. The patient will be removed from the Reschedule List.

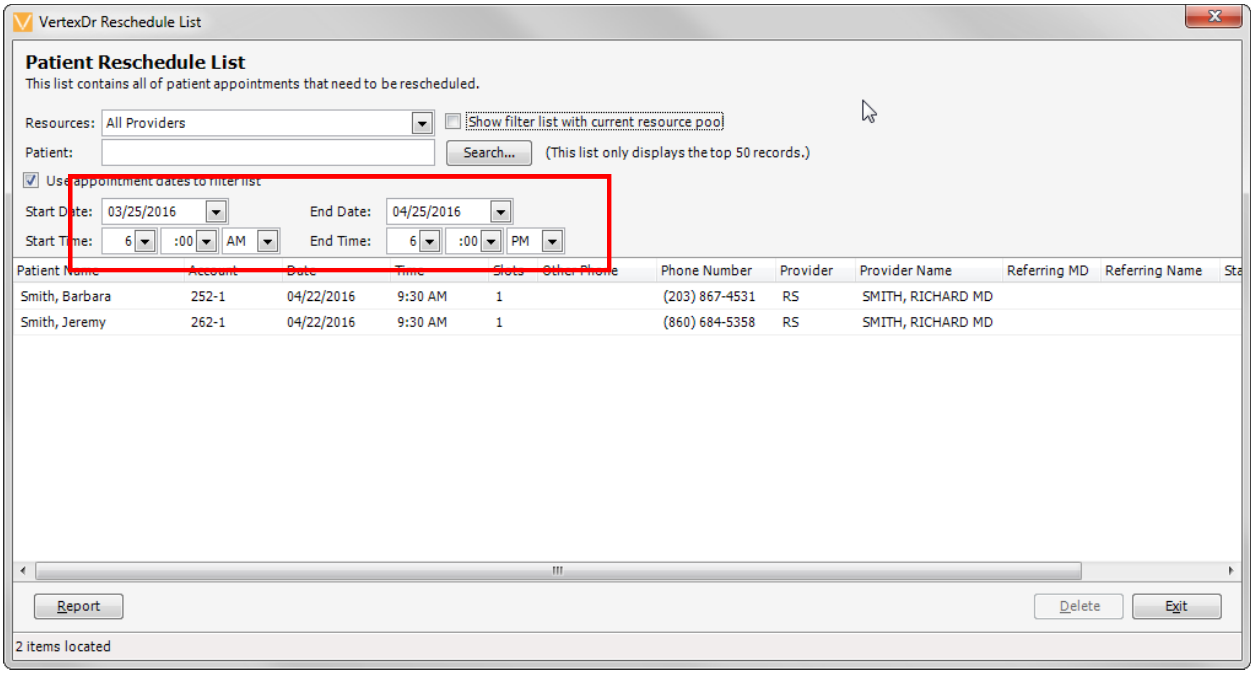
View the Reschedule List

1. Select the **Action** Menu, and then select **Reschedule List**. The *Reschedule List* Window displays.



2. The **Resources** Dropdown Arrow can be used to filter the list for specific providers. The Reschedule List defaults to **All Providers**.
3. The *Patient* Field can be used to locate a specific patient on the Reschedule List. If searching for a specific patient, type in the patient's Last name, First Name (or a combination of the first and last name or just the last name) and then click the **Search** Button.

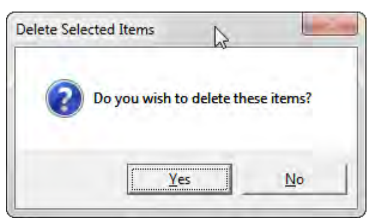
4. Select the **Use appointment dates to filter list** Checkbox to search for appointments that had an original appointment date within the specified date range.



5. Click the **Search** Button to filter the list by the defined criteria.
6. Click the **Report** Button to print the Reschedule List if desired.

Maintaining the Reschedule List

The Reschedule List must be maintained in order to ensure that it can be used effectively. Appointments can be removed from the Reschedule List by simply highlighting the line item and then clicking the **Delete** Button. The *Delete Selected Item* Message displays.



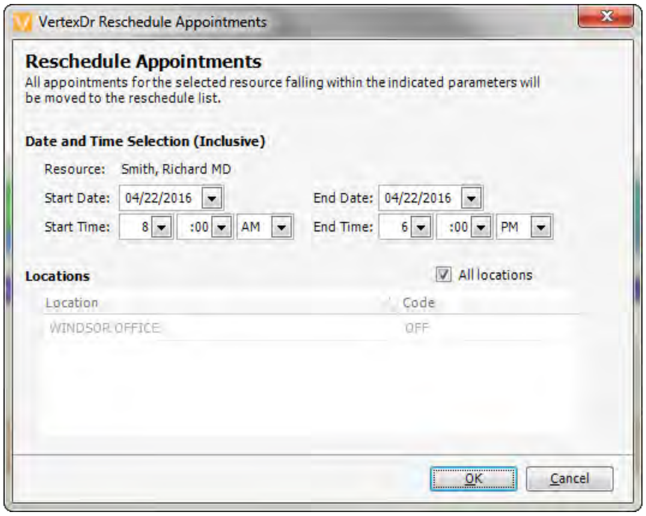
Click the **Yes** Button to remove the appointment from the Reschedule List. Click the **No** Button to return to the Reschedule List without deleting the selected appointment.

Reschedule a Whole Day

The Reschedule List can also be used to reschedule appointments for an entire day or a portion of a day.

To reschedule a whole day:

1. From the *Appointment Schedule* Window, select the **Action** Menu, and then select *Reschedule Whole Day*. The *Reschedule Appointments* Window opens.



2. Select the day, or days, you wish to reschedule by setting the **Start Date** and **End Date**.
3. Select the time of day you wish to reschedule by setting the **Start Time** and **End Time**.

Note: The **Start Date** and **End Date** will default to the day the cursor was highlighted on within the *Appointment Schedule* Window. The **Start Time** and **End Time** will default to the broadest times the practice is open on the defined day(s).

4. Select a location from the *Locations* Area, if needed, by unselecting the **All Locations** Checkbox and then highlighting the desired location(s). The *Reschedule Appointments* Window will be defaulted to **All Locations**.

Note: To select multiple locations, hold down the **Ctrl** Key on the keyboard and then click on the desired locations.

5. Click the **OK** Button to finalize the reschedule. All of the appointments within the defined parameters will be removed from the Appointment Schedule Window and placed on the Reschedule List.
6. To retrieve the appointments for scheduling, refer to the *Retrieving an Appointment from the Reschedule List* Section of this manual.

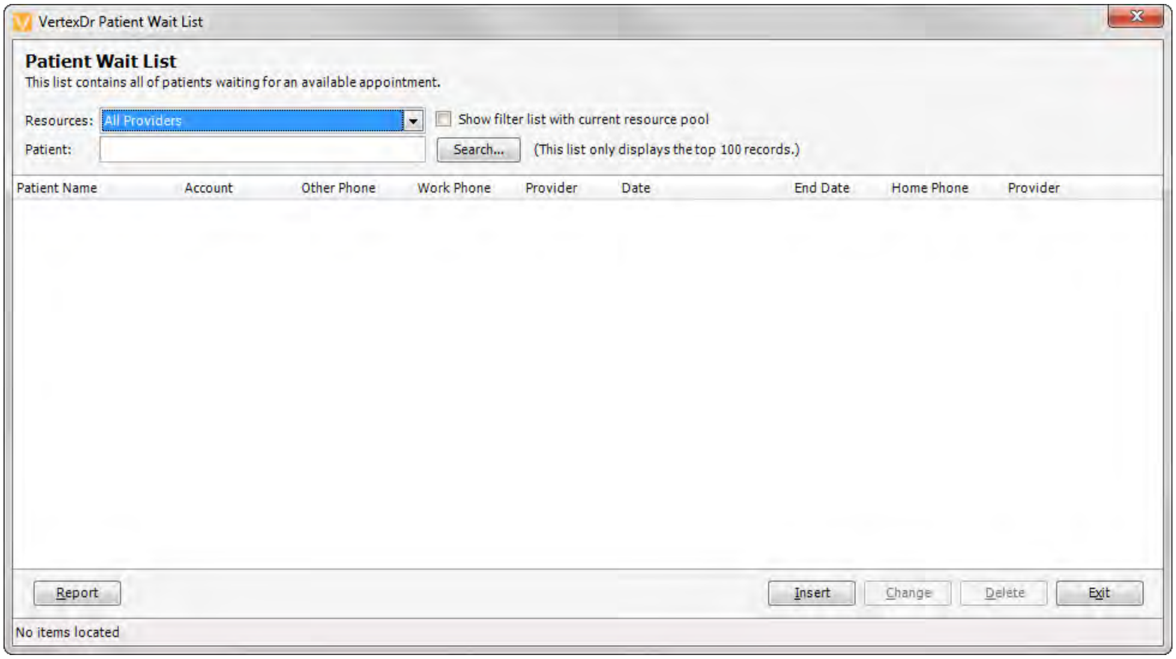
Wait List

The Wait List can be used to track and schedule patients who would like a next available time slot. Depending on the practice's parameter settings, when an existing appointment is cancelled, the Wait List can open displaying the patients whose desired appointment matches the newly available time slot.

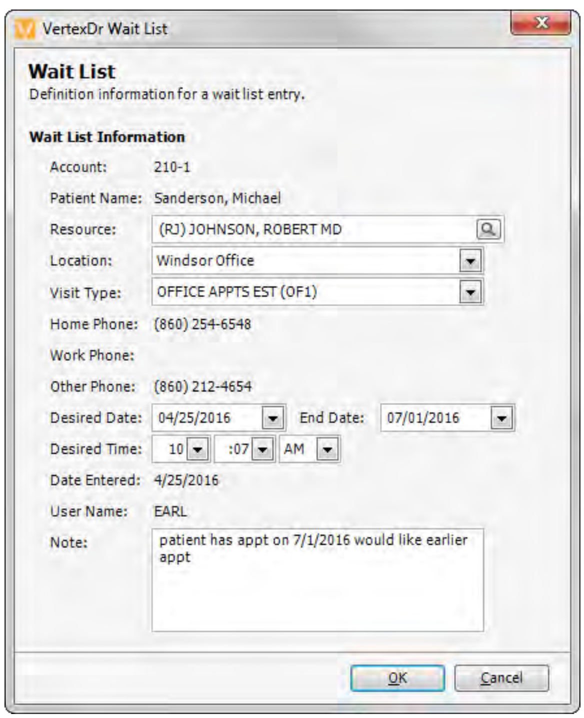
Adding a Patient to the Wait List

To add a patient to the waitlist:

1. From the **Action** Menu, select **Wait List**. The *Patient Wait List* Window opens.



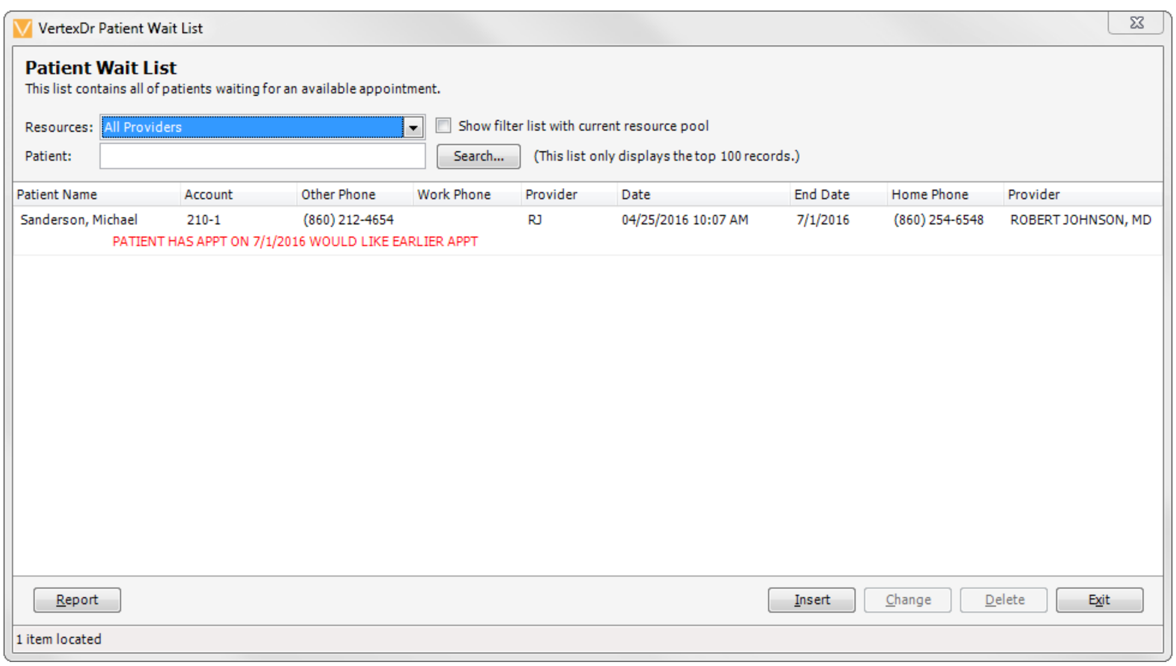
2. Click the **Insert** Button to search for and select a patient to add to the Wait List. Once a patient is selected, the *Wait List* Window opens.



3. Set up the *Wait List* Window to reflect the patient's desired appointment.
    - Select the provider or resource the patient would like to see from the **Resource** Dropdown Arrow.
    - Select the location where the patient would like to be from the **Location** Dropdown Arrow.
    - The **Desired Date** will default to today's date. If necessary, this date can be changed. The **End Date** can be used to maintain the Wait List. For example, if the patient has an appointment on January 5, 2011 and would like to be seen sooner, set the **End Date** to January 4, 2011. Whoever maintains the Wait List will know that after January 4, 2011, if this patient is still on the Wait List, they can be removed.

Note: The system will not automatically remove patients from the Wait List based on the end date. Patients on the Wait List must be manually removed when necessary. The **End Date** is not required by the system. If used, it should serve as a visual queue to the practice.

- The **Desired Time** will default to the time the **Insert** Button was clicked.
- Notes can be added to the *Notes* Area to indicate if the patient has a future appointment, what the patient needs to come in for, or any other pertinent information. Any notes added to the *Notes* Area will be added to the *Appointment Notes* when the appointment is selected from the Wait List.
- When finished, click the **OK** Button. The wait listed patient, as well as any entered notes will be visible in the *Patient Wait List* Window.



- Click the **Exit** Button to exit the *Patient Wait List* Window.

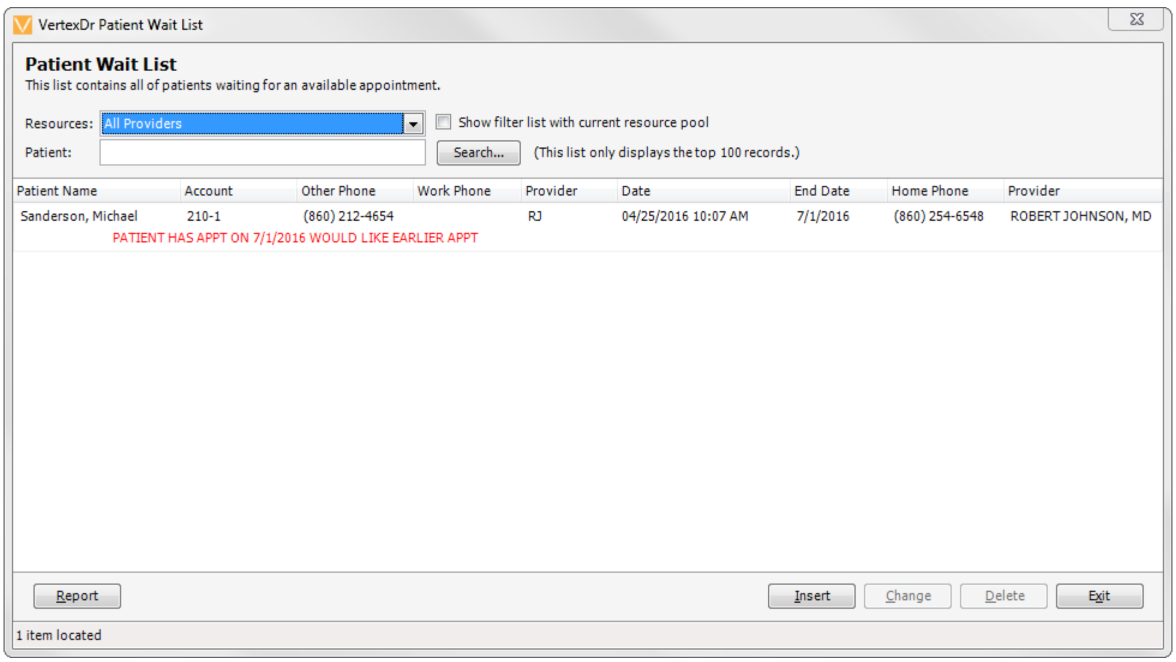
Selecting a Patient from the Wait List

Patients who are on the Wait List can be scheduled by either selecting the patient from the Patient Wait List when an existing appointment is cancelled or by from the **Wait List** Button within the *Patient Appointment* Window.

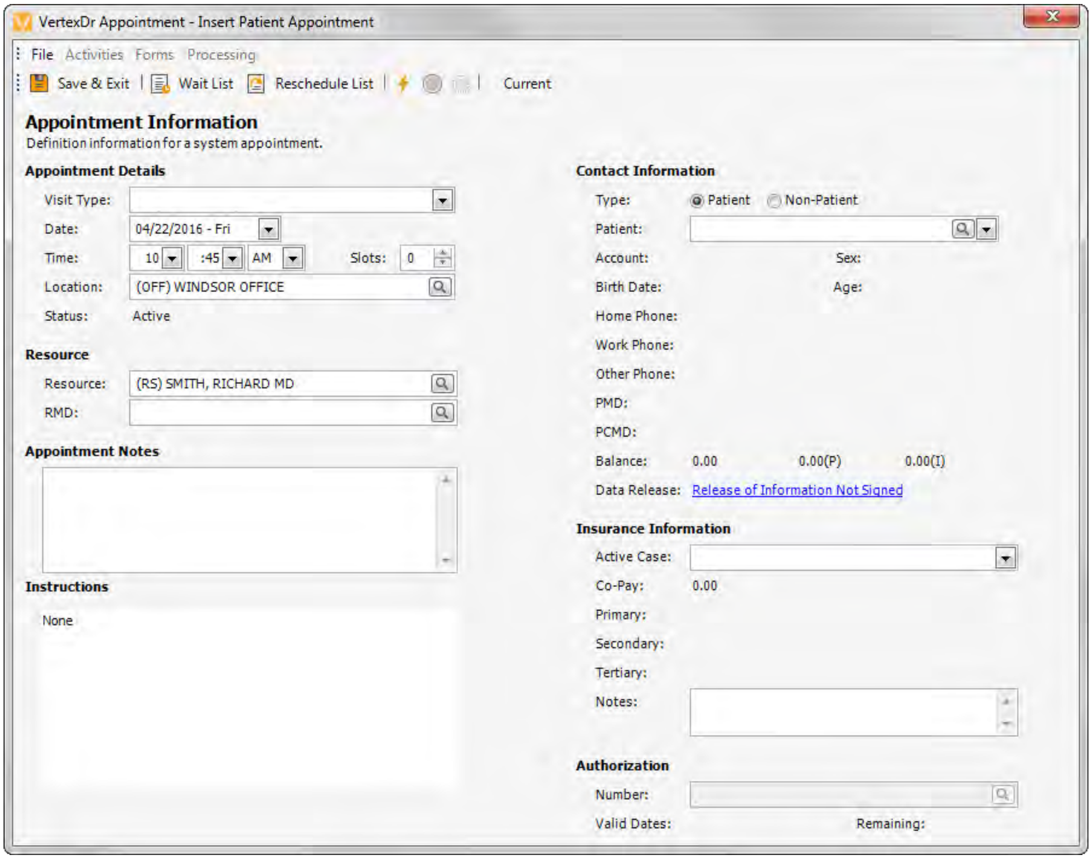
Scheduling from a Cancelled Appointment

1. From the Appointment Schedule Window, if an existing appointment is marked to a status of *Cancelled*, the *Patient Wait List* Window can open. The *Patient Wait List* Window will display any patients whose desired appointment information (**Resource**, **Location**) matches that of the cancelled appointment.

Note: The option for the *Patient Wait List* Window to display when an appointment is cancelled is an Appointment Parameter setting. For more information on activating this feature, see the *Parameters* Section of the Manager's Manual.



2. From the *Patient Wait List* Window, highlight the desired patient and then click the **Select** Button. The *Insert Patient Appointment* Window will open.



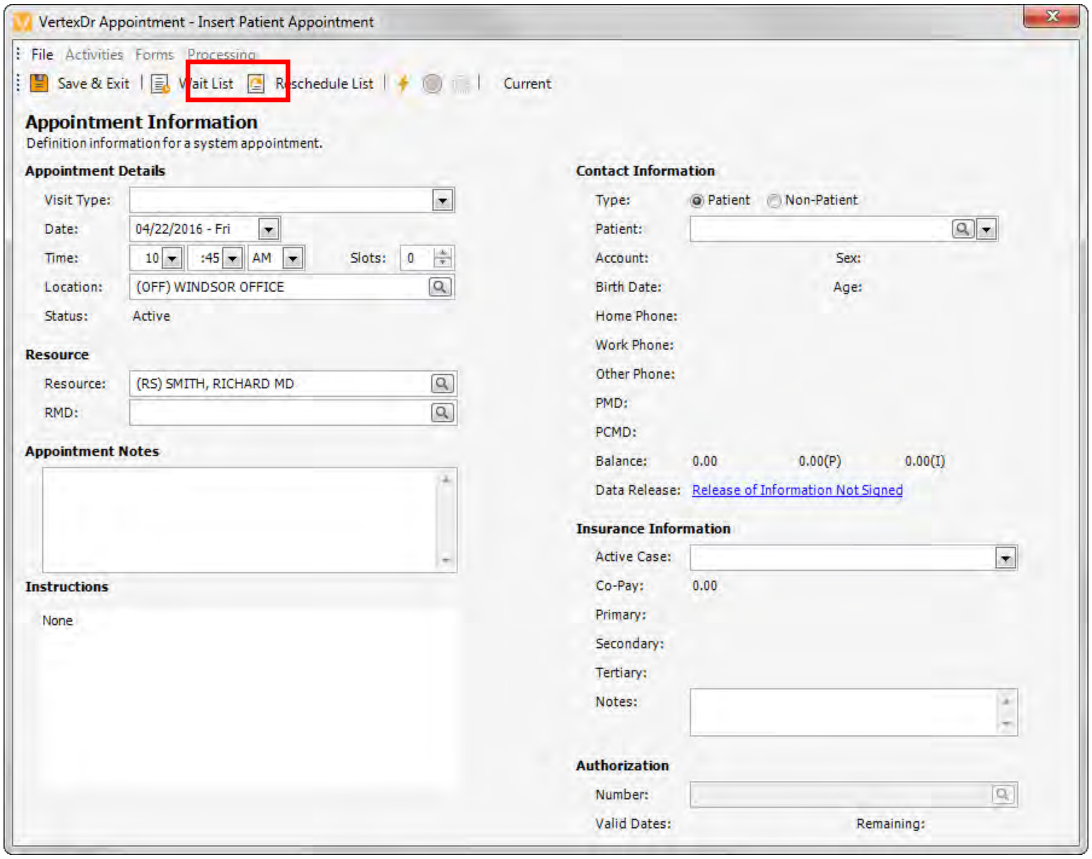
All information entered in the Wait List (including the notes) will be automatically added to the *Patient Appointment* Window.

3. Select the appropriate Visit Type, and then click the **Save & Exit** Button. The new appointment will be added to the *Appointment Schedule* Window.

Note: The practice will want to be sure to call the patient prior to pulling them off of the Wait List and into the available time slot.

Scheduling from the Insert Patient Appointment Window

1. From the *Insert Patient Appointment* Window, select the **Wait List** Button.

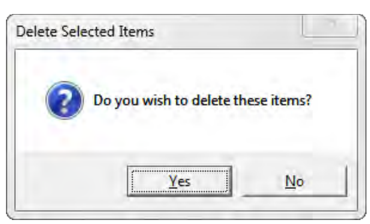


2. Follow Steps 2 and 3 of the *Scheduling from a Cancelled Appointment* Section (above).

Maintaining the Wait List

Removing Patients from the Wait List

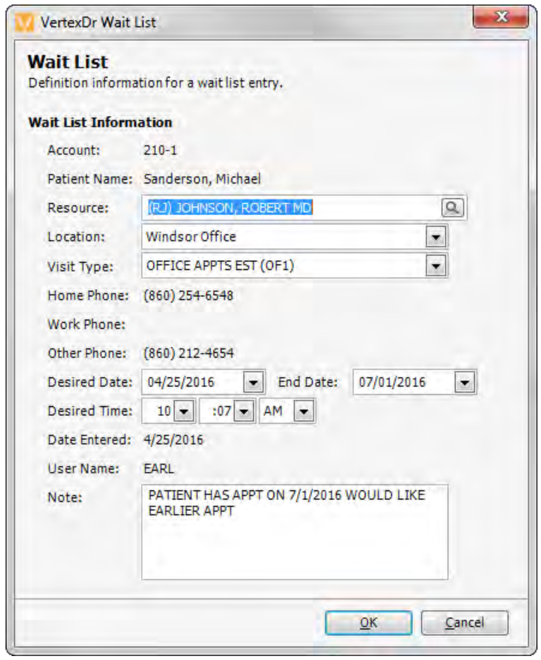
Similar to the Reschedule List, the Wait List must be maintained in order to ensure that it can be used effectively. To access the Wait List, select *Wait List* from the **Action** Menu. Patients can be removed from the Wait List List by simply highlighting the line item and then clicking the **Delete** Button. The *Delete Selected Item* Message will display.



Click the **Yes** Button to remove the patient from the Wait List. Click the **No** Button to return to the *Patient Wait List* Window without deleting the selected patient.

Editing Patients on the Wait List

Patients on the Wait List can be edited by highlighting the desired patient in the List Box and then clicking the **Change** Button. The *Wait List* Window displays. All information can be changed if necessary and additional notes can be added or removed.



When finished, click the **OK** Button to exit the *Wait List* Window. Then click the **Exit** Button to exit the *Patient Wait List* Window.

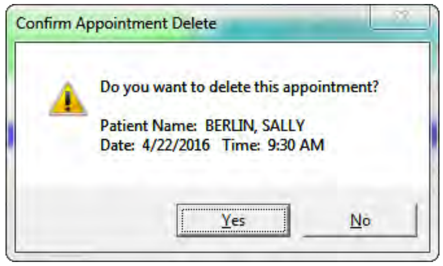
Deleting an Appointment

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 *Patient Appointment* Window, from the **Right-Click** Menu or the **Delete** Key on the keyboard.

Deleting an Appointment from the Appointment Schedule Window

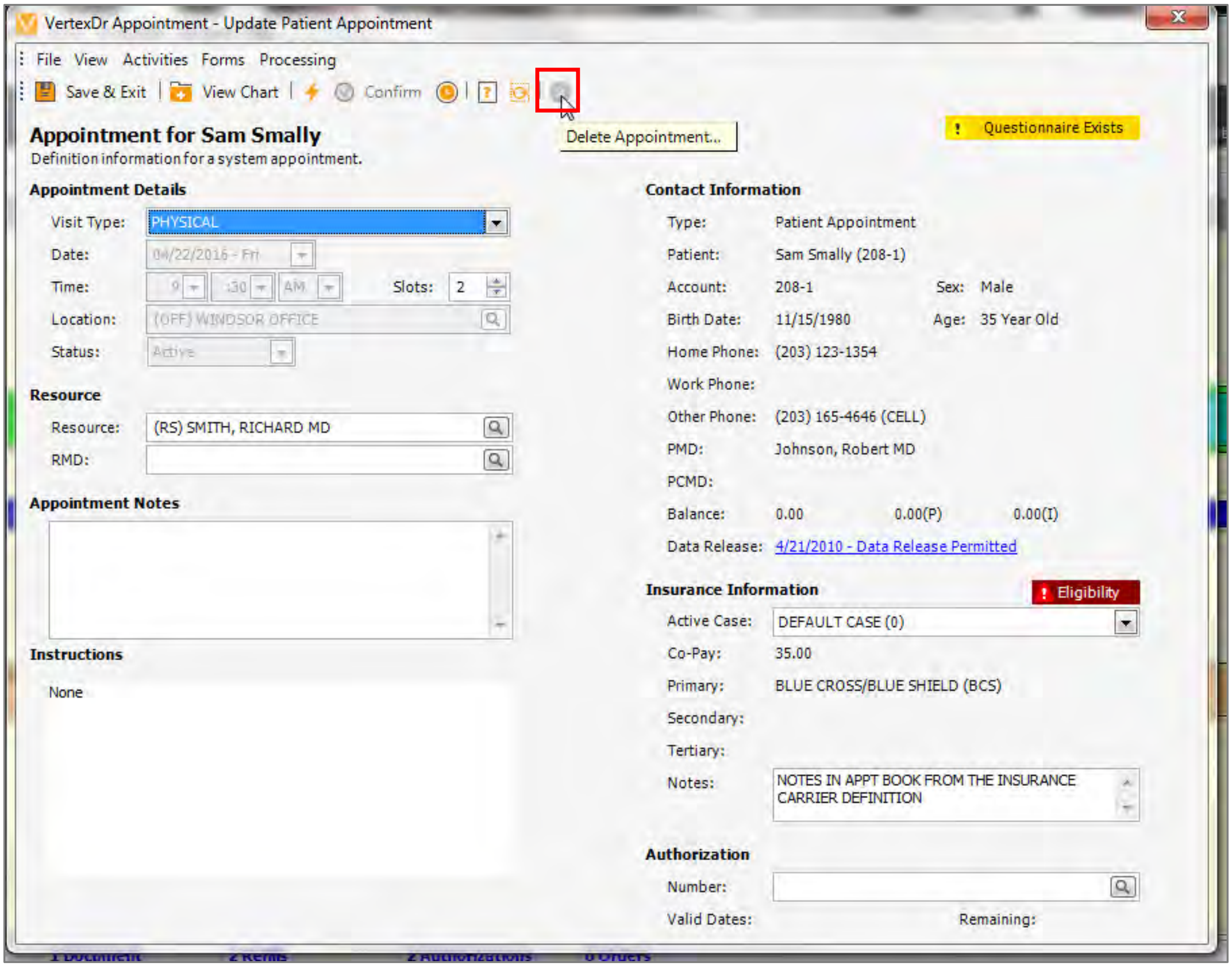
The easiest way to delete an appointment is to simply highlight the appointment you would like to delete, and then click the **Delete** Key on the keyboard.

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 Schedule* Window.



Deleting an Appointment from the Patient Appointment Window

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 *Patient Appointment* 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 *Patient Appointment* Window.

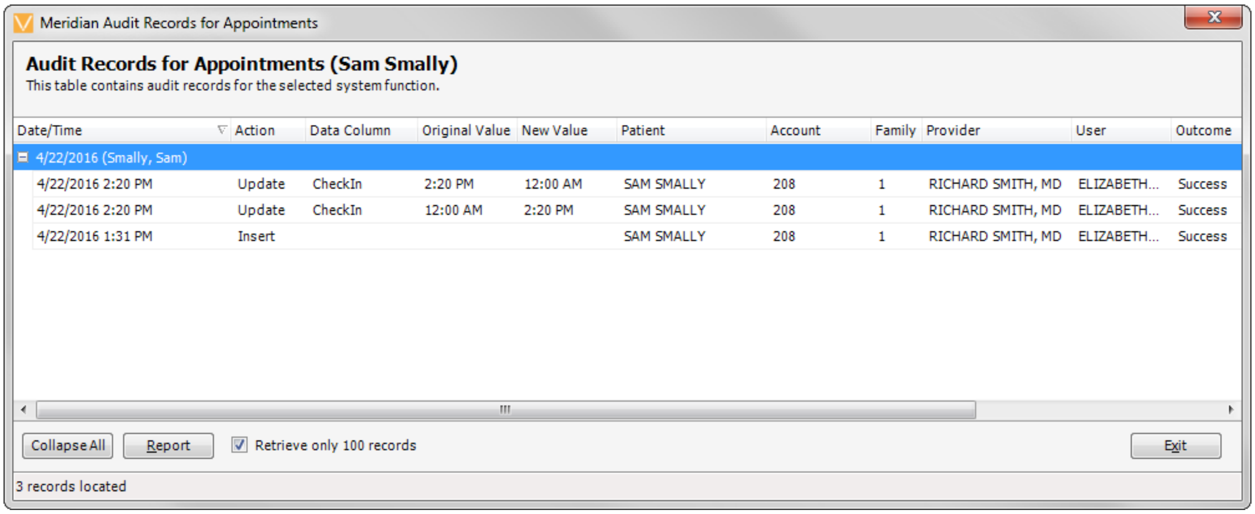
Deleting an Appointment from the Right-Click Menu

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.

Viewing Appointment Changes

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 *Patient Appointment* Window opens.
2. From the **View** Menu in the top Toolbar, select **Appointment Changes**. The *Audit Records for Appointments* Window opens.



The *Audit Records 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.

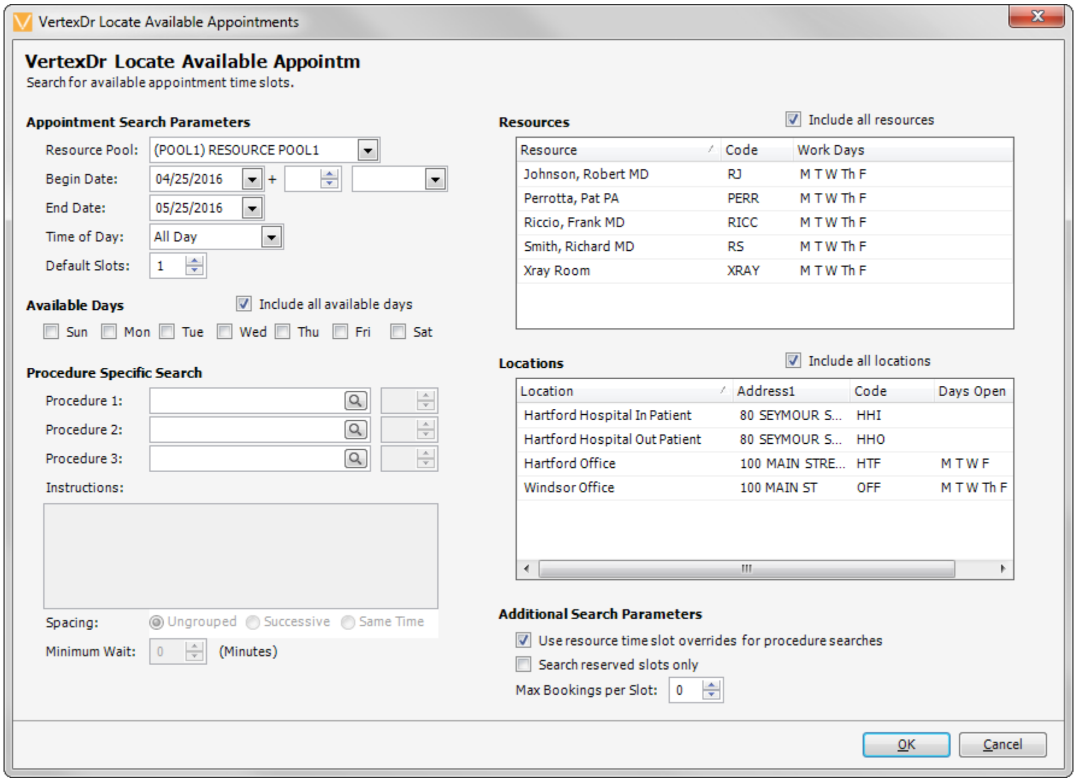
Note: During the appointment reschedule process, the system will ask you who requested the reschedule. You can select **Yes** (meaning that the provider made the request) or **No** (meaning that the patient made the request). This information appears in the *New Value* Column.

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

Locating an Available Appointment Time

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, visit types, providers, provider pools, and locations.

1. From the *Appointment Schedule* Window, click the **Locate** Button. The *Locate Available Appointments* Window opens.



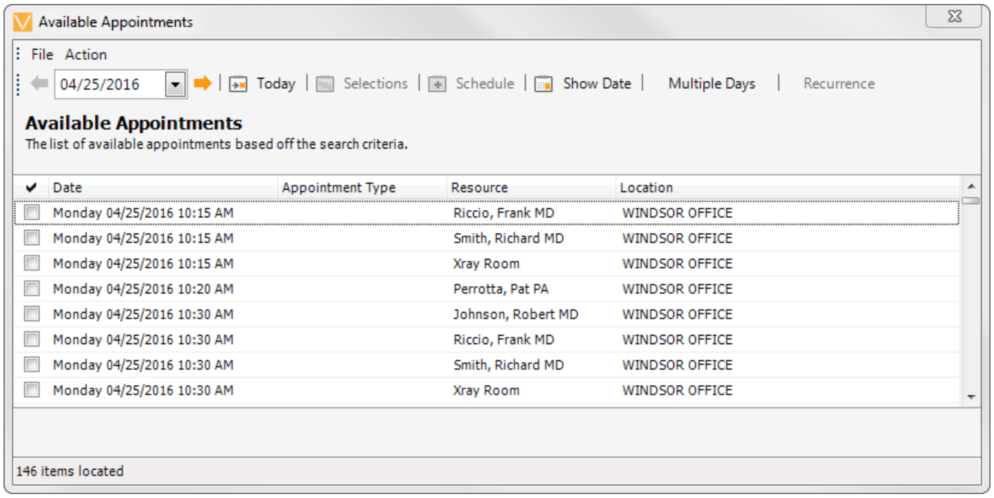
2. The *Resource Pool* Field allows you to select a group of providers and equipment for a search. Resource Pools allow you to group similar providers and equipment for appointment viewing and searching. The system will only search for available appointments for the resources listed in that resource 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 then select **Month(s)** from the Dropdown. 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. The end date can be manually changed to a specific end date if necessary.
5. The **Time of Day** Dropdown 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.

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.

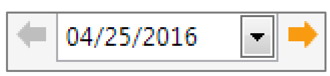
8. The **Resources** List Box allows you to select certain providers and equipment for the search. The **Include All Resources** Checkbox tells the system to conduct the search with all of the resources in the list box. To select individual providers and equipment, simply click on them. To select multiple resources, hold the **Control** Key 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 down the **Control** Key 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. If it's okay to double-book this appointment, the *Max Bookings per Slot* Field can be used. In this example, the system will display time slots that have no appointments already scheduled as well as time slots with one appointment already scheduled.
12. To locate the available appointment time slots, click the **Search** Button. All available time slots will appear in the *Available Appointments* Window.



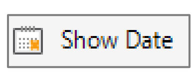
Note: Available appointments will display in a *teal* color to indicate that they are open, but reserved for a specific visit type. The appointments that are not highlighted can be used for any visit type. If the **Search Reserved Slots Only** Checkbox was checked, all available appointments will display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

13. Select the desired available appointment by clicking the checkbox, and then click the **Schedule** Button. The *Patient Search* Table opens. Search for and select the patient. The *Patient Appointment* Window opens. From there, follow the normal steps to completing the appointment and click **Save and Exit**.

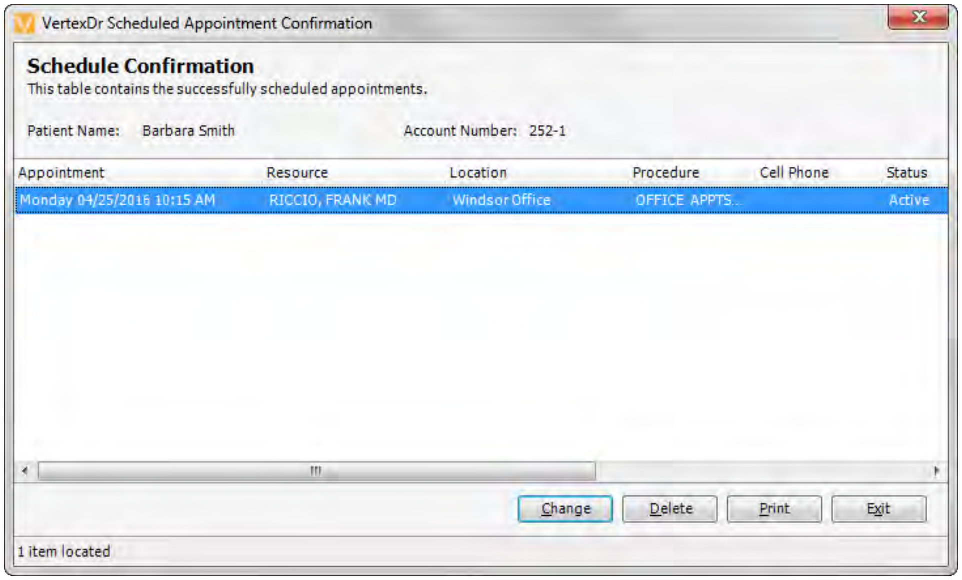
    - Use the **Back** or **Forward** Arrow Buttons to search through the available appointments until an appointment that works for the patient is found. The **Calendar** Dropdown can be used to select a specific date from the calendar.

    - 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.

14. The *Scheduled Appointment Confirmation* Window opens. This can be printed and handed to the patient as a reminder.



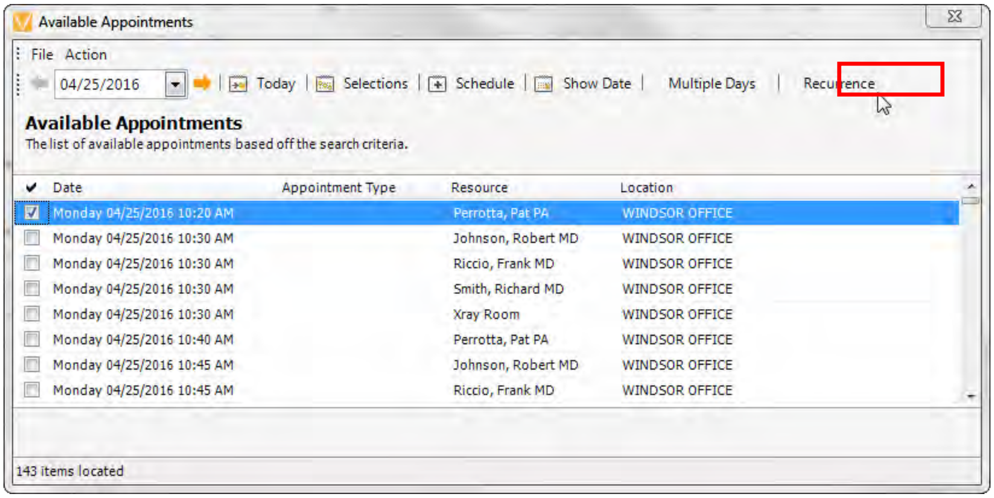
Placing Appointments in a Recurring Group Structure

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.

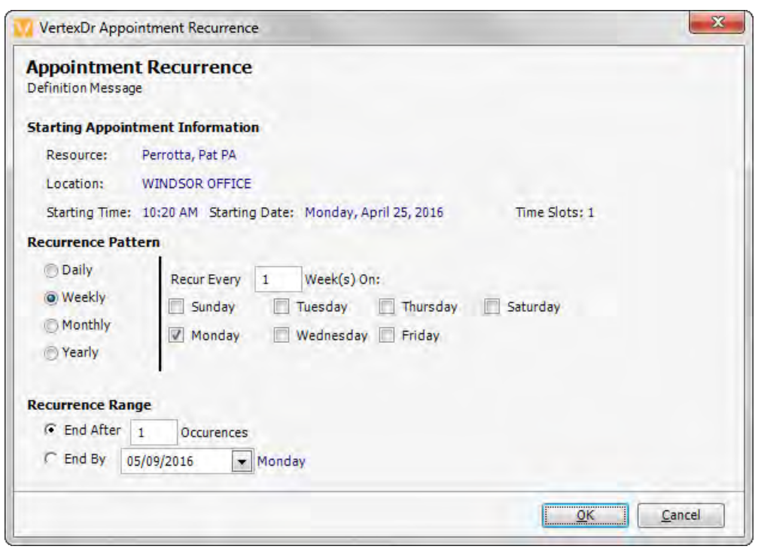
Note: It is recommended that you select a procedure. If the *Procedure* Field is left blank, you will be required to select a visit type for each appointment in the recurring group structure before being able to **Save & Exit** the *Patient Appointment* Window.

2. To locate the available appointment time slots, click the **Search** Button. All available time slots 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 opens.



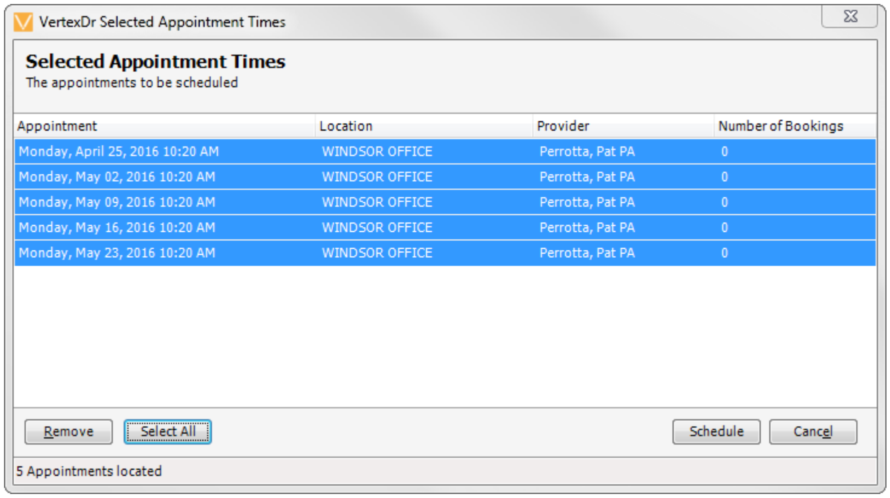
4. Scheduler allows you to select how often you want the appointment to occur. Please set the Recurrence Pattern.

    - 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.



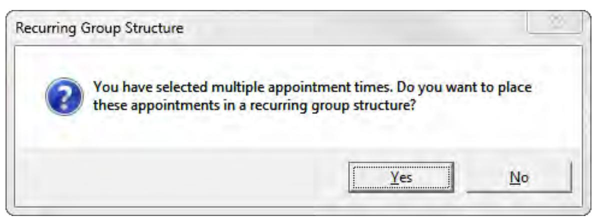
    - The recurrence range is used to tell the system when to end the recurring appointments. You may choose to end a series of appointments after a certain number of occurrences or to end by a specific date.

5. When finished setting the parameters for the recurrence pattern, 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.

6. The *Patient Search* Table opens. Search for the patient and then select the patient by 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.
7. The *Recurring Group Structure* Message Box appears asking: "You have selected multiple appointment times. Do you want to place these appointments in a recurring group structure?" Click the **Yes** Button.



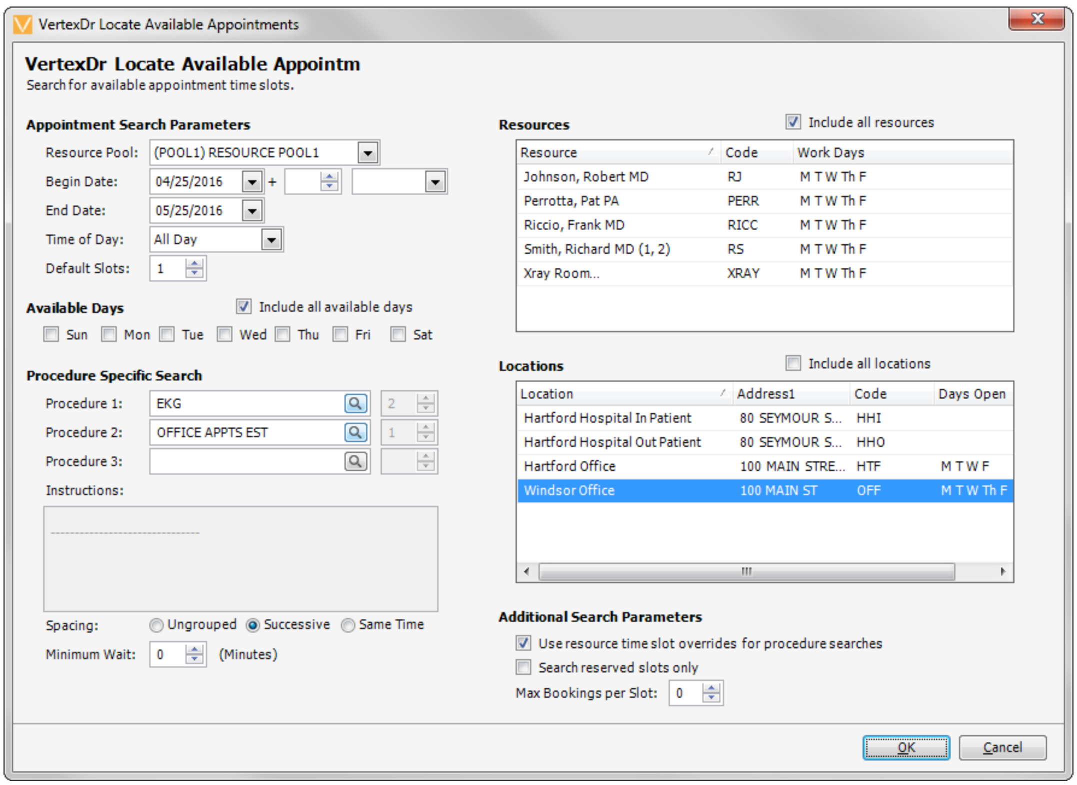
Note: Placing the selected appointments in a recurring group structure will flag the appointments with a ® symbol on the *Appointment Schedule* Window. This is a visual queue to the user that these appointments are linked. From inside the *Patient Appointment* Window, the other appointments in the structure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

8. The *Patient Appointment* Window opens up for the first appointment in the recurrence series. Add any appointment notes, if necessary, and 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 *Patient Appointment* Window prior to clicking the **Save & Exit** Button.
9. The *Scheduled Confirmation* Window opens 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, and then follow the steps below.

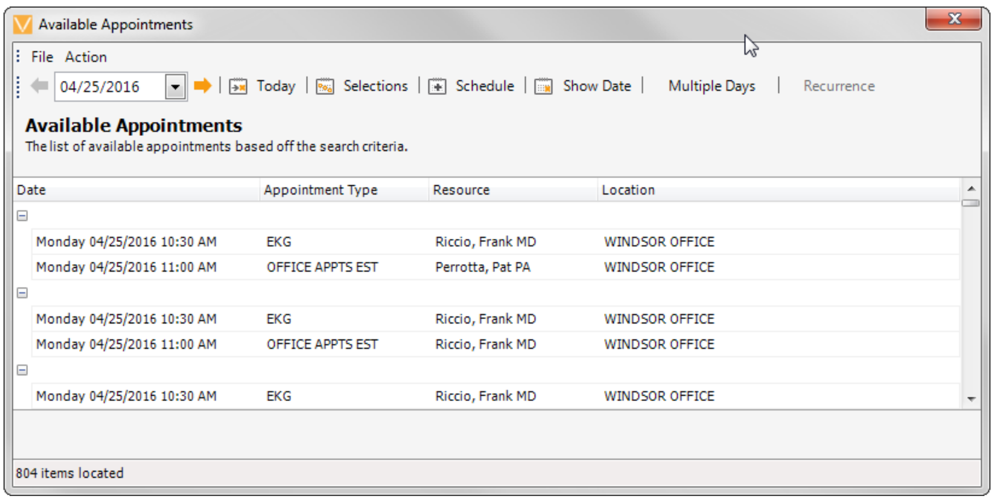
1. Once the *Appointment Search Parameters* and the *Available Days* have been set, select the procedures (appointment types) the patient will need appointments for. In the example below, the patient is being scheduled for an EKG with an office visit immediately following it.



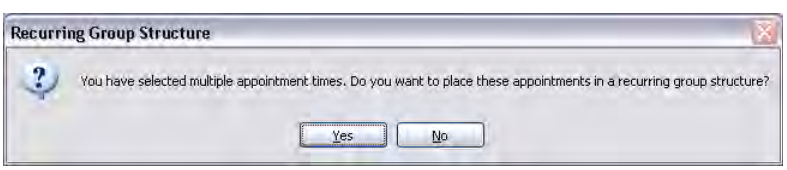
2. In the *Spacing* Section, click the **Successive** Radio Button.
3. If the patient is willing to wait a specified amount of time in between appointments, enter that amount of time in the *Minimum Wait* Field.
4. The **Resources** List Box allows you to select certain providers and equipment for the 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 down the **Control** Key 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 selected. To select multiple locations, hold the **Control** Key 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 selected. 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, click 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 appears asking: "You have selected multiple appointment times. Do you want to place these appointments in a recurring group structure?" Click the **Yes** Button.

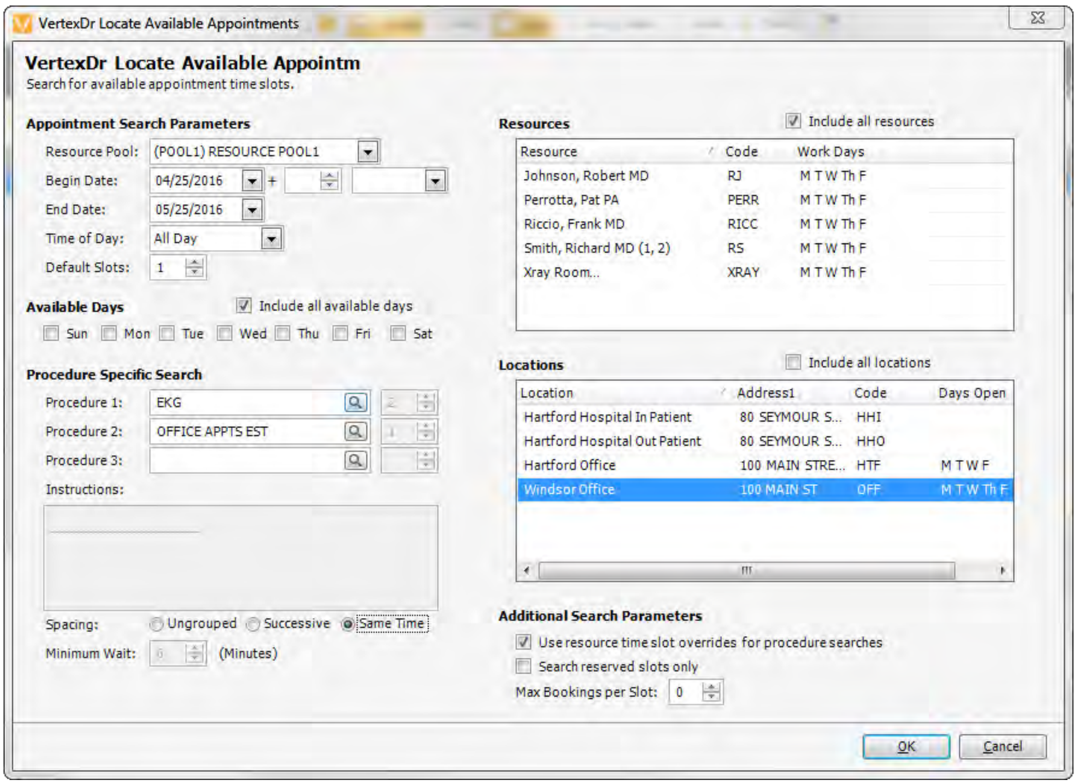


10. The *Patient Appointment* Window opens up for the first appointment in the recurrence series. Add any appointment notes, if necessary, and then click the **Save & Exit** Button. To view the other appointments, click the **Next** or **Previous** Buttons in the Toolbar at the top of the *Patient Appointment* Window.
11. The *Scheduled Confirmation* Window opens 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* Section, 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*.

Inserting Non-Patient Appointments

There are times when it may be necessary to schedule appointments with individuals who are not patients. 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.

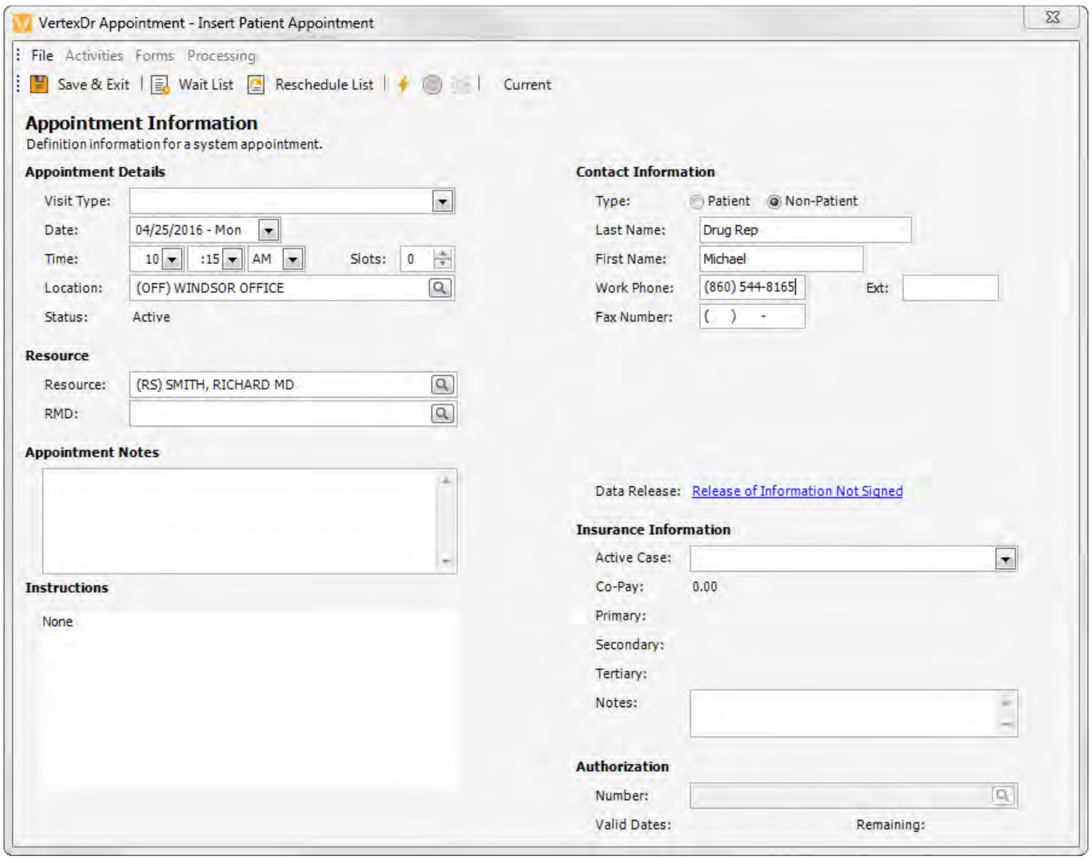
1. Locate a time slot and insert a new appointment by either clicking the **New** Button, clicking **Insert Appointment** from the **Right-Click**

Menu, or double-clicking on an available time slot. The *Insert Patient Appointment* Window opens.

2. Select the appropriate Visit Type.

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.

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



4. Enter the individual's name, phone number and any corresponding appointment notes.

5. Select the **Save & Exit** Button to save the appointment. The non-patient appointment appears in the *Appointment Schedule* Window.

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

Confirming Appointments

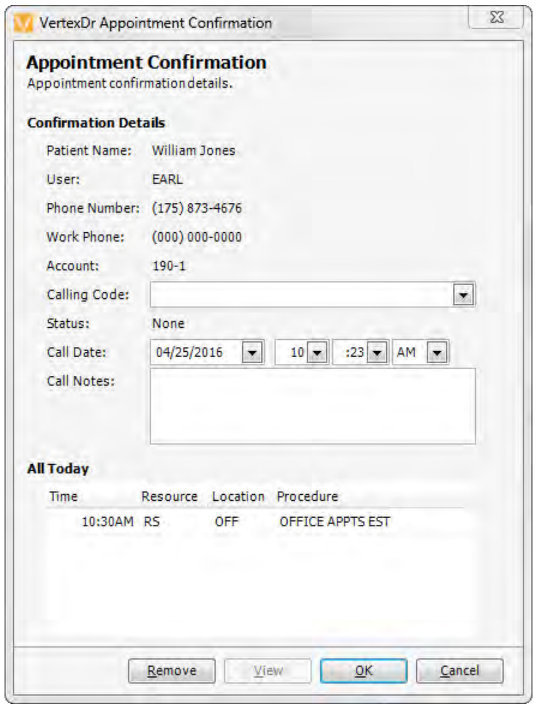
Many offices like to confirm appointments a day or two before the patient is scheduled to arrive. Scheduler allows for appointments to be confirmed in a few simple steps.

An appointment can be confirmed from inside of the *Patient Appointment* Window or from the **Right-Click** Menu in the *Appointment Schedule* Window.

Confirming an Appointment from the Patient Appointment Window

1. Select the patient appointment that you wish to confirm, double-click on the appointment to open the *Patient Appointment* Window.
2. Click the **Confirm** Button 

in the Toolbar at the top of the *Patient Appointment* Window. The *Appointment Confirmation* Window opens.



3. 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.
4. Enter any *Calling Notes* pertaining to your confirmation effort.
5. Click the **OK** Button to save the changes.

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.

For more information on inserting or changing calling codes, reference the *Appointment Definition* Section of the Manager’s Manual.

The **Remove** and **View** Buttons perform some additional tasks. When the **View** Button is selected, the system brings up the *Patient Appointment*

Window for the current appointment. This allows you to obtain additional appointment information. The **Remove** Button removes the confirmation status from the appointment. This should be used if an appointment was inadvertently marked as confirmed.

Confirm an Appointment from the Right-Click Menu

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

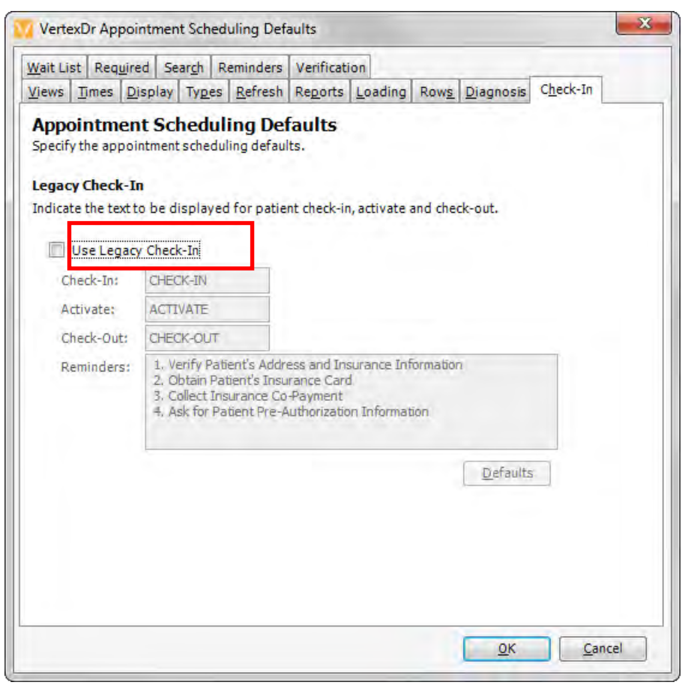
Checking In Patients

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 this manual.

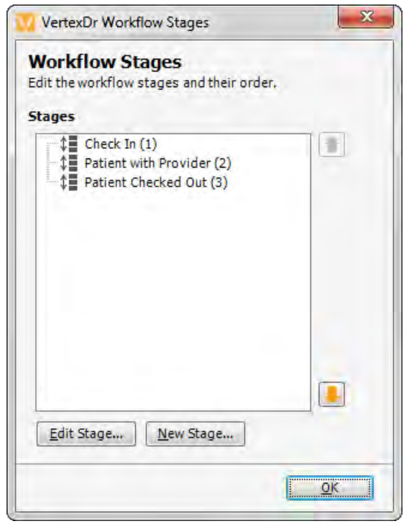
A practice can decide, however, whether or not they want to use Patient Flow. If your practice decides not to use the *Patient Flow* Area, then Legacy settings can be turned on. Legacy Settings allow for patients to be checked in via the **Right-Click** Menu from the *Appointment Schedule* Window or from inside of the *Patient Appointment* Window.

Activating Legacy Settings:

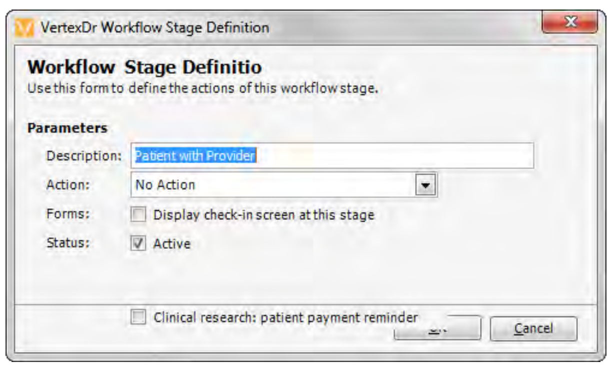
1. From the **Definition** Menu in the Toolbar at the top, select **Parameters**, then select **Appointment**. The *Appointment Scheduling Defaults* Window opens.



2. From the **Check-In** Tab, select the **Use Legacy Check In** Checkbox.
3. Additionally, the system will require the set-up of three (3) stages. To create the stages, select **Definition**, **Workflow**, and then **Stages**. The *Workflow Stages* Window opens.



4. Select the **New Stage** Button to insert a new stage. The *Workflow Stage Definition* Window opens.



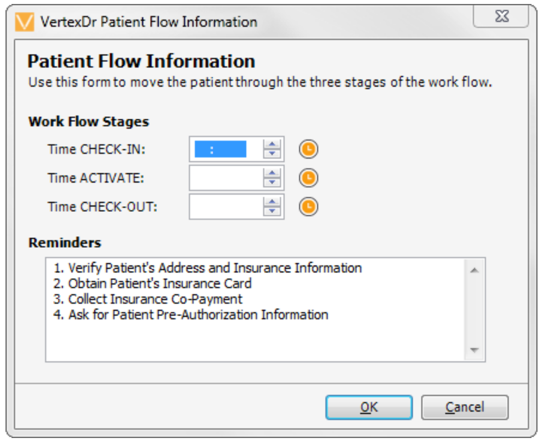
5. Give each stage a description and then click the **Active** Checkbox. The **Action** Dropdown and the **Forms** Checkbox are primarily for clients using the Patient Flow Area for check-in. When finished, click the **OK** Button.

Note: There must be three (3) defined stages in order for Legacy Settings to function.

Legacy Check-In:

Check-in from the Appointment Schedule Window:

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



2. Click the clock at the appropriate stage to enter in the current time. Use the **Up** and **Down** Arrow Buttons to select a time if you happen to have forgetten to check in a patient.
3. When finished, click the **OK** Button to save the changes.

Note: Appointments that have been checked-in will display with a red border in the *Appointment Schedule* Window. Additionally, appointment information, such as the appointment time, cannot be altered once the appointment has been checked-in.

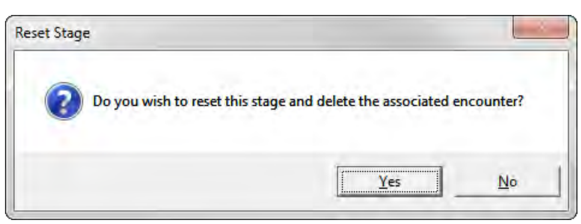
Check-In from inside the Patient Appointment Window

1. Double-click on the appointment you wish to confirm. The *Patient Appointment* Window displays.
2. Click the **Clock** Button from the Toolbar at the top of the window.
3. Click the clock at the appropriate stage to enter in the current time. Use the **Up** and **Down** Arrow Buttons to select a time if you happen to have forgotten to check in a patient.

Resetting the Check-In Stage

If an appointment was checked-in by mistake, the check-in status can be reset. To do so:

1. Open the *Patient Flow Information* Window by either right-clicking on the appointment and selecting *Patient Check-In* or by selecting the **Clock** Button inside of the *Patient Appointment* Window.
2. Highlight the time in the *Time Check-IN* Field and then click the **Delete** Key on the keyboard. The *Reset Stage* Message will display.



3. Click the **Yes** Button to undo the check-in status for the selected appointment. Click the **No** Button to cancel and return to the *Patient Flow Information* Window.

Scheduler Menu

The menu system for 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 Scheduler only.

View Menu

Locate - Opens the *Locate Available Appointments* Window.

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 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

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.

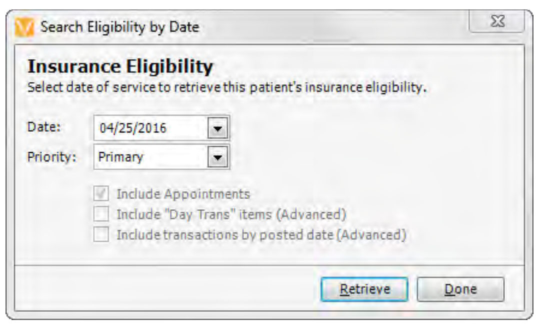
Electronic Eligibility Checking

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 *Patient Appointment* Window.

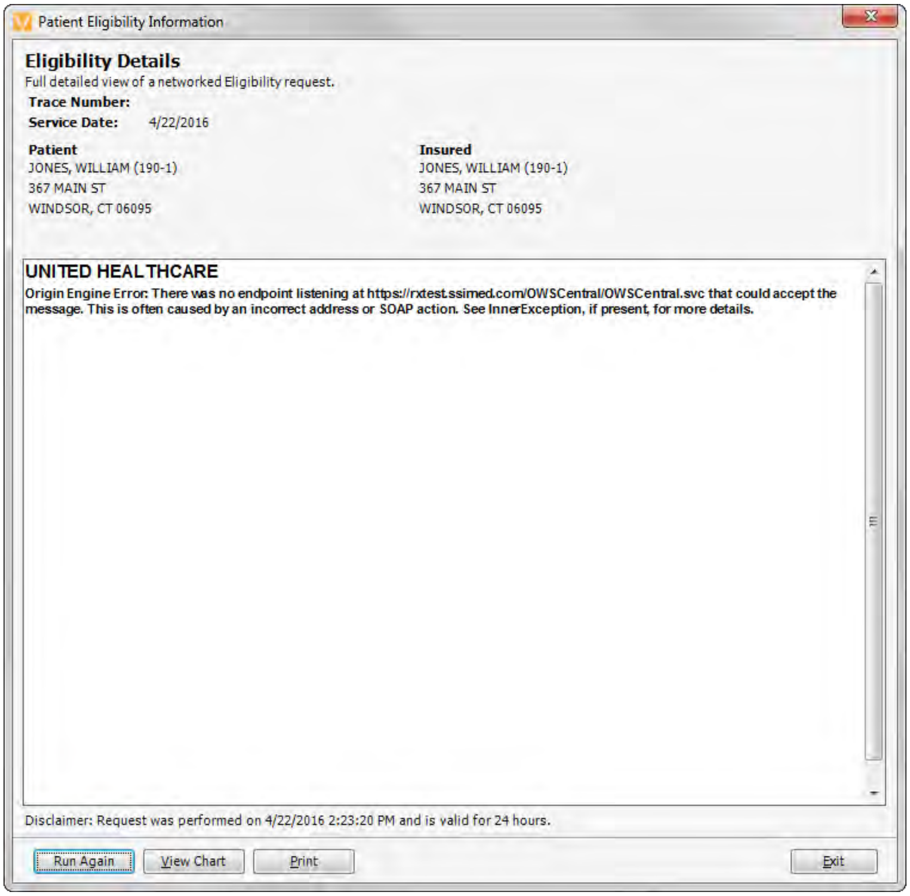
2. Select the **Green Checkmark** Button  in the Toolbar at the top. The *Search Eligibility by Date* Window opens.



3. The *Date* Field defaults 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.

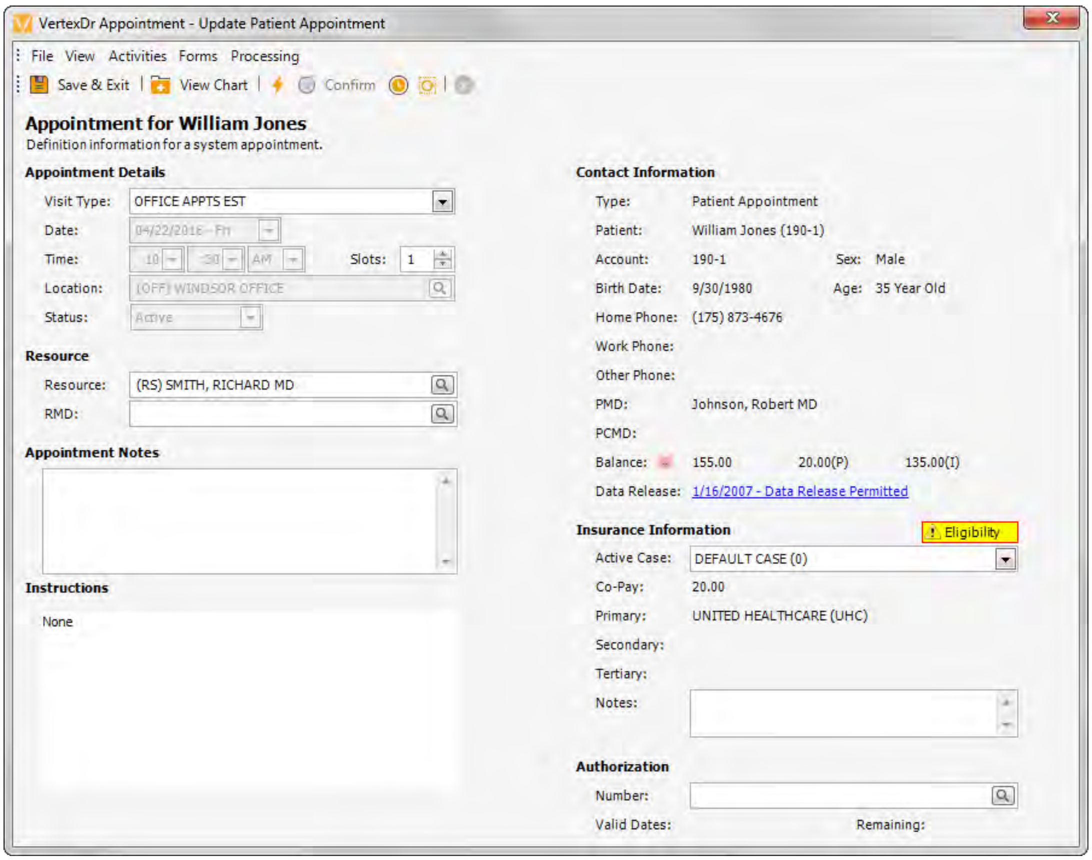


6. Click the **Run Again** Button to re-retrieve the information.
7. Click the **View Chart** Button to access the *Patient Definition* Section of the Patient's Chart.
8. Click the **Exit** Button to exit the *Patient Eligibility Information* Window.
9. The *Search Eligibility by Date Window* will remain 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.

An Eligibility Flag displays in the *Patient Appointment* Window above the **Active Case** Dropdown.

The flag can be clicked on for more information:

- *Red* - Patient insurance eligibility has not been run in at least 24 hours.
- *Yellow* - Patient insurance eligibility has been run, but received a technical/system/definition error (invalid payer ID, connection issue, invalid NPI, etc.)
- *Green* - Patient insurance eligibility has been run and we received a valid response from the carrier. This response could be that the patient was not found.



Templating

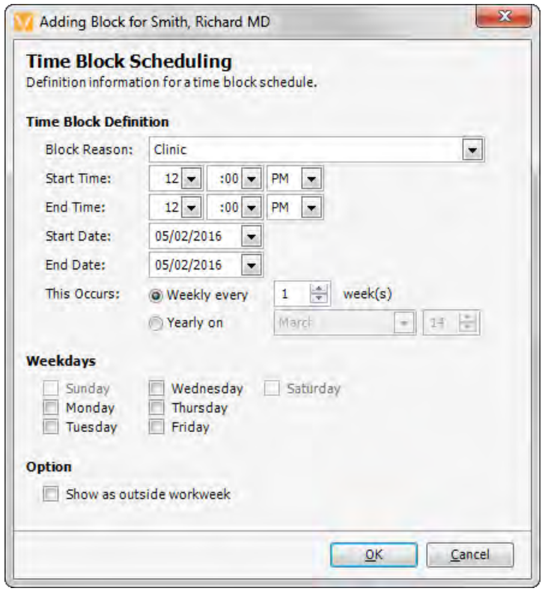
Templating allows the practice to close off the schedule at certain times, indicate which office(s) the providers are in, and reserve time on the schedule for specific visit types. Schedules can be stored in the system and then applied when needed.

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, click the **Templates** Menu, then click **Time/Workweek Blocking**, and then click **Insert Time Block**. The *Adding Block for Provider* Window opens.



2. Select the appropriate reason from the **Block Reason** Dropdown. 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, if needed.
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 appears on the *Appointment Schedule* Window in the times selected and on the day(s) selected.

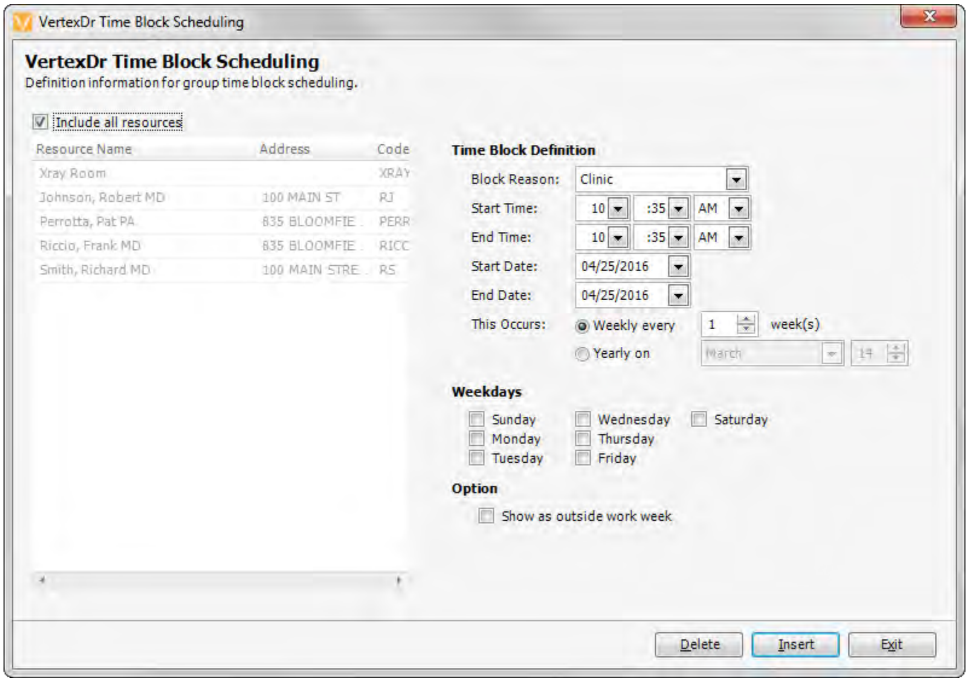
Note: The *Adding Block for Provider* Window can also be accessed by right-clicking on the day in the *Appointment Schedule* Window and then clicking *Insert Time Block.*

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. Click the **Templates** Menu from the Toolbar at the top, and then click **Group Time Blocking**. The *Time Block Scheduling* Window opens.



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** Dropdown. 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* Fields are 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, click the **Insert** Button. If you wish to delete the specified time block from the resource(s) schedule and then click the **Delete** Button. The system will scan the schedule for the selected resources and either insert or delete the time blocks that match the specified criteria.

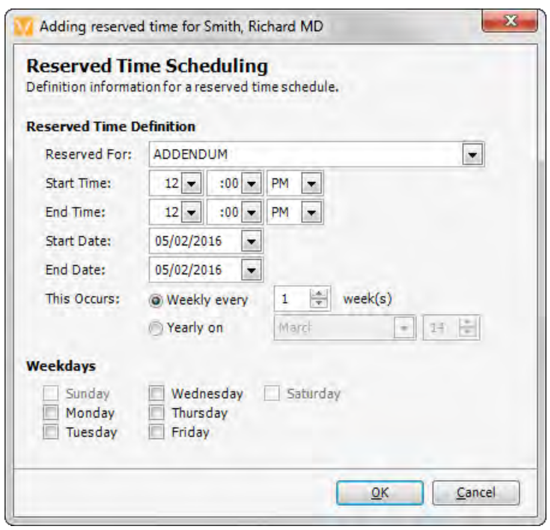
Note: The Group Time Blocking Feature is unable to delete only a portion of a time block. The entire Time Block item must be deleted.

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, click the **Templates** Menu, then click **Reserved Time Slots**, and then click **Insert Reserved Time**. The *Adding Reserved Time for Provider* Window opens.



2. The **Reserved For** Dropdown 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* Fields are used to select the recurrence for the selected reserved time.

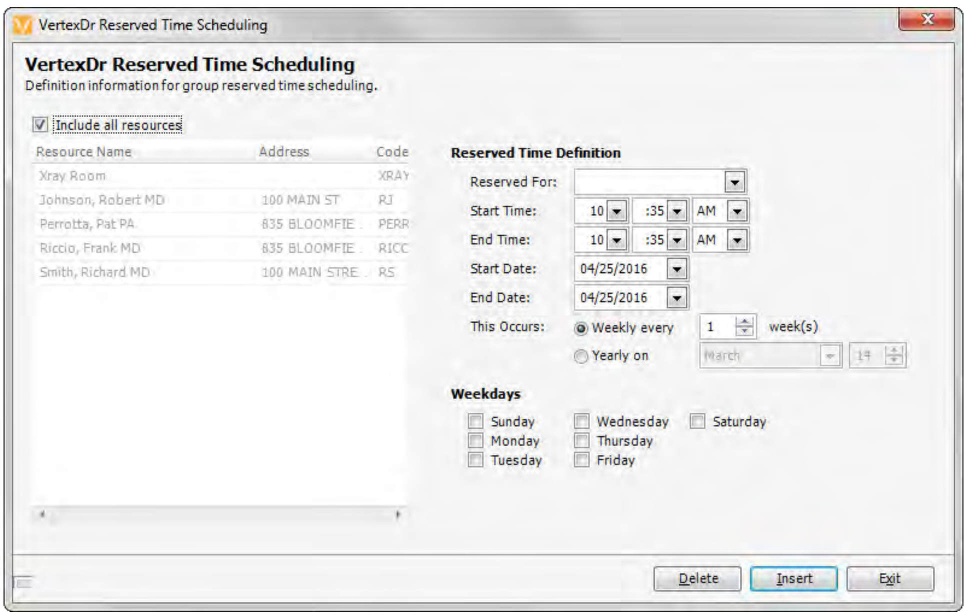
6. The **Weekdays** Checkboxes are used to indicate which days of the week the selected reserved time occurs on. Select the appropriate days of the week.
7. Click the **OK** Button to save the information. The reserved time(s) will appear on the *Appointment Schedule* Window in the times selected and 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. Click the **Templates** Menu from the Toolbar at the top, and then click **Group Reserved Time**. The *Reserved Time Scheduling* Window opens.



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, and then select the appropriate resources.
3. Select the appropriate reason from the **Reserved For** Dropdown. 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* Fields are 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 either insert or delete the reserved time slots that match the specified criteria.

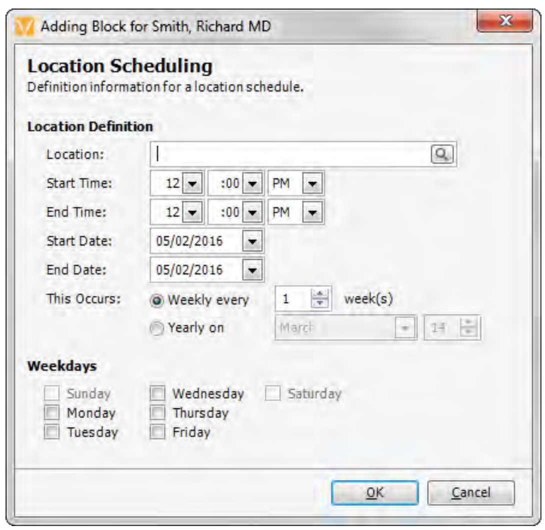
Note: The Group Reserved Time Feature is unable to delete only a portion of a reserved time. The entire reserved item must be deleted.

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, click the **Templates** Menu, then click **Location Setup**, and then click **Insert Location**. The *Adding Block for Provider* Window opens.



2. The *Location* Field is used to select which location the resource is located at and should be scheduled to during the 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.

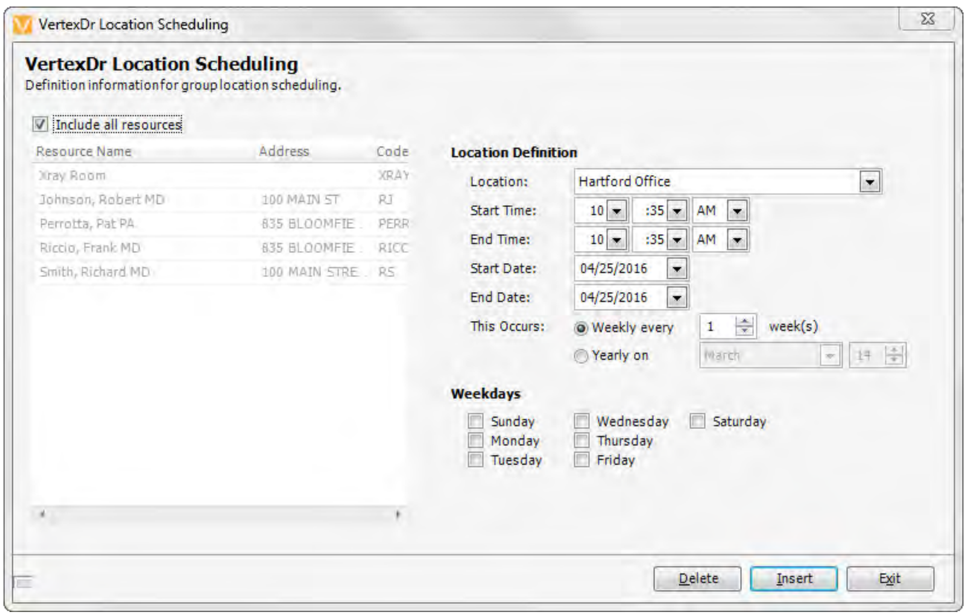
5. The *This Occurs* Fields are used to select the recurrence for the selected location.
6. The **Weekdays** Checkboxes are used to indicate which days of the week the resource is available at the selected location. Select the appropriate days of the week.
7. Click the **OK** Button to save the information.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

Group Locations

The Group 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. Click the **Templates** Menu from the Toolbar at the top and then click **Group Location Setup**. The *Location Scheduling* Window opens.



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** Dropdown. 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 either insert or 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.

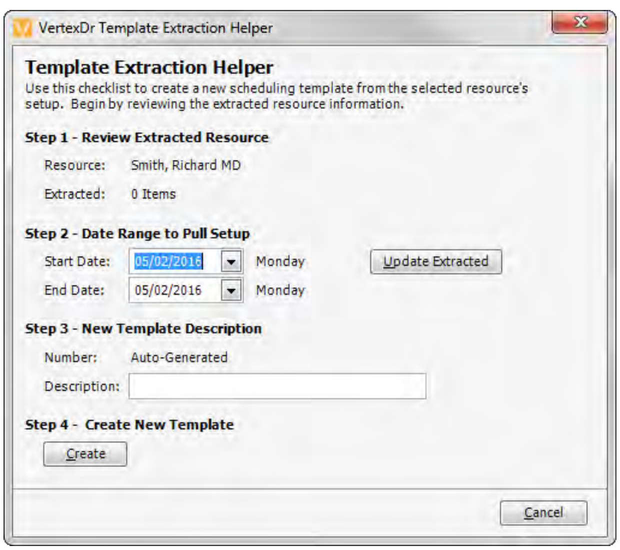
Template Extraction Helper

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.

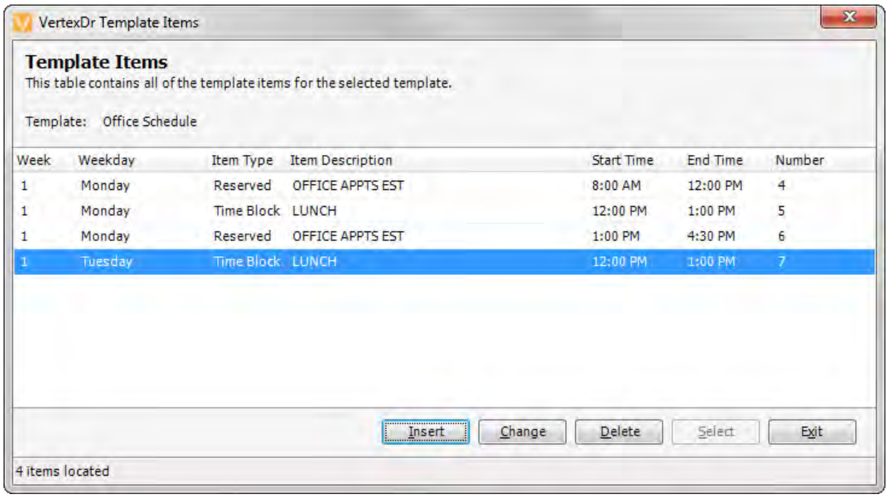
Follow the steps below in order to create a template from a templated schedule:

1. Once all of the time blocks, reserves and locations have been added to the schedule for the time frame, click the **Templates** Menu from the Toolbar at the top and then click **Template Extraction Helper**. The *Template Extraction Helper* Window opens.



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 when it is applied later.
6. Click the **Create** Button to generate the template. The *Template Items* Window will open.



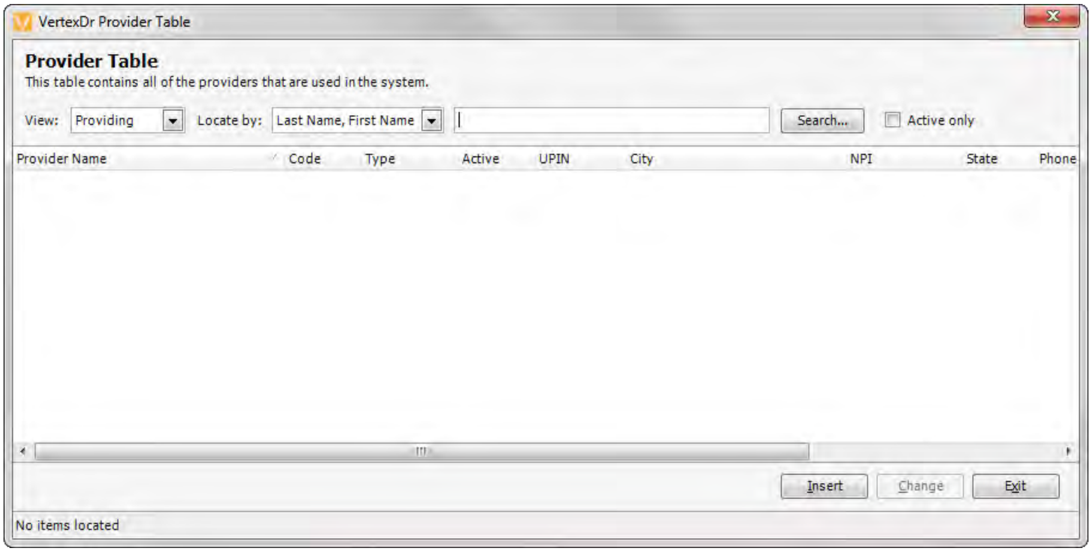
7. Verify that all of the template items are correct. If necessary, click the **Insert** Button to insert a new template item. Click the **Change** Button to edit an existing template item. Click the **Delete** Button to remove an existing template item.
8. If the template is complete, click the **Exit**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

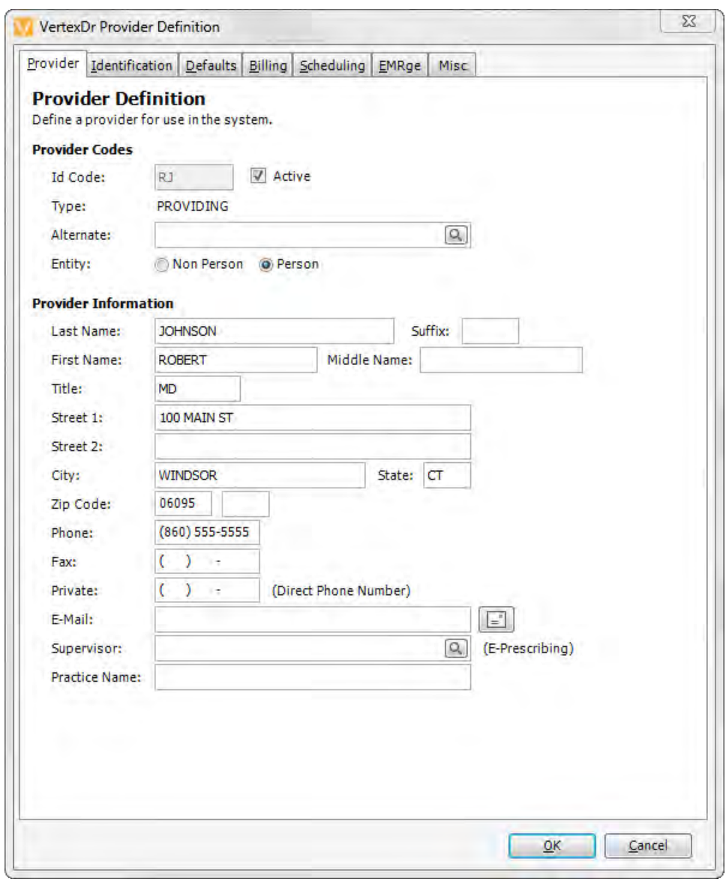
1. Click the **Definition** Menu from the Toolbar at the top. Then, click **Billing**, and then click **Providers**. The *Provider Table* Window opens.



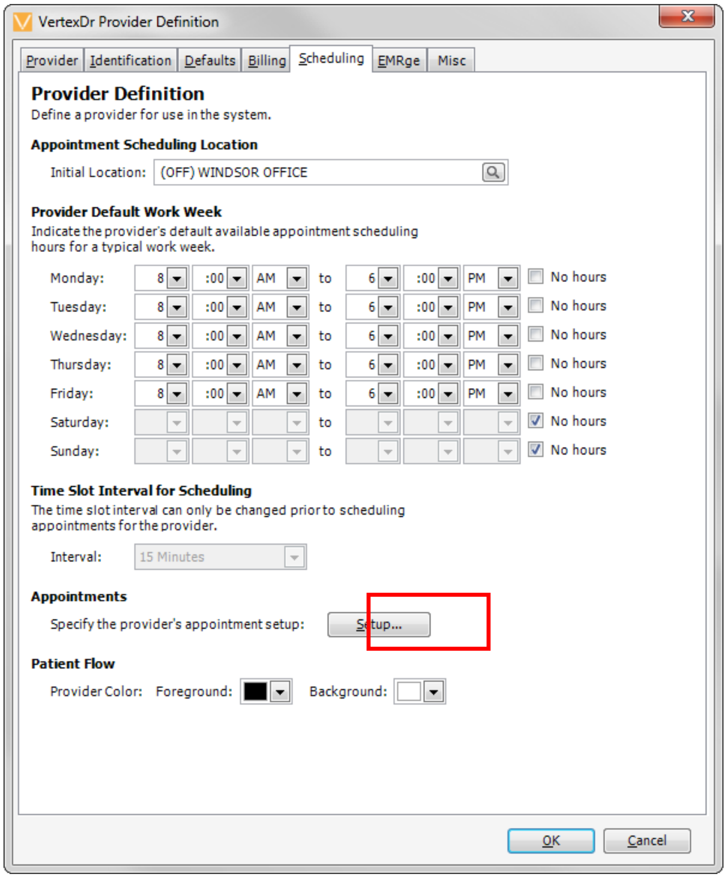
2. Search for the resource whose schedule you wish to apply a template.

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

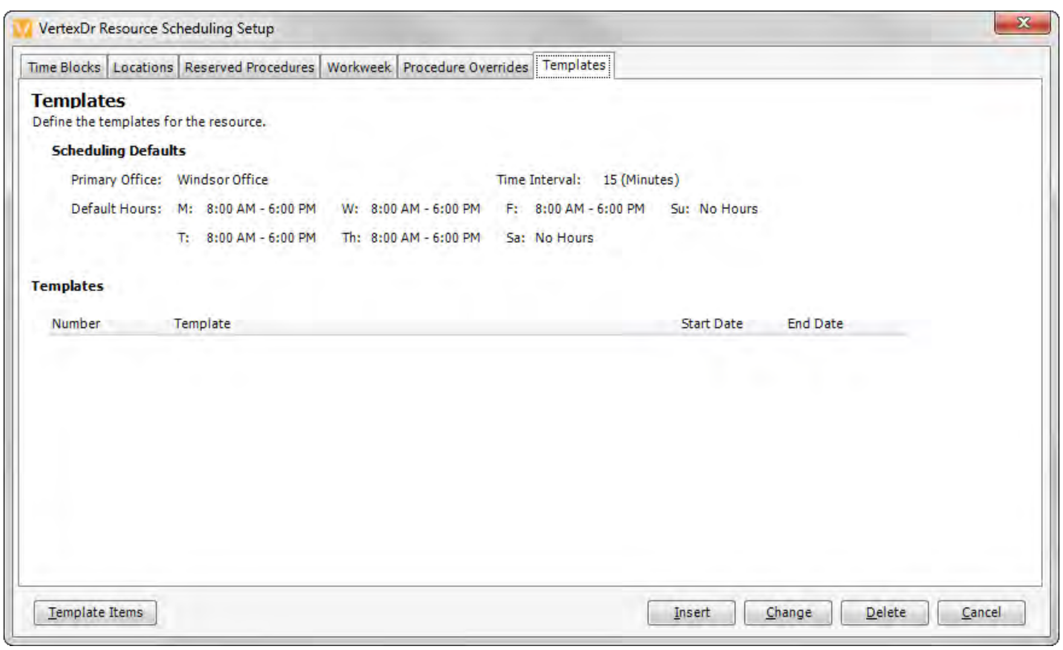
3. Once the resource has been found, highlight the resource and click the **Change** Button. The *Provider Definition* Window opens.



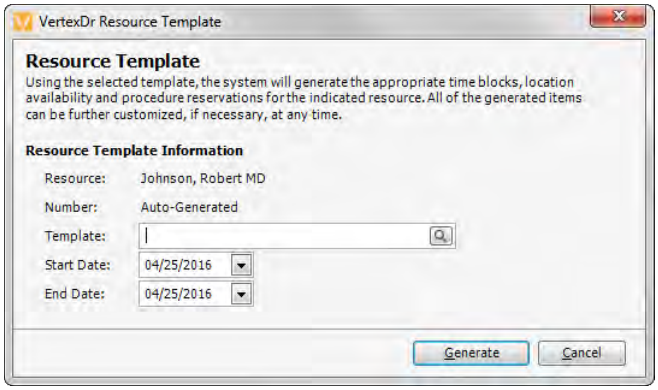
4. Click the **Scheduling** Tab and then click the **Setup** Button in the *Appointments* Section.



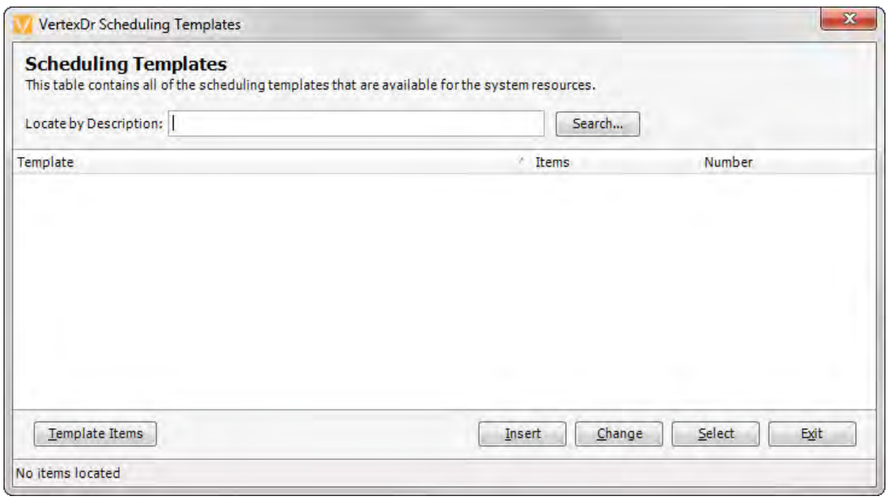
5. The *Resource Scheduling Setup* Window opens.



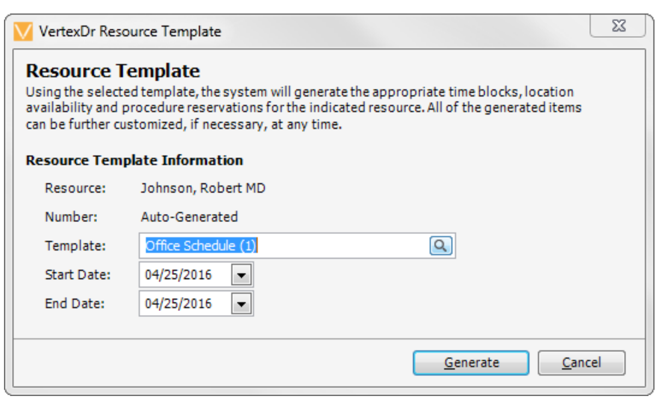
6. Click the **Templates** Tab and then click the **Insert** Button to add a template. The *Resource Template* Window opens.



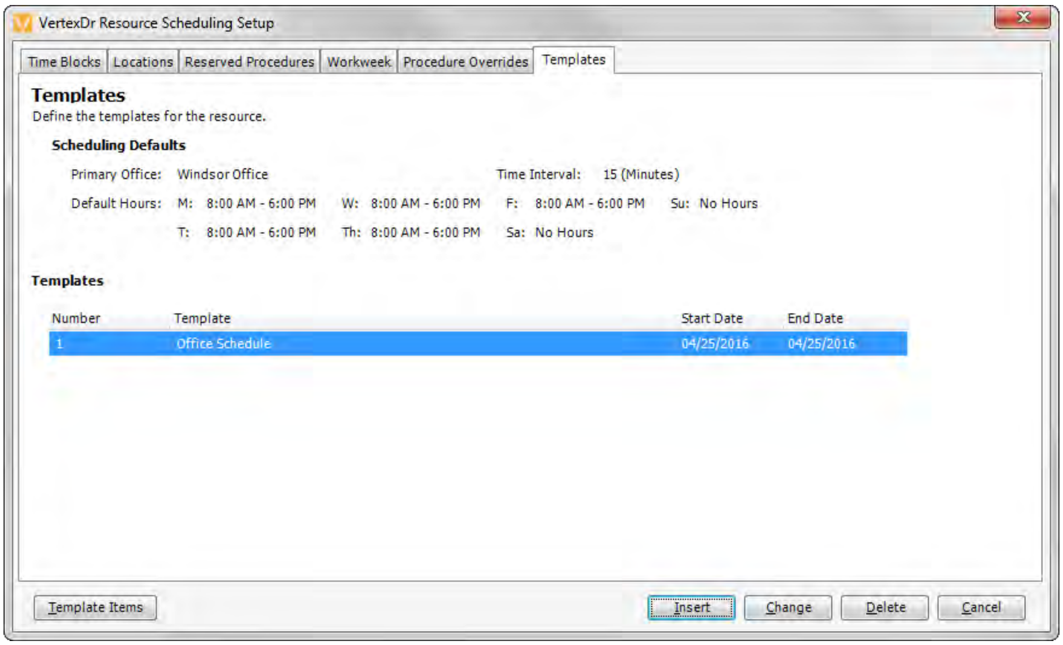
7. Click the **Magnifying Glass** to search for the previously created template. The *Scheduling Templates* Window opens.



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 the **Search** Button. Once the template has been located, highlight it and click the **Select** Button. 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 *Templates* List Box.



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

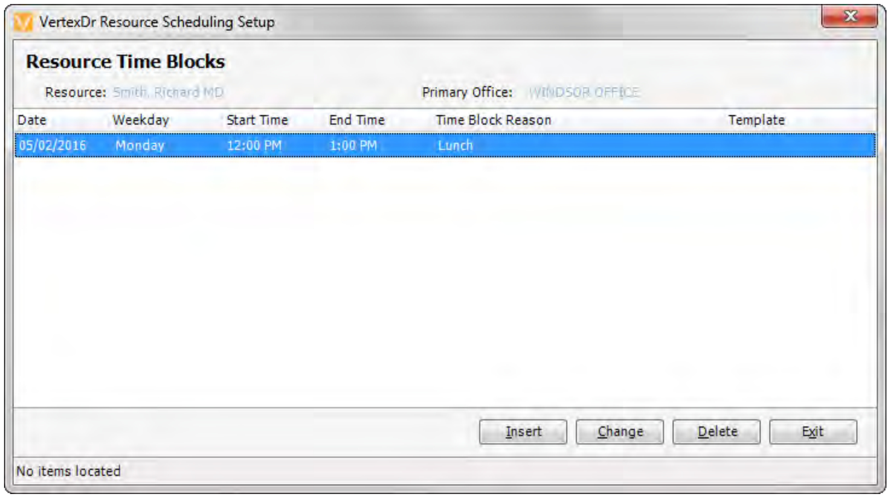
Edit Individual Template Items

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.

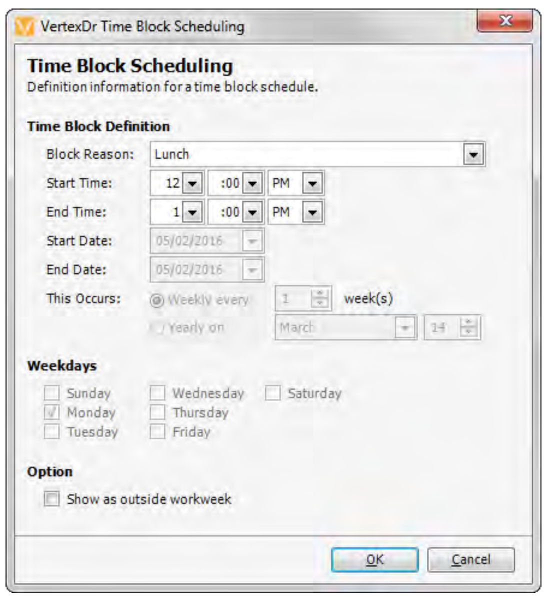
The option to edit an individual template item functions the same for Time Blocks, Reserved Time and Locations. The following section will use editing an individual Time Block as an example. Follow the same steps to edit an individual Reserved Time or Location.

To make a change to an individual Time Block:

1. From the Toolbar at the top, click the **Templates** Menu, then click **Time/Workweek Blocking**, and then click **Edit Time Block**. The *Resource Scheduling Setup* Window opens.



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 opens. Select the **Yes** Button to confirm the deletion or the **No** Button 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 then click *Edit Time Block* from the **Right-Click** Menu. The *Resource Time Blocks* Window opens.
3. Follow steps 2 through 5 of the *Edit Individual Template Items* Section to make changes to the Time Block(s).

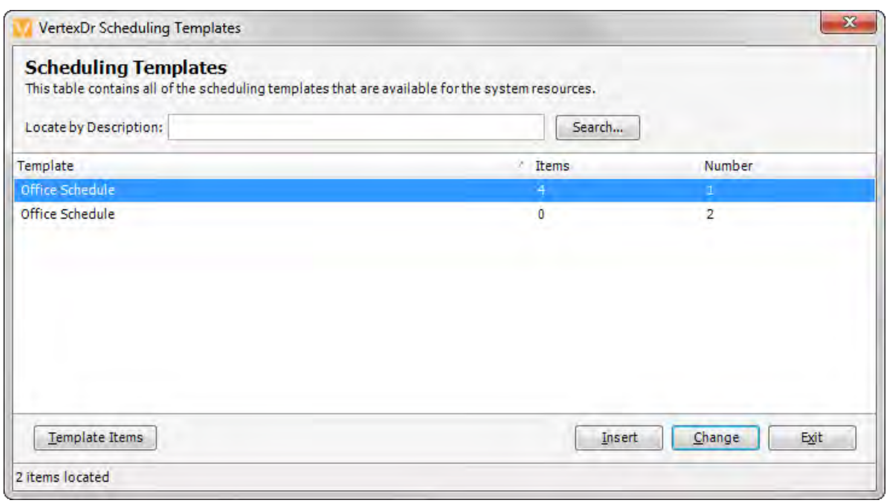
Note: The right-click option is only available to edit Time Blocks. It cannot be used to edit Reserved Time or Locations.

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.

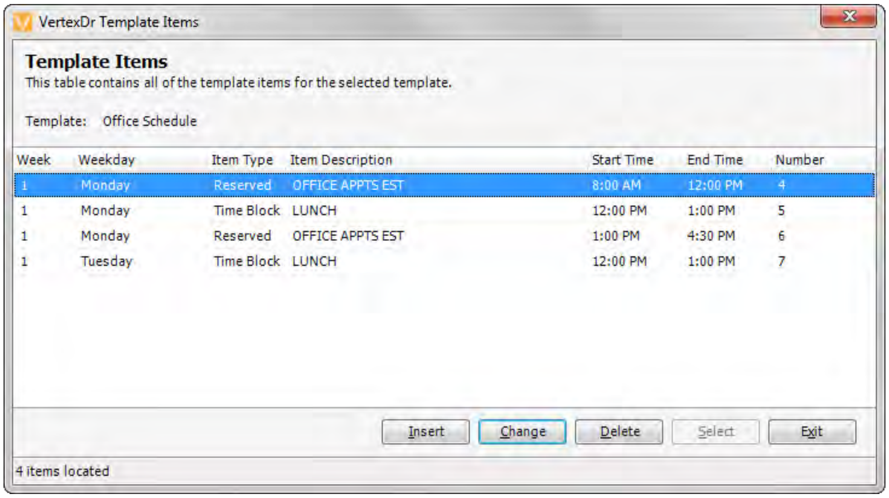
To access the resource templates:

1. Click **Definition** from the Toolbar at the top, then click **Appointments**, and then click **Resource Templates**. The *Scheduling Templates* Window opens.



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 the **Search** Button.

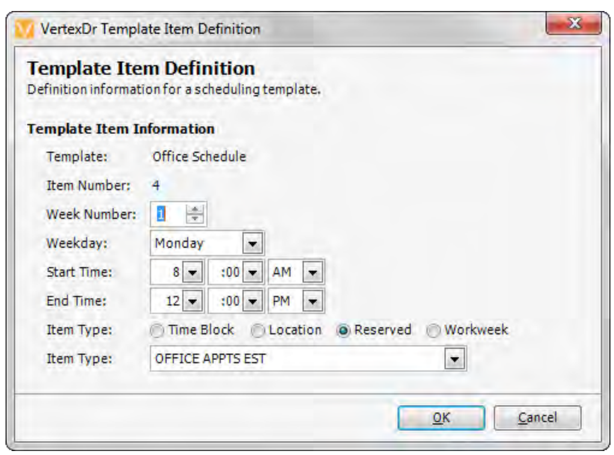
3. Highlight the desired template and then click the **Template Items** Button. The *Template Items* Window opens.



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** Dropdown.
- 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.

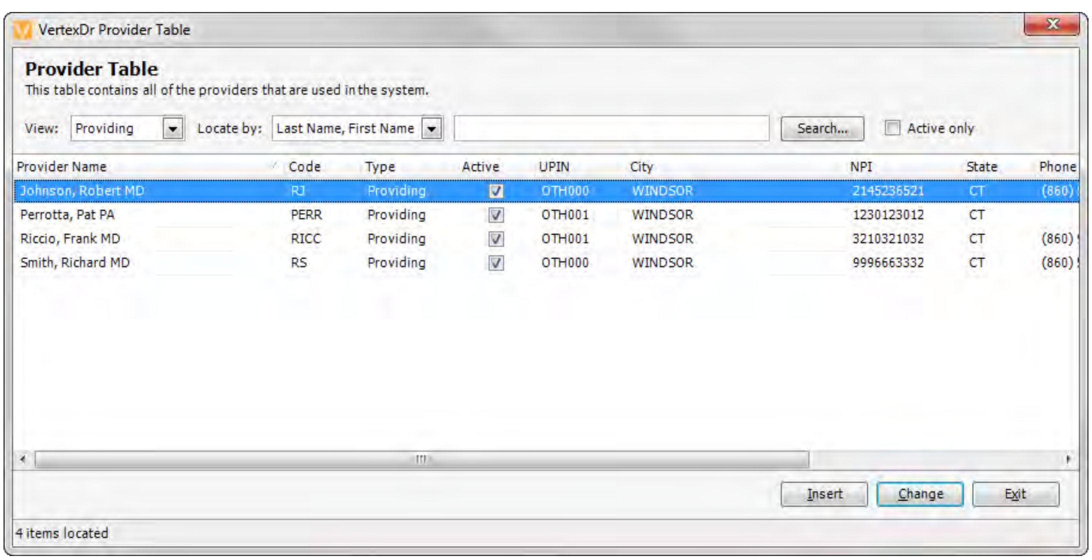
To reapply the resource template, follow the steps listed in the *Applying a Template* Section of this manual. Be sure to change the *Start* and *End Date* Fields to be the appropriate date in the future.

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:

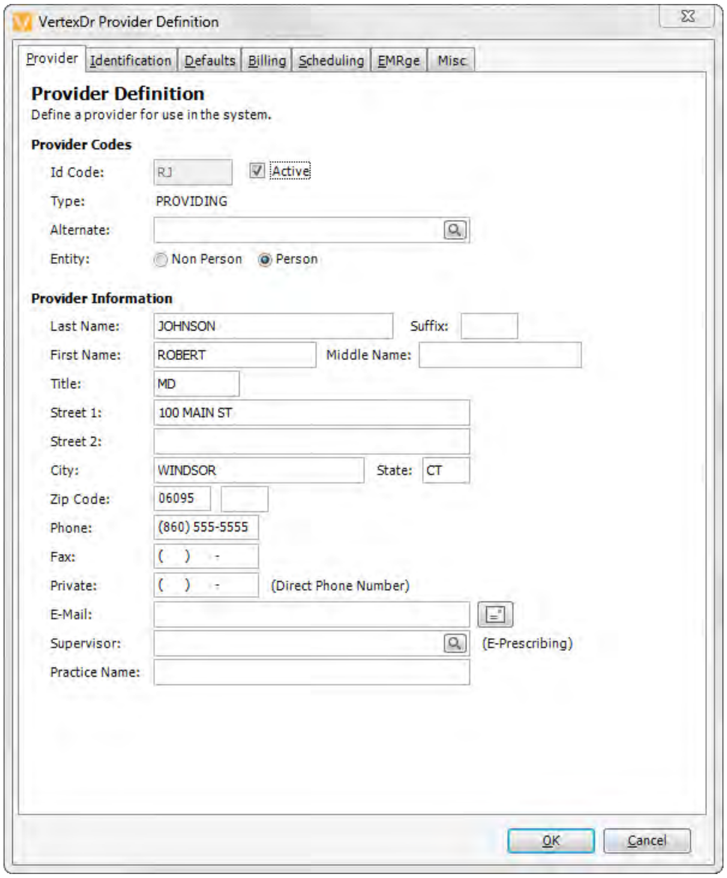
1. Click the **Definition** Menu from the Toolbar at the top, then click **Billing**, and then click **Providers**. The *Provider Table* Window opens.



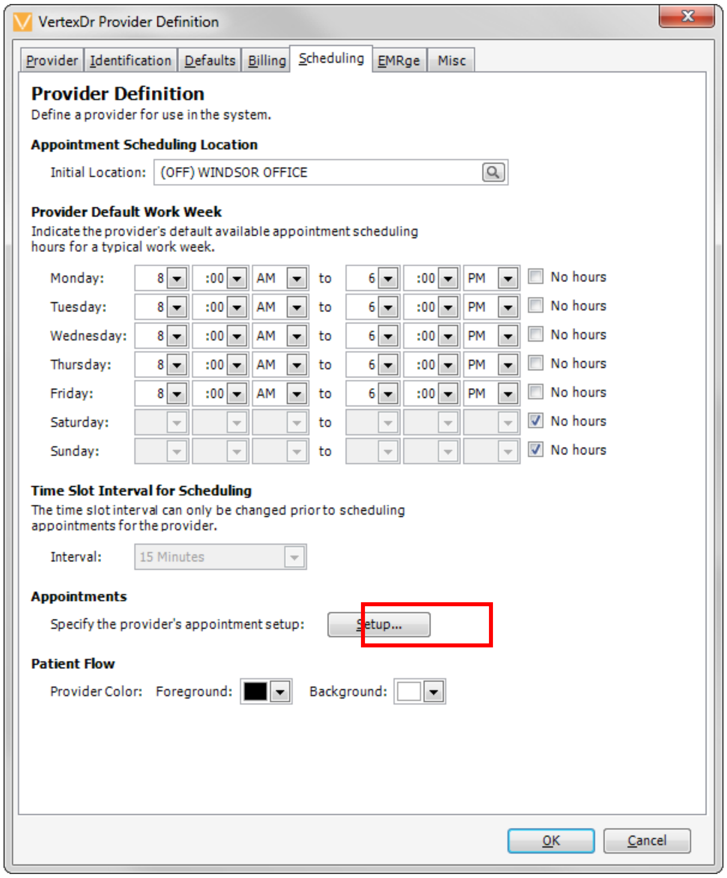
2. Search for the resource whose schedule you are re-generating.

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

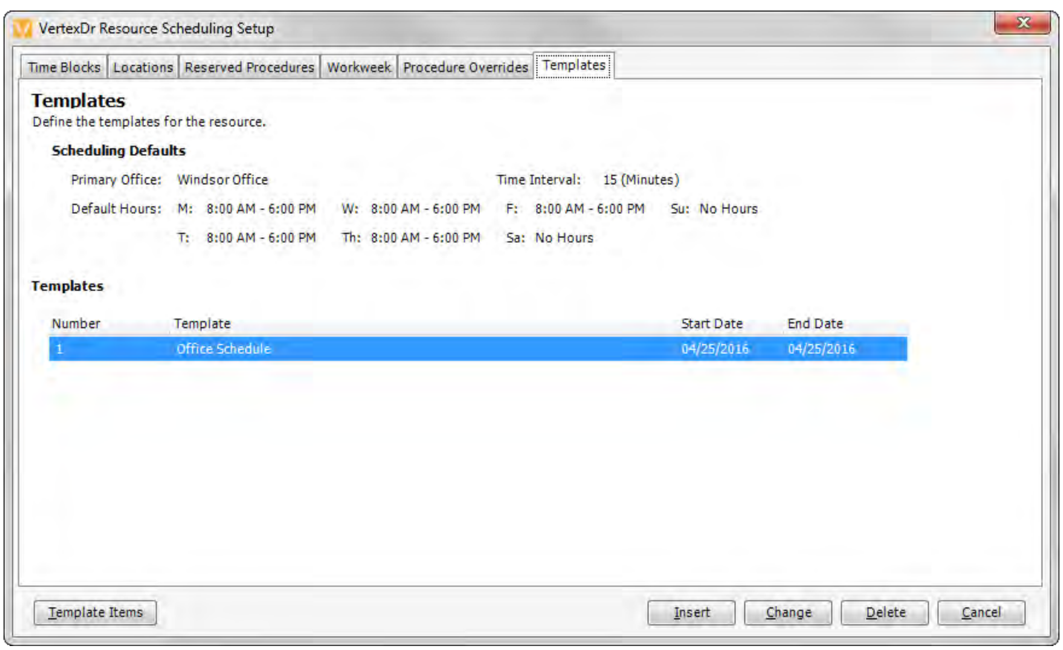
3. Once the resource has been found, highlight the resource and click the **Change** Button. The *Provider Definition* Window opens.



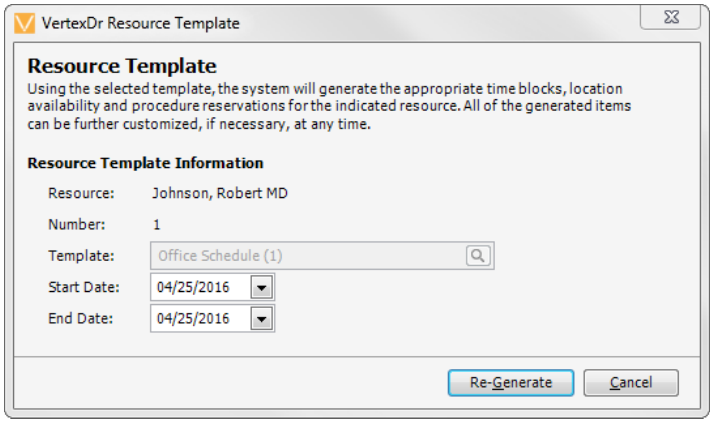
4. Click the **Scheduling** Tab and then click the **Setup** Button in the *Appointments* Section.



5. The *Resource Scheduling Setup* Window opens.



6. Click the **Templates** Tab and then click the **Change** Button. The *Resource Template* Window opens.



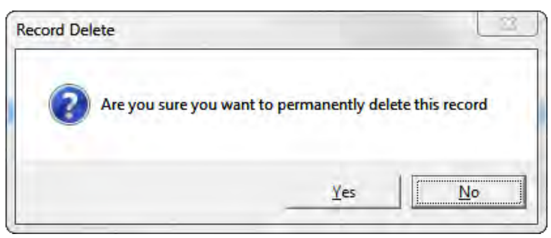
7. Edit the date range as needed, then click the **Re-Generate** Button.

Deleting Resource Templates

The originally applied template can also be deleted.

To delete the existing template:

1. Follow Steps 1 – 5 of the *Re-Generating a Template* Section.
2. From the **Templates** Tab, highlight the template you wish to delete and then click the **Delete** Button. The *Record Delete* Window opens. Click the **Yes** Button to confirm the delete. Click the **No** Button to return to the *Resource Scheduling Setup* Window.



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

Automated Appointment Reminders

Automated Appointment Reminders allow the practice to send out e-mail appointment reminders for patients who have e-mail addresses listed on the *Personal* Section of Patient Definition.

E-Mail Types

There are two types of e-mail notifications which can be sent:

- Initial Notifications
- Reminder E-Mails

Initial Notification

The Initial Notification is an optional e-mail type. It can be sent to the patient stating that their appointment has been scheduled. The user cannot respond to this e-mail. It is simply an acknowledgement.

Reminder E-Mail

The Reminder E-Mail is sent to the patients who have appointments scheduled and also have an e-mail address listed on the *Personal* Section of Patient Definition. These notifications allow the user to take action. From the e-mailed notification, the user can confirm the appointment or indicate a conflict.

How it Works

Each night, after midnight, the system will inspect all future appointments to determine which appointments should receive either an Initial Notification or a Reminder E-Mail.

Initial Notification Functionality

A patient that had a new appointment created prior to midnight will receive an Initial Notification e-mail. This e-mail will not have any links to confirm the appointment or to indicate conflicts with the appointment. This e-mail is just an indicator that the appointment has been created.

Note: If a Reminder E-Mail is scheduled, based on the Appointment Reminder Parameters, then an Initial Notification will not be sent. The system will not send the patient both reminders at the same time.

Reminder E-Mail Functionality

A patient that is set to get a Reminder E-Mail based on the Appointment Reminder Parameter Settings will receive an e-mail with two links embedded in the e-mail. The links are as follows:

"I have no conflicts with this appointment and would like to confirm."

The patient may click this link to confirm the appointment. Upon clicking this link the patient will be brought to a confirmation web page that states their appointment has been confirmed. The appointment will be confirmed in Scheduler with the Confirmation Calling Code defined in the Appointment Reminder Parameters.

Note: Once the patient has confirmed, another reminder will not be set unless the appointment is changed and the confirmation has been removed from the appointment.

"I have conflicts with this appointment - please contact me."

The patient may click this link to indicate that they have a scheduling conflict with the appointment. Upon clicking this link the user will be brought to a confirmation web page that states that the practice has been informed of the conflict and will contact the patient.

A message or a task will be sent to the role defined in Appointment Reminder Parameters. The message or task will state: "[Patient Name] has responded to their appointment confirmation and has conflicts. Please contact [him/her] at [Patient's Phone Number] to reschedule."

The appointment can be accessed from the message or task so that the appointment details can be viewed. If the system is set to send second reminders, the patient will receive another reminder at the scheduled interval unless the appointment is deleted or cancelled. If the appointment is moved then the patient will receive a reminder for the altered appointment based on the reminder interval set up in Appointment Reminder Parameters.

Note: If a patient does not click on either link they will receive further reminders based on the reminder intervals. Also, if a patient was set to receive an initial notification email and is also scheduled to receive an appointment reminder email the patient will only be sent the reminder email.

Set Up

Before the Appointment Reminders can be sent, Mail Merge Templates must be created. The system will send the patient the appropriate Mail Merge Template when sending the Appointment Reminder.

Creating Mail Merge Templates

If the practice has decided to use both the Initial Notification and the Reminder E-Mail, a Mail Merge letter will need to be created for each E-Mail Type.

Note: For more information on creating Mail Merge letters, please reference the *Mail Merge* Section of the Managers' Manual.

When creating the Mail Merge letters, use only appointment specific Mail Merge fields. To reference the patient, the *Patient* Mail Merge Fields can be used.

Note: The Automated Appointment Reminder Feature is an unsecured communication method. In order to maintain the security of patient information, no patient specific information (other than appointment specific) or clinical information should be incorporated into the Mail Merge letter(s).

Unsecured E-Mail Disclaimer

The standard e-mails sent through the Automated Appointment Reminder Feature are not secure emails. It is a good idea to include a disclaimer in the Mail Merge letter indicating this.

Below is an example of a standard unsecure e-mail disclaimer:

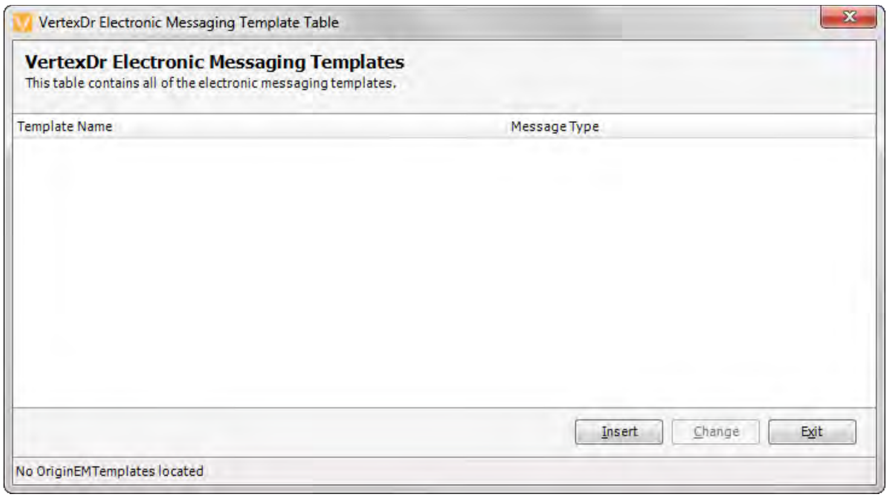
Please do not reply to this email with confidential information. Due to the nature of the Internet, there is a possibility that unsecured (unencrypted) email could be intercepted and read by third parties. The Practice assumes no responsibility for interception of confidential information you send by replying to this unsecured (unencrypted) email message.

Also if the practice does <u>not</u> want the patient to reply to the e-mails the Mail Merge should state that as well.

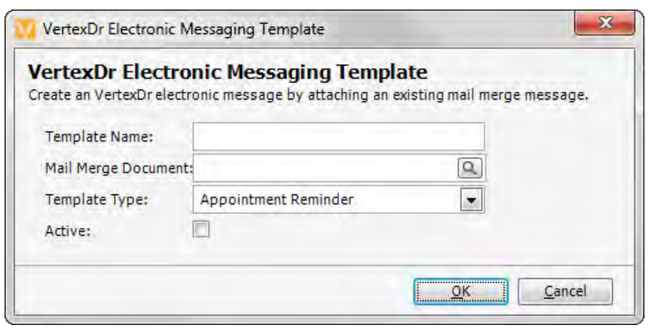
Electronic Messaging Types

Once the Mail Merge Templates have been created, they will need to be attached to an Electronic Messaging Type.

1. Click the **Definition** Menu from the Toolbar, then click **Office**, then **Messaging**, and then **Electronic Messaging Types**. The *Electronic Messaging Template* Window displays.

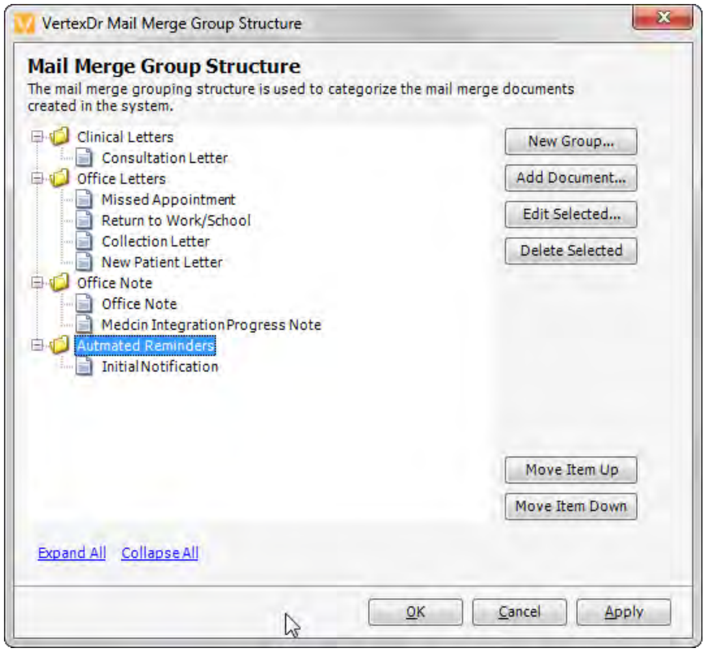


2. Click the **Insert** Button to add an appointment reminder E-Mail Type. The *Electronic Messaging Template* Window displays.



3. In the *Template Name* Field, give the message a description.

4. In the *Mail Merge Document* Field, click the **Magnifying Glass** Icon to access the *Mail Merge Tree* Window.

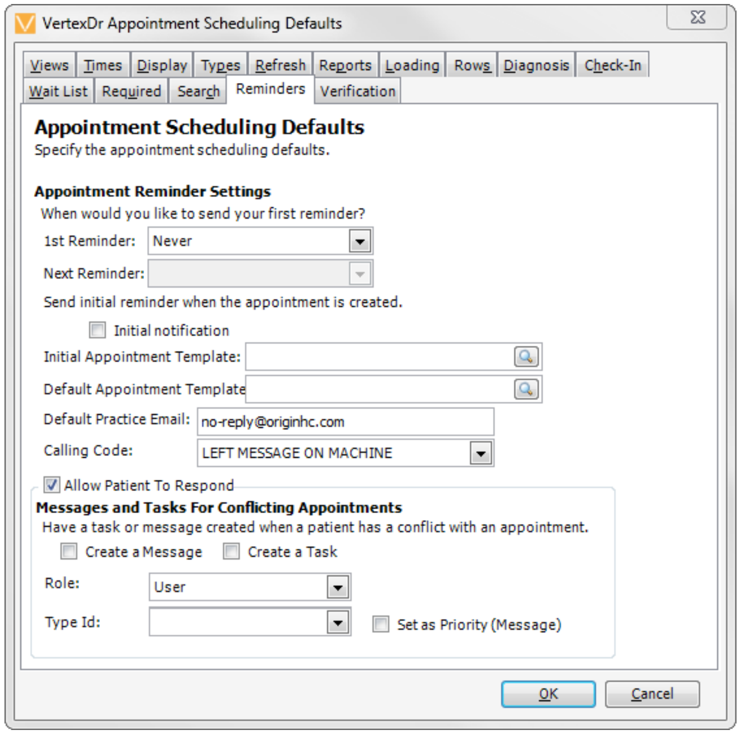


5. Highlight the appropriate Mail Merge letter and then click the **Select** Button. The *Change Template Message* Window displays.
6. Click the **Yes** Button to add the selected Mail Merge letter as an Electronic Messaging Template
7. Select the appropriate Template Type for this Mail Merge Template from the **Template Type** Dropdown.
    - **Appointment Reminder** – Selecting this option will send the selected Mail Merge Template as the E-Mail Reminder. From the e-mail, the patient will be able to confirm their appointment.
    - **Initial Appointment Notice** – Selecting this option will send the selected Mail Merge Template as Initial Notification. The patient cannot respond to this message from the e-mail.
8. Click the **Active** Checkbox to make this Electronic Message Type active.
9. When finished, click the **OK** Button to save the changes.
10. To insert a second Electronic Messaging Type, repeat steps 2 through 9.
11. When finished, click the **Exit** Button.

Appointment Parameters

Appointment Parameters allow the practice to set the functionality of the Appointment Reminders.

1. To access Appointment Parameters, click the **Definition** Menu from the Toolbar, then click **Parameters**, and then **Appointments**. The *Appointment Scheduling Defaults* Window displays.



2. Click the **Reminders** Tab.
3. When finished entering the information, click the **OK** Button to save the changes.

Appointment Reminder Settings Section

- **1st Reminder** Dropdown – Select an option for when the first reminder will go out. The following options can be selected from the dropdown: **2 weeks before**, **1 week before**, **5 days before**, **4 days before**, **3 days before**, **2 days before**, and **1 day before**.
- **Next Reminder** Dropdown – Select an option for when the next reminder will be sent out. The option selected here should be closer to the appointment date than the 1st Reminder date. The following options can be selected from the dropdown: **1 week before**, **5 days before**, **4 days before**, **3 days before**, **2 days before**, **1 day before**, and **Every day until**.

Note: The *Next Reminder* Field is optional. If you wish to only send one reminder, leave this field blank.

- Select the **Initial Notification** Checkbox if you wish to send the patient an e-mail notification after an appointment is scheduled.

Note: The **Initial Notification** Checkbox is optional.

- *Initial Appointment Template* Field – If the **Initial Notification** Checkbox is selected a corresponding Electronic Messaging Template must also be selected. Click the **Magnifying Glass** Icon to access the *Electronic Messaging Templates* Window. Highlight the desired Electronic Messaging Template and then click the **Select** Button.

Note: If only one appointment reminder is being sent, this field is not required.

- *Default Appointment Template* Field – Click the **Magnifying Glass** Icon to choose the Electronic Messaging Template that should be used for the Appointment Reminder e-mail.

Note: This field is required.

- *Default Practice Email* Field - This field can either be a valid email address at the practice or a no-reply e-mail address. If a valid e-mail address is used, patients will be to be able to reply to the confirmation email. If a no-reply e-mail is used, patients will not be able to respond to the appointment reminders.

Note: The use of a valid or a no-reply e-mail address is entirely the decision of the practice. It has no bearing on how the appointment reminders are sent.

- **Calling Code** Dropdown – From the **Dropdown** Menu, select a Confirmation Calling Code. This calling code will be attached to the appointment when the patient confirms the appointment reminder. A separate Confirmation Calling Code for the appointments which were confirmed by the Automated Appointment Reminder Feature can be created.

Note: For more information on creating Confirmation Calling Codes, reference the Manager's Manual.

Messages and Tasks for Conflicting Appointments Section

If a patient indicates a conflict with the scheduled appointment, a message or task can be generated.

1. Click the **Create a Message** or **Create a Task** Checkbox.

Note: Only one option can be selected.

2. From the **Role** Dropdown, select the specific role that you wish for the message or task to be sent to.
3. From the **Type ID** Dropdown, select the Message or Task Type to associate with the message or task. The system will automatically attach the selected Type to the message or task before sending it to the selected role.

Note: If a message is being sent, the message can be flagged as a high priority by selecting the **Set as Priority (Message)** Checkbox.

Patient Flow

The following section explains how the Practice Suite follows the patient throughout their visit, from the time the appointment is booked in Scheduler to checking the patient out at the end of their visit.

Patient Flow automates the patient visit by eliminating the manual documentation method of physically moving the paper chart with the patient through the office. It is more accurate and provides security for the patient's health information. This information can also be tracked and reported on.

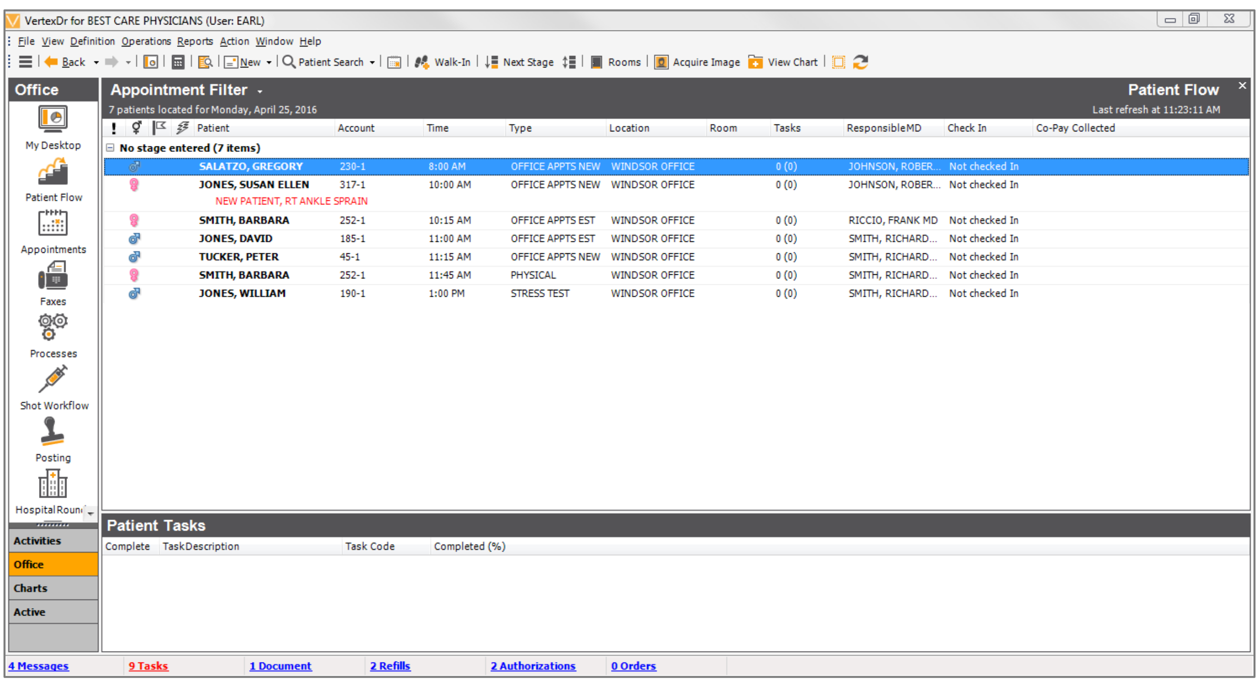
The patient's name, the scheduled time, the type of visit, the office location, and the providing physician are transferred to the Patient Flow Area from Scheduler.

Note: If the practice prefers to check-in patients through Scheduler, Legacy Settings can be used. For more information on Legacy Settings, reference the Scheduler Chapter of this manual.

Accessing Patient Flow

1. Click the **Patient Flow** Icon in the *Office* Section of the Navigation Pane. The *Patient Flow* Window opens.

Note: If the user's desktop configuration or Desktop Status Bar is set to display the **Appointments** Link or a specific stage, those links can also be selected.



The patients with scheduled appointments will appear in the *No stage entered* Stage indicating that they have not arrived for their appointment yet.

Note: The stages discussed in this manual are basic. They have been set-up to give the user an idea of the stages used in Patient Flow. All workflow stages, with the exception of the *No stage entered* Stage, can be customized to meet the needs of the practice.

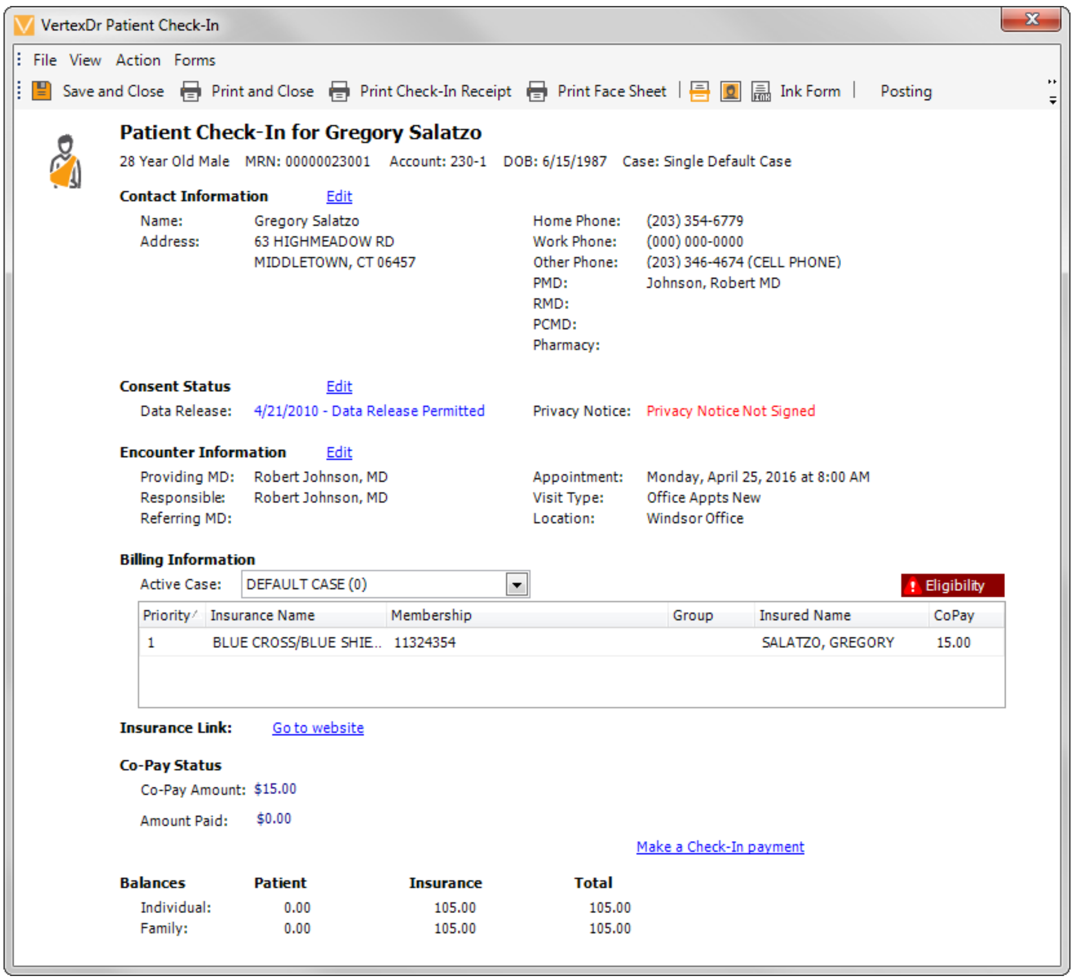
Moving through the Stages

Moving patients through stages is how the Patient Flow Area indicates to all users where patients are located within the office workflow.

To move patients through the stages:

1. When a patient arrives for the appointment, highlight the patient's name in the list and the click the **Next Stage** Button from the Toolbar. The *Patient Check-In* Window can be set to open at this stage.

Note: The *Patient Check-In* Window can be set to display at any stage or not at all. For more information on defining stages, see the *VertexDr* Section of the VertexDr Manager's Manual.



- The *Contact Information* Section displays basic demographic information. To make any changes click the **Edit** Link. Patient Definition will open.

- The *Consent Status* Section displays the date last signed for the Data Release and Privacy Notice. To make any changes click the **Edit** Link.
- The *Encounter Information* Section displays the providers associated with the appointment, the appointment date and time, the visit type and the location. To make any changes click the **Edit** Link.
- The *Billing Information* Section displays the Active Case and the insurance(s) associated with the case. To change the case associated with this date of service, select the appropriate case from the dropdown. If available, insurance eligibility can be checked by clicking the Eligibility Flag above the *Insurance* List Box
- In the *Co-Pay Status* Section, the *Co-Pay Amount* represents the amount entered when the insurance was added. In the *Amount Paid* Field enter the amount received or select it from the dropdown. Select how the patient is paying from the **Transaction Type** Dropdown Button.

Note: If the patient's insurance or co-pay amount has changed, be sure to edit Patient Definition prior to collecting the co-payment.

  - The **Apply Entire Amount to Co-Pay Suspense** Checkbox is used typically for self-pay patients paying toward today's date of service. Do not select this checkbox when the patient is paying a co-payment only and the co-payment amount is listed in the *Co-Pay Amount* Field.

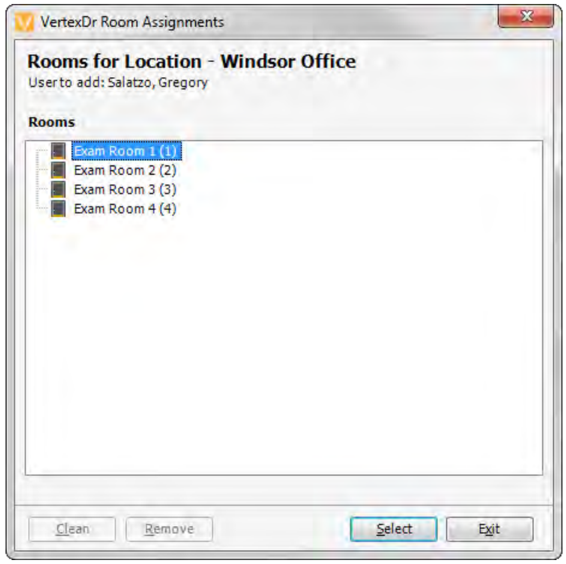
Note: If your practice is using Credit Card Processing, please refer to the Credit Card Processing Manual for further information on collecting co-payments and credit card payment posting through Check In.

- The *Balances* Section displays the *Patient*, *Insurance*, and total account balances. If the practice is using Family Billing, the family balance information is also displayed.

2. When finished click the **Save and Close** Button. The patient will now display in the *Patient Checked In* Stage.

Note: If the patient has made a co-payment, select the **Print and Close** Button. This will print a receipt for the payment and then save and close the *Patient Check-In* Window.

3. Once the *Patient Check-In* Window is closed, the patient is moved into the following stage. To continue moving the patient through the stages, click the **Next Stage** Button or select *Next Stage* from the **Right-Click** Menu. The *Room Assignments* Window will open if the selected stage is set up to move the patient into a room.

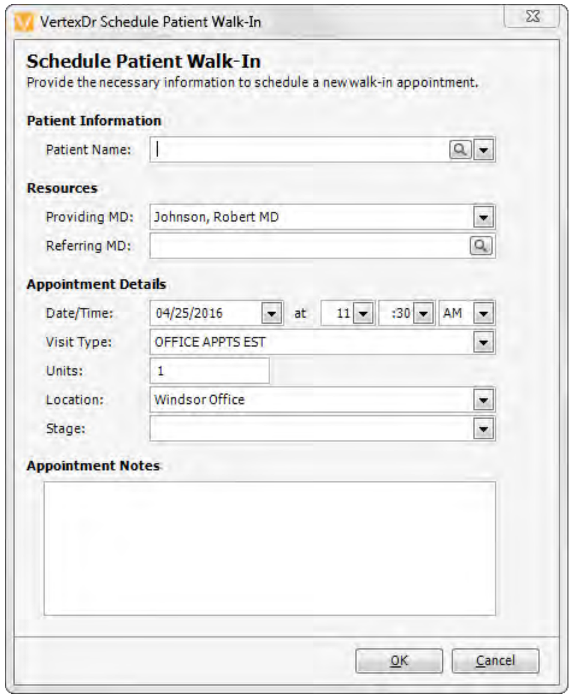


4. Highlight which room to place the patient in and click the **Select** Button. On the *Patient Flow* Window, the patient will now display in the appropriate stage with the assigned room number displayed in the *Rooms* Column. When selecting a room, if a patient is already in a room, the patient will display below the room name, as seen in the image above.
   - The **Clean** Button can be used to indicate that a room has been cleaned once a patient has been removed from a room.
   - Click the **Remove** Button to manually remove a patient from the selected room.
5. Once the provider has seen the patient, the patient can be moved to the *Checked-Out* Stage. Click the **Next Stage** Button or click **Next Stage** from the **Right-Click** Menu. A message box appears asking whether you wish to remove the patient from the exam room. Click the **Yes** Button to remove the room number from the *Room* Column and move the patient to the final stage. Click the **No** Button to leave the room number in the *Room* Column, but still move the patient to the final stage. Click the **Cancel** Button to return to the Patient Flow Area without moving the patient.

Walk-In Appointments

A walk-in appointment is used only to schedule an appointment for a patient who came into the office and did not have an appointment scheduled but will be seen by a provider at that time.

1. On the Toolbar, click the **Walk-In** Button. The *Schedule Patient Walk-In* Window opens.



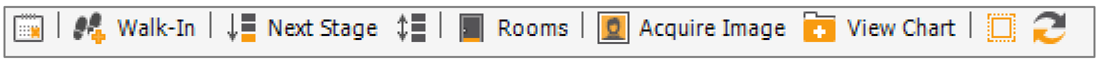
2. In the *Patient Name* Field, select the **Magnifying Glass** to search for and select the patient from the *Patient Search* Table.
3. In the *Resources* Section, the *Providing MD* and *Referring MD* Fields will fill in with the providers listed on Patient Definition. To change either field, click the dropdown arrow or the **Magnifying Glass**.
4. In the *Appointment Details* Section, the *Date/Time* will default to the current date and time. In the *Visit Type* Field, click the **Magnifying Glass** to choose a visit type from the *Appointment Type* Table.
5. The *Units* Field represents the number of time slots needed for the visit type selected. If necessary, click in the field and type over the existing number to change the number of units.
6. The *Location* Field defaults to the user's default location. To change the location where the patient is being seen, click the **Location** Dropdown and choose from the list.
7. If necessary, jump the patient to a specific stage by selecting the stage from the **Stage** Dropdown.
8. In the *Appointment Notes* Section, enter any additional comments pertaining to the patient's appointment.
9. When finished, click the **OK** Button.

Reset the Stage

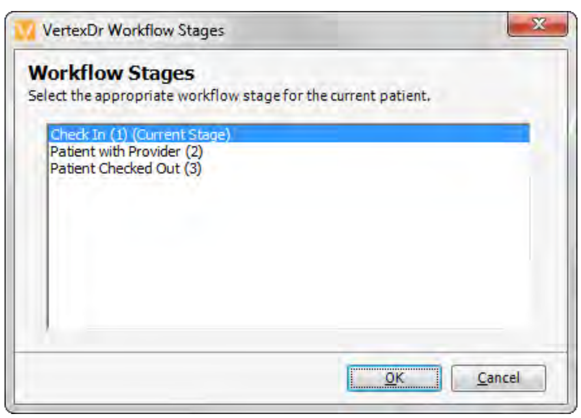
Patient's often are checked in accidentally or need to leave the office. To reset a patient from the current stage they are in back to the *No stage entered* Stage, right-click on the patient in the Patient Flow Area and then select **Reset Stage**. The *Reset Stage* Message Box appears. Click the **Yes** Button to confirm the selection and reset the stage. Resetting a stage will also delete the associated encounter that was created when the patient was checked in. If any charting has been started on this patient, the stage will not be able to be reset. Click the **No** Button to cancel the selection and return to the Patient Flow Area.

Note: If a co-pay was collected for the selected patient, it must deleted from the *Patient Check-In* Window before the stage can be reset.

Patient Flow Toolbar



- **View Appointment** - Highlight a patient in the Patient Flow Area and then click the **View Appointment** Button. A read-only view of the *Patient Appointment* Window will open.
- **Walk-In** - Click the **Walk-In** Button to create a walk-in appointment.
- **Next Stage** – Click the **Next Stage** Button to move the highlighted patient to the following stage.
- **Select Stage** - The **Select Stage** Button enables a user to move a patient to a specific stage without having to go through the *Next Stage* process.
  1. Once the **Select Stage** Button is selected, the *Workflow Stages* Window opens.

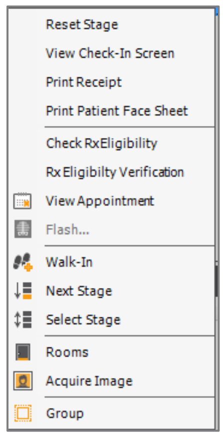
  2. Highlight the desired stage and click the **OK** Button. The patient will appears in the selected stage.
- **Rooms** - The *Room Assignment* Window shows the exam rooms, the number of the exam rooms, and the current patient in each exam room.

- **Acquire Image** – The **Acquire Image** Button allows the practice to capture an image of the highlighted patient.

Note: The practice must be utilizing a web camera for the Acquire Image Feature to function.

- **View Chart** – The **View Chart** Button will allow the user to access Patient Definition or the Patient Chart, depending on user securities, for the highlighted patient.
- **Group** – The **Group** Button allows the user to group or ungroup the stages.

Patient Flow Right-Click Menu



Several of the options in the **Right-Click** Menu can also be found in the Toolbar. The following items are specific to the **Right-Click** Menu:

- **View Check-In Screen** – Selecting this option will reopen the *Patient Check-In* Window.
- **Print Receipt** – Selecting this option will re-print a patient receipt if a co-payment was collected.
- **Print Patient Face Sheet** – Select this option to print a face sheet for the highlighted patient.
- **Check Rx Eligibility** – Select this option to manually run the prescription eligibility check for the highlighted patient. If prescription benefit information is found, an **Insurance Card** Icon will display to the left of the patient name.
- **Rx Eligibility Verification** – Select this option to view the *Insurance Verification* Window for the highlighted patient. The window will display the *Current Insured Information* (the insurances currently listed in Patient Definition) as compared to the *Pharmacy Benefits Information* (the insurances obtained from the carrier electronically).
- **Flash** – This option is used specifically with the Radiology Module.

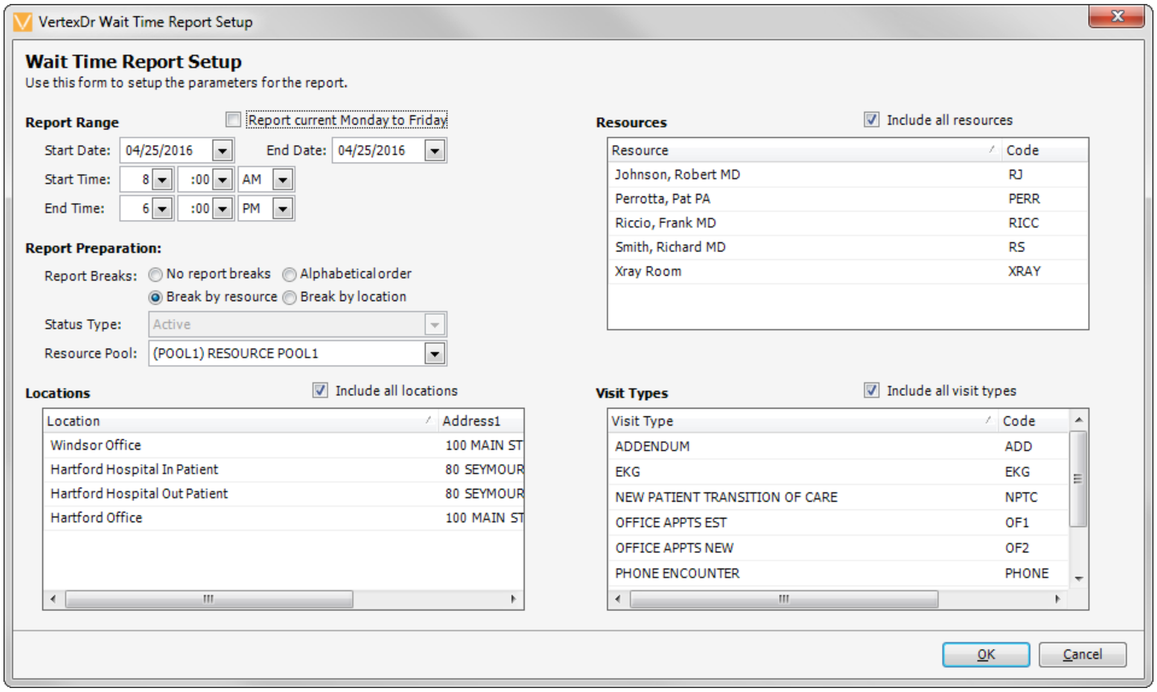
Reports

Several reports are specific to the Patient Flow Area and can help the practice identify efficiency.

Wait Time Report

To access the Wait Time Report:

1. From the Patient Flow Area, click **Reports** and then *Wait Time Report*. The *Wait Time Report Setup* Window displays.



2. The *Report Range* Section is used to define what day(s) and time(s) the report should display. To run the report for the current work week, click the **Report current Monday to Friday** Checkbox.
3. The *Report Preparation* Section allows the user to determine how the results should be displayed on the report.
    - The **Report Breaks** Radio Buttons will determine where page breaks will occur.
        - **No report breaks** – Results will be listed in appointment time order and page breaks will occur naturally as needed.
        - **Break by resource** – Results for each scheduling resource will display on separate pages.
        - **Alphabetical order** – Results will display alphabetically in patient name order. Page breaks will occur naturally as needed.

- **Break by location** – Results for each scheduling location will display on separate pages.

- The **Status Type** Dropdown will default to **Active**.
- The **Resource Poo**l Dropdown will default to the user's default Resource Pool. However, the field allows the user to select a different pool if needed.

4. The *Locations*, *Resources*, and *Visit Types* Sections will default to **Include all ...** If only specific locations, resources, or appointment types are desired, select the from the appropriate list box.

Note: If multiple locations, resources, and/or appointment types are desired, hold the **Ctrl** Key while clicking on the desired options to highlight multiples.

5. When finished, click the **OK** Button to run the report.

Wait Time Average Report

The *Wait Time Average* Report displays the average wait time in each stage, per resource.

To access the *Wait Time Average* Report, click **Reports** and then *Wait Time Average Report*. The *Wait Time Average Report Setup* Window displays. The setup parameters for this report function the same as the *Wait Time Report*, please reference the section above for details.

Encounters Area

Medcin Charting

Mail Merge

Mail merge is a way to send a customized letter(s) to either patients, providers or other individuals. Data fields available from various tables in the system may be inserted into a mail merge letter. When a mail merge letter is pulled from the Patient Chart, the selected data fields will pull in that specific patient's information.

Mail merge letters are also used for creating narratives. A narrative allows a provider to dictate a progress note and send to a transcriptionist for transcription for practices using the Dictation and Transcription Suite.

Note: Please see the *Dictation and Transcription* Section of this manual for more information.

Accessing Mail Merge Letters

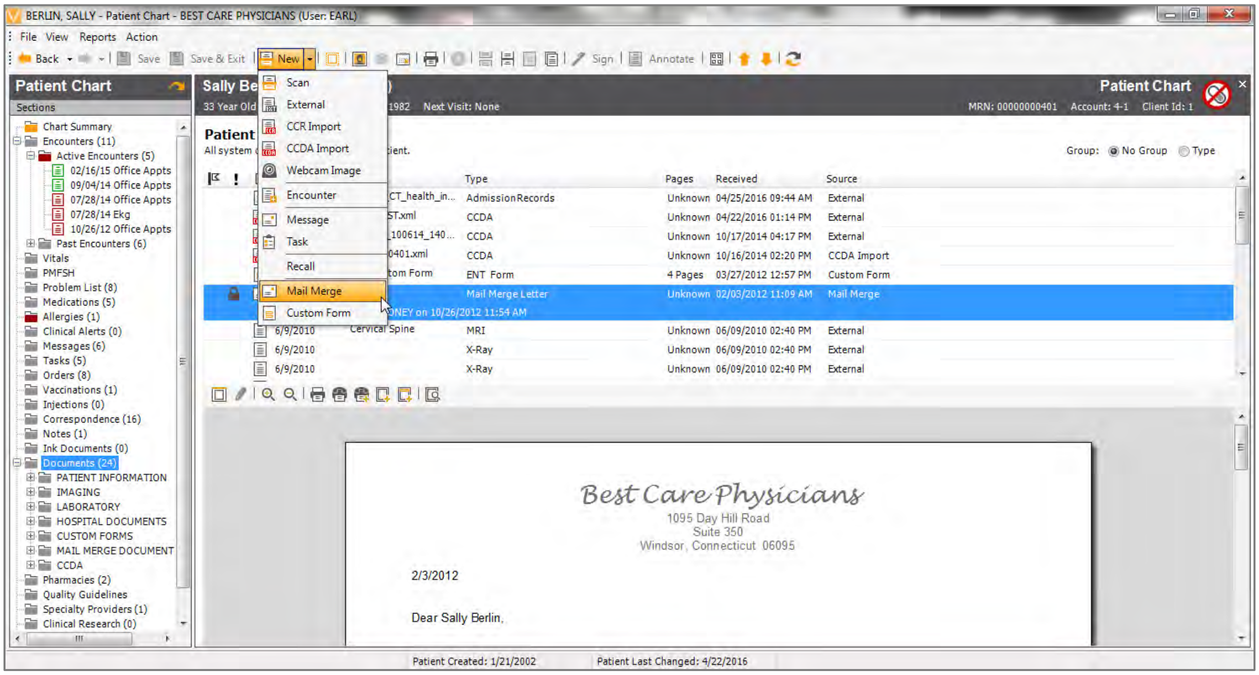
Mail merge letters can also be accessed from any section of the Patient Chart by clicking the **New** Dropdown and then clicking **Mail Merg**.

Mail merge letters can also be accessed from a specific encounter and from the *Charting* Area. Accessing a mail merge letter from an encounter allows for clinical information to be pulled into the mail merge letter.

Mail merge letters can also be accessed from the *Patient Appointment* Window in Scheduler. Selecting a mail merge letter from the *Patient Appointment* Window allows for appointment information to be pulled into the letter.

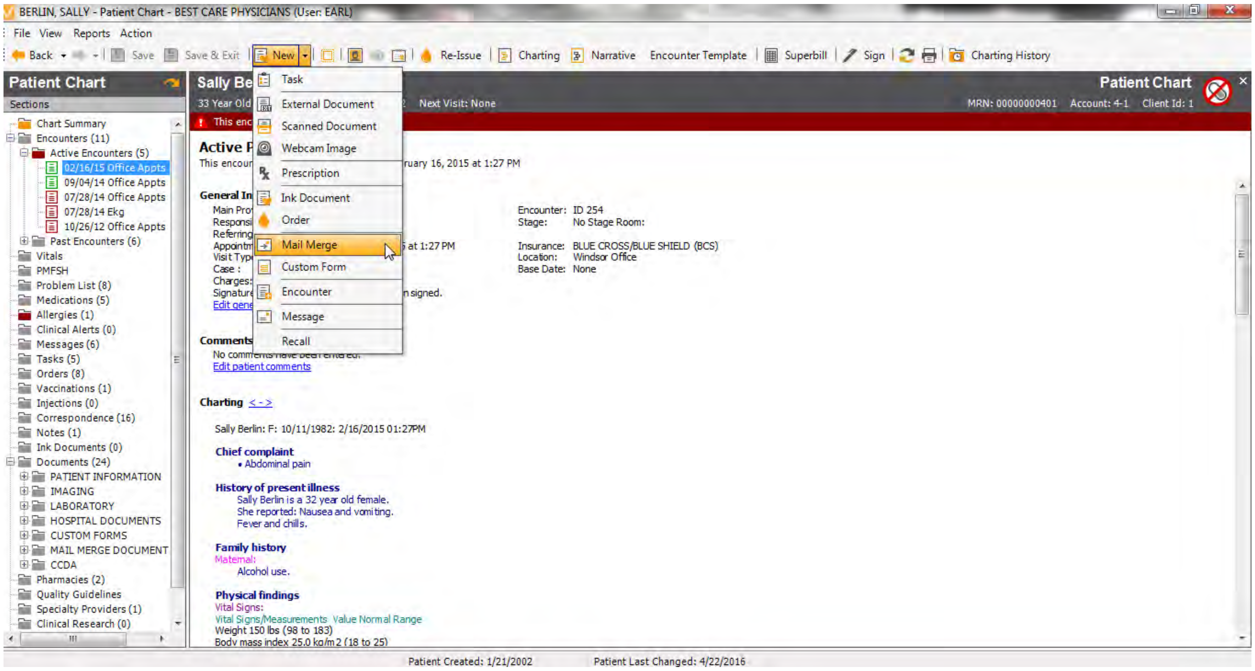
From the Documents Section of the Patient Chart

From the *Documents* Section of the Patient Chart, click the **New** Dropdown Button on the Toolbar and then click **Mail Merge** from the **Dropdown** Menu.



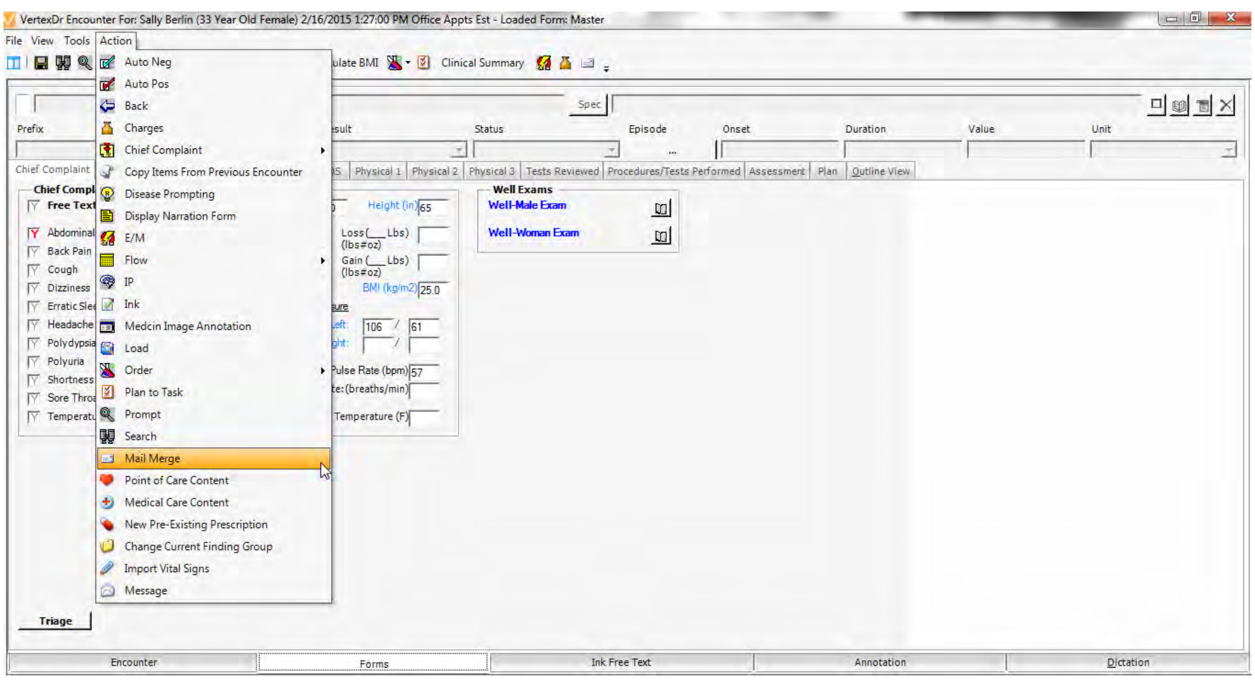
From a Patient Encounter

From an *Active* Encounter, click the **New** Dropdown Button on the Toolbar and then select **Mail Merge** from the **Dropdown** Menu.



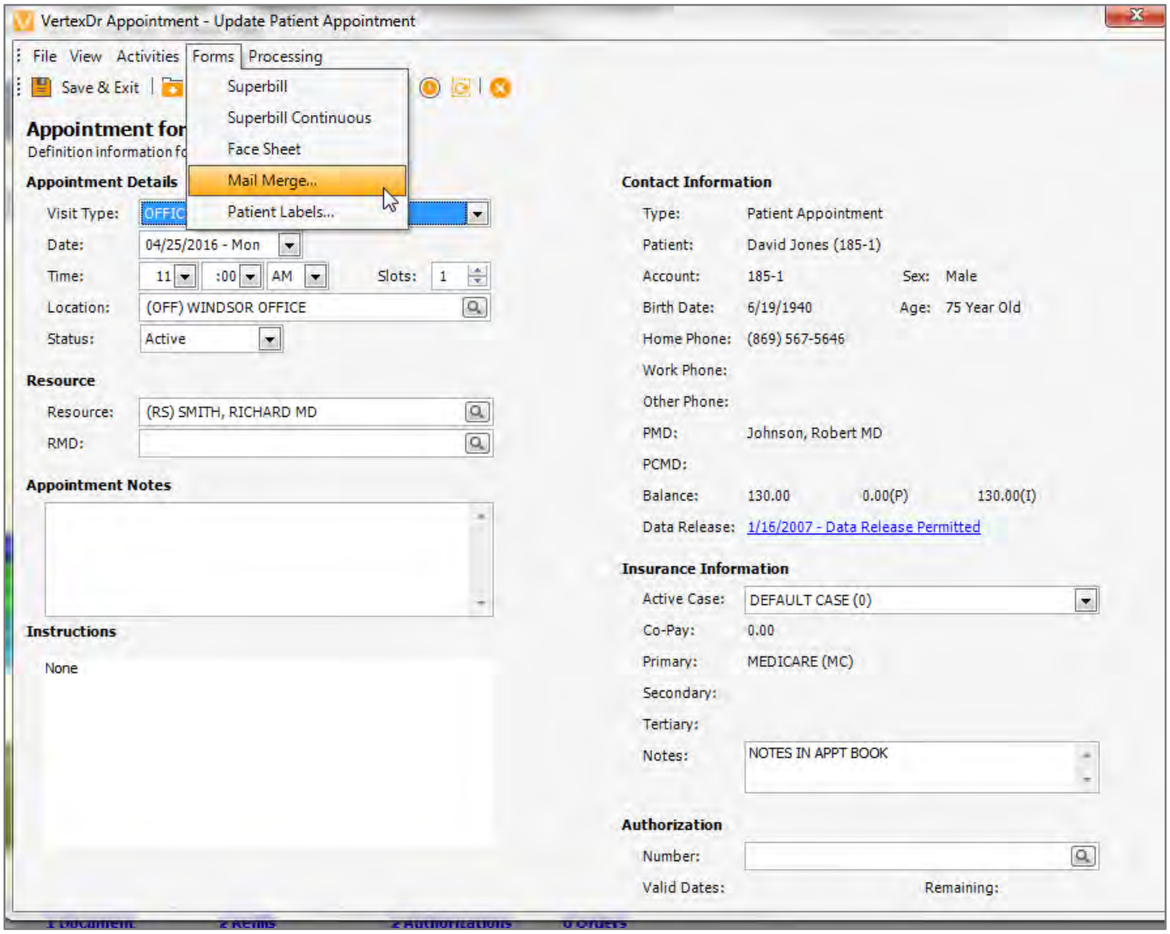
From the Charting Area

From the *Charting* Area, click the **Action** Menu and then select **Mail Merge** from the **Dropdown** Menu.



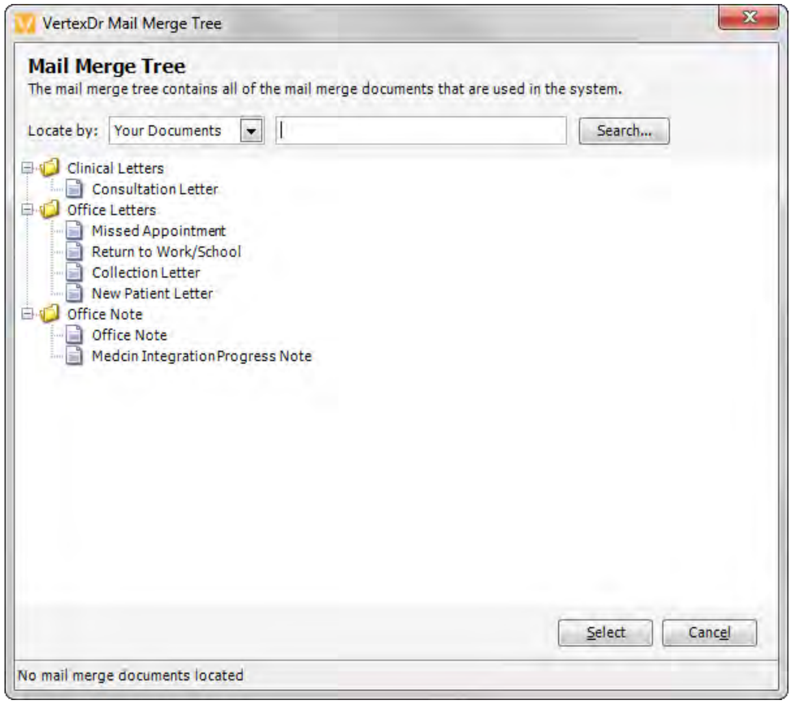
From the Patient Appointment Window

From the *Patient Appointment* Window, click the **Forms** Menu and then select **Mail Merge** from the **Dropdown** Menu.



Selecting the Mail Merge Letter

Once the **Mail Merge** Option has been selected, the *Mail Merge Tree* Window opens. A user can select a mail merge letter from the **Your Documents Locate by** Dropdown or from the **All Documents Locate by** Dropdown if permissions are granted. The *Mail Merge Tree* displays and the letter can be selected.



Highlight the desired letter and click the **Select** Button to continue to the letter.

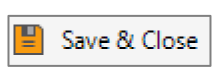
Note: If the desired mail merge letter is not visible, change the **Locate by** Dropdown to All Documents. This will display all mail merge letters available in the system.

Mail Merge Functionality

Mail merge letters can be edited as needed once selected. Additional data fields or text may be added if desired. A standard text formatting toolbar is available. The font type and font size can be changed for highlighted text. Highlighted text can be bolded, italicized or underlined. Cut, copy and paste options are also available buttons on the Toolbar.

Save & Close

Click the **Save and Close** Button when the document is finalized.

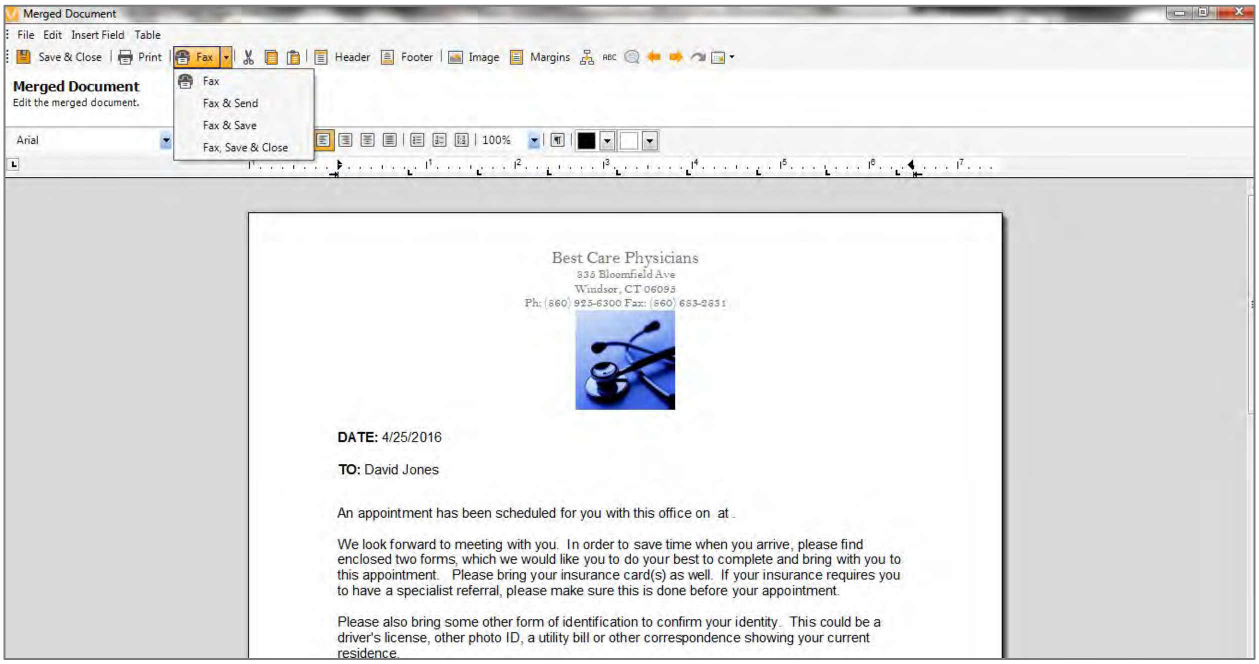


Printing

A mail merge letter can be printed. From the *Merged Document* Window, click the **Print** Button on the Toolbar to print the mail merge letter.

Faxing

The **Fax Dropdown** Button on the Toolbar allows the user to select what window to return to after faxing the letter. A recipient can then be selected and the letter will be sent to the desired recipients.



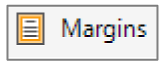
1. From the *Merged Document* Window, click the **Fax Dropdown** Button on the Toolbar.
    - Select the **Fax** Button from the **Dropdown** Menu to send the letter to a recipient not listed in patient related contacts. The *Fax Recipients* Window will open.
    - Select the **Fax & Send** Button from the **Dropdown** Menu to fax the mail merge letter to the patient's *Patient Related Contacts*. The *Fax Recipients* Window will not open. The letter will remain open for further activity.
    - Select the **Fax & Save** Button from the **Dropdown** Menu to fax the letter to the patient's *Patient Related Contacts*. The *Fax Recipients* Window will not open. The letter will then close, leaving the *Mail Merge Tree* Window open. This allows the user to select a second mail merge letter for further activity.
    - Select the **Fax, Save & Close** Button from the **Dropdown** Menu to fax the letter to the patient's *Patient Related Contacts*. Both the mail merge letter and the *Mail Merge Tree* Window will close. The user will return to the Patient Chart or Patient Definition.

Note: For more information on faxing documents, reference the *Faxing & Printing Documents* Section of this manual.

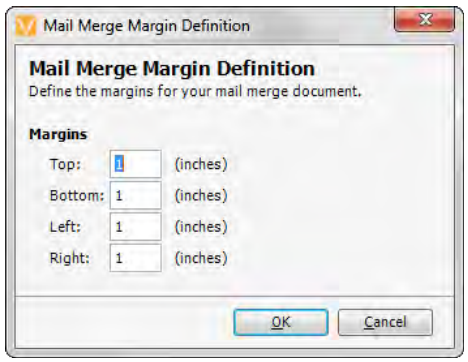
Adjusting the Margins

The margins for the mail merge letter can be changed by the user. The left, right, top, and bottom margins can be adjusted.

1. From the *Merged Document* Window, click the **Margins** Button on the Toolbar.

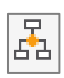
   The *Mail Merge Margin Definition* Window opens.

2. Set the desired margin in any of the *Margin* Fields.
3. Click the **OK** Button to save the changes made to any of the *Margin* Fields. The *Merged Document* Window becomes visible.

Macros

Macros are predefined text that can be created for commonly used text. Macro text can be used within mail merge letters to reduce the amount of typing for text that is used often. The selected macro will display where the cursor was placed. The **Macro** Button allows the user to pull pre-defined text into the mail merge letter.



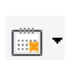
Note: It is important to first place the cursor in the mail merge letter before clicking the **Macro** Button. The macro will display where the cursor was placed.

Spell Check

The **Spell Check** Button

allows the user to correct any misspelled words in the mail merge letter.

Calendar

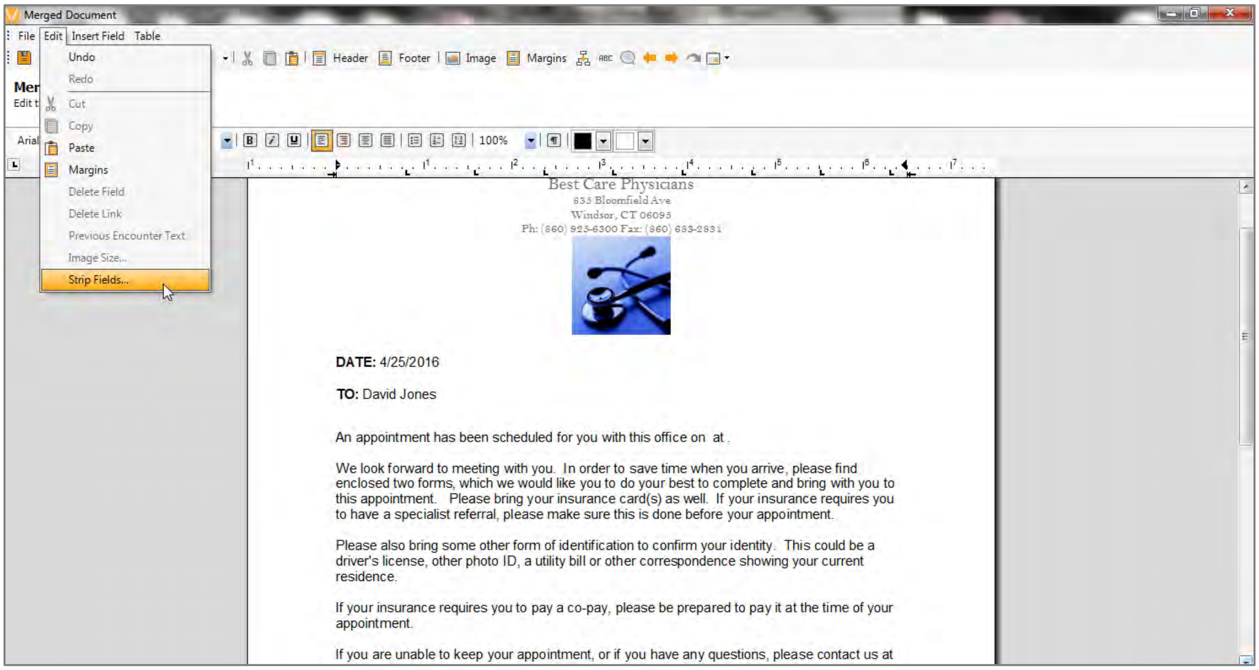
The **Calendar** Button  allows the user to pull a date into the mail merge letter.

Note: It is important to first place the cursor in the mail merge letter before using the calendar. The date will display where the cursor was placed.

Strip Fields

Merged fields that do not populate information from the Patient Chart or encounter can easily be stripped from the letter.

1. From the *Merged Document* Window, click the **Edit** Menu and then click **Strip Fields** from the **Dropdown** Menu.



2. The merge field is then removed from the letter so it will not display when the mail merge letter is printed or faxed.

Custom Forms

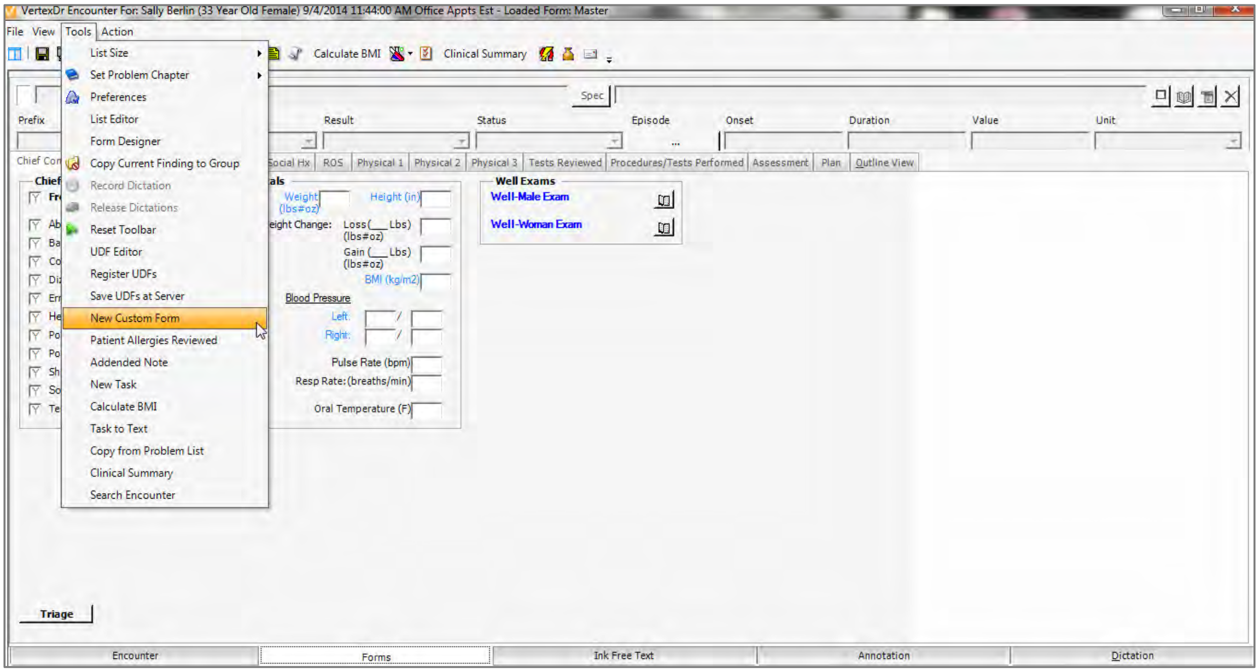
A custom form is an electronic version of a paper document. Custom forms can be generated from a patient encounter, the *Documents* Section of the Patient Chart, or the Medcin Charting Area; and can even be set to pull specific patient information from the Patient Chart, Patient Definition, and encounter information.

Custom Forms can be routed for signature or review from the *Documents* Section of the Patient Chart or attached to a patient encounter and signed off when the provider signs and locks the attached encounter.

Accessing a Custom Form from the Medcin Charting Area

Custom forms can be accessed from the Medcin Charting Area. To do so:

1. From within Medcin Charting, click the **Tools** Menu.



2. Select **New Custom Form** from the **Dropdown** Menu.

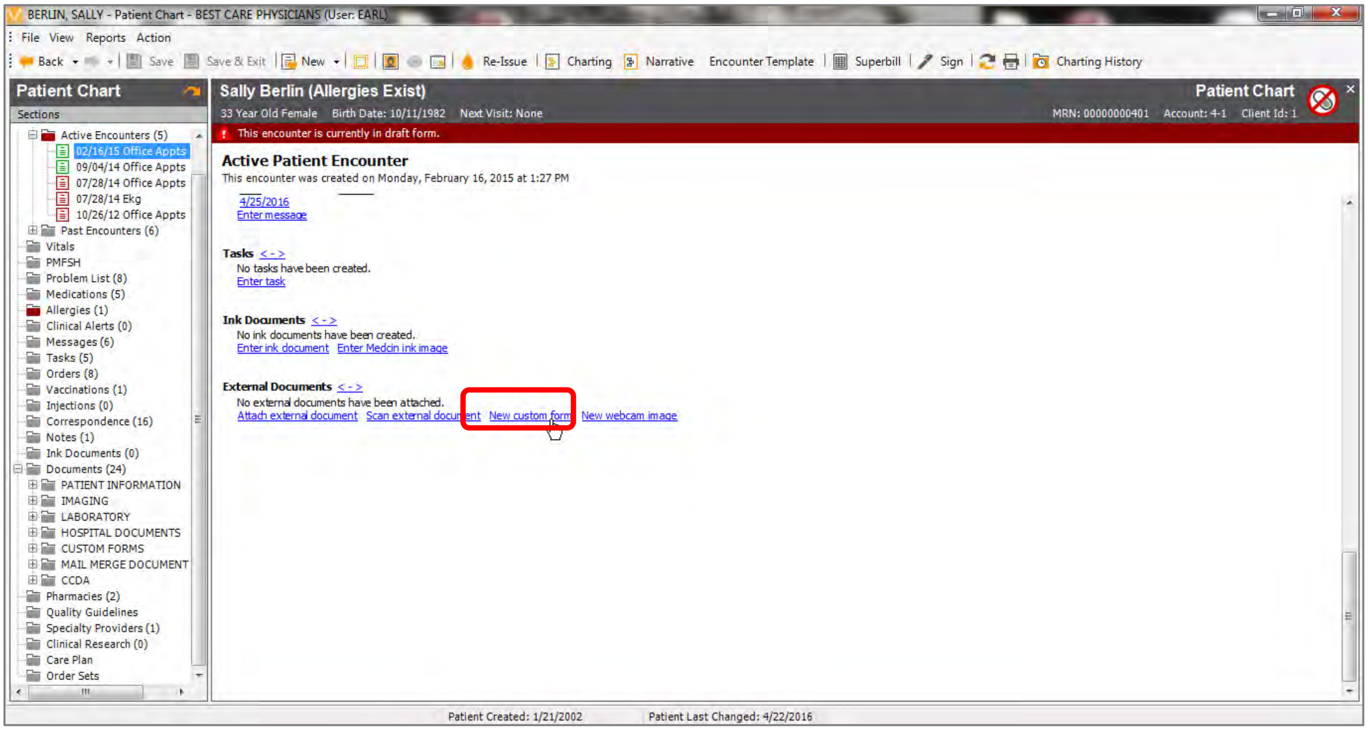
Accessing a Custom Form from the Patient Chart

Custom Forms can be accessed from the *Encounters* Section the *Documents* Section of the Patient Chart. In either case, the steps required to generate the form are the same.

Custom Forms from the Encounters Section

To access a custom form from the *Encounters* Section of the Patient Chart:

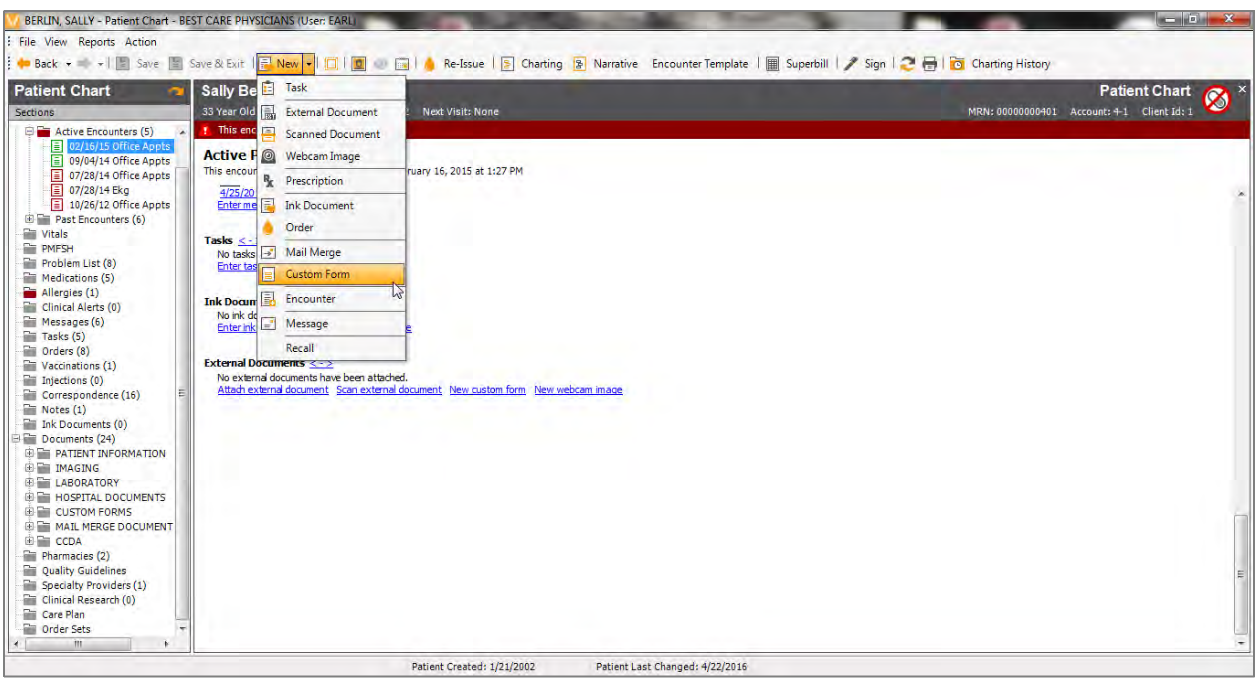
1. On the selected encounter, click the **New Custom Form** Link.



Custom Forms in an Active Encounter

To access a custom form from an open, active encounter:

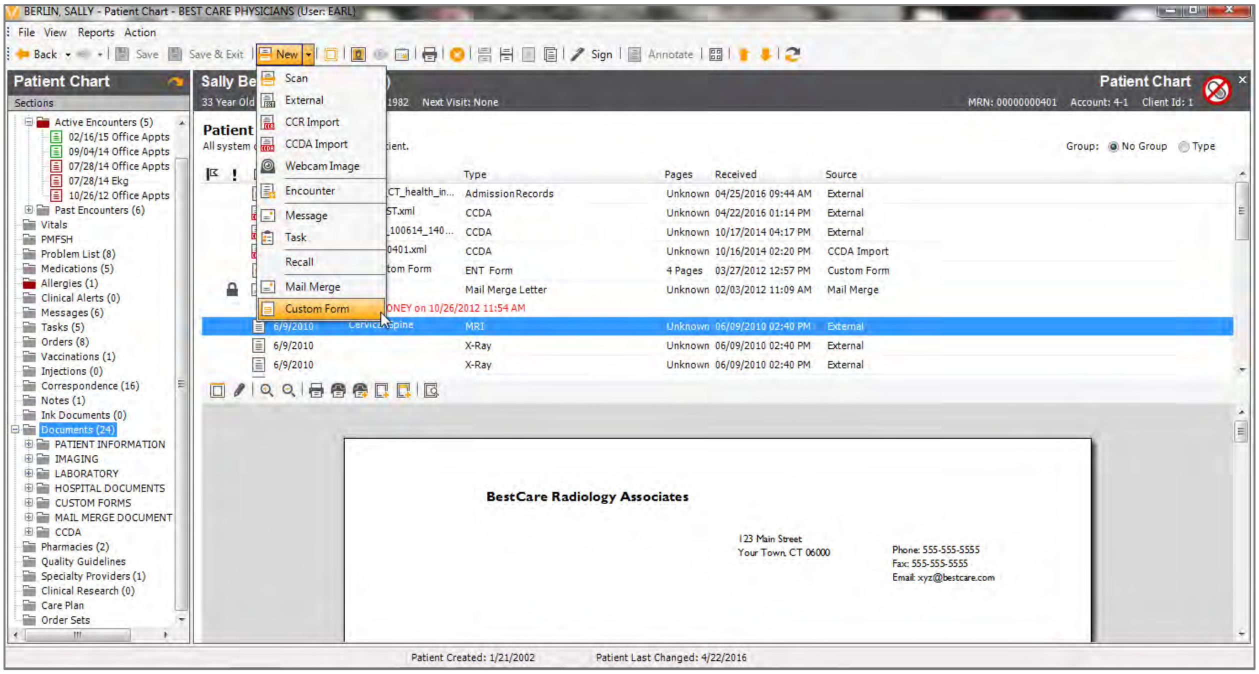
1. Highlight the desired encounter and then click the **New** Dropdown Arrow.



Custom Forms Documents Section of the Patient Chart

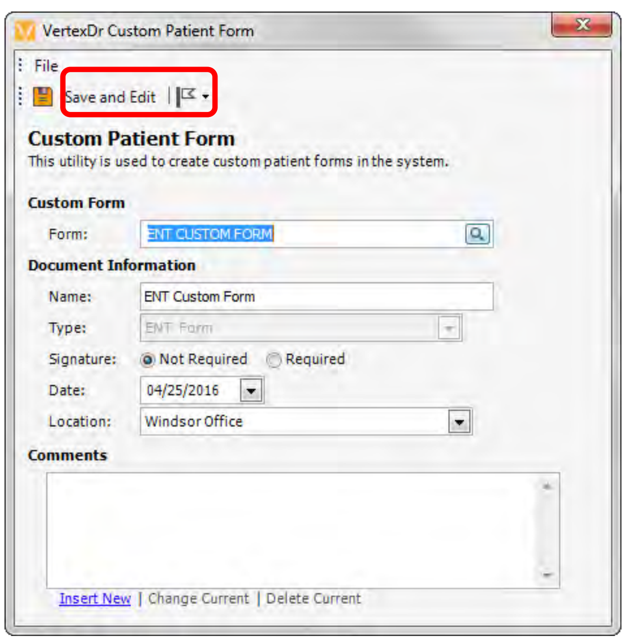
To access a custom form from the *Documents* Section of the Patient Chart:

1. Click the **New Dropdown** Button on the Toolbar.
2. Click **Custom Patient Form** from the **Dropdown** Menu.

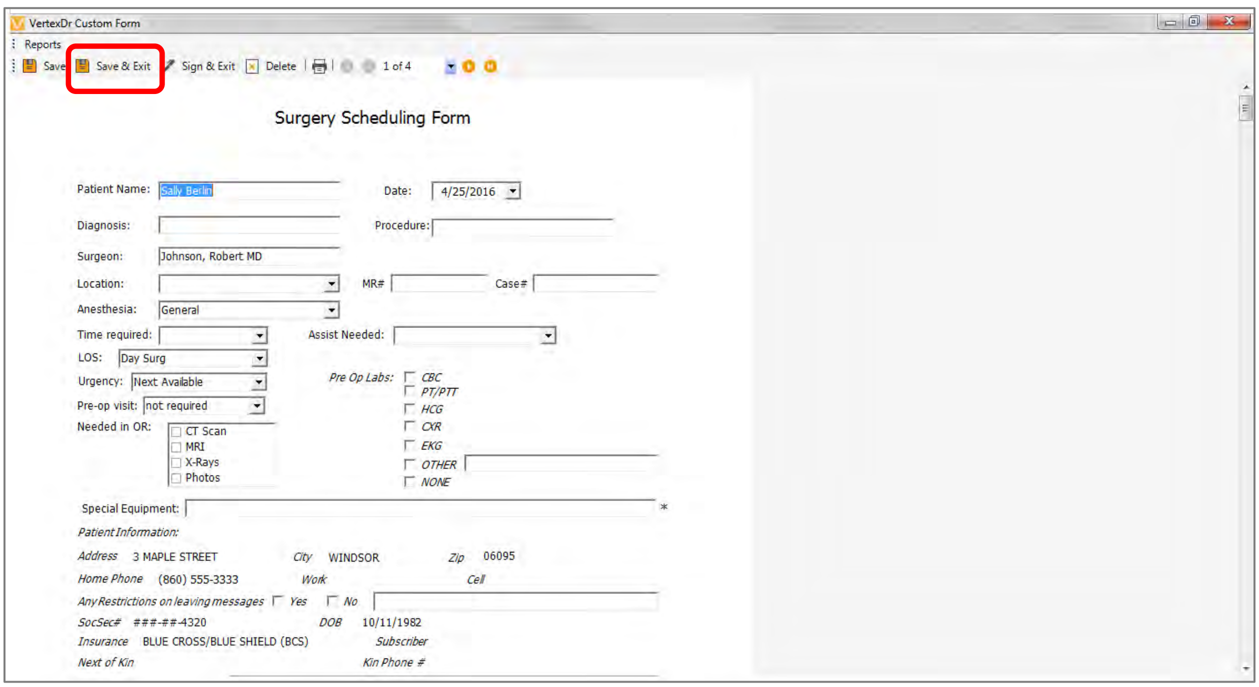


The Custom Patient Form Window

The Custom Patient Form Window displays whether the custom form is generated from an encounter or from the *Documents* Section. This section details the specifics of generating a custom form.



1. Click the **Magnifying Glass** Icon in the *Form* Field to search and select the desired custom form. Once selected, the description of the custom form appears in the *Name* Field.
2. The *Signature* Field defaults to the **Not Required** Radio Button. To require a signature, click the **Required** Radio Button.
3. The current date defaults in the *Date* Field. Click the **Down Arrow** Button to select a different date if necessary.
4. The default location for the user generating the custom form defaults in the *Location* Field. Click the **Location** Dropdown to select a different location if necessary.
5. Click the **Insert New** Link to type a comment in the *Comments* Text Box.
6. When finished, click the **Save and Exit** Button. The *Custom Form* Window opens.

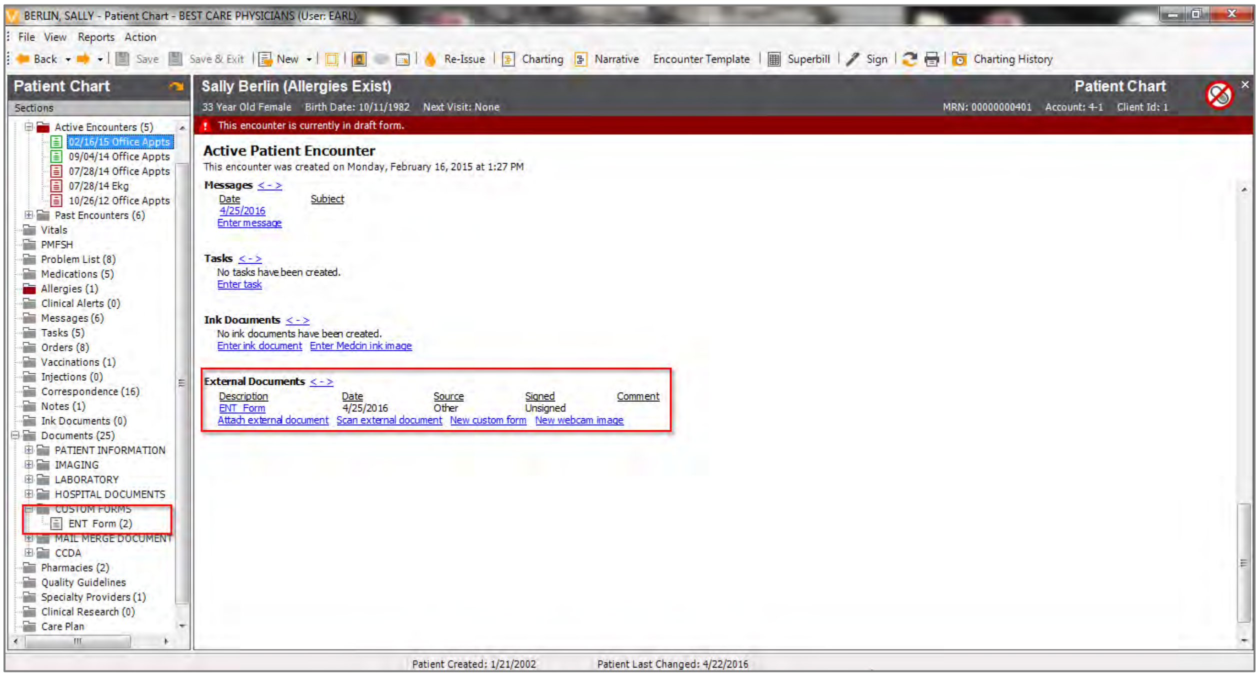


7. Fill in the necessary fields entering the appropriate text in the Text Boxes, clicking the appropriate Radio Buttons, and check the appropriate Checkboxes.
8. Click the **Printer** Button to print the custom form if necessary.
9. Click the **Save** Button on the Toolbar to save the custom form to the *Documents* Section of the Patient Chart, but leave the *Custom Form* Window open for additional edits or click the **Sign and Exit** Button on the to lock the custom form from additional edits, save it to the *Documents* Section of the Patient and close the *Custom Form* Window in one click.

10. The **Delete** Button can be clicked if necessary to delete the custom form from the Patient Chart.

Note: The **Delete** Button is only available on un-signed custom forms. Once signed, a custom form cannot be deleted from the Patient Chart.

11. When finished, click the **Save & Exit** Button on the Toolbar to save the custom form to the *Documents* Section of the Patient Chart and close the *Custom Form* Window. The Active Patient Encounter becomes visible and the selected custom form displays under the *External Documents* Section.



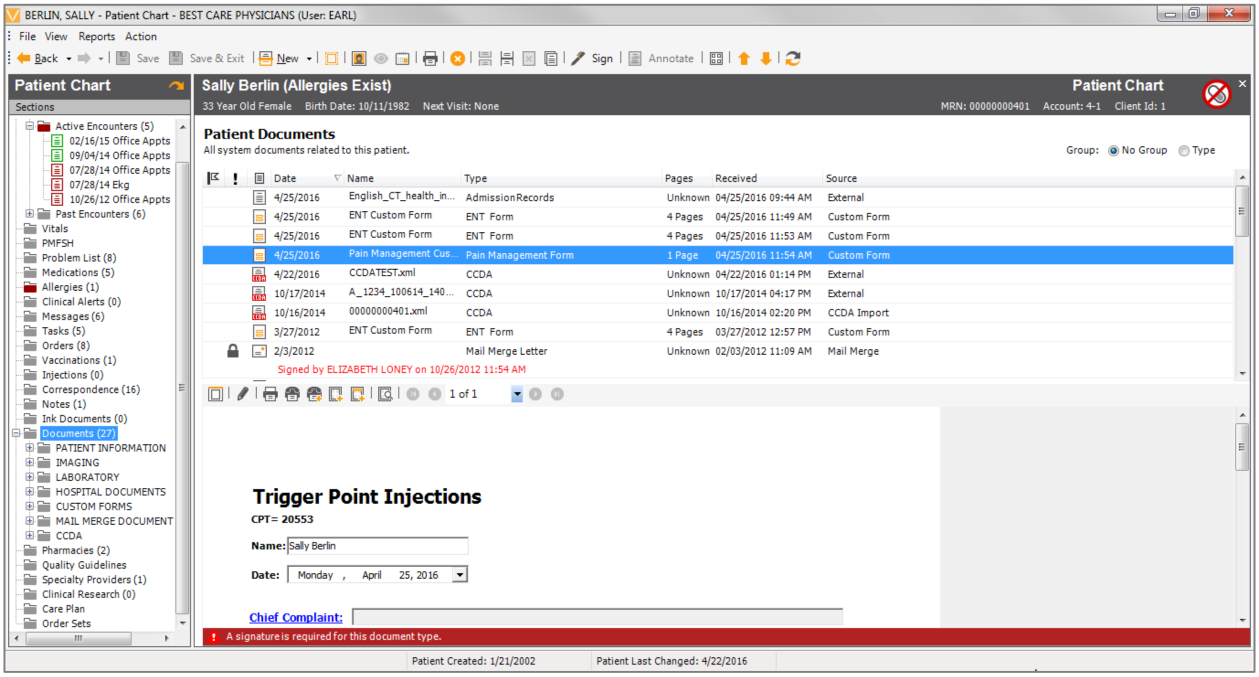
Editing a Custom Form

An unsigned custom form can be opened for editing. Any changes made to the custom form will write to the copy in the provider's Document Review Area.

To edit a custom form:

1. From the *Documents* Section of the Patient Chart, highlight the custom form.

2. Click the **Edit** Button on the *Gray* Toolbar to open the custom form for editing.

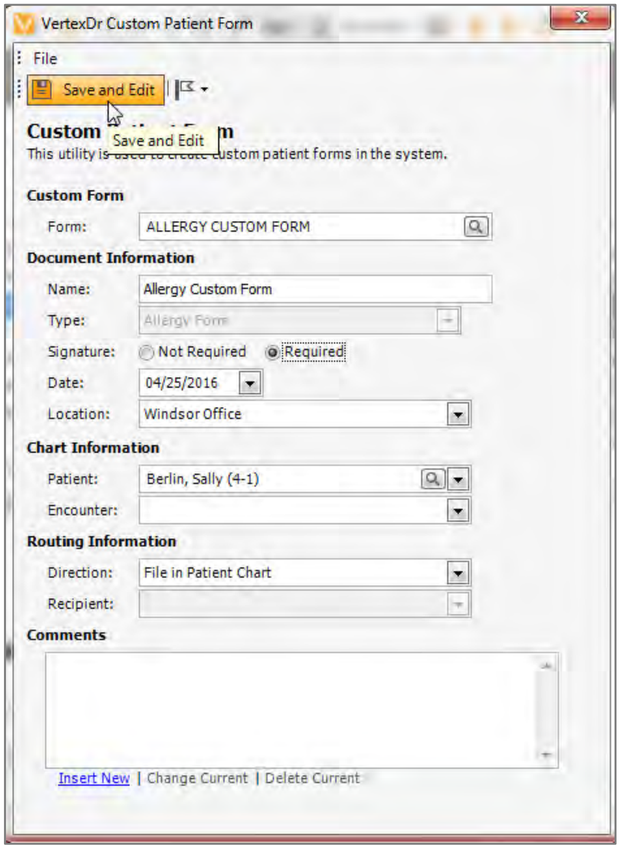


Routing a Custom Form for Signature

Custom forms that aren't attached to an encounter can be routed to a provider for signature. Signing the custom form will lock it from additional edits.

To route a custom form for signature:

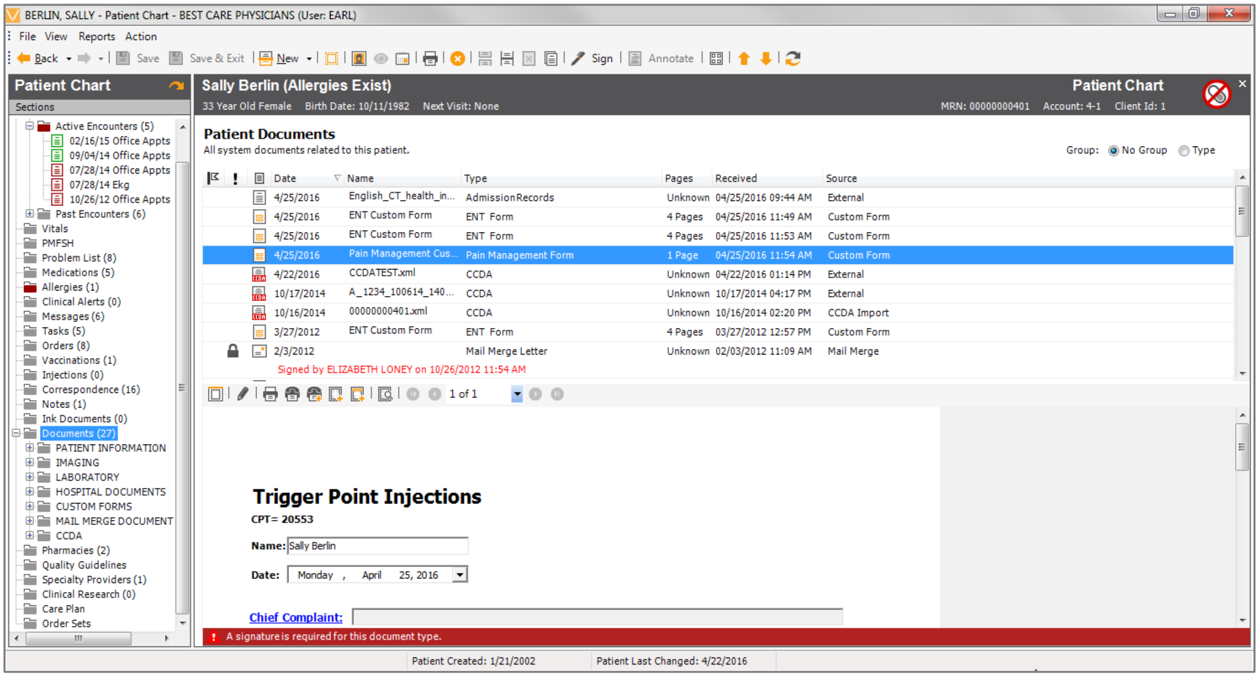
1. From the *Custom Patient Form* Window, click the **Required** Radio Button.



2. The *Direction* Field defaults to **File in Patient Chart**. Click the **Direction** Dropdown and then select Send to Individual Provider or Send to Role.
3. Click the **Recipient** Dropdown and select the appropriate provider or role.
4. The **Priority** Dropdown on the Toolbar can also be clicked to send the document with **High**, **Normal High**, **Normal Low** or **Low** priority.
5. When finished, click the **Save and Edit** Button to complete the form. Once saved and closed, the form will be routed to the selected provider or role for signature.

Once the custom form has been routed for signature, a *Red* Banner displays indicating that a signature is required.

Once the custom form is signed, the *Red* Banner disappears and the custom form can no longer be edited.



Ink Documents

Ink forms are documents that are scanned into the system and can be used in a variety of ways. For example, ink documents can be used electronically to print patient education documents or annotate anatomical drawings.

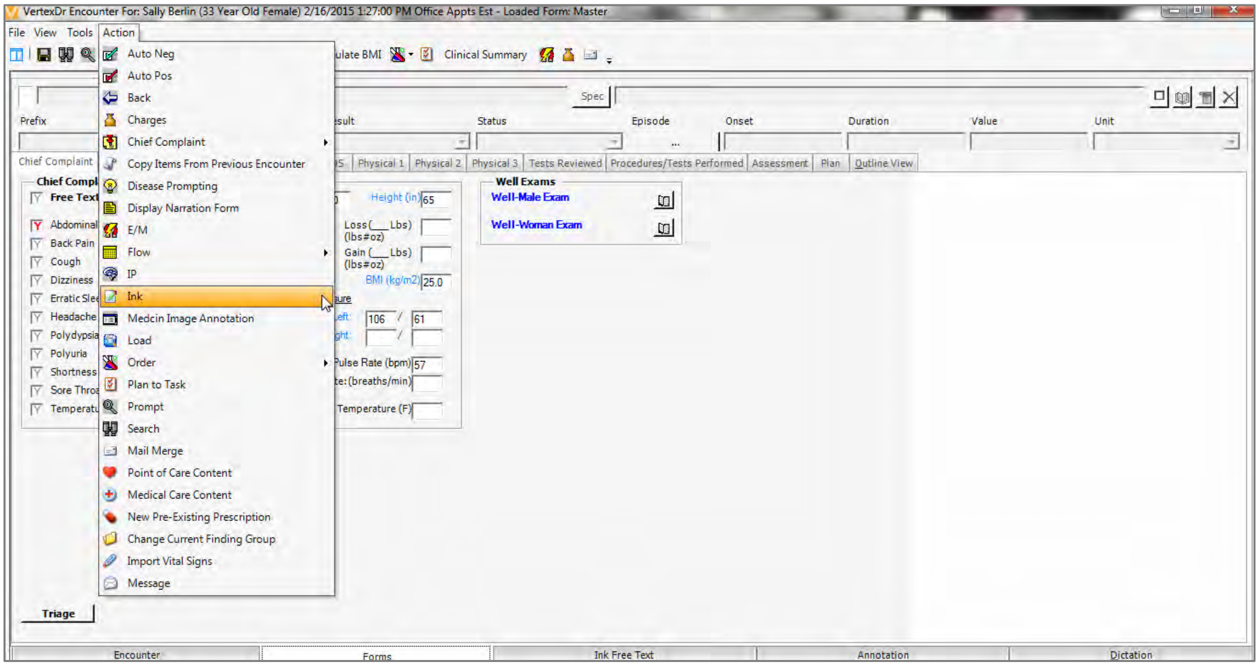
Documents that the patient needs to sign can also be scanned into the system as ink documents and then printed and provided to the patient when needed. An ink document signed by a patient can then be scanned back into the *Documents* Section of the Patient Chart.

Note: Ink documents must always be linked to an encounter.

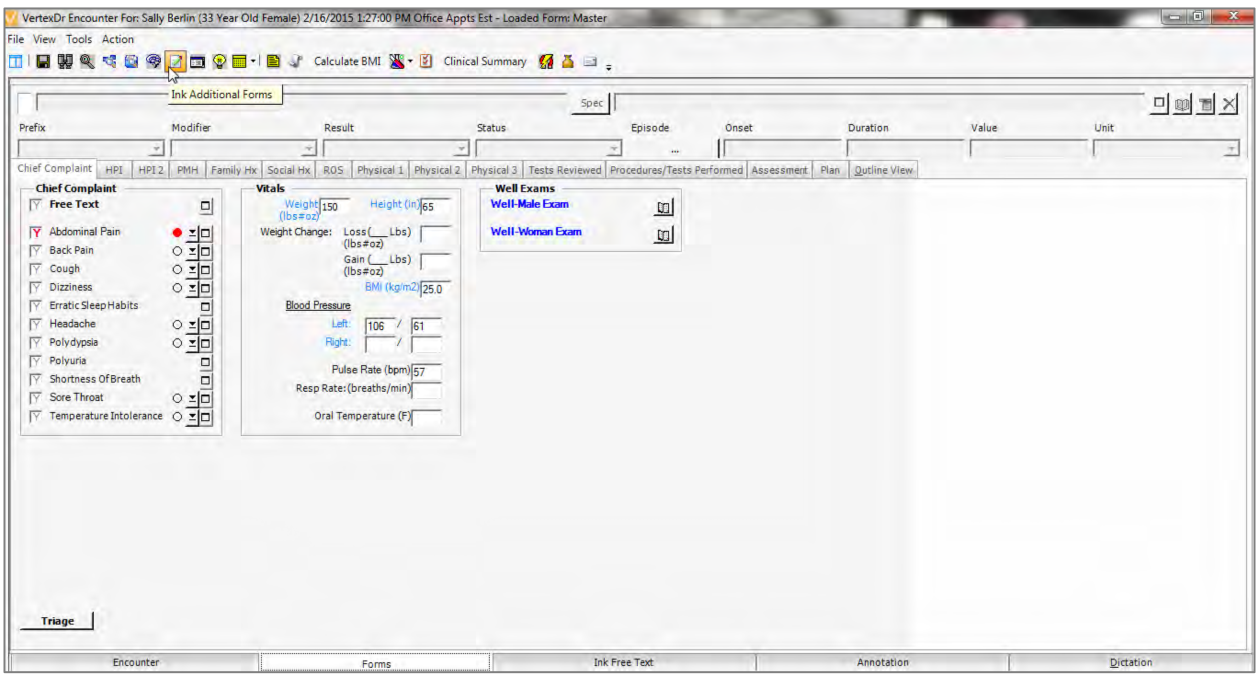
Accessing Ink Documents from the Medcin Charting Area

To access ink documents from the Medcin Charting Area:

1. Click the **Action** Menu and then click **Ink**.



Alternatively, the **Ink Additional Forms** Button on the Toolbar can be clicked as highlighted below.

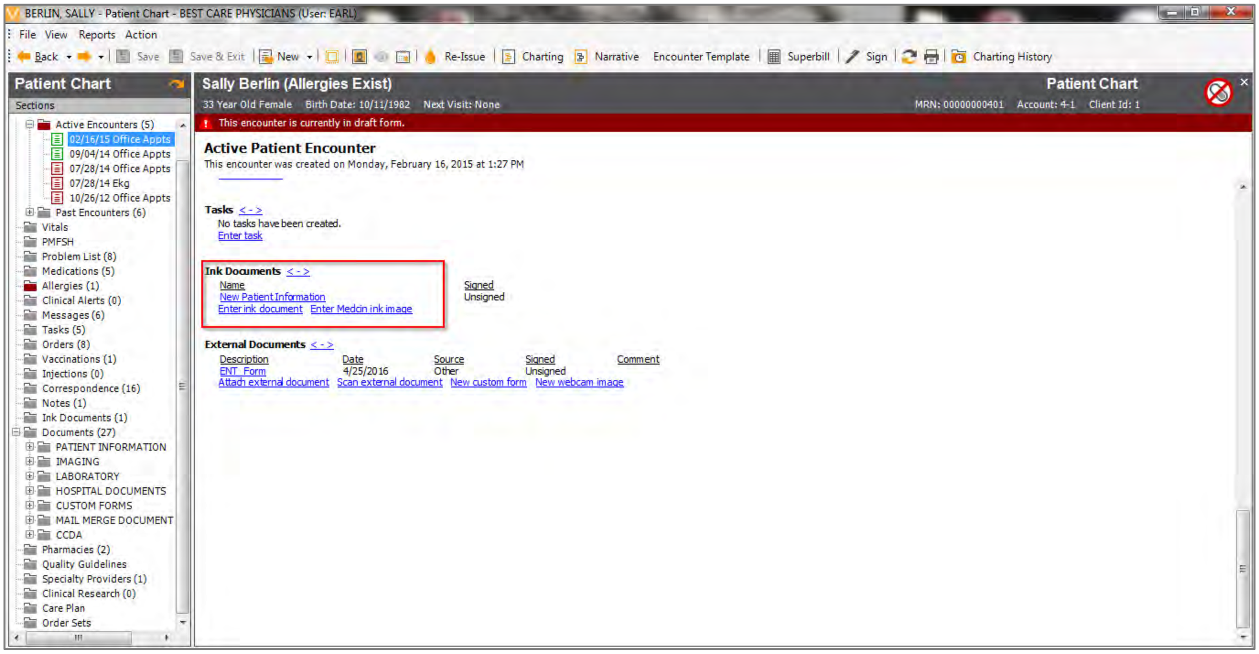


Accessing Ink Documents from the Patient Chart

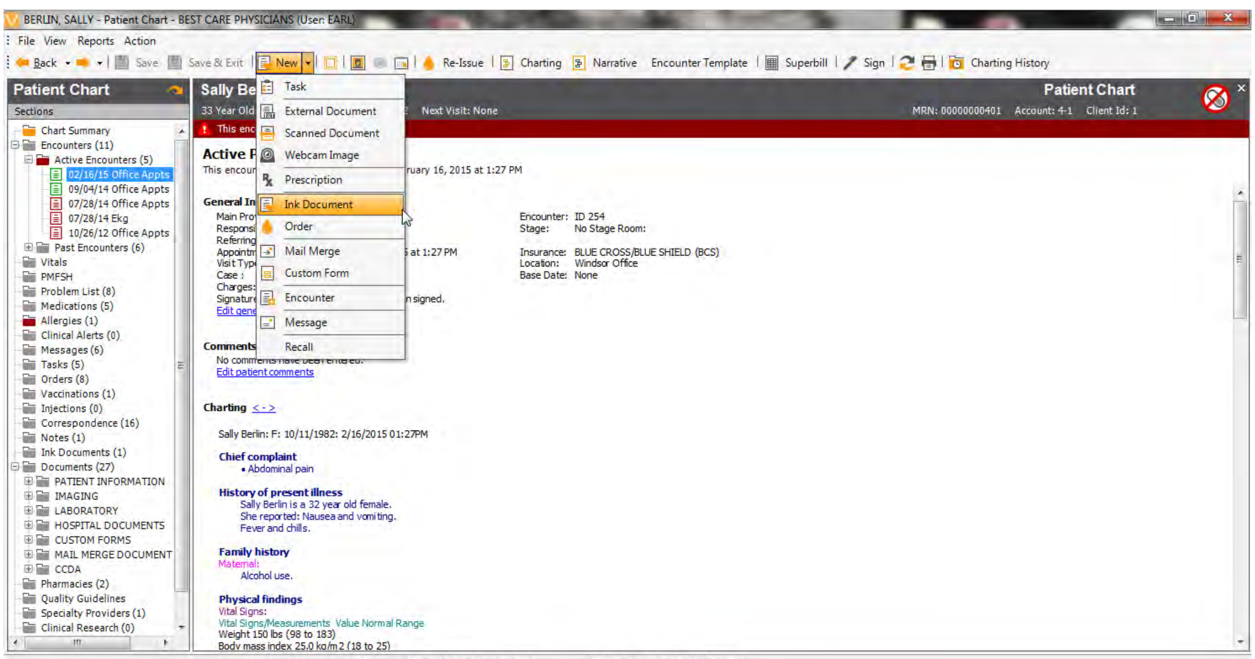
The Encounters Sections

Ink documents can be accessed from the **Enter Ink Document Link** or from the **New Dropdown** Button on the Toolbar.

To do so, when selected on an active encounter, click the **Enter Ink Document** Link, as shown below:



Or when selected on an active encounter, click the **New** Dropdown Button on the Toolbar and select **Ink Document**, as shown in the image below:

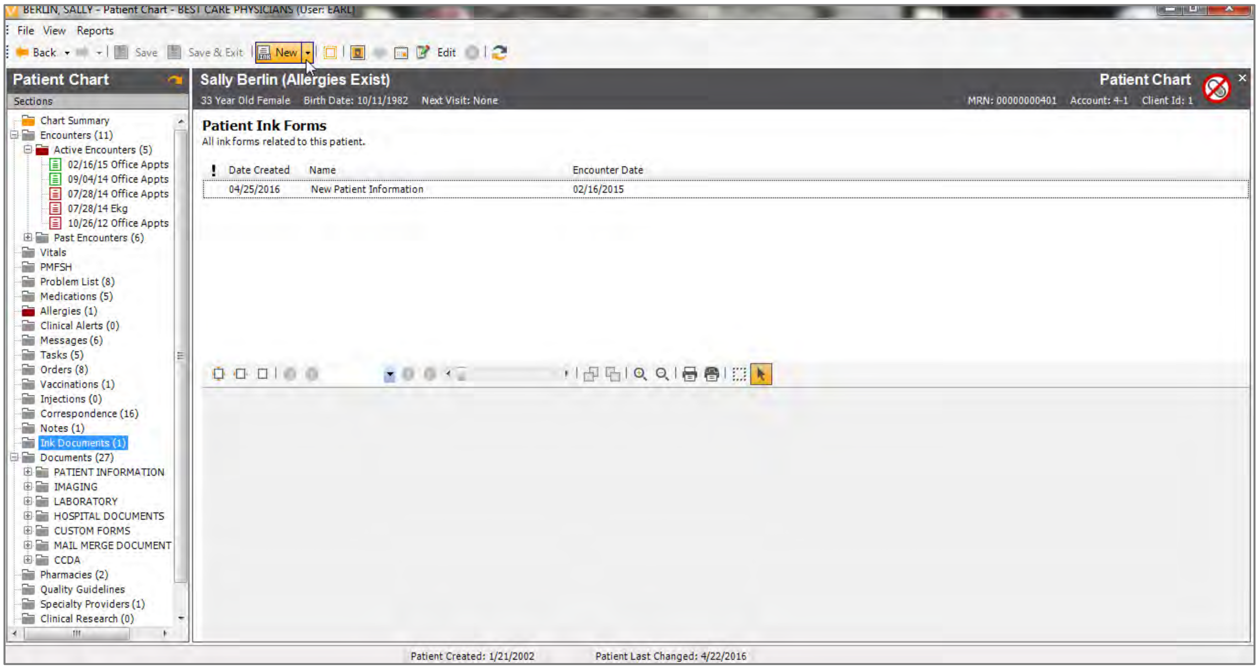


The Ink Documents Section

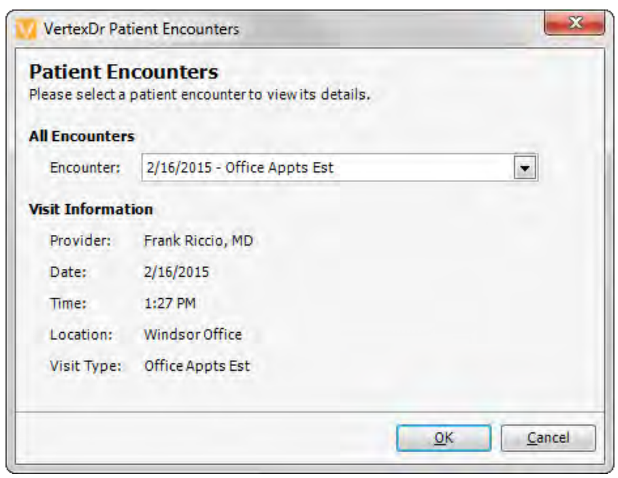
New ink documents can be generated from the *Ink Documents* Section of the Patient Chart.

To do so:

1. Click the **New** Button on the Toolbar.



2. The *Patient Encounters* Window opens with the most recent active encounter defaulted in the **Encounter** dropdown. A different active encounter can be selected if necessary from the dropdown.

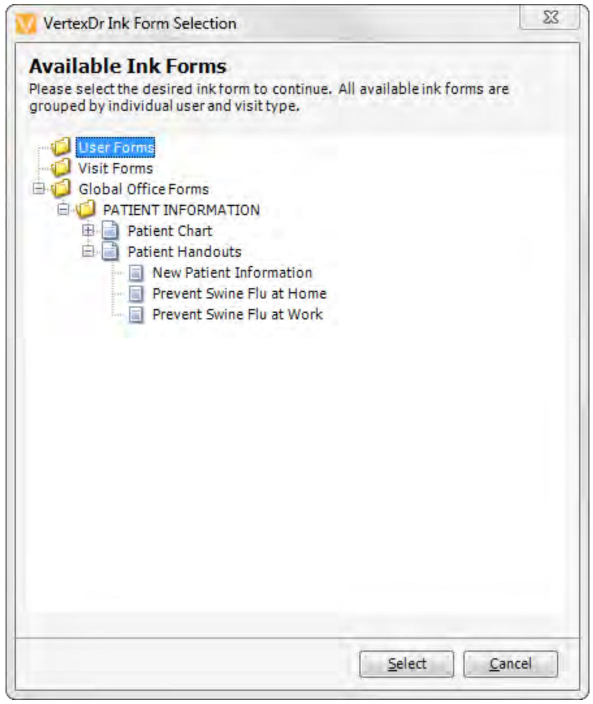


3. Click the **OK** Button to attach the ink form to the selected encounter and select the desired ink form.

Editing Ink Documents

Whether ink documents are accessed from Medcin Charting or the Patient Chart, the same steps are required to generate and edit the desired form. This section describes that process:

1. Once ink forms are accessed, the *Available Ink Forms* Window displays.



2. Click the **Global Office Forms**, **Demographics**, and the **Patient Handouts** Nodes to expand the ink documents folder structure.

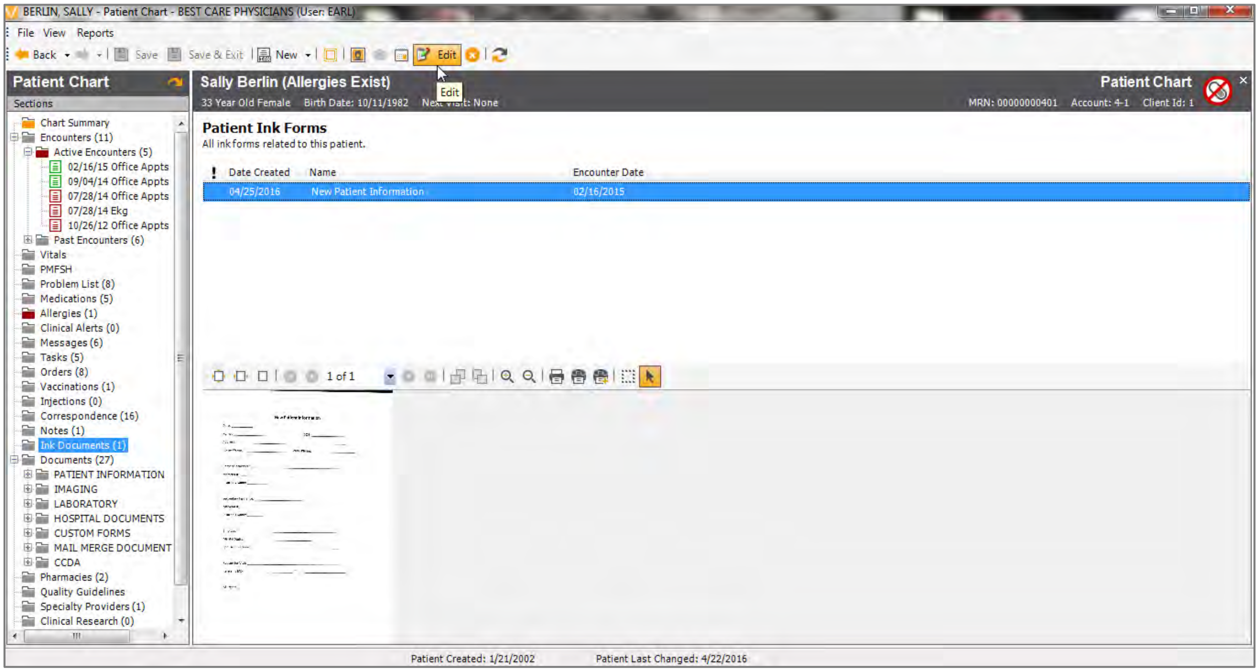
Note: Naming conventions used in the folder structure may differ than those listed above. The functionality, however, is the same. Continue to expand nodes until the desired ink documents are displayed.

3. Highlight the ink form and then click the **Select** Button to open and edit the form. The *Ink Document For (Patient Name) – Name of Ink Form* Window opens.

Editing an Ink Document from the Ink Documents Section of the Patient Chart

An unsigned ink document can be edited from the *Ink Documents* Section of the Patient Chart.

1. From the *Ink Documents* Section of the Patient Chart, highlight the ink document.



2. Click the **Edit** Button on the Toolbar to open the ink document for editing.

Navigating Ink Documents

The navigation buttons for ink documents are located in the lower, right corner of the *Ink Document* Window.

- Click the **Left Arrow** Button to move to the previous page.
- Click the **Right Arrow** Button to move to the next page.
- Click the **White Page** Button to create a new page.
- Click the **Page with the Right Arrow** Button to extend the document to the right.
- Click the **Page with the Down Arrow** Button to extend the document down.

Note: The *Ink Document* Window can be minimized both from Medcin Charting and the Patient Chart.

Annotating an Ink Form

The buttons on the **Ink Document Toolbar** display on the left side of the middle Toolbar.

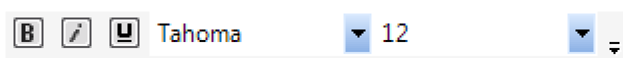
- Using a stylus, click the **Pen** Dropdown to select the desired line thickness. Click anywhere on the document and begin writing.
- Click the **Highlighter** Dropdown to select the desired line thickness. Click anywhere on the document and begin highlighting.
- Click the **Eraser** Dropdown to select the desired eraser size. Click and move the cursor over writing created with the pen or highlighted areas. The text or highlighted area will disappear.
- Click the **Mouse** Button and click in the desired area to add typed text to the document.
- Click the **Pen** or **Highlighter** Button and then click a colored box from the bottom Toolbar. The pen will write in that color. The highlighter becomes the selected color.

Note: The grayed out buttons become available as necessary, i.e. the **Delete** Button will become activated once something is annotated that can be deleted.

- Click the **Scissors** Button to cut text annotated in the document.
- Click the **Two Pages** Button to copy text annotated in the document.
- Click the **Clipboard** Button to paste the copied or cut annotated text.
- Click the **Left Down Arrow** Button to undo a previous action.
- Click the **Right Down Arrow** Button to redo an action.

Text Formatting Toolbar

The buttons on the **Text Formatting** Toolbar display on the right side of the middle Toolbar.



To use the **Text Formatting** Buttons, highlight the desired text and then select from the following options:

- Click the **b** Button to bold the letters.
- Click the **i** Button to italicize the letters.
- Click the **u** Button to underline the letters.
- Click the **Font** Dropdown Button to select a font style.
- Click the **Font Size** Dropdown Button to select a font size.

Document Viewer Toolbar

The buttons on the **Document Viewer** Toolbar display on the upper-most Toolbar.

- Click the **Zoom Out** Button to enlarge the document.

- Click the **Zoom In** Button to shrink the document.
- Click the **Percentage** Dropdown to select a zoom percentage.
- Click the **Print** Button to print the document.
- Click the **Sign and Lock** Button to mark the document as signed in the Patient Chart and prevent further editing.
- Click the **Save and Exit** Button to save any changes and close the ink document.

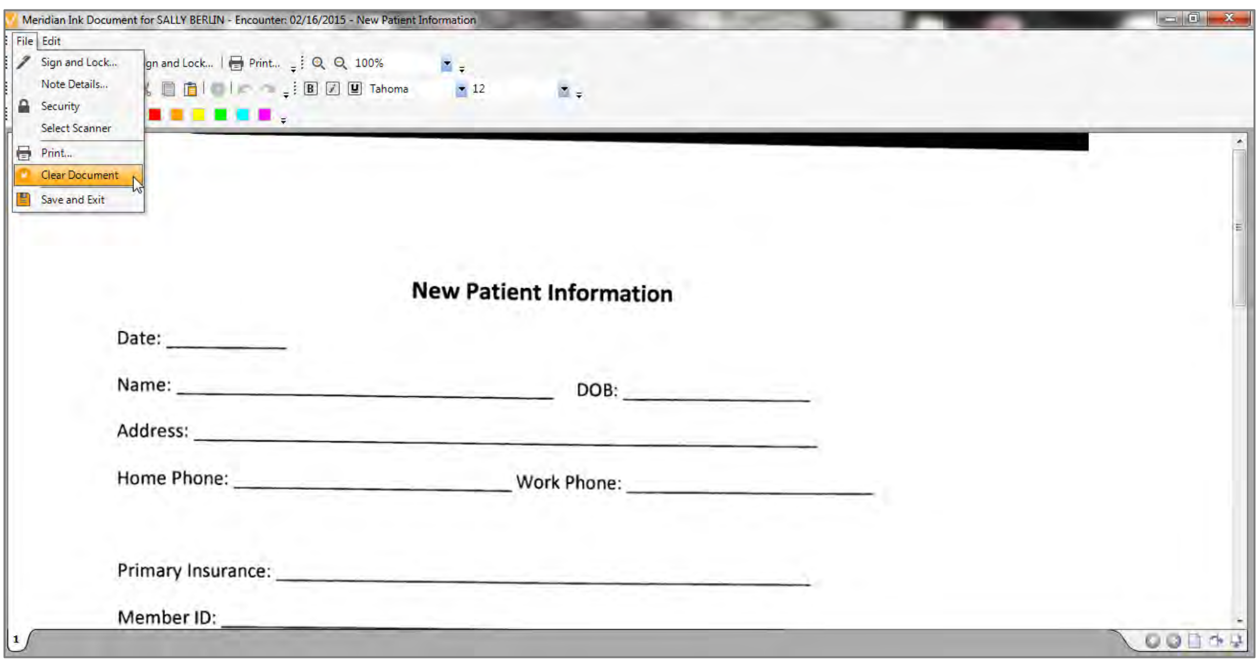
Note: When the ink document is saved, printed or signed a copy is automatically placed in the *Ink Documents* Section of the selected encounter as well as in the *Documents* Section of the Patient Chart.

Clearing the Ink Document

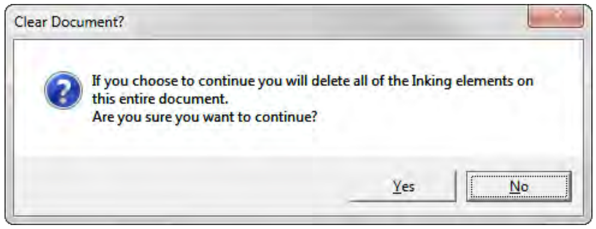
Annotation, typed text and highlighted areas of an ink document can be quickly erased from an unsigned ink document.

To do so:

1. From the *Ink Document* Window, click the **File** Menu and then click **Clear Document**.



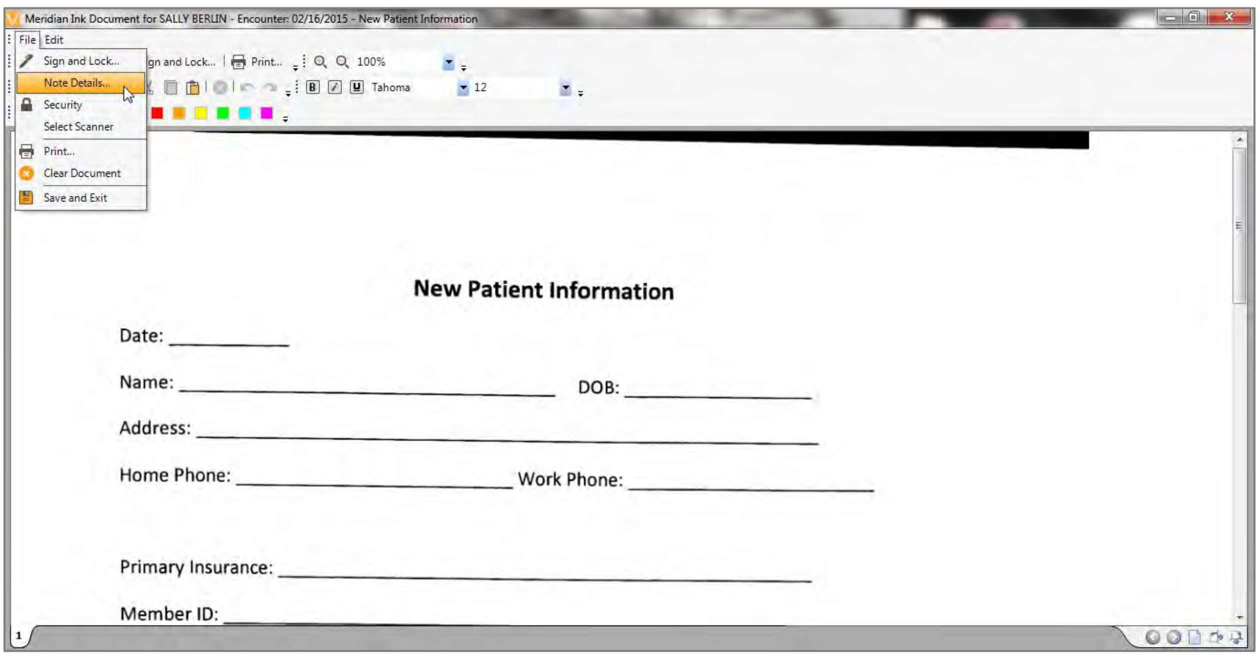
2. The *Clear Document* Message Box appears. Click the **Yes** Button to confirm the deletions and remove all highlighted, typed, and annotated text from the selected ink document. Or, click the **No** Button to close the *Clear Document* Message Box and return to the ink document.



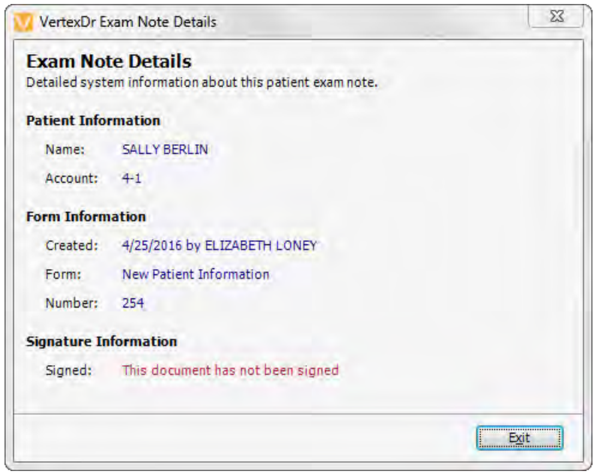
Note Details

Specific patient and signature information regarding the selected ink document is available for viewing.

1. From the *Ink Document* Window, click the **File** Menu and then click **Note Details**.



2. The *Exam Note Details* Window displays with the following information listed:



- The *Patient Information* Section displays the selected patient's name and account information.
- The *Form Information* Section displays the date the form was created, the name and number for the ink document.
- The *Signature* Section displays whether or not the ink document has been signed.

3. When finished, click the **Exit** Button to close the *Exam Note Details* Window.

Scanning and Routing Documents

This chapter explains how to scan, route, review and re-route documents. From the *Document Routing* Area, documents may be routed to an individual, a role, or to the Patient Chart. Documents can also be scanned directly into the *Documents* Section of the Patient Chart.

Note: A document cannot be re-routed from the Patient Chart.

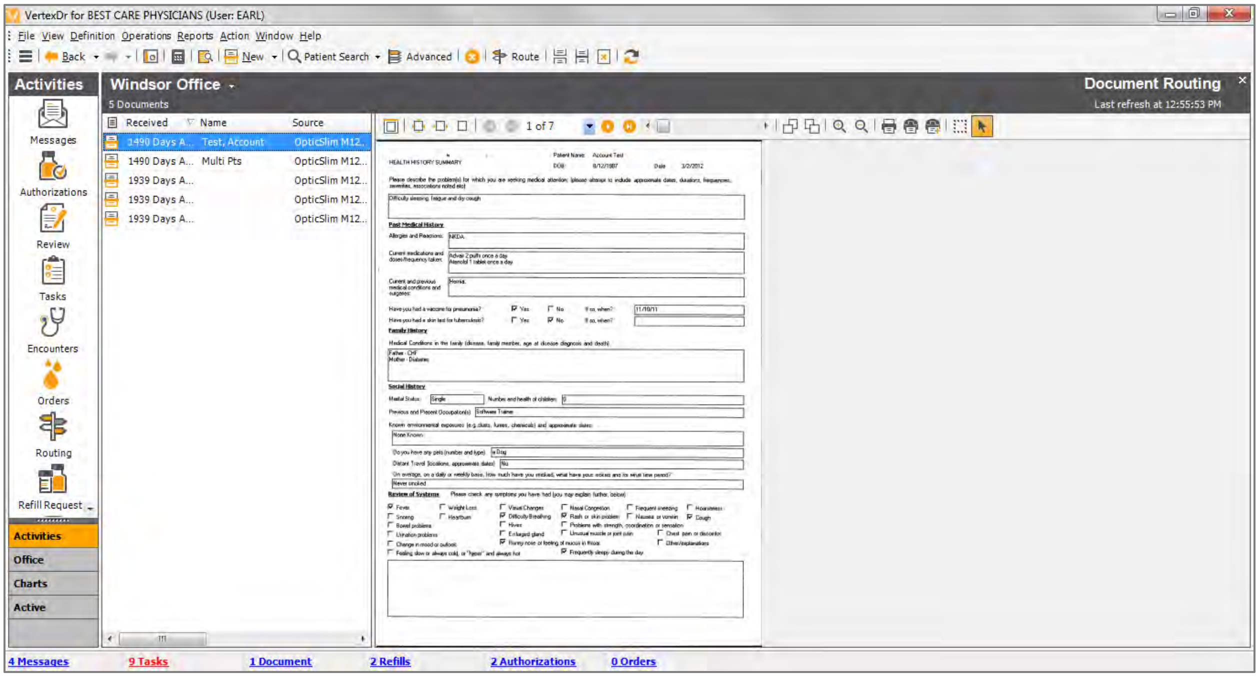
A document routed to an individual or a role goes to the recipient's *Document Review* Area. From there, the document can be annotated, re-routed or signed and filed in the Patient Chart.

The Document Routing Area

Documents are scanned into the document *Routing* Area.

Accessing the Document Routing Area

From the *Activities* Section of the Navigation Pane, click the **Routing** Icon to open the *Document Routing* Area.



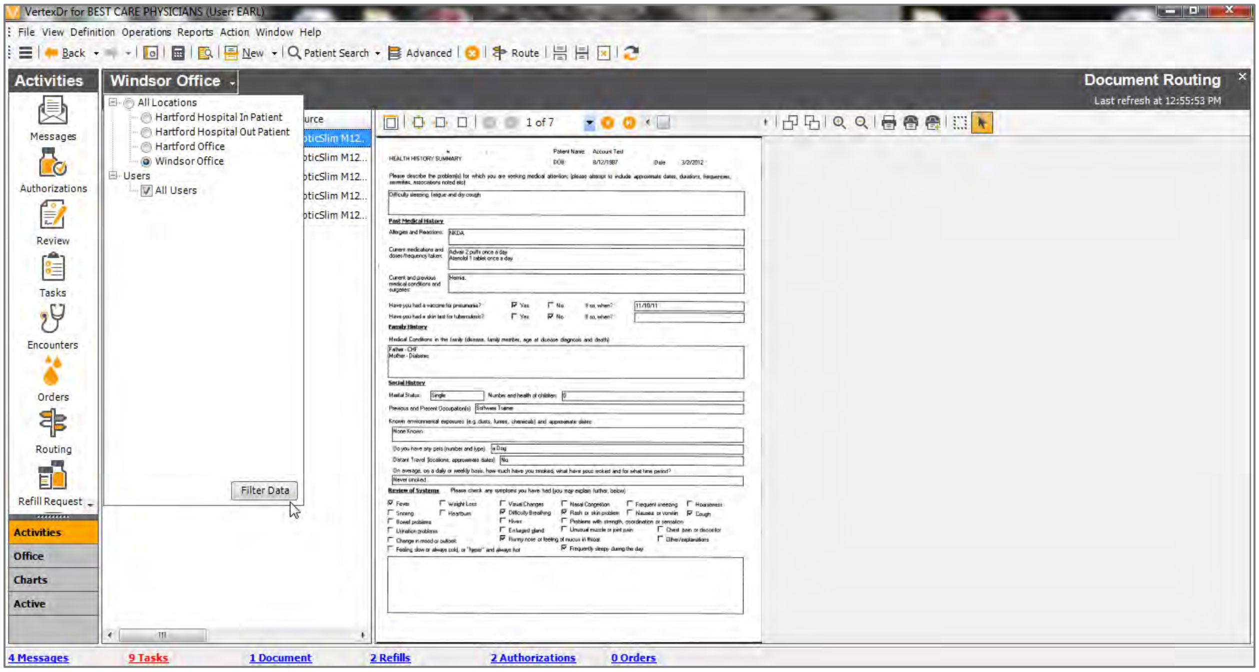
The *gray* Sort Bar displays *Received, Name, Source, Type, Comments, Pages* and *Format* Column(s).

Note: It may be necessary to expand the window to view all columns.

The Document Routing Filter

The Document Routing Filter is used to select documents in one location or all locations for the practice. It is also used to select to view documents scanned by all users or only documents you have personally scanned in.

1. From the *Document Routing* Area, click the **All Locations** Filter Button.



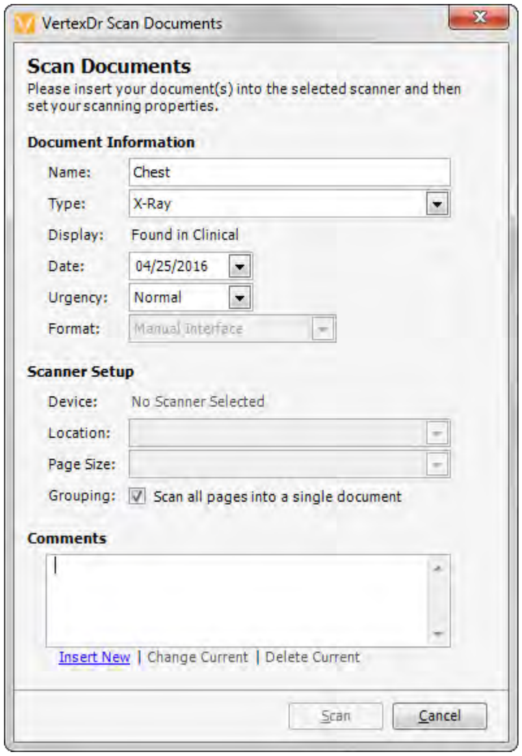
- Click the **All Locations** Radio Button to view documents scanned from all locations for the practice.
- Click an **Office Location** Radio Button to view documents only scanned at that location.
- Click the **All Users** Checkbox to view documents scanned by all users in the practice.

Note: If the **All Users** Checkbox is unchecked only documents scanned by the current user will display.

- When finished, click the **Filter Data** Button.

Scanning a Document

1. From the *Document Routing* Area, click the **New** Button on the Toolbar to scan a document. The *Scan Documents* Window opens.



2. Click the **Type** Dropdown to select the appropriate Document Type.
3. The *Name* Field is optional. If desired, enter text to further describe the selected Document Type.
4. The *Display* Field displays after an item is selected from the **Type** Dropdown. The *Display* Field indicates whether the Document Type can be viewed from the *billing*, *clinical* or from *both* sides of the Patient Chart.

Note: *Billing* refers to Patient Definition.

5. The *Date* Field defaults to the current date. This should be changed to reflect the date on the document. Click the **Date** Dropdown to select a date from the calendar or type the date into the *Date* Field.
6. The *Urgency* Field defaults to *Normal*. If necessary, click the **Urgency** Dropdown to select either a **Low** or **High** status.
7. The **Format** Dropdown Field defaults to **Black and White**. Click the **Format** Dropdown to select either:
    - **Color** - Used for documents with colored images.
    - **Gray** - Used for photo IDs.

- **Manual Interface** - Used to change the resolution of an image such as an ultrasound.

8. The *Device* Field displays the scanner being used as a link. If there is more than one scanner attached to the user's computer, click the **Device** Link to select a different scanner.
9. The *Location* Dropdown can be defaulted through Parameters. Click the **Location** Dropdown to select **Auto Front Feeder**, **Duplex Feeder** (used for double-sided documents if the selected scanner is a duplex scanner) or **Flatbed** (used for documents that could tear if put through the front feeder).
10. The **Page Size** Dropdown defaults to **A4 Letter**. Click the **Page Size** Dropdown to select a different page size.
11. The **Scan all pages into a single document** Checkbox is checked by default. If the checkbox is checked, all of the pages scanned display as one document in the *Document Routing* Area. If the checkbox is unchecked, all of the pages scanned display as individual documents.
12. The *Comments* Field is optional. If necessary, enter text in the *Comments* Field or click the **Insert New** Link to add a comment to display with the scanned document.
13. When finished, click the **Scan** Button. When the last page is scanned, the *Scanning* Message Box appears.
14. If additional pages need to be scanned as part of the current document, insert the additional page(s) into the scanner and then click the **Yes** Button. If no additional pages need to be scanned, click the **No** Button. Click the **Cancel** Button to preview the scanned document.

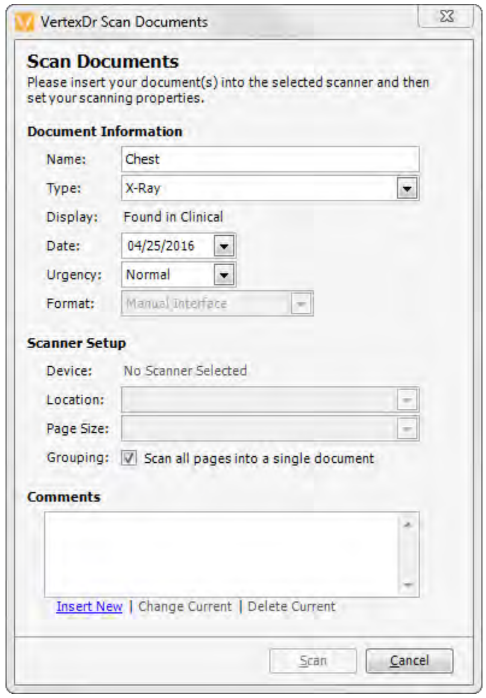
Scanning a Document into the Patient's Chart

Documents may be scanned directly into the Patient Chart if they do not need to be routed for review.

To do so:

1. From the *Documents* Section of the Patient Chart, click the **New** Button on the Toolbar.

The *Scan Documents* Window opens.



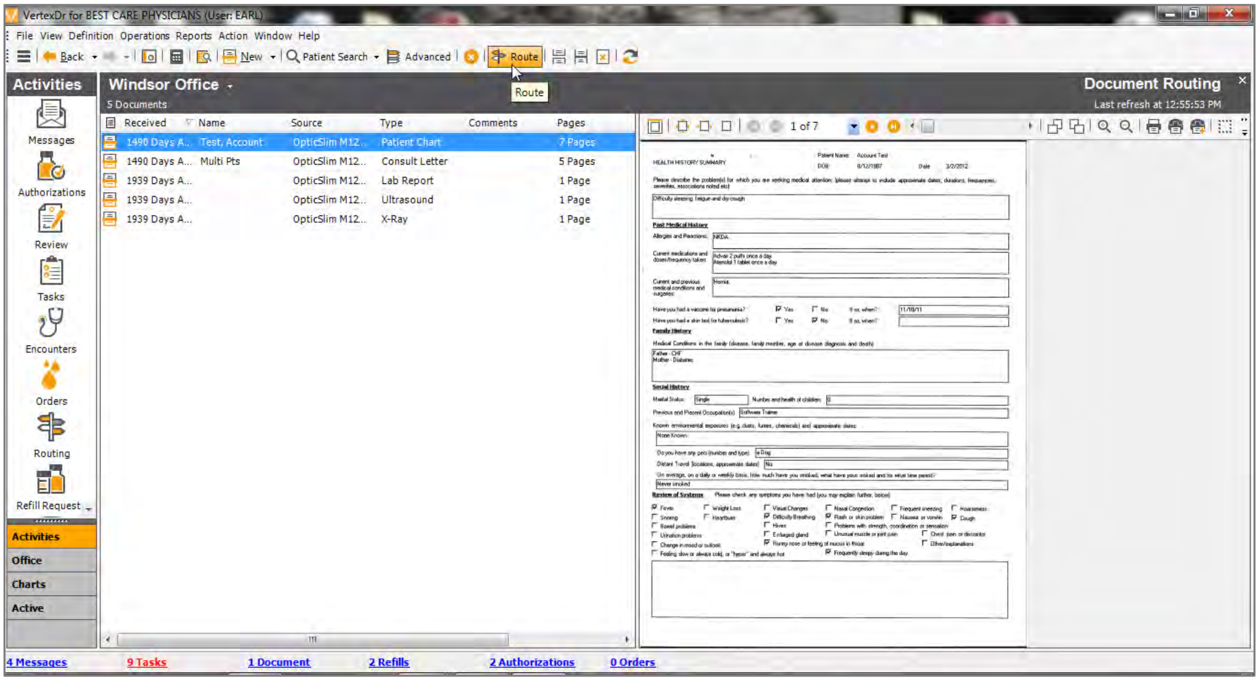
2. Complete the applicable fields and then click the **Scan** Button.

Routing Documents

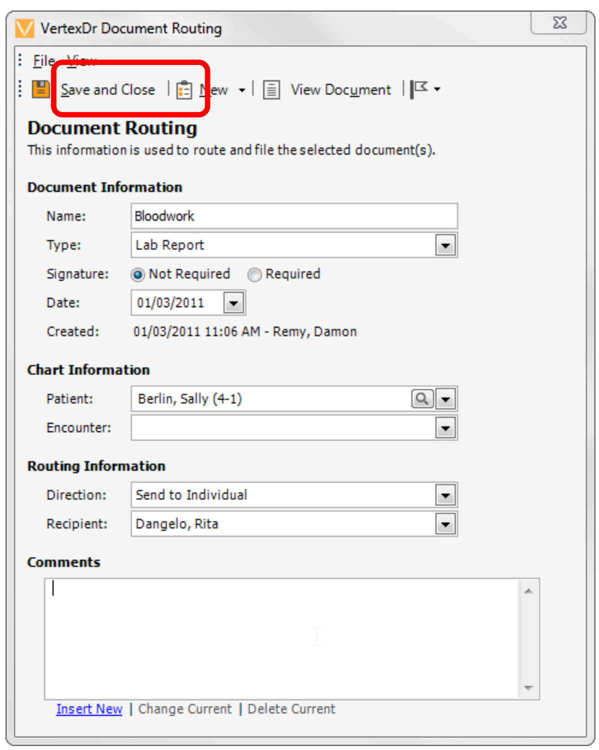
A document scanned into the *Document Routing* Area may be routed to the patient's chart or to an individual or a role for review or signature. Whenever a document is routed to an individual or a role the system automatically puts a copy of the document into the attached patient's chart. A document routed for signature will display in the patient's chart with a *red* banner across the top stating that a signature is required. When the document is signed off on this *red* banner disappears.

Routing a Document for Signature

From the *Document Routing* Area, highlight the document to be routed for signature and then click the **Route** Button on the Toolbar.



The *Document Routing* Window opens.



The *Document Information* Section displays the information which was entered in the *Scan Documents* Window when the document was scanned into the system.

- The *Signature* Field is defaulted to the **Not Required** Radio Button. If a signature is needed, click the **Required** Radio Button.
- Click the **Magnifying Glass** Icon in the *Patient* Field to search and select the patient. You can also click the **Patient** Dropdown to select from the last 15 patient accounts accessed.
- The **Encounter** Dropdown is optional. To reference a specific date of service, select an encounter date from the **Encounter** Dropdown.
- Click the **Direction** Dropdown to select whether the document should be routed to the **Patient Chart**, a **Role** or an **Individual**.
- The individual who scanned the document defaults in the ***Recipient*** Dropdown. If routing to an individual or a role, be sure to click the **Recipient** Dropdown to select the correct individual, or role, who should receive the document.
- The *Comments* Field is optional. If necessary, enter text in the *Comments* Field or click the **Insert New** Link to add a comment to the document.
- When finished, click the **Save and Close** Button on the Toolbar to route the document to the selected individual, role, or the Patient Chart.

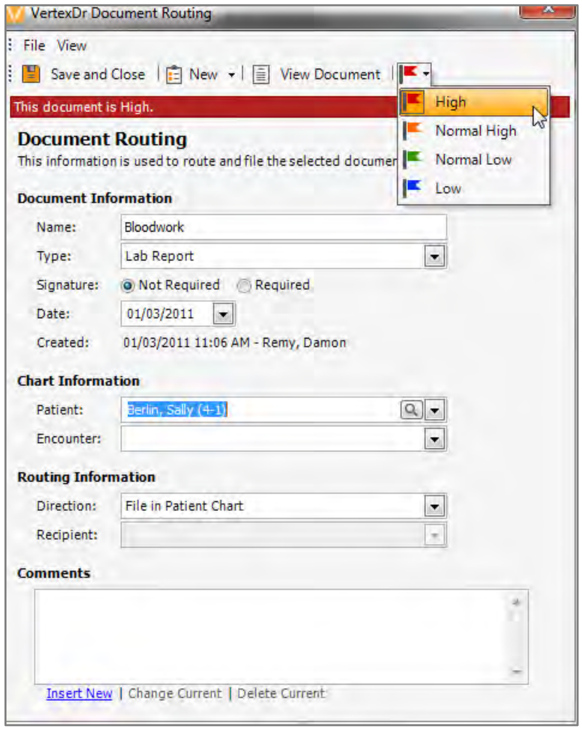
The Document Routing Toolbar

The Document Routing Toolbar is accessible from the *Document Routing* Window when the **Route** Button is selected.

In addition to the options covered in this section, a message or task can also be created from the *Document Routing* Window by clicking the **New** Button.

Attaching a Priority to a Routed Document

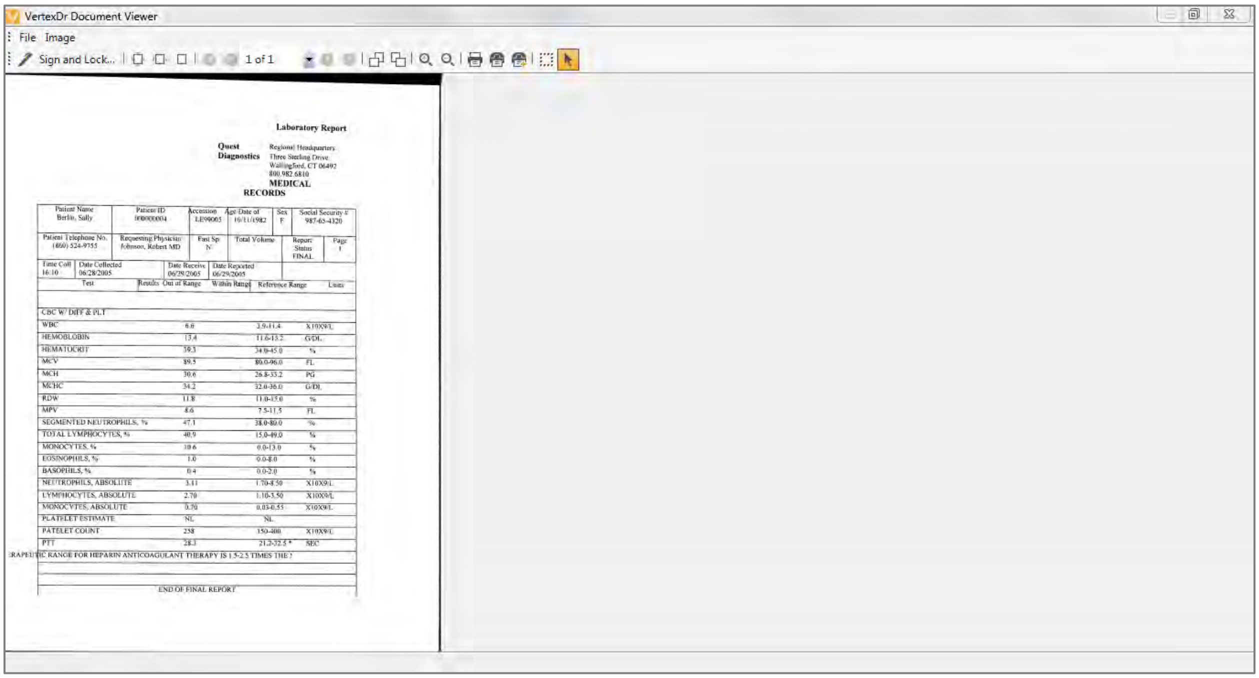
A priority can be attached to a scanned document being routed for review or signature by clicking the **Priority** Dropdown on the Toolbar. Just like in messaging and tasking the user can select **High**, **Normal High**, **Normal Low** or **Low** from the **Dropdown** Menu.



When a priority is set, a *red* banner displays across the top of the *Document Routing* Window indicating the level of importance.

Viewing an Attached Document

The scanned document can be viewed from the *Document Routing* Window. From the *Document Routing* Window, click the **View Document** Button on the Toolbar. The *Document Viewer* Window opens.



To close the *Document Viewer* Window and return to the *Document Routing* Window, click the *red* **X** in the upper, right-hand corner of the window.

Viewing the Patient Chart

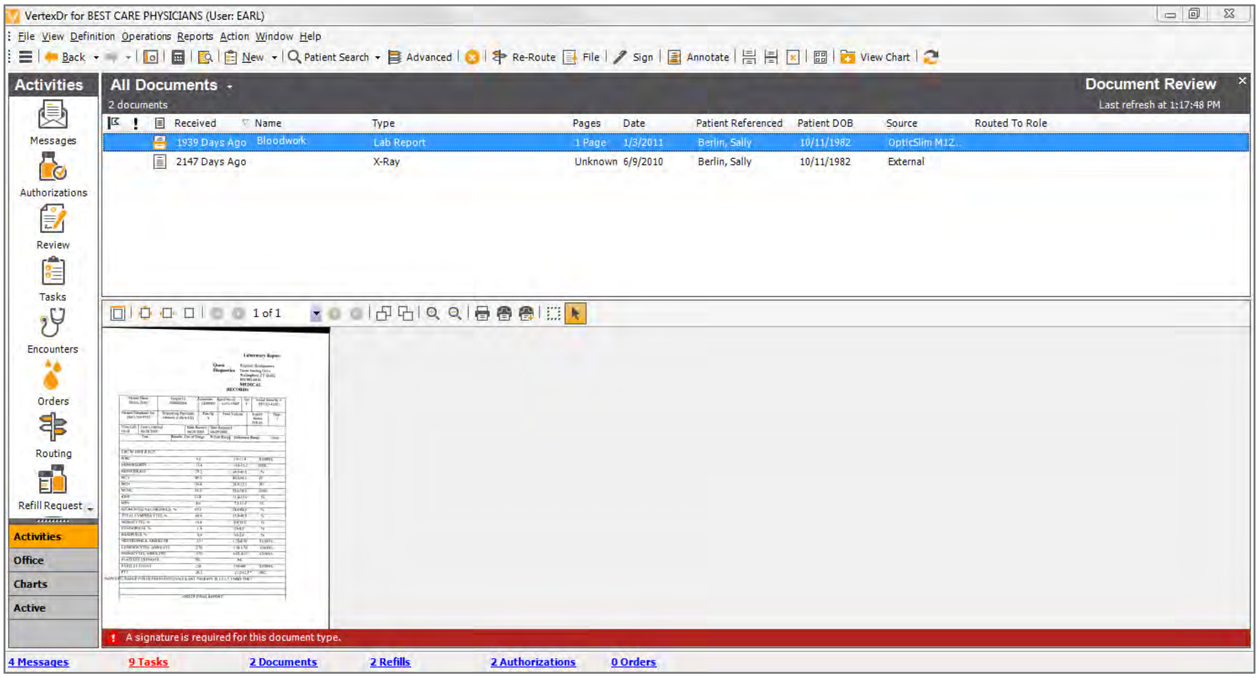
The attached patient's chart may be accessed from the *Document Routing* Window. To do so, from the *Document Routing* Window, click the **View Chart** Button on the Toolbar. Depending on your user securities, Patient Definition or the Patient Chart will open.

The Document Review Area

The *Document Review* Area houses all documents sent to a user or a role for review or signature. The *gray* Sort Bar displays a *Priority, Urgency, Document Type, Received, Name, Type, Date, Patient Referenced, Source* and *Routed to Role* Column.

Accessing the Document Review Area

From My Desktop, the Document Review Area can be accessed through the pie chart, **Documents** Link on My Desktop, or the **Documents** Link on the Status Bar. The *Document Review* Area may also be accessed from the *Activities* Section of the Navigation Pane.



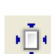
Documents in a user's *Document Review* Area can be advanced routed, deleted, filed, re-routed, annotated or signed off on. Documents can also be split and merged or a selected page in the document can be deleted.

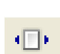
Viewing Documents in the Document Review Area

The following explains the function of the buttons on the *gray* Toolbar that displays just above the document in the *Document Review* Area.

The same Toolbar buttons are available from the *Document Viewer* Windows throughout the Practice Suite.

-  The **View in New Window** Button is used to view the document in a new window. Clicking this button opens the *Document Viewer* Window.

-  The **Fit All** Button is used to fit the view the entire document to the screen.

-  The **Fit Width** Button is used to fit the document to the width of the screen.

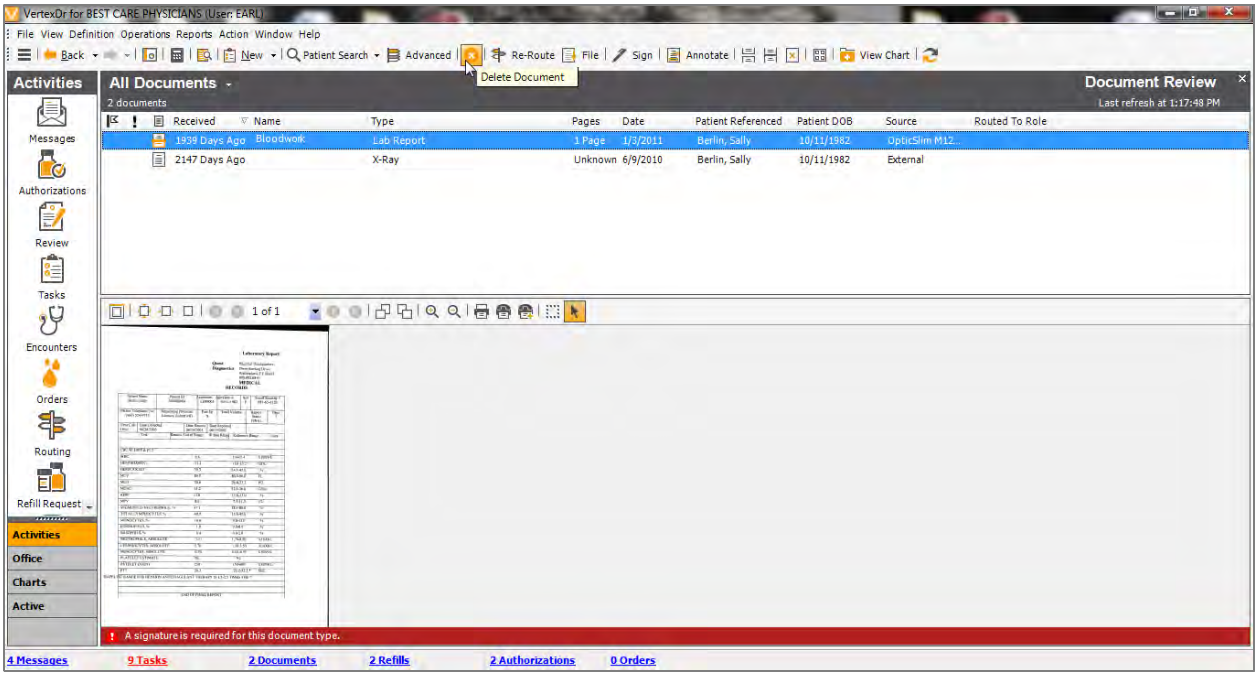
- The **Original Size** Button is used to view the document in its original size.
- The **Document Start** Button is used to view the first page of a multi-page document.
- The **Page Back** Button is used to move back one page at a time in a multi-page document.
- The **Page Number** Dropdown is used to view a particular page of the document.
- The **Page Forward** Button is used to move forward one page at a time in a multi-page document.
- The **Document End** Button is used to view the last page of a multi-page document.
- The **Flip Left** Button is used to rotate the document to the left.
- The **Flip Right** Button is used to rotate the document to the right.
- The **Zoom In** Button is used to enlarge the document.
- The **Zoom Out** Button is used to make the document smaller in size.
- The **Print** Button is used to print the document.
- The **Fax** Button is used to fax the document using the Practice Suite.
- The **Zoom Region** Button is used to enlarge a particular portion of the document. Once the **Zoom Region** Button is selected, draw a box around the area that you are looking to zoom and release the mouse.
- The **Pan** Button is used to move around an enlarged document.

Deleting a Document

Documents that have been routed to the Document Review Area, but do not need to be filed in a chart can be deleted.

Note: Deleting a document from the *Document Review* Area will also delete the document from the *Documents* Section of the Patient Chart.

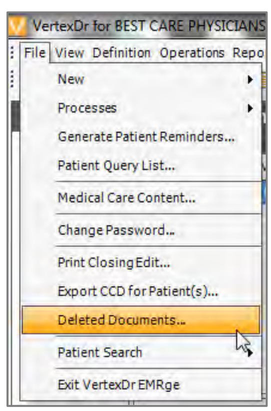
To delete a document from the *Document Review* Area, highlight the document and click the **Delete** Button on the Toolbar.



Undelete a Deleted Document

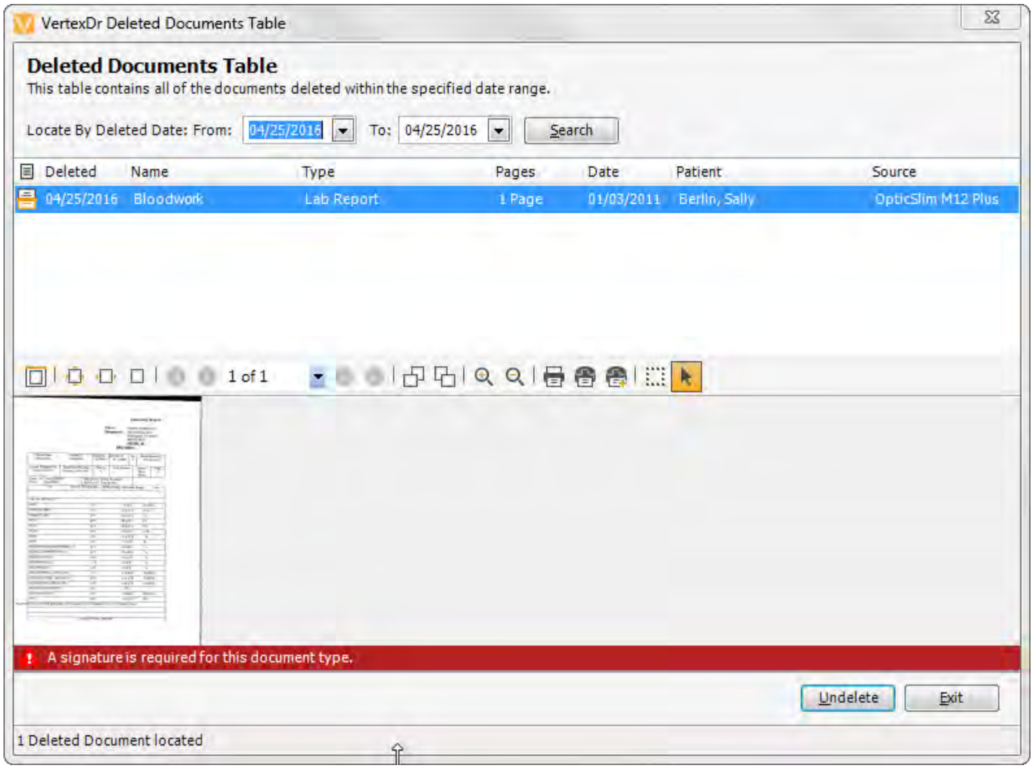
Depending on your user securities, documents can be undeleted and restored to the area they were deleted from by using the **File** Menu. Deleted documents dating back to the practice's first day of Go Live can be restored.

1. From the *Document Review* Area, click the **File** Menu and then click *Deleted Documents*.

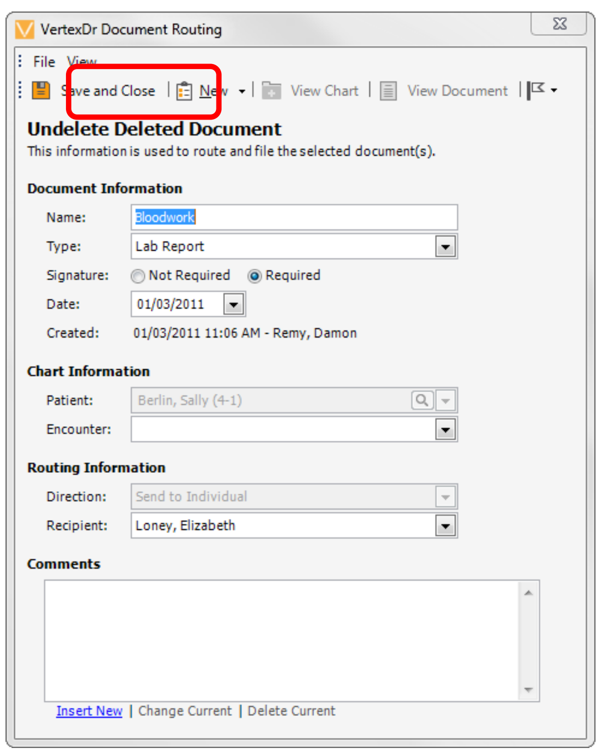


Note: This can also be done from the *Documents* Section in the Patient Chart.

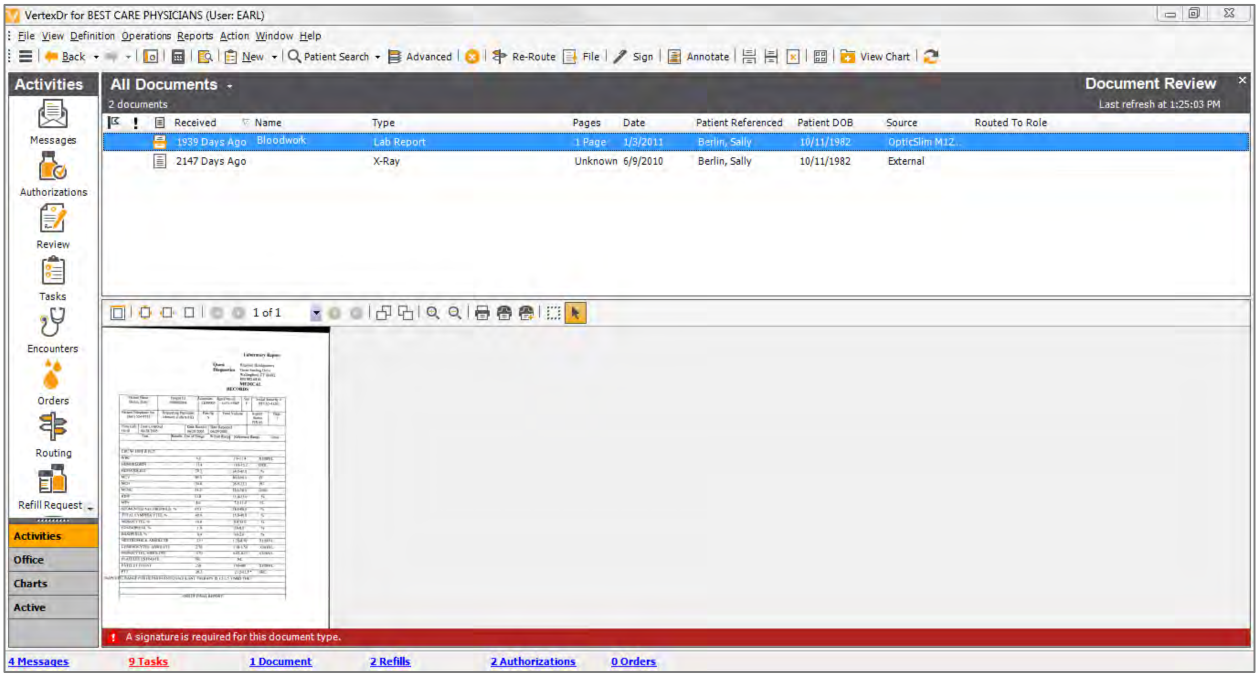
2. The *Deleted Documents* Table opens. Select a *From* date and a *To* date range to view and then click the **Search** Button.



3. Highlight the document to be undeleted and then click the **Undelete** Button. The *Undelete Deleted Document* Window opens.



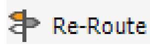
4. Click the **Save and Close** Button on the Toolbar. Once the *Document Review* Area becomes visible, the undeleted document displays in the *Document Review* Area.



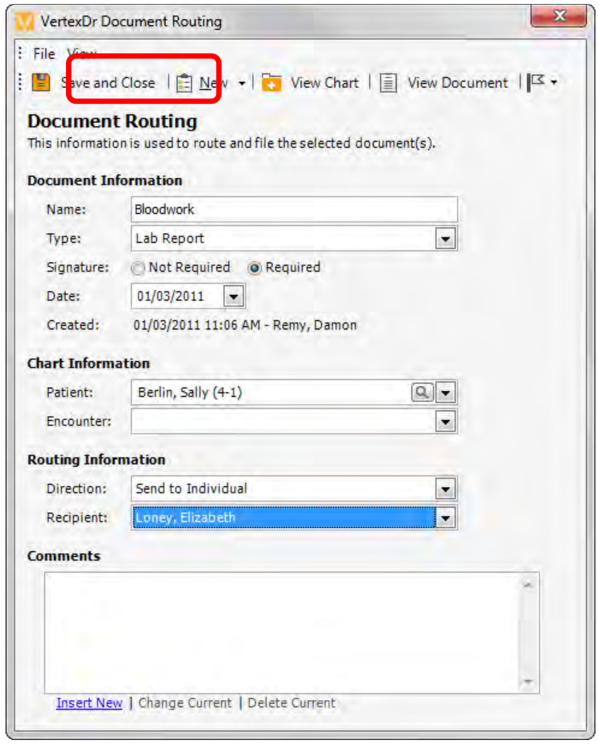
Re-Routing a Document

Re-routing a document will send the document to another user's *Document Review* Area.

To re-route a document:

1. From the *Document Review* Area, highlight the document and then click the **Re-Route** Button 

on the Toolbar. The *Document Routing* Window opens.



2. Select *Send to Role* or *Send to Individual* from the **Direction** Dropdown.
3. Select the individual or the role to route the document to from the **Recipient** Dropdown.
4. When finished, click the **Save and Close** Button on the Toolbar to route the document to the selected recipient(s).

Filing a Document

Filing a document removes the document from the *Document Review* Area and sends the document to the *Documents* Section of the selected Patient Chart.

To file a document, from the *Document Review* Area, highlight the document and then click the **File** Button on the Toolbar.

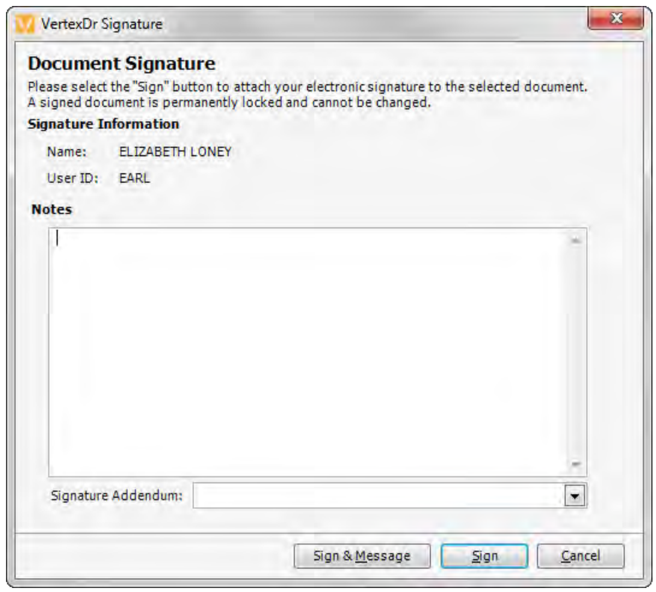
Signing a Document

A signed document is locked down for further editing. No changes can be made to a document that has been signed. The *red* Signature Required Banner disappears from the document in the Patient Chart once the document is signed.

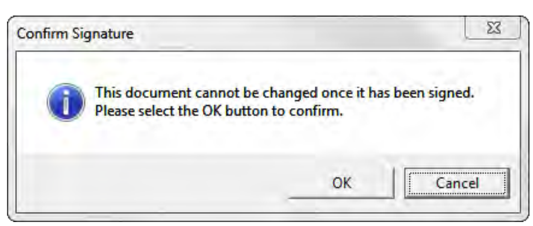
To sign a document:

1. From the *Document Review* Area, highlight the document and then click the **Sign** Button on the Toolbar.

   The *Document Signature* Window opens.



2. The *Notes* Field is optional and can be used to enter comments if necessary.
3. If you are practice utilizing the co-sign feature, click the **Signature Addendum** Dropdown to select a prefix from the **Dropdown** Menu. The prefix will display to the left of the notation "Signed by (user name)." Click the **Request Co-Sign** Button to request a co-signature from an individual.
4. Click the **Sign & Message** Button to sign off on the document and create and send a message to the selected recipient(s).
5. Click the **Cancel** Button to not sign off on the document and close the *Signature* Window.
6. To simply sign off on the document, click the **Sign** Button. The *Confirm Signature* Message Box appears.

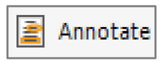


7. Click the **OK** Button to confirm the signature and remove the document from the *Document Review* Area. Click the **Cancel** Button to not sign off on the document.

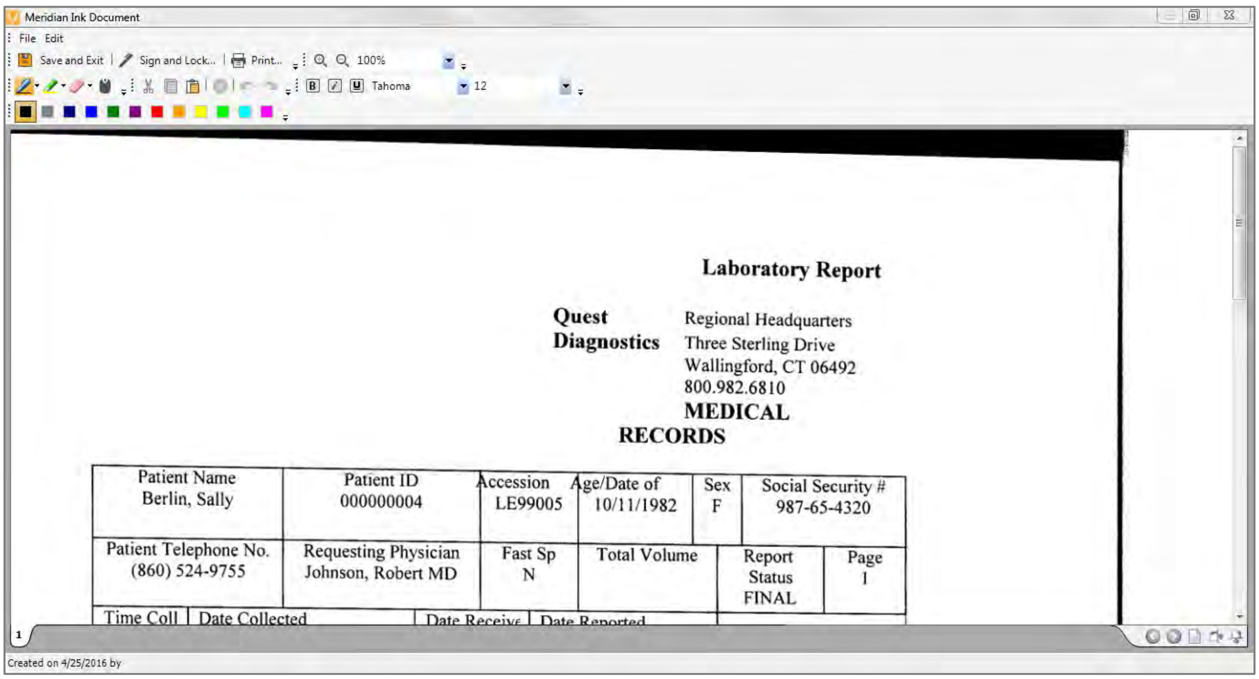
Annotating a Document

Annotating a document allows the user to write, type, draw or highlight on the document.

To annotate on a document, from the *Document Review* Area, highlight the document and then click the **Annotate** Button on the Toolbar.



The *Ink Document* Window opens.

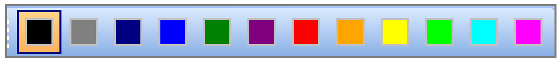


Ink Document Window Toolbar

1.  The system defaults the writing instrument to the pen. The user can write on the document with the use of a tablet stylus. Click the **Pen** Dropdown to select the thickness of the pen line from the **Dropdown** Menu.

2.  The highlighter can be used to highlight an area on the document. Click the **Highlighter** Dropdown. Select **Medium**, **Thick** or **Extra Thick** from the **Dropdown** Menu.

3. The **Color** Bar is used to change the color of the pen or the highlighter. After selecting the pen or highlighter, click a **Color** Button to select a color for the pen or highlighter.

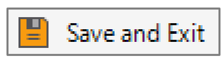


4.  Markings or text made with the pen or highlighter can be deleted by using the eraser. Click the **Eraser** Dropdown Button and then select small, medium, large or stroke from the **Dropdown** Menu. Drag the eraser over the text to be erased.

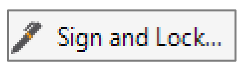
5.  Click the **Mouse** Icon to type text on the document. Click in the space on the document where the text should be inserted and then start typing. The text will be inserted inside of a *gray* box on the document.

   - The Text Formatting Toolbar can be used to select the font size and style. Selected text can be bolded, italicized or underlined by using the buttons in the Toolbar.

6. Click the **Save and Exit** Button to save the changes made to the document.

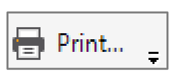


7. Click the **Sign and Lock** Button to lock down the document and remove it from the *Document Review* Area.

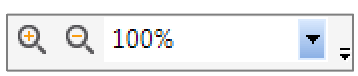


The document can be edited from the *Documents* Section of the Patient Chart or the *Document Review* Area until it is signed and locked. The document cannot be edited once it has been signed and locked.

8. Click the **Print** Button to print a copy of the document.



9. Click the **Zoom In** Button to enlarge the document or the **Zoom Out** Button to shrink the document. The **Percentage** Dropdown can also be used to enlarge or shrink the document.



   -  Highlight typed text and then click the **Cut** Button to move the text to a different place in the document.

   -  Place the cursor where the text is to be inserted and then click the **Paste** Button to paste the text in the new space in the document.

- Highlight typed text and then click the **Copy** Button. The **Paste** Button can then be used to paste the text elsewhere in the document.
- Highlight typed text and then click the **Delete** Button to delete the text.
- Click the **Undo** Button to undo the last action.
- Click the **Redo** Button to redo the last action.

10. Click the *red* **X** in the upper right hand corner to close the *Ink Documents* Window.

Advanced Document Routing

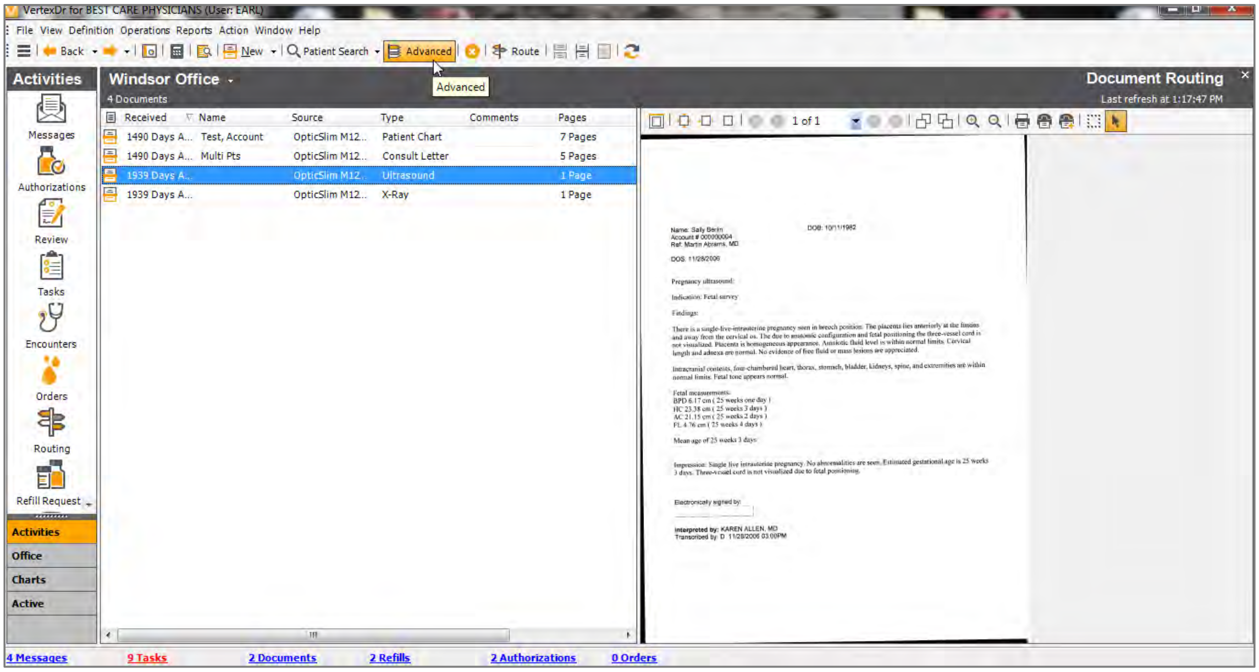
The *Advanced Document Routing* Area is used to expedite the assigning and filing of multiple documents.

From the *Advanced Document Routing* Area, a patient's paper chart may be scanned into the *Document Routing* Area as one document. The various pages can then be assigned (labeled) and sent to the Patient Chart, routed to an individual, or routed to a role. A document can also be routed for signature from Advanced Document Routing.

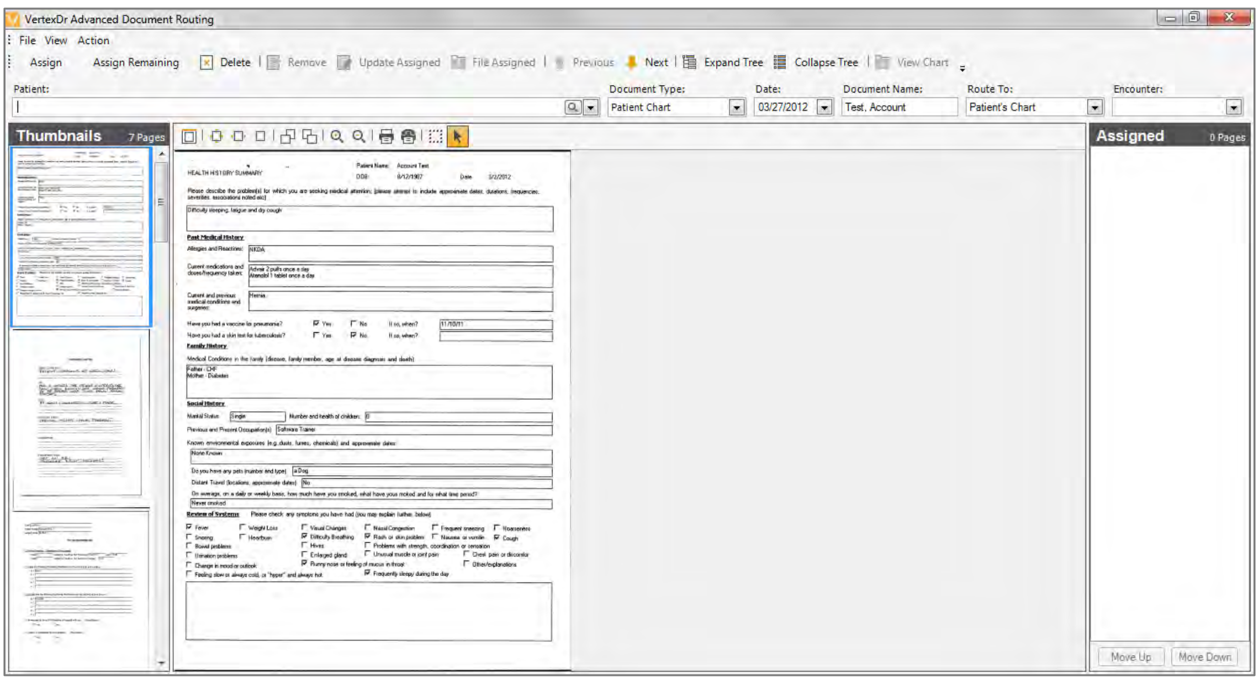
Multiple pages of different patients' documents such as multiple referral letters can be scanned into the *Document Routing* Area as one document. From the *Advanced Document Routing* Area, the various documents can be assigned and then sent to the individual patients' charts.

Accessing Advanced Document Routing

From the *Document Routing* Area, click the **Advanced** Button on the Toolbar.



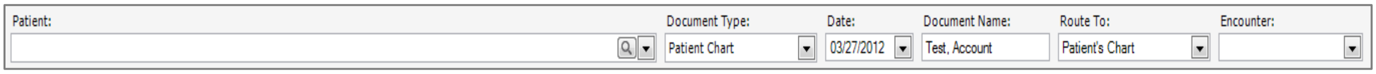
The *Advanced Document Routing* Window opens.



The pages display in the *Thumbnails* Queue on the left-hand-side. Click the first page and a small blue border appears around the edge of the page. The selected page displays in the center of the window to view.

The Advanced Document Routing Details Bar

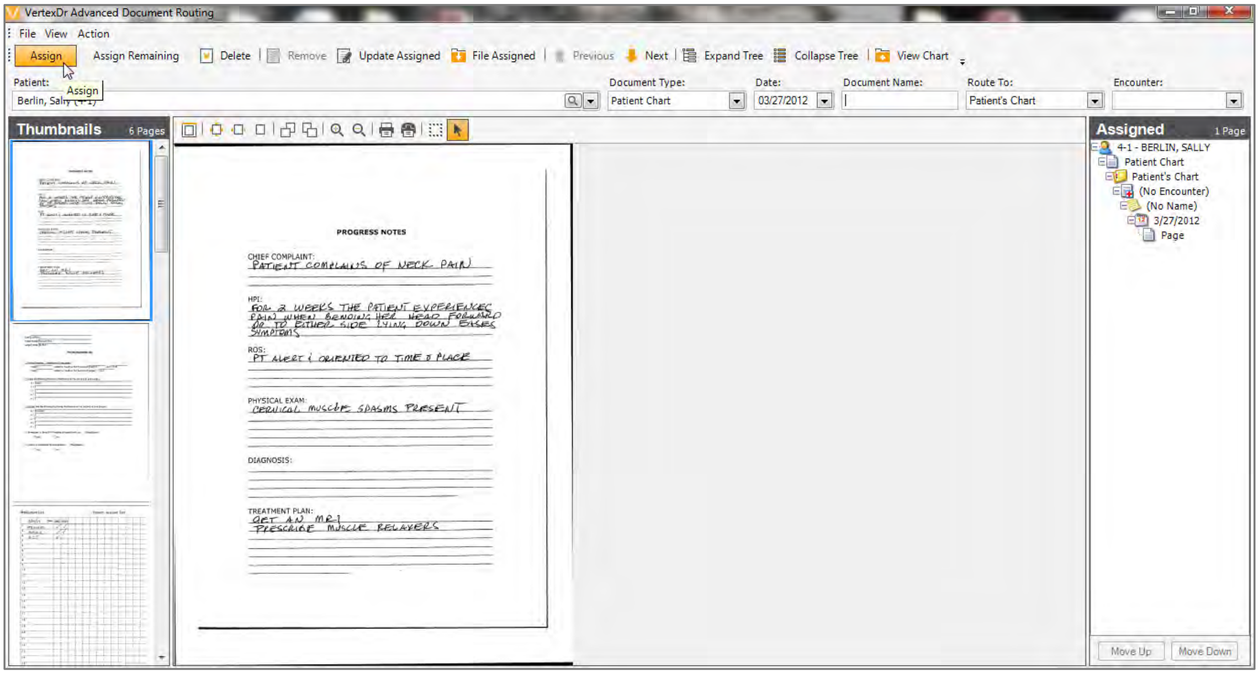
The Details Bar consists of the *Patient Search* Field, **Document Type** Dropdown, **Date** Dropdown, *Document Name* Field, **Route To** Dropdown, and the **Encounter** Dropdown.



1. Click the **Magnifying Glass** Icon in the *Patient* Field to search and select the patient. The **History** Dropdown displays the last fifteen (15) patients whose account(s) have been accessed. A patient may also be selected from the dropdown.
2. Click the **Document Type** Dropdown Field to select the appropriate document type for the selected document.
3. The **Date** Dropdown defaults to today's date. To reference a pertinent document date, click the **Date** Dropdown to change the date, or simply type in the field.
4. The *Document Name* Field is optional. To further define a document, type text into this field.
5. The **Route To** Dropdown defaults to **Patient Chart,** but an individual or a role can be selected here.
6. Click the **Encounter** Dropdown and select an encounter to reference, if applicable.
7. Multiple pages can be selected. Press and hold down the **Ctrl** Key while selecting each page to be assigned.

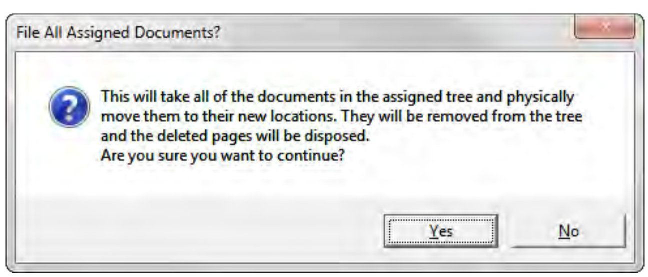
Assigning and Filing a Scanned Patient's Chart

1. Once all of the pertinent options in the Details Bar have been selected, click the **Assign** Button. The page(s) moves from the *Thumbnails* Queue to the *Assigned* Queue on the right-hand-side of the window.



The next page automatically displays at the top of the *Thumbnails* Queue.

2. To continue labeling documents, simply continue following the steps in *Advanced Document Routing Details Bar* Section until all pages in the *Thumbnails* Queue have been moved to the *Assigned* Queue.
3. If the remaining documents in the *Thumbnails* Queue all have the same Document Type, Date, Document Name, and reference the same patient, click the **Assign Remaining** Button on the Toolbar to assign the remaining thumbnails to the assigned queue.
4. Click the **File Assigned** Button on the Toolbar to move all documents in the *Assigned* Queue to the *Route To* individual or role that was selected for each document page. The *File All Assigned Documents?* Message Box appears.



5. Click the **Yes** Button to send the assigned pages to the *Documents* Section of the Patient Chart and to the individual or roles, if selected. Click the **No** Button to leave the documents in the *Advanced Routing* Area.

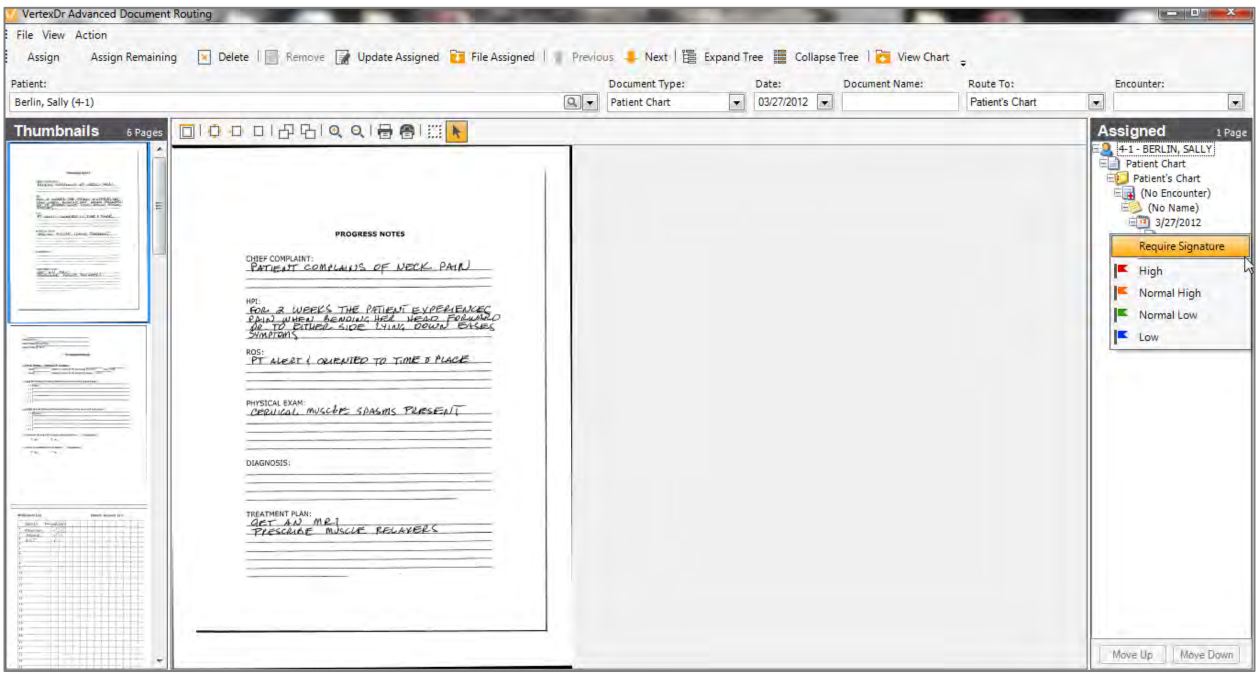
Note: The user may select the **File Assigned** Button at any time. Any documents still in the *Thumbnails* Queue will remain there to be routed.

Routing a Document for Signature from Advanced Document Routing

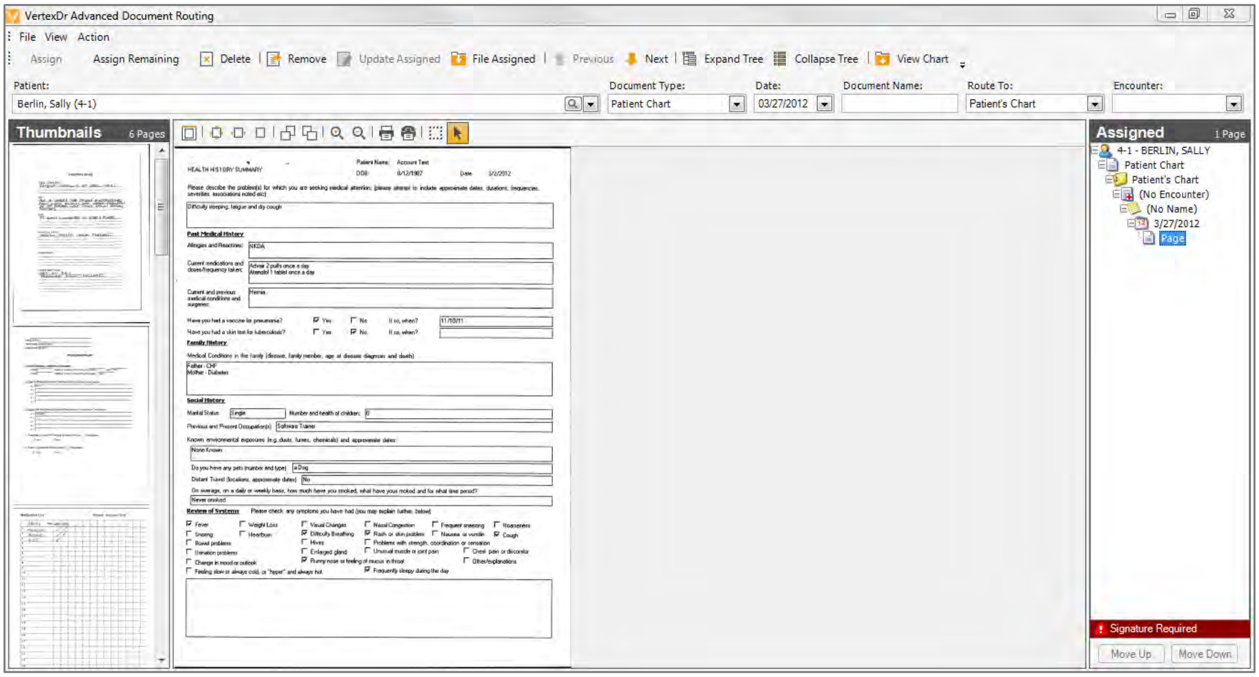
Whenever a document is routed for signature, the system automatically places a copy of the document in the *Documents* Section of the Patient Chart. When the document is signed off on from the recipient's *Document Review* Area, the Red Banner stating that a signature is required disappears from the document in the Patient Chart.

To route a document for signature from the *Advanced Document Routing* Area:

1. Right click on the **Page** in the *Assigned* Queue. The **Right-Click** Menu displays.



2. Select **Require Signature** from the **Dropdown** Menu. A *red* banner stating signature required appears across the bottom of the *Assigned* Queue.



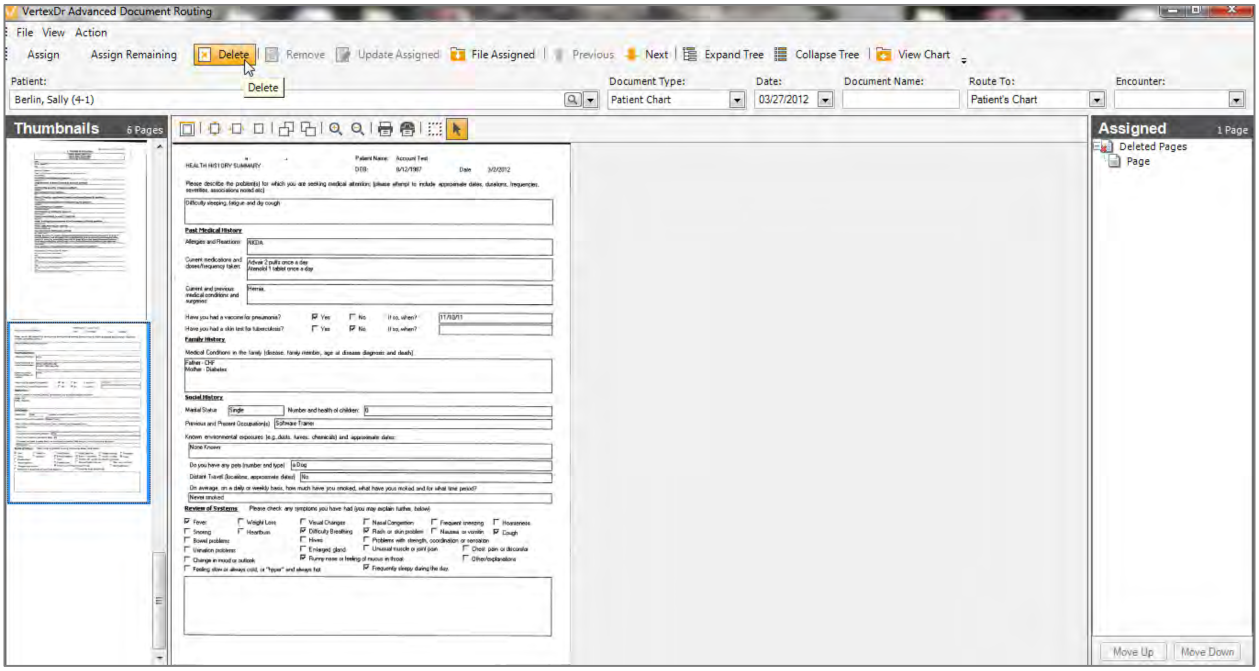
3. Continue assigning documents as needed. When finished, click the **File Assigned** Button.

Note: To close the *Advanced Document Routing* Area, click the *red* **X** in the upper, right-hand corner of the window. Any pages left in the *Thumbnails* Queue will be returned as one-line item in the *Document Routing* Area.

Deleting a Page

Page(s) deleted in the *Advanced Document Routing* Area will display as a *Deleted Page* in the *Assigned* Queue.

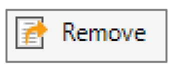
1. From the *Advanced Document Routing* Area highlight the page(s) in the *Thumbnails* Queue you wish to delete.
2. Click the **Delete** Button on the Toolbar.



Removing a Page

Page(s) can be removed from the *Assigned* Queue. The system will place a removed page back at the bottom of the *Thumbnails* Queue.

1. From the *Advanced Document Routing* Area highlight the page(s) in the *Assigned* Queue you wish to remove.
2. Click the **Remove** Button on the Toolbar.



The page(s) will be placed at the bottom of the *Thumbnails* Queue.

Updating Assigned Pages

Pages in the *Assigned* Queue can be edited by using the **Update Assigned** Button.

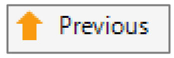
1. From the *Advanced Document Routing* Area, highlight the page(s) in the *Assigned* Queue to be edited.

2. Make any necessary changes using the Advanced Document Routing Details Bar.
3. Click the **Update Assigned** Button on the Toolbar. The changes display in the nodes of the tree structure in the *Assigned* Queue.

The Previous and Next Buttons

Documents other than the next document in the Document Routing Area can also be pulled into the *Advanced Document Routing* Area.

1. From the *Advanced Document Routing* Area, click the **Previous** Button on the Toolbar.

   The system pulls the previous document from the *Document Routing* Area into the *Advanced Document Routing* Area.

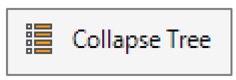
2. To pull in the next document after the selected document from the *Document Routing* Area, click the **Next** Button on the Toolbar.

The Collapse and Expand Buttons

The trees in the *Assigned* Queue can be collapsed and expanded.

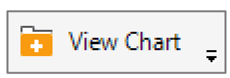
1. From the Advance Routing Area, click the **Collapse Tree** Button on the Toolbar.

2. The trees in the *Assigned* Queue display collapsed. Click the **Expand** Button on the Toolbar to expand the nodes.

Viewing a Patient's Chart

From the *Advanced Document Routing* Area, highlight any of the nodes in a patient tree in the *Assigned* Queue. Click the **View Chart** Button on the Toolbar to open the Patient Chart.

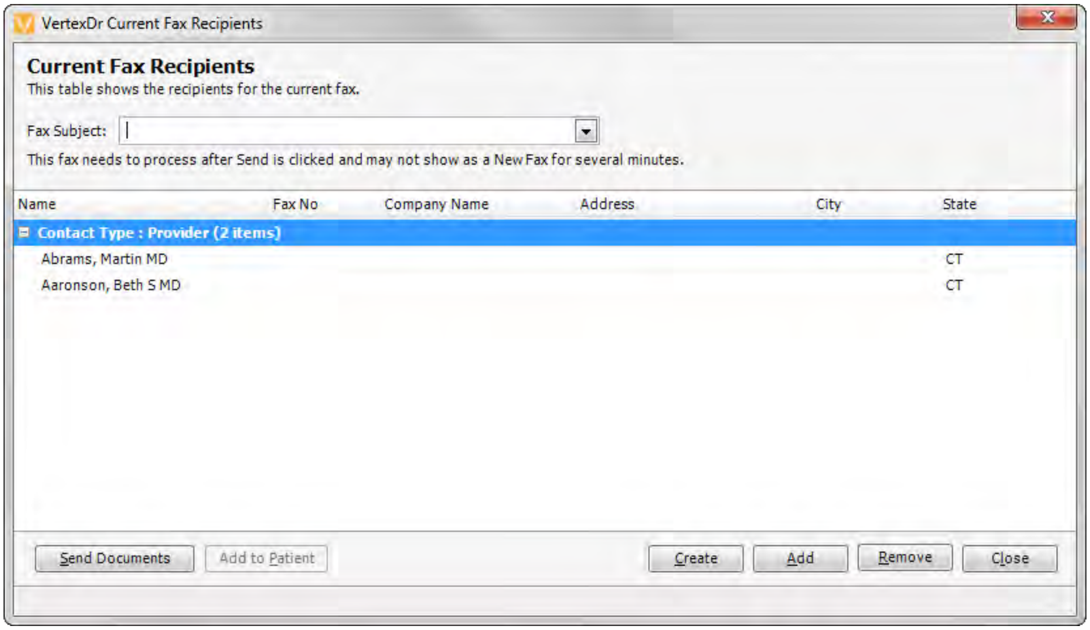


Faxing & Printing Documents

Scanned documents, Mail Merge letters, Ink Documents and Custom Forms attached to a patient's chart can be faxed out of the system. Any documents faxed out of the system are recorded in the *Correspondence* Section of the Patient Chart. All documents faxed out by the practice are monitored from the *Fax History* Area.

To fax a document:

1. Simply highlight the document in the *Documents* Section of the Patient Chart. The *Current Fax Recipients* Window opens.



2. Select a subject from the **Fax Subject** Dropdown or simply type the desired subject in the field.
3. To enter a Fax Recipient, click the **Add** Button to select a recipient from the Fax Recipient List or click the **Create** Button to manually enter a fax recipient.

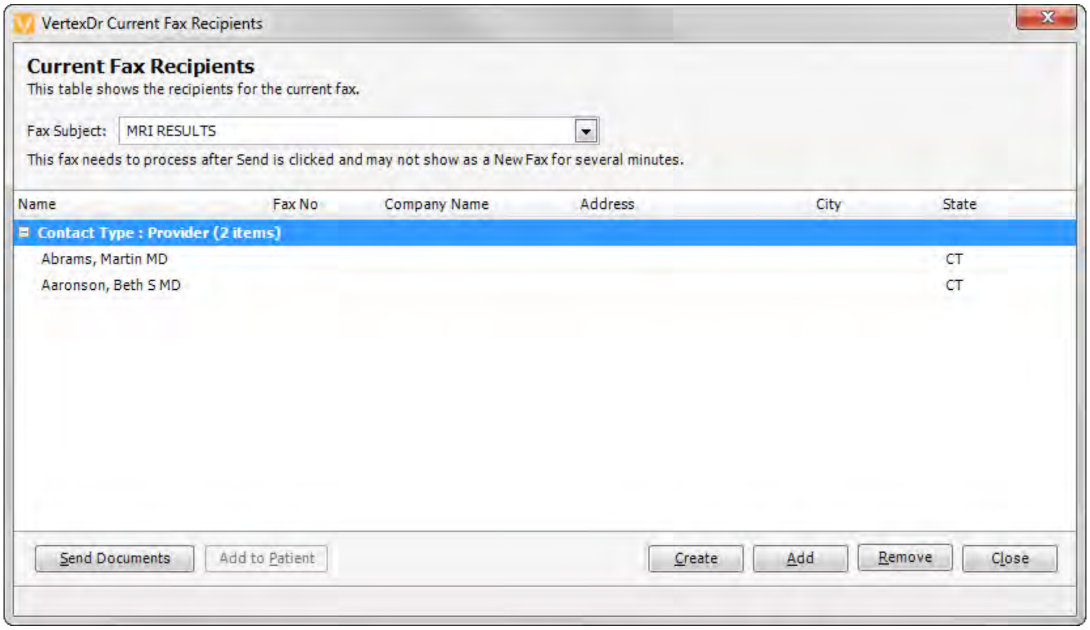
Note: Fax Recipients can also be selected from the list of Patient Related Contacts listed in the *Current Fax Recipients* Window. Patient Related Contacts are covered in more detailed later in this section.

4. When finished, click the **Send Documents** Button to fax the selected document.

These are the basic steps needed to fax a document through the Practice Suite. The following sections will explain each of the steps listed above in greater detail.

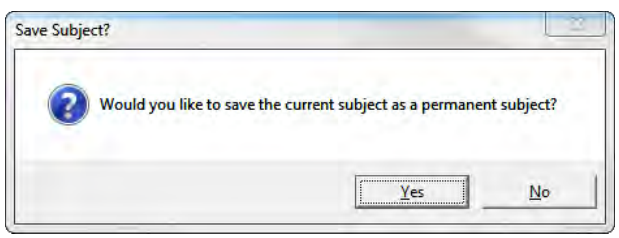
Fax Subjects

After selecting the **Fax** Button, the *Current Fax Recipients* Window opens.



From the **Fax Subject** Dropdown a defined fax subject can be selected. If the appropriate fax subject is not available from the **Dropdown** Menu, simply type the desired fax subject into the *Fax Subject* Field.

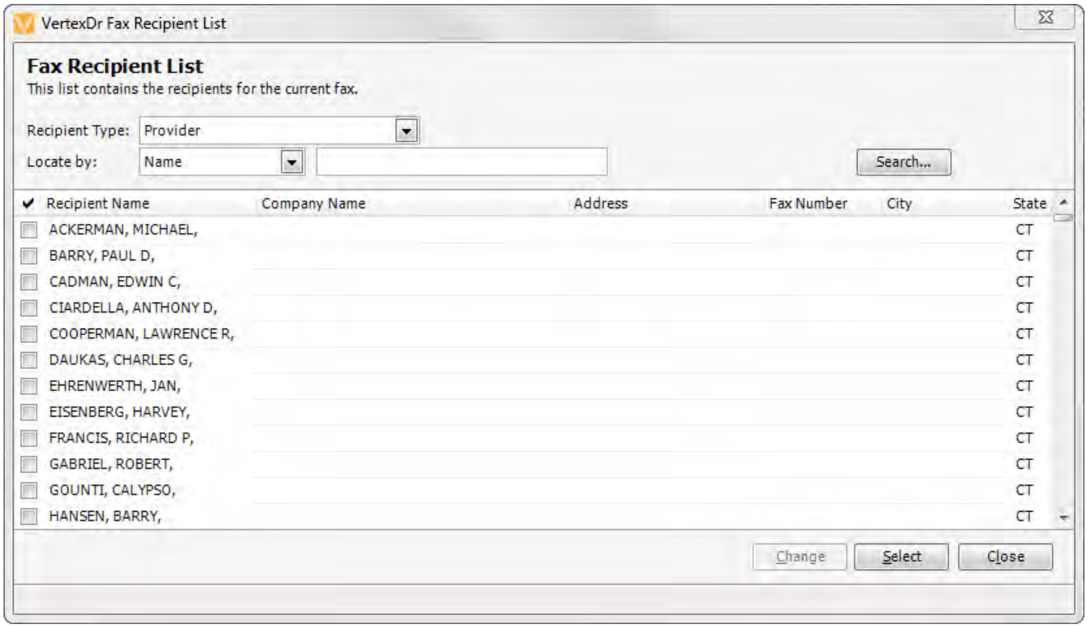
When the **Send Documents** Button is selected, the user will be prompted to save the fax subject for future use.



1. Click the **Yes** Button to save the fax subject. Click the **No** Button to continue with the fax without saving the entered fax subject.

Adding a Fax Recipient

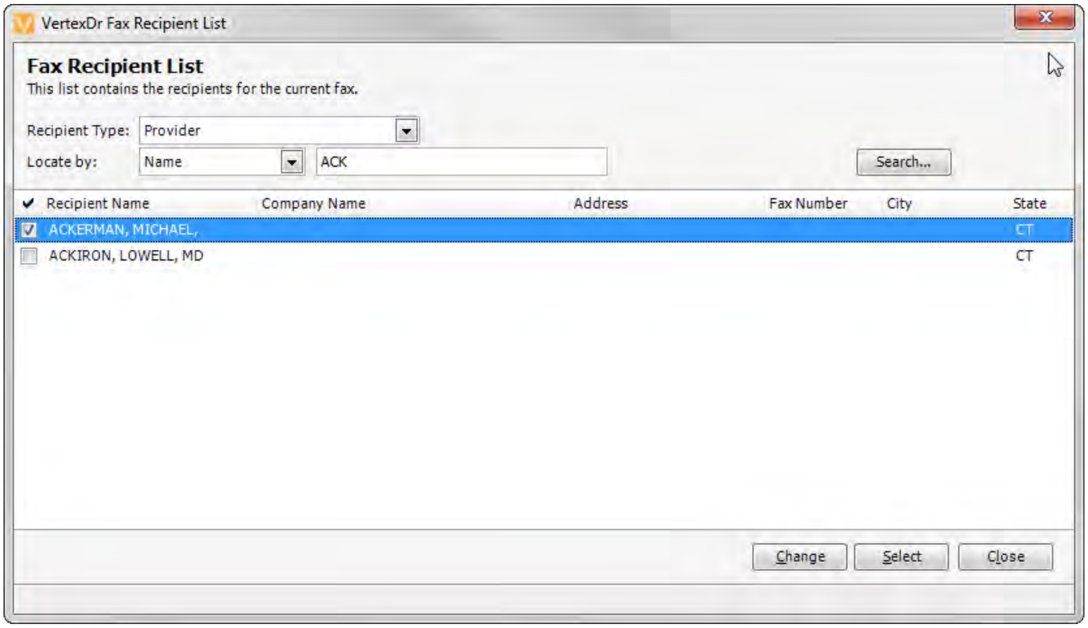
From the *Current Fax Recipients* Window, click the **Add** Button to retrieve a fax recipient from one of the system tables. The *Fax Recipient List* Window opens.



1. Click the **Recipient Type** Dropdown to select a fax contact group from the **Dropdown** Menu.
2. Click the **Locate By** Dropdown to select a method by which to search for the recipient: **Name** or **Company Name**. Type the applicable information in the *Search* Field and then click the **Search** Button.

Note: Fax recipients can be retrieved from the *History* Table by selecting **History** from the **Recipient Type** Dropdown.

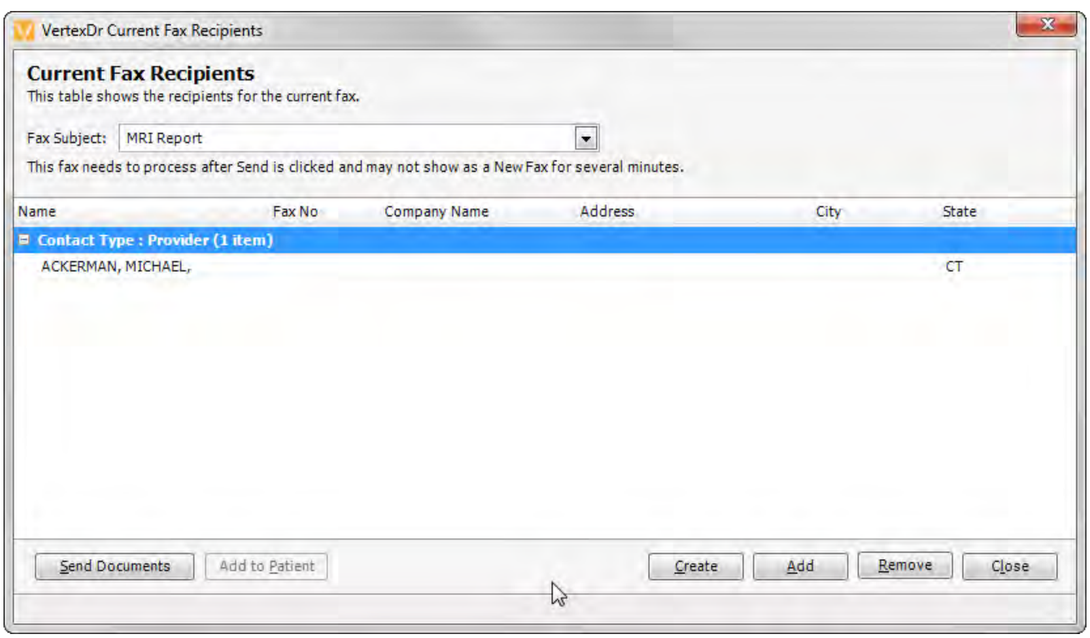
3. From the *Fax Recipient List* Window, check off the name of the recipient in the **Recipient Name** Checkbox and then click the **Select** Button to return to the *Current Fax Recipients* Window to send the documents.



Editing a Fax Number for a Recipient

The practice may have to add fax numbers to *Pharmacy*, *Insurance Carrier* and *Referring Provider* Tables in order for the fax numbers to be selected in the faxing module.

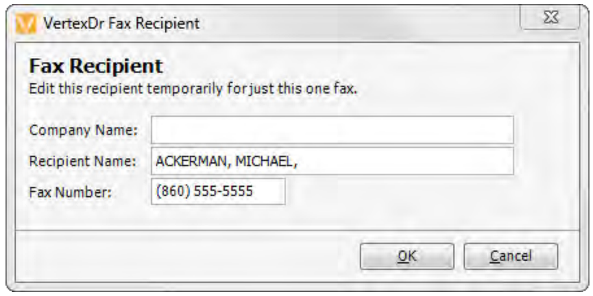
The fax number (if one has been entered into the appropriate table) will be listed in the *Fax No* Column in the *Current Fax Recipients* Window.



If a fax number is not listed, one can be added.

Note: Adding the fax number through the faxing module does not updated Provider Definition. Enter the fax number in the *Referring Provider* Table to make the change for future use.

1. Double click the recipient's name to open the *Fax Recipient* Window.

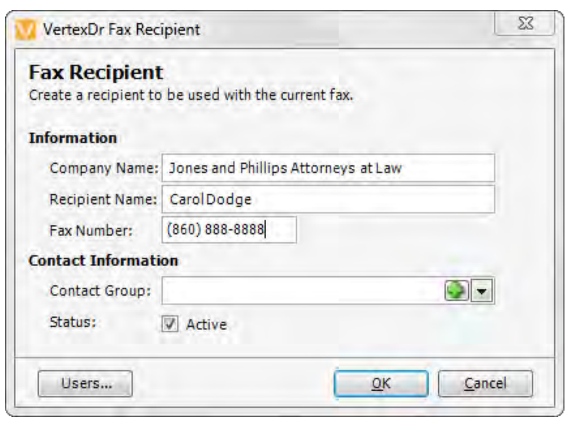


2. Type the fax number into the *Fax Number* Field. Click the **OK** Button to return to the *Current Fax Recipients* Window to send the document(s).

Fax Contacts

Fax Contacts can be created manually as needed if the recipient is not found in one of the **Recipient Type** Dropdown Options. Once a new contact is added, the user can save the contact for use in the future by adding them to the *Fax Contact Group* Table.

From the *Current Fax Recipients* Window, click the **Create** Button. The *Fax Recipient* Window opens.



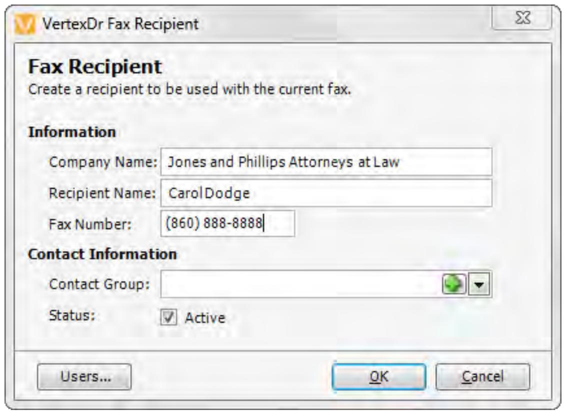
- The *Company Name* Field is used for the recipient's company name.
- The *Recipient Name* Field is used for the recipient's first and last names.
- The *Fax Number* Field is used for the recipient's fax number.

Note: The recipients can be saved to a Fax Contact Group so that they can be easily searched for and selected later.

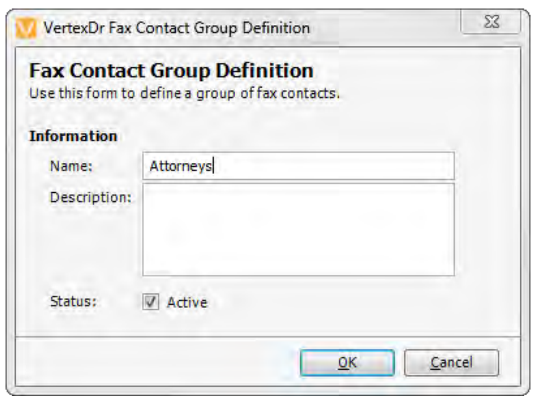
Fax Contact Groups

Fax Contact Groups such as hospitals, labs, or attorneys can be added to the system from the *Fax Recipient* Window. It's a way to organize your fax contacts.

1. From the *Fax Recipient* Window, click on the *green* **Plus Sign** Button to insert a new Fax Contact Group or click the dropdown to select from an existing Fax Contact Group.



The *Fax Contact Group* Definition Window opens.



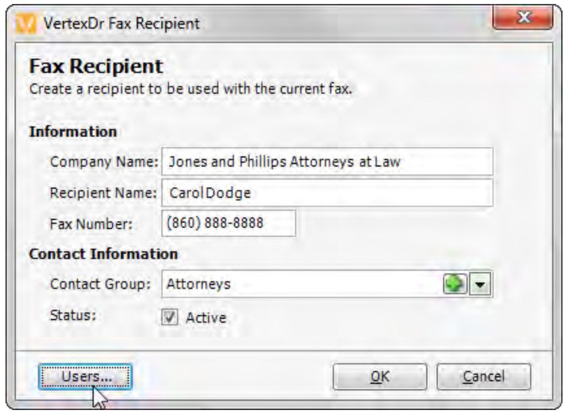
2. Type the fax contact group name into the *Name* Field.
3. The *Description* Field is optional. It is used to further define the contact group name, if necessary.
4. Click the **OK** Button to save the Fax Contact Group.

Fax Contact Users

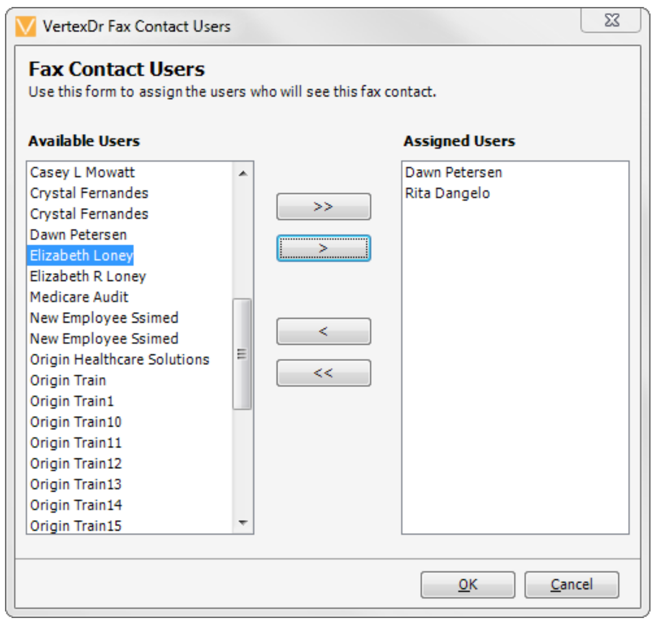
Users must be assigned to a Fax Recipient in order to be able to select that recipient when faxing.

To assign a user to a Fax Recipient:

1. From the *Fax Recipient* Window, click on the **Users** Button.

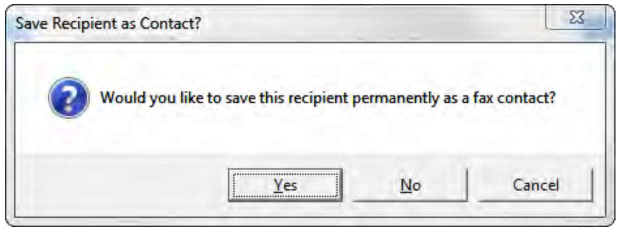


The *Fax Contact Users* Window opens.



2. Highlight a user in the *Available Users* Column and then click the **Right Arrow** Button to move the user to the *Assigned Users* Column.
3. Highlight a user in the *Assigned Users* Column. Click the **Left Arrow** Button to move the user back to the *Available Users* Column.
4. Click the **Double Left** Arrow to move all users in the *Assigned Users* Column back to the *Available Users* Column.
5. Click the **Double Right** Arrow to move all users in the *Available Users* Column to the *Assigned Users* Column.

6. Click the **OK** Button to save the users. The *Save Recipient as a Contact?* Window appears.



7. Click the **Yes** Button to save the recipient as a permanent fax contact for the selected users. Click the **No** Button to not permanently save the recipient as a fax contact but continue faxing the document to the recipient this one time. Click the **Cancel** Button to return to the *Fax Recipient* Window.

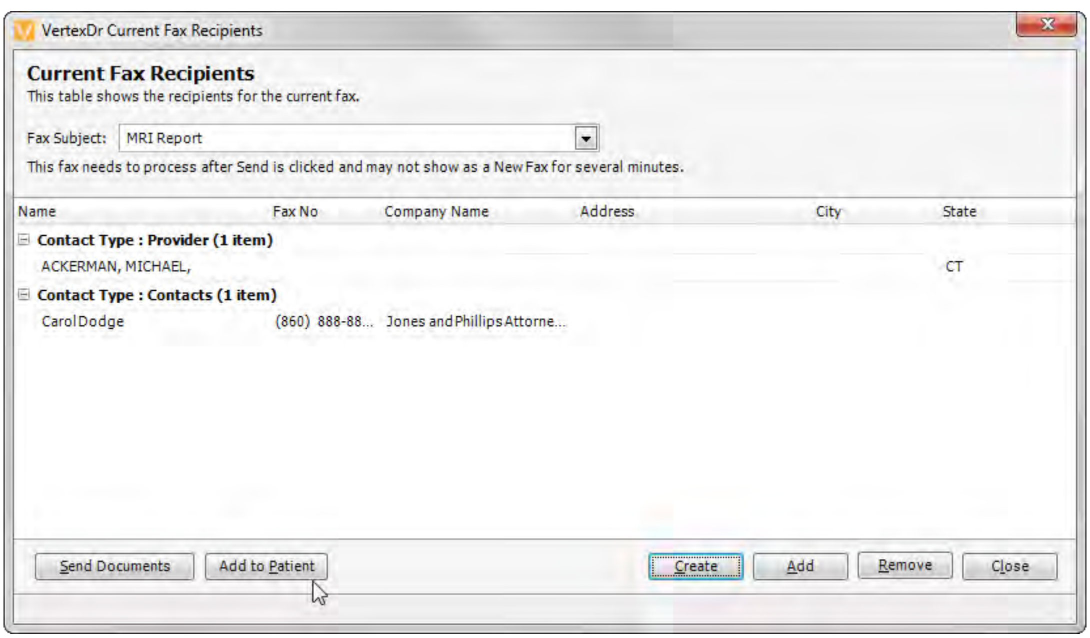
Patient Related Fax Contacts

Patient Related Fax Contacts are contacts, such as personal attorneys and social workers, that are specifically related to the selected patient. Patient Related Fax Contacts can be created for each patient.

Note: There is a parameter setting to populate patient related contacts (providers attached to the patient) in the faxing module.

Saving Patient Related Fax Contacts

Before faxing a document to the fax recipient, click the **Add to Patient** Button on the *Current Fax Recipients* Window to add the fax recipient to the patient's related fax contacts.

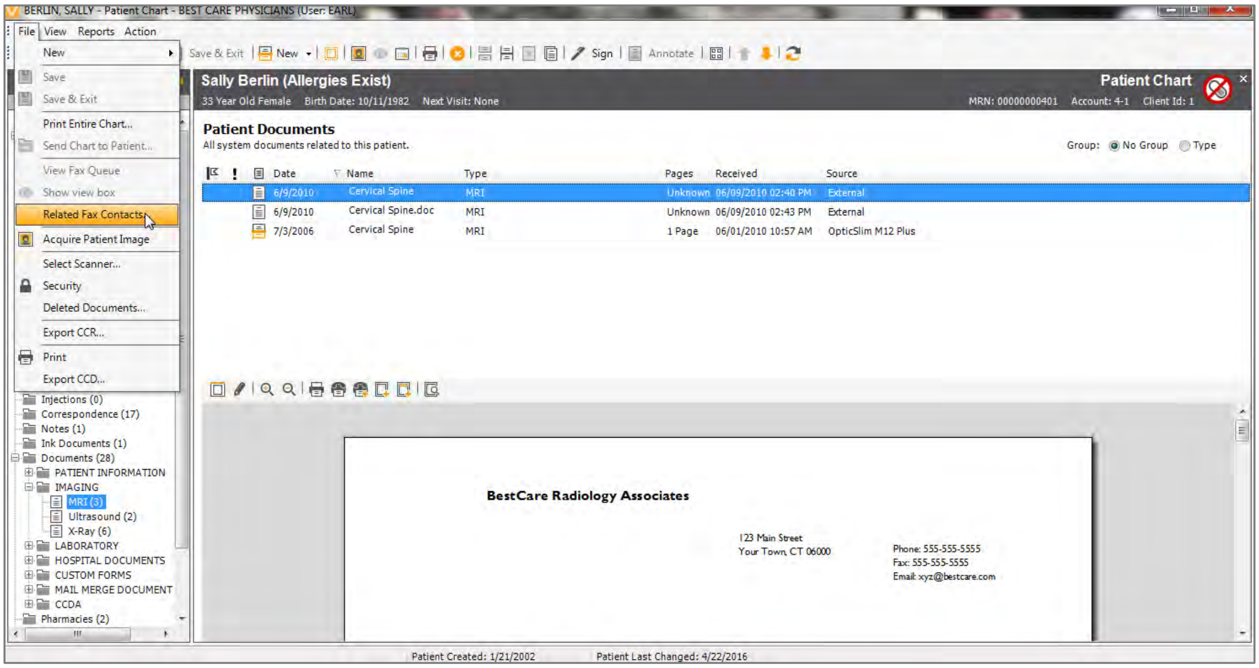


Adding a Patient Related Fax Contact from the Patient's Chart

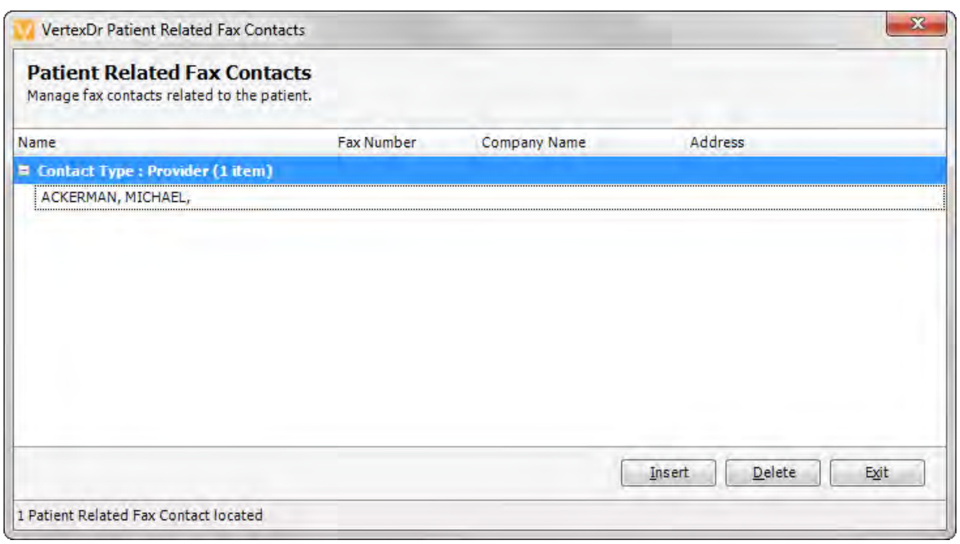
Patient Related Fax Contacts can also be created from the **File** Menu in the Patient Chart.

Note: The related contact must be added as a Fax Contact prior to saving it to the Patient Chart.

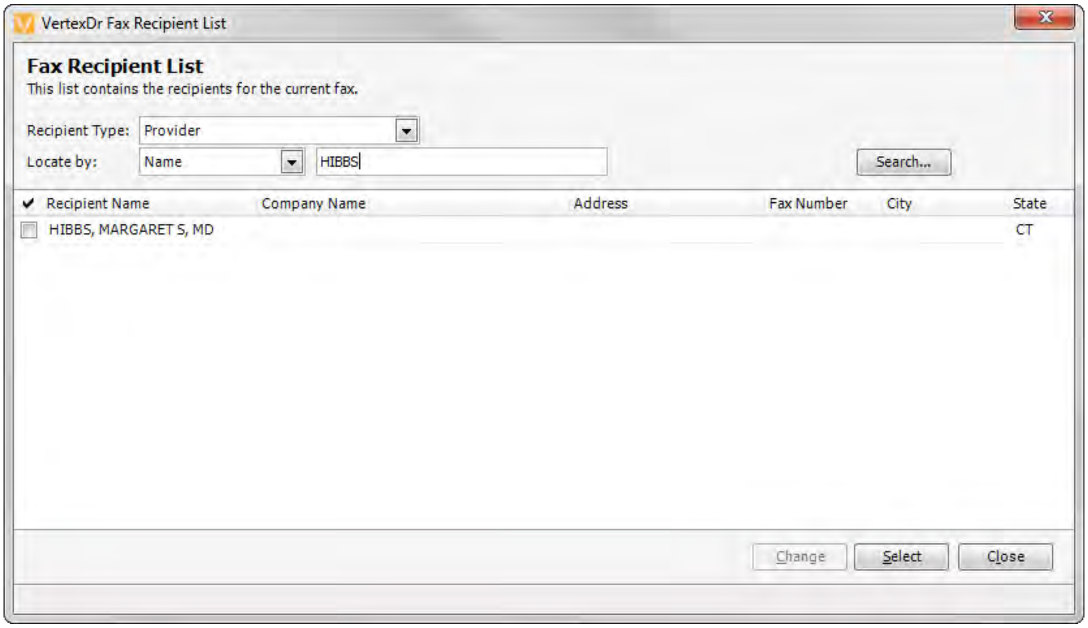
1. Select *Related Fax Contacts* from the **File** Menu.



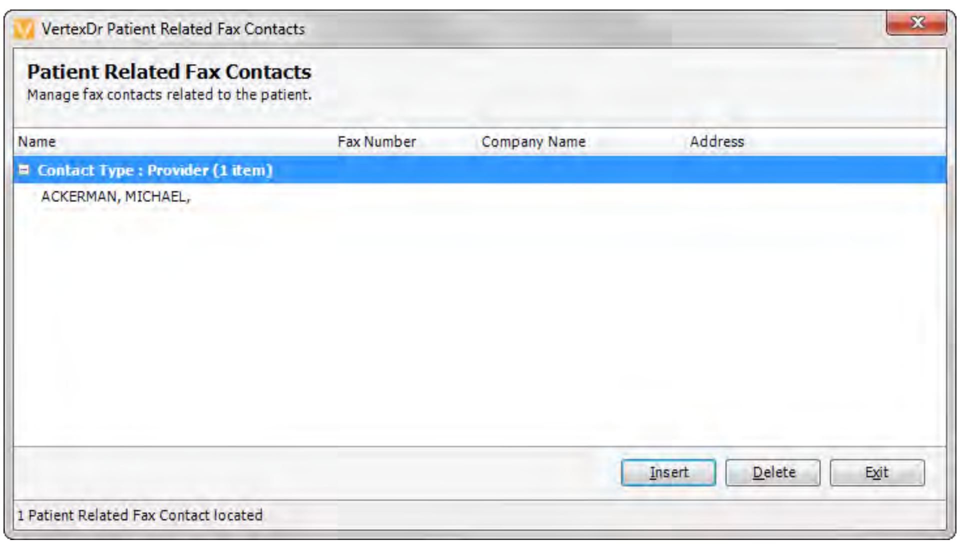
The *Patient Related Fax Contacts* Window opens.



2. Click the **Insert** Button to add a new Patient Related Contact. The *Fax Recipient List* Window opens.



3. Highlight on the recipient you wish to save to the patient and then click the **Select** Button. The *Patient Related Fax Contacts* Window becomes visible.

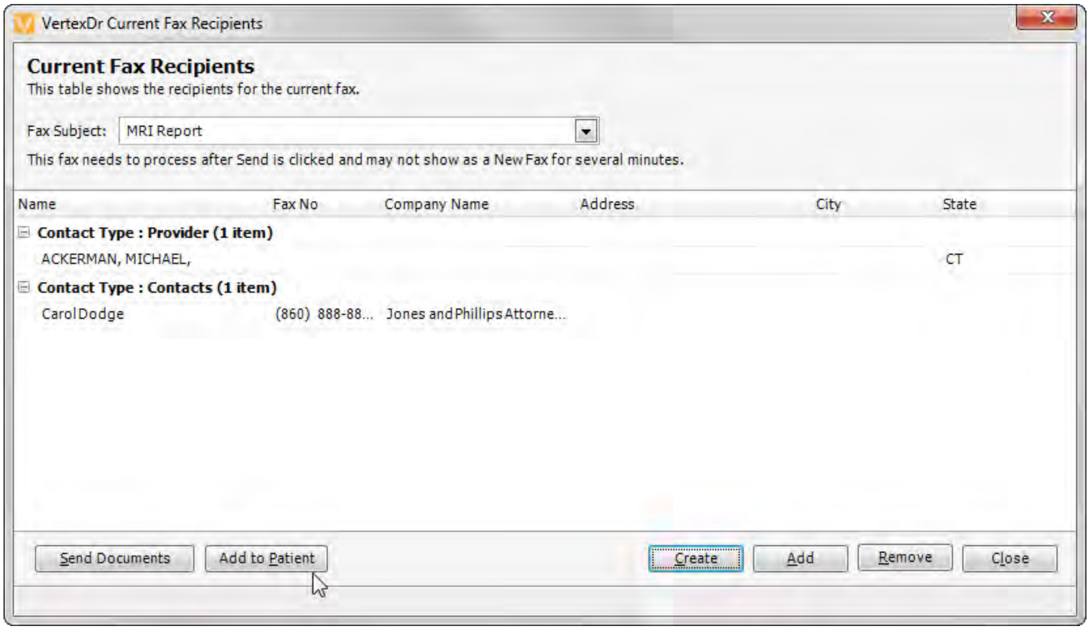


4. Click the **Contact Type** Expand Button to view the saved fax contact.

Deleting a Patient Related Fax Contact from the Patient's Chart

Patient Related Fax Contacts can be deleted from the **File** Menu in the Patient Chart. Patient Related Fax Contacts cannot be deleted from any other windows in the faxing module.

1. Select *Related Fax Contacts* from the **File** Menu. The *Patient Related Fax Contacts* Window opens.

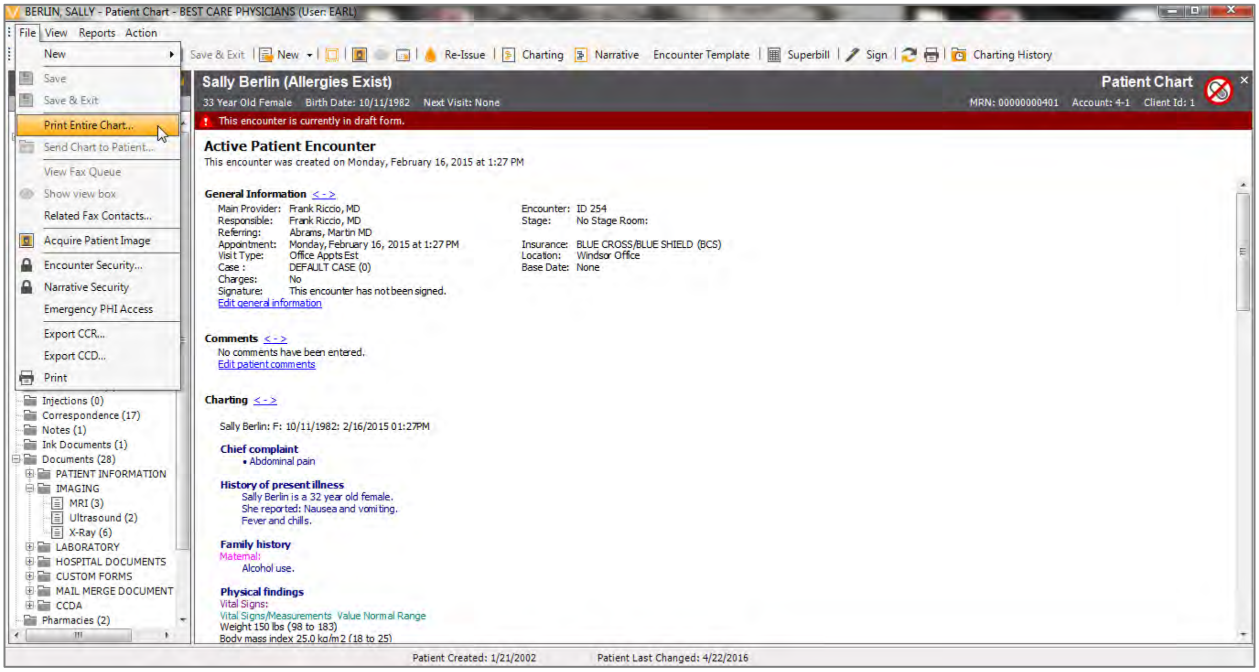


2. Highlight the patient related fax contact to be deleted and then click the **Delete** Button.

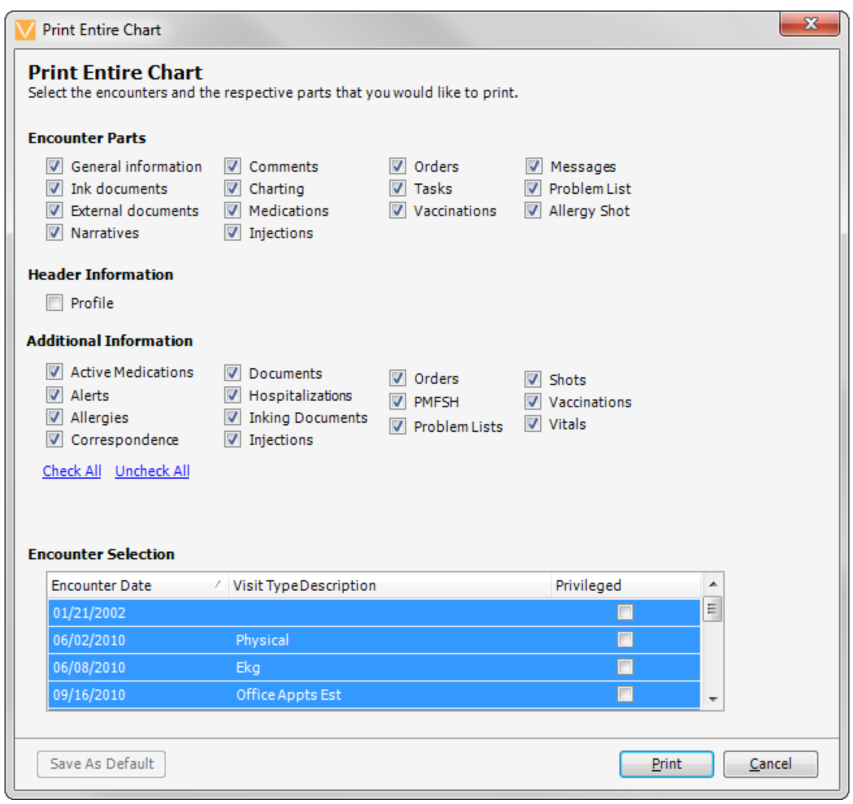
Printing and Faxing the Entire Patient's Chart

Anything that can be printed from the Practice Suite can also be faxed. If a fax button is not available on the screen, a print preview of the document will display the **Fax** Button.

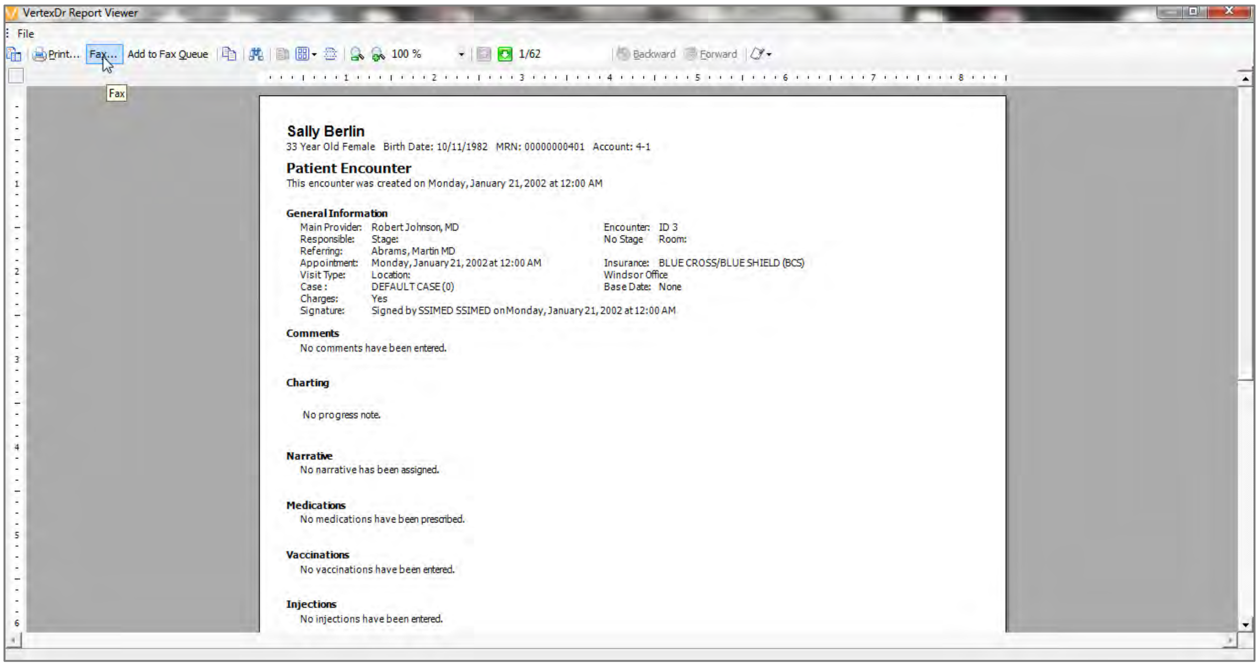
1. From the Patient Chart, click the **File** Menu and then click *Print Entire Chart*.



2. The *Print Entire Chart* Window opens where the user can select exactly which sections of the Patient Chart to print or fax by checking off the desired selections.



3. Click the **Print** Button to print or fax the entire Patient Chart. The *Print Preview?* Window appears where you can select if you want to view a print preview of the entire Patient Chart. Select the **Yes** Button if you would like to fax the document or preview the document prior to printing. Select the **No** Button if you would like to send the job to the printer. If the print preview was selected the *Report Viewer* Window opens.

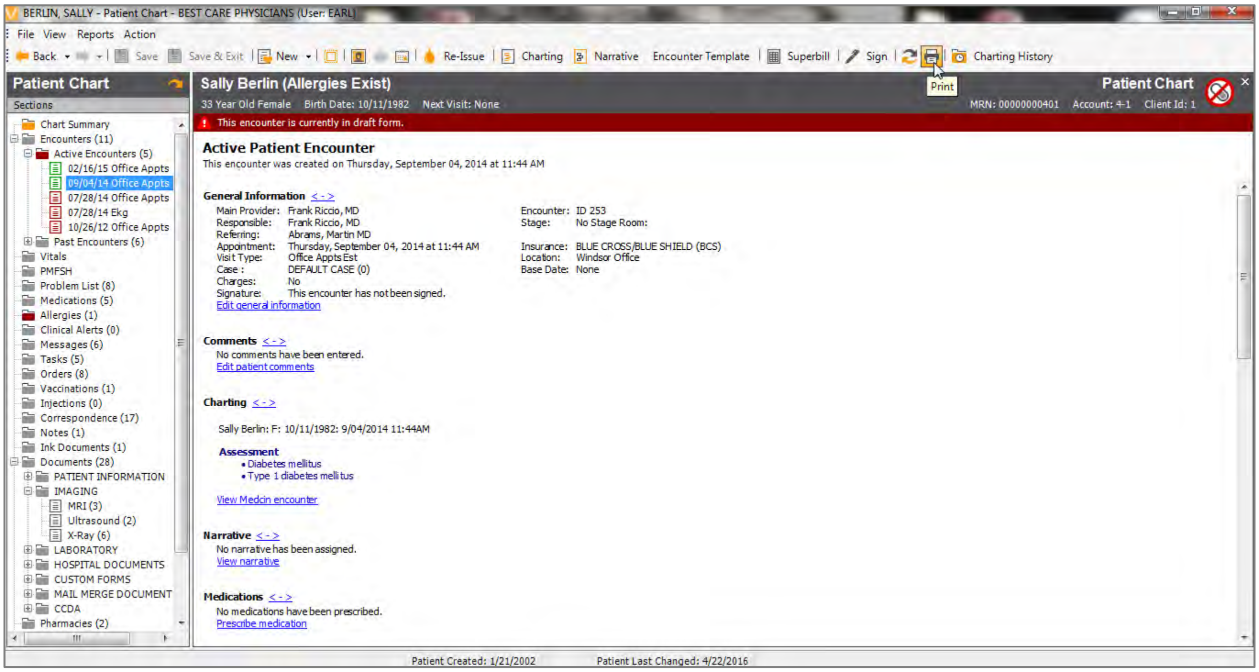


4. Click the **Fax** Button on the Toolbar to access the faxing module.

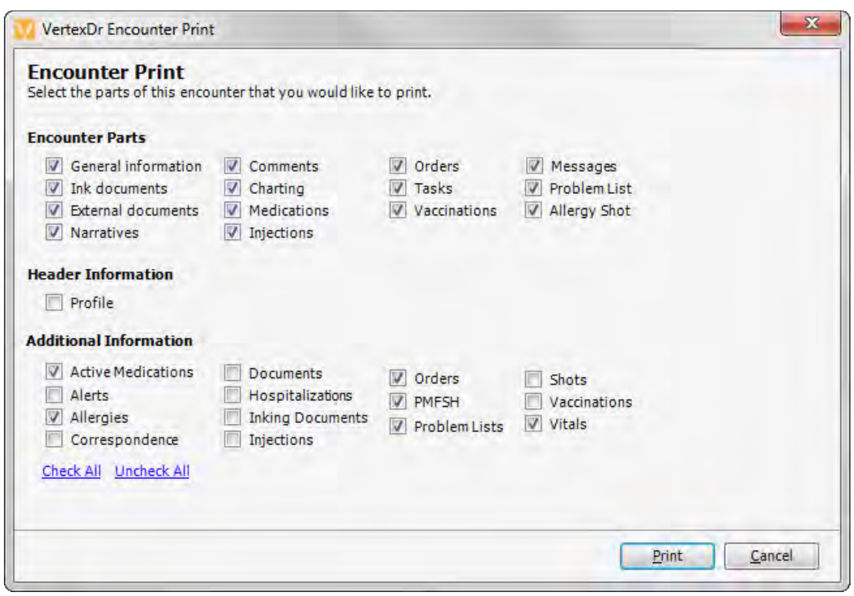
Printing and Faxing Patient Encounters

1. From the *Encounters* Sections of the Patient Chart, click the **Print** Button on the Toolbar.

Note: There is a parameter setting that can be set up to default the parts of the encounter and additional sections of the chart to print or fax.



The *Encounter Print* Window opens.



2. Check off the desired areas of the patient's encounter that are needed to print or fax. The **Check All** and **Uncheck All** Links are available for your convenience

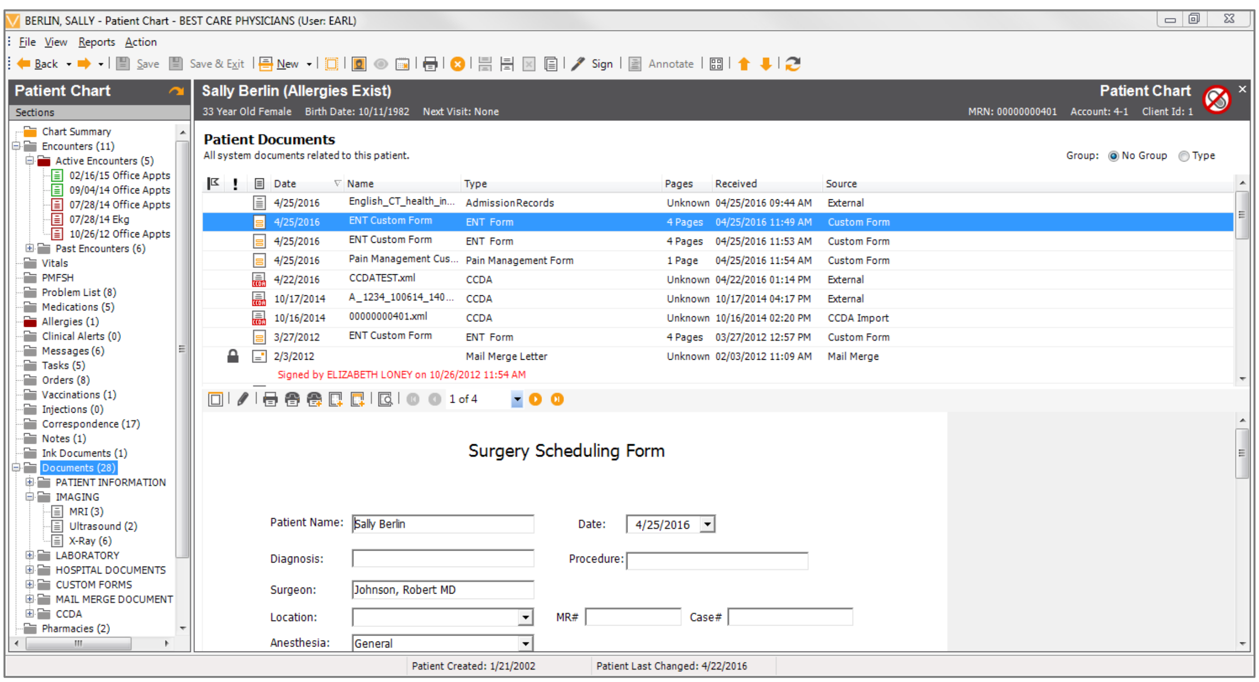
3. Click the **Profile** Checkbox under the *Header Information* Section to display the practice information.
4. Click the **Additional Information** Checkboxes to print or fax the checked items from the entire Patient Chart.
5. Click the **Print** Button. The *Print Preview?* Window appears where you can select if you want to view a print preview of the entire Patient Chart. Select the **Yes** Button if you would like to fax the document or preview the document prior to printing. Select the **No** Button if you would like to send the document to the printer. If the print preview was selected the *Report Viewer* Window opens.
6. Click the **Print** Button to print the document. Click the **Fax** Button to fax the document.

Fax Queue

The *Fax Queue* allows a user to select and fax multiple documents to a recipient. It also allows a user to select multiple documents and fax some of those documents to one recipient and some of those documents to another recipient. Scanned documents, Mail Merge letters, Custom Forms and Ink Documents can all be added to the *Fax* Queue.

Adding Documents to the Fax Queue

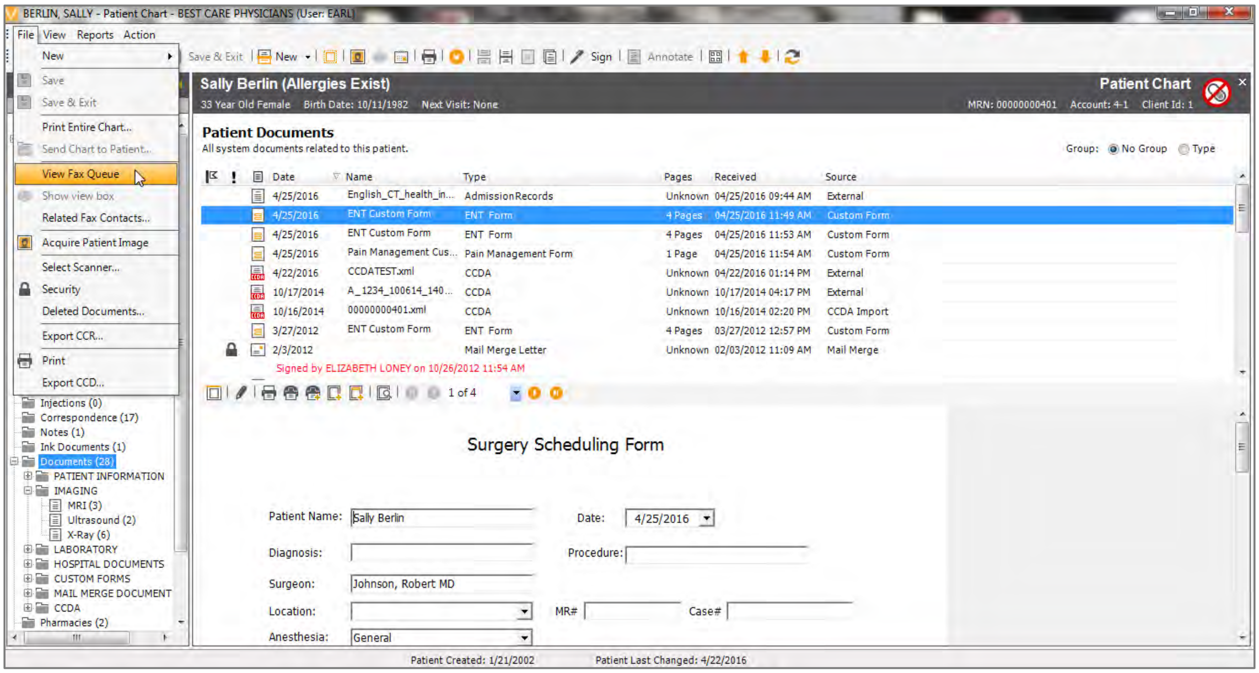
From the *Documents* Section of the Patient Chart, highlight a document and click the **Add to Fax Queue** Button on the *gray* Toolbar.



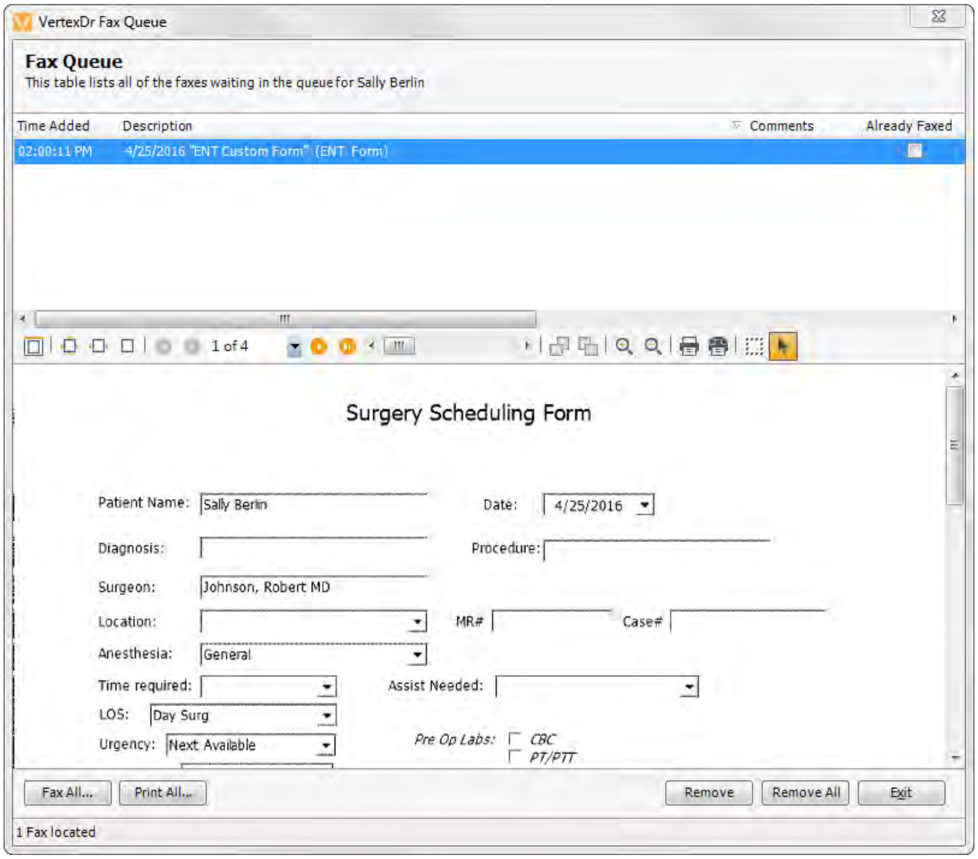
Viewing Documents in the Fax Queue

Documents can be removed, printed or faxed from the *Fax Queue*. When closing the Patient Chart, a message box appears alerting the user that there are documents in the *Fax Queue*. The system will automatically remove any documents from the *Fax* Queue upon closing the Patient Chart.

1. From any section of the Patient Chart, click the **File** Menu and then select *View Fax Queue* from the dropdown menu.



The *Fax Queue* Window opens.



Note: The system checks off the **Already Faxed** Checkbox for each of the documents that were already faxed through the *Fax Queue*.

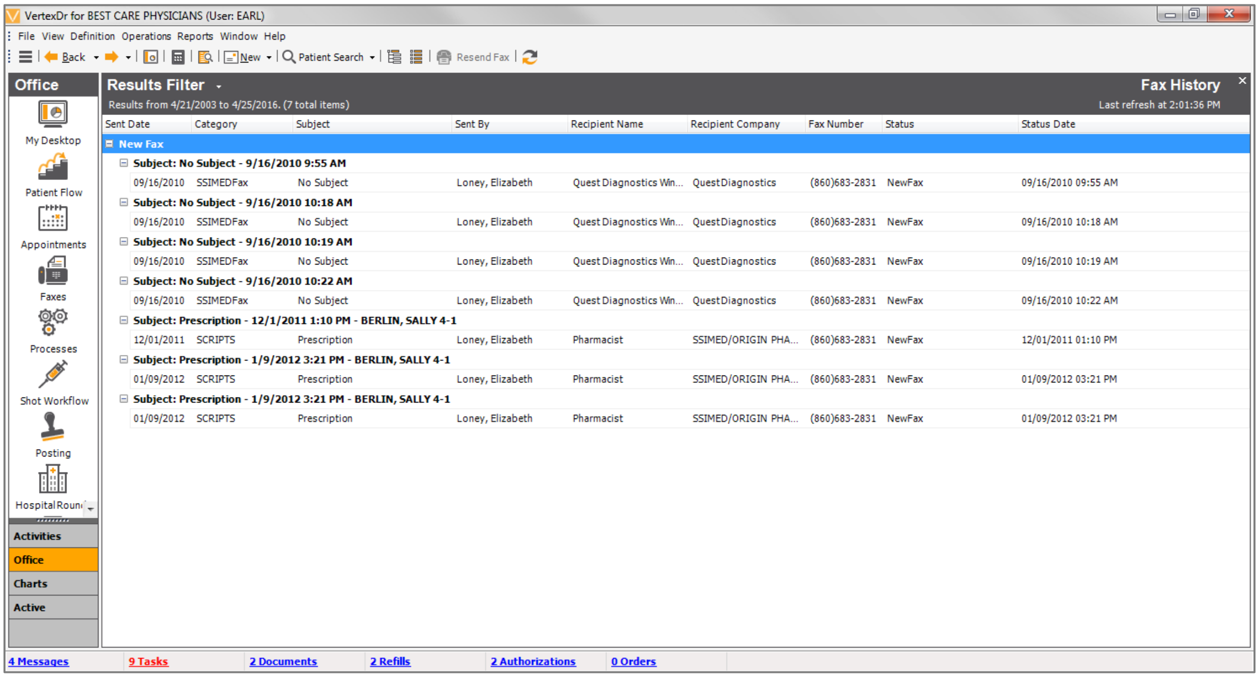
2. Highlight a document and then click the **Remove** Button to remove the document from the *Fax* Queue.
3. Click the **Remove All** Button to remove all of the documents in the *Fax* Queue.
4. Click the **Print All** Button to print all of the documents in the *Fax* Queue.
5. Click the **Fax All** Button to fax all of the documents in the queue. When the **Fax All** Button is selected, the *Current Fax Recipients* Window opens. Search and select your recipient and click the **Send Documents** Button to fax.

Fax History

The status of outgoing faxes can be monitored from the *Fax History* Area of the Practice Suite. Faxes that have failed may also be resent from the *Fax History* Area.

Note: It can take up to 15 minutes for a fax to move from the *Pending Fax* Queue to the *New Fax* Queue. The system will make up to 3 attempts to successfully send the fax.

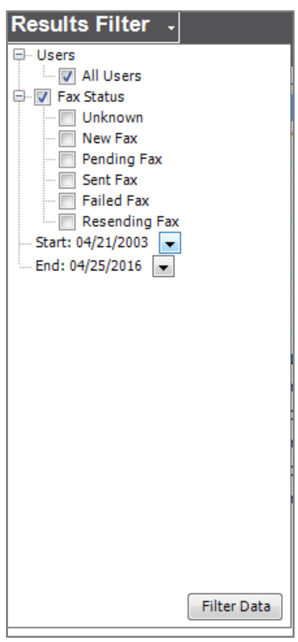
1. From the *Office* Section of the Navigation Pane, click the **Faxes** Icon.



6. The *gray* Sort Bar displays the *Sent Date, Category, Subject, Sent By, Recipient Name, Recipient Company, Fax Number* and *Status* Column.

The Results Filter

The *Results Filter* allows a user to view all faxes sent from the practice or only the faxes that they personally have sent. A user can also choose to only view faxes sent in a selected date range. The *Results Filter* allows a user to view all fax status queues or certain fax status queues.



1. Unclick the **All Users** Checkbox to view only faxes sent by the user.
2. Click the **Fax Status** Checkbox to view all of the *Fax Status* Queues or click each **Fax Status** Checkbox to view only those *Fax Status* Queues.
3. Click the **Start Date** Dropdown to select a start date. Click the **End Date** Dropdown to select an end date. Only faxes sent during the selected date range will display in the *Fax History* Area when filtered.
4. Click the **Filter Data** Button to view the selected parameters.

Resending a Failed Fax

After 3 unsuccessful attempts to send a fax, the system will send a message to the sender indicating that the fax failed. A failed fax can be resent from the *Fax History* Area.

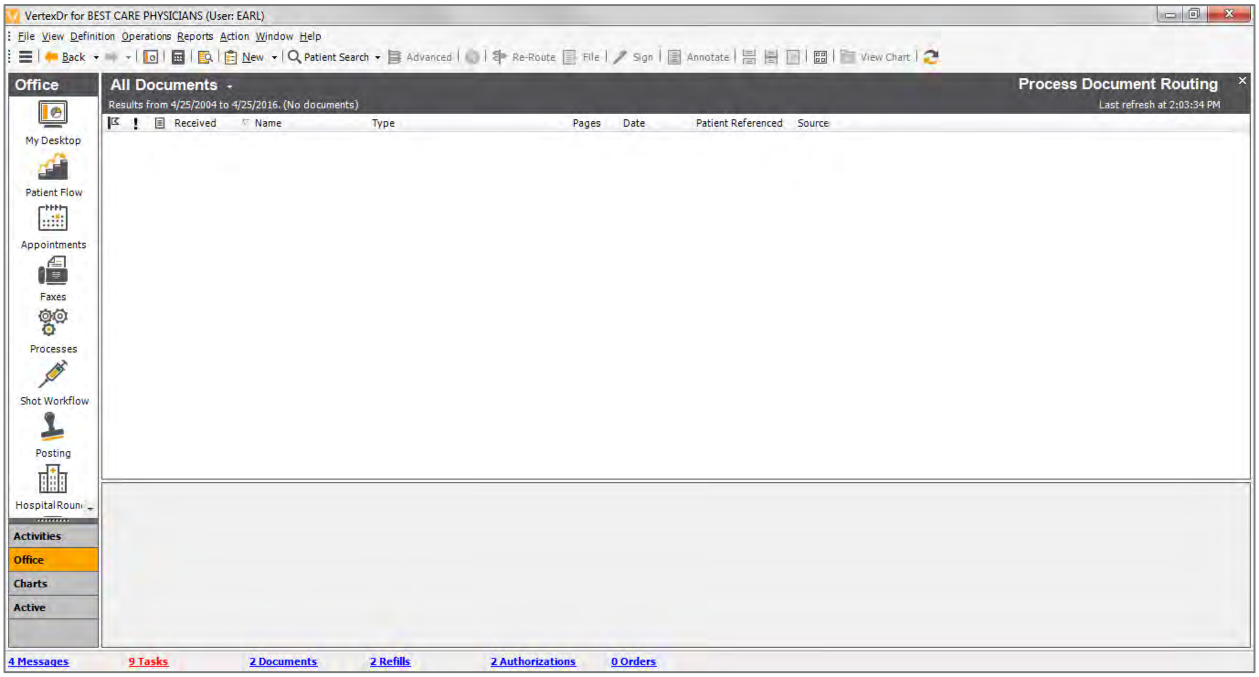
1. Highlight the failed fax in the *Failed Fax* Queue. The **Resend Fax** Button becomes enabled.
2. Click the **Resend Fax** Button on the Toolbar.

Processes Area/Incoming Faxes

Documents swept into the Suite by a service and incoming faxes will be displayed in the *Processes* Area. Documents with patient information attached may be automatically routed to the Patient Chart, if there is no match the system will hold the document in the *Processes* Area to be manually routed.

Accessing the Processes Area

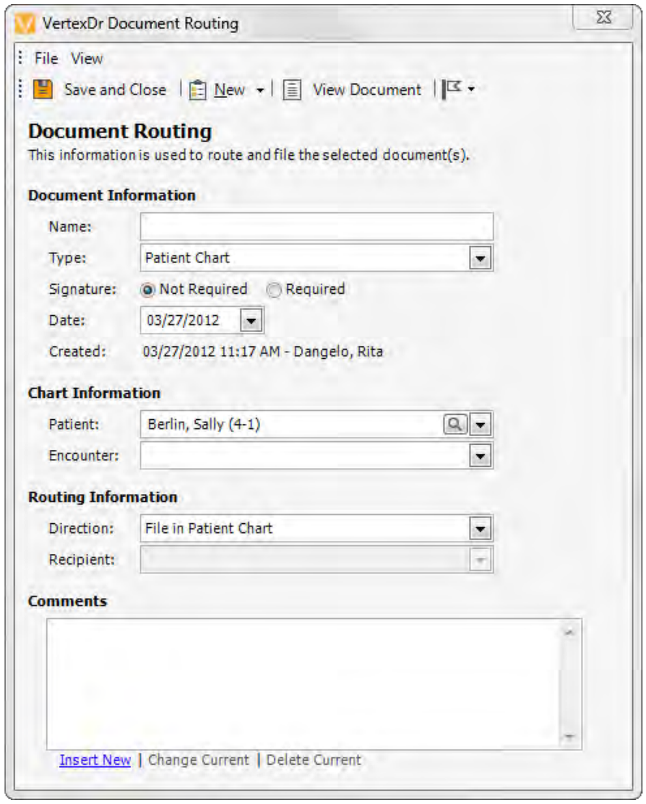
1. To access the *Processes* Area select the **Processes** Icon in the ***Office*** Section of the Navigation Pane. The *Process Document Routing* Window displays.



Routing a Document or Incoming Fax

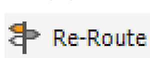
If a new fax is received or a swept document did not match a patient, the document will need to be routed from the *Processes* Area.

1. Highlight a document in the *Processes* Area and then click the **Re-Route** Button on the Toolbar. This will display the *Document Routing* Window.

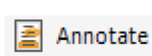


2. Fill in the requested information, making sure to select a patient and select the direction that the document will be routed, whether it will be to the Patient Chart, an individual or a role.
3. Click the **Save and Close** Button to route the document to the proper direction.

Overview of Toolbar Buttons

- 

 - The **Re-Route** Button allows a document to be manually routed to a patients chart or to a provider.
- 

 - If a document requires a signature the **Sign** Button will allow you to sign the document. Once a document is signed no further changes can be made.
- 

 - The **Annotate** Button allows a document to be directly written on via the pen interface on a tablet pc.

Prescription Writer

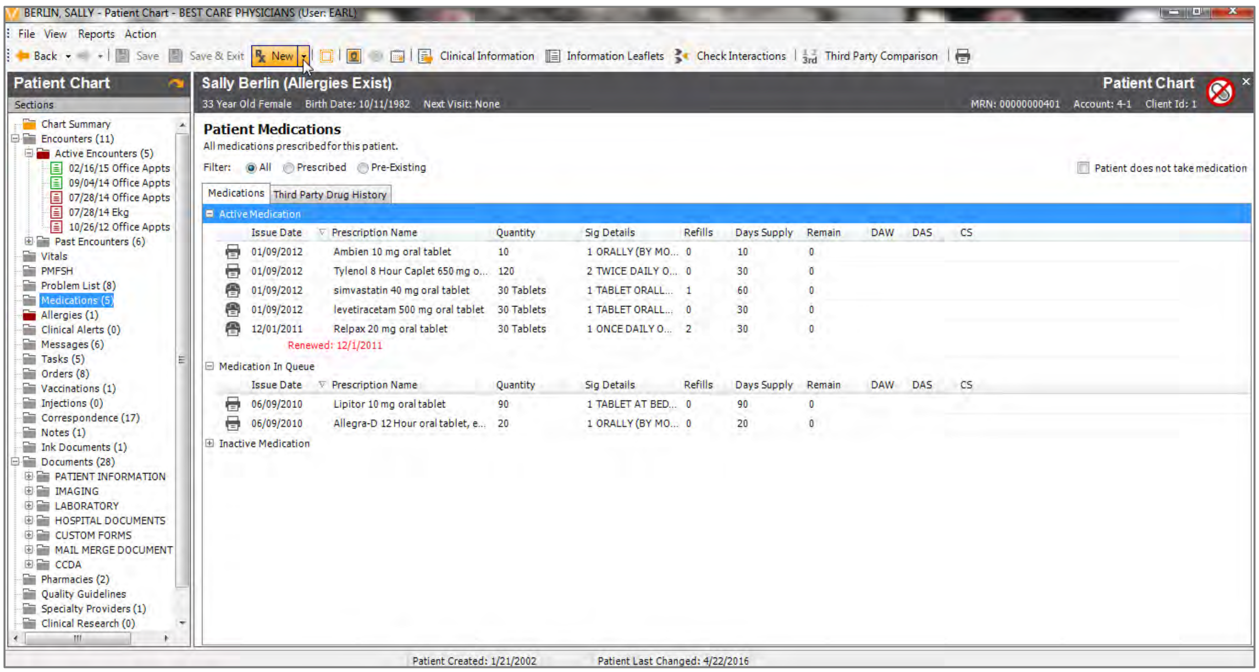
The following section will explain writing prescriptions in the Practice Suite. It will explain how to issue a prescription, as well as attaching pre-existing medications to the Patient Chart. The *Prescription Writer* Window allows the user to issue prescriptions for a patient. The *Prescription Writer* Window can be accessed from the Patient Chart or from an active encounter.

Accessing Prescription Writer

There are three ways to access the *Prescription Writer* Window. All prescriptions are written from within the *Prescription Writer* Window. A medication can be prescribed from the Patient Chart, Medication Overview, and the *Charting* Area.

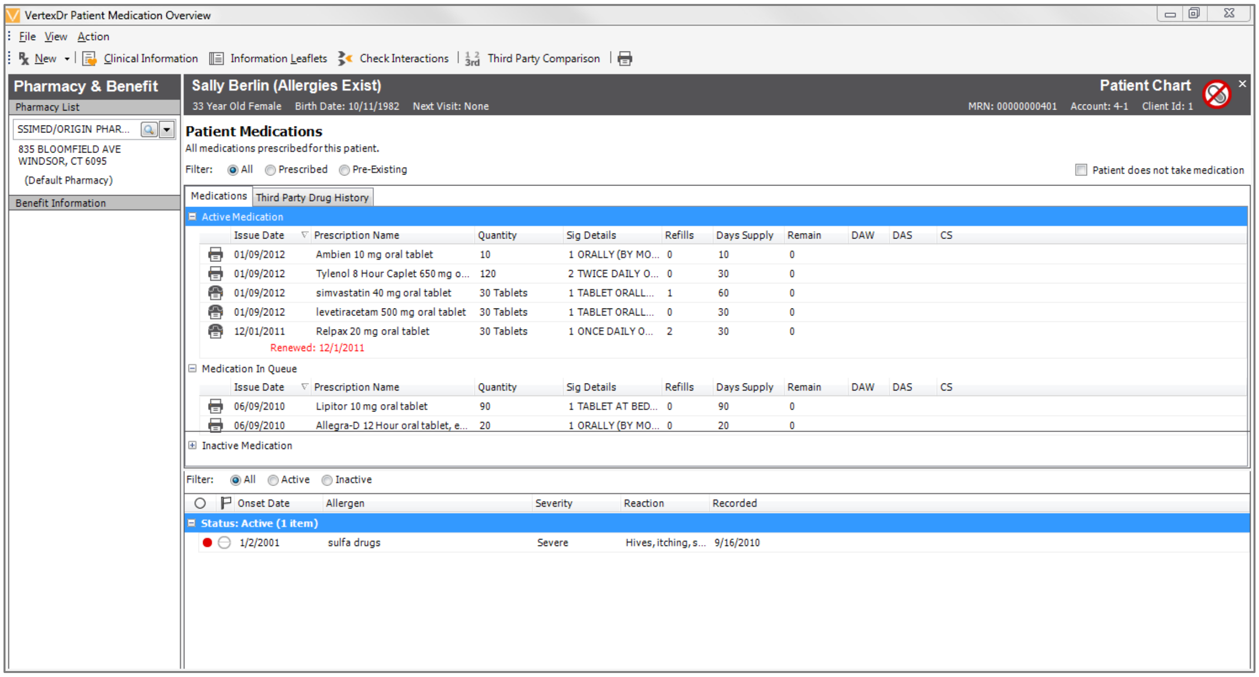
The Patient Chart

1. From within the Patient Chart, click the *Medications* Section.
2. Click the **New** Dropdown and then click **Prescription**.



Medication Overview

1. After searching for a patient, click on the **Medication Overview** Button. The *Medication Overview* Window opens.

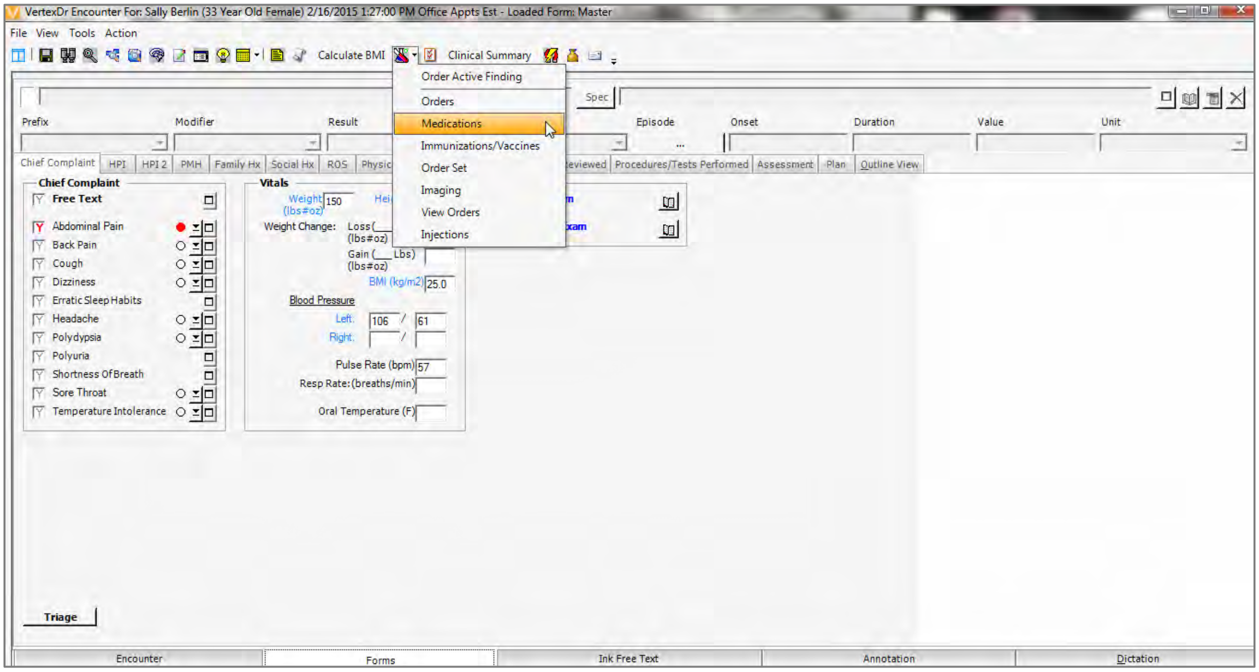


2. Click the **New** Dropdown and then click **Prescription**.

The Charting Area

1. When clicking on the **Charting** Button, the *Encounter* Window opens.

2. Click the **Orders** Dropdown (the Beaker Icon) and then click **Medications**.



The Prescription Writer Window

The *Prescription Writer* Window has many capabilities all incorporated into one window. For example, medications can be easily refilled from here; each provider has the ability to create his/her own list of favorite drugs to select from; prescriptions can be issued or sent to pharmacies or the prescription authorization queue; third party drug history and allergies can be viewed, as well as formulary information for participating insurance carriers.

Favorites Tab

The **Favorites** Tab is a list of the medications most commonly prescribed medications by the selected provider and how the provider most commonly prescribes them. The favorite drugs can also be grouped by *Categories*. A drug can be added as a favorite multiple times, one for each way the prescription should be written.

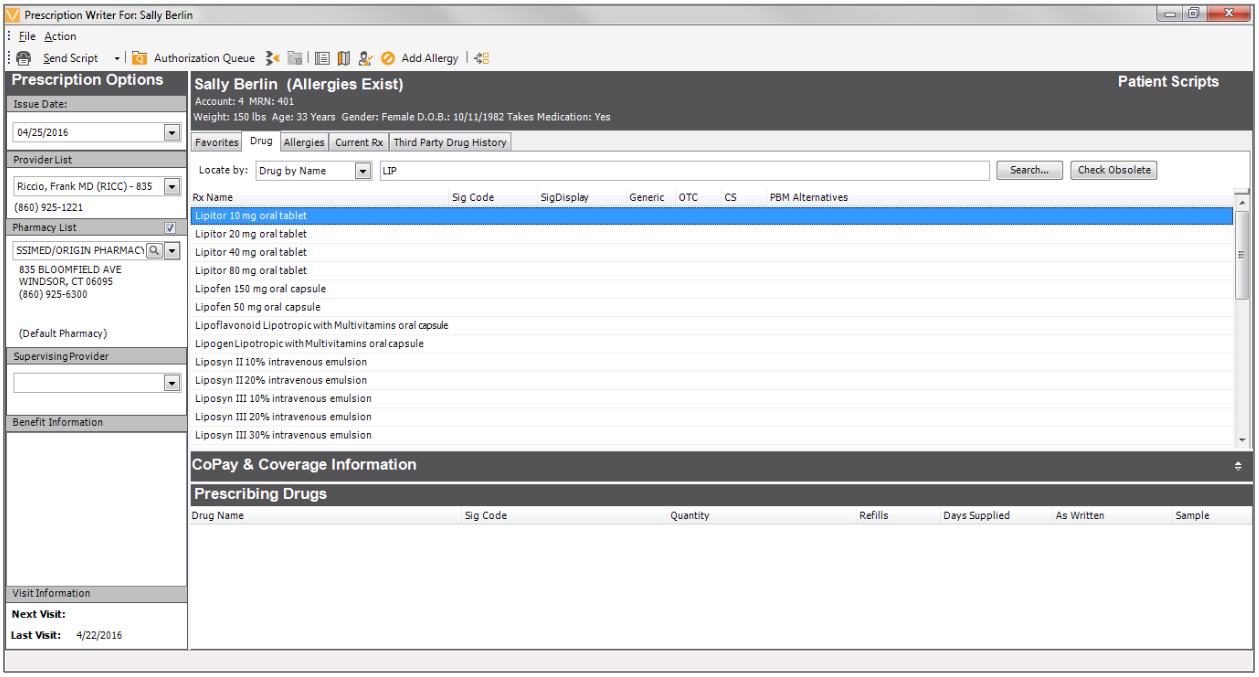
The list of commonly prescribed medications can be viewed and a medication can be selected to prescribe.

1. Once in the *Prescription Writer* Window, under the **Favorites** Tab, locate the medication to prescribe. In order to locate the medication, the *Search* Field can be used or the *Categories* can be expanded. Once the search has returned results, double click on the desired medication.
2. The medication will be populated to the *Prescribing Drug* Queue at the bottom of the screen.

Drug Tab

The **Drug** Tab is a listing of all active medications and dosages. This information is updated monthly from a national drug database.

1. From the **Drug** Tab, enter the name of the medication to prescribe and then click the **Search** Button. All current dispensing methods available for this specific medication are displayed.

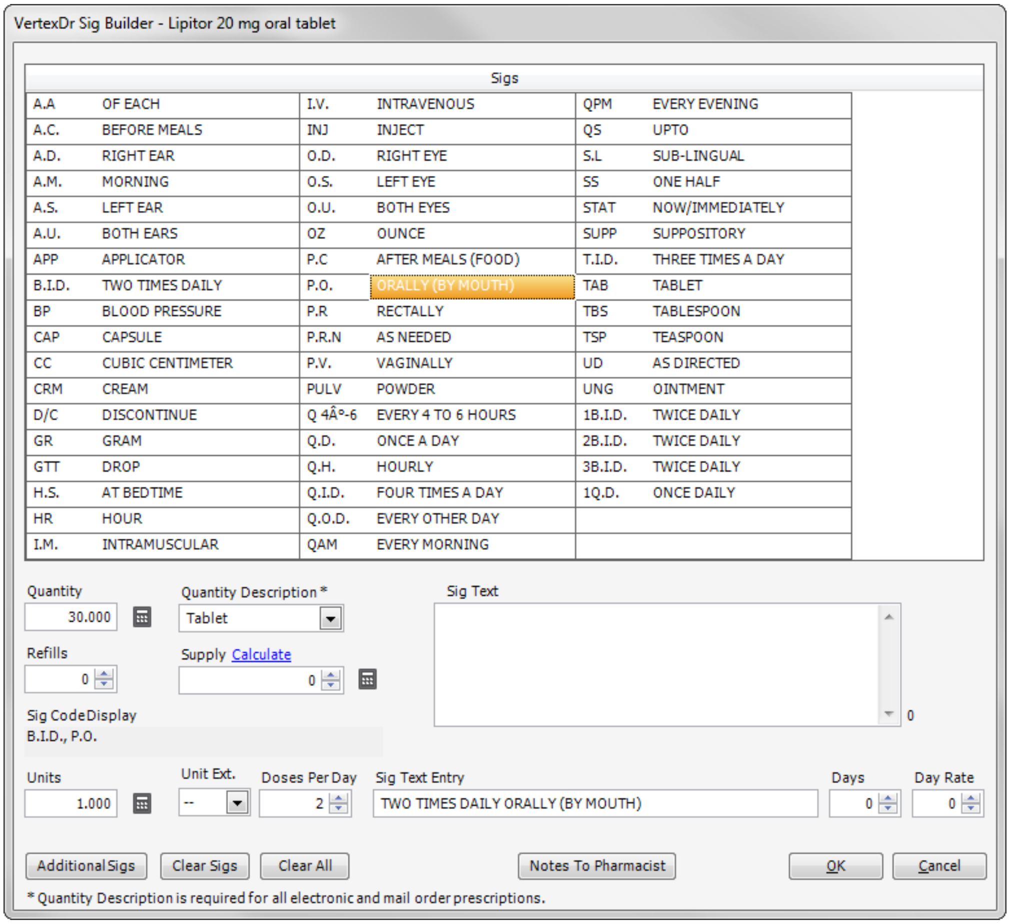


2. Double click on the specific medication to open the *Prescription Fill* Window and create the prescription.

Sig Code Builder

1. Click on the **Sig Code** Link to open the *Sig Builder* Window to create the prescription.

Note: For this illustration all of the fields are already inputted.



- *Quantity* Field: This is the entire amount of pills/bottles/kit/liquid you are going to prescribe to the patient for this fill. Tab to the next field.
- **Quantity Description** Dropdown: This is used to describe the form of medication being written, e.g., tablet, capsule, liquid, kit, syringe. Select the appropriate description from the dropdown.

Note: **Quantity Description** is a required field.

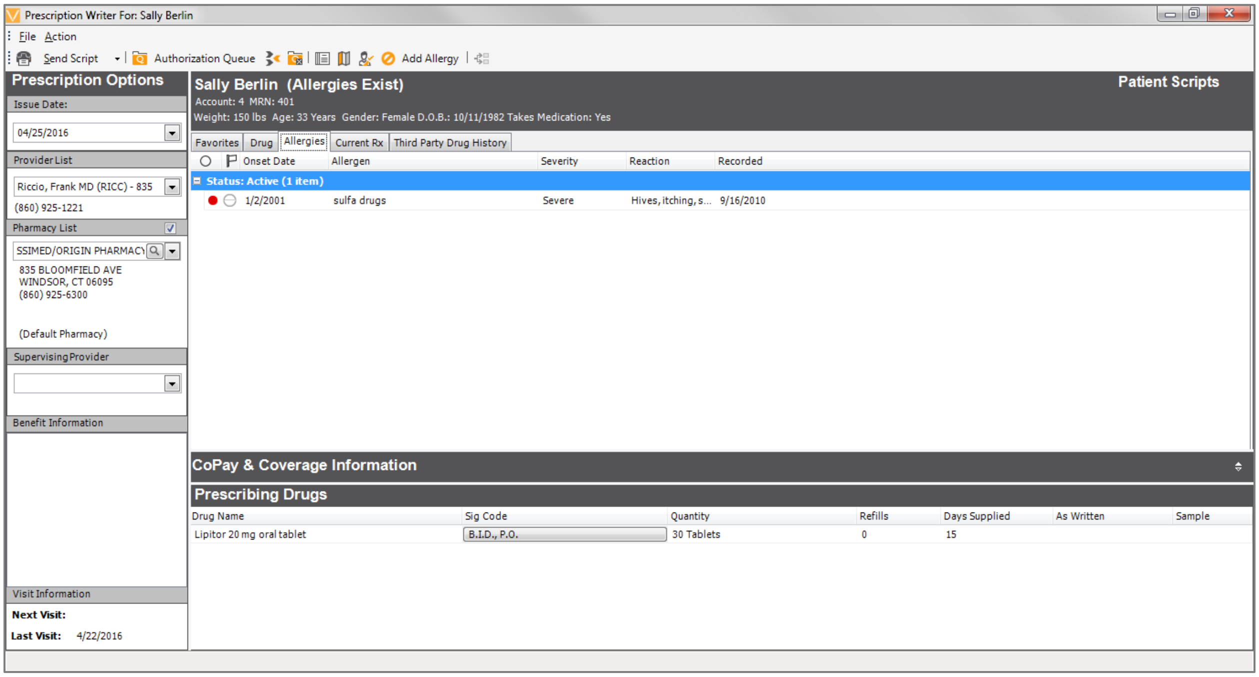
- *Refills* Field: Type in the amount of refills you wish to prescribe to the patient.
- *Supply* Field: Is defined as the Days Supply for the patient. It takes into account the initial prescription and any refills that are issued to calculate the total days supplied. This will auto-calculate if you are prescribing a tablet or capsule. As needed or as directed will not auto-calculate days supply.

- *Units* Field: This is the amount of medication that the patient will take at any given time or dose, e.g., number of teaspoons, number of tablets.
- **Unit Ext** Dropdown: This gives you the ability to define **¼**, **½**, and **¾** for liquids or scored medications.
- *Doses Per Day* Field: How many doses of the medication the patient will take daily. This will be input when selecting a **Sig Code** from the above Sig Table.
- *Sig Text Entry* Field: Double click on the correct **Sig Code** from the table above. This will populate into the *Sig Text* Field, e.g., **Q.D.**, once a day.
- *Days* Field*:* This is used to define the number of days you want the patient to take a certain amount of medication, e.g., B.I.D. for seven days. This field is used with the **Additional Sigs** Button for tapered medications.
- **Additional Sigs** Button: In this second illustration you see that this button is used when prescribing multiple lines of instructions for the patient, e.g. tapered medications.
- **Clear Sigs** Button: Selecting this button will clear the units, units ext., doses per day, sig text entry, days, and day rate in the *Sig Builder* Window.
- **Clear All Signs** Button: Selecting this button will clear all fields in the *Sig Builder* Window.
- **Notes to Pharmacist** Button**:** This will attach a note to the prescription that will be sent electronically to the pharmacist or printed on the printed or faxed prescription.

2. Click the **OK** Button to save the prescription to the *Prescribing Drugs* Queue at the bottom of the *Prescription Writer* Window.
3. From the *Prescribing Drugs* Queue the sig code can be modified by clicking the **Sig Code** Button prior to sending the prescription.
4. To send the script to the pharmacy, click the **Send Script** Button or the **Authorization Queue** Button, depending on your role in the practice.

Allergies Tab

The **Allergies** Tab is a list of all active and inactive allergies for the selected patient.



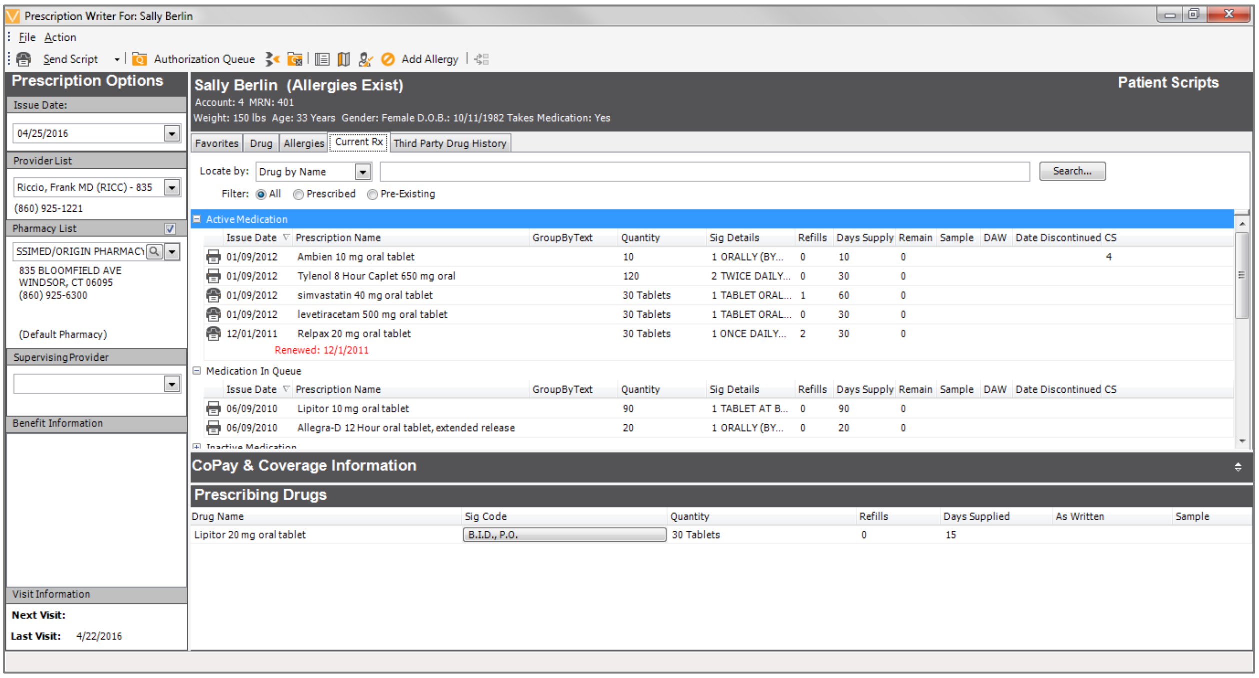
The *gray* sort bar denotes the *Onset Date*, when the allergy was *Recorded*, the *Allergen Type*, *Reaction*, and associated *Symptoms*.

An allergy can be documented from this screen by clicking the **Add Allergy** Button. Allergies can also be inactivated, viewed, or audited from this tab.

Note: Refer to the *Medication Overview* Section of this manual for additional details.

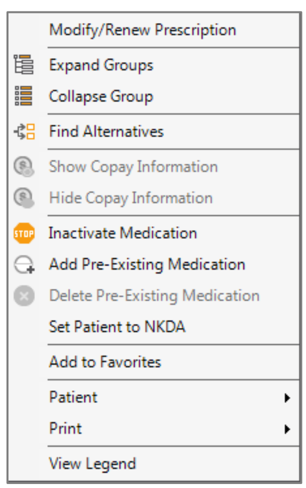
Current Rx Tab

The **Current Rx** Tab is the complete list of active and inactive medications attached to the selected Patient Chart. All medications that are being held in an *Authorization* Queue or that have been denied with comments can be viewed from this tab.



Right Click Functionality

Additional functionality is found by right clicking on medications throughout the *Prescription Writer* Window.

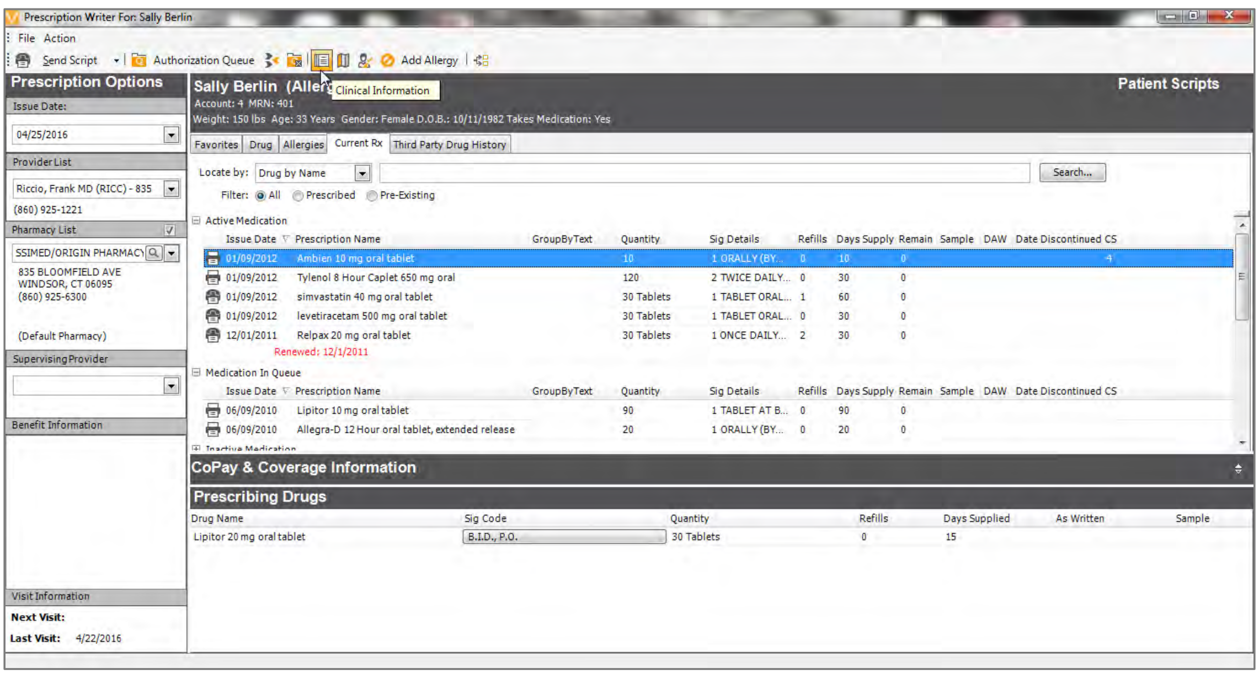


- **Find Alternatives** will search the drug database for all authorized alternatives for the highlighted medication.
- **Inactivate Medication** will move the highlighted medication to the *Inactive* Section of the *Medications* Section for the selected patient.

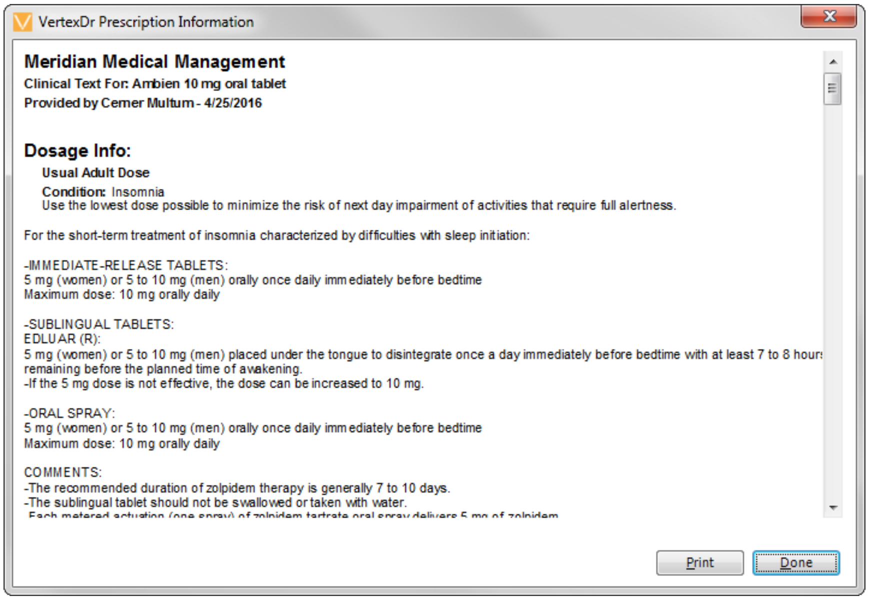
- **Modify/Renew Prescription** will allow you to modify the Quantity, Refills, Days' Supply, and Sig Code. This action will inactivate the previous prescription and create a new prescription to refill.
- You may **Add** or **Delete** a Pre-Existing Prescription (with security permissions).
- **Add to Favorites** will move the highlighted medication to the provider's **Favorite** Tab.
- The **Patient** Selection allows you to **Check Prescription Eligibility** and the **Patient Pharmacy List.**
- The **Print** Selection will print all medications documented for this patient or third party medications for this patient.

Clinical Information

The **Clinical Information** Button displays the *Prescription Information* Window. This window provides information about the selected medication very similar to the Physician's Desk Reference. The information provided is intended for use by the healthcare provider. It includes information such as; Dosage Info., Pharmacology Text, Pregnancy Info., Side Effects, and Warnings. This information can be printed if desired.

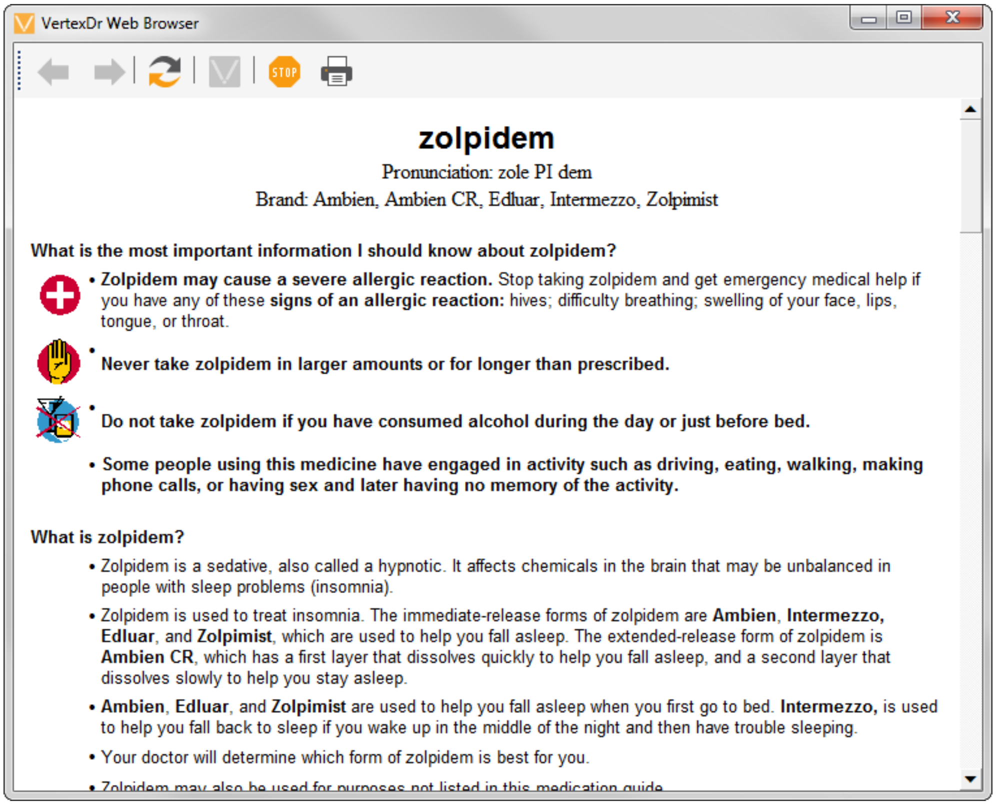


After selecting the medication and clicking the **Clinical Information** Button, the *Prescription Information* Window opens to view the medication information.



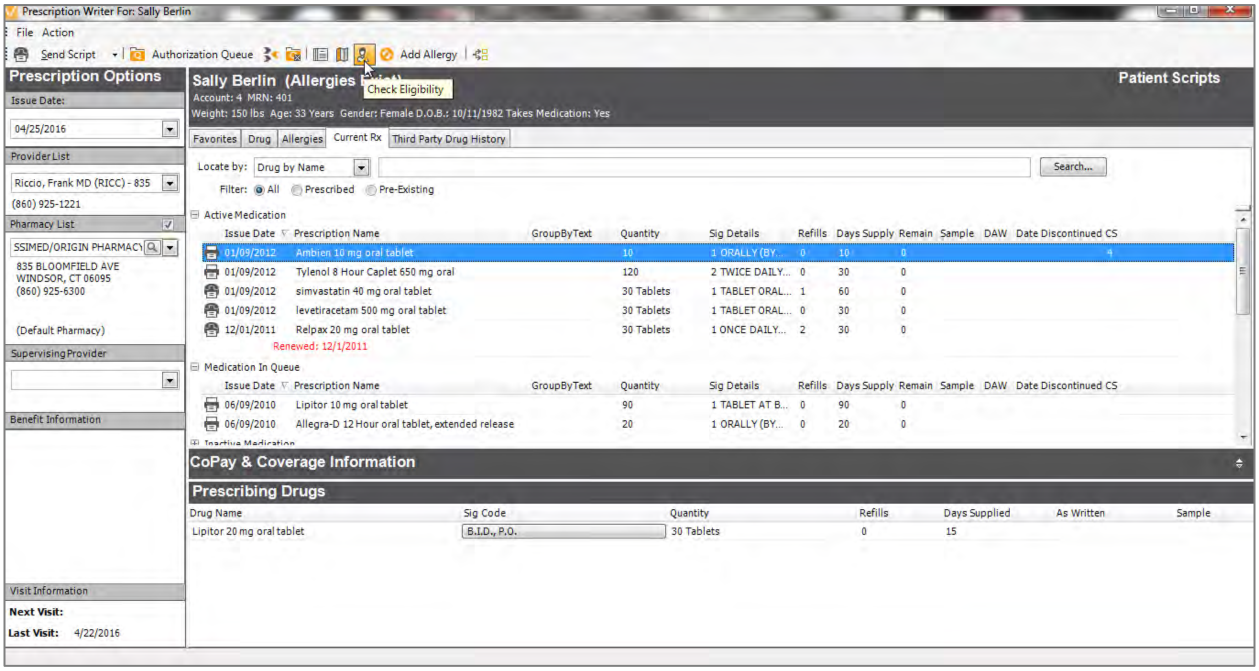
Information Leaflet

The **Information Leaflet** Button will open the *Web Browser* Window. This window provides information about the selected drug. The information provided is intended for the patient. It explains important information about the medications, such as; side effects, warnings, how to take the medication, what to avoid while taking the medication, overdoses and missing a dose. This information can be printed and given to the patient, if desired.



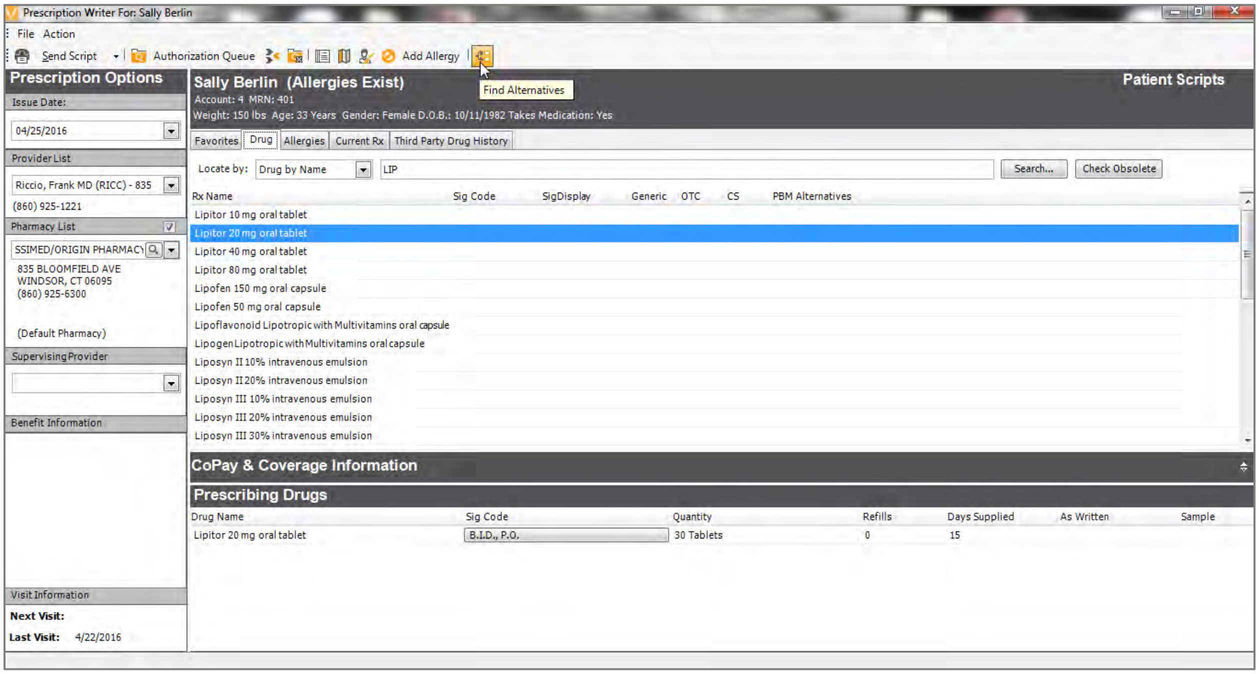
Check Eligibility

The **Check Eligibility** Button will run an insurance prescription eligibility check and formulary check on the patient that you are looking to prescribe a medication for. You may find yourself needing to run this for patients who did not have an appointment scheduled the night before their appointment. The system automatically checks eligibility for all patients that have an appointment made for the following day.



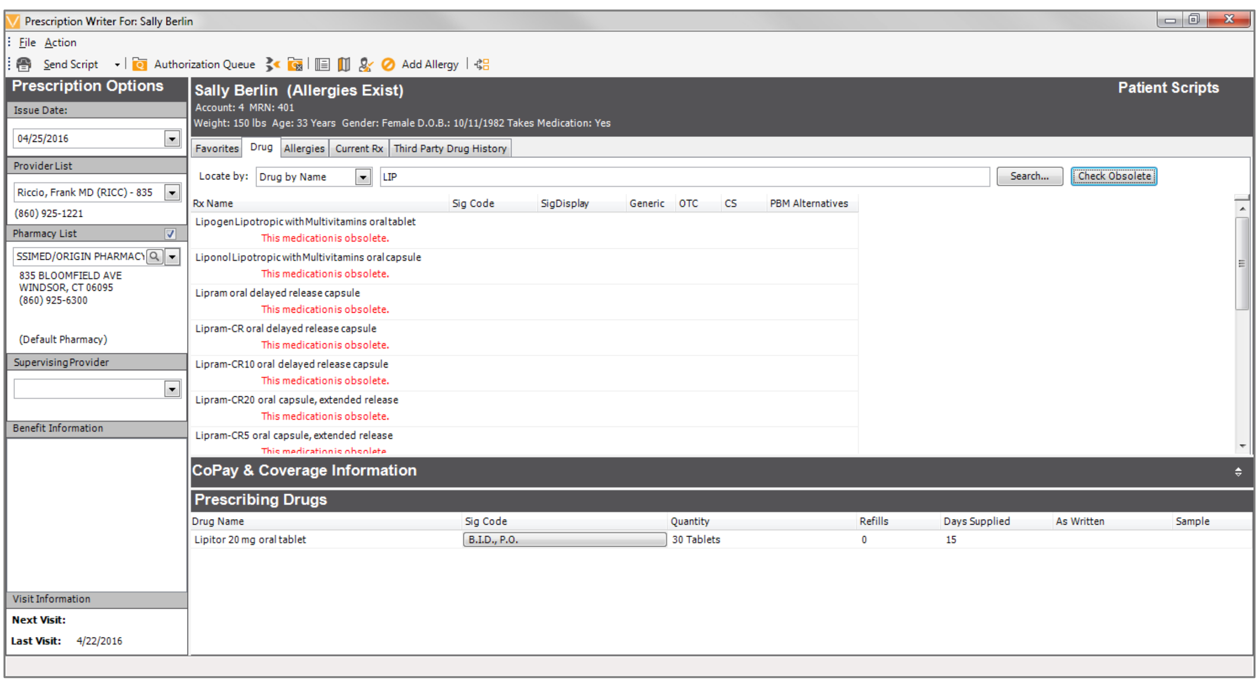
Find Alternatives

When the **Find Alternatives** Button is selected, the authorized alternative medications and dosages for the highlighted drug are displayed.



Check Obsolete

The system is equipped with an *Obsolete Medication* Table to alert the user when trying to prescribe a medication that is currently obsolete. The message displays as "This search returned no records".

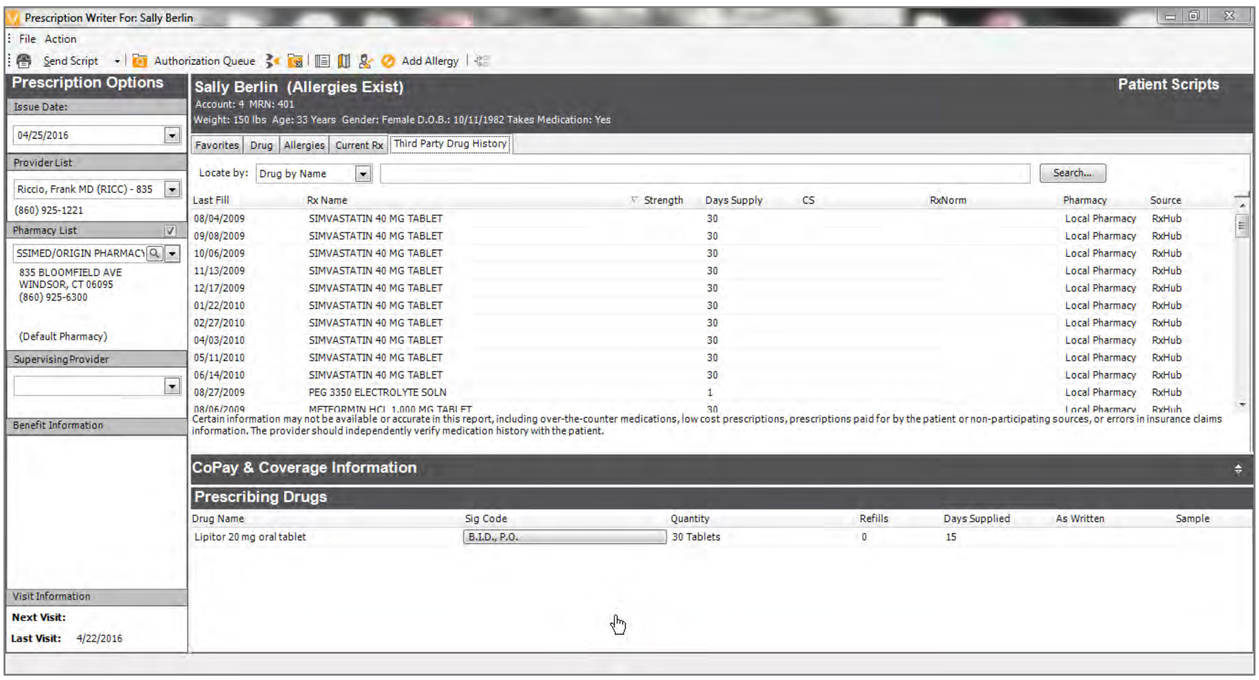


Clicking the **Check Obsolete** Button displays the medications that are not able to be prescribed due to them being obsolete. The **Find Alternatives** Button can be selected to prescribe an alternate medication.

Third Party Drug History Tab

The **Third Party Drug History** Tab displays any prescriptions that have been paid for with the patient's current insurance carrier. This allows the provider to see if the patient was taking additional medication that s/he may be unaware of.

Medications can be easily refilled from here using the Right-Click functionality and selecting **Modify/Renew Prescription.**



Note: Medications paid for with cash will not appear on this list.

Dosing Tab

The **Dosing** Tab is used for prescribing medications based on a patient's weight. This feature was added to meet the needs of Pediatric and Family Practices. It provides suggestions to medication dosages based on the patient's weight. All information in this tab must be created manually.

Note: Please refer to the VertexDr Managers' Manual for additional information on how to create dosing suggestions.

Prescription Submission

In order to issue the prescription listed in the *Prescribing Drug* Queue there are multiple submission options. Any one of these options will list this medication as a Current Medication for the patient.

The **Send Script** Button issues the prescription the most expedient and reliable method possible based on the medication and selected pharmacy. The icon displayed on the button indicates the issue method. If you choose to issue the prescription a different way, click the dropdown arrow next to the **Send Script** Button and select the desired issue method. In order to send the prescription to a pharmacy, a pharmacy must be specified in the patient's *Pharmacy List*.

The **Electronic** Button is used if the pharmacy can accept an electronic file of the prescription via Sure Scripts.

The **Fax Script** Button is used to fax the prescription to the selected pharmacies fax machine thru the Practice Suite if the pharmacy is set appropriately.

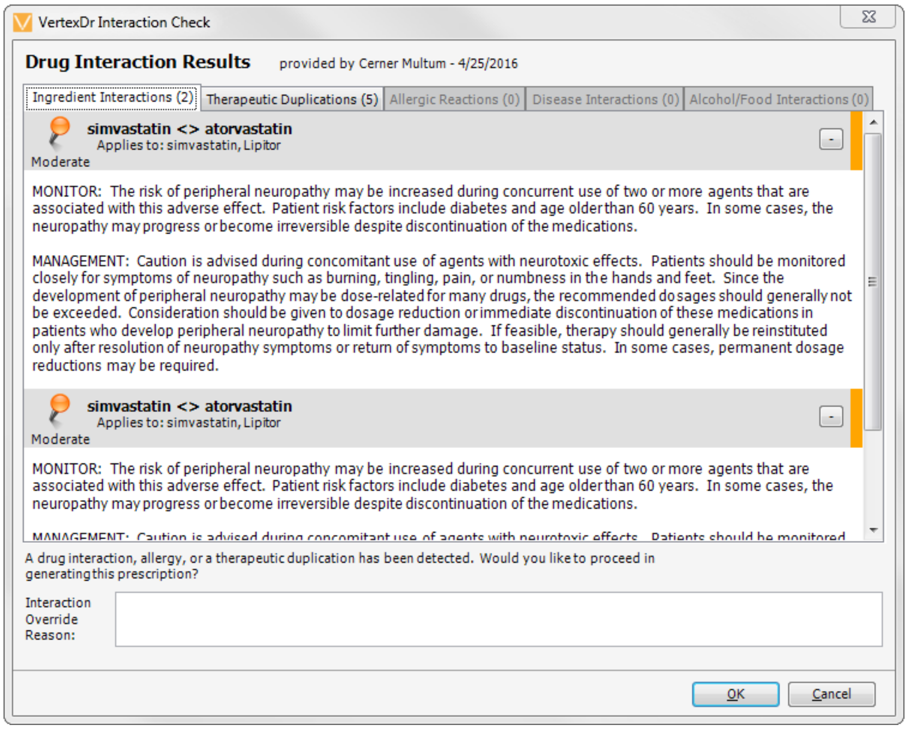
The **Print** Button is used to print the prescription to a printer at the office to give to the patient.

The **Hand Written** Button is used when the provider has hand written the script on a prescription pad and given it to the patient.

The **Phone In** Button is used if the prescription has been called into the pharmacy by telephone.

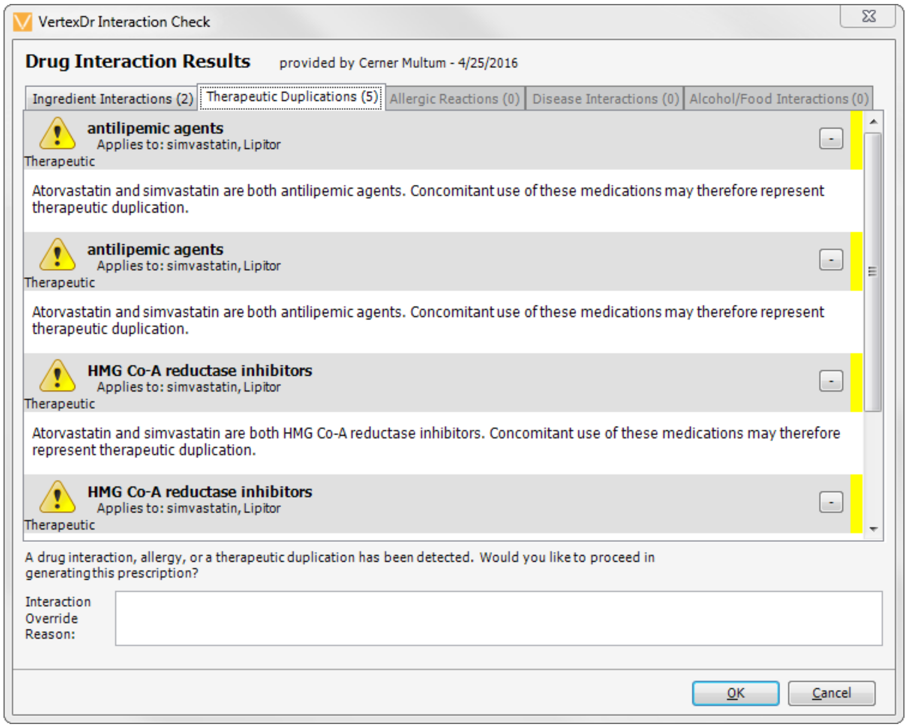
Interaction Checking

The interaction-check feature checks medications for therapeutic drug duplications, drug interactions and allergy interactions. A message box will appear to inform the user if the medication(s) selected interact with a current medication or with an allergy on file. Interaction checks are automatically set to check with every prescription that is written.



Therapeutic Duplications

If a therapeutic duplication is indicated on a currently prescribed medication(s) or a medication(s) that are on the patient's active medication list, the Icon will appear in the first column of the *Prescribing Drug* Section. Click the Button to see additional details about the duplication. The *Prescription Information* Window will appear.



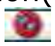
The *Prescription Information* Window will provide the details of the duplication.

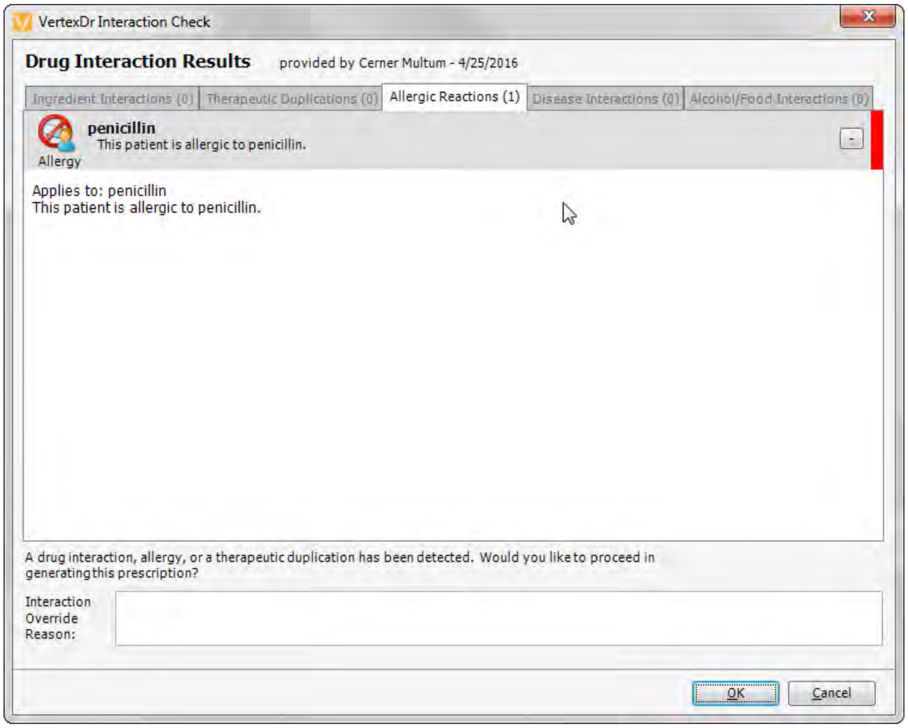
Drug Interactions

If a drug-to-drug interaction is found in relation to the currently prescribed medication(s) or medication(s) that are on the patient's active medication list

The *Prescription Information* Window will appear. This window will provide the details of the interaction.

Allergy Interactions

If an allergy interaction is found in relation to the currently prescribed medication(s) or medication(s) that are on the patient's active medication list, the  icon will appear in the third column under the *Prescribing Drug* Queue.

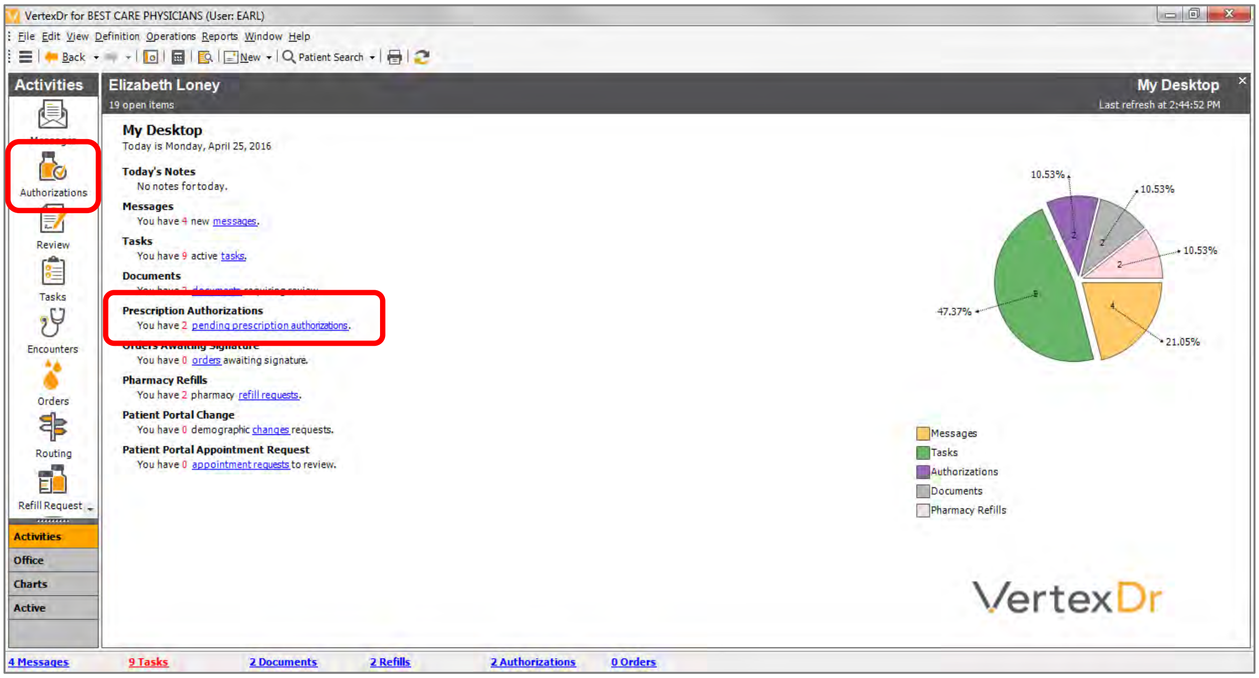


Prescription Authorizations

The *Authorization* Queue is used for practices where prescriptions are written and then sent to the providers and held in their queue to be authorized, denied, or put on hold. The prescriptions are not submitted to the pharmacy until the provider has authorized the prescription to be sent.

Accessing the Authorization Queue

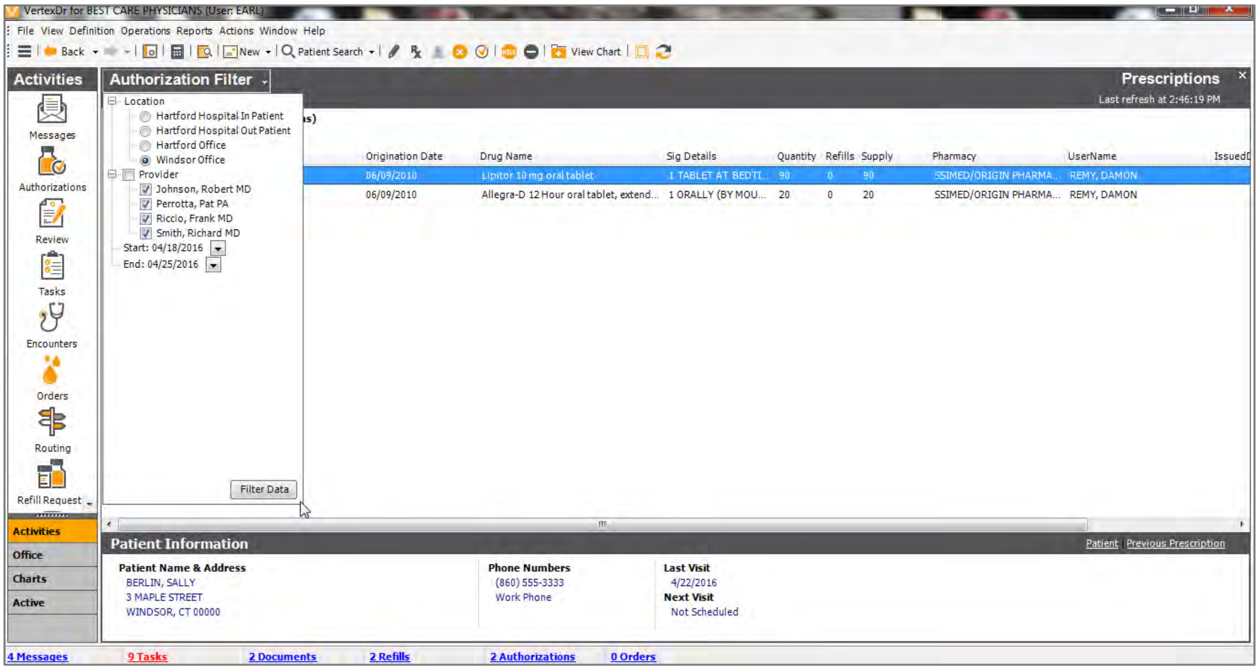
The *Authorization* Queue can be accessed by selecting the **Authorizations** Icon from the *Activities* Section of the Navigation Pane, the **Prescription Authorizations** Link on the Desktop, or from the **Authorizations** Link in the Status Bar.



Authorization Filter

The **Authorization Filter** is used to filter the prescription authorizations by provider and by date. The user must have access to the providers' *Authorization* Queue. This is established in user securities.

Note: Refer to the VertexDr Manager's Manual for additional information on user securities.



1. Click the **Authorization Filter** Dropdown.
2. Select the **Location** Radio Button to filter the authorizations by the desired location.
3. Select the **Provider** Radio Button to filter the authorizations by provider.
4. If necessary, click the dropdown arrow next to the *Start* and *End Date* Fields to choose a date range to be displayed.
5. When finished, click the **Filter Data** Button. The *Prescriptions* Window displays all of the prescriptions authorizations for the providers and the date range that was selected.

Note: The system only displays prescriptions in the *Filled Status* Group for a certain number of days. This setting is found in **Definition**, **Parameters**, **Prescriptions**, **Default Days Filled Filled**.

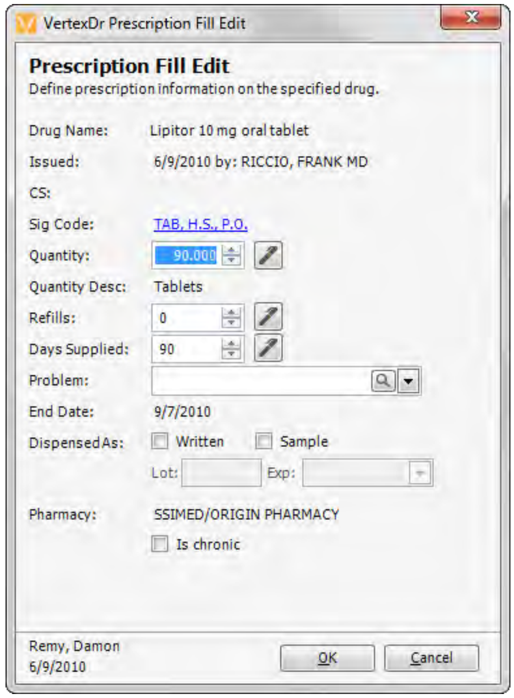
Editing an Authorization

The following section describes editing a prescription that is placed in the *Prescription Authorization* Queue for the provider. A prescription can be edited if the current Sig Code is incorrect. If the medication or dosage is incorrect, the prescription can be denied and re-written.

1. Highlight a patient in the *Authorization Status* Group and then click the **Authorization Edit** Button.

   The *Authorization Prescription Edit* Window will appear.

2. The sig code can be changed by clicking the **Sig Code** Link. **Refills**, **Days Supplied**, **Problem**, **Dispensed As**, and **Is Chronic** can all be changed from here if needed.
3. Click the **OK** Button to save any changes and authorize the prescription.

Authorizing a Prescription

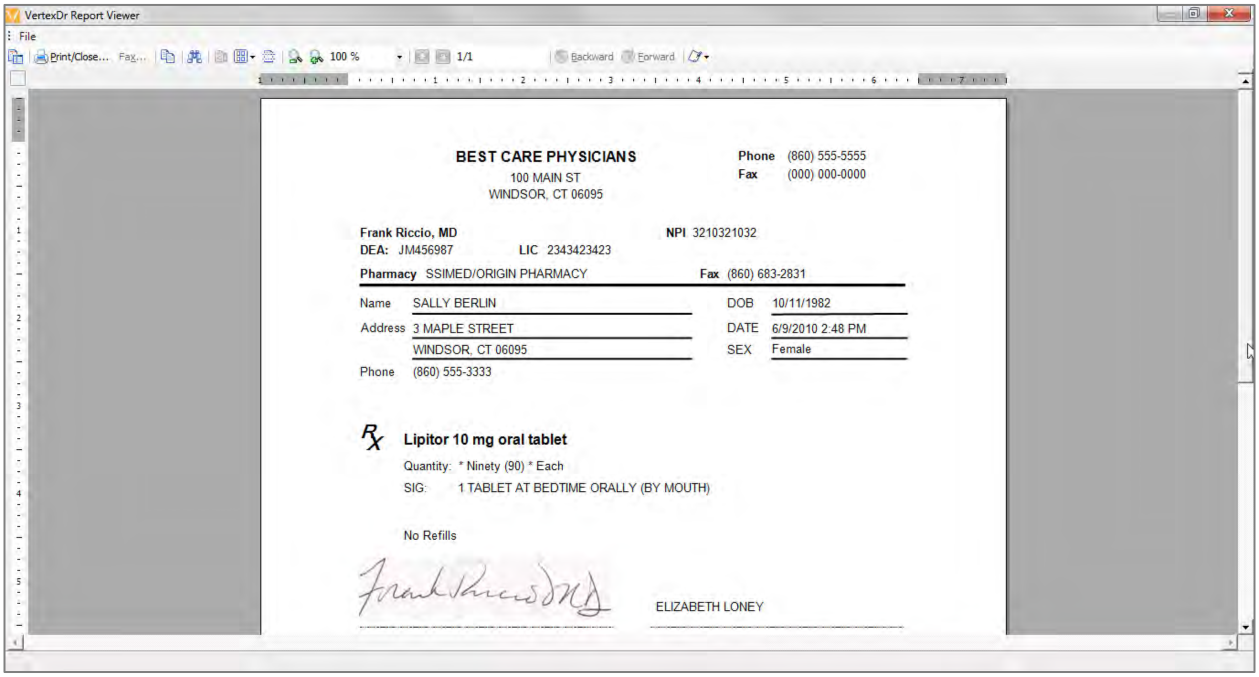
A provider who views the prescription in the *Authorization* Queue can send the prescription to the pharmacy by authorizing the submission.

NOTE: It is important to review the sig code prior to authorizing the prescription.

1. Highlight a patient in the *Authorization Status* Group. After reviewing the medication, dosage and sig code click the **Authorize Prescription** Button.

2. If the submission of the prescription is either electronic or fax, it will be sent to the patient's pharmacy. If the prescription was set to print to the printer, the *Prescriptions to Print* Window will appear.



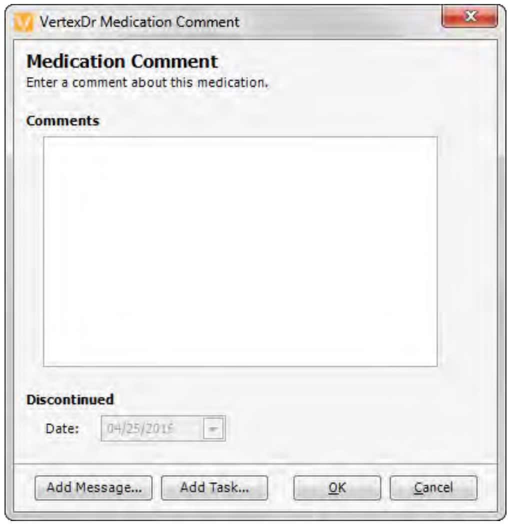
3. Click the **Print/Close** Button. The patient's prescription will now be displayed in the *Filled* Queue.

Holding a Prescription

Holding a prescription can be used to keep the current prescription in a *Held* Status to authorize at a later date.

1. Highlight a patient in the *Authorization Status* Group and then click the **Hold Prescription** Button.

The *Medication Comment* Window appears.



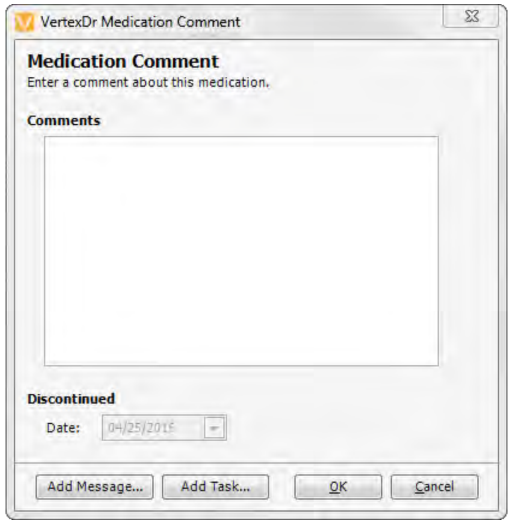
2. Enter any necessary comments regarding the prescription. From here, you can also send a message or a task regarding this medication request.
3. Click the **OK** Button to save the comments. The patient's prescription will now be displayed in the *Held Status* Group*.* The added comment appears in *red* below the prescription line.

Denying a Prescription

A prescription can be denied if the provider feels that the prescription should not be filled at this time.

1. Highlight a patient in the *Authorization Status* Group. Click the **Deny Prescription** Button

The *Medication Comment* Window appears.

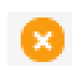


2. Enter any necessary comments regarding the prescription. From here, you can also send a message or a task regarding this medication request.
3. Click the **OK** Button to save the comment. The patient's prescription will now be displayed in the *Denied* Queue*.* The added comment appears in *red* below the prescription line.

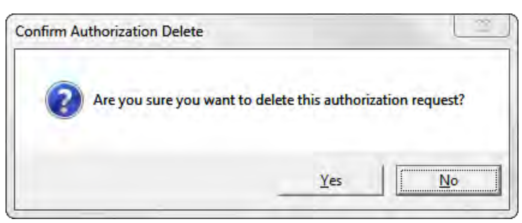
Deleting a Prescription

The following section explains deleting a prescription that has been sent to the *Authorization* Queue*.* A prescription can be deleted from the *Authorization* Queue, which will also delete the record from the *Medications* Section of the Patient Chart.

1. Highlight a patient in the *Authorization* Queue and then click the **Authorization Delete** Button.



2. The *Confirm Authorization Delete* Window appears. To delete this prescription, click the **Yes** Button. To leave the prescription as is and return to the *Prescriptions* Window, click the **No** or **Cancel** Button.



If **Yes** has been selected, the prescription will be removed from the *Prescriptions* Window and from the Patient Chart. All records regarding this prescription will be permanently deleted.

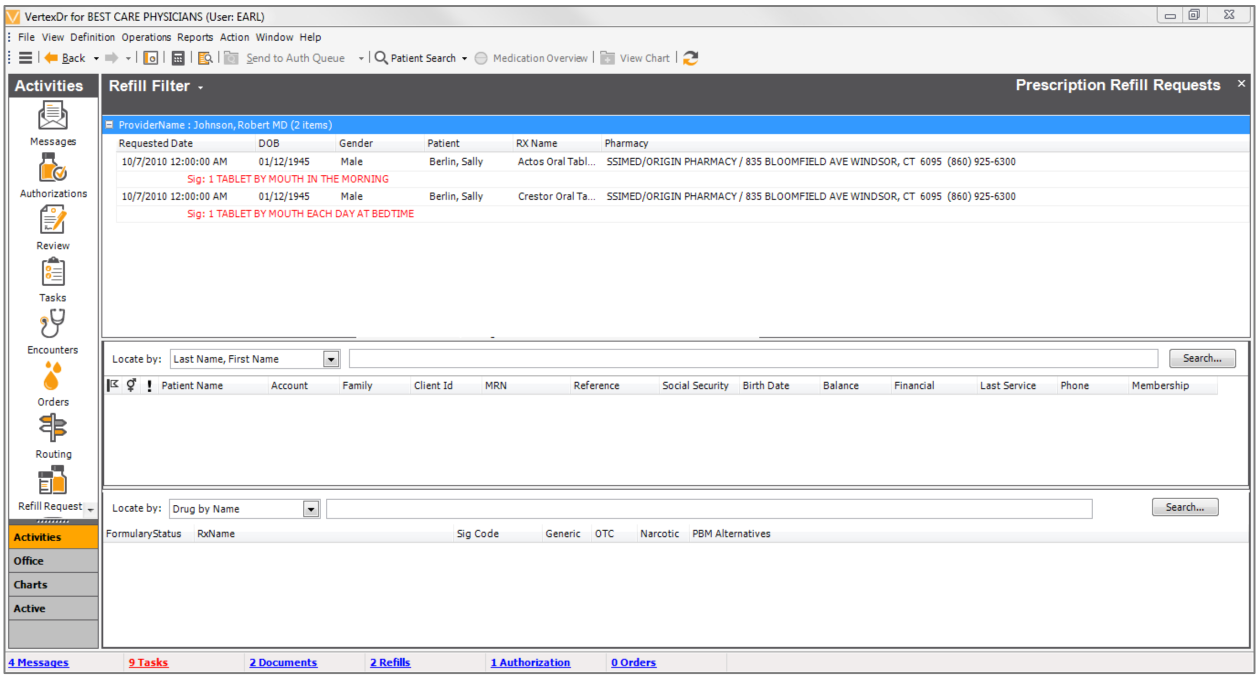
Electronic Refill Requests

When the practice begins sending prescriptions electronically to the pharmacies, the pharmacies will begin sending refill requests back to the practice electronically. The electronic refill requests are filtered into the *Refill Requests* Area of the Practice Suite.

Viewing and Verifying Prescription Refill Requests

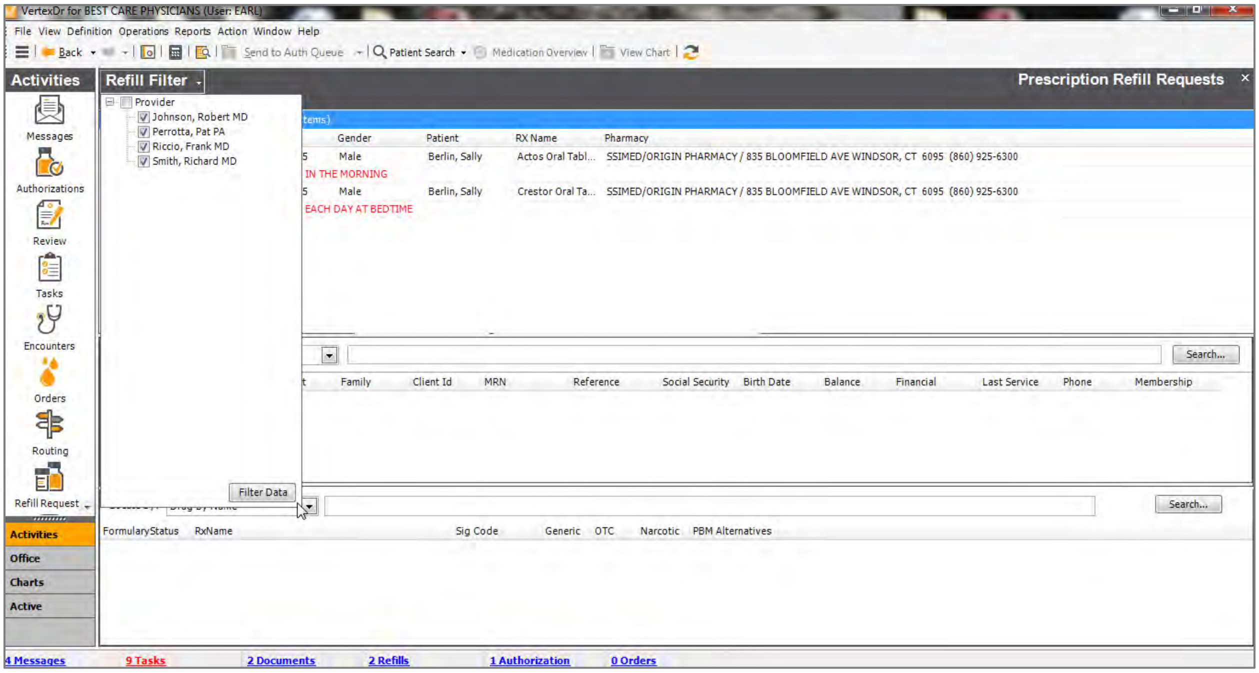
The *Refill Requests* Area may be accessed from the pie chart, **Refills** Status Bar Link, **Refill Requests** My Desktop Link, or from the *Activities* Section of the Navigation Pane. Selecting any of these options will display the *Prescription Refill Requests* Window.

The *gray* Sort Bar displays a *Requested Date, DOB, Patient, Rx Name* and *Pharmacy* Column.



The Refill Filter

The refill filter allows the user to select which provider's refill requests to view. The default selection is based on the user's security.



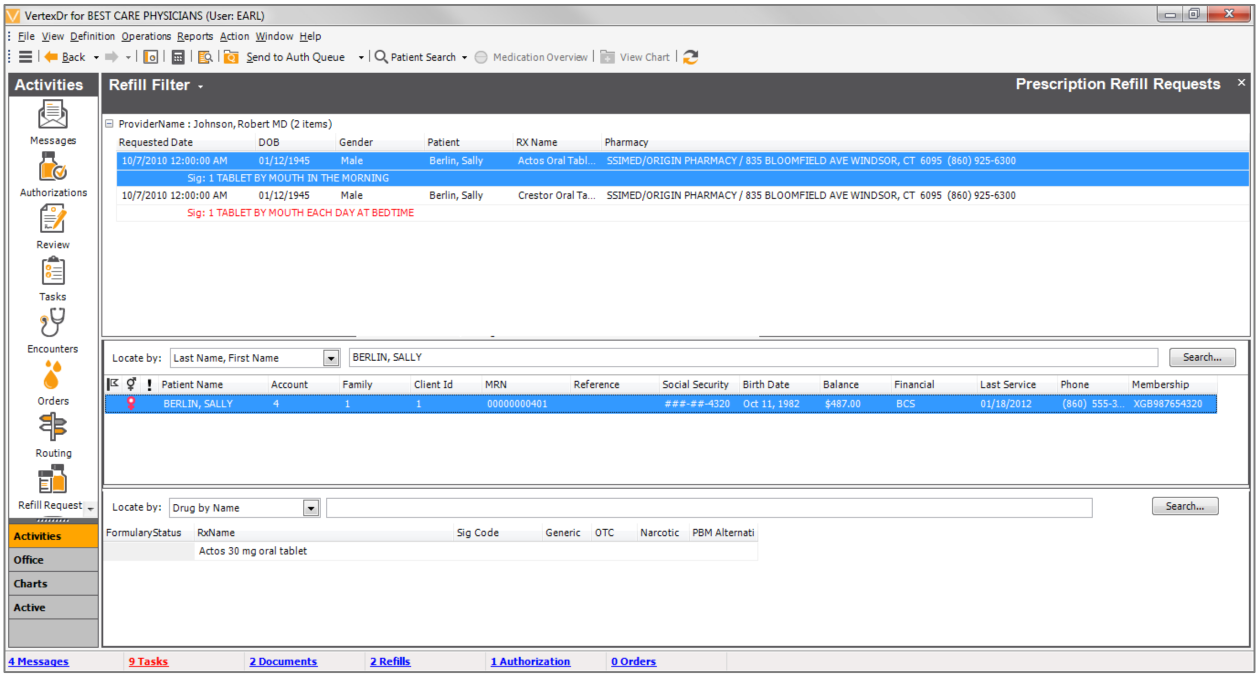
1. Click the **Refill Filter** Button to access the filter options.
2. Click the checkbox next to the provider(s) view their refill requests.
3. Click the **Filter Data** Button to filter the *Prescription Refill Requests* Window.

Verifying the Refill

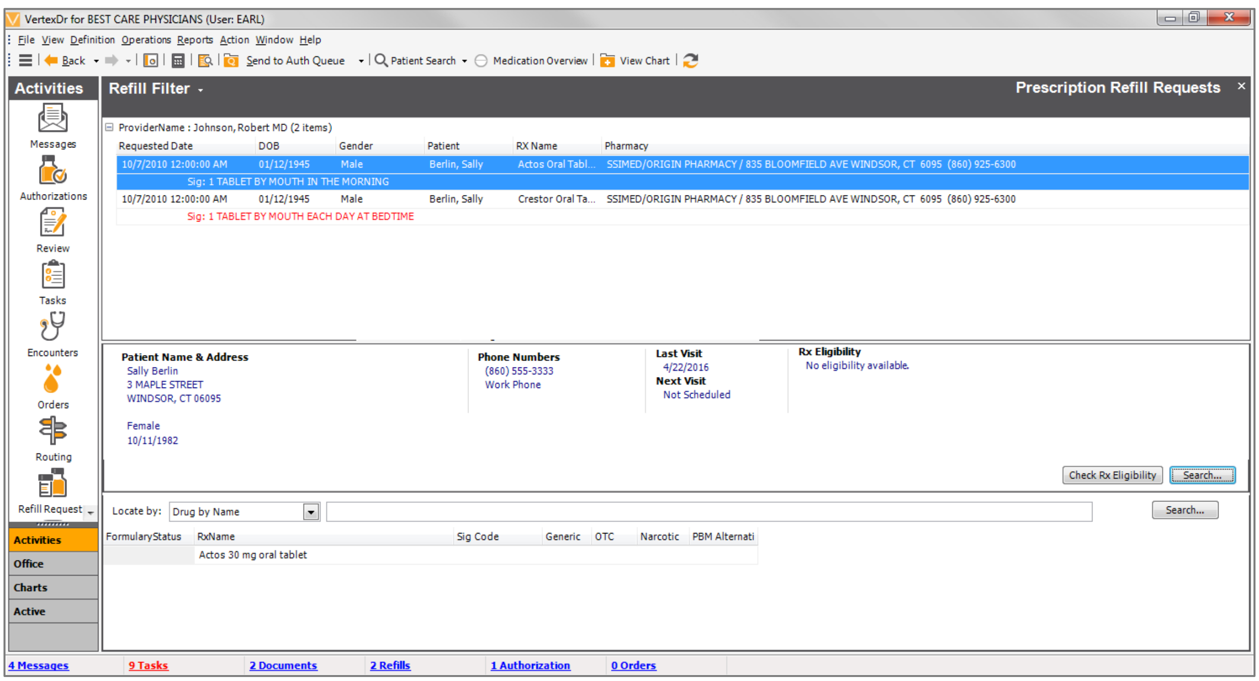
The medication name, dosage, days supplied and how the patient is to take the medication displays in *red* under the patient's name. Once the patient information is verified, the system attaches the patient to the refill request.

1. Double-click the first refill request in the selected provider's queue. The system searches the *Patient Search* Table for a match to the patient name and date of birth provided by the pharmacy. Possible patient matches display in the *Patient Search* Table in the middle section of the window.

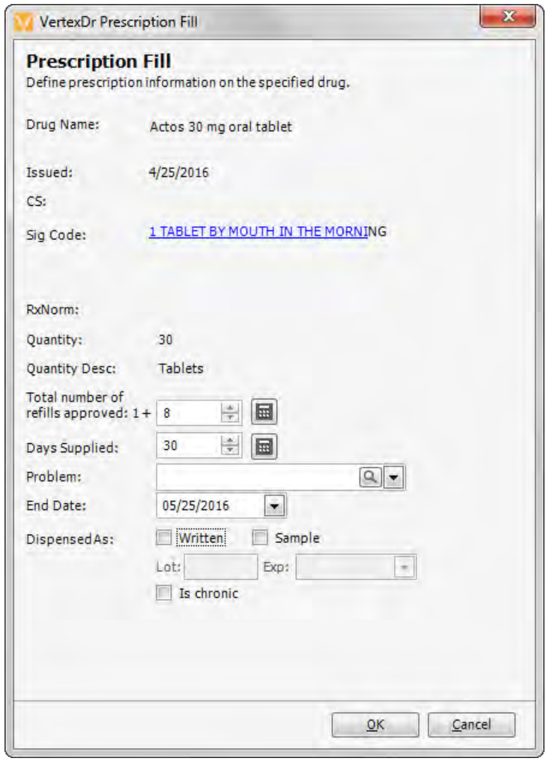
Note: If the system does not find a match for the patient, a *No Patients Found* Message Box appears. Click the **OK** Button to close the message box. Search for the patient using a different **Locate by** Option and then select the patient from the *Patient Search* Table.



2. Double click the correct patient. The *Patient Search* Table no longer displays. Instead, the patient's demographic information displays in the middle section of the window.



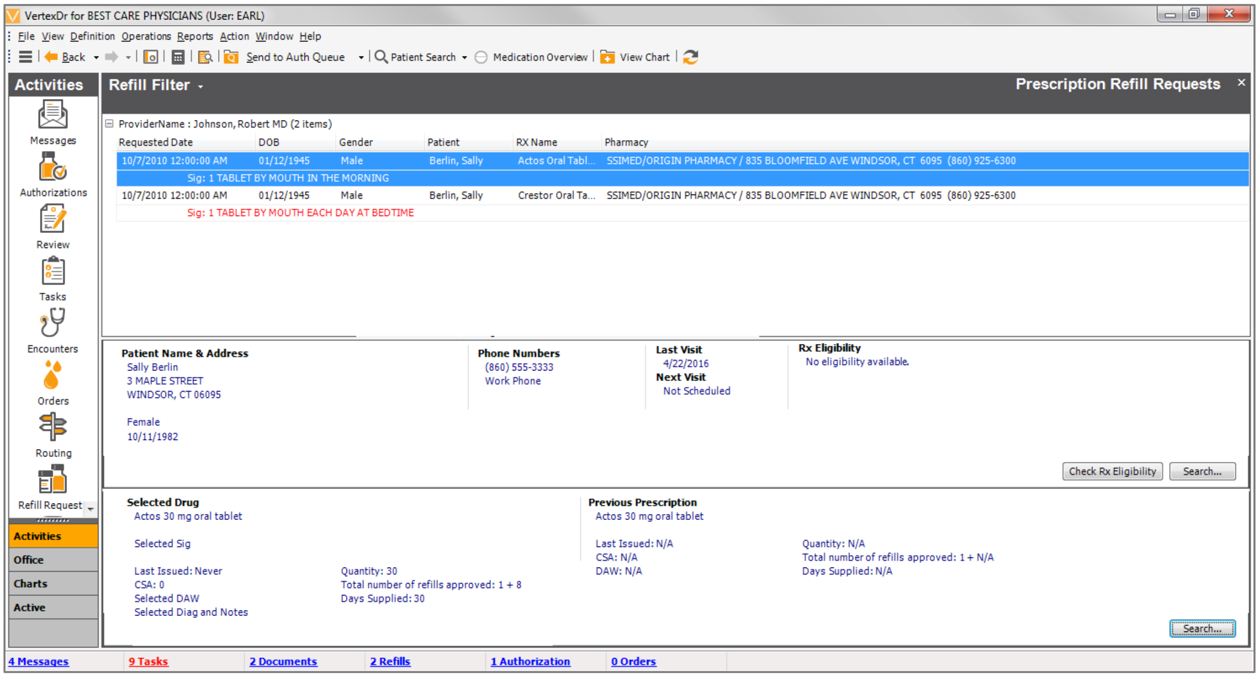
3. Double-click the medication in the bottom section of the screen. The *Prescription Fill* Window displays.



4. To select the number of refills, click the **Toggle** Button in the *Refills* Field.
5. To select the number of days supplied, click the **Toggle** Button in the *Days Supplied* Field.
6. Click the **Magnifying Glass** Icon in the *Problem* Field to search and select a diagnosis to attach to the refill request if one is needed for insurance purposes.
7. Click the **End Date** Dropdown to select an end date for the refill request.

Note: The **Sig Code** for the prescription refill request cannot be changed. If the sig needs to be changed, the refill will need to be denied and a new prescription written.

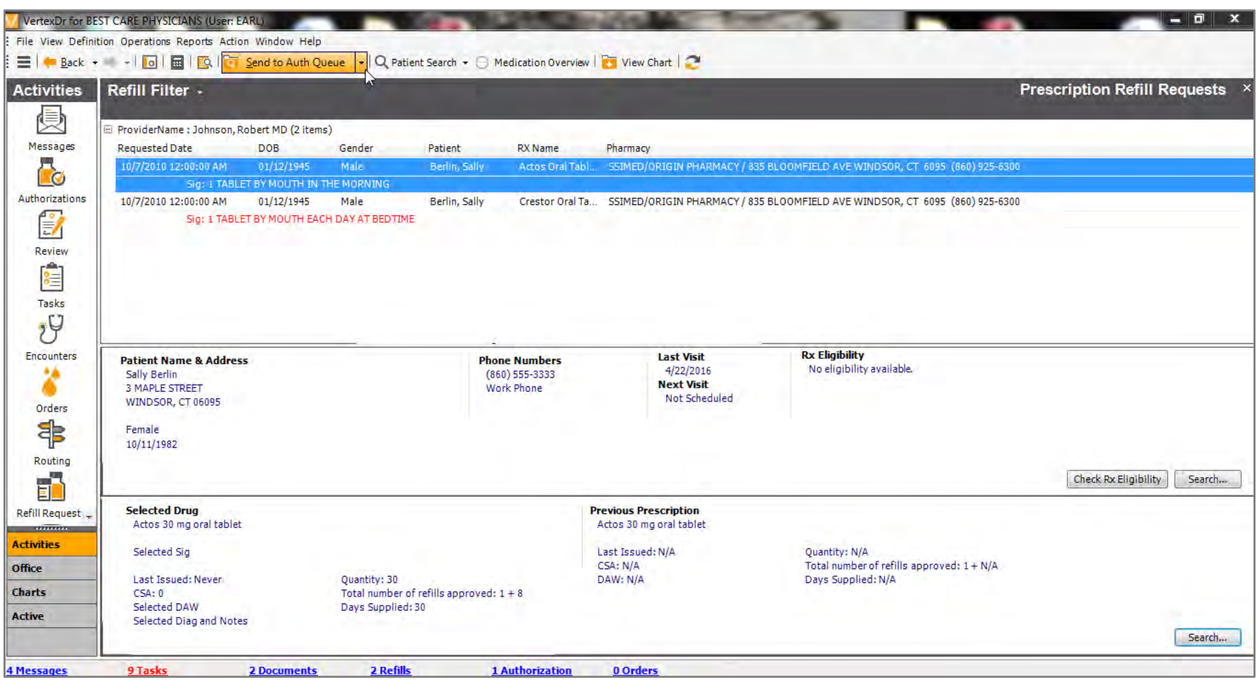
8. Click the **OK** Button to save the refill request. The refill request with any selected changes displays in the bottom of the screen under the *Selected Drug* Section. The *Previous Prescription* Section displays information on whether or not the refill request was previously filled.



Sending the Refill Request to the Authorization Queue

Once the patient and refill information has been verified, the refill request may then be sent to the *Authorization* Queue where the provider can review, deny, hold or authorize and send the request back electronically to the pharmacy.

1. Click the **Send to Auth Queue** Button on the Toolbar.

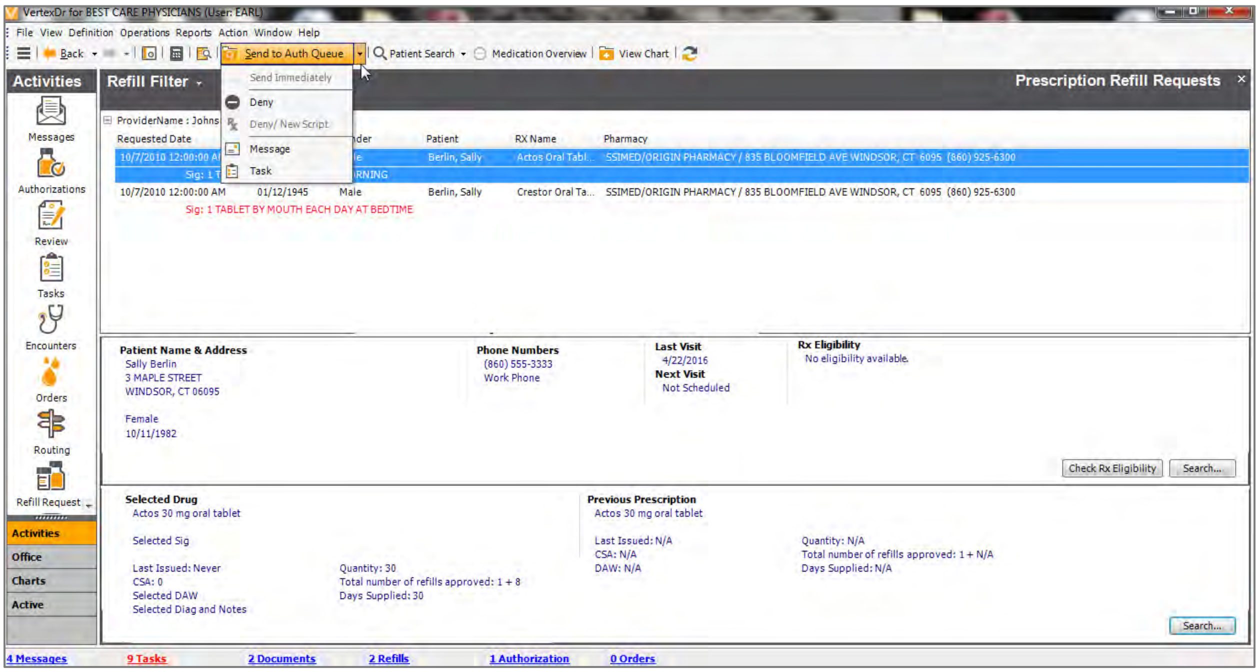


The refill request will be sent to the prescribing provider's *Authorization* Queue where it can be sent to the pharmacy, denied, denied with a new prescription, or held.

Sending the Refill Request Back to the Pharmacy

Users with the proper securities may automatically send the refill request back to the pharmacy.

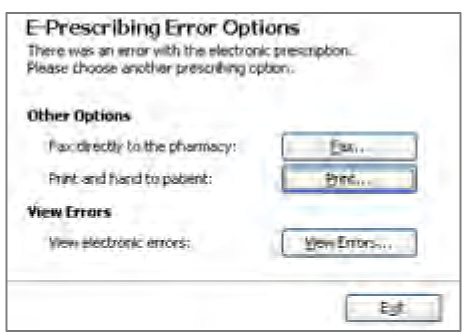
1. Click the **Send to Auth Queue** Dropdown Menu and then select the **Send Immediately** Option.



The prescription will be electronically sent back to the originating pharmacy.

Send Immediately Troubleshooting

If there is a problem sending the refill request electronically, the *E-Prescribing Error Options* Window opens.



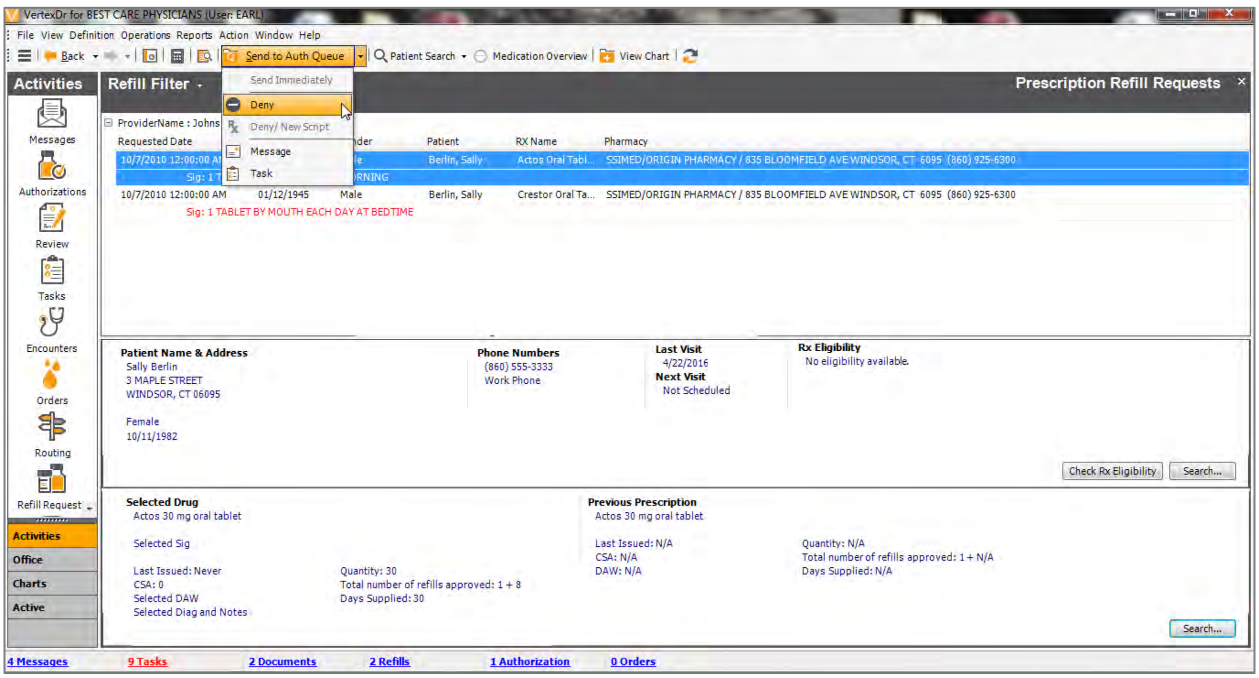
1. Click the **View Errors** Button to view the electronic error.

2. Click the **Print** Button to print the prescription. A printed refill request would most likely need to be mailed to the patient, since the patient is likely not in the office at the time the refill request came through.
3. Click the **Fax** Button to fax the refill request back to the pharmacy.
4. The *E-Prescribing Error Options* Window closes and the *Prescription Refill Request* Area becomes visible. The faxed refill request no longer displays.

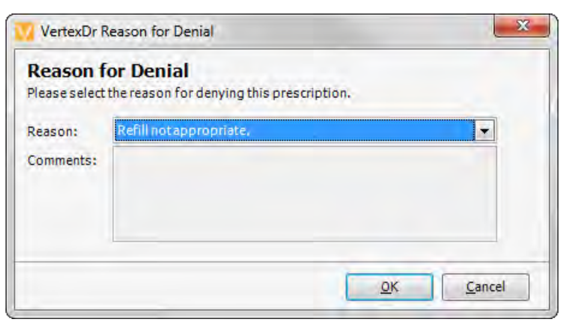
Denying the Refill Request

Users with the proper securities may deny a refill request. When a refill request is denied, a reason must be entered into the system.

1. Click the **Send to Auth Queue** Dropdown Menu and then select the **Deny** Option.

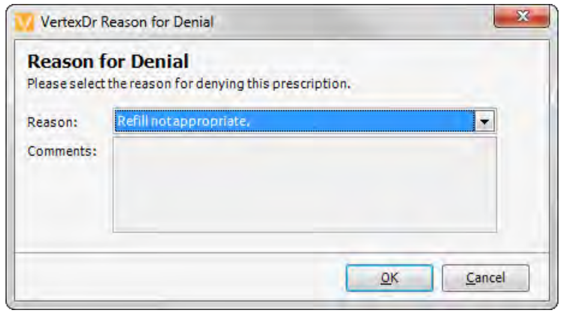


2. The *Reason for Denial* Window opens. Click the **Reason** Dropdown select a reason from the menu.



3. If a denial reason is not available to choose, a user may define a reason for the denial. Select **(Define other reason...)** from the

Dropdown Menu and then type the denial reason in the *Comments* Field.

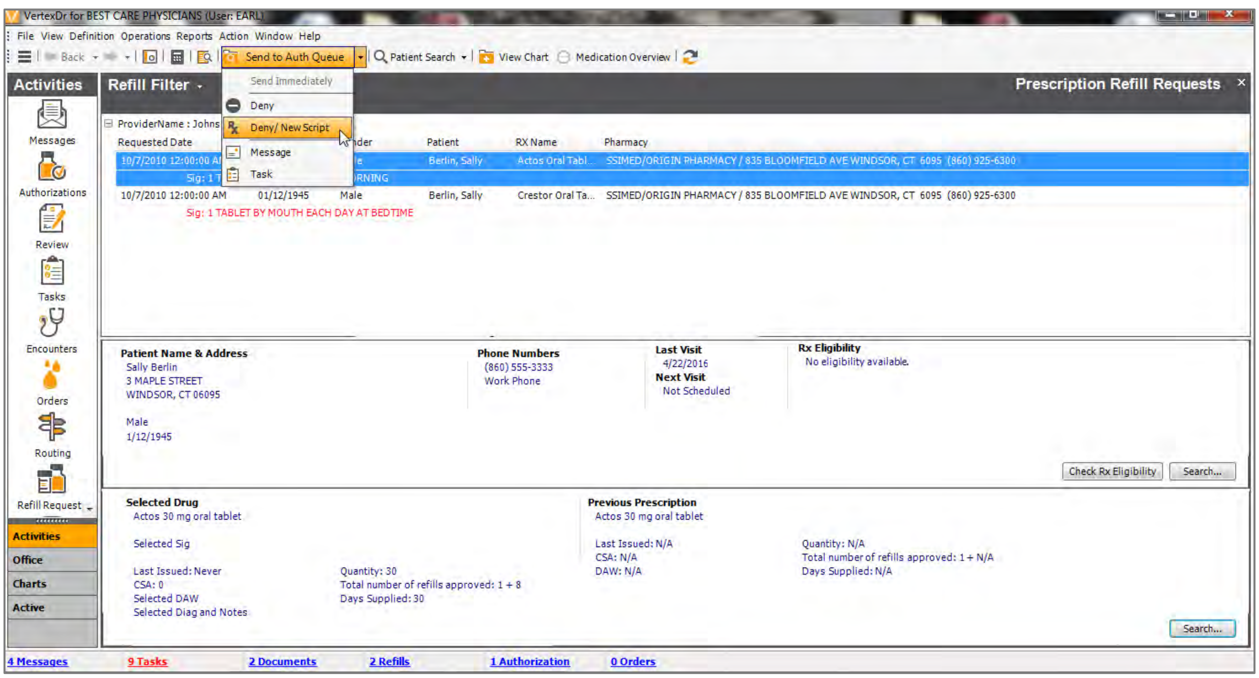


4. Click the **OK** Button to save the denial reason and send the notification to the pharmacy.

Denying a Refill Request with a New Prescription

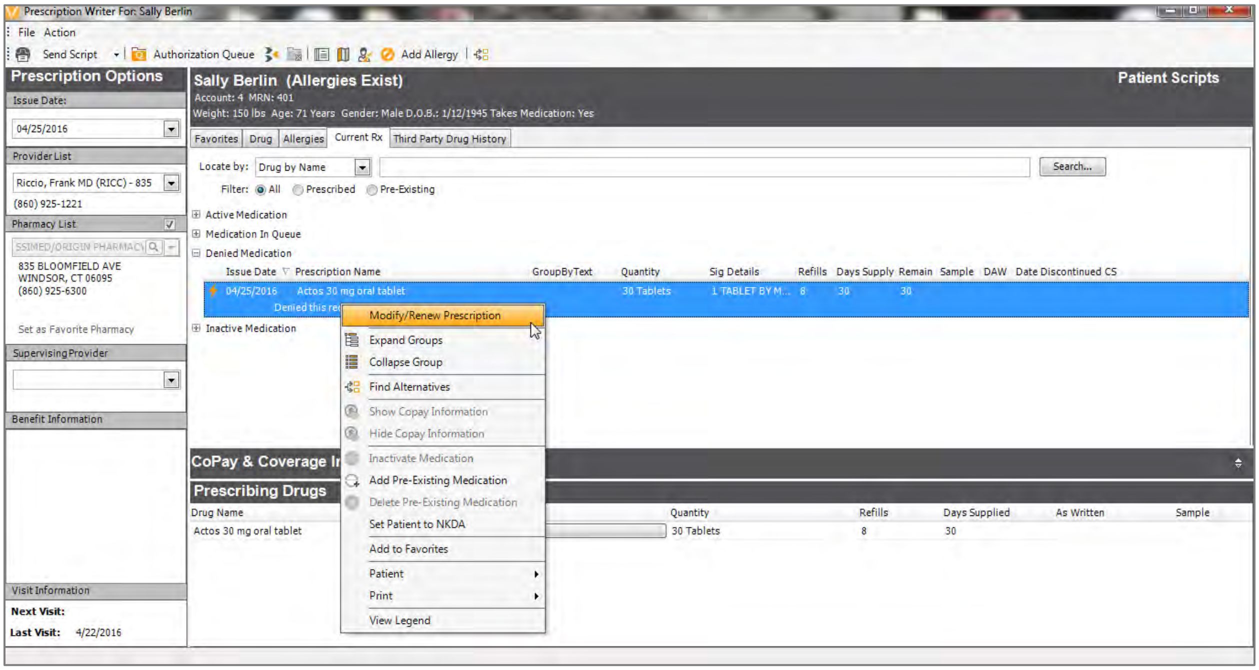
Users with the proper securities may deny a refill request and write a new prescription for the patient.

1. Click the **Send to Auth Queue Dropdown** Button. Select **Deny/New Script** from the dropdown menu.



1. The *Request was denied* Message Box appears. Click the **OK** Button to close the *Request Was Denied* Message Box and deny the prescription.

2. The *Prescription Writer* Window displays. The denied prescription can be accessed by expanding the *Denied Medication* Queue on the **Current RX**.
3. Right-click on the denied medication and then select **Modify/Renew Prescription** from the Dropdown Menu.



4. The *Prescription Fill* Window opens. Modify the prescription as needed.

Note: Prescription Writer is fully functional when accessed from the *Refill Requests* Area. Any of the other tabs may be used to issue the prescription.

5. When finished, click the **Send Script** Button, if user securities permit, or click *Authorization* Queue.
6. The *Prescription Refill Requests* Area re-displays where the next refill can be worked if necessary.

Orders

The *Orders* Area is where the status of all patient orders and lab requests that were faxed or electronically sent out of the Practice Suite are displayed and tracked. The status of a patient's order is also displayed in the *Orders* Section of the Patient Chart.

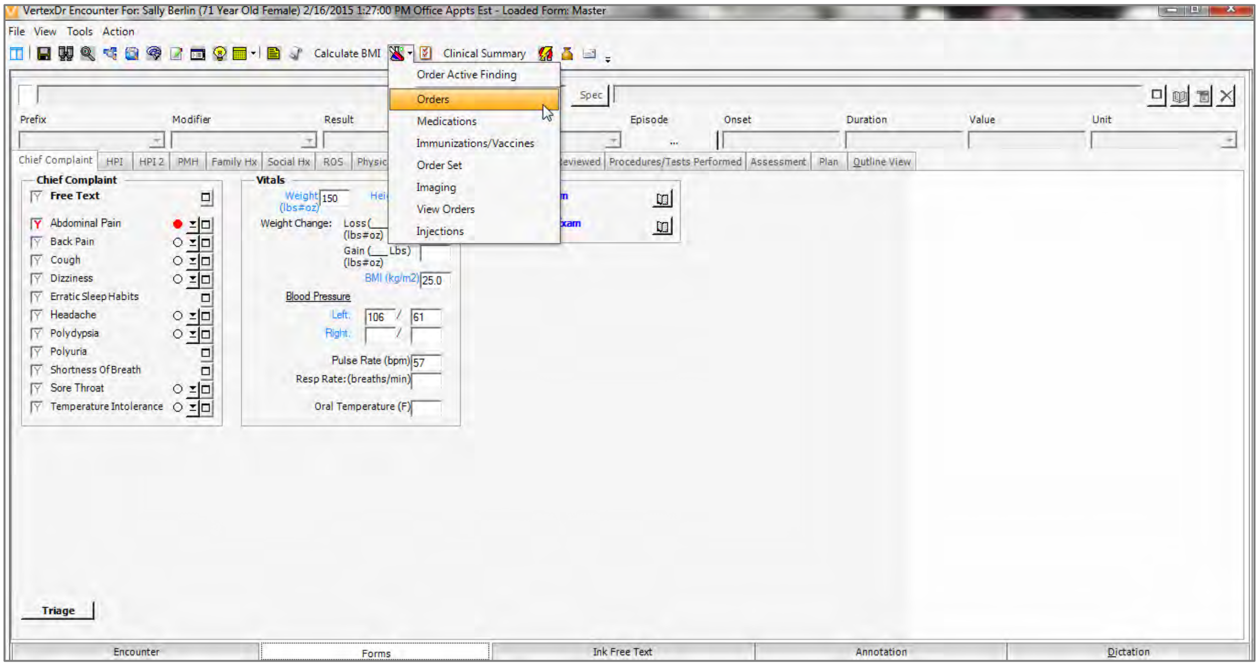
Note: If the practice is participating with an electronic lab interface, the lab results will be electronically attached to the patients' orders in the *Orders* Area and in the *Orders* Section of the Patient Chart.

An order can be created from the *Charting* Area or the *Orders* Section of the Patient Chart. The following section outlines how to access orders from both of these areas.

From Medcin Charting

Orders created from Medcin Charting will write to the encounter note.

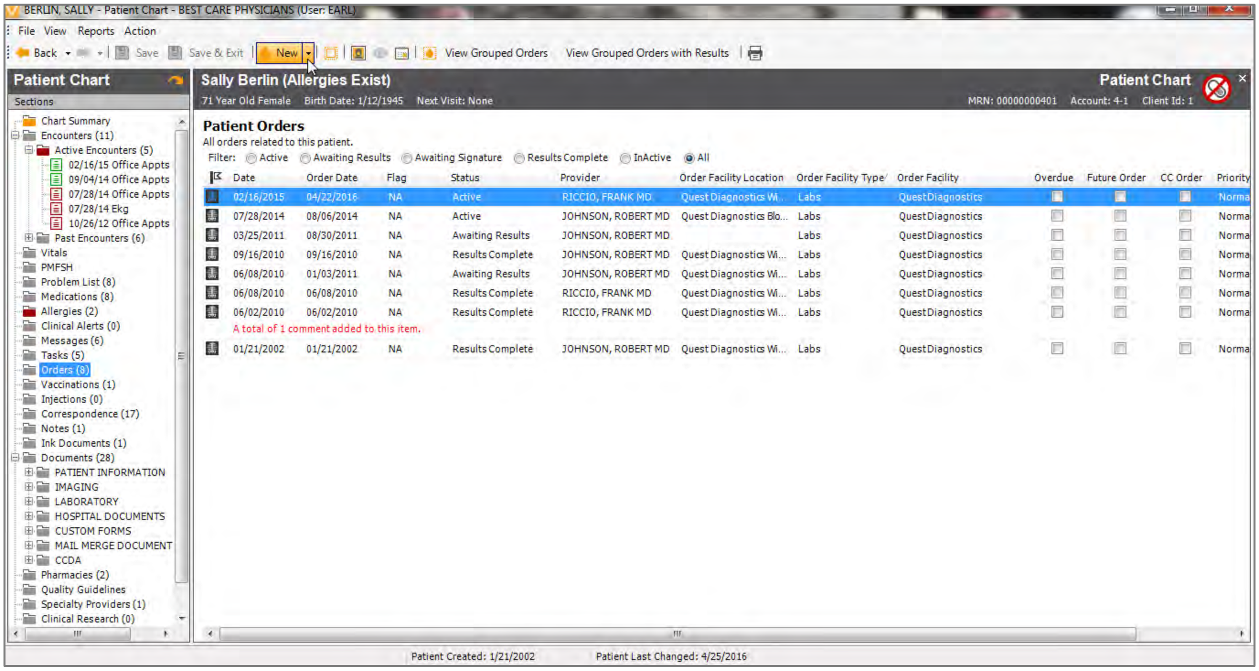
1. From Medcin Charting, click the **Orders** Button on the Toolbar and then select **Orders** from the dropdown menu.



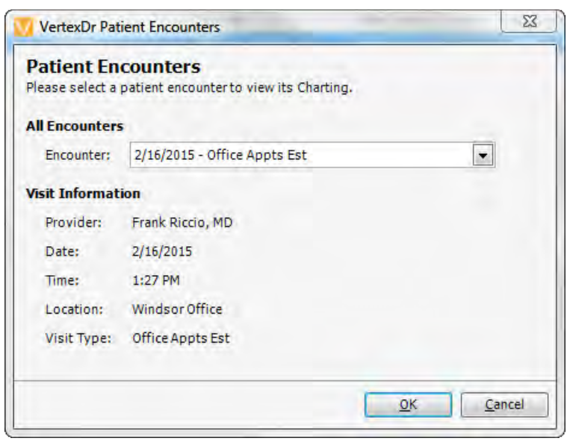
From the Orders Section of the Patient Chart

When an order form is accessed from the *Orders* Section of the Patient Chart the user is prompted to select an encounter (a date of service) to attach the order to.

1. From the *Orders* Section of the Patient Chart, select the **New** Button on the Toolbar.



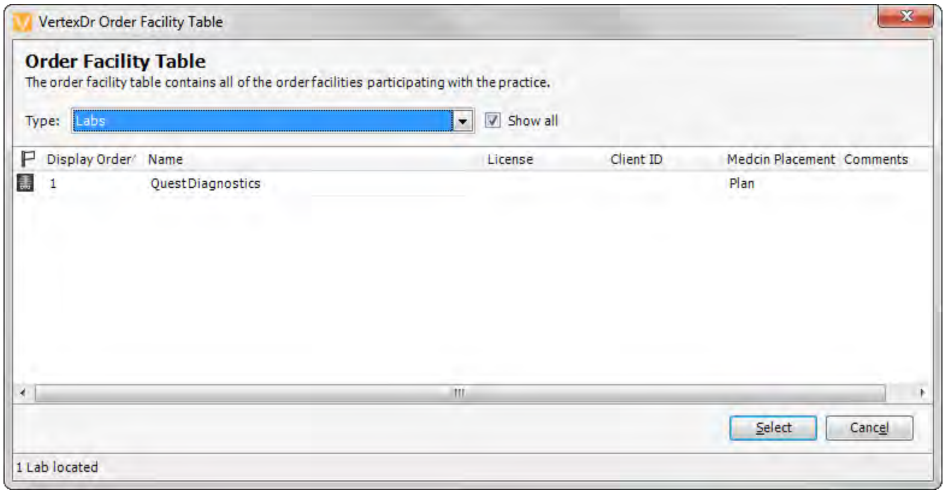
The *Patient Encounters* Window opens.



2. Select a date of service from the **Encounter** Dropdown.
3. When finished, click the **OK** Button to attach the order to the selected encounter. Click the **Cancel** Button to return to the *Orders* Section of the Patient Chart.

Selecting an Order Facility

The *Order Facility* Table displays whether an order is created from the *Medcin Charting* Area or from the Patient Chart.



The lab facilities listed in the *Order Facility* Table reflect the patient's insurance carrier's lab facility preferences. To view all available lab facilities, select the **Show All** Checkbox.

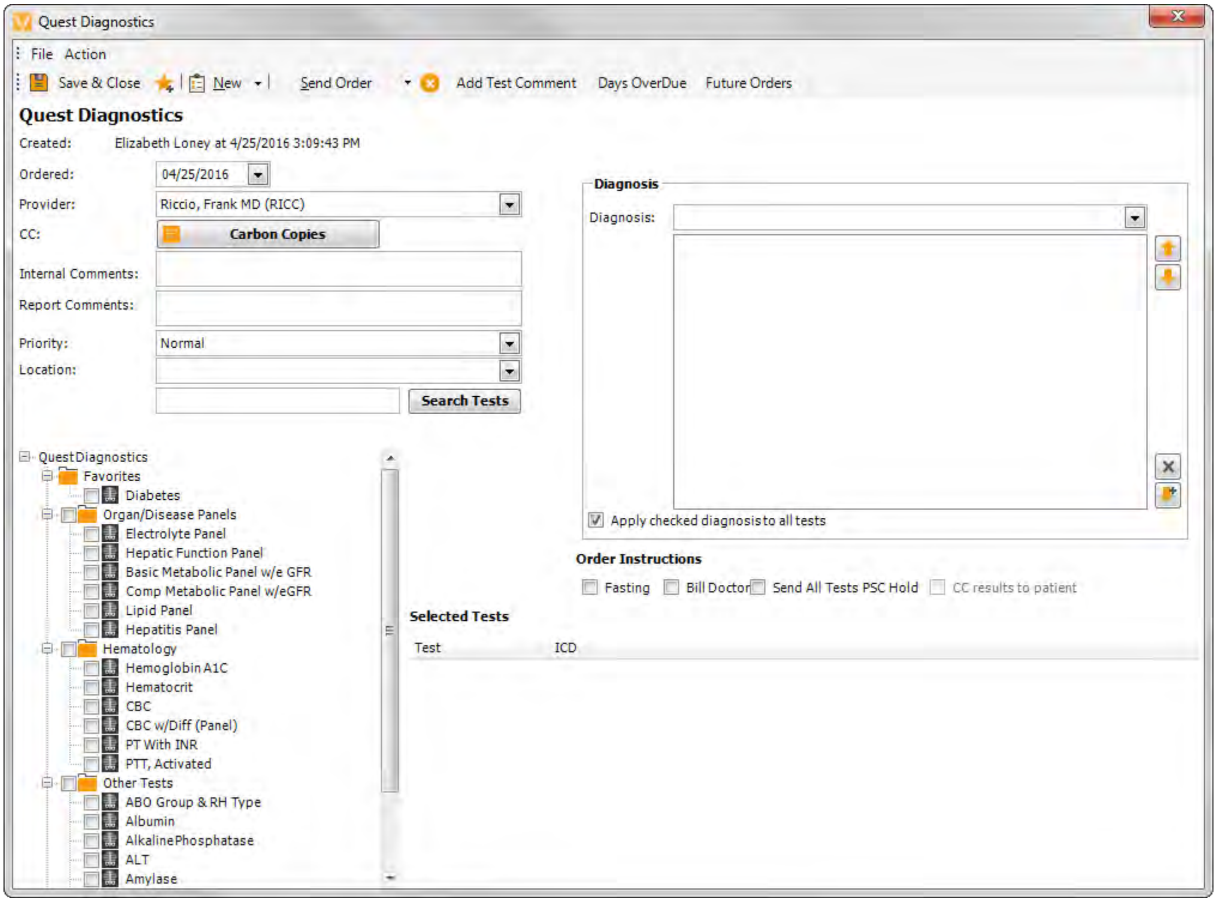
Note: If a patient's insurance is not associated with any order facility, or if the patient has no insurance, the *Order Facility* Table will display all order facilities.

To select a lab facility:

1. Click the **Type** Dropdown and then select **Labs**, **Imaging** or **Other**.
2. Highlight the desired facility and then click the **Select** Button.
3. The *Imaging Entry* Window displays.

Creating an Order

The *Imaging Entry* Window, or the *Lab Entry* Window, is where the order request is created.



Order Details Section

- The *Created* Field displays the user who created the order as well as the date and time that the order was created.
- Today's date is listed in the *Ordered* Field by default. Click the **Ordered** Dropdown to select a date other than the current date.
- The provider listed on the selected encounter defaults into the *Provider* Field. A different provider can be selected from the **Provider** Dropdown if necessary.
- The *CC* Field is optional. Click the **Magnifying Glass** Button in the *CC* Field to search for and select a provider to send a carbon copy of the results to.
- The *Internal Comments* Field is optional. Additional information pertaining to the order, such as a pre-authorization number, can be entered in the *Comments* Field.

- The *Report Comments* Field is optional. If information should be returned on the lab report, it can be entered in this area.
- The *Priority* Field is optional and defaults to Normal. To change the priority, select the **Priority** Dropdown and select **Stat** or **Urgent**.
- Click the **Location** Dropdown to select the facility where the order(s) will be performed.

Selecting Tests

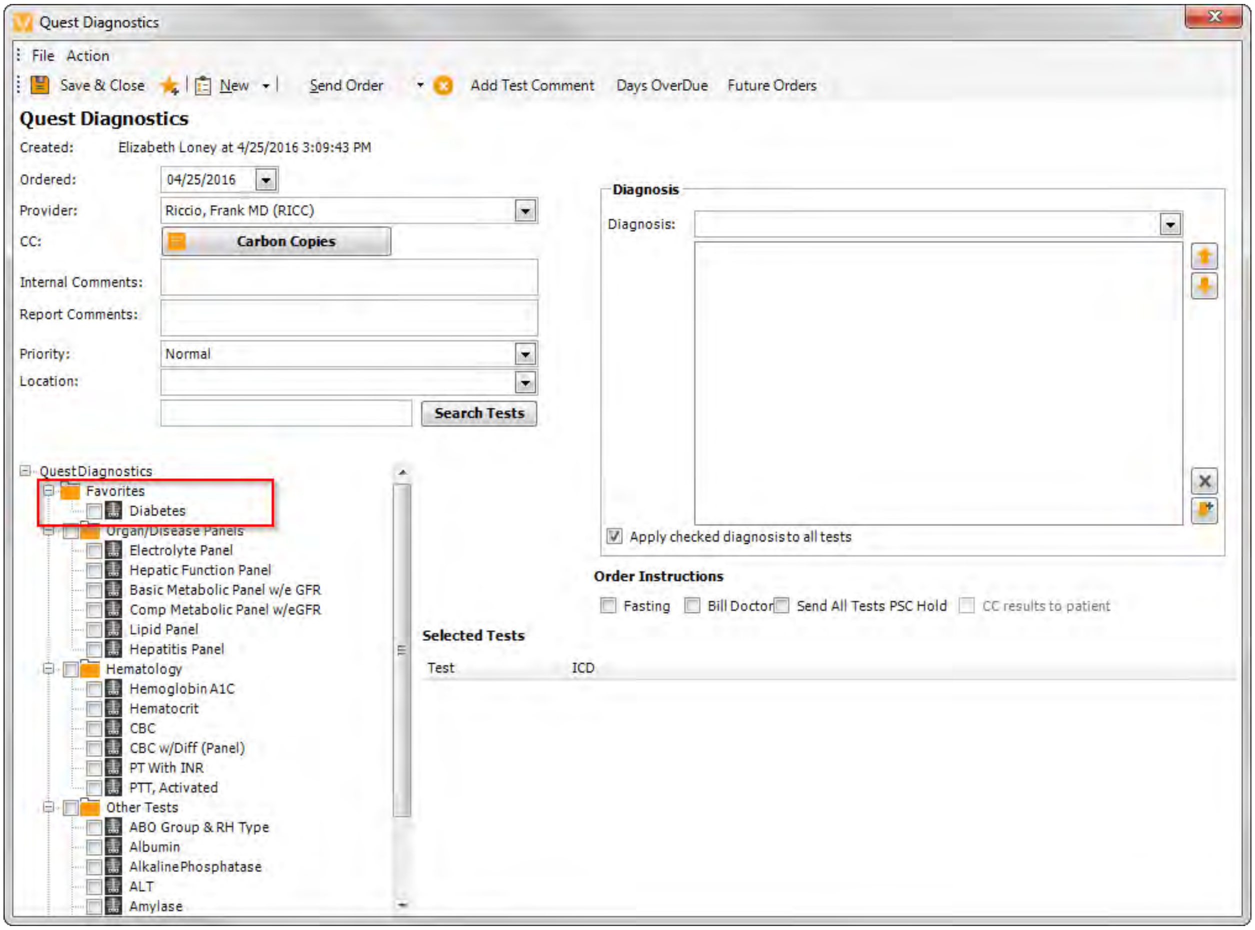
All tests are selected from the *Tests* Section on the lower, left-hand side of the window. To select the desired test, simply click the checkbox(es) next to any tests being ordered. The selected test(s) display under the *Selected Tests* Section on the right-hand-side of the *Order Entry* Window.

Selecting Tests from Favorites

Order Favorites are order templates used to save time creating frequently order lab or imaging orders.

Note: For more information on creating Order Favorites, please reference the VertexDr Section of the VertexDr Managers' Manual. Order favorites can also be copied over to other providers.

From the *Lab Entry* Window, the order favorites for the selected provider display under the *Favorites* Folder at the top of the list of tests. Simply check the checkbox(es) to select a test from Favorites.



Applying Selected Diagnoses to All Tests

A diagnosis(es) must be attached to the selected tests before they can be sent electronically or printed for the patient. Using the **Diagnosis** Dropdown, the following diagnosis code locations can be selected: **Select from Problem List**, **Select from Order Favorites**, **Select all Diagnosis Codes**, or **Search from Medcin**.

Note: If diagnoses are selected in Medcin Charting for the selected encounter they will display in the *Diagnosis* Field automatically.

To apply the diagnosis to all selected test(s):

1. Select the **Apply checked diagnosis to all tests** Checkbox (if it is not already selected).
2. Click the **Transfer Checked Diagnoses to Tests** Button.

3. The selected diagnosis(es) display in the *ICD* Column of the *Selected Tests* Section.

To apply diagnosis(es) to an individual test(s):

1. Highlight the first test.
2. In the *Diagnosis* Field, check the checkbox for the relevant diagnosis.
3. Click the **Apply Checked Diagnosis to All Tests** Checkbox to unselect it.
4. Click the **Transfer Checked Diagnoses to Tests** Button.
5. Repeat steps 1 through 4 for remaining tests if necessary.

Deleting Diagnoses

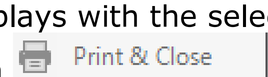
Diagnoses can be deleted from the lab order form. To do so, from the *Lab Entry* Window, highlight a diagnosis in the *Diagnosis* Field and then select the **Delete selected diagnosis** Button.

Reordering Diagnoses

Diagnoses can be reordered in the lab order form. To do so, from the *Lab Entry* Window, highlight the diagnosis in the *Diagnosis* Field and then select either the **Move selected diagnosis upward** or **downward** Button.

Sending the Order

Orders can be sent electronically to a facility set up with a bi-directional interface with the practice. Orders can also be faxed to an order facility or printed out and given to the patient.

1. From the *Order Entry* Window, each test displays with the selected diagnoses. Click the **Print and Close** Button 

on the Toolbar to print the requisition form for the patient and close the *Order Entry* Window.
2. If the practice has a lab interface with the selected order facility, click the **Electronic** Button  on the Toolbar to send the order electronically.
3. If the practice does not have a lab interface with the order facility, click the **Electronic** Button on the Toolbar to fax the order to the order facility.

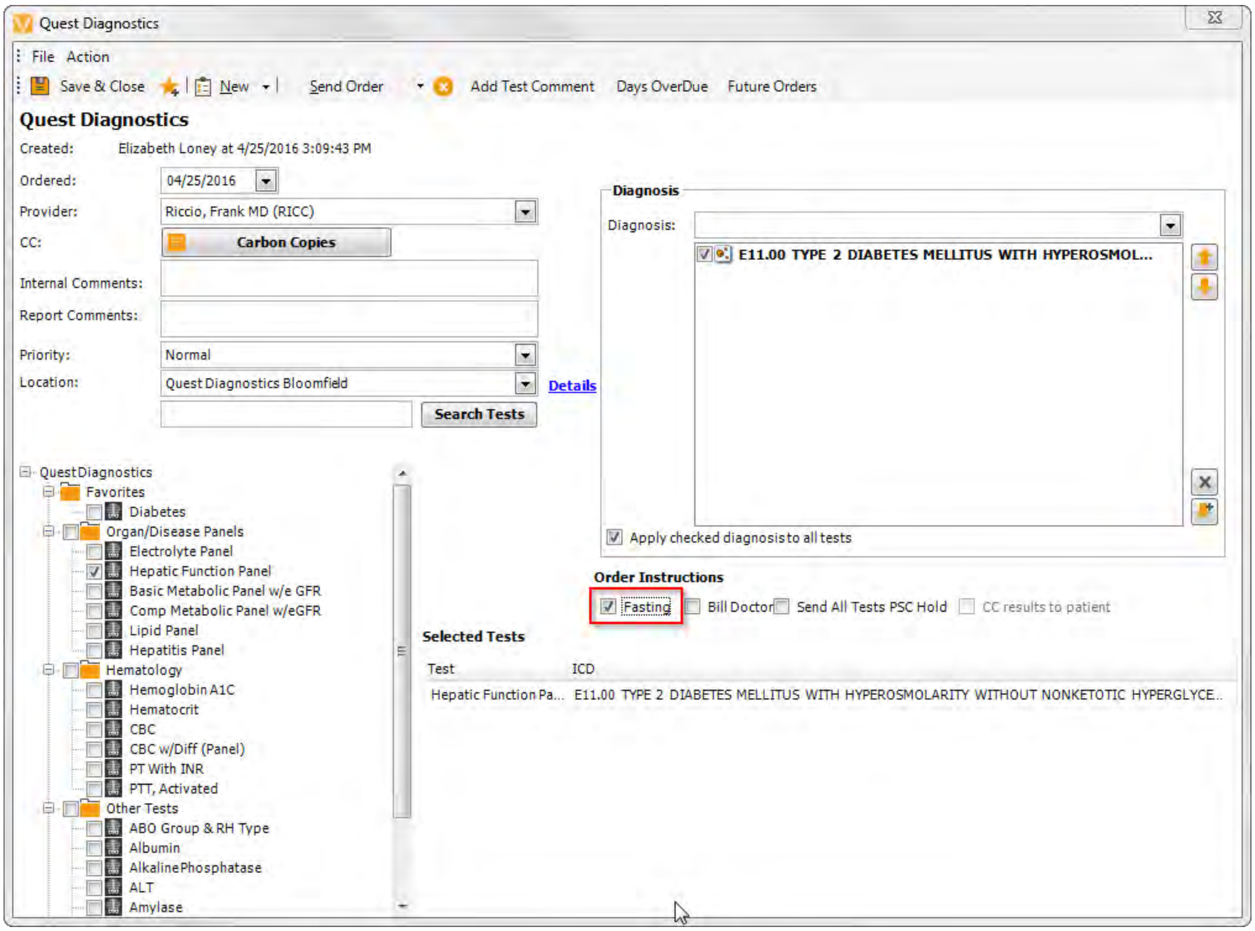
Note: The order facility needs to have a fax number in the *Order Facility Definition* Window.

Additional Lab Order Features

Additional functionality, including attaching order instructions and creating future orders, is available when creating an order.

Order Instructions

Additional instructions regarding the order can be sent to the facility. From the *Lab Entry* Window the **Order Instruction** Checkboxes display under the *Diagnosis* Field.

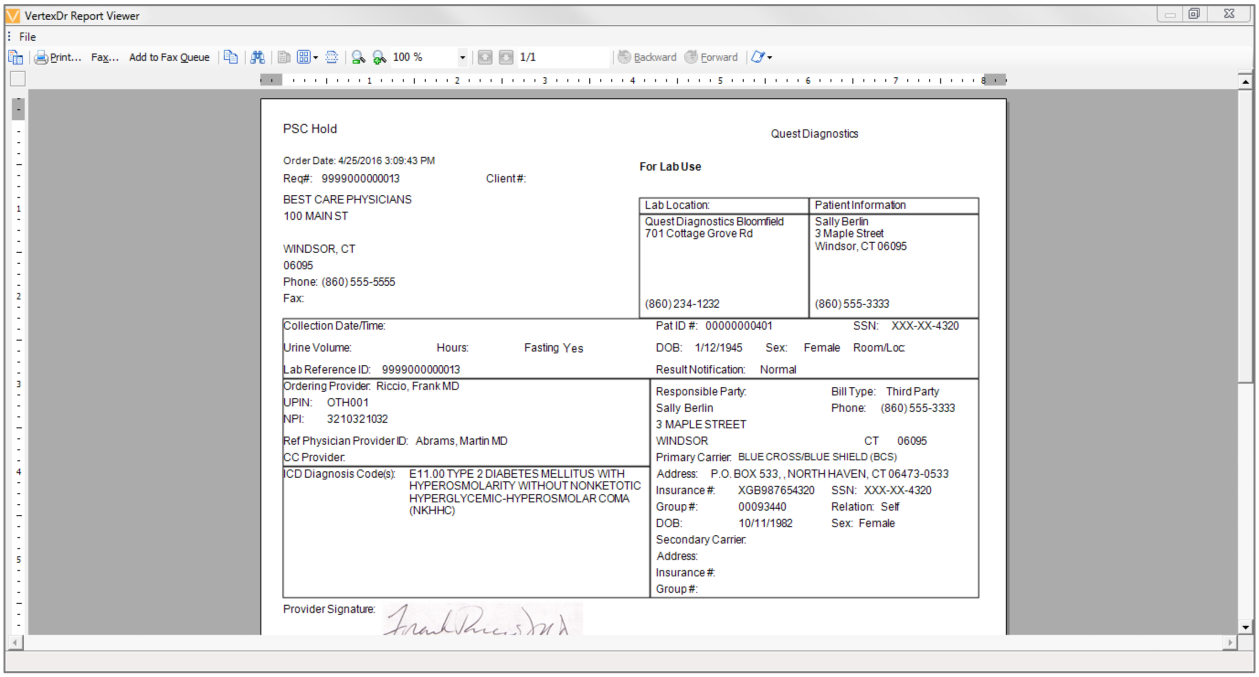


- Click the **Fasting** Checkbox to instruct the order facility that the patient needs to fast for a test.
- Click the **Bill Doctor** Checkbox to instruct the order facility to send the bill to the ordering physician and not to the patient's insurance carrier.
- Click the **Send All Tests PSC Hold** Checkbox to instruct the order facility that the patient was given a printed order requisition. The patient will go to the order facility to get the ordered tests at their convenience.

Printing the Order Requisition

The order requisition can be printed out of the system. The patient can take the order requisition to the facility at their convenience.

1. From the *Lab Entry* Window, click the **Print** Button  on the Toolbar. The *Report Viewer* Window opens.

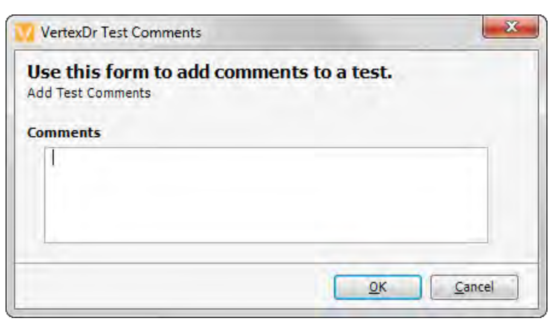


2. Click the **Print** Button to print the requisition or click the *Red* **X** in the upper, right-hand corner to close the *Report Viewer* Window.

Adding a Comment to a Test

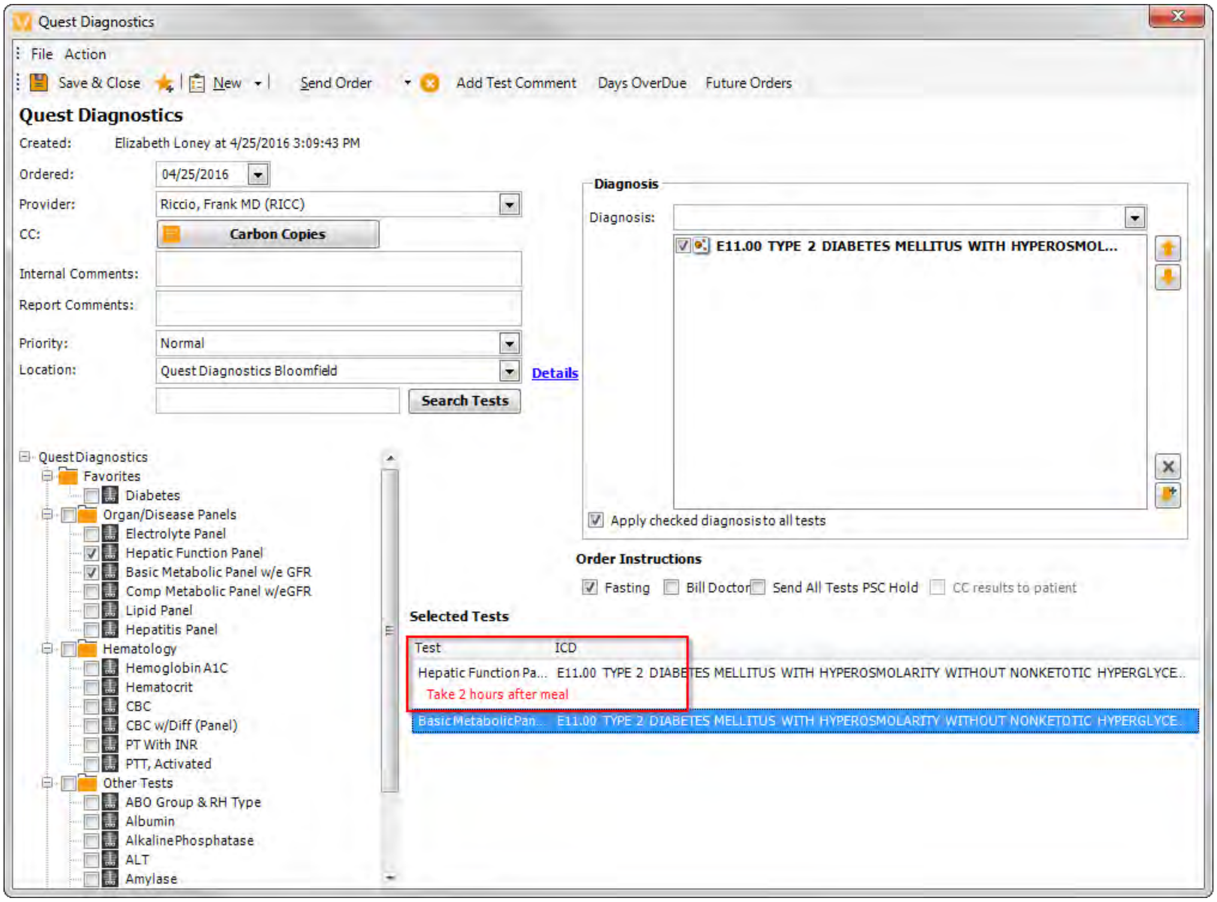
A comment can be added to a specific test from the *Lab Entry* Window.

1. Highlight a test in the *Selected Tests* Section and then click the **Add Test Comment** Button Add Test Comment in the Toolbar. The *Test Comments* Window displays.



2. Type the comment into the *Comments* Field and then click the **OK** Button to save the test comment. The *Lab Entry* Window becomes

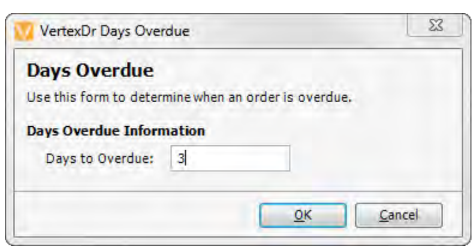
visible. The comment will be displayed below the test in the *Selected Tests* Section.



Tracking an order for Days Overdue

Days till an order is overdue can be set by the user and tracked by the system. To set the days overdue:

1. Click the **Days Overdue** Button Days OverDue on the Toolbar. The *Days Overdue* Window opens.



2. Type the number of days in the *Days to Overdue* Field and then click the **OK** Button to save the number days when the order will be considered overdue.

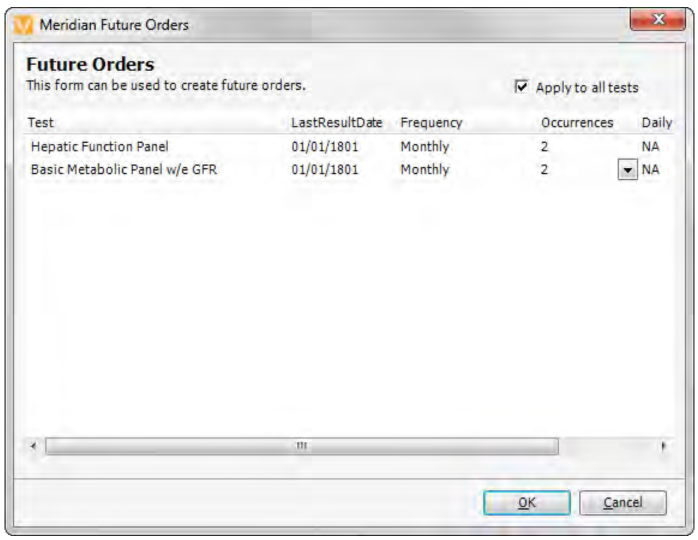
Note: Overdue tests will display with a checkmark in the Overdue Column in the Orders Section of the Patient Chart.

Future Orders

When creating an order, future orders can also be set up for the patient. A service will inspect the system on a daily basis for future orders and will automatically send out future orders 2 days prior to the order date. Once the order is sent out by the service the order will be moved to the *Awaiting Results* Queue in the *Orders* Area.

To create a future order:

1. From the *Lab Entry* Window, select the **Future Orders** Button. The *Future Orders* Window displays.



2. From the *Future Orders* Window, set the frequency, occurrences and daily interval for the first test using the Dropdown Menus in the appropriate columns.
3. Click the **Apply to All Tests** Checkbox to copy the selected frequency, occurrences and daily interval for the first test to all other tests.

Note: If each test has a different frequency, occurrence, and daily interval, repeat Step 2 as needed instead of clicking the **Apply to all tests** Checkbox.

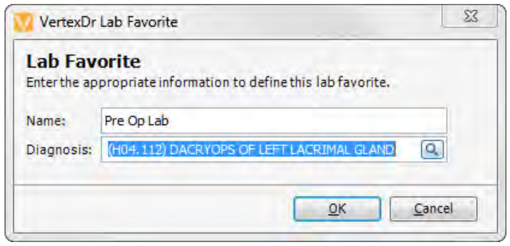
4. Click the **OK** Button to save the future orders.

Adding Tests to Favorites

An order can be created and easily saved to the selected provider's list of favorite orders.

To add a test to the provider's Order Favorites:

1. Create the desired order and then click the **Add to Favorites** Button  on the Toolbar. The *Lab Favorite* Window opens.



2. Type the name of the lab favorite into the *Name* Field.
3. Click the **Magnifying Glass** Icon to search for and select a diagnosis to attach to the favorite.
4. When finished, click the **OK** Button to save the lab favorite.

From a new *Lab Entry* Window, the tests added to favorites display under the *Favorites* Section.

Deleting an Order

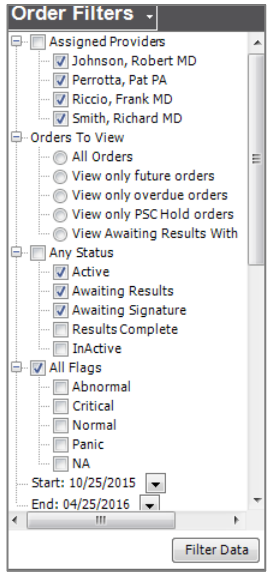
An order can be deleted from the *Lab Entry* or *Imaging Entry* Window. Orders can also be deleted from the *Active* or *Awaiting Results* Queues in the *Orders* Area. To delete an order, from the *Lab Entry* Window, click the **Delete Order** Button  on the Toolbar.

The Orders Area

The status of orders can be tracked from the *Orders* Area. There is an *Active, Awaiting Results, Awaiting Signature* and *Results Complete* Queue.

The Orders Filter

The *Orders* Area can be filtered by provider, specific categories of orders to view, any status, all flags and a date range.



Note: Multiple filters can be used at one time.

Assigned Providers Filter

The *Orders* Area can be filtered to view specific provider's orders. Click the **Assigned Providers** Checkbox to view all providers' orders or click each **Provider** Checkbox to view individual or multiple providers' orders. When finished selecting the desired provider(s), click the **Filter Data** Button to view your selection(s).

Orders to View Filter

The *Orders* Area can be filtered to view **All Orders**, **View future orders only**, **View only overdue orders** *or* **View only PSC hold** orders. The **All Orders** Radio Button in the *Orders to View* Section is defaulted. When finished selecting the desired filter(s), click the **Filter Data** Button to view your selection(s).

Any Status Filter

The *Orders* Area can be filtered to view all status queues and/or the *Active, Awaiting Results, Awaiting Signature, Results Complete* and *Inactive* Queues. The **Any Status** Checkbox is defaulted. When finished selecting the desired queues to view, click the **Filter Data** Button to view your selection(s).

All Flags Filter

Result Flags can be filtered to view **Abnormal**, **Critical**, **Normal**, **Panic** and **N/A** order results. The system defaults all flags to **N/A**. When an electronic order result is received the system automatically changes the flag to the appropriate setting.

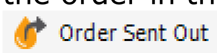
The flag must be manually set for all other order results. The flag for an order result can be selected from the *Order Results* Window.

Date Filter

A *Start* Date and *End* Date can be selected using appropriate dropdown. Click the **Filter Data** Button to view your selection.

The Active Queue

Orders that are not sent electronically or by fax may be printed out and the lab requisition can be given to the patient. A printed order displays in the *Active* Queue in the *Orders* Area.

An active order needs to be manually moved to the *Awaiting Results* Queue so that the results can be scanned or attached to the order. To move an order from the *Active* Queue to the *Awaiting Results* Queue, simply highlight the order in the *Active* Queue and then select the **Order Sent Out** Button 

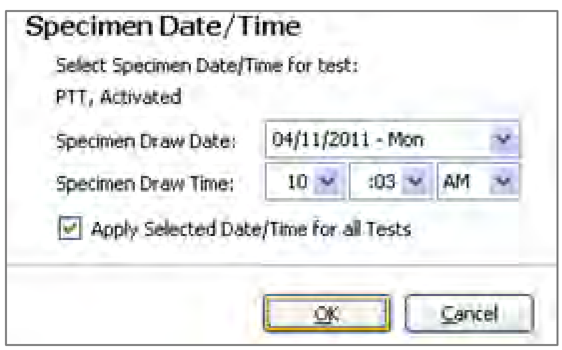
on the Toolbar or from the **Right-Click** Menu.

Specimen Date/Time Window

Lab tests can be set to a requisition level of frozen, pap smear, refrigerator or room temperature.

Note: For more information on defining requisition levels, please see the *VertexDr* Section of the VertexDr Managers' Manual.

If a test is set to one of the above requisition levels, the *Specimen Date/Time* Window displays when the **Order Sent Out** Button is selected.



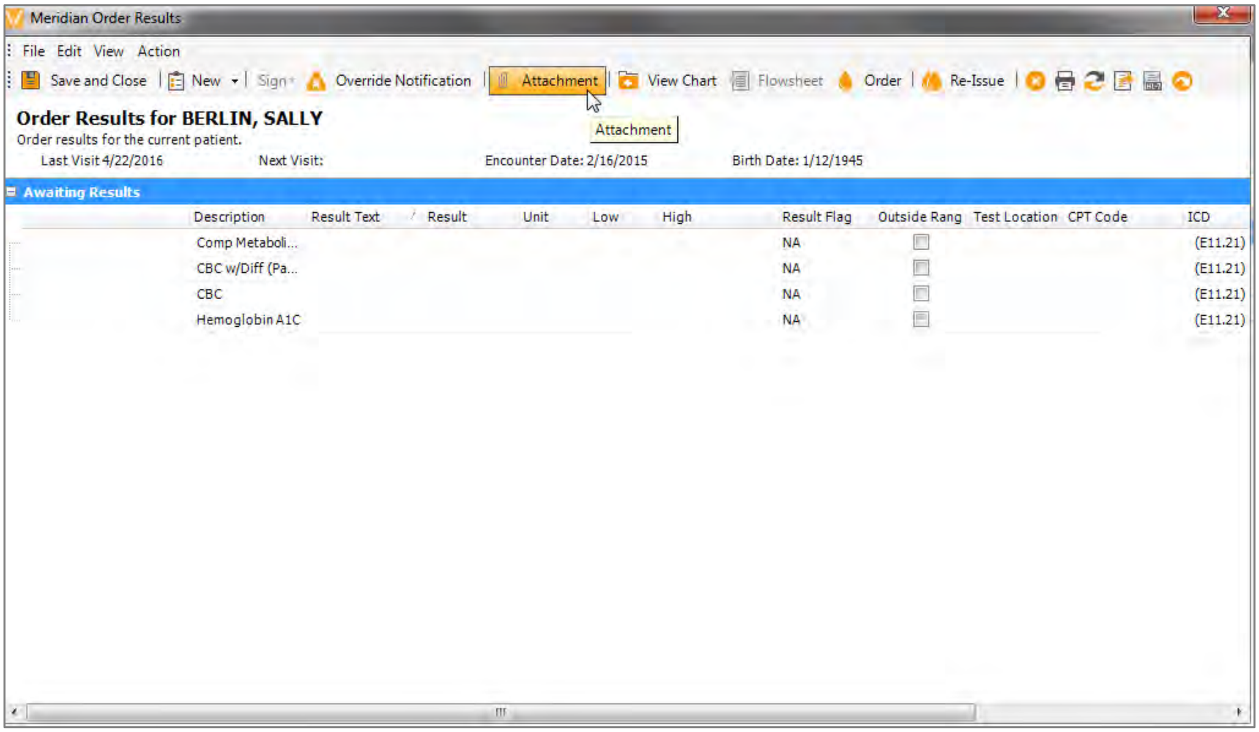
1. The system automatically pulls the current date and date into the *Specimen Draw Date* Field. However, click the **Specimen Draw Date Dropdowns** and/or the **Specimen Draw Time** Dropdowns to select a different date and/or time.
2. The **Apply Selected Date/Time for All Tests** Checkbox is defaulted. If multiple tests were included in the order and each has a different draw date and/or time, click the **Apply Selected Date/Time for All Tests** Checkbox to uncheck it.
3. Click the **Cancel** Button to return to the *Orders* Area or click the **OK** Button to save the date and time that the specimen was drawn.

The Awaiting Results Queue

Electronic and faxed orders are automatically sent to the *Awaiting Results* Queue. Orders in the *Active* Queue will display in the Awaiting Results Queue once the **Orders Sent Out** Button is selected.

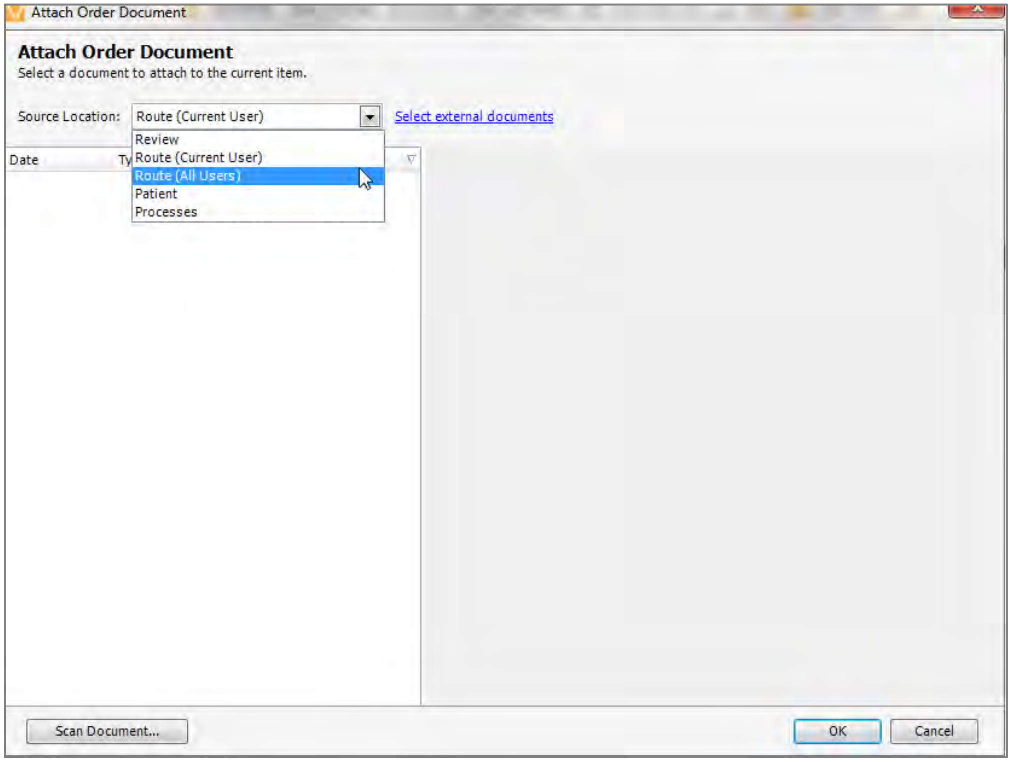
Attaching Results to an Order

1. To attach results to an order, double-click on the order in the *Awaiting Results* Queue. The *Order Results* Window displays.



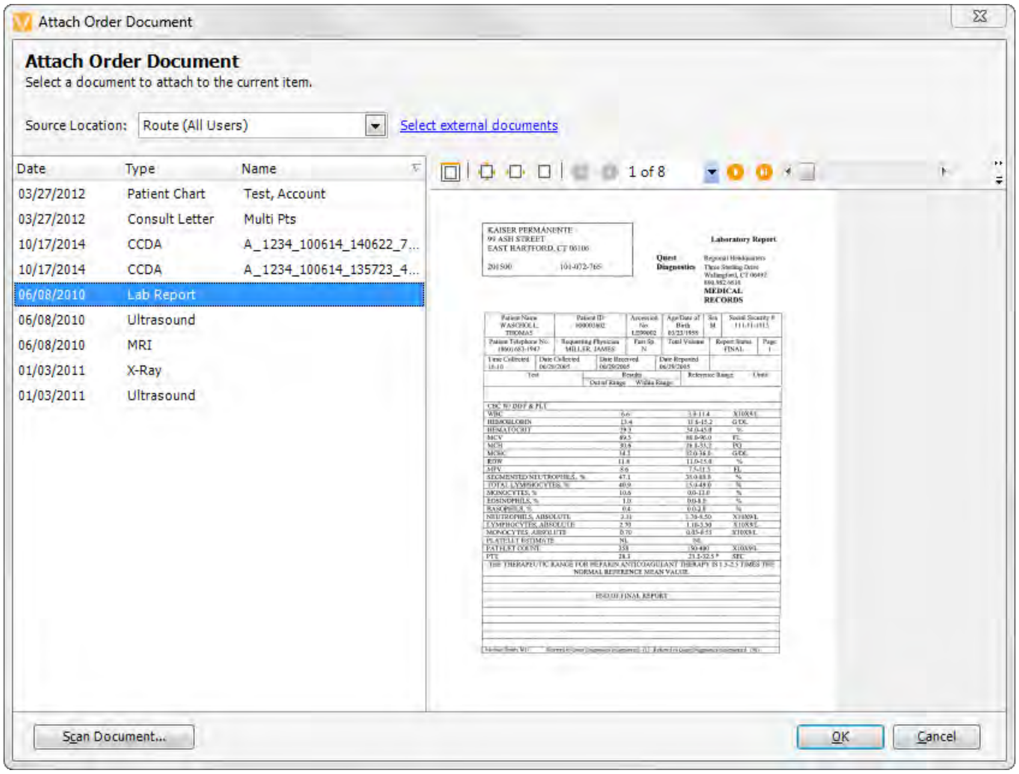
2. To attach a document as an order result, highlight the test under the *Description* Field to select it or press the **Ctrl** Key while selecting each test for which results have come in.

3. Click the **Attachment** Button on the Toolbar. The *Attach Order Document* Window displays.



4. Click the **Scan Document** Button to scan and attach the result to the selected tests.
5. If the document has already been scanned or came in through the electronic faxing feature, click the **Source Location** Dropdown to select an area to retrieve the document from.
   - The **Review** Option allows the user to select documents which have been routed to him/her for signature. These documents are currently in the user's *Review* Area.
   - **Route (Current User)** allows the user to select from all documents he/she has personally scanned into the Suite and that have not yet been routed.
   - **Route (All Users)** allows the user to select from all of the documents that have been scanned into the Suite and that have not yet been routed.
   - The **Patient** Option allows the user to select from the unsigned documents currently in the Patient Chart.
   - The **Processes** Option allows the user to select from documents that have come into the Suite via the Incoming Faxing Feature.

6. From the *Attach Order Document* Window, all documents from the selected area will display. Highlight the document with the test result(s) for the selected patient.

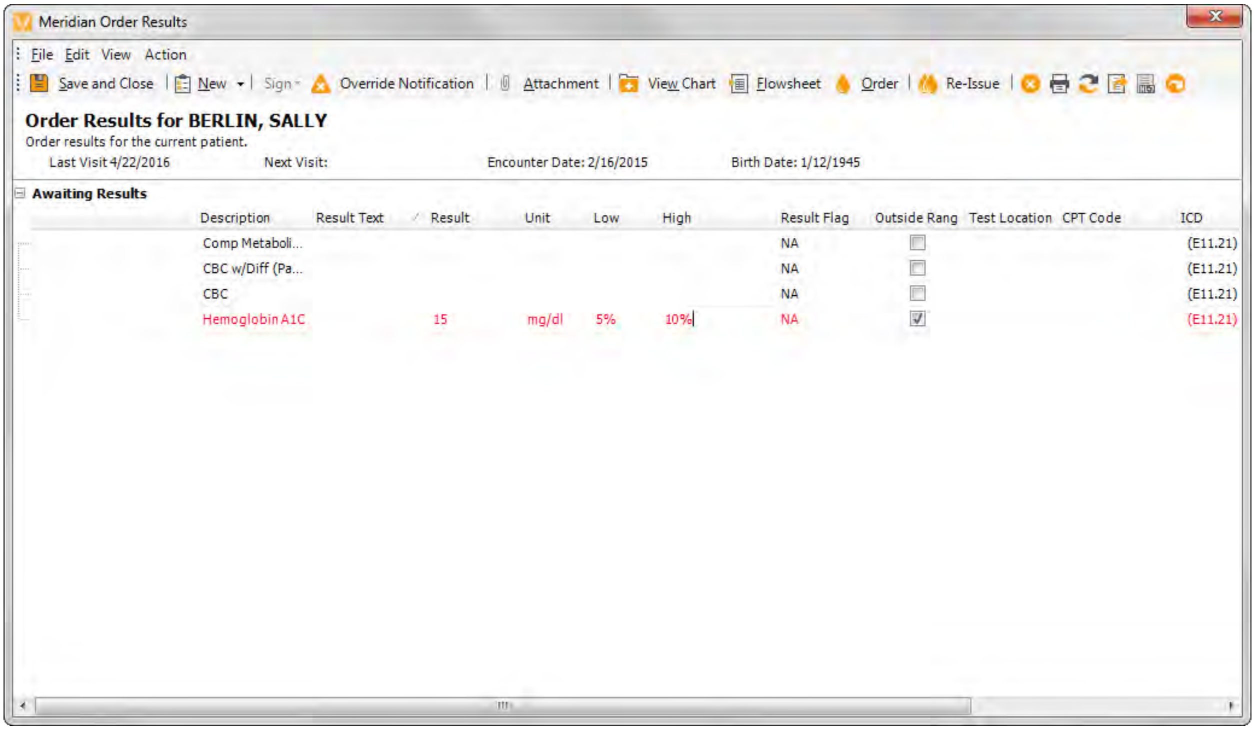


7. Click the **OK** Button to save the selected document and attach it to the order.

8. The *Order Results* Window displays. Any orders still waiting for results will remain in the *Awaiting Results* Queue while the orders with the attached results are moved to the *Awaiting Signature* Queue.

Manually Entering Results

Test results, including unit values and a result flag, can be manually entered for an order.



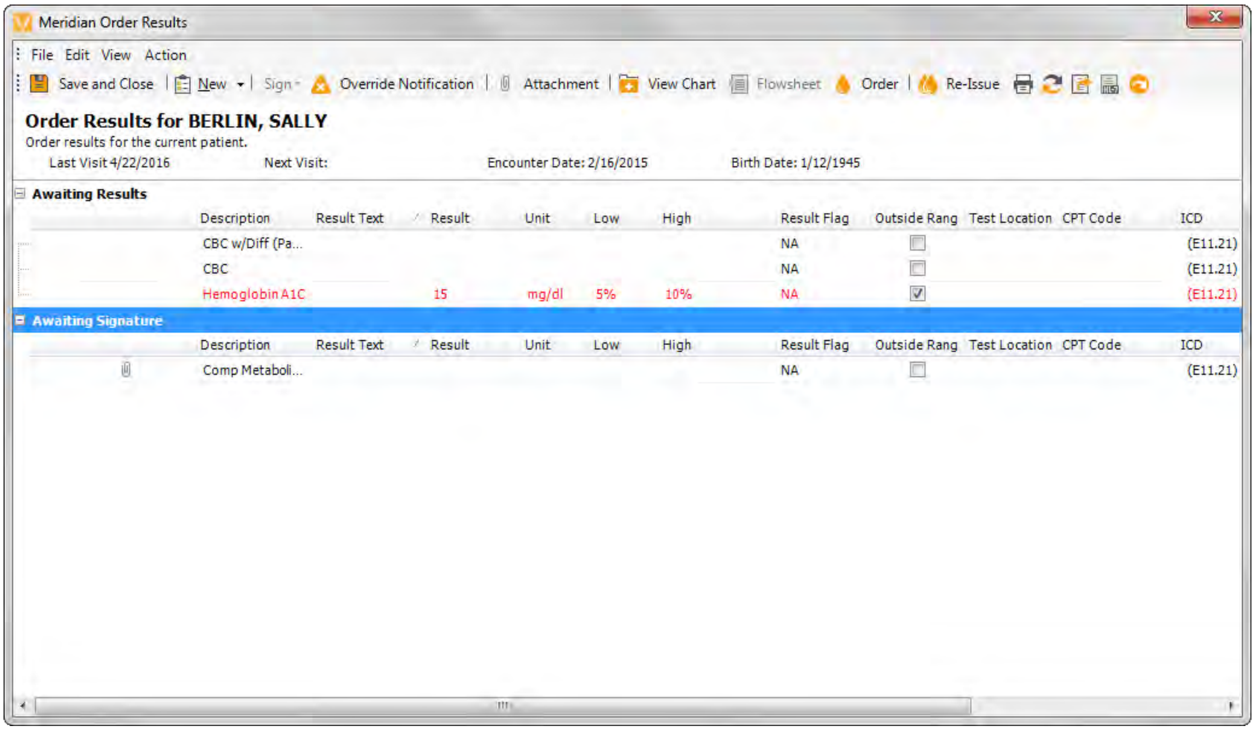
1. From the *Order Results* Window, type the result for a test under the *Result* Column.
2. Type the appropriate value for units under the *Unit* Column.
3. Type the appropriate value into the *Low* Column.
4. Type the appropriate value into the *High* Column.
5. Place the cursor under the *Result Flag* Column. A **Dropdown** Menu appears. Select the appropriate result flag from the dropdown. The following options can be selected:
   - **N/A**
   - **Normal**
   - **Abnormal**
   - **Critical**
   - **Panic**
6. Click the **Outside Range** Checkbox, if applicable.
7. When finished, click the **Save and Close** Button.

The Awaiting Signature Queue

Providers can look at the **Orders** Link on the Status Bar to see how many orders are waiting for their review and signature. When an electronic order is signed, the corresponding lab report in the *Documents* Section of the Patient Chart will also be signed.

Viewing Attached Order Results

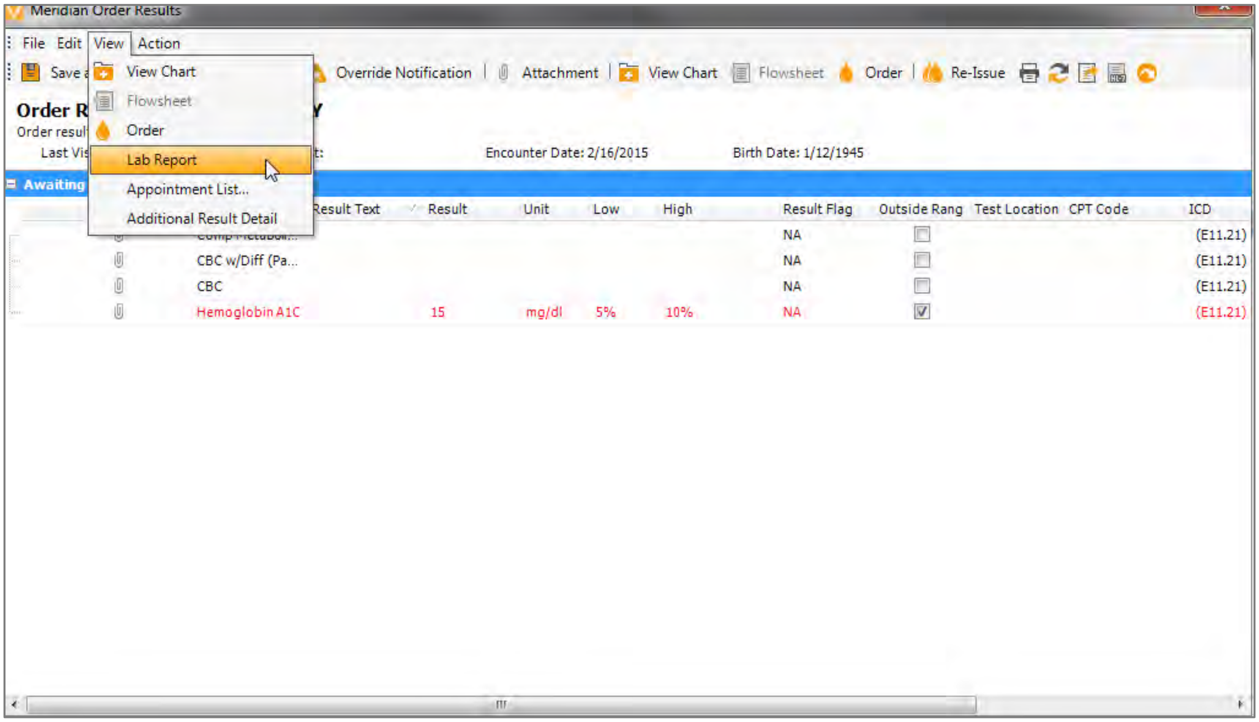
To view the attached results, from the *Order Results* Window, simply highlight the test with the **Paperclip** Icon in and then click the **Attachment** Button.



The *Document Viewer* Window opens and the order results are displayed.

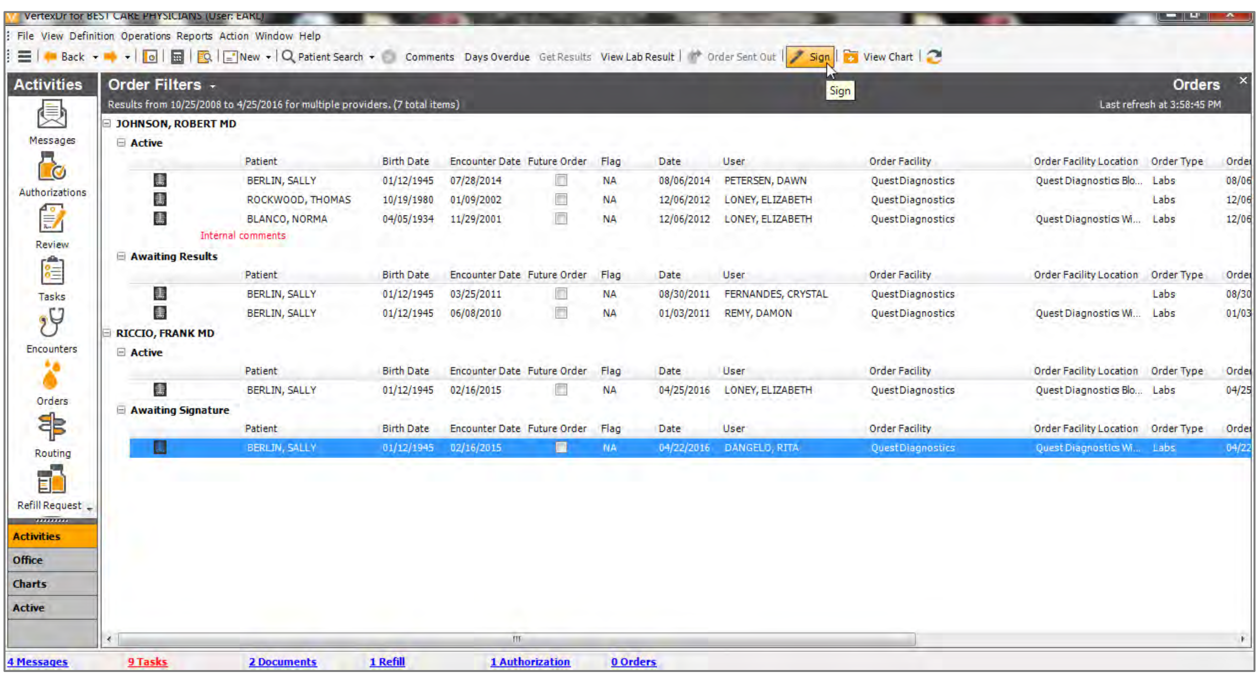
Viewing Electronic Order Results

To view electronic results, click the **View** Menu from the *Order Results* Window and then click **Lab Report**. The lab report displays.

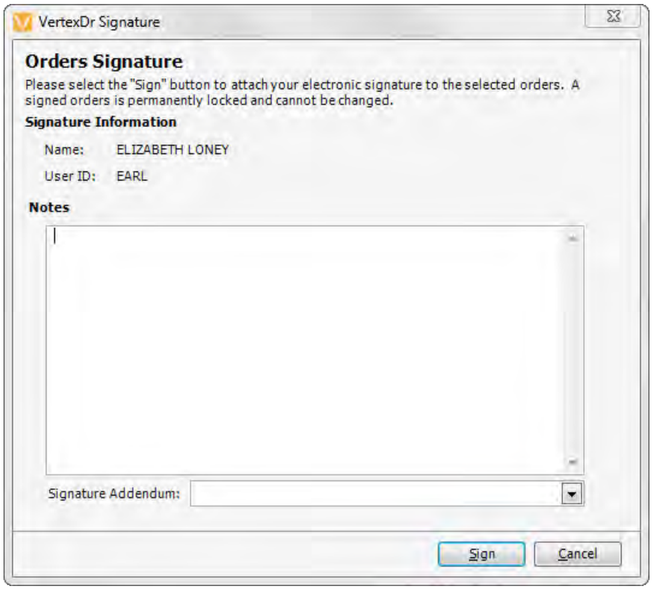


Signing Off on an Order from the Orders Area

1. From the *Orders* Area, highlight a test in the *Awaiting Signature* Queue.



2. Click the **Sign** Button on the Toolbar. The *Orders Signature* Window displays



3. Additional comments can be added in the *Notes* Text Box.
4. The signing provider can alter how the electronic signature is displayed by selecting an option from the **Signature Addendum** Dropdown.
5. Click the **Request Co-Sign** Button to request a signature from a supervising provider. The *Co-Sign Encounter Request* Window displays.

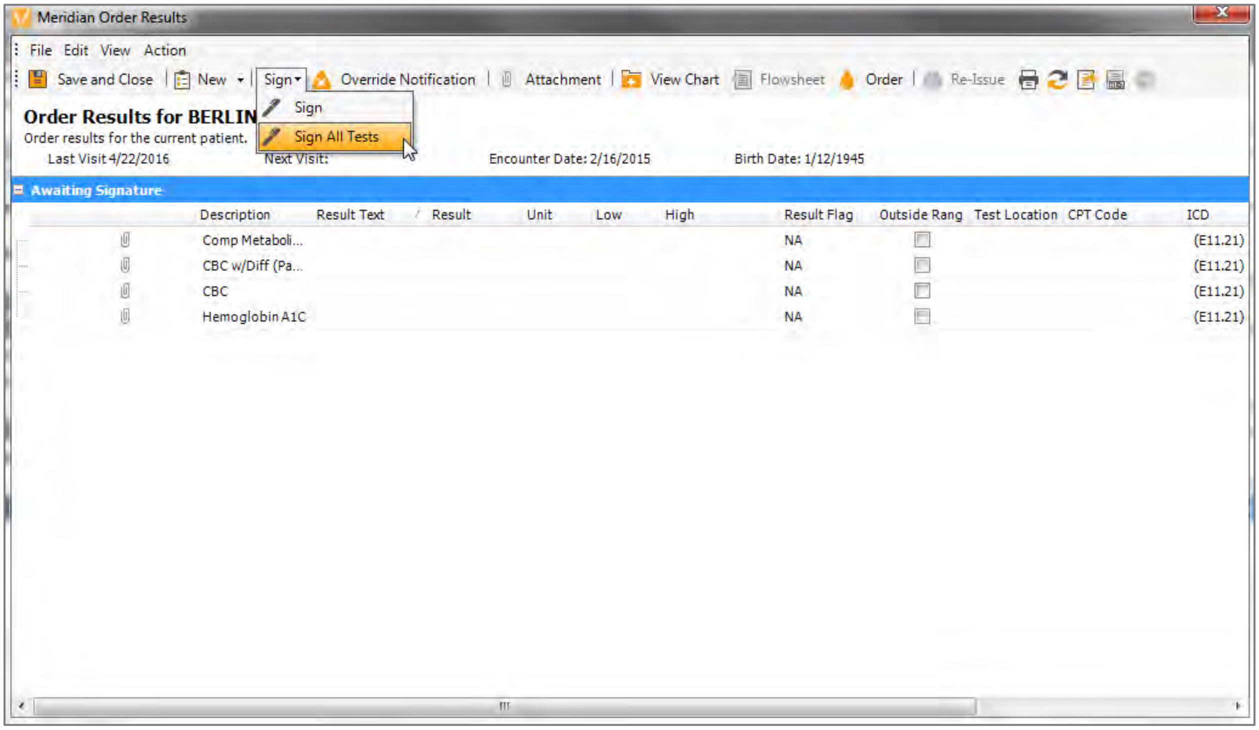
6. Select the user whose signature is required from the **User** Dropdown.
7. Click the **OK** Button to send the request.

Note: A co-sign task type is required. For more information on defining this task type, please reference the *VertexDr* Section of the VertexDr Managers' Manual.

8. If a co-signature is not required, simply click the **Sign** Button.
9. The *Confirm Signature* Message Box displays. Select the **OK** Button to confirm the signature or click the **Cancel** Button to return to the *Orders Signature* Window.

Signing Off on an Order from the Order Results Window

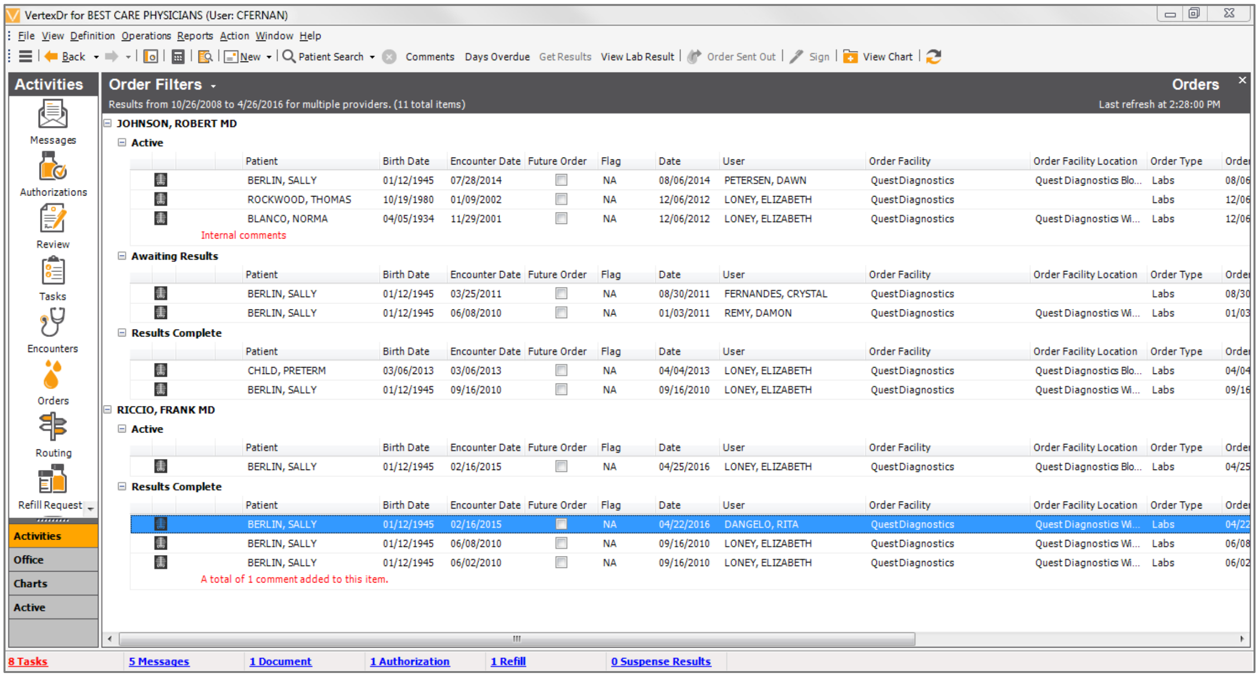
1. From the *Order Results* Window, select the **Sign** Button.



2. Select **Sign** to sign off on only the selected test.
3. Select **Sign All Tests** to sign off on all tests in the order.
4. The *Orders Signature* Window displays. Follow Steps 3 – 9 above to sign off on the order.

The Results Complete Queue

Once an order is signed and locked down, it is automatically moved to the *Results Complete* Queue in the *Orders* Area.



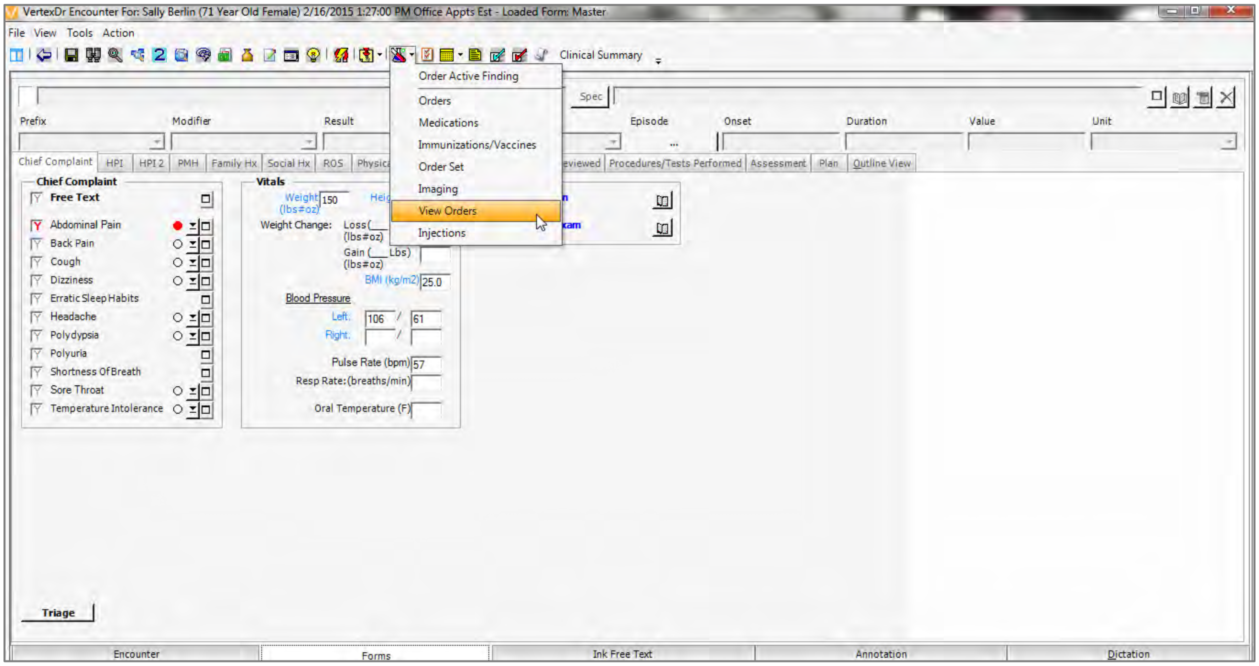
Viewing Patient Orders

From Medcin Charting

All orders for a patient can be viewed from the *Medcin Charting* Area, including grouped orders and grouped orders with results.

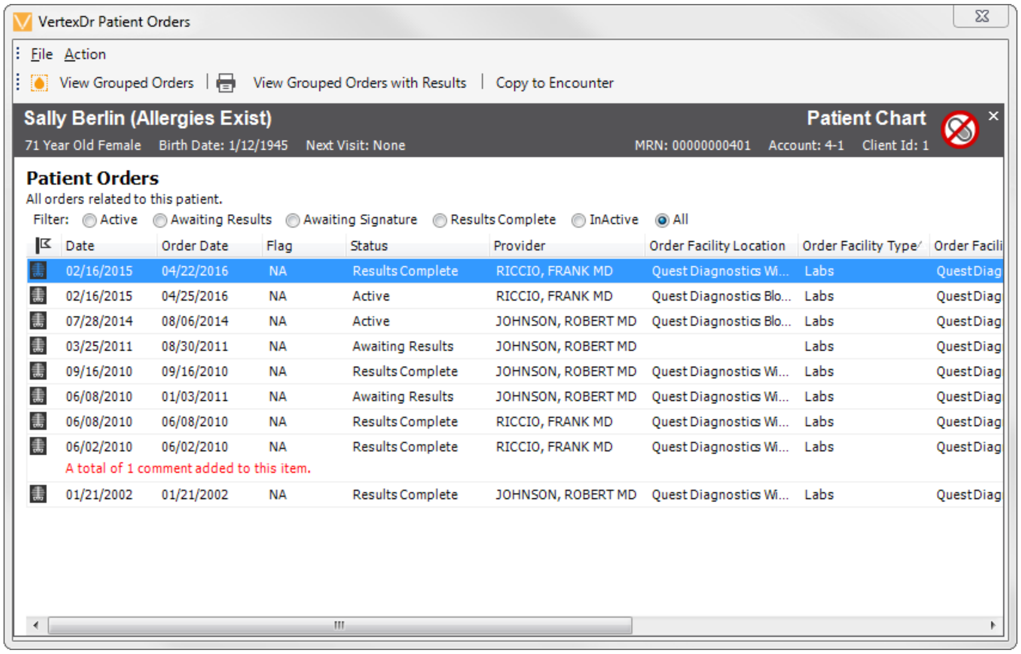
Accessing the Patient's Order Results Queue

1. From the *Medcin Charting* Area, click the **Orders** Button on the Toolbar.



2. Select **View Orders** from the dropdown.
3. The *Patient Orders* Window displays all labs, imaging, and other orders, such as physical therapy, for the patient. The *Patient Orders* Window is view only. New orders cannot be ordered from here.

Note: The current encounter will not be accessible for documenting while the *Patient Orders* Window is open.

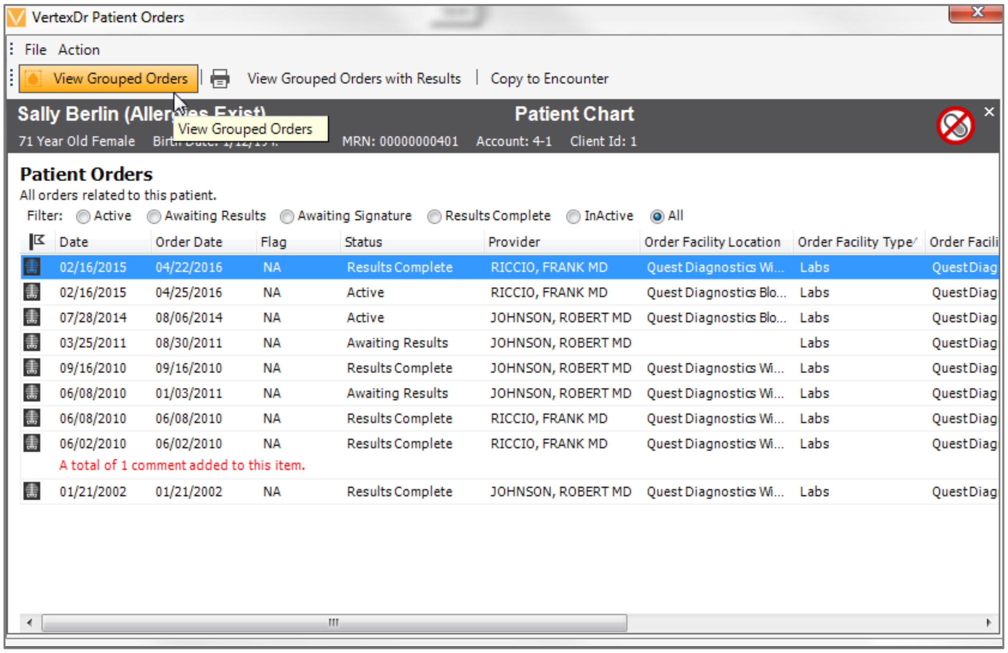


- The **All** Radio Button in the *Filter* Field is defaulted. To change the view, click a **Filter** Radio Button to view only orders in the selected queue.

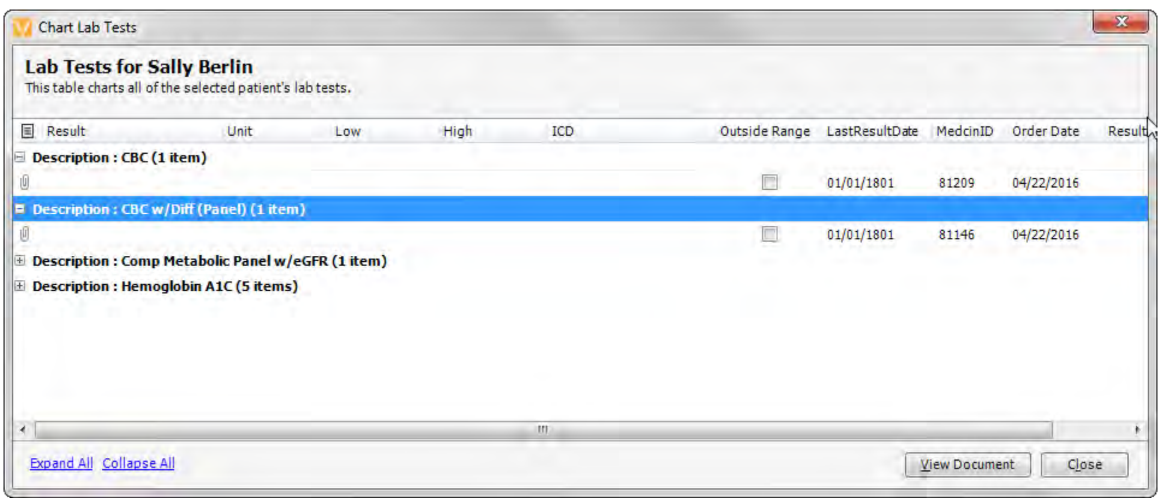
Viewing Grouped Orders

From the *Patient Orders* Window, orders are grouped by test types. Results over a period of time can be viewed at a glance. This allows the user to easily identify trends in test results for tests that are repeated over a period of time.

1. From the *Patient Orders* Window, click the **View Grouped Orders** Button on the Toolbar.



2. The *Lab Tests* Window for the patient opens with tests grouped by type.



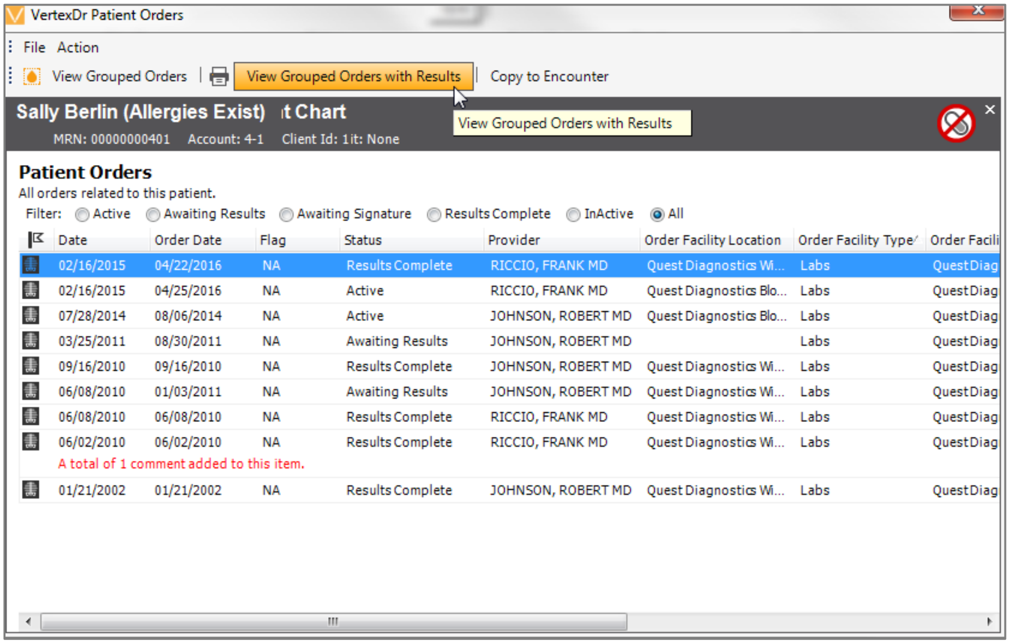
3. The **Expand All** Link to view all the results for each test type group or the **Collapse All** Link to collapse all test type groups.
4. Highlight a test with a **Paper Clip** Icon and then click the **View Document** Button to view the scanned lab report.
5. Click the **Close** Button to close the *Lab Tests* Window.

Viewing Grouped Orders with Results

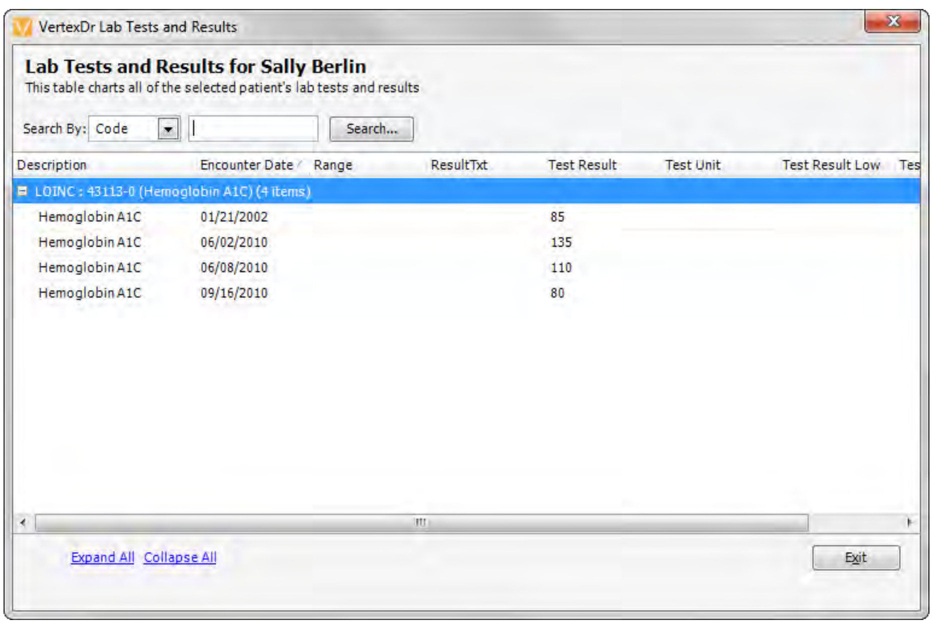
Electronic order results and results that have been manually entered may be viewed by LOINC code groups.

Note: A LOINC code is a universal code for a lab test. LOINC codes are attached to all tests for each facility that will have the test results manually entered.

1. From the *Patient Orders* Window, click the **View Grouped Orders with Results** Button on the Toolbar.



The *Lab Test and Results* Window opens.



2. The **Expand All** Link to view all the results for each LOINC code group or the **Collapse All** Link to collapse all LOINC code groups.
3. The **Search By** Dropdown is defaulted to **Code**, but **Description** can also be selected.

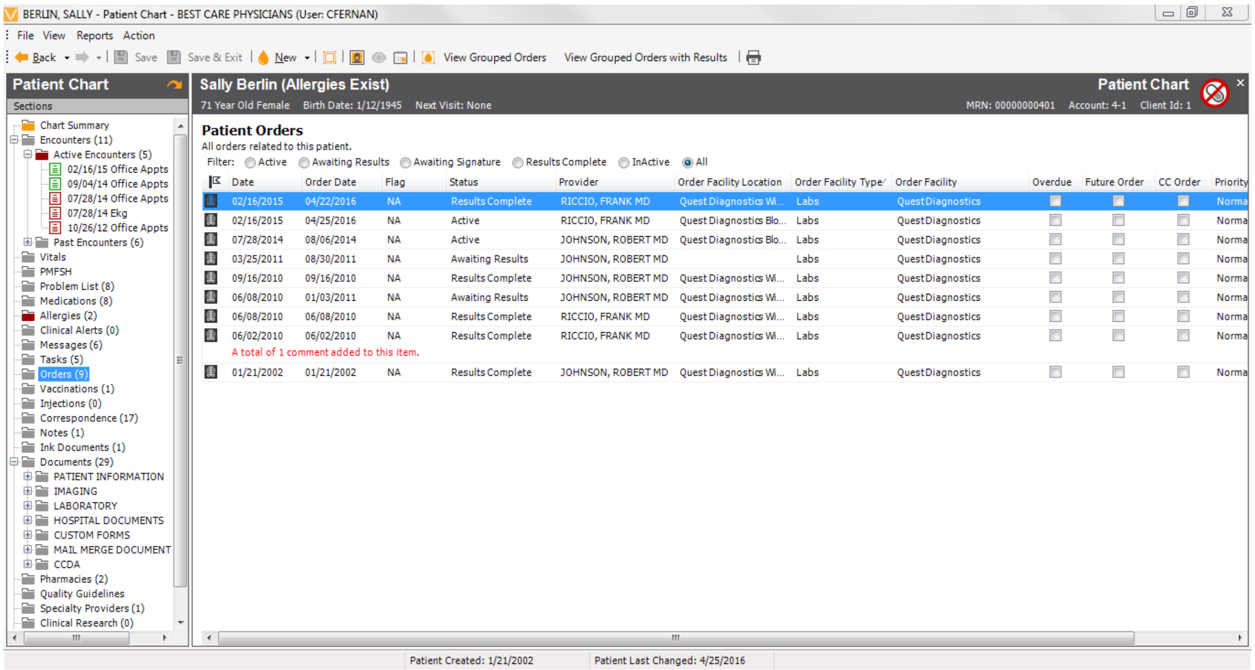
Note: The % sign can be used for a Wild Card Search.

4. Click the **Search** Button to view only those tests.

5. Click the **Exit** Button to close the *Lab Tests and Results* Window.

From the Patient Chart

All tests ordered for a patient display in the *Orders* Section of the Patient Chart.



The *Orders* Section has all of the same functionality as the *Patient Orders* Window described in the *From Medcin Charting* Section of this chapter. Order queues can be viewed by selecting the appropriate **Filter** Radio Button and grouped orders can be viewed by selecting either the **View Grouped Orders** Button or the **View Grouped Orders with Results** Button in the Toolbar. Double-clicking on an order will display the *Order Results* Window. For more information on the functionality of the *Order Results* Window, see the *Awaiting Results* Section of this chapter.

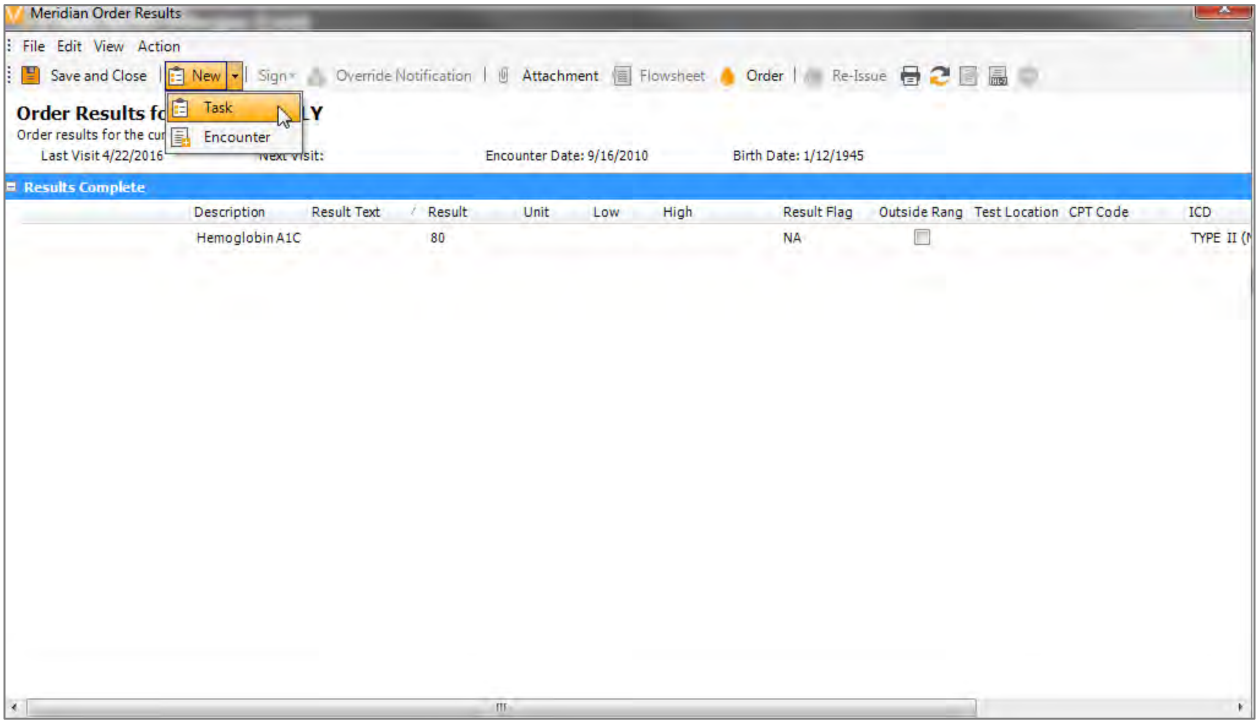
Additional Features Available in the Lab Results Window

Additional functionality, such as sending a task and creating Flow Sheets, is also available from the Order Results Window. The following sections will review these features.

Sending a Task

When a task is sent from the *Order Results* Window the system automatically attaches a copy of the results report to the task.

1. From the *Order Results* Window, click the **New** Button on the Toolbar.

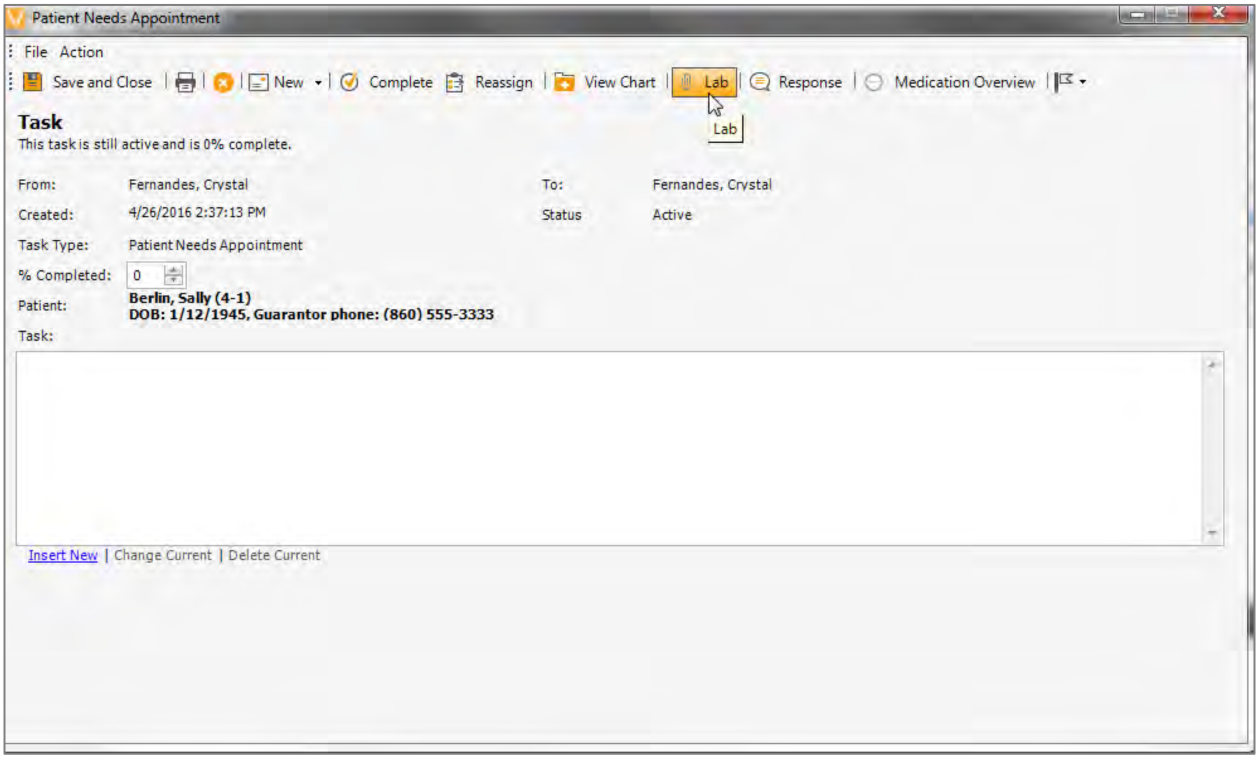


2. Create the task by completing all applicable fields.

Note: The system automatically attaches the patient in the Patient Field.

3. Click the **Save and Close** Button to send the task to the recipient(s).

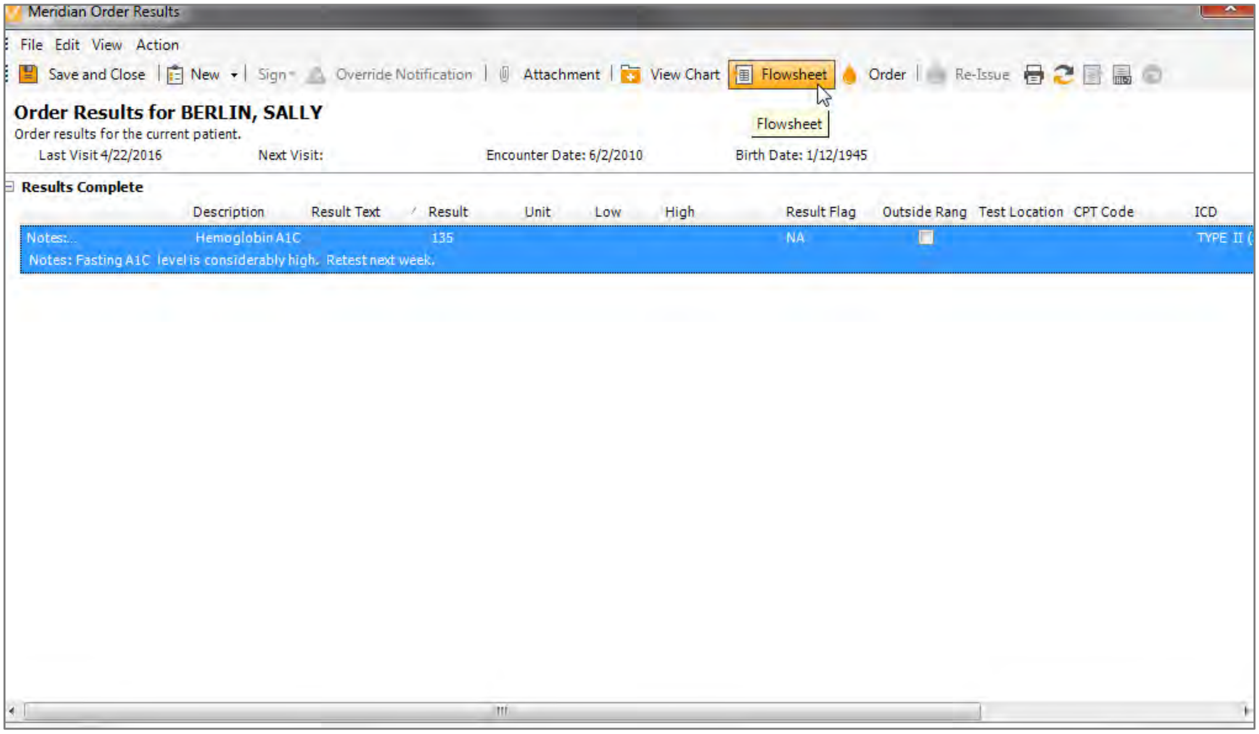
4. When the task is opened by the recipient, the *Attachment* Field displays listing the attachment. Click the **View** Button on the Toolbar to open the *Document Viewer* Window and view the lab report.



Accessing Flow Sheets

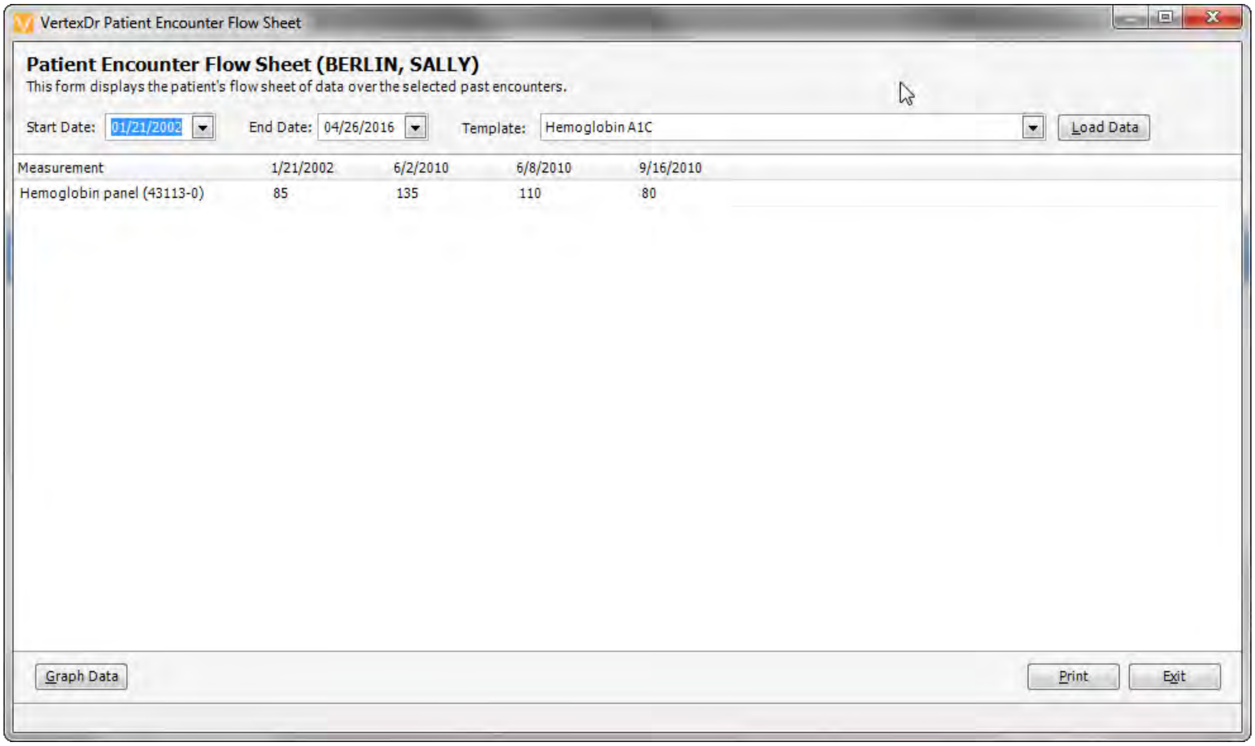
Flow sheets allow a user at a glance to view order results over a period of time.

1. From the *Order Results* Window, highlight the test for which a flow sheet has been created and then click the **Flowsheet** Button



Note: Panel Tests can be used with flow sheets. Please contact the Support Department to have this feature set up.

1. The *Patient Encounter Flow Sheet* Window opens. The system defaults the patient's first visit date when results were entered or attached to the selected test.

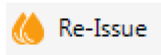


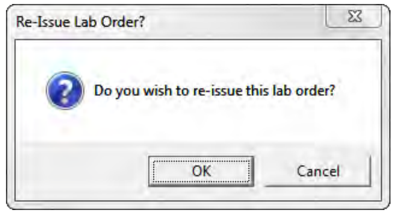
2. Click the **Start Date** Dropdown to select a different start date to view.
3. The system defaults the patient's last visit date when results were entered or attached to the selected test. Click the **End Date** Dropdown Button to select a different end date to view.
4. Click the **Graph Data** Button to graph the visit dates and test results.
5. Click the **Print** Button to print the flow sheet.
6. Click the **Exit** Button to close the flow sheet.

Re-issuing an Order

An order can be re-issued if the results have not yet been received and recorded. From the *Orders* Area, double click the order in the *Awaiting Results* Queue to open the *Order Results* Window.

1. From the *Order Result* Window, highlight the test(s) to be reissued.

2. Click the **Re-Issue** Button  on the Toolbar. The *Re-Issue Lab Order* Message Box appears.



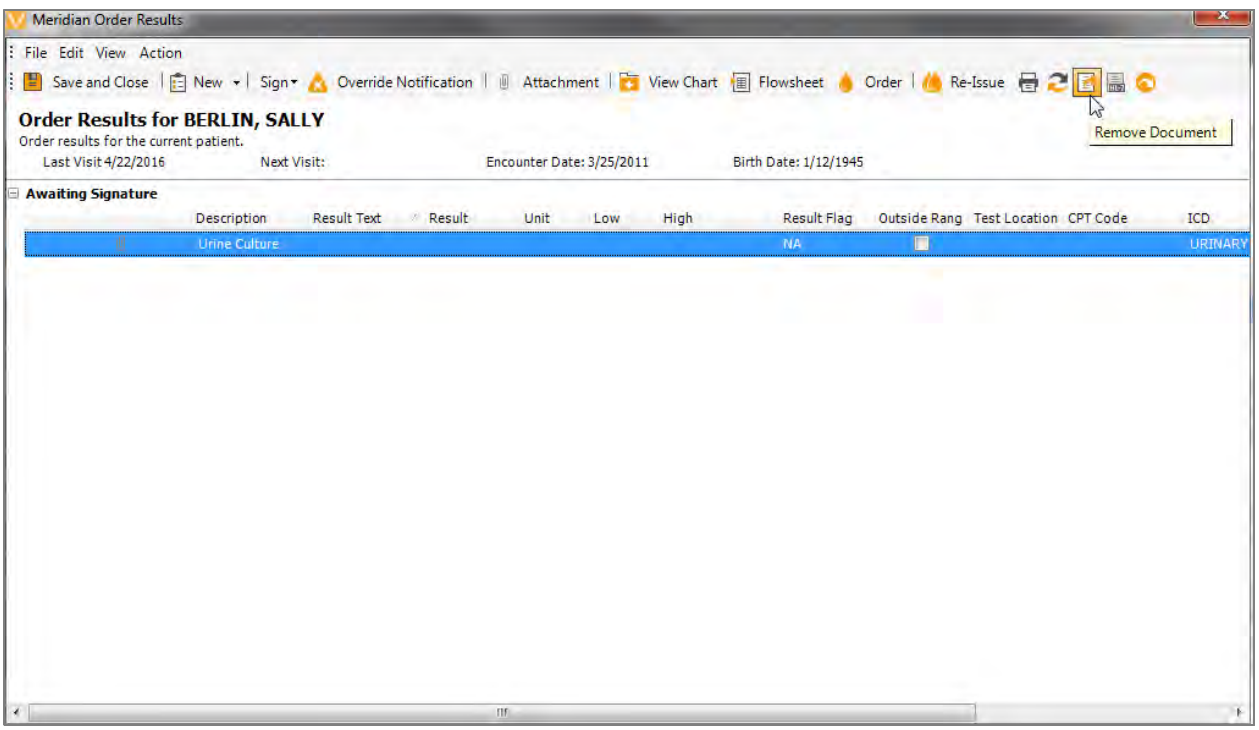
3. Click the **Cancel** Button to return to the *Order Results* Window or click the **OK** Button to re-issue the lab order.

Note: The order will be re-issued the way it was sent originally. If the original order was printed, the re-issued order displays in the ordering provider's *Active* Queue. If the order was originally faxed or sent electronically, the system will automatically display the re-issued order in the *Awaiting Results* Queue.

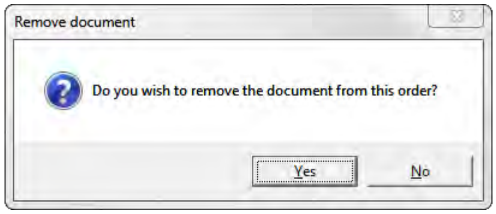
The Remove Document Button

Order results scanned into the system and attached to an order can be removed from the order.

1. From the *Order Results* Window, highlight the order with an attached document.



2. Click the **Remove Document** Button on the Toolbar. The *Remove Document* Message Box appears.

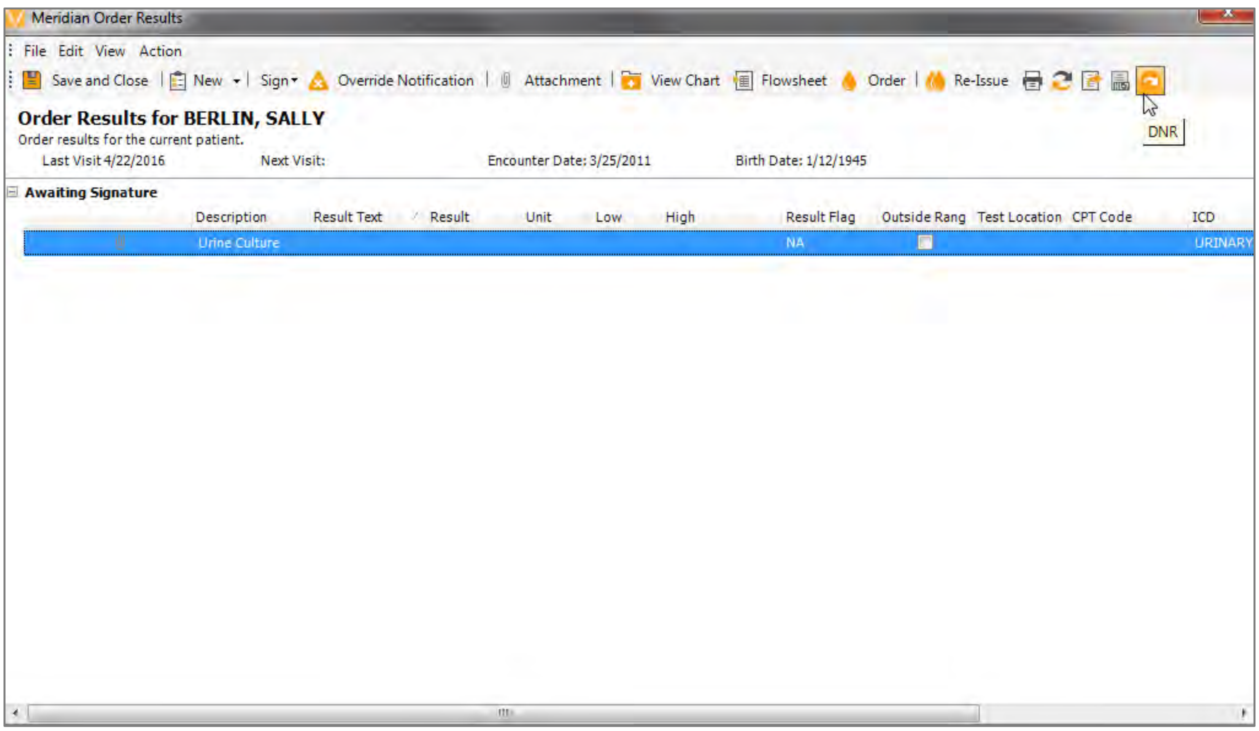


3. Click the **No** Button to return to the *Order Results* Window or click the **Yes** Button to remove the document from the order.

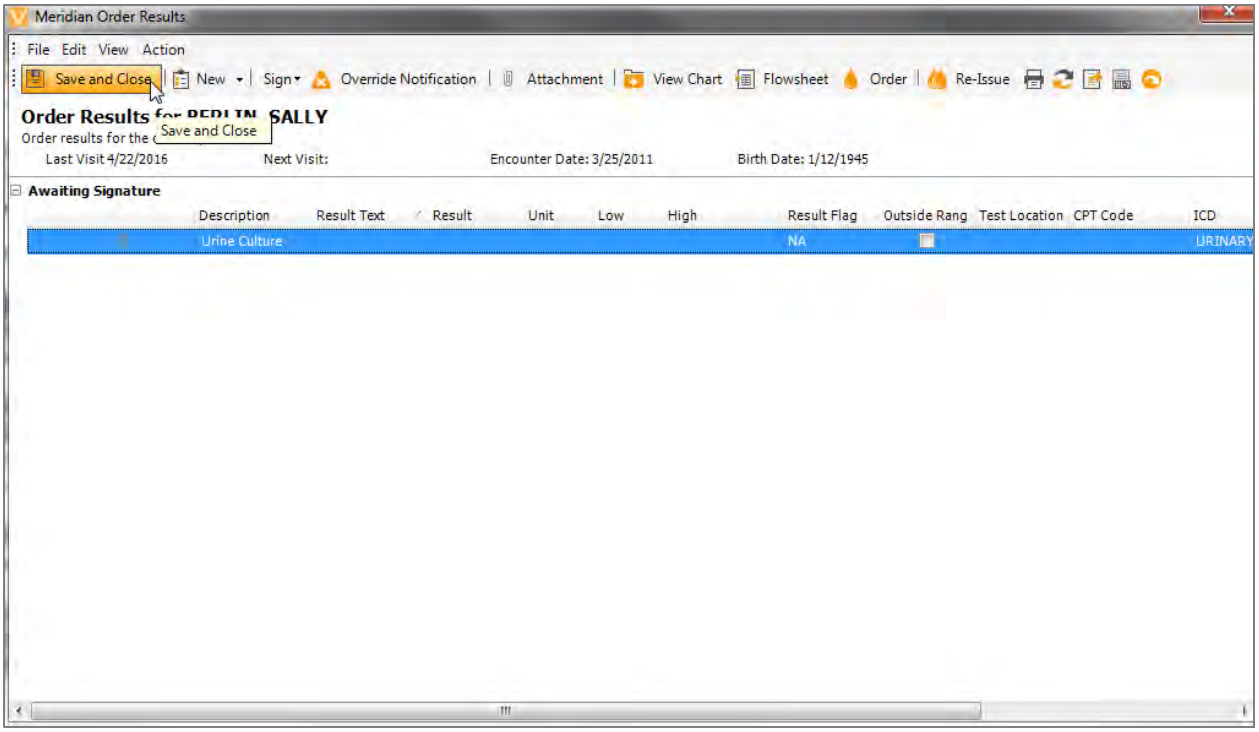
The Did Not Report Button

If a patient does not go to the order facility for a test or imaging study, a user can move the order out of the *Awaiting Results* Queue by using the **Did Not Report** Button on the Toolbar.

1. From the *Order Results* Window, highlight the test if there is more than one test in the order.



2. Click the **Did Not Report** Button on the Toolbar. The system stamps the *Result Text* Field with the letters *DNR* and automatically moves the order to the *Awaiting Signature* Queue. The order can then be signed and moved to the *Results Complete* Queue.



3. Click the **Save and Close** Button to close the *Order Results* Window.

Override Notification

The Override Notification Feature can only be used with an electronic lab interface. The electronic lab facility can attach a note to the results which will display a **Paper** Icon to the left of the result in the *Orders Result* Window.

Electronic Lab Interface

The Practice Suite is capable of accommodating both one-way and bidirectional electronic lab interfaces. One-way lab interfaces only return results electronically. Bidirectional interfaces allow for the order to be sent electronically and for the results to be returned electronically.

When the electronic results return from the lab facility, they are automatically attached to the order and the order is moved to the *Awaiting Signature* Queue for the ordering provider to review and sign off on.

Results in Suspense

In some cases, the electronic results returning to the office are unable to link to an order. This could happen if:

- The order was generated prior to the practice going live with the interface.

- If the patient's information in the Suite doesn't match the patient information listed with the lab facility.
- If the order is in the *Active* Queue and needs to be moved to the *Awaiting Results* Queue.
- If the result is a carbon copy and the practice has carbon copies defined to filter into the *Results in Suspense* Area.

Results that filter into the *Results in Suspense* Area need to be attached to the appropriate encounter or a new encounter needs to be created. Either of these options will remove the result from the *Results in Suspense* Area and move them into the *Awaiting Signature* Queue.

Verifying the Attached Patient

1. To verify the patient in the Suite, double-click on the result in the top section of the window. The *Patient Search* Table will automatically search for the patient by name.

Note: If the patient is not found, the **Locate by** Options can be changed to search for the patient using a different method.

2. To select the appropriate patient, double-click on the patient in the *Patient Search* Table located in the center of the window.
3. If a lab order exists, it will be displayed in the Patient Lab Encounters Preview Pane at the bottom of the window. Highlight the appropriate lab encounter and then select the **Resolve** Button.
4. The result will be attached to the lab encounter and the result will be automatically moved to the ordering provider's *Awaiting Signature* Queue.

Resolving the Result with a New Order

In some cases, the patient does not have an existing lab encounter to attach the result to. This can happen if the order was generated prior to going live with the interface. These results need a lab encounter created in order to be resolved.

1. Follow steps 1 and 2 in the *Verifying the Attached Patient* Section of this chapter.
2. Select the **Resolve** Dropdown Menu and then select **Resolve with new order**. The results will be attached to the new lab order and then sent to the ordering provider's *Awaiting Signature* Queue.

Discarding a Result

If a hard copy of a result has been received and attached to the appropriate order or if the result is a preliminary result and the practice wishes to only attach final results, the practice may choose to discard a result that has filtered into the *Results in Suspense* Area.

To discard a result, highlight the result in the top section of the window and then select the **Discard** Button in the Toolbar.

Right-Click Menu

The user may right-click on the result to access additional information.

- **View Chart** – This option will allow the user to access the selected patient's Patient Chart.
- **View Tests** – This option allows the user to see the tests that are included in the result. The patient's date of birth can also be viewed from here. This is helpful when the *Patient Search* Table is unable to locate the patient by name.

Vaccinations and Injections

The Practice Suite allows for vaccines, vaccine manufacturers, lot numbers, and expiration dates to be inserted, changed or inactivated. Both vaccinations and injections are documented in the Patient Chart under the *Vaccinations* Section. Vaccinations recorded from the *Charting* Area will also write back to the Patient Chart.

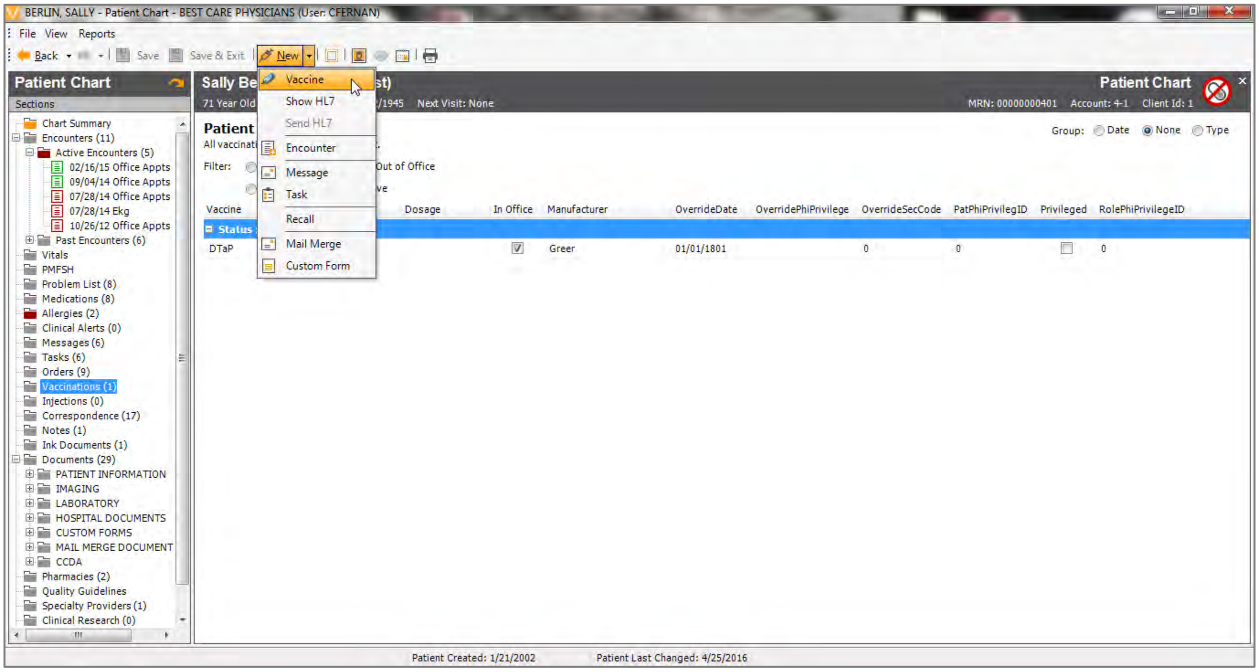
Documenting Out of Office Vaccinations in the Patient Chart

Out of office vaccinations can be documented in the *Vaccinations* Section of the Patient Chart. Vaccinations administered in the office need to be attached to an encounter. If the patient does not have any encounters in their chart, the system will prompt the user to create an encounter. Vaccinations documented from the Charting Area will write to the patient's encounter.

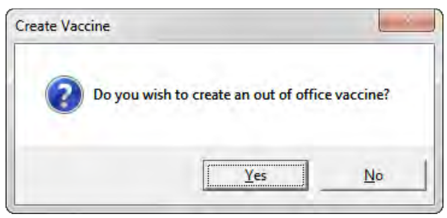
Documenting an Out of Office Vaccination

Out of office vaccines are vaccinations the patient received from another practice. Documenting these provides the practice with historical information and more precise medical records for the patient.

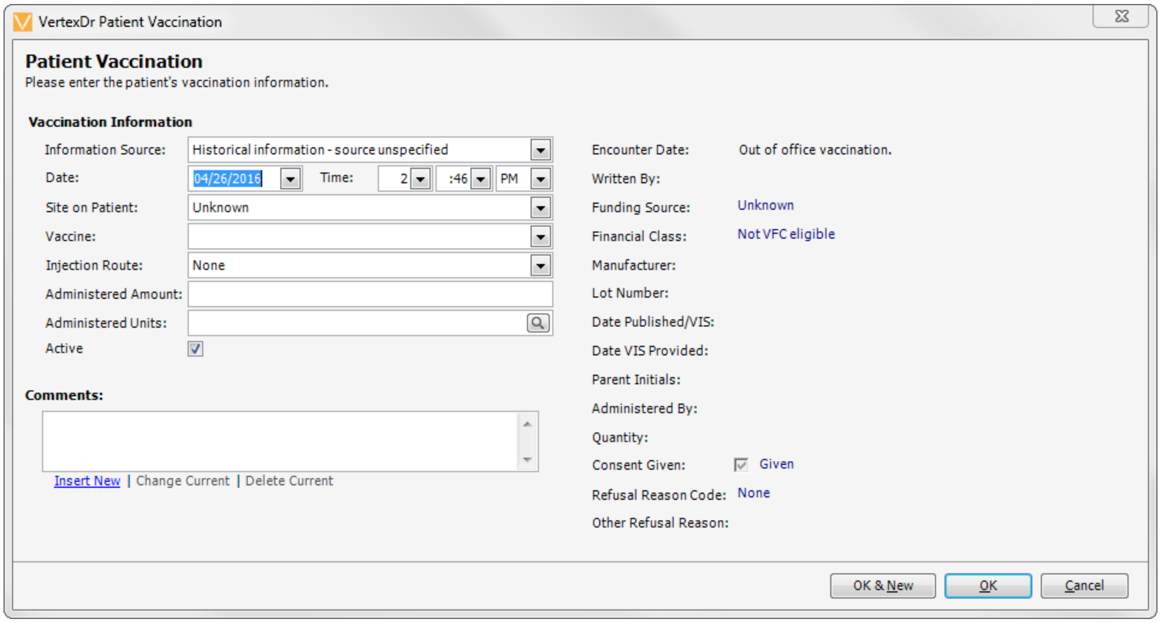
1. From the *Vaccinations* Section of the Patient Chart, click the **New** Button.



The *Create Vaccine* Message Box appears.



2. Click the **Yes** Button to create an out of office vaccination record. The *Patient Vaccination* Window opens. Most fields are not available for editing because the vaccination was given at another practice.



3. Enter the pertinent information in the Vaccination Information Section.

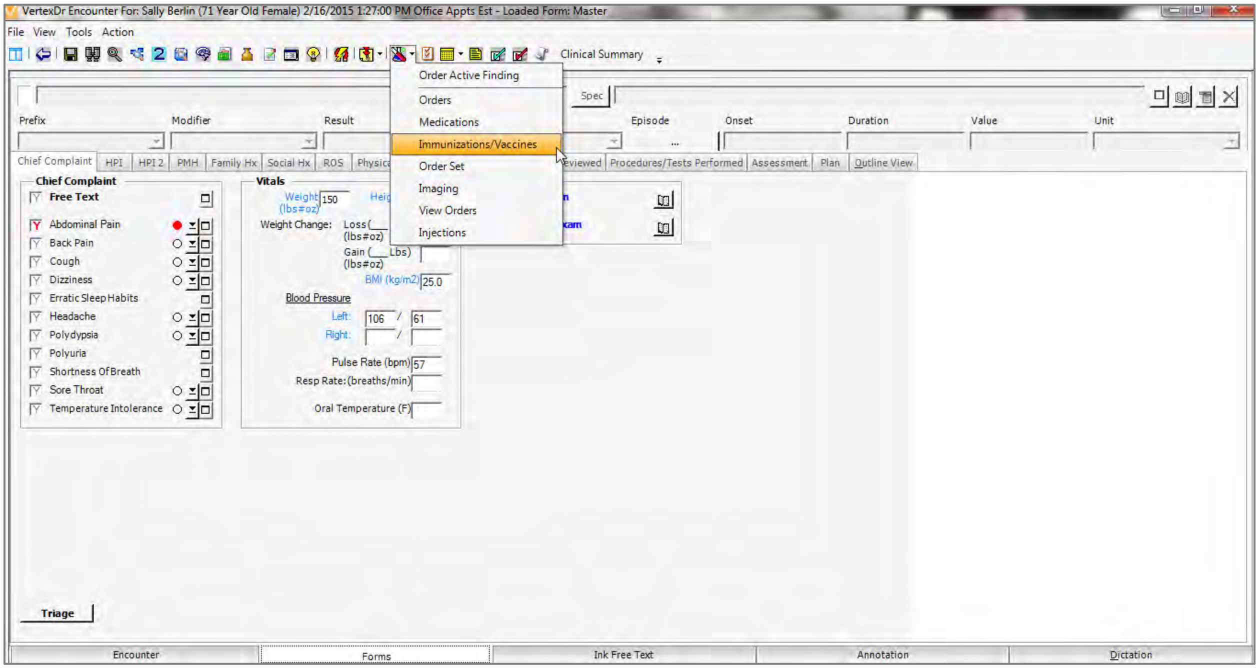
Note: For more information on *Patient Vaccination* Window, reference the *Documenting an In Office Vaccination* Section of this manual.

4. When finished, click the **OK & New** Button to save this vaccination and add another or click the **OK** Button to save the vaccination record. The *Vaccinations* Section of the Patient Chart becomes visible. The out of office vaccination displays under an *Active* Status.

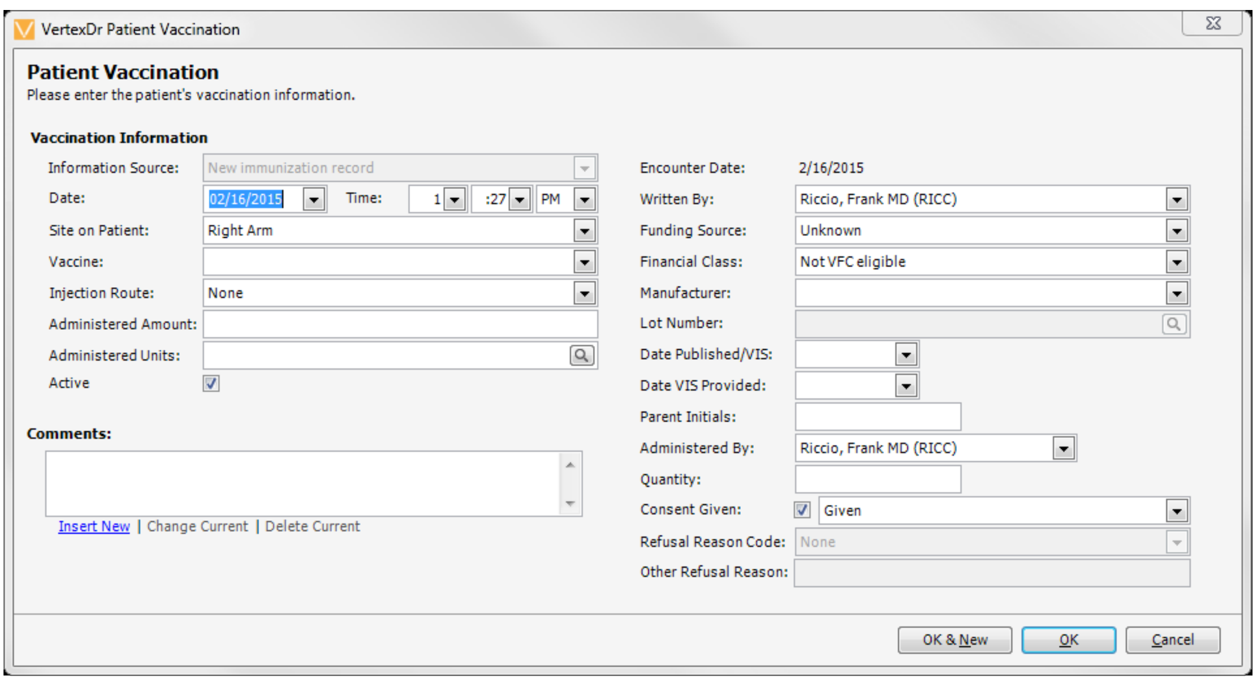
Documenting In Office Vaccinations from the Charting Area

Vaccinations administered in the office are documented from the *Charting* Area.

1. From the *Charting* Area, click the **Beaker** Button on the Toolbar and then select Immunizations/Vaccines.



2. The *Patient Vaccination* Window opens.



- The *Date* Field defaults to the selected encounter date.
- The *Time* Fields default to the selected encounter time.
- The **Site on Patient** Dropdown defaults to right arm. Click the **Site on Patient** Dropdown to select a different site.

- Click the **Vaccine** Dropdown to select the vaccine being administered.
- The **Injection Route** Dropdown defaults to none. Click the **Injection Route** Dropdown to select the injection route.
- Enter the number of units into the *Administered Amount* Field.
- Enter the unit type (i.e. cc) into the *Administered Units* Field.
- The **Active** Checkbox is checked by default. This can be unchecked if the vaccination needs to be inactivated for any reason.
- The *Encounter Date* Field displays the date of the previously selected encounter date.
- The **Written By** Dropdown defaults to the provider attached to the encounter. Click the **Written By** Dropdown to select a different provider from the dropdown menu if necessary.
- The **Funding Source** Dropdown defaults to none. Click the **Funding Source** Dropdown to select **Federal**, **Other**, **Personal** or **State**.
- Click the **Manufacturer** Dropdown to select the correct vaccine manufacturer.
- Click the **Lot Number** Dropdown to select the lot number. Click the **Green Plus Sign** Button in the *Lot Number* Field to insert a new lot number for the vaccine into the *Vaccination Lot* Table if the appropriate one is not available.
- Type the date that the information on the vaccination was published into the *Date Published* Field. Or click the **Date Published/VIS** Dropdown to select the date from the calendar.
- Type the date that the vaccine publication information was provided to the patient into the *Date Provided* Field. Or click the **Date VIS Provided** Dropdown to select the date from the calendar.
- If the patient is under the age of 18, type the authorizing parent's initials into the *Parent's Initials* Field. This field is required if the patient is a minor.
- The **Administered By** Dropdown defaults to the provider attached to the selected encounter. Click the **Administered By** Dropdown to select a different provider if applicable.
- Type the total quantity of injections for the selected vaccine that the patient received into the *Quantity* Field.
- Click the **Consent Signed** Checkbox to check it off. It is required that the patient be given a consent form to sign.
- Start typing into the *Comments* Field or click the **Insert New** Link to add a comment to the vaccination record.

- Click the **Cancel** Button to cancel and delete the vaccination record.
- Click the **OK & New** Button to record this vaccination in the *Vaccinations* Section of the Patient Chart. A new *Patient Vaccination* Window opens so another patient vaccination can be documented.

3. When finished, click the **OK** Button to save the vaccination record and return to the *Charting* Area.

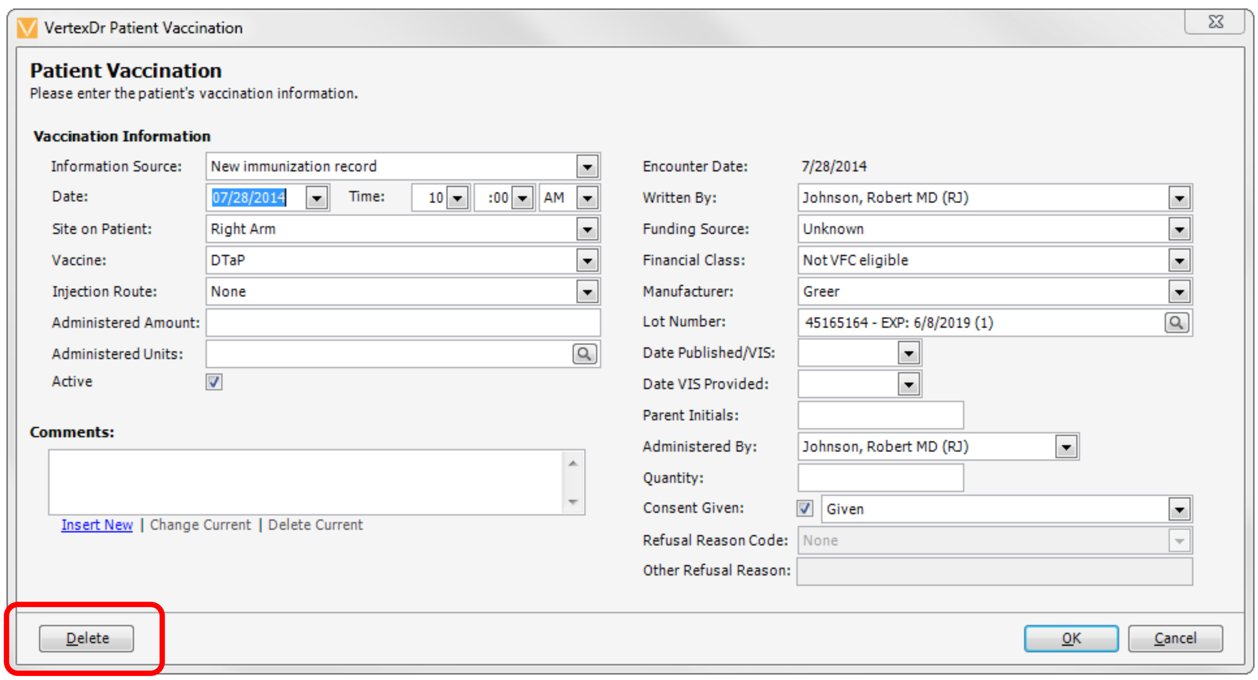
Note: In Office Vaccinations can also be added from the Patient Chart by selecting the **New** Button from the *Vaccinations* Section. When the *Create Vaccine* Message Box appears, select the **No** Button. The *Patient Vaccination* Window will open.

Deleting a Patient Vaccination Record

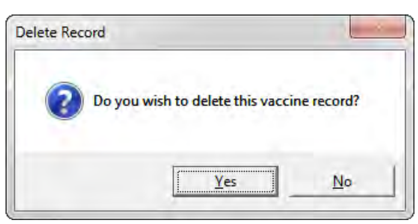
Vaccinations that are no longer valid can be inactivated by unselecting the **Active** Checkbox in the *Patient Vaccination* Window. Vaccinations entered in error can be deleted.

To delete a vaccination record:

1. From the *Vaccinations* Section of the Patient Chart, double click the vaccination record. The *Patient Vaccination* Window opens.



2. Click the **Delete** Button. The Delete Record Message Box appears.



3. Click the **No** Button to cancel the deletion r click the **Yes** Button to delete the vaccination record.

Posting

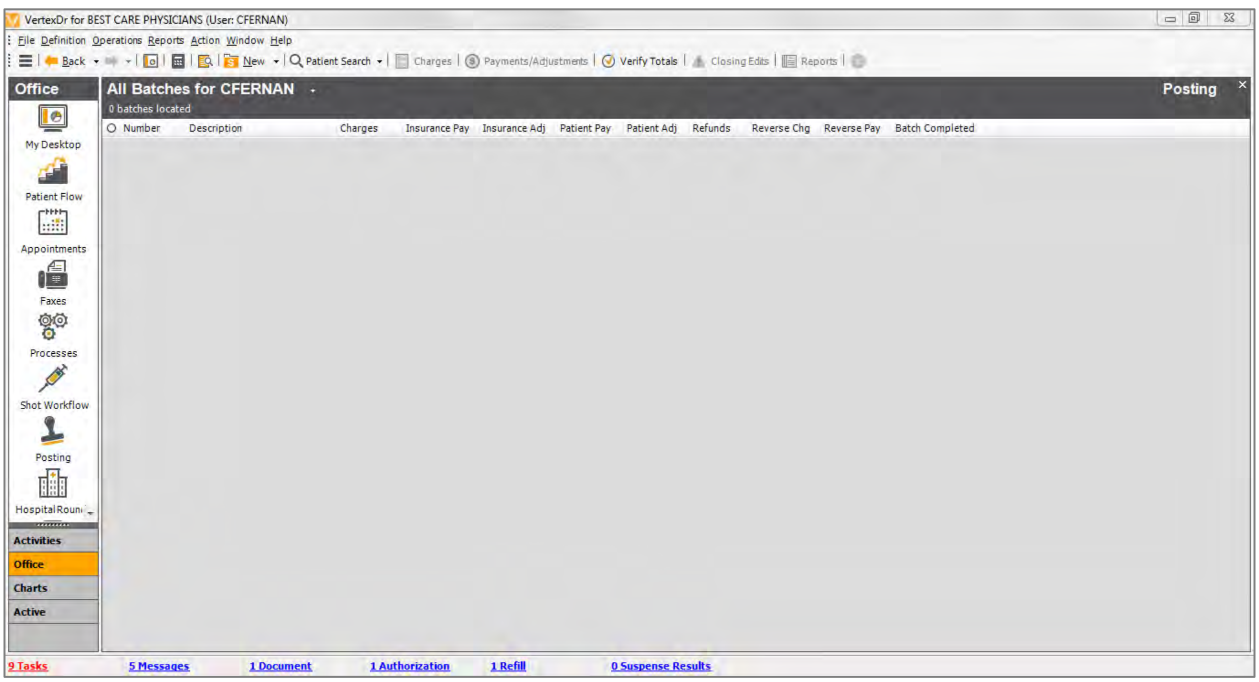
Manager uses batch posting for all posting activities. Batch posting allows users to easily keep track of the charges, payments, and adjustments they have posted in the system. Users can define expected batch amounts that the system will use to help users reconcile their posting activity.

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

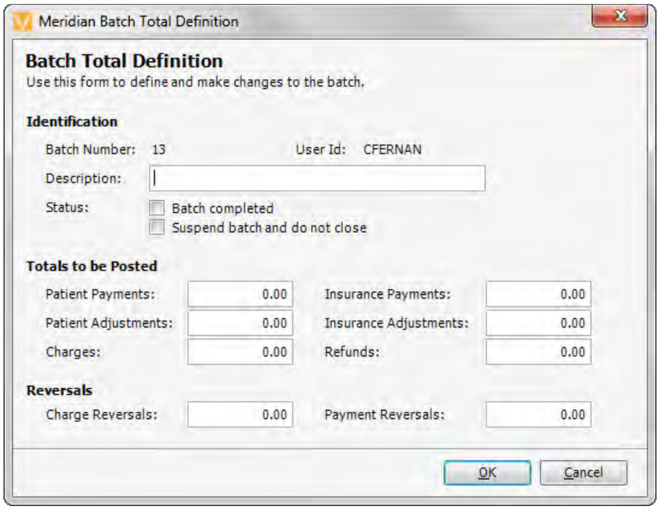
A batch must first be created in order to post any transaction in the system. The following steps will assist in creating a batch.

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.

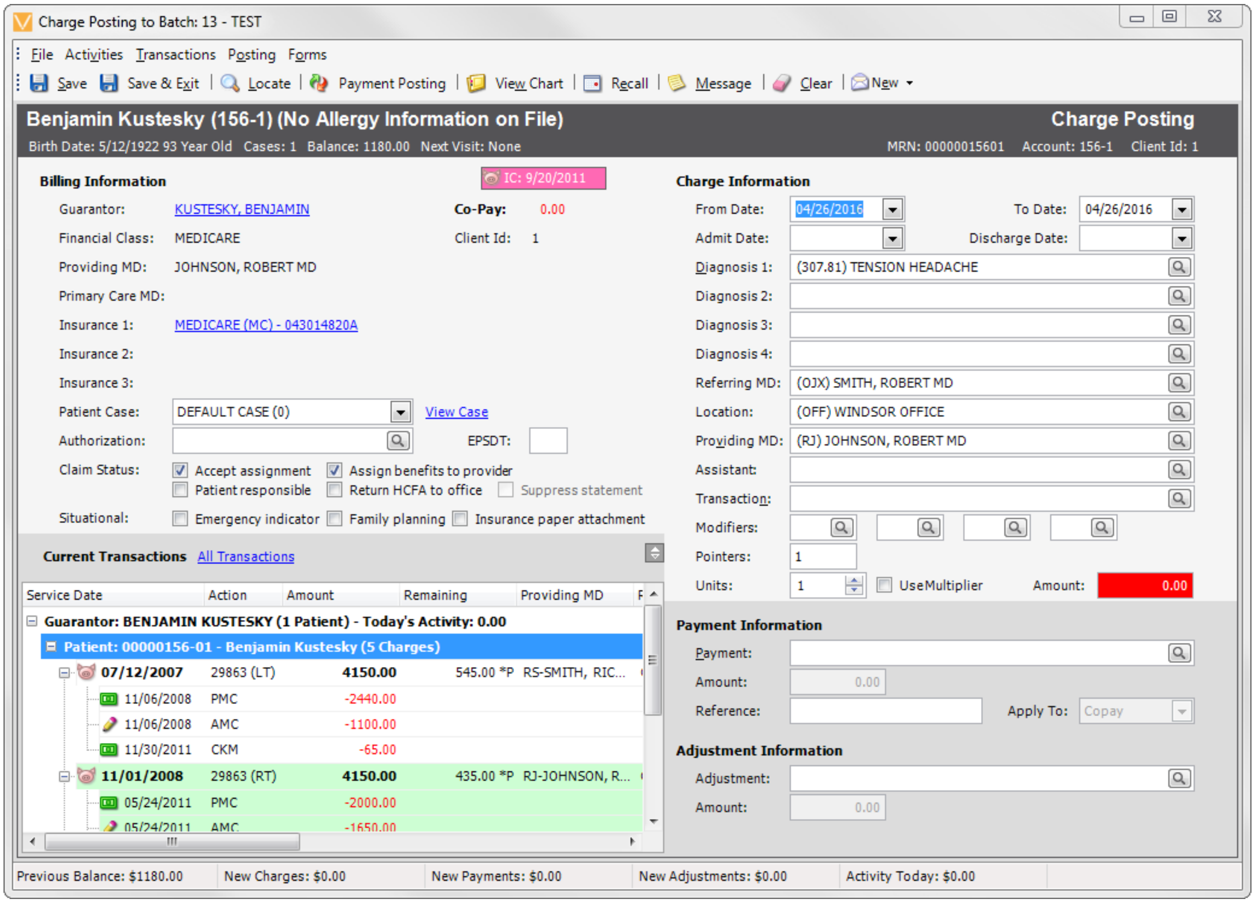
Posting Charges

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.

- If the transaction is for an in-patient 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 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.

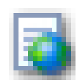
Note: At any point during posting that all the necessary information is entered, a transaction can be saved. The user does not have to go through each of these items if they do not apply. For instance, if there is no payment, adjustment or message being entered for the charge, the user can Press **F10**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

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 Manager have an Appointment Number attached. 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

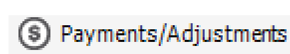
During Posting, Grouped Transaction Codes can be utilized to post multiple transaction codes at one time. By creating a Grouped Transaction Code, the posting process can be more efficient. A Grouped Transaction Code is a code that has multiple transaction codes attached to it. When the Grouped Transaction 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

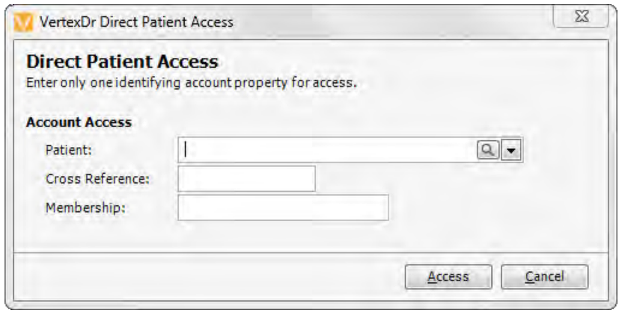
There are multiple types of payments that can be applied to transactions in the patient's account. At least one batch must be established before any payment posting can begin (see the *Creating a Batch* Section of this manual). All transactions are linked to a specific batch.

Payment Types

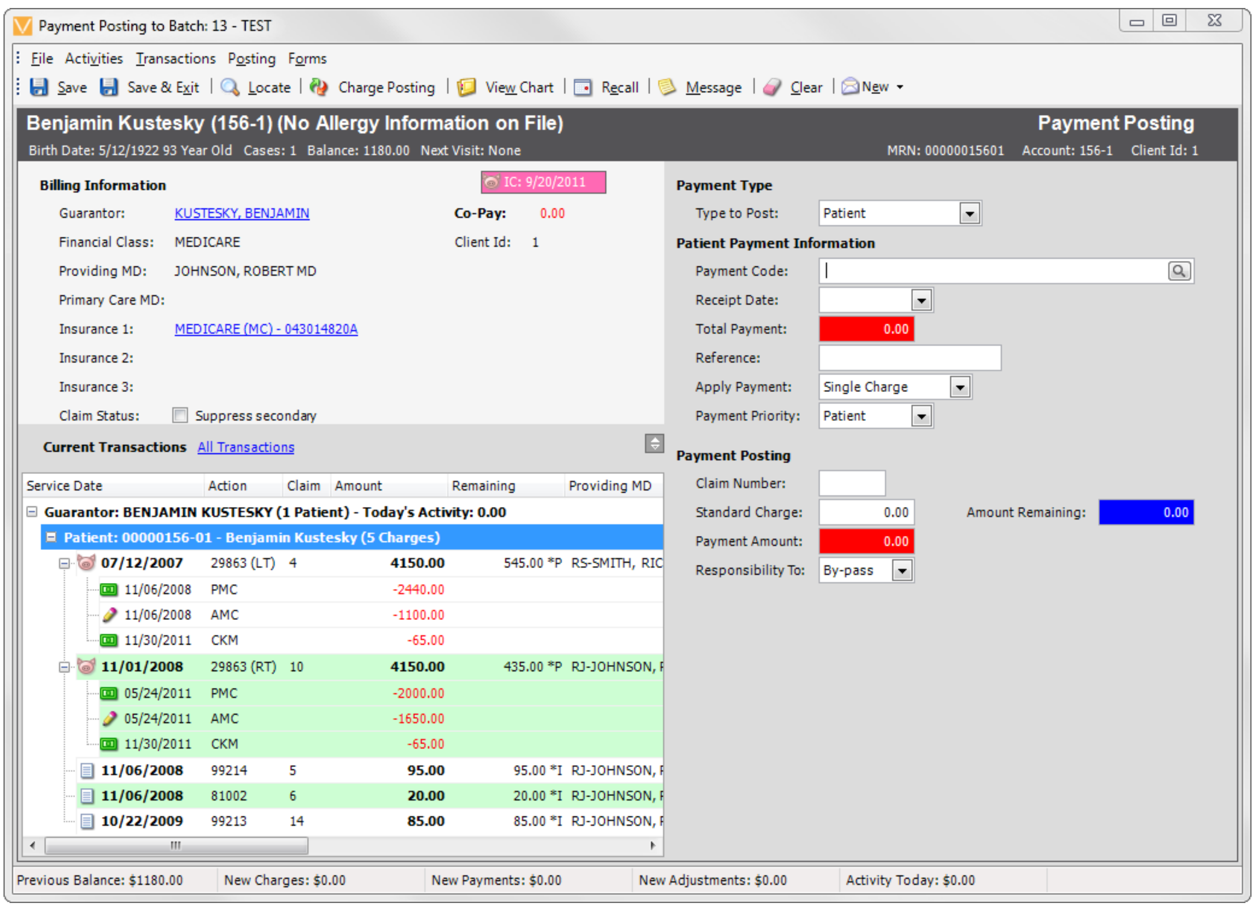
There are three different ways of applying a patient payment: a single charge, a range of charges or as an unidentified payment.

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.

The Patient Payment Information Section

- 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.

Patient Payments

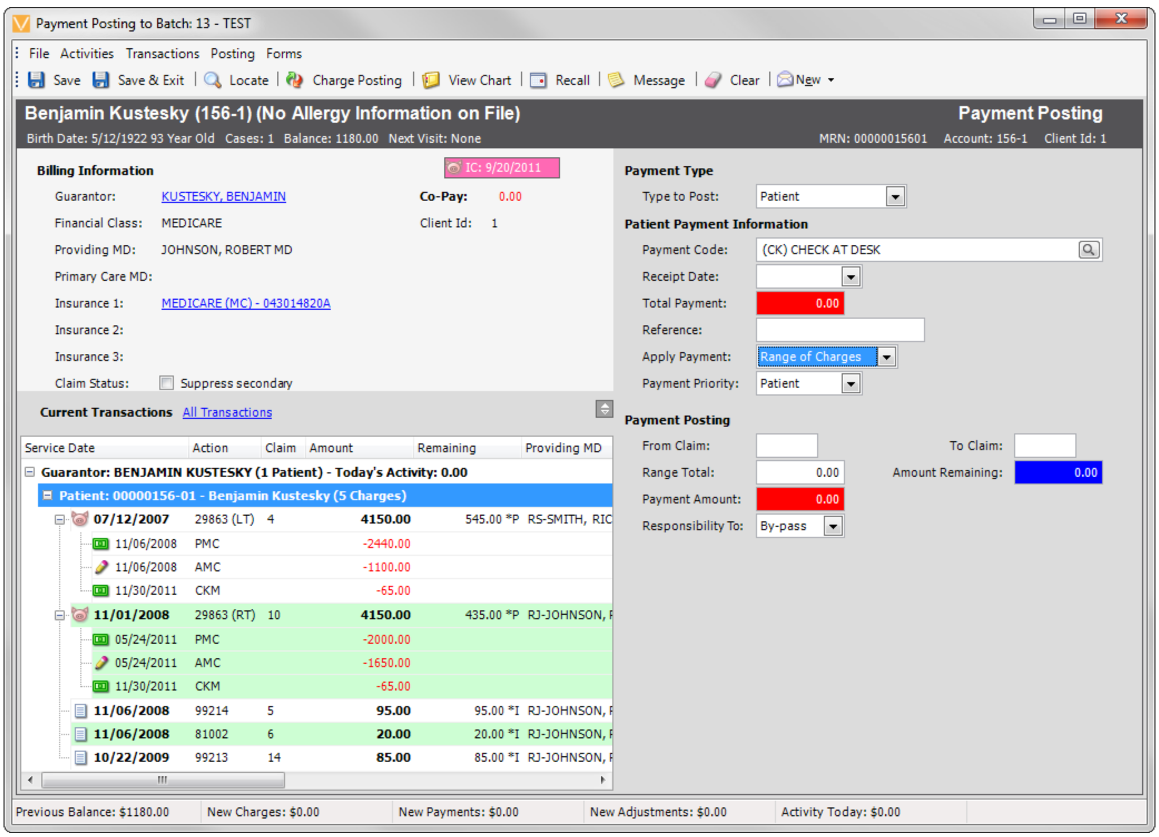
Single Charge

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 Field, 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**.

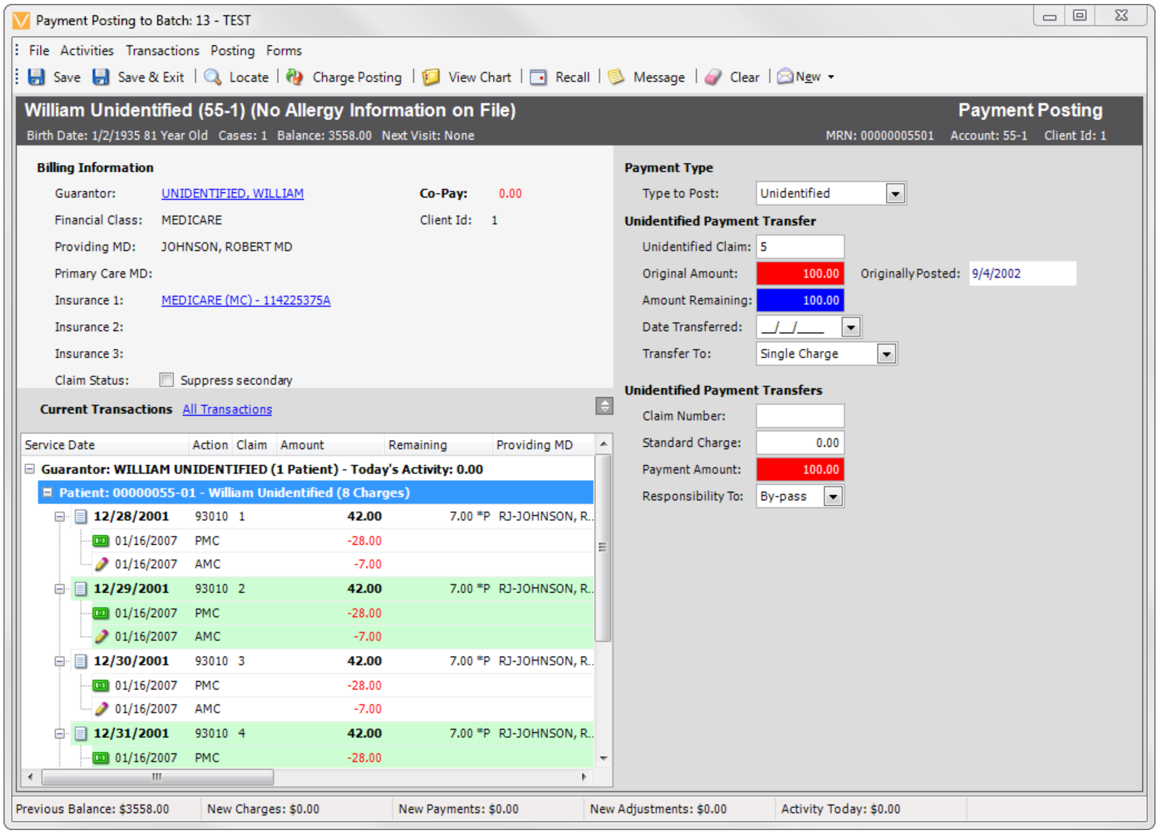
Note: Unidentified Payments that have been closed are able to be reallocated using the Unidentified Payment Type. If an Unidentified Payment is still in a batch, it cannot be reallocated using the Unidentified Payment Type. The payment would have to be deleted from the current batch it is in.

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

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

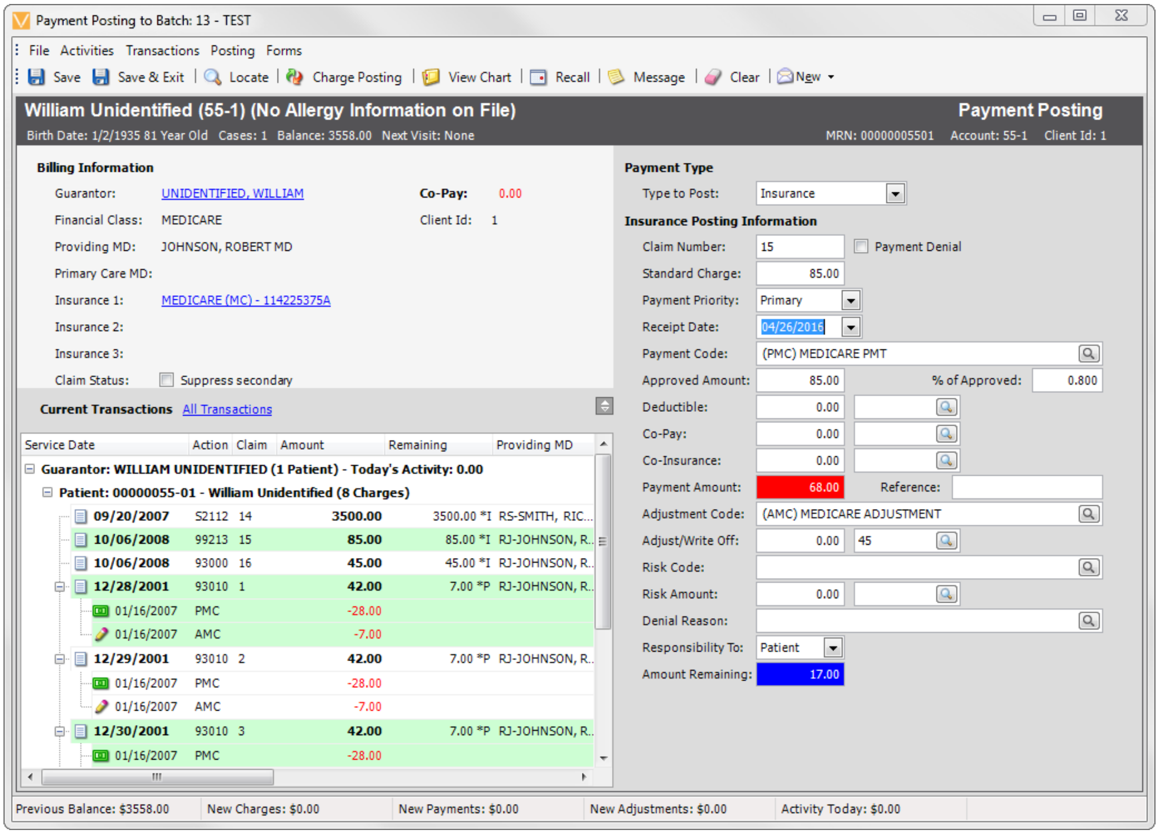
1. From within your payment batch, the *Type to Post* Dropdown Field should be set to *Unidentified*.



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 Payments

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.

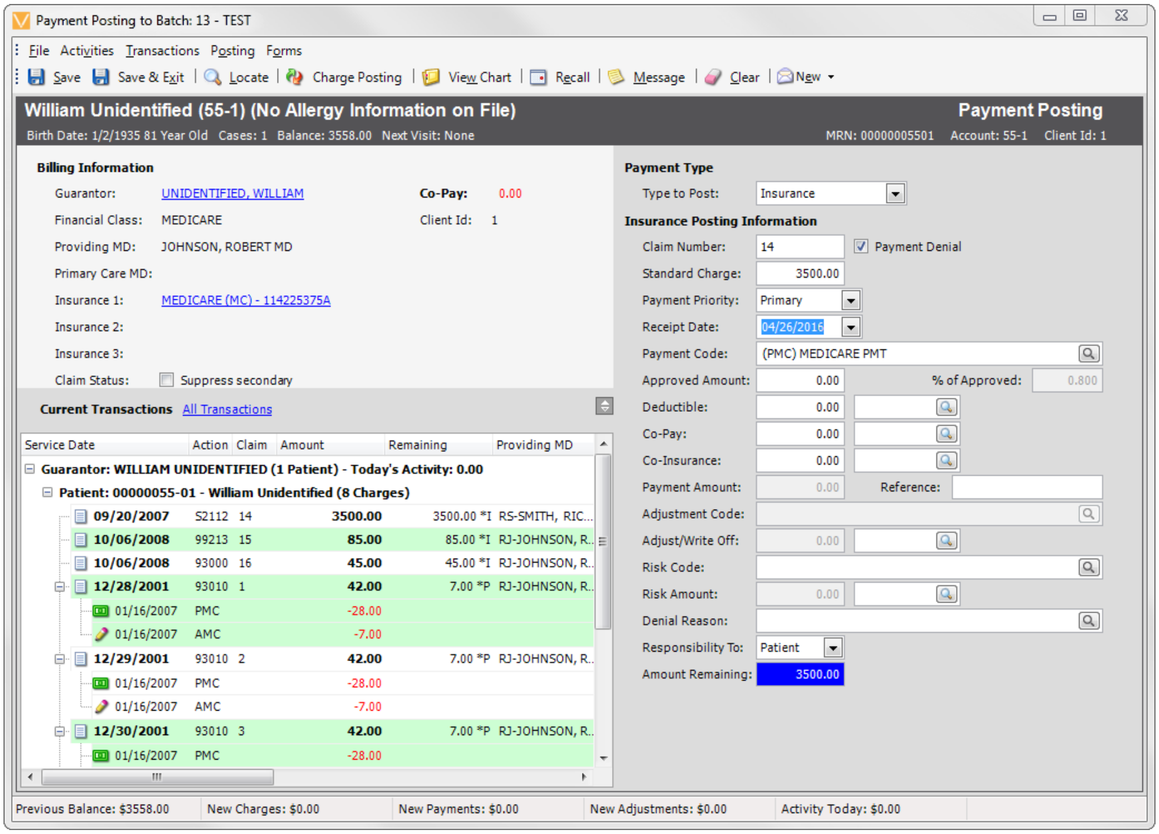
Note: At any point during posting, if all of the necessary information is entered, a transaction can be saved. The user does not have to go through each of these items if they do not apply. For instance, if everything was correct once the *Approved Amount* was entered, the user can Press **F10** then.

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

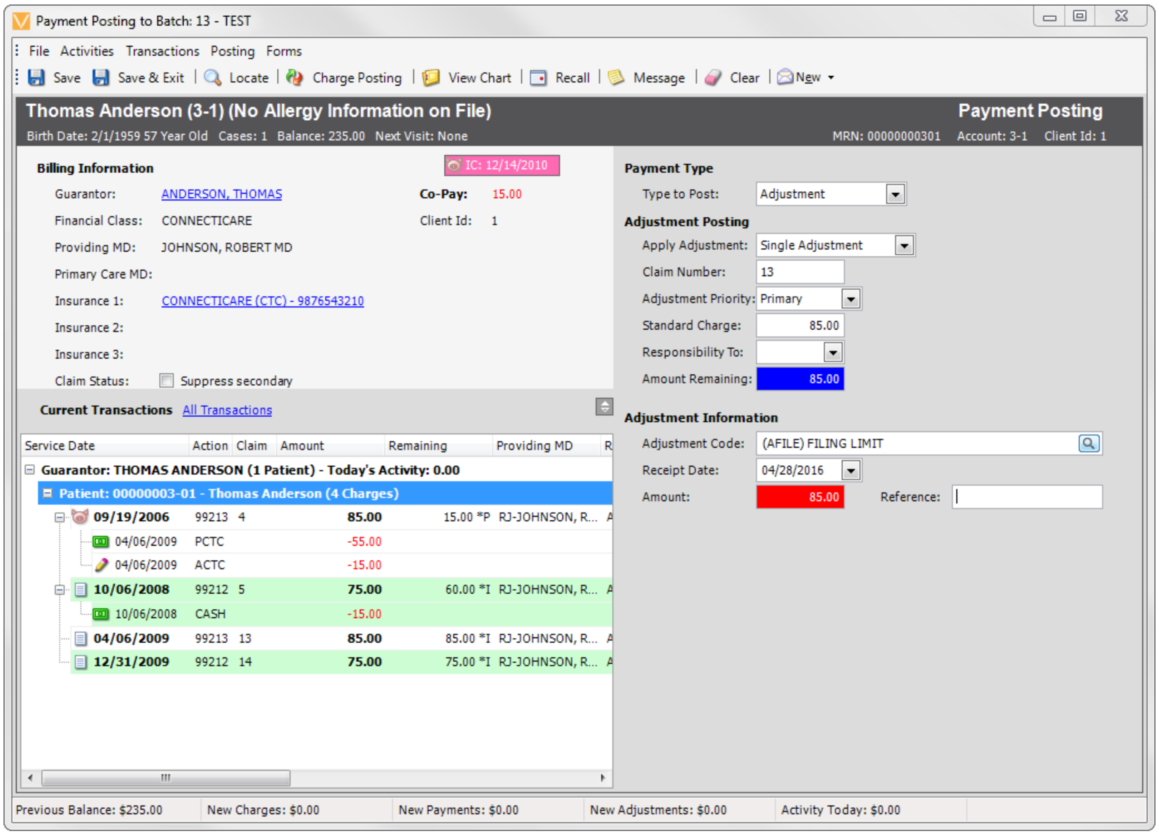
You can track a patient's denial history from their chart.

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*.

Adjustments

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



Service Date	Action	Claim	Amount	Remaining	Providing MD
09/19/2006	99213	4	85.00	15.00 *P	RJ-JOHNSON, R...
04/06/2009	PCTC		-55.00		
04/06/2009	ACTC		-15.00		
10/06/2008	99212	5	75.00	60.00 *I	RJ-JOHNSON, R...
10/06/2008	CASH		-15.00		
04/06/2009	99213	13	85.00	85.00 *I	RJ-JOHNSON, R...
12/31/2009	99212	14	75.00	75.00 *I	RJ-JOHNSON, R...

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.

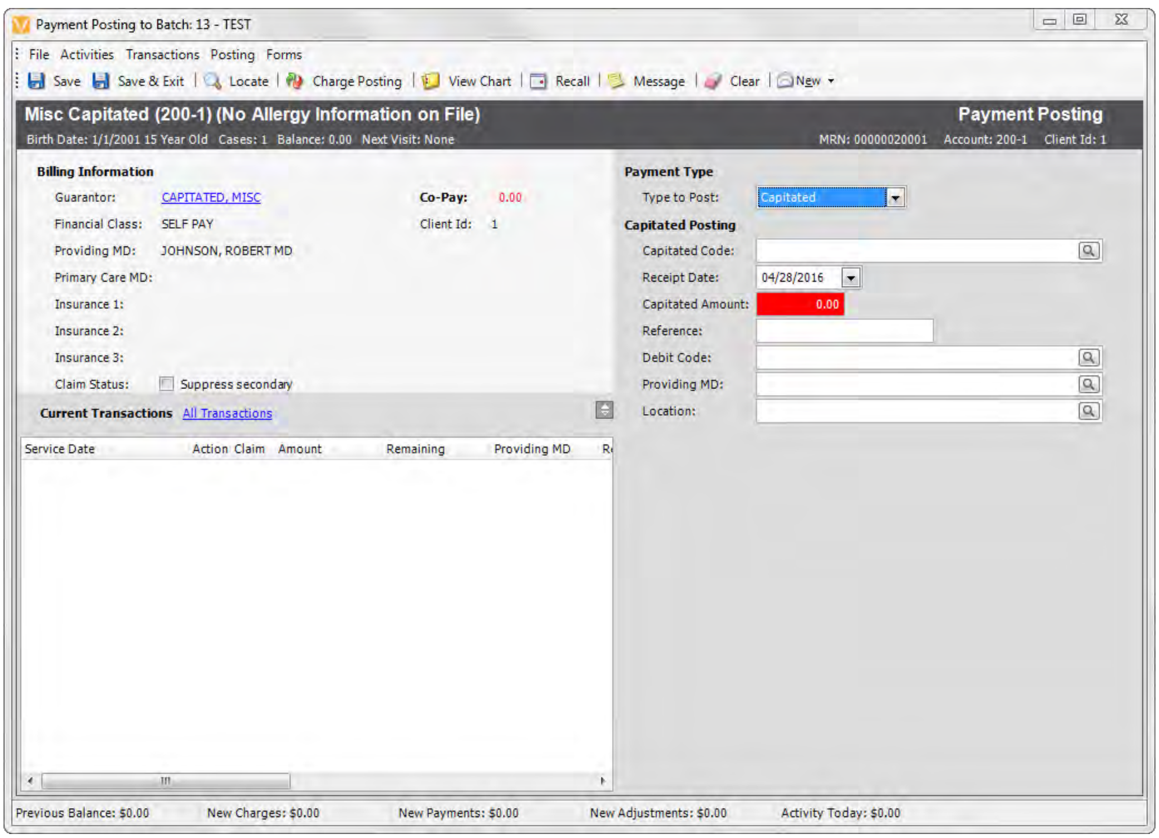
Capitated

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.

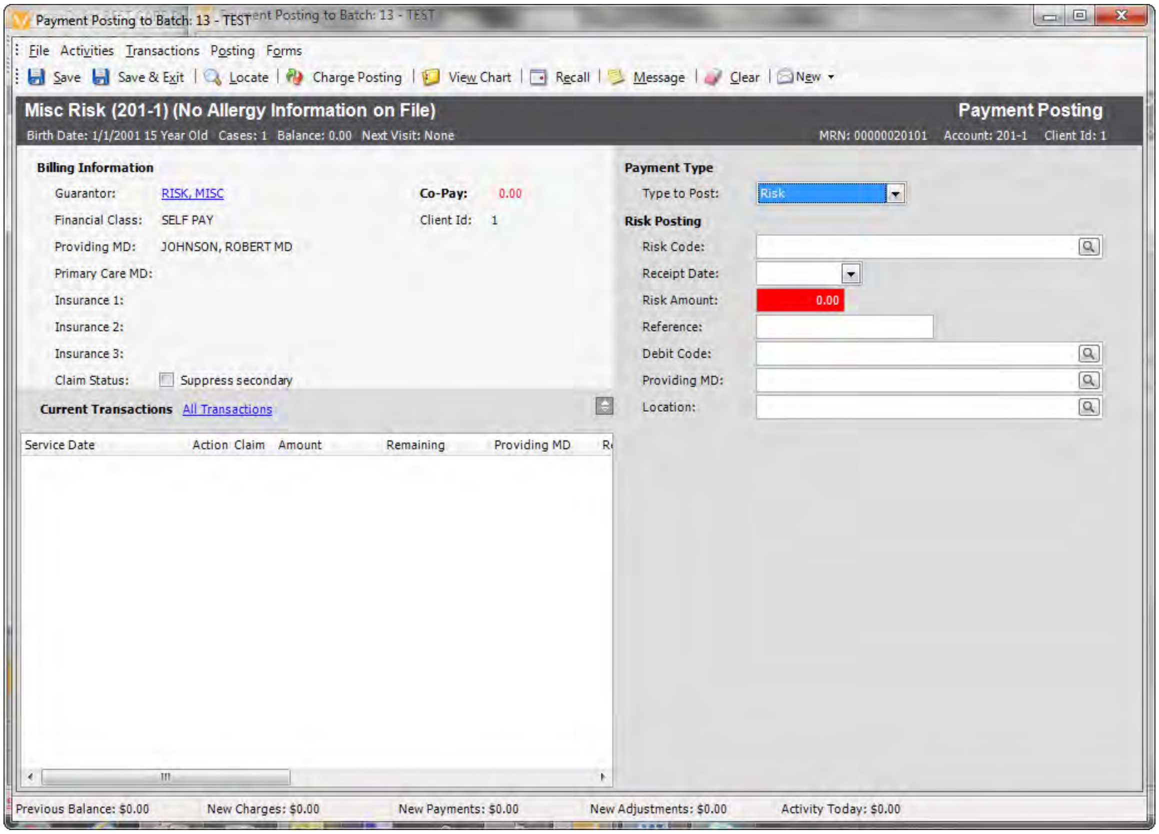
Risk Payments

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

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.

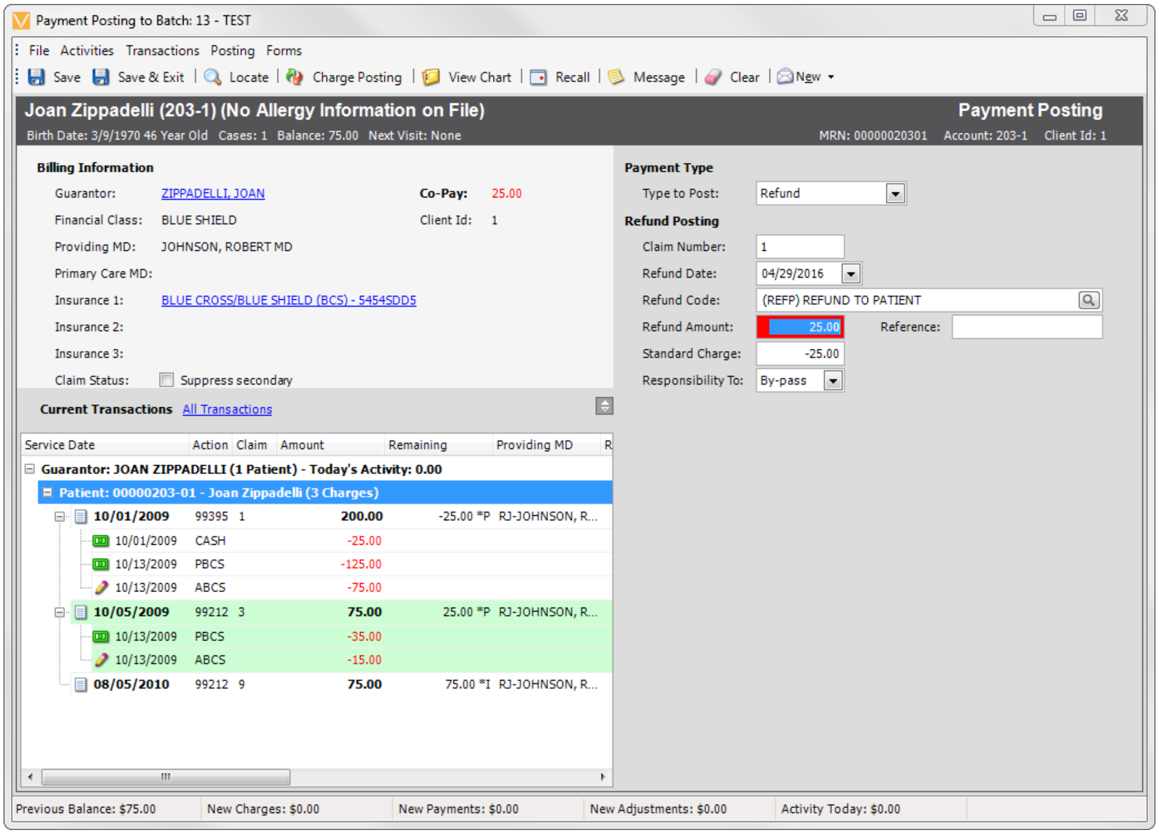
7. Link the interest to the appropriate provider and service location by selecting the **Provider** and **Location** Magnifying Glasses.
8. Select **F10** to save the transaction.

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. Additional refund codes can be created by accessing the *Transaction Code* Table.

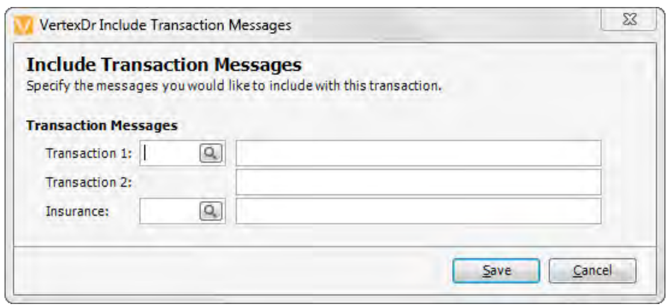
5. The *Refund Amount* Field should reflect the total amount of the refund being issued.
6. The *Reference* Field is a free text field. It is most commonly used to reflect a check number or an EOB number. In this case, the check number should be the check number being issued by the practice.
7. The *Standard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

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.

Note: Follow the same steps to add a message to a charge.

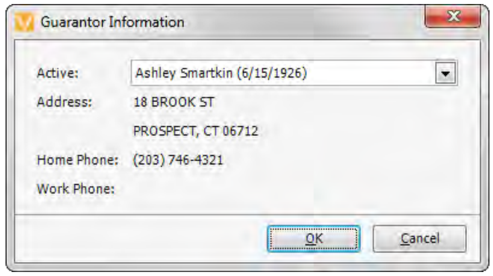
Posting with Multiple Guarantors

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 of this manual.

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.

Icon Legend

The following section outlines the icons which can be seen in the *Charge Posting* and *Payment Posting* Windows.

-  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.

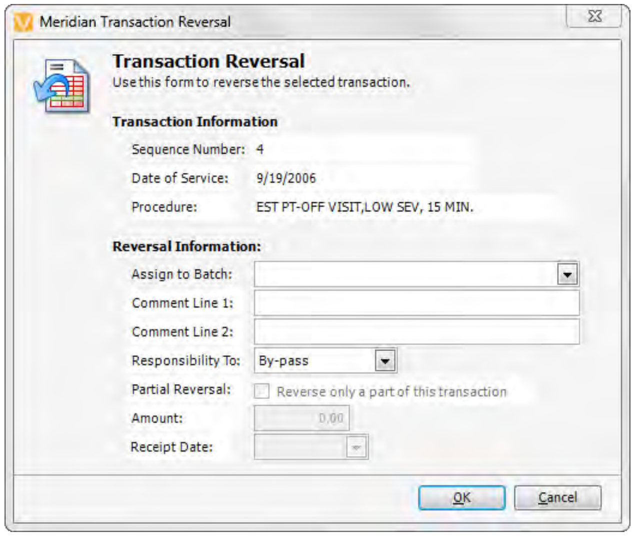
Reversals

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. The *Receipt Date* Filed defaults to the date of the original transaction. However, the date can be changed to reflect the date the reversal was posted.

7. 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.

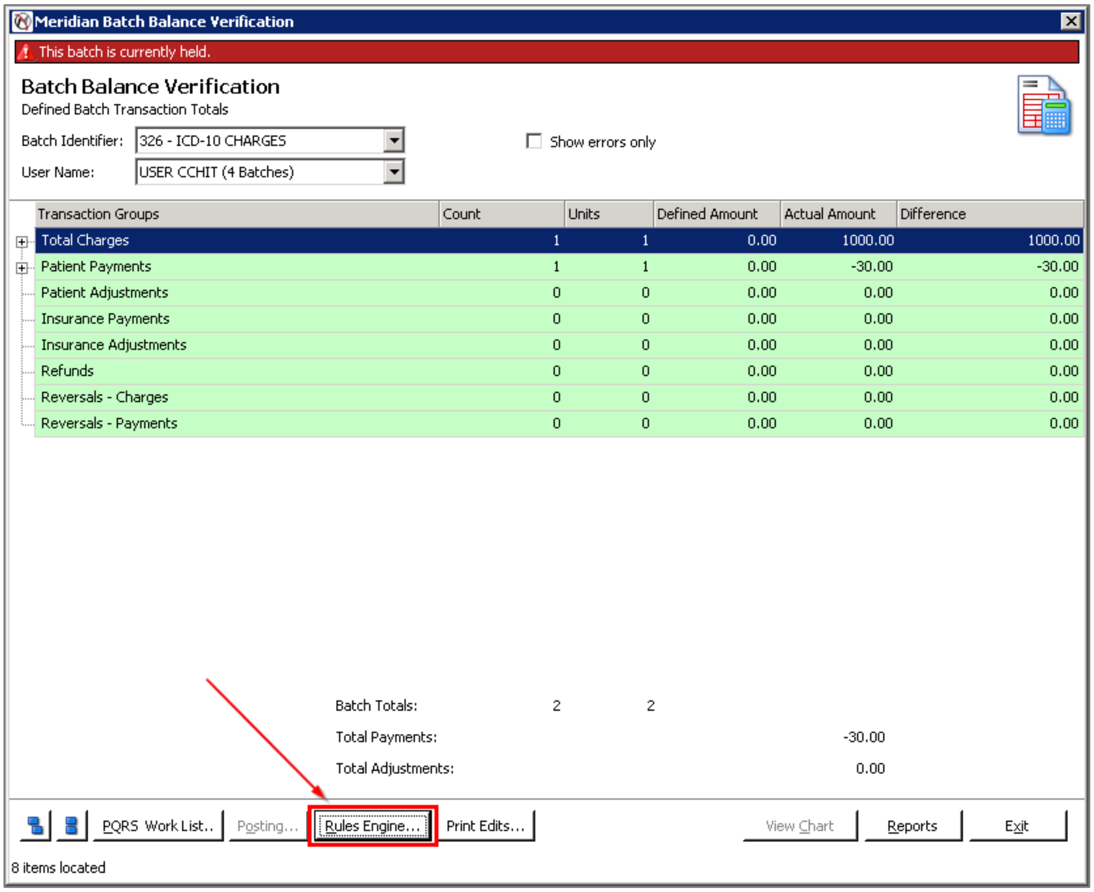
Note: This amount must be a negative number. Posting a positive dollar amount will post a credit rather than a reversal.

3. The *Responsibility To* Field should be set to reflect who is responsible for the balance if posting this reversal creates one.
4. The *Receipt Date* Filed defaults to the date of the original transaction. However, the date can be changed to reflect the date the reversal was posted.
5. 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.

Rules Engine (Code Correct/Claims Rules)



- The **Rules Engine** Button will run all checks that your practice is set-up for:
    - CodeCorrect
    - Duplicate Claims Checking
    - Claims Rules Engine
- The **Print Edits** Button only prints the current edits. Clicking the button no longer re-runs the edits.
- Click the **Show Errors** Checkbox to only display batches with errors.
- To override a transaction error, right-click on the transaction and select **Add Error Override**.

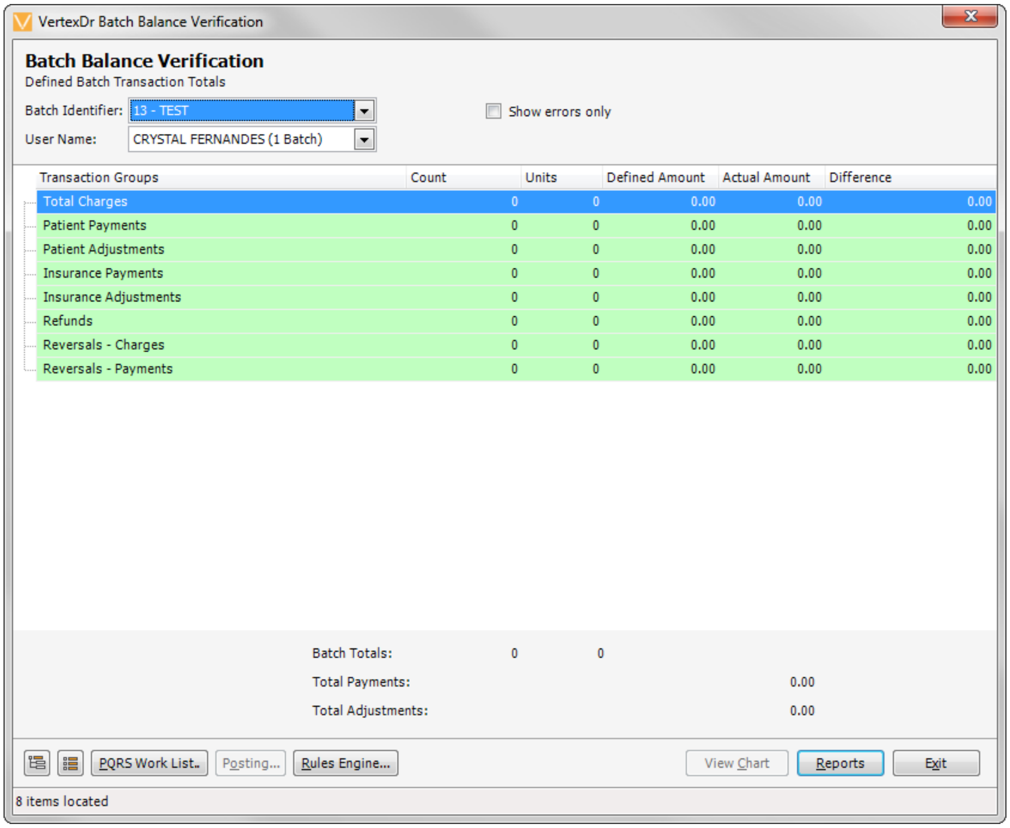
Note: The ability to override transaction errors requires a user security modification.

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 allows the user to view the totals for your other batches if there are any.
3. The **User Name** Dropdown allows the user to select a different user to view his/her batches if 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.

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 checks for modifiers and providers may also be a factor in determining a duplicate, if set accordingly.

To access Duplicate Check:

1. From within the *Claims Check* Window, click the **Duplicate Check** Checkbox. Click the **OK** Button to run the duplicate check. The *Duplicate Charge Report* Window opens.
2. Report Options – the checkboxes allow the user to tell the system to ignore the modifiers or the providers. For example, if both options are selected, the system will only look for a match on account, date of service and transaction. If both of these boxes are left 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 immediately opens, even if the system finds no duplicate transactions.

Code Check

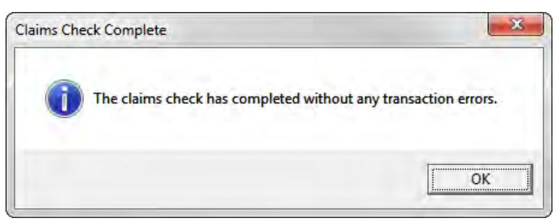
Healthcare Solutions has teamed up with CodeCorrect® to offer its clients a comprehensive coding compliance tool. Code Check bundles CodeCorrect®'s online CCI and LMRP edits to help verify transaction accuracy and compliance.

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, click 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, a **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 practice or the Billing Administrator.

Rule Check

Rule Check was created by Healthcare Solutions 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 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 opens.

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.

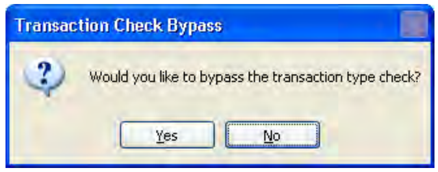
2. The *Broken Claims Rules* Window will display the patient's name as well as some of the charge information, including the charged amount, the transaction date, and the providing doctor.
3. To view the highlighted patient's *Inquiry* screen, click the **Inquiry** Button at the bottom of the window.
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:

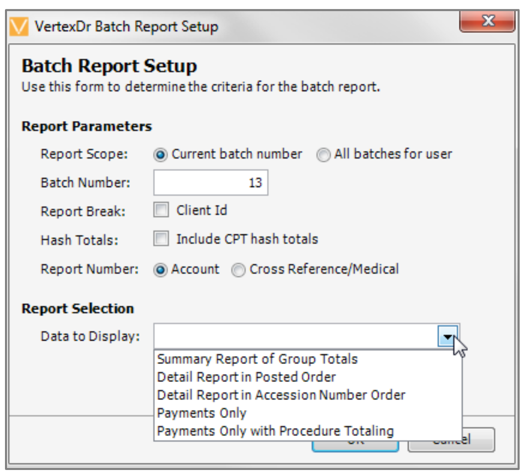
1. From within the *Posting* Window, click the **Closing Edits** Button in the Toolbar. The *Transaction Check Bypass* Window opens.



2. If you would like to have the system run the check on all transactions, 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, the closing will not run and no transactions will be processed for the day.

Batch Reports

Reports can be accessed from the *Posting* Window or from inside the *Batch Balance Verification* Window. Either way, click the **Report** Button. The *Batch Report Setup* Window opens.



- The **Current Batch Number** Radio Button allows the user 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 has 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 allows the user to select the type of report 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.

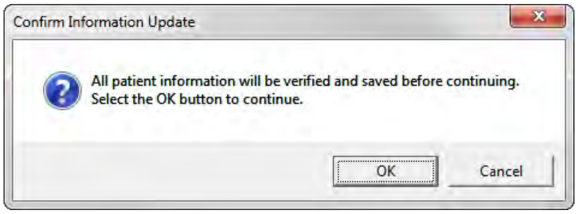
Transaction Update

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.

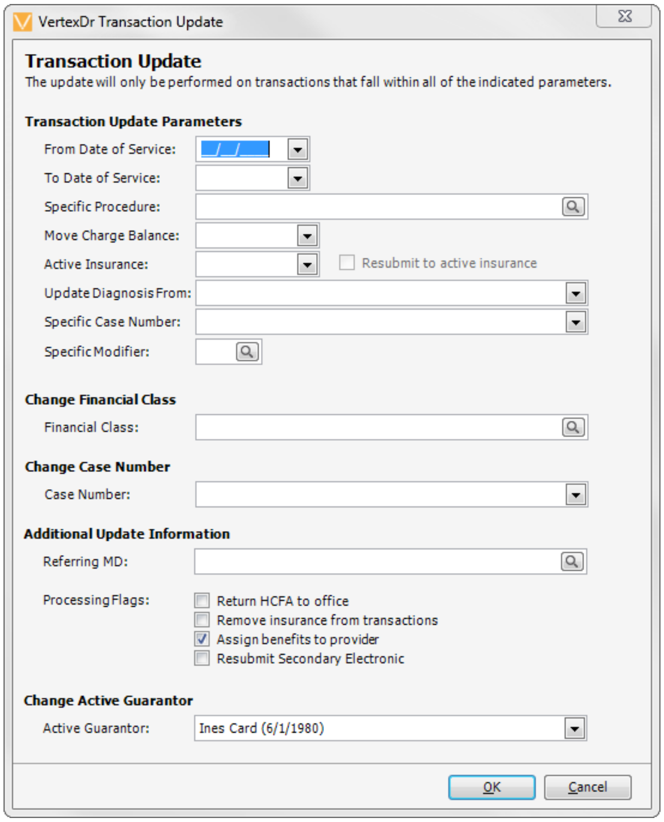
1. From the *Inquiry* Section within Patient Definition, click the **Transaction Update** Button from the Toolbar.

Note: Transaction Update can also be selected from the **Transactions** Menu.

2. The *Confirm Information Update* Window opens. Click the **OK** Button to save all demographic information prior to performing the update.



3. The *Transaction Update* Window opens.



4. The *From Date of Service* and *To Date of Service* Fields allow the user to set a date range for the transaction(s) being updated.
5. The *Specific Procedure* Field allows the user to define a specific procedure code within the specified date range.
6. The **Move Charge Balance** Dropdown indicates where the responsibility of the transaction will 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 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 allows the user 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 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 the user to update the financial class on the indicated transaction(s).
12. The **Case Number** Dropdown under the *Change Case Number* Section allows the user to select the appropriate case that the indicated transactions should be updated to.
13. The **Active Guarantor** Dropdown under the *Change Active Guarantor* Section allows the user to update the guarantor if multiples exist on the account. This is primarily used for Family Billing.
14. The *Referring MD* Field allows the user to update the referring provider on the indicated transaction(s). Click the **Magnifying Glass** Button to access the *Provider* Table.
15. The **Processing Flags** Checkboxes 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

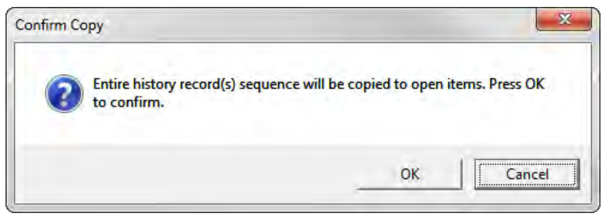
appropriately during the next closing. Any changed information, such as insurance changes, can be viewed immediately from the exploded transaction in the *Inquiry* Section.

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.



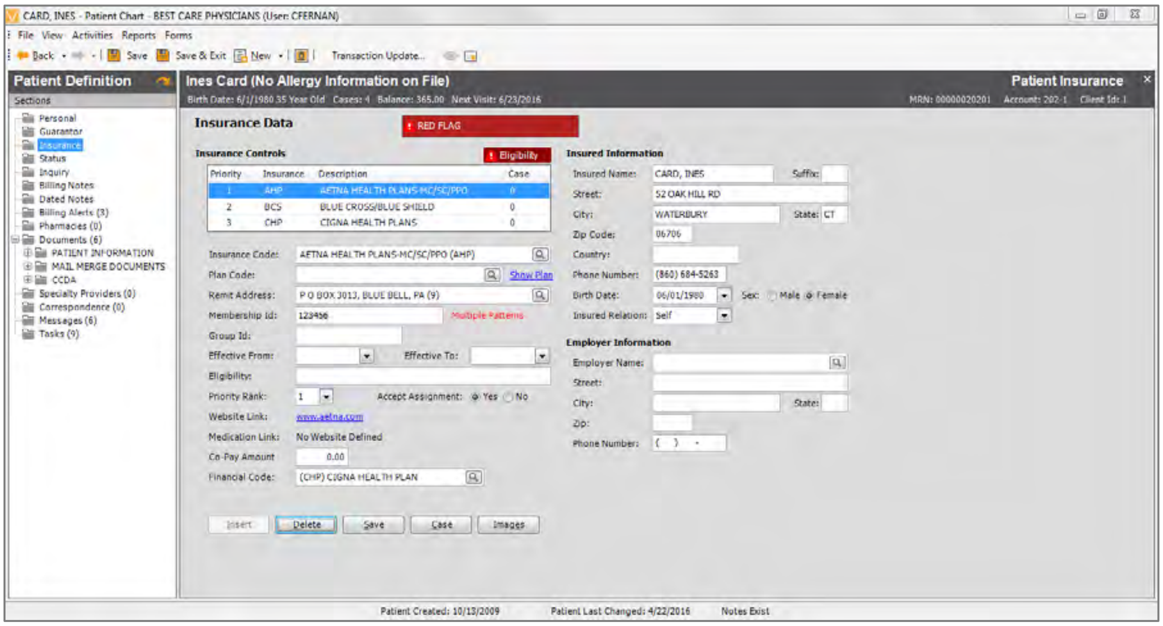
5. Click the **OK** Button to copy the transaction from History into Open. The screen will remain in the **History** Radio Button allowing you to select another transaction to pull.
6. If you would like to verify the copy, select the **Open** Radio Button to view the open items.

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.

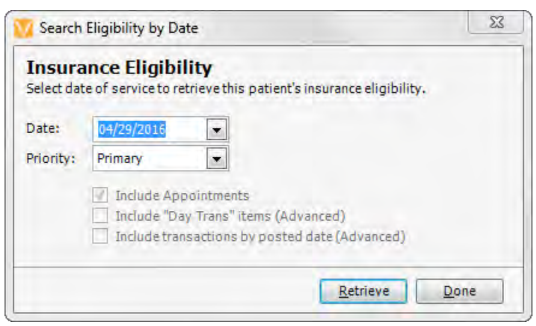
Eligibility in Patient Definition

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



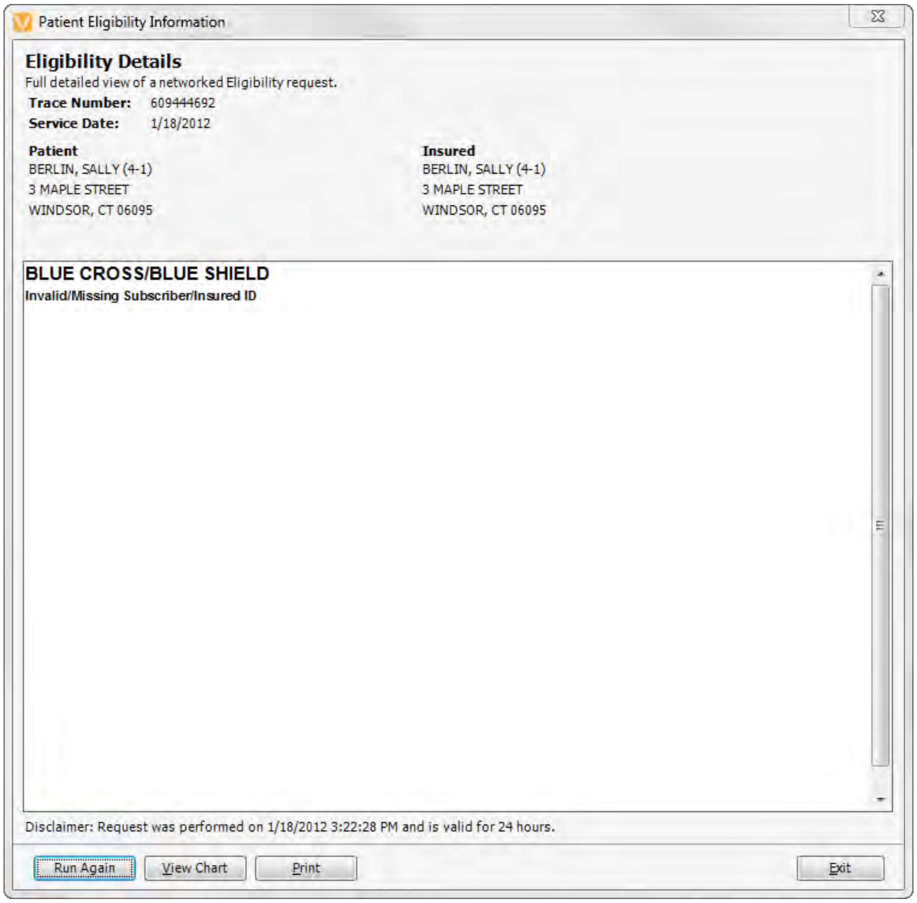
To view the patient's insurance benefit information:

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.



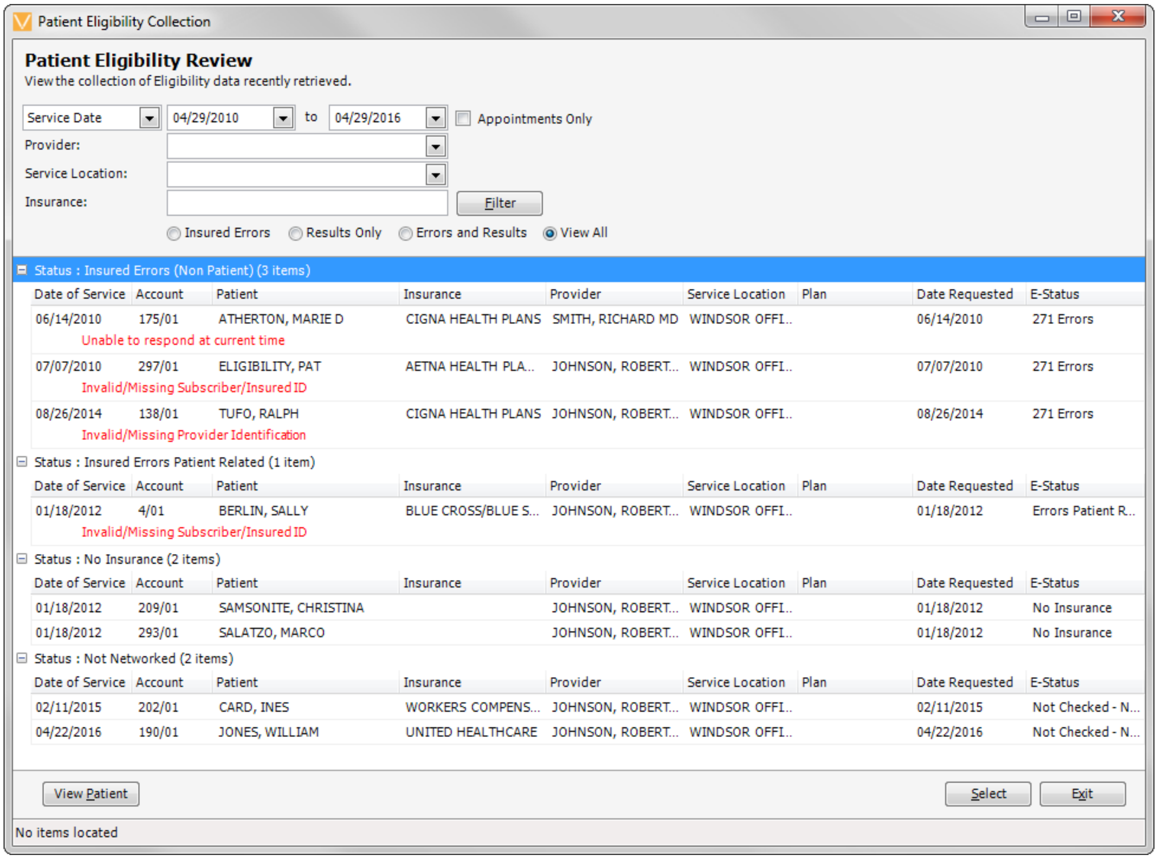
6. Select the **Run Again** Button to re-run the eligibility check.
7. Select the **View Chart** Button to access Patient Definition.
8. To exit the window, click the **Exit** Button.
9. Click the **Save & Exit** Button to exit Patient Definition.

Batch Insurance Eligibility Checking

Batch Insurance Eligibility is a service which runs on 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.



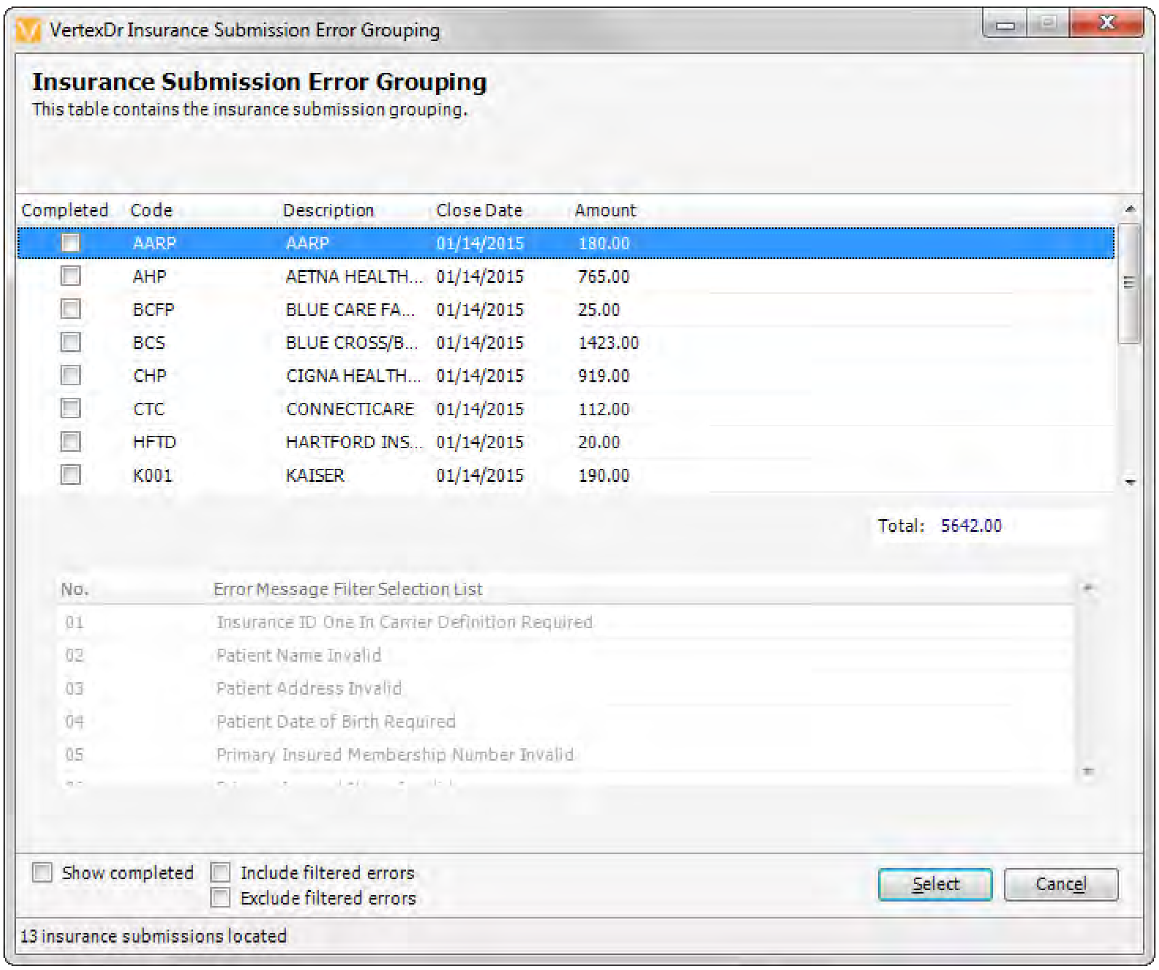
2. The *Eligibility Collection* Window divides the retrieved responses into queues. Queues may include:
   - *Results*: the displayed patients' insurance allowed electronic eligibility checking and a report of benefit information was collected.
   - *No Insurance*: the displayed patient is set as *Self 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.

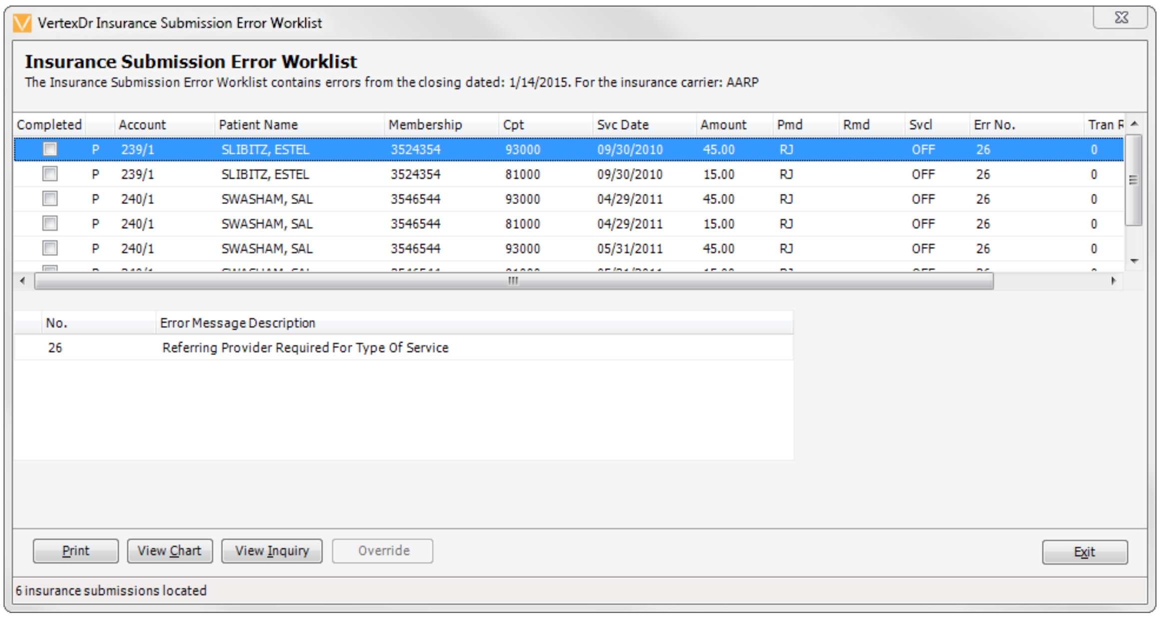
To access the *Insurance Submission Error Worklist*:

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.

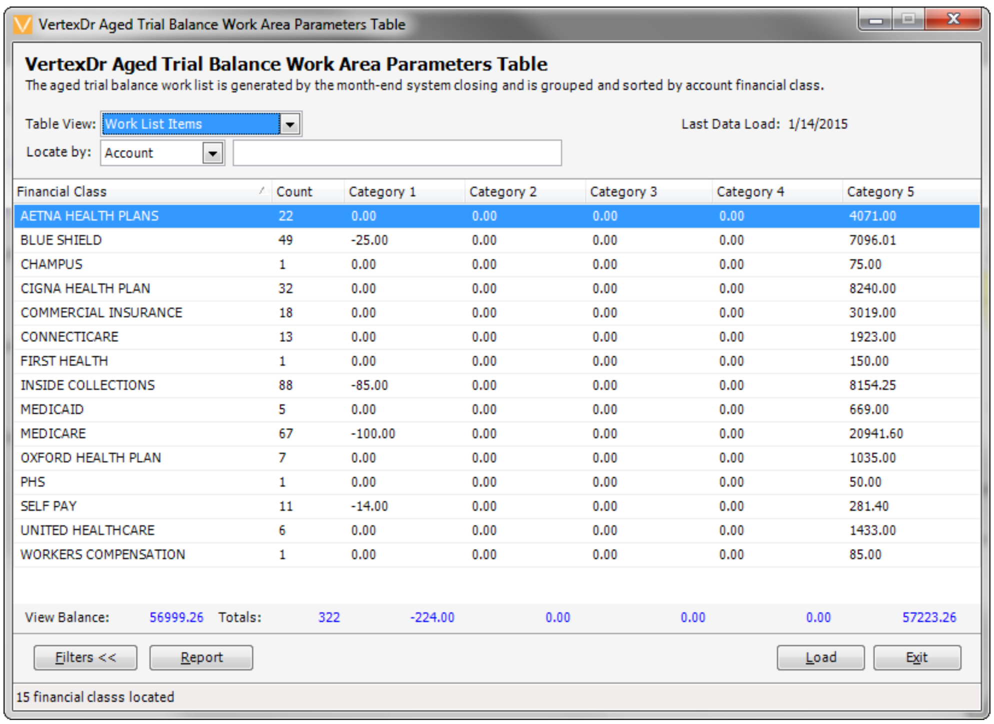
9. To exit the *Insurance Submission Error Worklist* Window, select the **Exit** Button.
10. To exit the *Insurance Submission Error Grouping* Window, select the **Cancel** Button.

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.



Financial Class	Count	Category 1	Category 2	Category 3	Category 4	Category 5
AETNA HEALTH PLANS	22	0.00	0.00	0.00	0.00	4071.00
BLUE SHIELD	49	-25.00	0.00	0.00	0.00	7096.01
CHAMPUS	1	0.00	0.00	0.00	0.00	75.00
CIGNA HEALTH PLAN	32	0.00	0.00	0.00	0.00	8240.00
COMMERCIAL INSURANCE	18	0.00	0.00	0.00	0.00	3019.00
CONNECTICARE	13	0.00	0.00	0.00	0.00	1923.00
FIRST HEALTH	1	0.00	0.00	0.00	0.00	150.00
INSIDE COLLECTIONS	88	-85.00	0.00	0.00	0.00	8154.25
MEDICAID	5	0.00	0.00	0.00	0.00	669.00
MEDICARE	67	-100.00	0.00	0.00	0.00	20941.60
OXFORD HEALTH PLAN	7	0.00	0.00	0.00	0.00	1035.00
PHS	1	0.00	0.00	0.00	0.00	50.00
SELF PAY	11	-14.00	0.00	0.00	0.00	281.40
UNITED HEALTHCARE	6	0.00	0.00	0.00	0.00	1433.00
WORKERS COMPENSATION	1	0.00	0.00	0.00	0.00	85.00

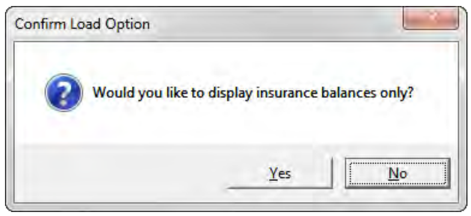
2. The *ATB Work Area Parameters* Window displays a list of all financial classes with outstanding balances. The total number of patient accounts with outstanding balances for the highlighted financial class can be viewed in the *Count* Column. The columns for *Categories 1* through *5* show the ageing 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.

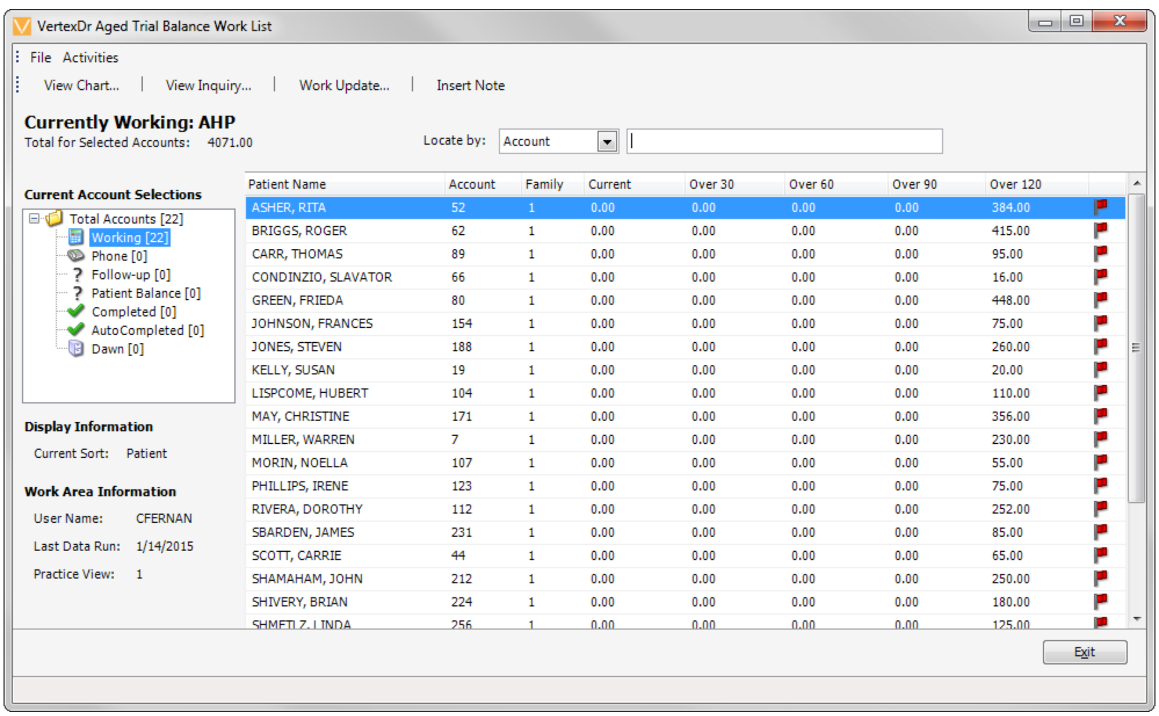
Below each column are totals for their respective category. To the left of the category totals, you will see *View Balance*. This is the total accounts receivable balance outstanding to your practice.

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.



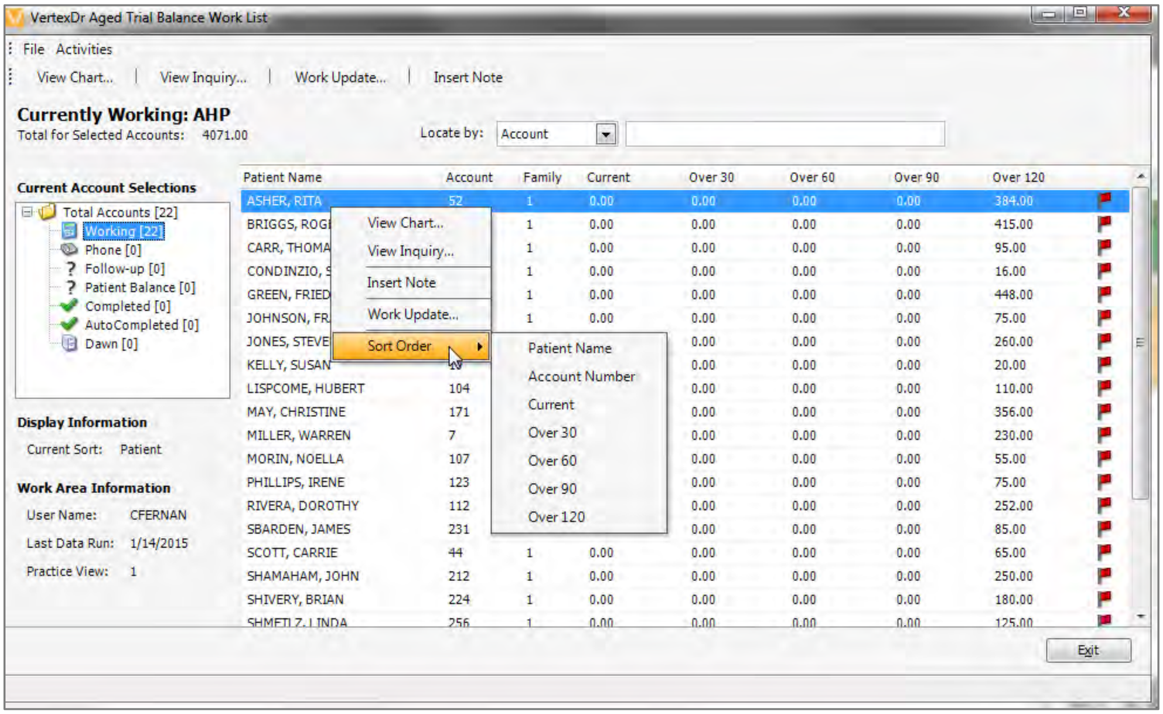
Select the **Yes** Button if you wish to view insurance balances only. Click the **No** Button if you wish to view both insurance and patient balance items.

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



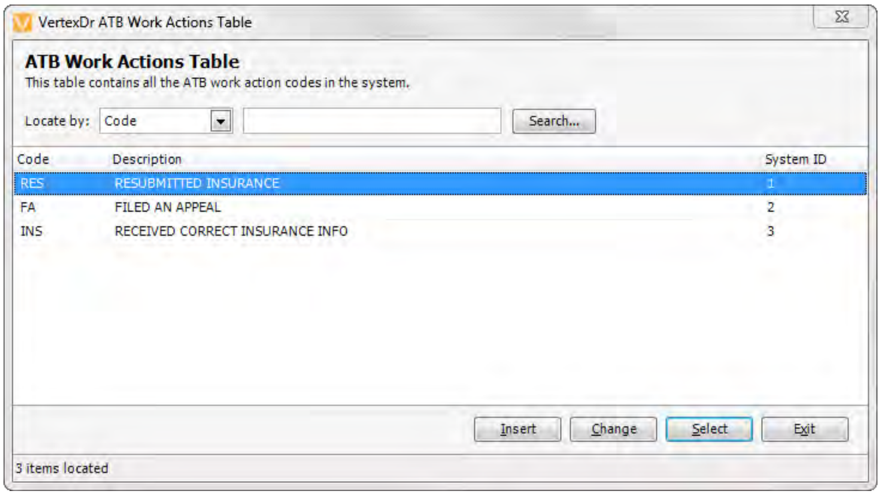
6. Information in the *ATB Work List* Window can be sorted several different ways.

- 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.

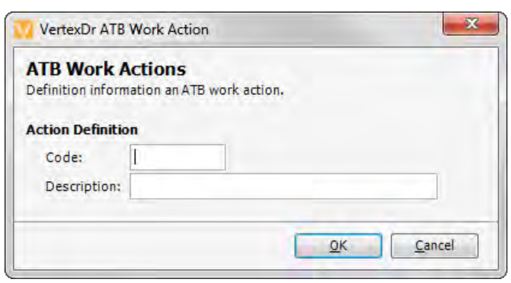


7. Highlight the desired patient and select the **Work Update** Button. The *Aged Trial Balance Work* Window will open.

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.

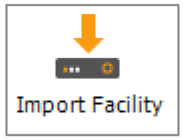
Note: The next time a Monthend closing is run the system will automatically move all qualifying transactions back to the *Working* List. All transactions which have been paid in full will be removed from the ATB Work List entirely.

Import Facility

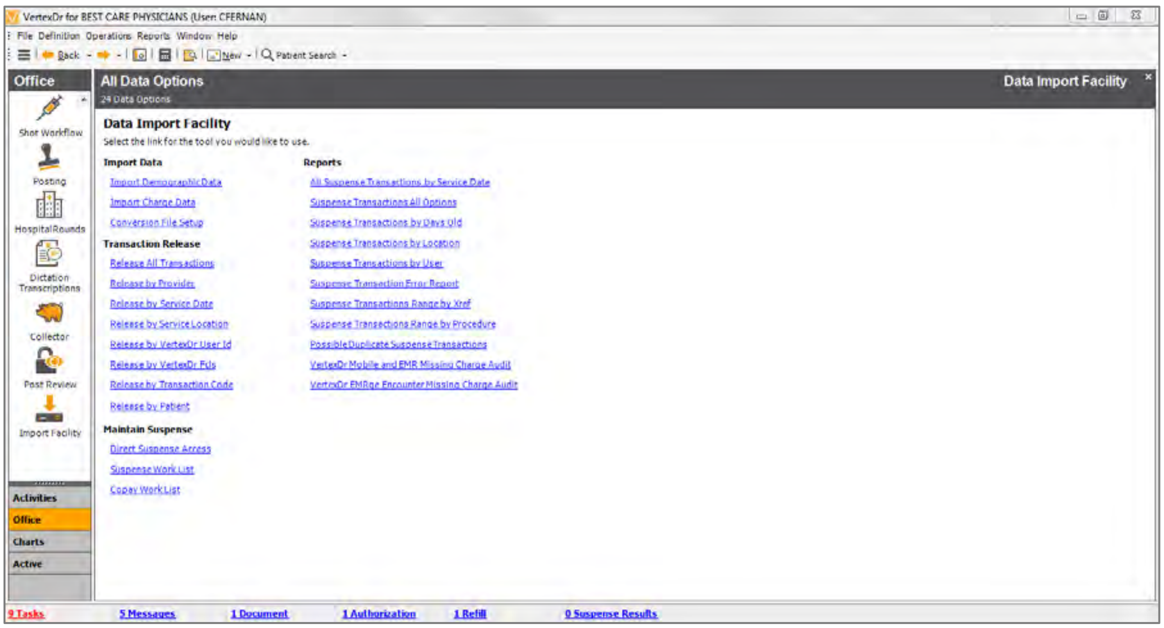
The *Import Facility* (also called Suspense) is where all charges generated in the *Charting* Area, charges generated through Charge Capture (also called the e-superbill), co-pays collected through the *Patient Check-In* Window, and credit card payments collected through the Patient Chart are stored. Charges in the *Suspense* Area must be released to a batch for posting during the closing. Co-pays collected through the *Patient Check-In* Window will automatically link to the appropriate date of service during the closing. This section will take you through these processes.

Accessing the Import Facility

1. From the *Office* Section of the Navigation Pane, select the **Import Facility** Icon.



2. The *Data Import Facility* Window will open.



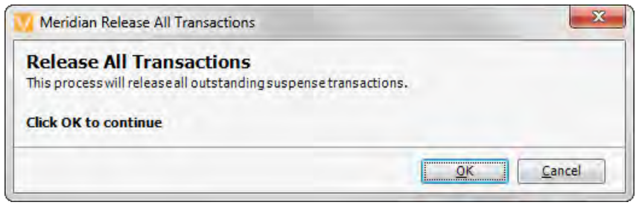
Transaction Release

This section will cover the various options available for releasing transactions from the Suspense Area.

Note: It is important to run error reports prior to releasing the transactions. These options are covered in the *Reports* Section of this chapter.

Release All Transactions

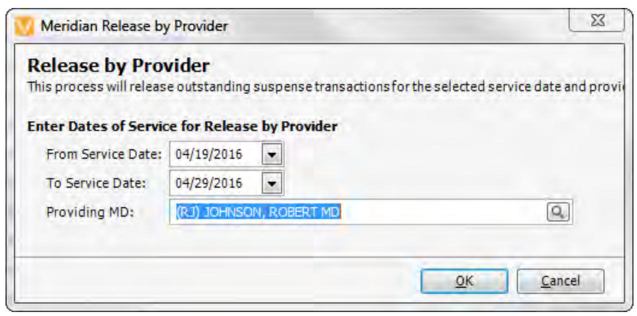
The **Release All Transactions** option will release all of the transactions in the *Import Facility* to a posting batch. When the link is selected, the *Release All Transactions* Message Box will open.



Select the **Yes** Button to confirm the release or select the **No** Button to cancel the release and return to the *Data Import Facility* Window.

Release by Provider

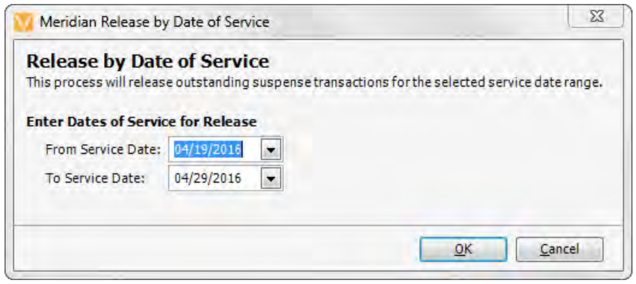
The **Release by Provider** option will release transactions from the *Import Facility* by provider and then by date. When the link is selected, the *Release by Provider* Window displays.



1. Set the *From Service Date* and the *To Service Date* Fields to the appropriate service dates you wish to release.
2. Select the appropriate provider from the **Magnifying Glass** Button or enter the provider code in the *Providing MD* Field and then select the **Tab** Key on the keyboard to populate the field.
3. When finished, click the **OK** Button to release the transactions for the designated days and provider.

Release by Service Date

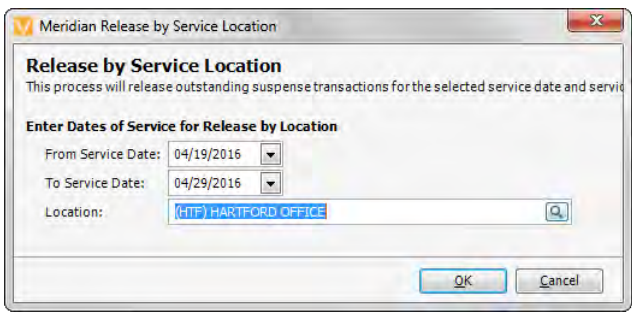
The **Release by Service Date** option allows for transcriptions to be released from the *Import Facility* for a given range of service dates. When the link is selected, the *Release by Date of Service* Window displays.



To release transactions, enter the desired dates in the *From Service Date* and *To Service Date* Fields and then click the **OK** Button.

Release by Service Location

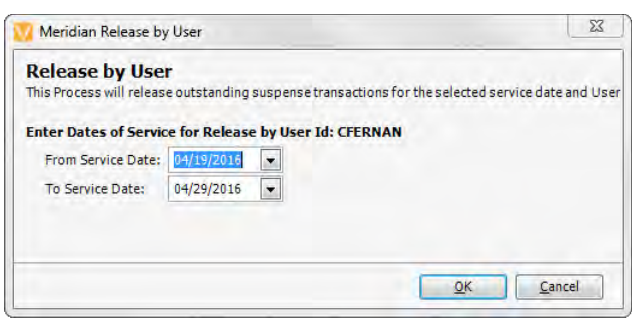
The **Release by Service Location** link allows for transactions to be released for a given dates of service for a specific location. When the link is selected, the *Release by Service Location* Window displays.



To release the transactions, enter the desired dates of service and then click the **Magnifying Glass** Icon to select the desired service location. When finished, click the **OK** Button to release the transactions.

Release by MMM User Id

The **Release by MMM User ID** Link will release all transactions reviewed by the current user. The user must have clicked the **Save & Exit** Button on a transaction in Suspense in order for it to be released. Selecting the link will display the *Release by User* Window.



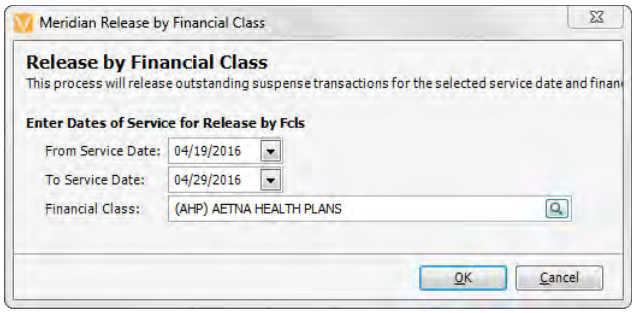
Enter the service dates you wish to release in the *From Service Date* and *To Service Date* Fields and then click the **OK** Button.

Release by MMM Fcls

The **Release by MMM Fcls** Link allows for transactions to be released according to their financial class.

Note: For more information on Financial Classes, reference the Insurance Section of this manual.

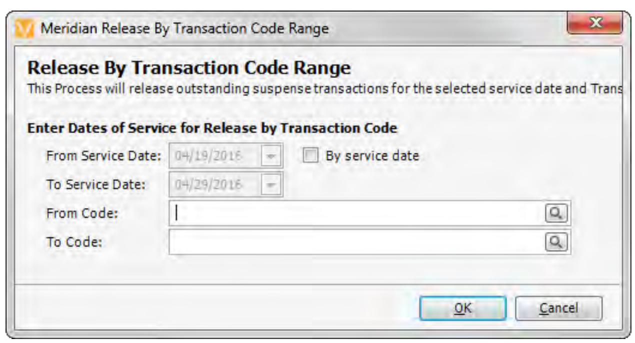
When the link is selected, the *Release by Financial Class* Window will display.



Enter the appropriate dates of service to be released and then select the desired financial class from the **Magnifying Glass** Icon. When finished, click the **OK** Button to release the transactions.

Release by Transaction Code

The Release by Transaction Code option allows for a range of transaction codes to be released by dates of service. When the link is selected, the *Release by Transaction Code Range* Window displays.



If you wish to only release transactions by transaction code, leave the **By Service Date** Checkbox unchecked. Then simply enter the range of transaction codes in the *From Code* and *To Code* Fields and then click the **OK** Button.

To also release transactions by a specific range of service dates, select the **By Service Date** Checkbox and then enter the appropriate service dates in the *From Service Date* and *To Service Date* Fields. Enter the range of transaction codes in the *From Code* and *To Code* Field and then click the **OK** Button to release the transactions.

Maintain Suspense

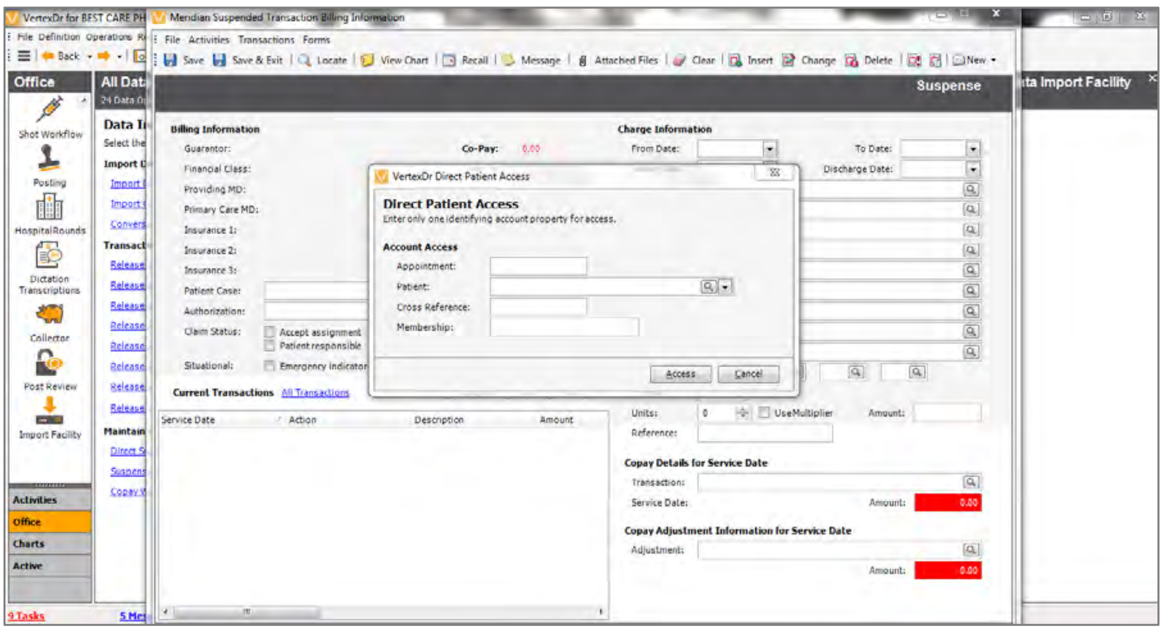
The **Direct Suspense Access**, **Suspense Work List**, and **Copay Work List** Links listed under the *Maintain Suspense* Section allow for transactions and electronically collected payments within the *Import Facility* to be reviewed.

Editing transactions in Suspense is covered in the *Editing Transactions in Suspense* Section of this chapter.

Direct Suspense Access

The **Direct Suspense Access** Link allows for patients to be accessed through the Direct Patient Access Window.

1. When the link is selected, the Suspense Transaction Billing Information Window will display along with the Direct Patient Access Window.



2. Enter the appropriate account information into the *Direct Patient Access* Window and then click the **Access** Button or the **Enter** Key on the keyboard.

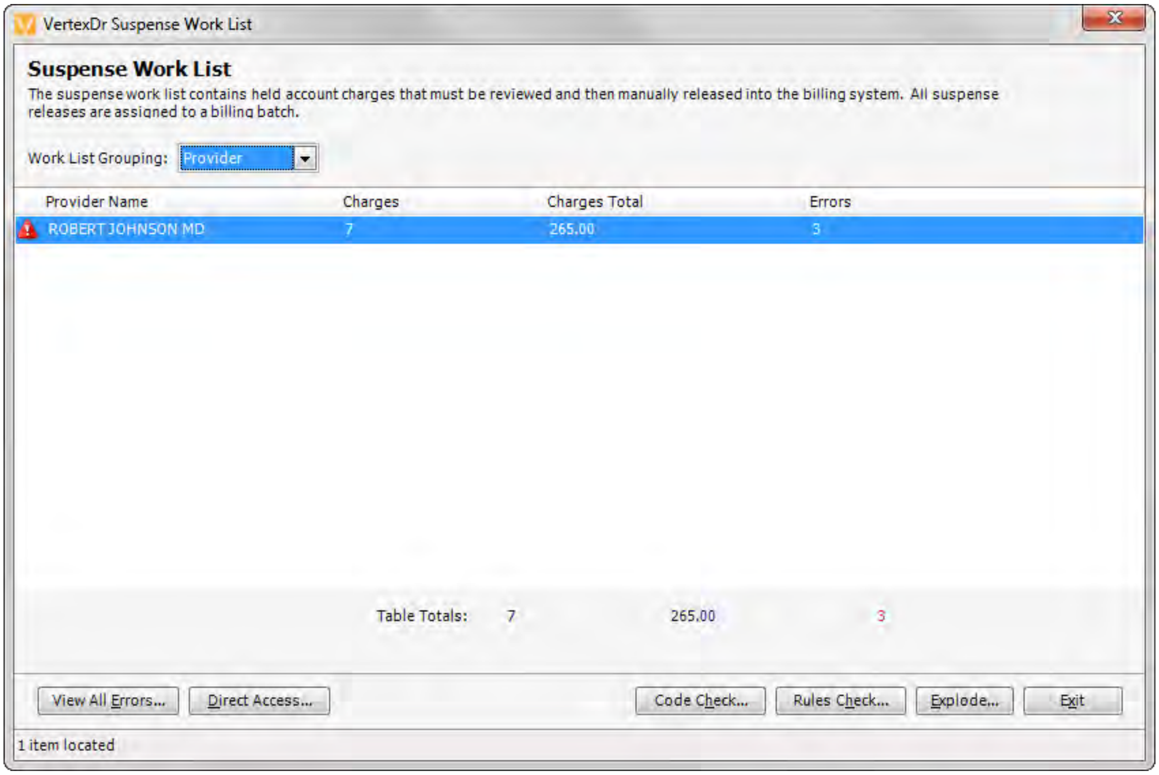
Note: For more information on using the *Direct Patient Access* Window, reference the *Posting* Section of this manual.

3. The *Suspended Transaction Billing Information* Window will display with the patient's information. If charges were posted, those charges will be visible in the *Transactions* List Box in the bottom, left-hand corner of the window.

Suspense Work List

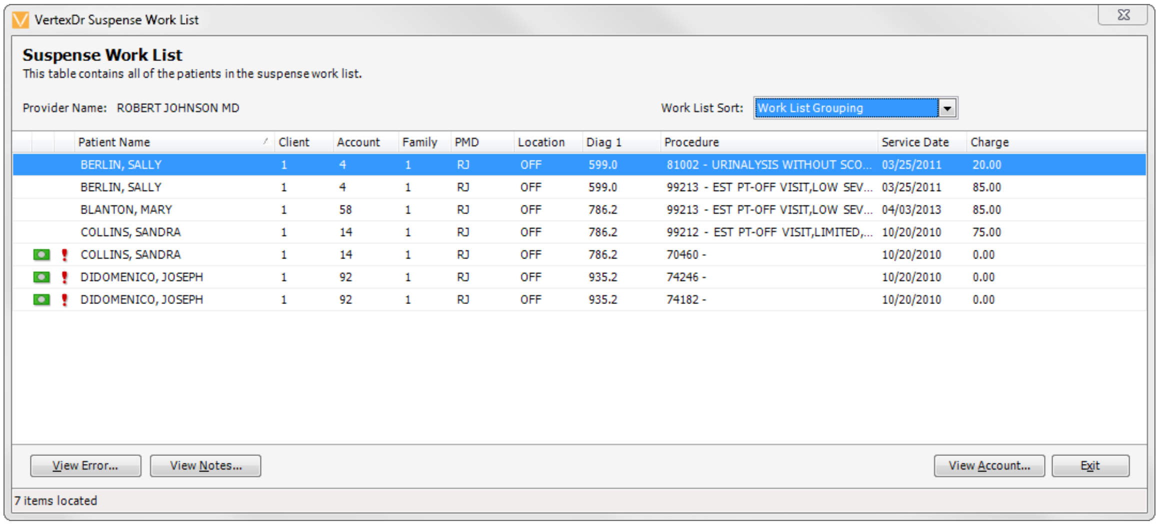
The **Suspense Work List** Link allows for transactions in Suspense to be reviewed by **Provider**, **Location**, **User** who posted the transactions, the **Fcls** (financial class) associated with transactions, **Referring** provider, or **Transaction Code**.

1. When the link is selected, the *Suspense Work List* Window displays.



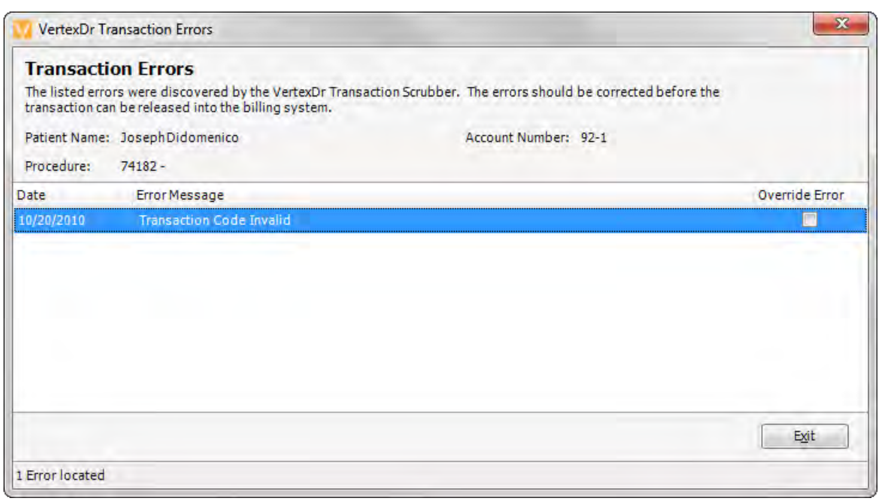
2. From the **Work List Grouping** Dropdown, select how you would like the transactions to display in the *Suspense Work List* Window. This selection determines how you will review the transactions in Suspense. **Provider**, **Location**, **User** who posted the transactions, the **Fcls** (financial class) associated with transactions, **Referring** provider, or **Transaction Code** can be selected.

Note: The Suspense Work List loads in **Provider** order by default. A system wide parameter setting allows the work list to load in **Location** order if preferred. For more information on parameter settings, reference the *System Wide Parameters* Section of the VertexDr Window displays.



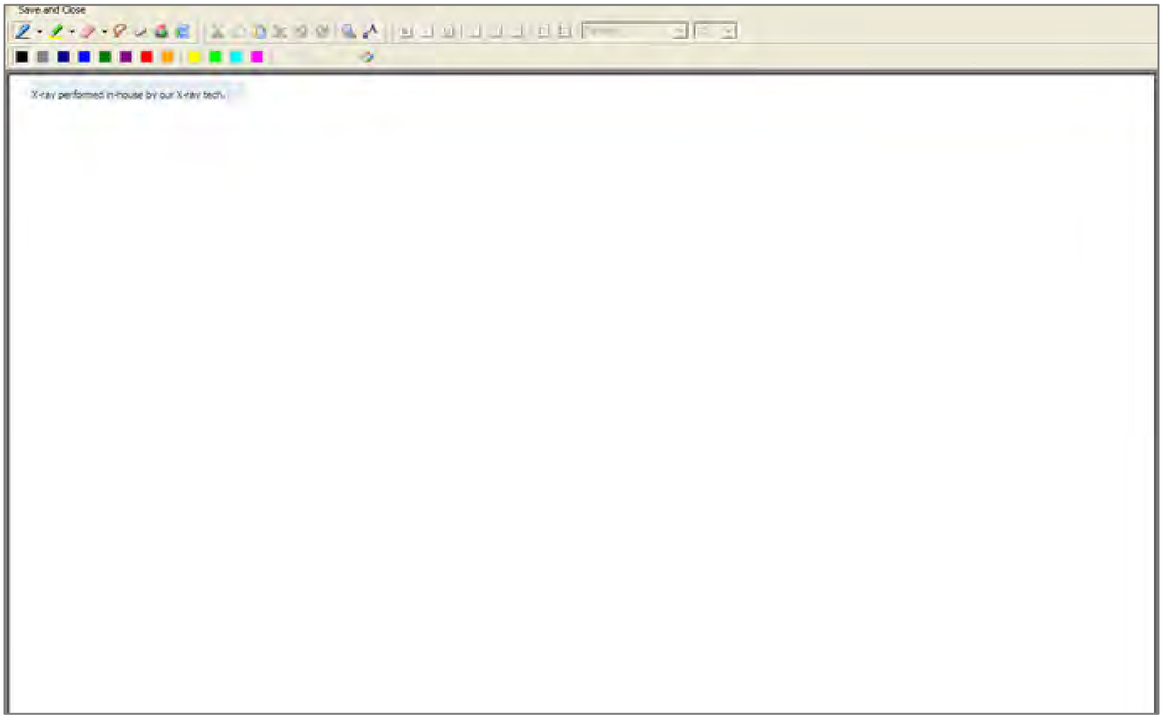
3. The *Suspense Work List – All Errors* Window displays only the transactions that have errors. The *Gray* Sort Bar allows for the window to be sorted by *Patient Name*, *Client* ID, *Account* number, *Family* number (only if using Family Billing), *PMD* (provider), *Location*, *Diag 1* (primary diagnosis listed on the transaction), *Procedure*, *Service Date*, and *Charge* (standard charge amount). Transactions with a zero-dollar amount will be listed with a *green* **Dollar Bill** Icon . Transactions with errors will be listed with a *red* **Exclamation Mark** Icon .

   - To view the errors, highlight a transaction and then click the **View Error** Button. The *Transaction Errors* Window will display with the date of service, user who posted the transaction, and error message listed.



When finished, click the **Exit** Button to return to the *Suspense Work List – All Errors* Window.

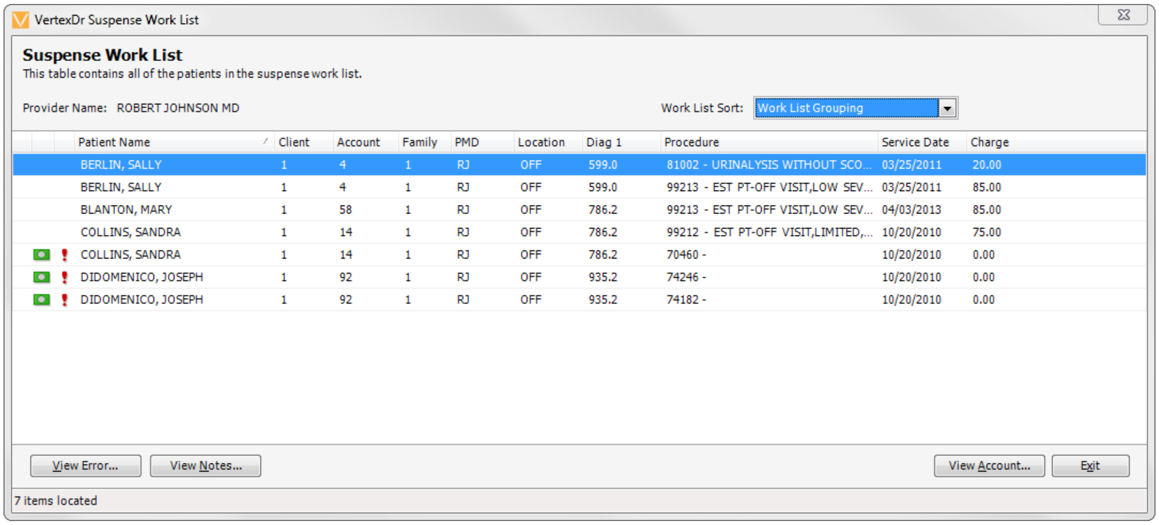
- If the user who posted the transaction sent a note to the *Suspense* Area, the note can be viewed by selecting the **View Notes** Button. The *Encounter Note* Window will display with the entered note.



- To view the *Suspended Billing Transaction* Window, select the **View Account** Button.

4. When finished within the *Suspense Work List – All Errors* Window, select the **Exit** Button to return to the *Suspense Work List* Window.

5. To view all transactions in the *Suspense* Area for the **Work List Grouping** you've selected, highlight a line item in the *Suspense Work List* Window and then click the **Explode** Button. The *Suspense Work List* Window will display.



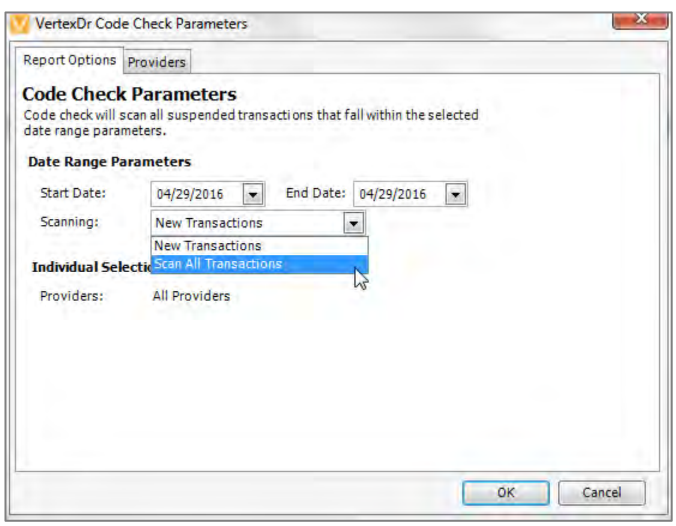
Note: For more information on navigating the *Suspense Work List* Window, reference the *Suspense Work List – All Errors Window* Section of this chapter (Step 3 above).

6. To exit the Suspense Work List, select the **Exit** Button. The *Data Import Facility* Window will display.

Code Check from Suspense

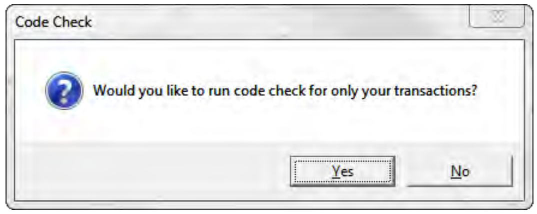
If purchased, Code Check can be run from the Suspense Work List.

1. Select the **Code Check** Button. The *Code Check Parameters* Window displays.



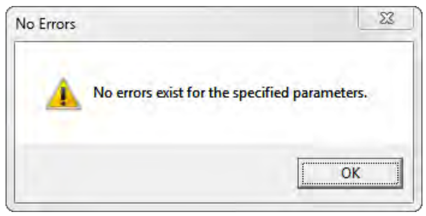
2. To scan transactions for CodeCorrect® errors, select a date or date range, provider(s), and either *All Transactions* or *New Transactions* only.

3. The Code Check Message Box will display.



Select the **Yes** Button to run Code Check on only the transactions you have reviewed. Select the **No** Button to run Code Check on all transactions in Suspense.

4. The Coding Errors Window will display listing the number of errors found, if any.



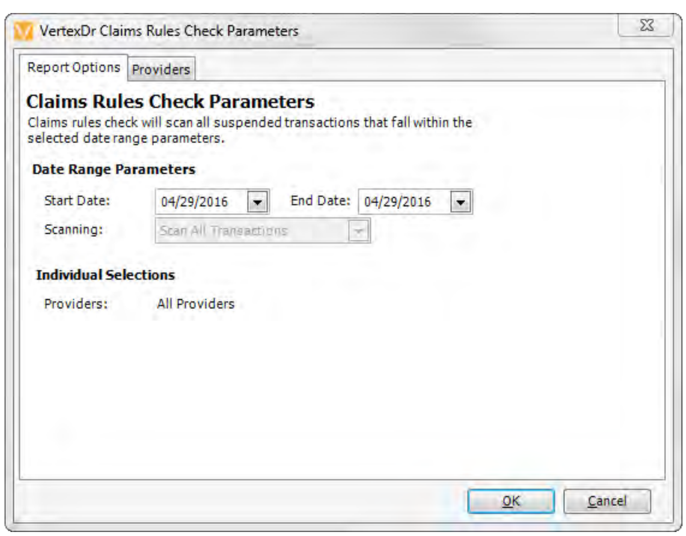
5. Select the **OK** Button to view the Code Check Error Report.
6. Transactions flagged with a CodeCorrect® error are flagged with a **C** Icon in the Suspense Work List and the *Suspense Work List – All Errors* Window.

Note: For more information on Code Check, reference the *Posting* Section of this manual.

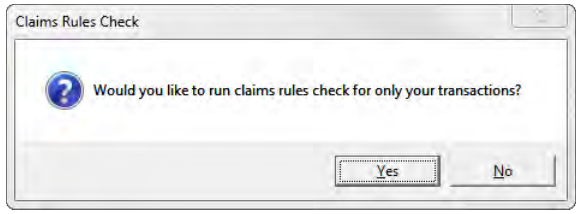
Rules Check from Suspense

If purchased, Rules Check can be run from the *Suspense Work List* Window.

1. Select the **Rules Check** Button. The *Claims Rule Check Parameters* Window displays.



2. Rules Check will scan all transactions in Suspense for broken claims rules. Simply enter the dates of service to scan in the *Start Date* and *End Date* Fields. A provider can be selected from the **Providers** Tab. Otherwise, transactions for all providers will be scanned.
3. Click the **OK** Button to run Rules Check.
4. The Claims Rules Check Window will display.



Select the **Yes** Button to Rules Check for only the transactions you have reviewed. Select the **No** Button to run Rules Check for all transactions in Suspense.

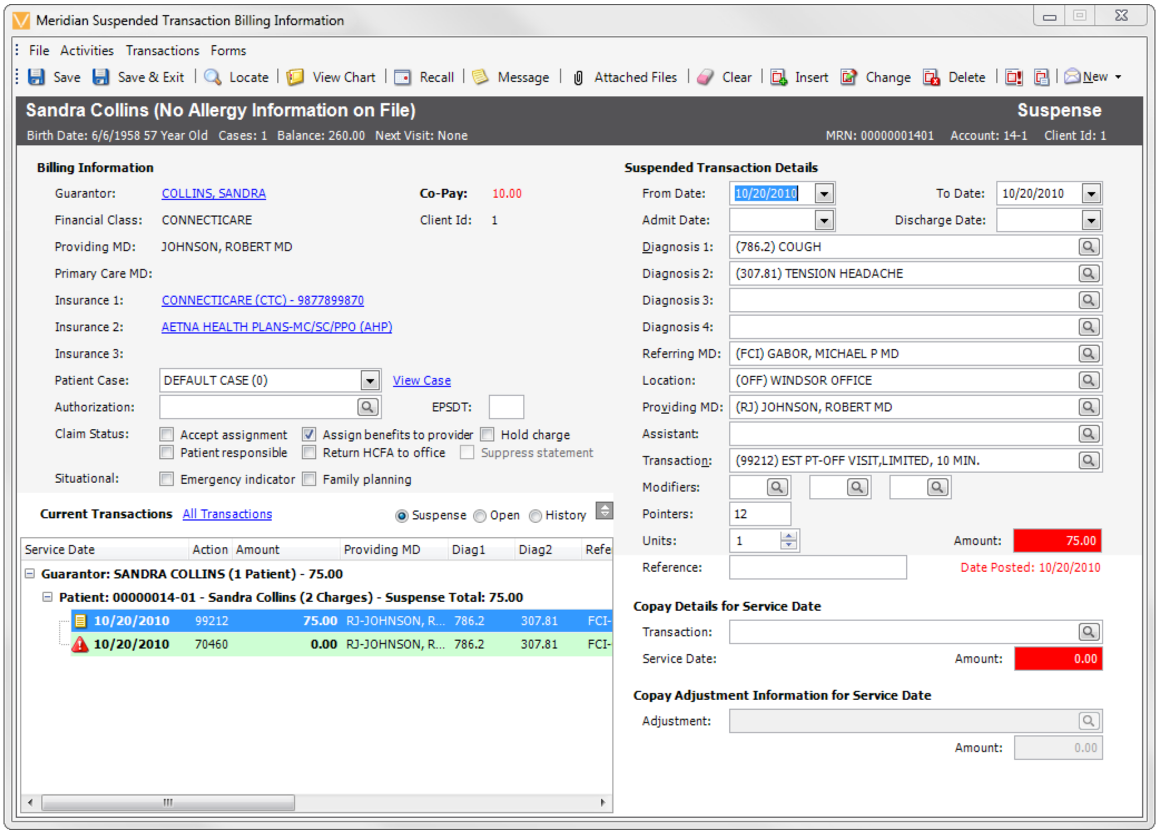
5. The *Rule errors found* Window will display with the number of errors found, if any, listed.

6. Select the **OK** Button to view the *Broken Claims Rules* Window.

Note: For more information on correcting broken claims rules, reference the *Rules Check* Section in the *Posting* Chapter of this manual.

Editing Transactions in Suspense

Whether viewing transactions in Data Import from the **Direct Suspense Access** Link or the Suspense Work List, the *Suspended Transaction Billing Information* Window will display.



This window is very similar to the *Charge Posting* Window in the Batch Posting and can be worked in the same manner. This section will cover the items that are different from the *Batch Posting* Area.

Note: For more information on batch posting, reference the *Posting* Section of this manual.

At any point, to exit the *Suspended Transaction Billing Information* Window, select the **Save & Exit** Button or the *red* **X** Button in the top, right corner.

Suspended Transaction Billing Information Toolbar

- Select the **Save** Button to save any changes made to a transaction in suspense.
- Select the **Save & Exit** Button to save any changes made to a transaction in suspense and then immediately exit the *Suspended Transaction Billing Information* Window.
- Select the **Locate** Button to search for a different patient.

- Select the **View Chart** Button to access Patient Definition or the Patient Chart, depending on your user securities.
- Select the **Recall** Button to access the *Patient Recalls and Follow Up Dates* Window. A recall or follow-up can be added, changed, or deleted from this window.
- Select the **Message** Button to add a *Transaction* or *Insurance* Message to the selected transaction.
- If external attachments were uploaded through the SSIMED Practice Manager System, those files can be viewed by selecting the **Attached Files** Button.

Note: External documents can be uploaded into the Patient Chart through the Practice Suite.

- To clear all fields, select the **Clear** Button.
- Select the **Insert** Button to add an additional procedure to the account.
- Highlight a transaction in the *Current Transactions* List Box and then click the **Change** Button to make changes to that transaction.
- Highlight a transaction in the *Current Transactions* List Box and then click the **Delete** Button to delete the transaction. The deleted transaction will not be billed.

Note: The **Delete** Key on the keyboard can also be selected.

-  - If a transaction is flagged with an error in the *Current Transactions* List Box, select **View Error** Button to view the error message.
-  - Transactions with a message attach display with Message Icon  in the *Current Transactions* List Box. To view the message, highlight the transaction and click the **View Note** Button.
- Select the **New** Button or the **New** Dropdown to send a new message or task.

Billing Information Section

The Billing Information Sections displays the same information as in the *Charge* and *Payment Posting* Windows. In addition, transactions in Suspense can be held in Suspense by selecting the **Hold Charge** Checkbox. If the **Hold Charge** Checkbox is selected, that transaction will remain in Suspense when a release function is selected.

To allow the transaction to be released, unselect the checkbox.

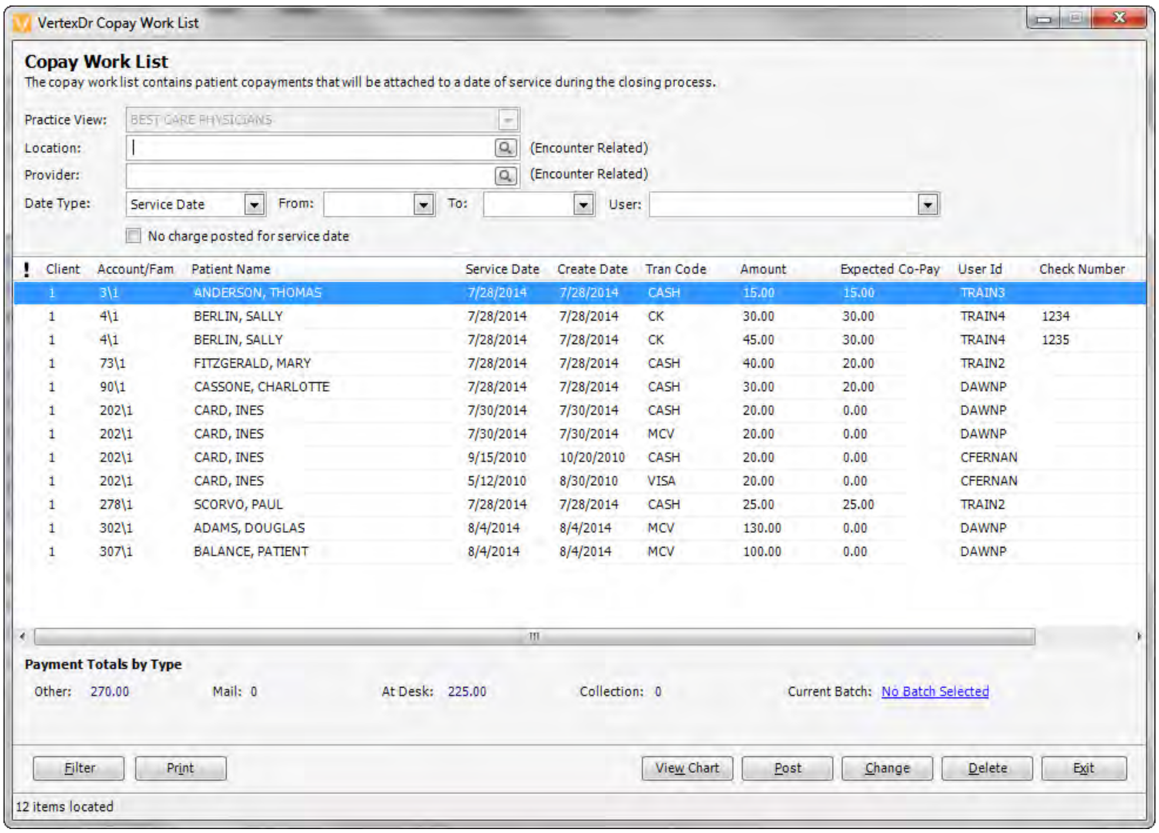
Copay Details for Service Date Section

If a co-pay was collected through the *Patient Flow* Area at the time of check-in, the co-pay will be listed here. If the was collected from the patient, but not entered through the *Patient Flow* Area, it can be manually entered in this section.

Copay Work List

The Copay Work List houses all electronically collected payments.

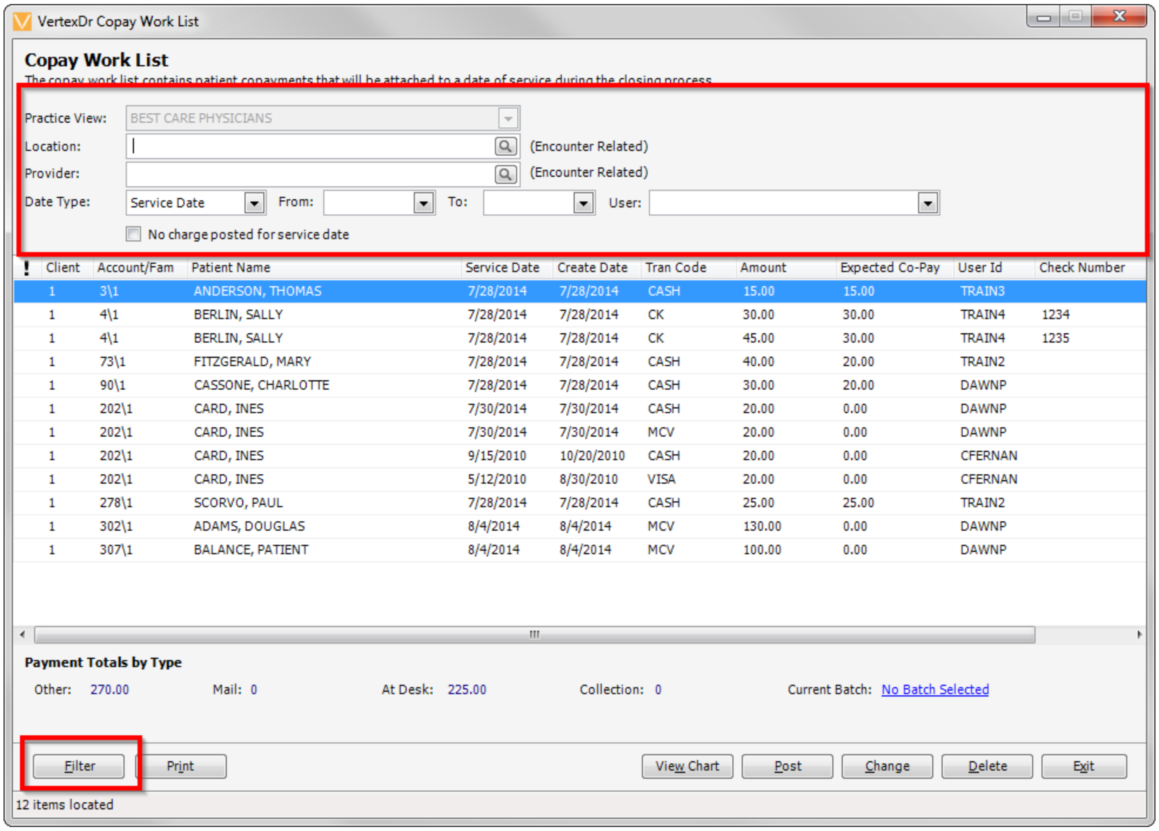
Note: If using the Credit Card Processing Feature, reference the *Copay Work List* Section of the Credit Card Processing manual for more details.



Co-pays collected through the *Patient Flow* Area will filter into the Copay Work List where they will wait for a charge to be posted and closed for the corresponding date of service. At that time, those co-pays will be attached to the appropriate charge and removed from the Copay Work List.

Filtering the Copay Work List

The top section of the Copay Work List Window allows for the list to be filtered by Client ID (if the practice is multi-profile), *Location*, *Provider*, **Service Date**, **Create Date**, and the **User** who collected the payment.



Once the appropriate filter options have been set, select the **Filter** Button at the bottom of the window to view the selected payments.

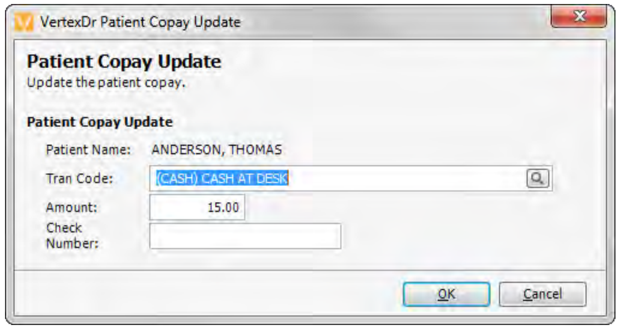
Selecting the **No charge posted for service date** Checkbox will display dates of service where copayments were collected, but no charges have been posted for the payments to attach to.

Note: These payments may need to be deleted from the Copay Work List and then manually posted.

Modifying Payments

If the payment information was entered incorrectly at the time it was collected, it can be corrected from the Copay Work List.

1. Highlight a payment in the Copay Work List and then select the **Change** Button. The *Patient Copay Update* Window will display.

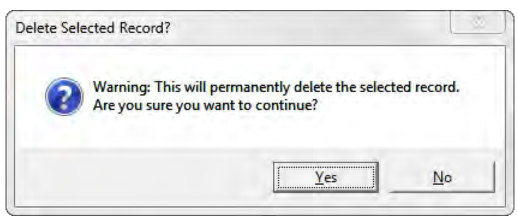


2. Modify the necessary information and then click the **OK** Button to save the changes.
3. To exit without saving, select the **Cancel** Button.

Deleting Payments

Copays collected in error (such as for the wrong patient) or co-pays that have not attached to a charge during the closing and must be manually posted can be deleted from the Copay Work List.

1. Highlight a payment and click the **Delete** Button.
2. The *Delete Selected Record* Window will display.



   Select the **Yes** Button to confirm the delete. Select the **No** Button to cancel the delete and return to the Copay Work List.
3. If the Yes Button is selected, the payment will be immediately removed from the Copay Work List.

Note: Deleting a payment from the Copay Work List is permanent. Deleted co-pays cannot be "undeleted".

Printing the Copay Work List

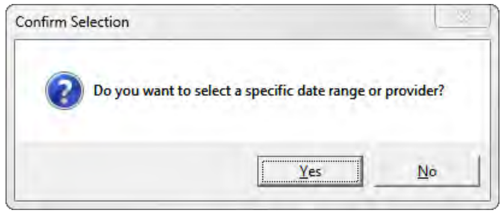
The Copay Work List can be printed by simply selecting the Print Button. The *Copay Worklist Detail* Report will display the payments in the Copay Work List according to the filter.

Reports

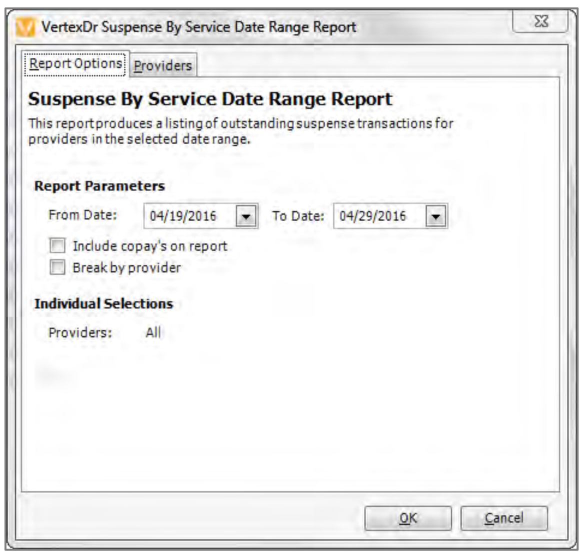
All Suspense Transactions by Service Date

The *All Suspense Transactions by Service Date* Report will display a listing of all transactions currently in the *Suspense* Area.

1. When the link is selected, the *Confirm Selection* Window will display.



2. Select the **No** Button to display a report of all charges in suspense in service date order. Select the **Yes** Button to choose from additional parameters. If the **Yes** Button is selected, the *Suspense By Service Date Range Report* Window will open.



3. Enter the desired dates of service in the *From Date* and *To Date* Fields.
4. If you wish to also view payments that were collected on those service dates, select the **Include copays on report** Checkbox.
5. In addition to ordering by service date, the report can also be separated by provider by selecting the **Break by provider** Checkbox.
6. One or providers can be selected from the **Providers** Tab.

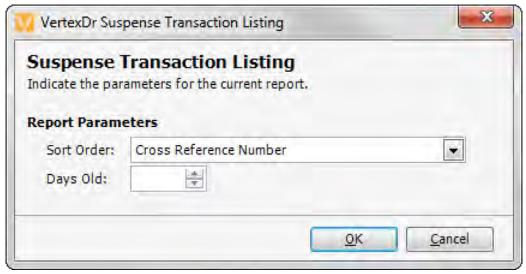
Note: The report will run for all providers unless a specific provider is selected from the **Providers** Tab.

7. When finished, click the **OK** Button. The *Outstanding Suspense Transactions List* Report will display.

Suspense Transactions All Options

The *Suspense Transactions All Options* Report displays transactions which have been in the *Suspense* Area for a user-defined number of days. The report can also be sorted by **Cross Reference Number**, **Account Number**, or **Patient Name**.

1. When the link is selected, the Suspense Transaction Listing Window displays.



2. Select a sorting method from the **Sort Order** Dropdown.
3. Enter the number of days old in the *Days Old* Field. *Days Old* refers to how long the transactions have been in the Suspense Area.

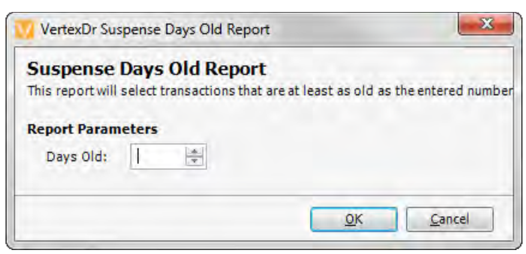
Note: If the *Days Old* Field is left blank, the report will display all transactions in the *Suspense* Area.

4. When finished, click the **OK** Button. The *Outstanding Suspense Transaction List* Report will display.

Suspense Transactions by Days Old

The **Suspense Transactions by Days Old** Link will display transactions in the *Suspense* Area over a defined number of days old.

1. When the link is selected, the *Suspense Days Old Report* Window displays.



2. Enter the number of days old in the *Days Old* Field.
3. Click the **OK** Button to run the report.

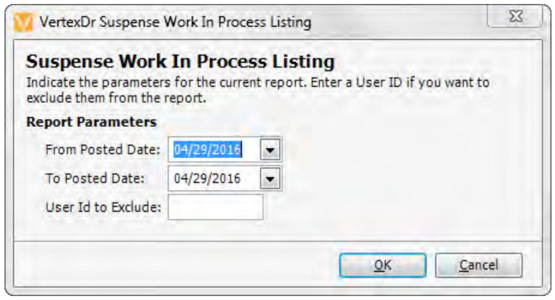
Suspense Transactions by Location

The **Suspense Transactions by Location** Link will display all transactions currently in the *Suspense* Area in location order. The report displays immediately when the link is selected.

Suspense Transactions by User

The **Suspense Transactions by User** Link displays transactions in currently in the Suspense Area in user-posted order by posted date.

1. When the link is selected, the *Suspense Work In Process Listing* Window displays.



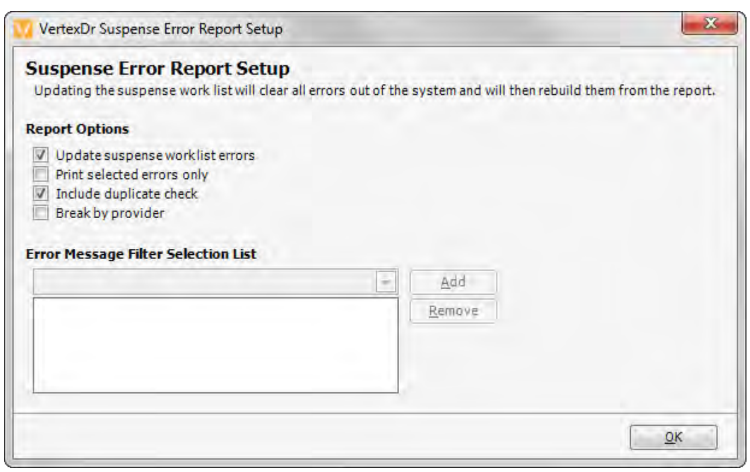
2. Enter the desired posted dates in the *From Posted Date* and *To Posted Date* Fields.

Note: *Service Date* refers to the date that the patient was seen. *Posted Date* refers to the date that the transaction was physically entered into the system. Depending on when posting occurs, the dates may be different.

3. The report will display transactions posted by all users. If you wish to exclude a user from the listing, enter their user code in the *User ID to Exclude* Field.
4. Select the **OK** Button to run the report.

Suspense Transaction Error Report

The **Suspense Transaction Error Report** Link displays the *Suspense Error Report Setup* Window.



To generate the error report:

1. The **Update suspense work list errors** Checkbox will update the Suspense Work List with any errors found and generate a report.

2. If only specific errors are of concern, select the **Print select errors only** Checkbox. The **Error Message Filter Selection List** Dropdown Arrow becomes available. Highlight the desired error and then click the **Add** Button. To select an additional error, choose another error from the dropdown and then select the **Add** Button. To remove a selected error from the list, highlight the error in the List Box and then select the **Remove** Button.
3. Select the **Include duplicate check** Checkbox to run the duplicate transaction check for the transactions in the Suspense Work List.
4. Select the **Break by provider** Checkbox to display each provider's errors on a separate page.
5. When finished, select the **OK** Button to generate the error report.

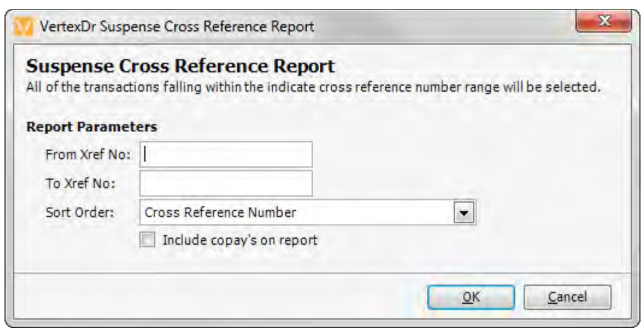
The *Transaction Error Detail* Report displays with a legend of all possible errors listed. The report can be printed.

Note: Errors generated will be flagged in the Suspense Work List with a *red* **Exclamation Mark** Icon.

Suspense Transaction Range by Xref

The **Suspense Transaction Range by Xref** Link displays the *Suspense Cross Reference Report* Window. This report can be used to find transactions posted for a range of cross reference numbers.

Note: This listing is only useful when cross reference numbers are being utilized by the practice.

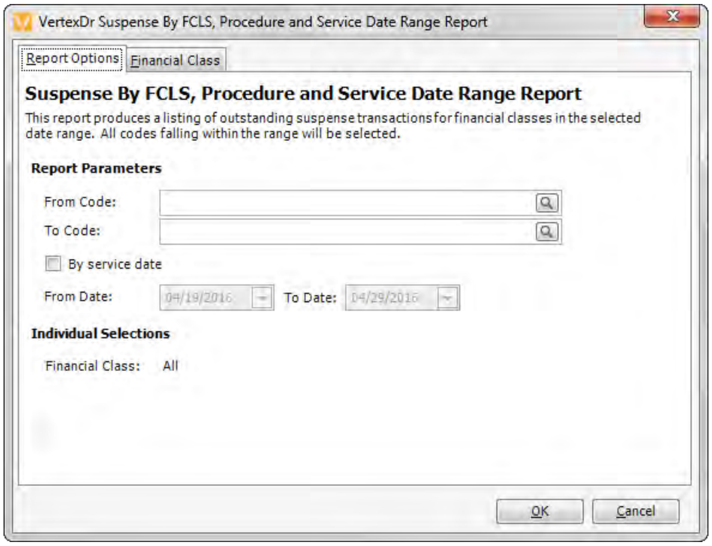


To generate the listing:

1. Enter the starting cross reference number in the *From Xref No* Field.
2. Enter the ending cross reference number in the *To Xref No* Field.
3. From the **Sort Order** Dropdown, select how the listing should be displayed: **Cross Reference Number** Order, **Account Number** Order, or **Patient Name** Order.
4. If a copayment was made for the date of service, and you wish to see the copays listed on the report, select the **Include copay's on report** Checkbox.
5. When finished, click the **OK** Button to generate the listing.

Suspense Transactions Range by Procedure

The **Suspense Transactions Range by Procedure** Link displays the *Suspense By FCLS, Procedure, and Service Date Range Report* Window.



To generate the report:

1. Enter the transaction codes to search for in the *From Code* and *To Code* Fields.

Note: The **Magnifying Glass** Buttons can be used to access the *Transaction Code* Table.

2. To also search for a specific service date, or a range of service dates, select the **By service date** Checkbox. The *From Date* and *To Date* Fields become available. Enter the desired service dates.
3. To search for transactions posted to specific financial classes, search and select the desired financial class(es) from the **Financial Class** Tab.

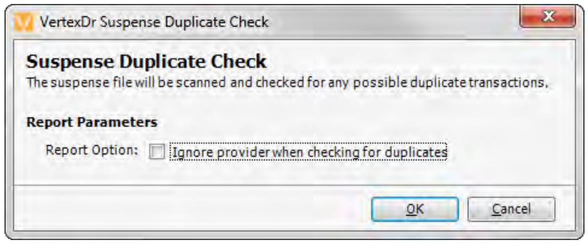
Note: The **Ctrl** Key on the keyboard can be used to select multiple financial classes.

4. When finished, select the **OK** Button to generate the report.

Possible Duplicate Suspense Transactions

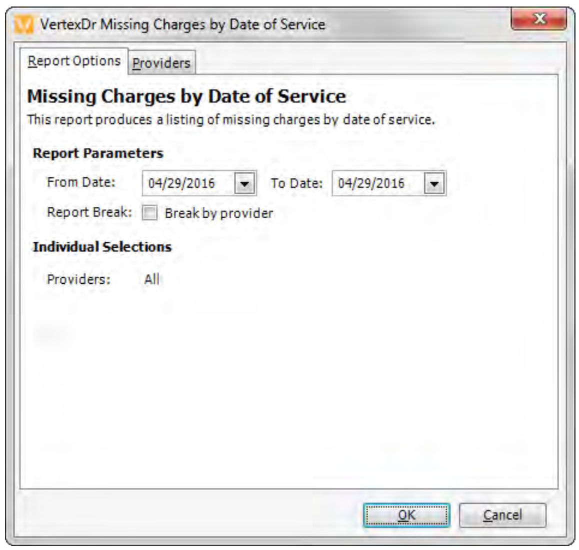
The **Suspense Duplicate Check** Link scans the transactions in suspense for possible duplicates. If possible duplicates are found, a report will display.

If the report should ignore transactions where the provider is the same, select the **Ignore provider when checking for duplicates** Checkbox.



MMM Mobile and EMR Missing Charge Audit

The *Missing Charge by Date of Service* Report references the active appointments for the service dates entered, and then verifies that charges have been posted. If dates of services are located with no charges posted, a listing of those dates of service and the effected patients will generate.

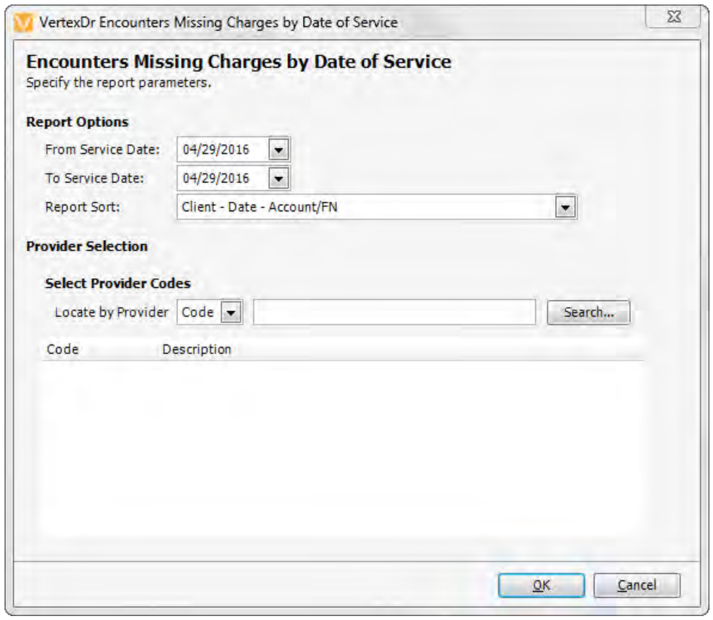


To generate the report:

1. Enter the service dates the system should check in the *From Date* and *To Date* Fields.
2. Select the **Break by provider** Checkbox in order to display each resource's missing charges on a separate page.
3. The report generates for all providers by default, to search dates of service for specific providers only, select the provider(s) from the **Providers** Tab.
4. When finished, select the **OK** Button to generate the listing.

MMM VertexDr Encounter Missing Charge Audit

The *Encounters Missing Charges by Date of Service* Report searches for encounters within the specify service date range where charges have not been generated.



To generate the report:

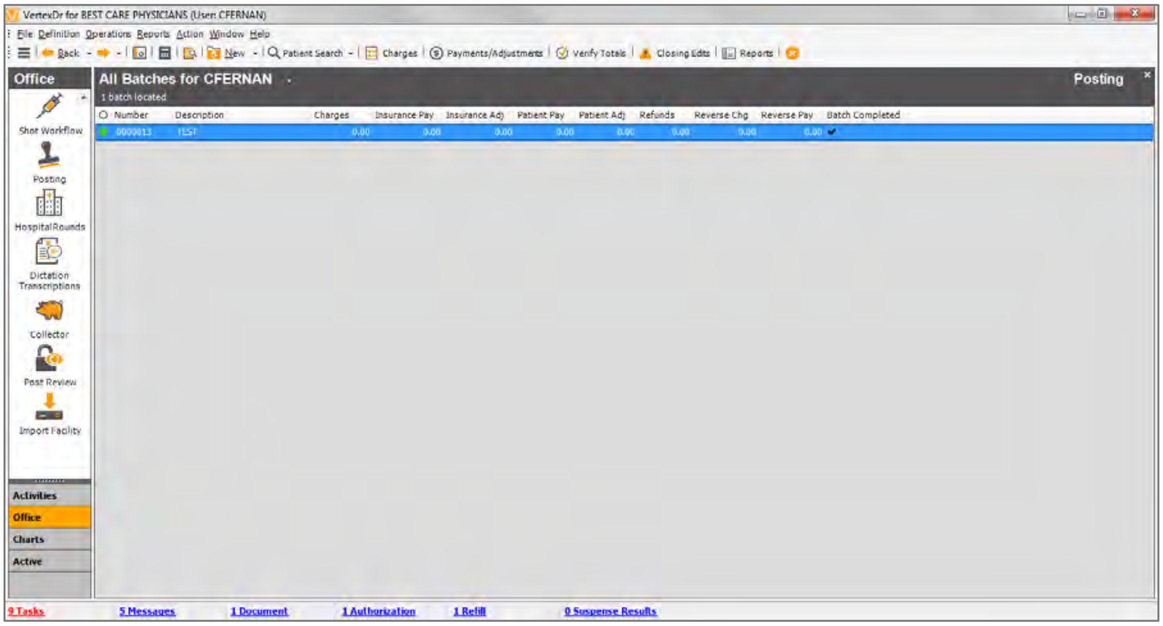
1. Enter the desired service dates in the *From Service Date* and *To Service Date* Fields.
2. Select how the listing should be displayed from the **Report Sort** Dropdown.
3. The report will automatically generate for all providers. To select specific providers only, search and select the desired providers from the *Locate by Provider* Field.
4. When finished, select the **OK** Button to generate the listing.

Data Import Facility Batches

When the desired Transaction Release Option is selected and the specified transactions are released, a posting batch with specified transactions will be automatically created for the user.

Accessing Data Import Facility Batches

To access the auto-generated batch, select the **Posting** Icon in the *Office* Section of the Navigation Pane.

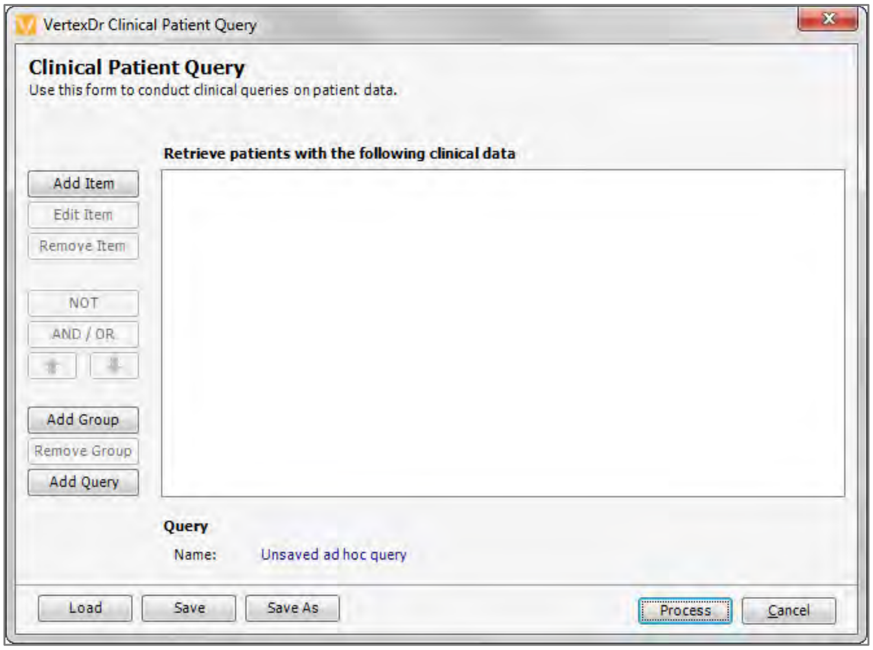


The Data Import Facility batch will be listed with all other batches created by the user.

Note: Data Import Facility batches are automatically named with the following naming convention: BATCH DATA IMPORT – 00/00/0000.

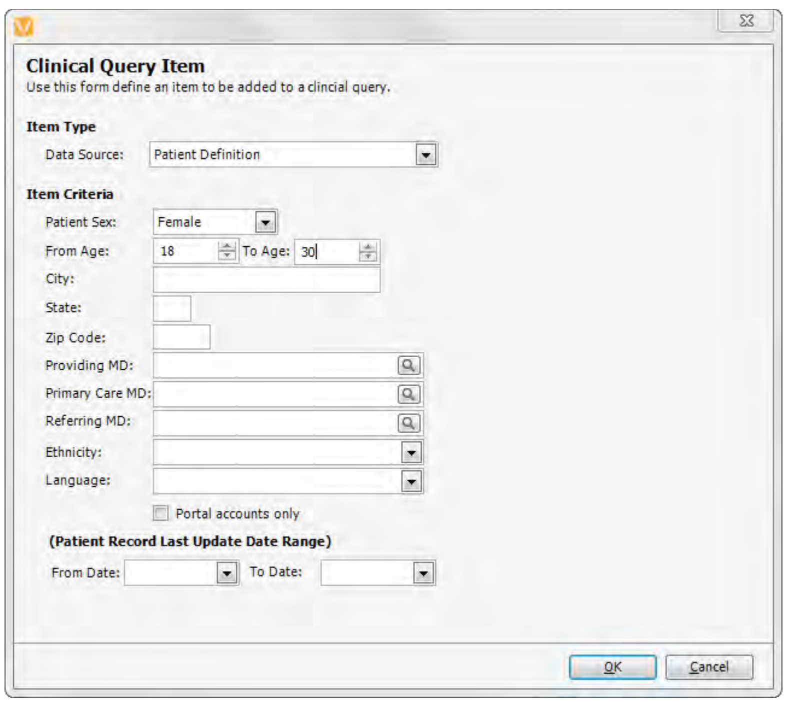
Patient Query

The Patient Query Facility allows the practice to query specific patient information such as labs, medications, race, etc. To generate a query, select **Patient Query List** from the **File** Menu of the Practice Suite. The *Clinical Patient Query* Window will open.



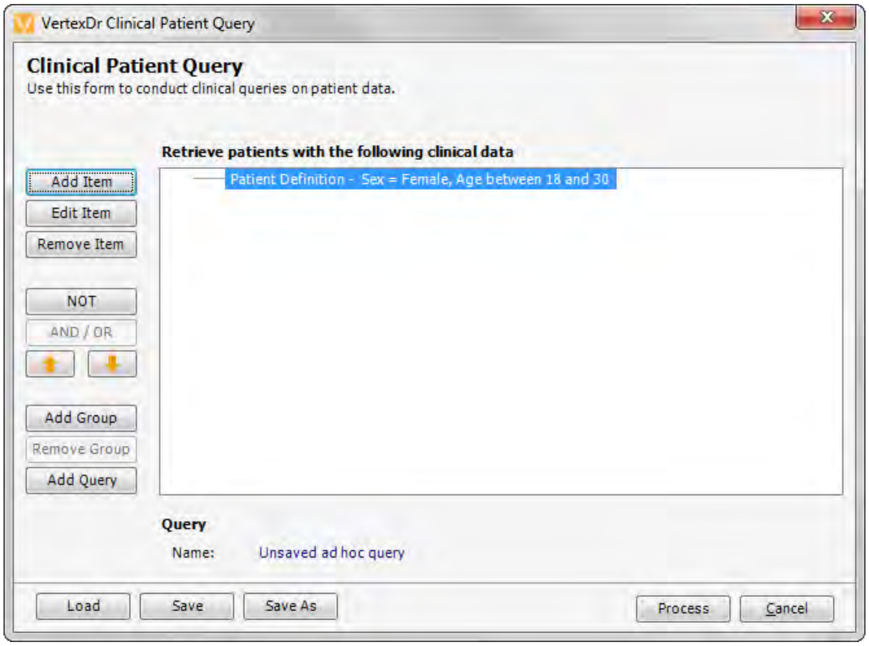
Generating a Query

1. Select the **Add Item** Button. The *Clinical Query Item* Window will open.

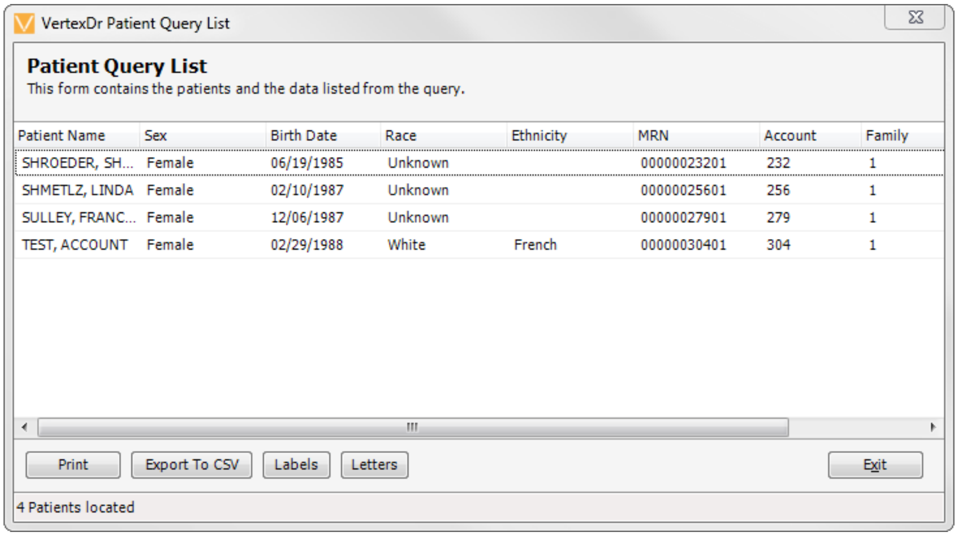


2. Select an item from the **Data Source** Dropdown.
3. Select the information in the *Item Criteria* Section you wish to query by completing the fields.

4. When finished, click the **OK** Button to return to the *Clinical Patient Query* Window.

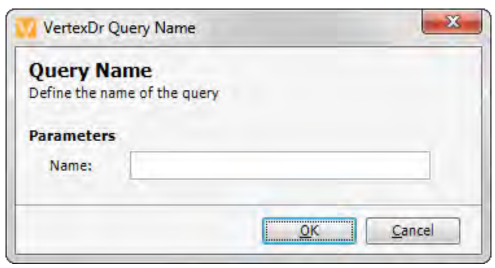


5. To make changes to a selected Item, highlight the item in the *Retrieve patients with the following clinical data* List Box and then select the **Edit Item** Button.
6. To remove a selected item, highlight the item in the *Retrieve patients with the following clinical data* List Box and then select the **Remove Item** Button.
7. If you wish to exclude a selected item, highlight the item in the *Retrieve patients with the following clinical data* List Box and then select the **NOT** Button.
8. If you wish for the query to combine items when searching, highlight the item in the *Retrieve patients with the following clinical data* List Box and then select the **AND/OR** Button.
9. If you would like to manually add a group before adding an item, select the **Add Group** Button.
10. To remove a group from the query, highlight the group in the *Retrieve patients with the following clinical data* List Box and then select the **Remove Group** Button.
11. If you wish to move items between groups and/or reorder items, select the **Move Up** and **Move Down** Arrow Buttons.
12. To run the defined query, select the **Process** Button. The *Patient Query List* Window will display with the qualifying patients listed.



Saving a New Query

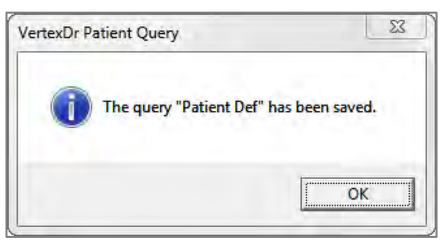
To save a new query, select the **Save As** Button on the *Clinical Patient Query* Window. The *Query Name* Window will open.



Enter a name for the query and then click the **OK** Button.

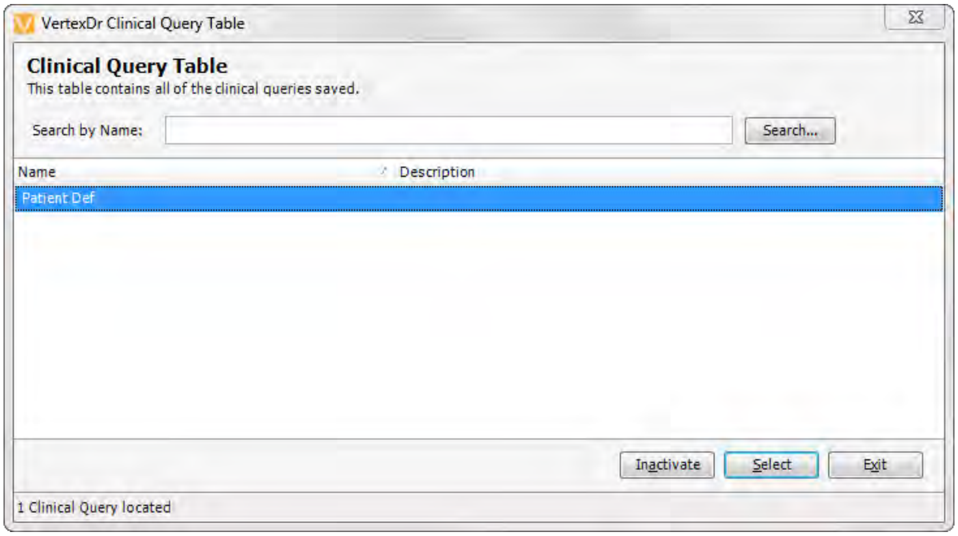
Saving an Existing Query

To save any changes you've made to an existing query, select the **Save** Button on the *Clinical Patient Query* Window. The *Patient Query Message* Window will display notifying you that your changes have been saved.



Loading a Saved Query

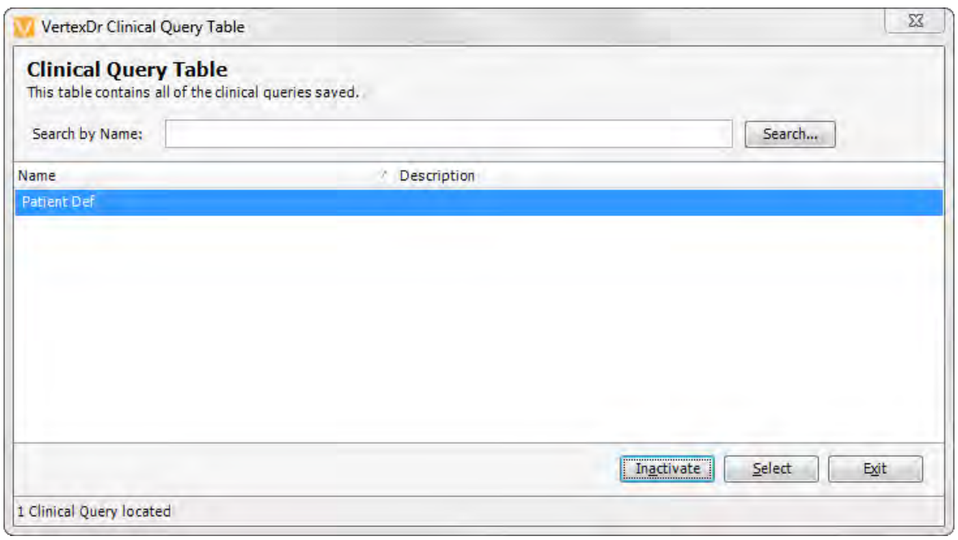
To open a saved query, select the **Load** Button on the *Clinical Patient Query* Window. The *Research Query Table* Window will open.



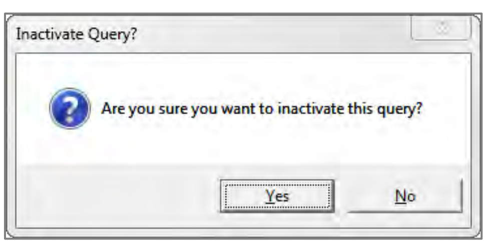
Highlight the desired query and click the **Select** Button. The defined query will populate in the *Retrieve patients with the following clinical data* List Box.

Inactivating a Saved Query

To Inactivate a saved query, select the **Load** Button on the *Clinical Patient Query* Window. The *Research Query Table* Window will open.



Highlight the desired query and then click the **Inactivate** Button. The Inactivate Query Window will open.



Select the **Yes** Button to confirm the deletion, select the **No** Button to cancel the delete request or select the **Cancel** Button.

Clinical Research

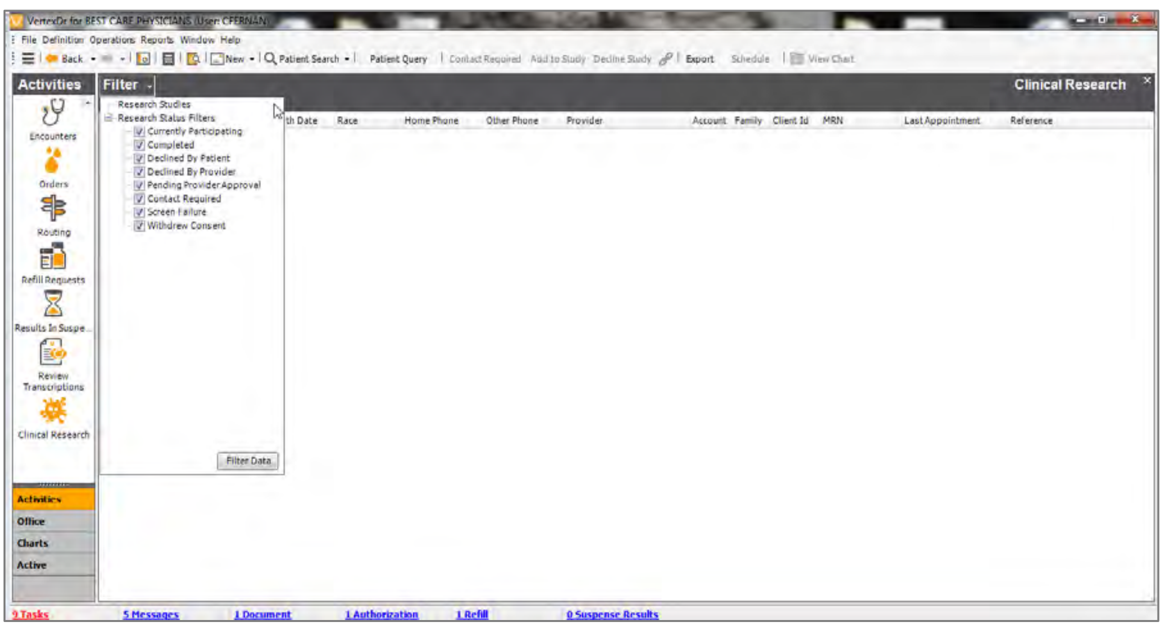
The Clinical Research Module allows practices to query patient data for possible patients to contact for clinical trial participation. The Clinical Research Module manages your patients' progress throughout the life of the trial and provides the practice the ability to track patient participation and patients who decline participation or are unable to participate.

Clinical Research Workflow

The **Clinical Research** Icon is located within the Practice Suite under the **Activities** Menu.

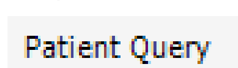
Note: Access to the **Clinical Research** Icon is given under *User Security* Definition.

Users can filter between research studies and status filters by clicking on the **Filter** Button.



Patient Query

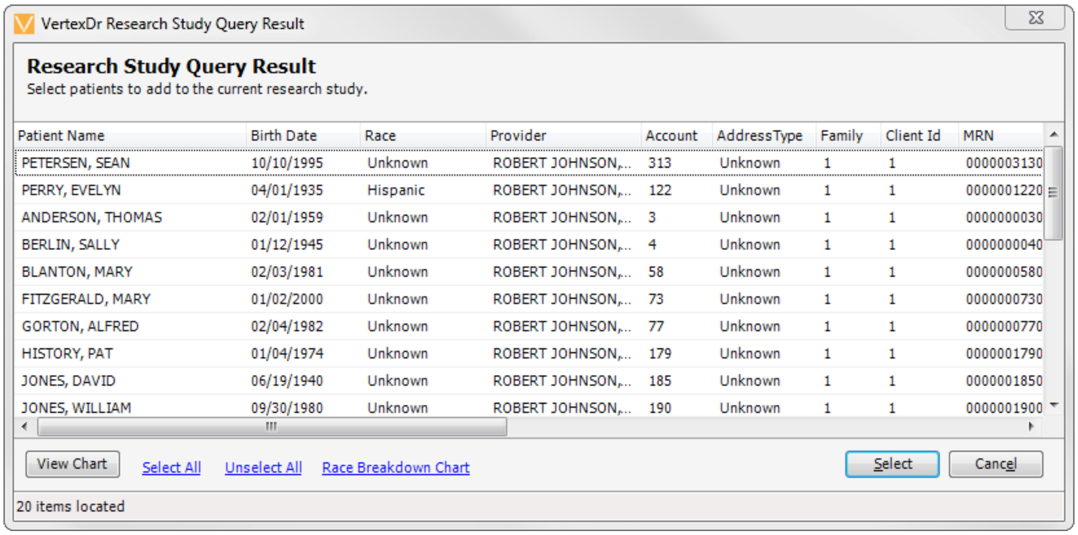
Your patient population can be searched and patients can be added to the study by clicking on the **Patient Query** Button.



Note: For more information on generating and saving queries, please reference the *Patient Query* Section of this manual.

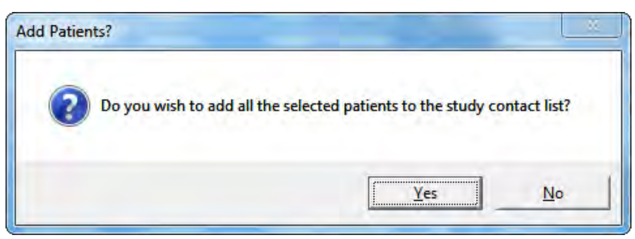
Processing a Query

1. To run the defined query, select the **Process** Button. The *Patient Query List* Window will display with the qualifying patients listed.



- The **Select All** Link is available to select all patients listed for the study. Individual patients can be selected by using Ctrl Key and highlighting the desired patients for the study.
- The **Unselect All** Link is available to unselect all highlighted patients.
- The **Race Breakdown Chart** Link provides the practice with a pie chart of the patient races based on the generated query.

2. Click the **Select** Button to add the selected patients to a clinical study contact list.



3. The *Add Patients?* Window appears to confirm that you wish to add all selected patients to the study contact list. Select the **Yes** Button to add the selected patients to the study contact list. Select the **No** Button to return to the *Research Study Query Result* Window.
4. If the Yes Button is selected, the selected patients will be moved to the *Contact Required Status* Section.

Patient Status

Patients are separated within the Clinical Research Workflow by *Statuses*. The patient's study status organizes patient's progress while the patient is participating with a clinical trial.

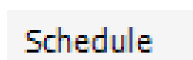
Statuses

Clinical Research Statuses include:

- *Currently Participating* – The patient has been contacted and is currently taking part in the study.
- *Completed* – The patient has completed the study.
- *Declined* – The patient was contacted and did not wish to participate in the study.
- *Contact Required* – The patient was selected through the Patient Query process and needs to be contacted regarding the study.
- *Screen Failure* – The patient did not meet the criteria for the study.
- *Withdrew Consent* – The patient no longer wishes to participate in the study.

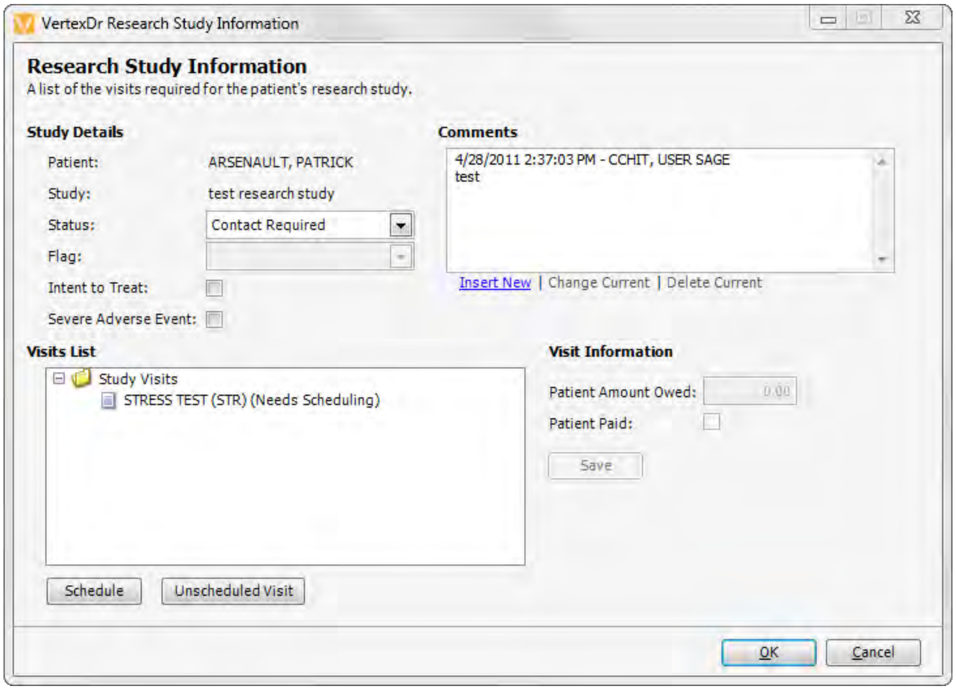
Scheduling Study Appointments

1. When the patient is in the status of *Contact Required*, click on the **Schedule** Button to schedule the patient for a clinical research appointment.



Note: Patient appointments are required to be scheduled and maintained within the *Research Study Information* Window.

The *Research Study Information* Window opens.

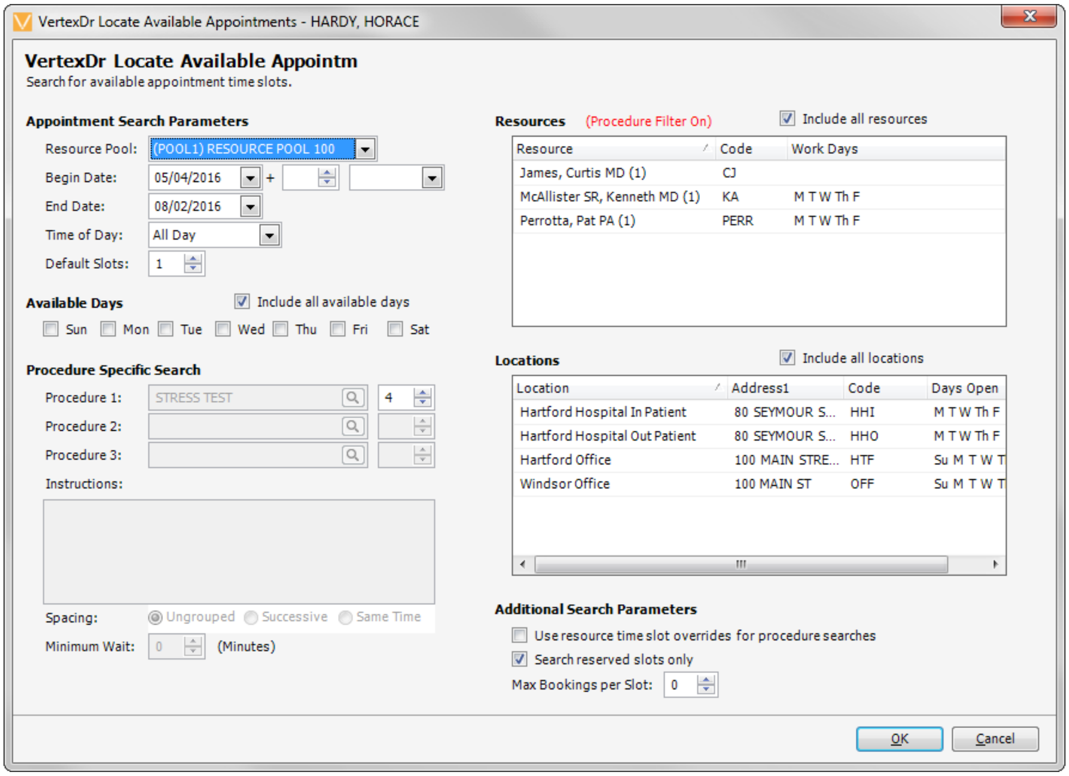


2. Select the **Currently Participating** Status Dropdown if the patient has decided to go forward with participating in the clinical study.

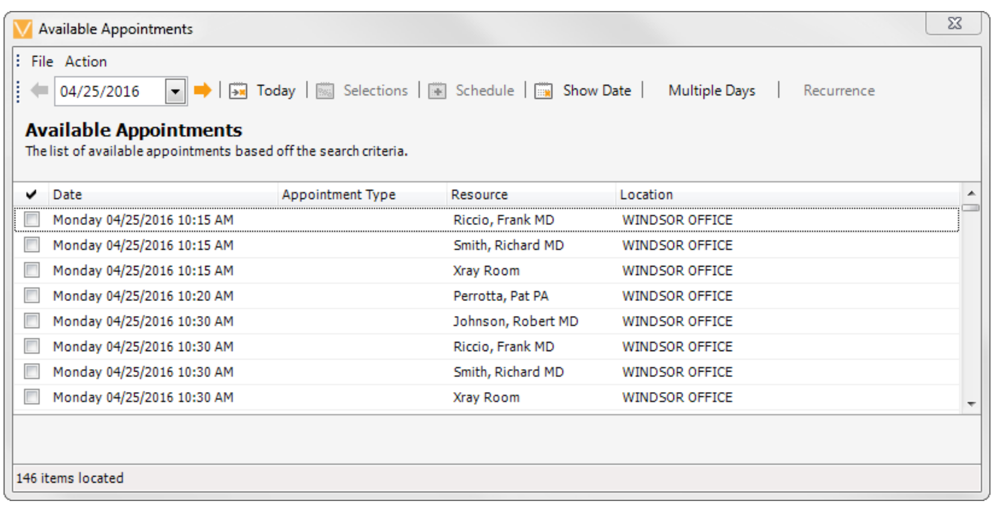
Note: If the patient has declined participation at this point, select **Declined** from the **Status** Dropdown.

3. From the *Visit List* List Box, select the desired appointment type to be scheduled by highlighting on the appointment type and then clicking the **Schedule** Button. This will open the *Locate Available Appointments* Window.

4. Select the desired **Begin Date** and **End Date**, **Time of Day**, **Available Days**, **Resource(s)** and **Location(s)**.

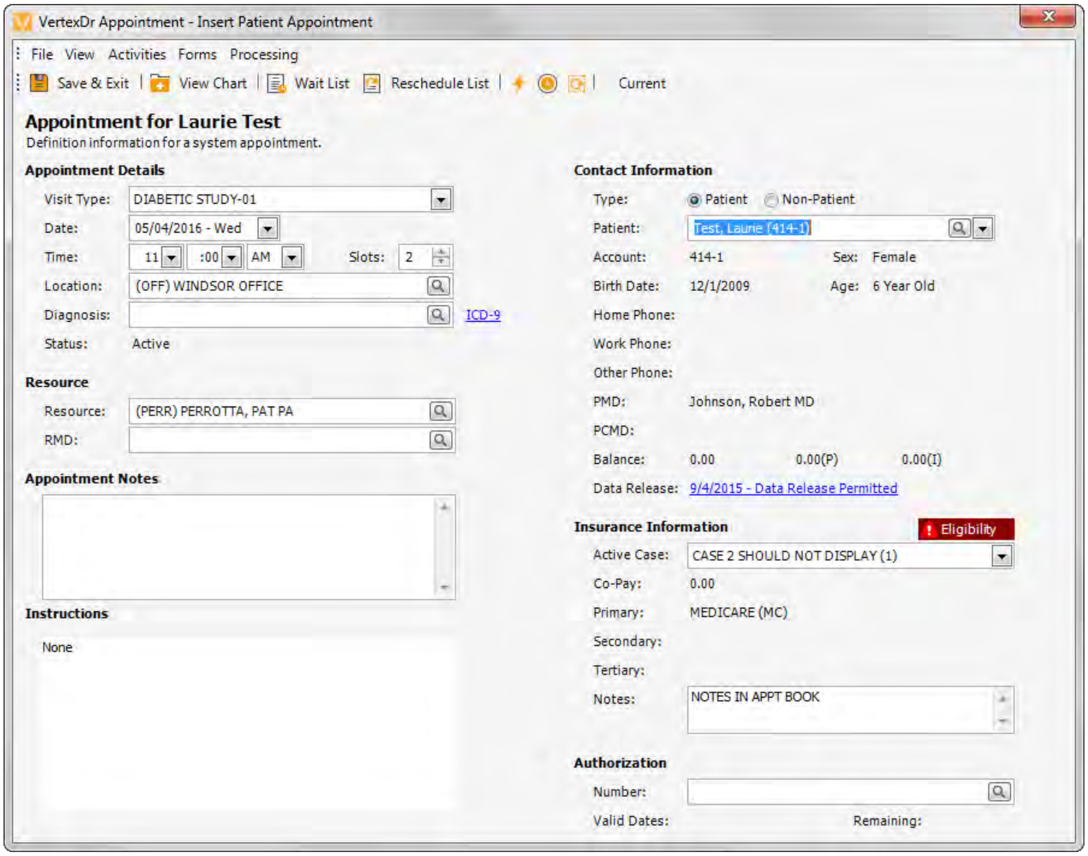


5. Click the **OK** Button to search for available appointments. The *Available Appointments* Window will open displaying the available appointments located.



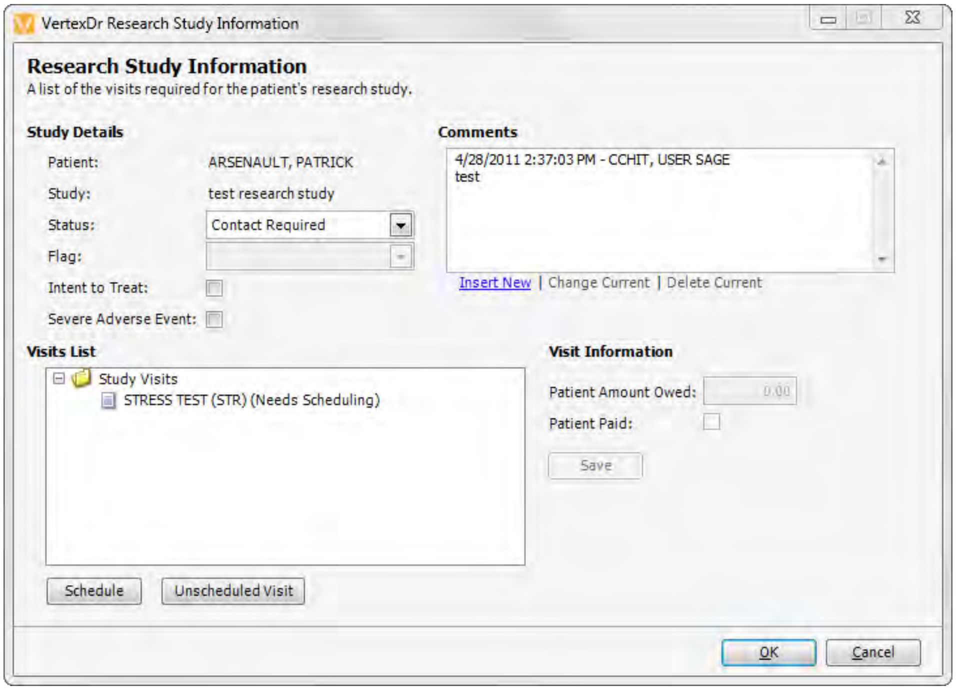
6. Check off the most convenient appointment date and time and then click the **Schedule Button**.

The *Insert Patient Appointment* Window opens with the pre-defined **Visit Type** and **Patient** information selected. *Appointment Notes* can also be added at this time if necessary.



7. Click the **Save & Exit** Button to save the clinical research appointment. The *Scheduled Appointment Confirmation* Window will open.
8. The selected appointment can be modified with the **Change** Button.
9. The selected appointment can be deleted with the **Delete** Button.
10. A list of the scheduled appointments can be sent to a printer by selecting the **Print** Button.

11. The **Exit** Button will close the *Scheduled Appointment Confirmation* Window and return the user to the *Research Study Information Window*.



- The pre-defined *Patient Amount Owed* Text Box displays the amount paid to the patient.
- The **Patient Paid** Checkbox should be checked off when the patient receives payment for study participation.
- Click the **Save** Button to save the payment information.

Note: Payment information is only tracked on the *Patient Paid Export*. For more information on reporting, reference the *Reports* Section of this manual.

12. Click the **OK** Button on the *Research Study Information* Window to continue. The patient will move to the *Currently Participating* Status within Clinical Research.

Unscheduled Visits

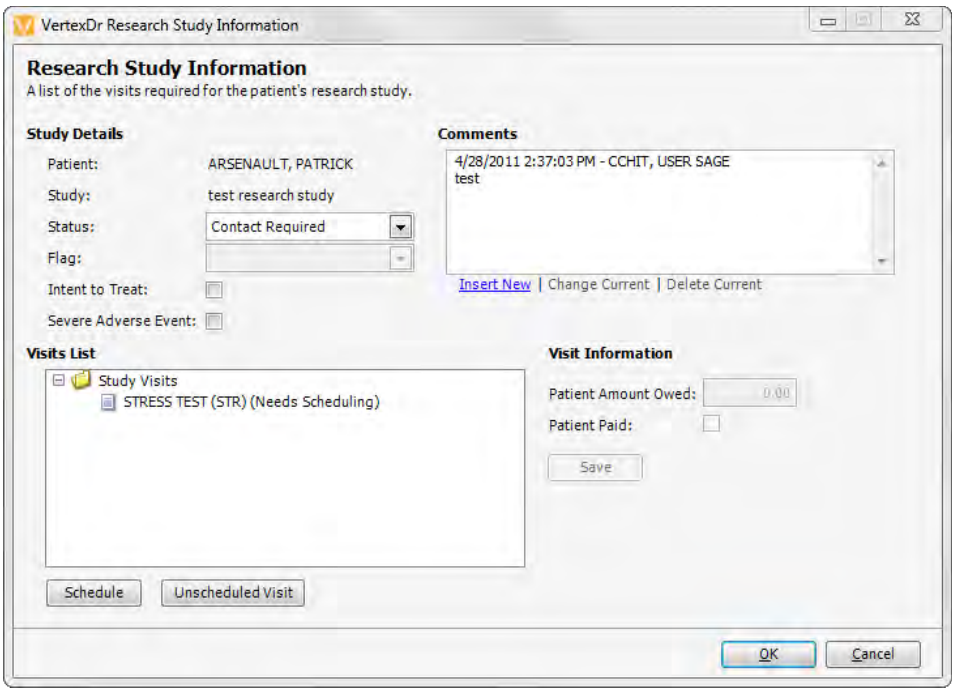
Unscheduled visits are appointments that are scheduled in between the regularly scheduled, pre-define study visit parameters; for example, adverse reaction visits. For the duration the patient is participating in a research study, *all* study related appointments *must* be scheduled in the patients' *Research Study Information* Window or the appointment will never be linked to the study.

Note: You can also view the *Research Study Information* Window from within the Patient Chart. To do so, click the *Clinical Research* Section. Double click on the desired study to access the *Research Study Information* Window. This is helpful when scheduling Unscheduled Visits.

1. Click on the **Unscheduled Visit** Button to schedule. The *Locate Available Appointments* Window opens. Continue to search for the next available appointment. For more information on scheduling study visits, reference the the *Scheduling Study Appointments* Section of this manual.

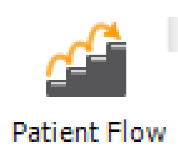
Note: An Unscheduled Research Visit Appointment Type is suggested and no information will automatically be populated in the *Insert Patient Appointment* Window.

2. When the unscheduled appointment is saved, the *Research Study Information* Window displays the unscheduled appointment in the *Visit List* List Box for tracking purposes.

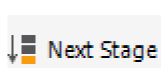


Patient Check In

Patients scheduled for clinical research study visits will display under the *Office* Section in the **Patient Flow** Icon of the Practice Suite as usual.



When the patient arrives for their clinical research appointment, highlight the patient and click the **Next Stage** Button to check the patient in.

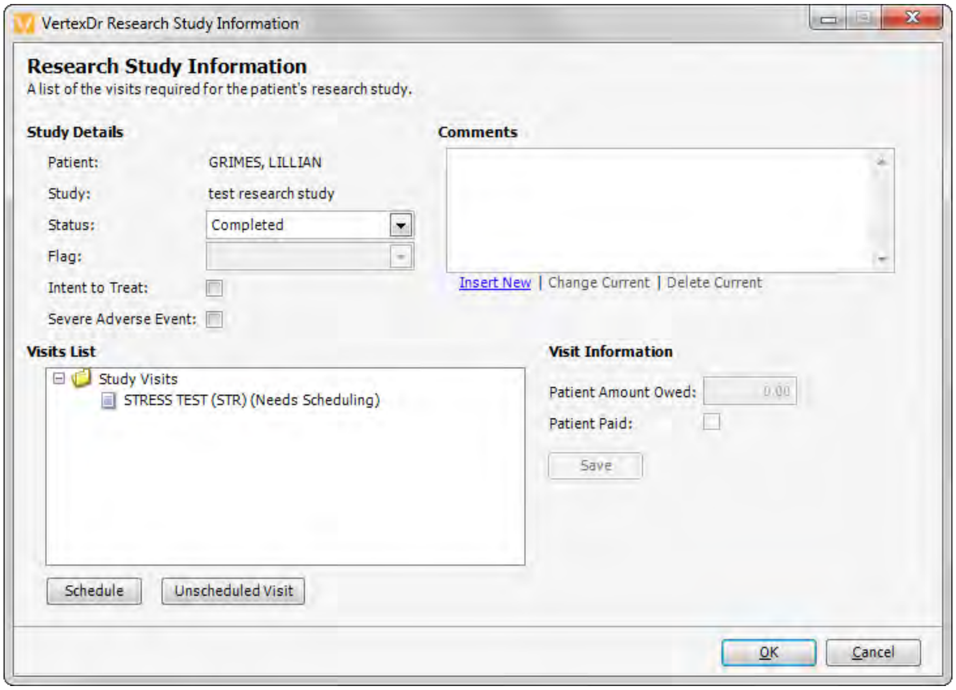


The *Patient Check-In* Window will open. Verify and change any demographic information as needed and then click the **Save & Close** Button to continue.

Note: Once a patient is checked in through the *Patient Flow* Area, the *Last Appointment* Column of the *Clinical Research* Section will populate with the *Appointment Type* Description of the newly checked-in appointment.

Scheduling Follow-Up Visits

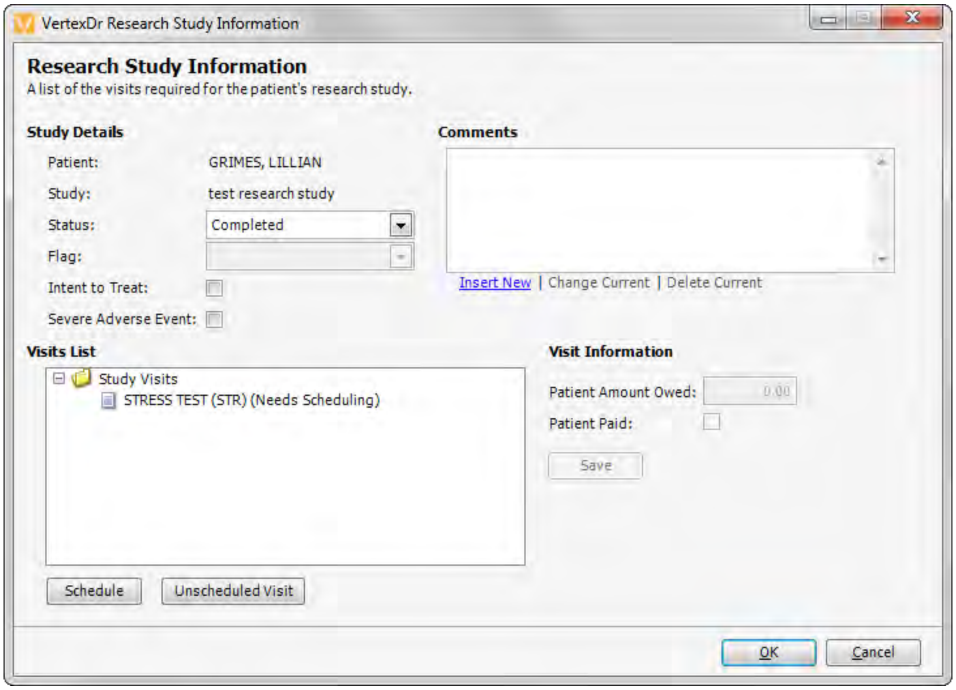
Follow-Up visits are scheduled very similar to study appointments. From the *Research Study Information* Window, highlight the pre-defined follow up appointment from the *Visit List* List Box and then click the **Schedule** Button.



The *Locate Available Appointments* Window opens. Continue to search for the next available appointment by using the instructions located in the *Scheduling Study Appointments* Section of this manual.

Study Completion

Once the patient completes the study, double click on the patient name in the **Clinical Research** Workflow of the Practice Suite. The *Research Study Information* Window opens.

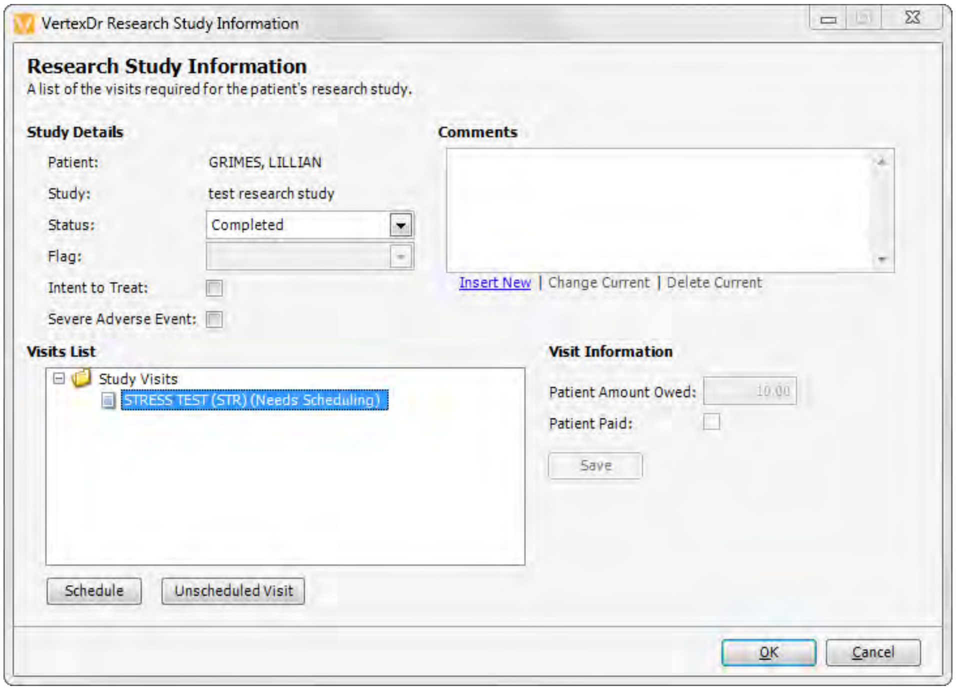


Change the **Status** Dropdown from *Currently Participating* to *Completed* and then click the **OK** Button to save.

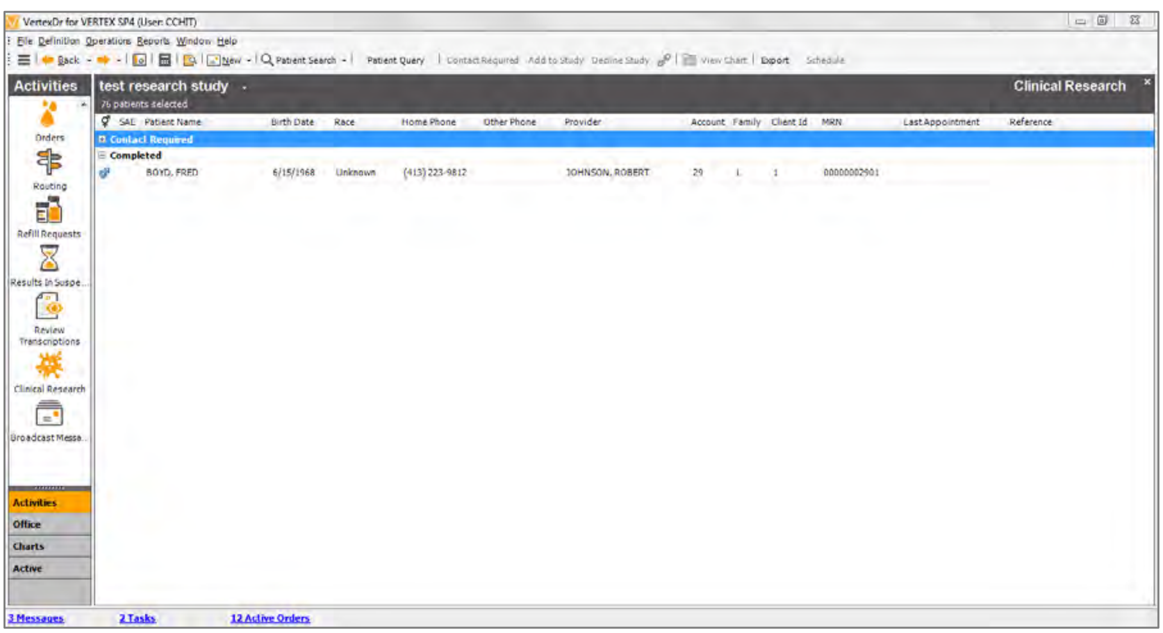
Intent to Treat

Upon study completion, the practice has the ability to record if the patient is interested in moving forward with treatment.

1. Double click on the patient name in the **Clinical Research** Workflow of the Practice Suite. The *Research Study Information* Window opens.



2. Check off the **Intent to Treat** Checkbox.
3. Click the **OK** Button to save. The patient name will be highlighted in *gray* on the Clinical Research Workflow to designate intent to treat.

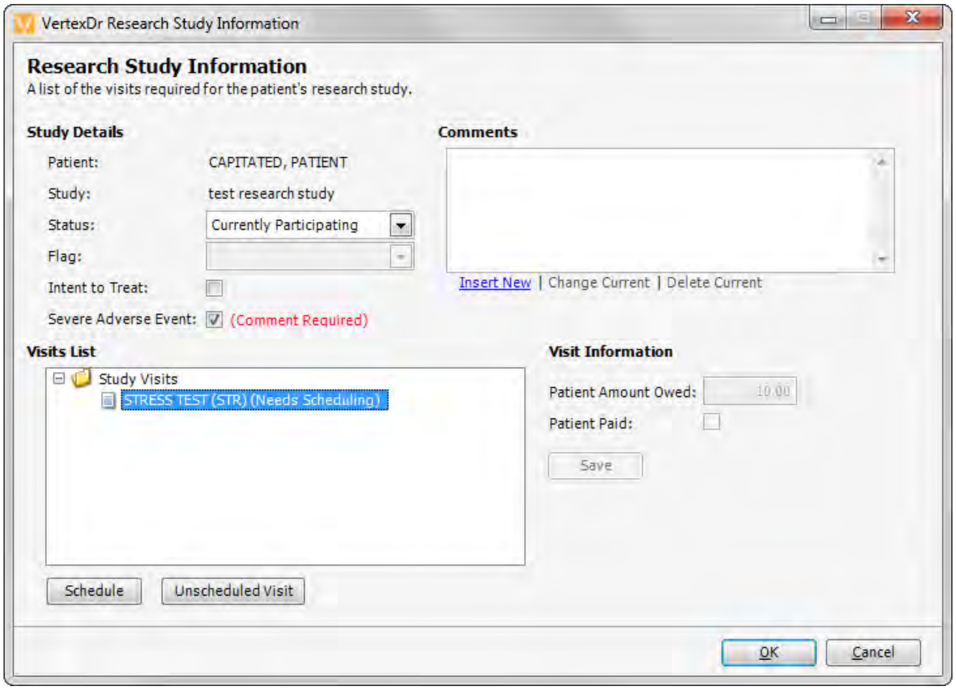


Note: Reporting is not available for patients marked with **Intent to Treat**. They will only display in the *Completed* Status highlighted in *gray*.

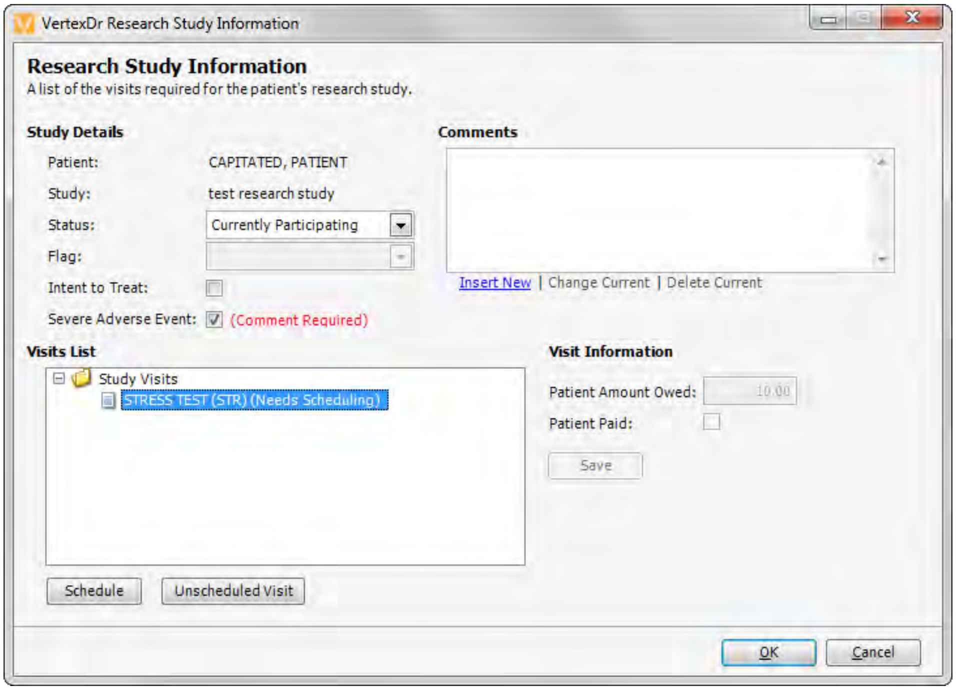
Severe Adverse Events

There are some circumstances where patients may have a severe adverse event while participating in the clinical trial. In these situations, the patient can be flagged and a comment can be entered.

1. Double click on the patient name in the **Clinical Research** Workflow of the Practice Suite. The *Research Study Information* Window opens.



2. Check off the **Severe Adverse Event** Checkbox. A red flag appears reminding the user that a comment is recommended prior to exiting out of this screen.



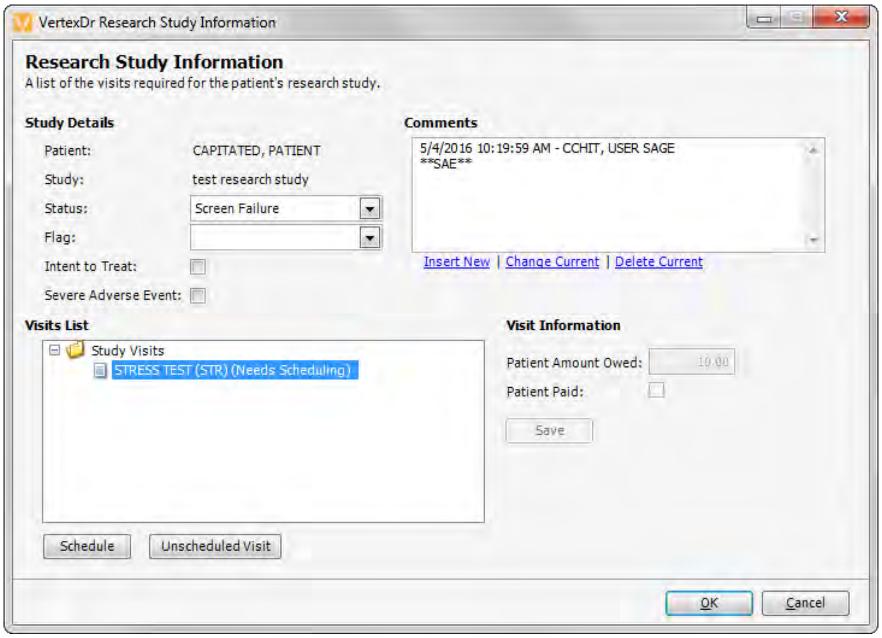
3. Click on the **Insert New** Link on the *Comments* Section of the *Research Study Information* Window. Your comment can be entered at this point or a Text Response can be selected by clicking on the **Text Response** Button.

4. When the comment has been noted, click on the **OK** Button to save. The patient will remain in the *Currently Participating* Status.

Screen Failures

There are some circumstances where patients may be unable to participate in a clinical trial. The reasons why a patient may not be able to participate in a clinical trial are called Screen Failures.

1. Once a patient has accepted to participate in the study, double click on the patient from the *Currently Participating* Status of the **Clinical Research** Icon of the Suite. The *Research Study Information* Window will open.

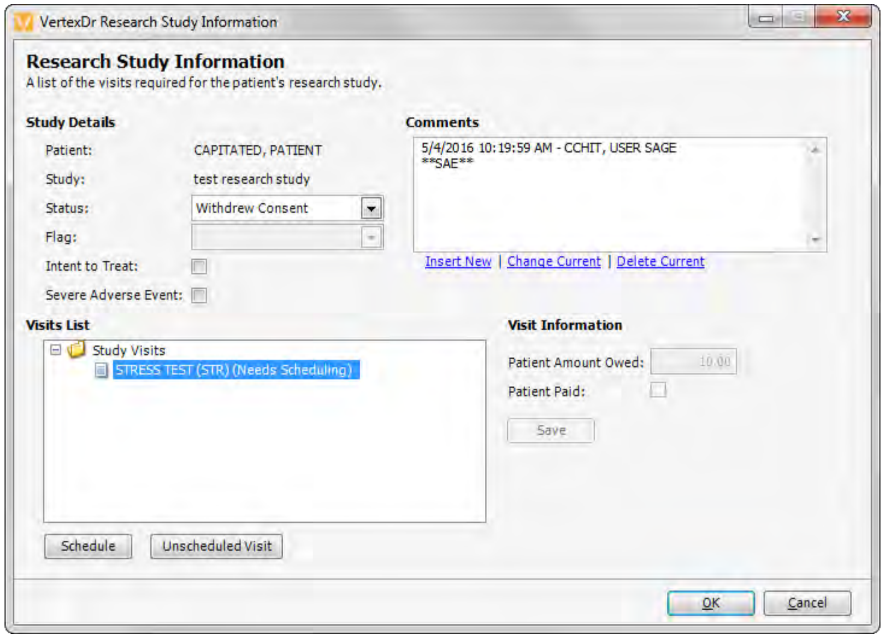


2. Change the status from *Currently Participating* to *Screen Failure*.
3. Click the **OK** Button to continue. The patient will now display under the *Screen Failure* Status of the Clinical Research workflow.

Withdrew Consent

There are some circumstances where a patient may choose to not participate in the clinical trial after agreeing to participate. In this situation, the patient withdrew their consent to participate.

1. Once a patient has accepted to participate in the study, double click on the patient from the *Currently Participating* Status of the **Clinical Research** Icon of the Suite. The *Research Study Information* Window will open.



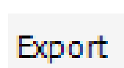
2. Change the status from *Currently Participating* to *Withdrew Consent*.
3. Click the **OK** Button to continue. The patient will now display under the *Withdrew Consent* Status of the Clinical Research workflow.

Clinical Research Reports

Patient Paid Export

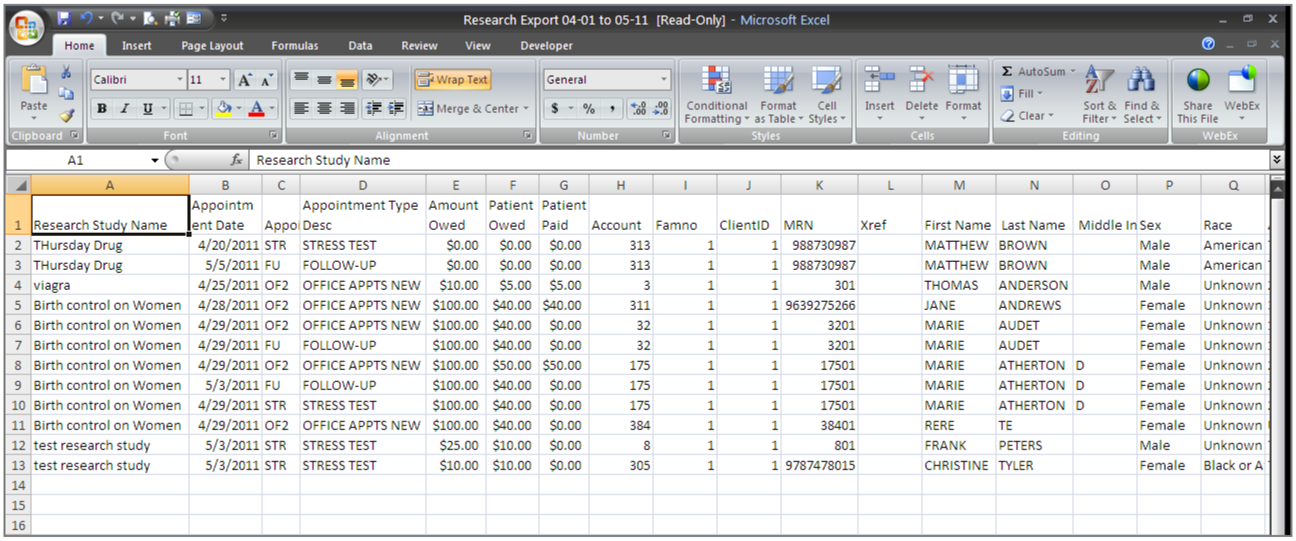
This report will provide an exported file to manage payments received and payments made to patients for clinical trial participation. This report will provide information for all studies defined in the Clinical Research Module

1. From within the **Clinical Research** Icon, click on the **Export** Button.



   This will open the *Excel Extract* Window.
2. The **Start Date** and **End Date** can be adjusted as needed.
3. Click the **Save** Button to save the Excel file. The name of the file can be changed accordingly.

Note: The file will need to be opened and viewed using Microsoft Excel.



Research Study Name	Appointment Date	Appoi	Appointment Type Desc	Amount Owed	Patient Owed	Patient Paid	Account	Famno	ClientID	MRN	Xref	First Name	Last Name	Middle In	Sex	Race
THursday Drug	4/20/2011	STR	STRESS TEST	$0.00	$0.00	$0.00	313	1	1	988730987		MATTHEW	BROWN		Male	American
THursday Drug	5/5/2011	FU	FOLLOW-UP	$0.00	$0.00	$0.00	313	1	1	988730987		MATTHEW	BROWN		Male	American
viagra	4/25/2011	OF2	OFFICE APPTS NEW	$10.00	$5.00	$5.00	3	1	1	301		THOMAS	ANDERSON		Male	Unknown
Birth control on Women	4/28/2011	OF2	OFFICE APPTS NEW	$100.00	$40.00	$40.00	311	1	1	9639275266		JANE	ANDREWS		Female	Unknown
Birth control on Women	4/29/2011	OF2	OFFICE APPTS NEW	$100.00	$40.00	$0.00	32	1	1	3201		MARIE	AUDET		Female	Unknown
Birth control on Women	4/29/2011	FU	FOLLOW-UP	$100.00	$40.00	$0.00	32	1	1	3201		MARIE	AUDET		Female	Unknown
Birth control on Women	4/29/2011	OF2	OFFICE APPTS NEW	$100.00	$50.00	$50.00	175	1	1	17501		MARIE	ATHERTON	D	Female	Unknown
Birth control on Women	5/3/2011	FU	FOLLOW-UP	$100.00	$40.00	$0.00	175	1	1	17501		MARIE	ATHERTON	D	Female	Unknown
Birth control on Women	4/29/2011	STR	STRESS TEST	$100.00	$40.00	$0.00	175	1	1	17501		MARIE	ATHERTON	D	Female	Unknown
Birth control on Women	4/29/2011	OF2	OFFICE APPTS NEW	$100.00	$40.00	$0.00	384	1	1	38401		RERE	TE		Female	Unknown
test research study	5/3/2011	STR	STRESS TEST	$25.00	$10.00	$0.00	8	1	1	801		FRANK	PETERS		Male	Unknown
test research study	5/3/2011	STR	STRESS TEST	$10.00	$10.00	$0.00	305	1	1	9787478015		CHRISTINE	TYLER		Female	Black or A

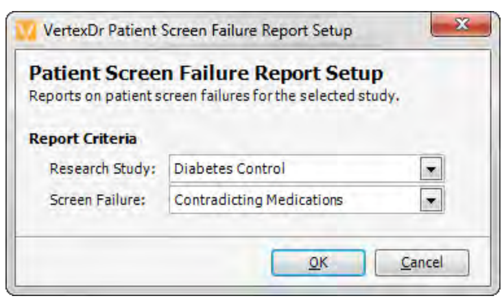
Each study is listed in the report along with Appointment Type Code and Description, the amount the patient was paid (if the **Patient Paid** Checkbox was selected), and other demographic information.

Patient Screen Failures

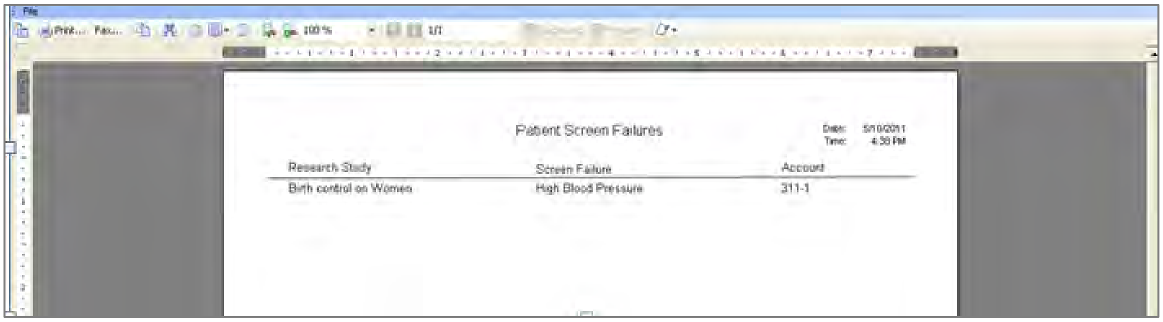
This report will list all screen failures by study and list the patient's account number.

Note: The user must have access to the Clinical Research Workflow Module in order to access this report.

1. From within the **Clinical Research** Icon, click on the *Reports* Menu and then select **Patient Screen Failures** from the list. The *Patient Screen Failure Report Setup* Window will open.



2. Select the desired **Research Study** and **Screen Failure** from the dropdowns and then click the **OK** Button to run the report. The *Report Viewer* Window will open to display the report.

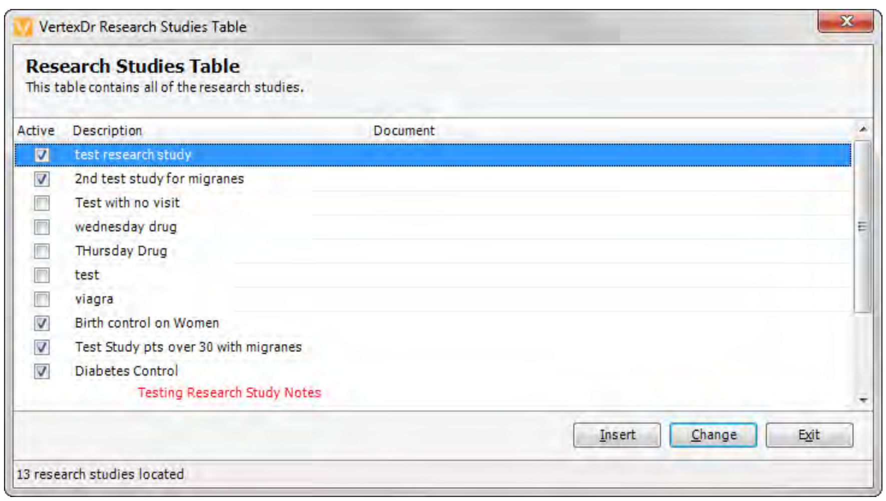


Clinical Research Set-Up

Before the patient query can be run, there are four (4) definitions and securities that need to be set up. This section will explain those definitions.

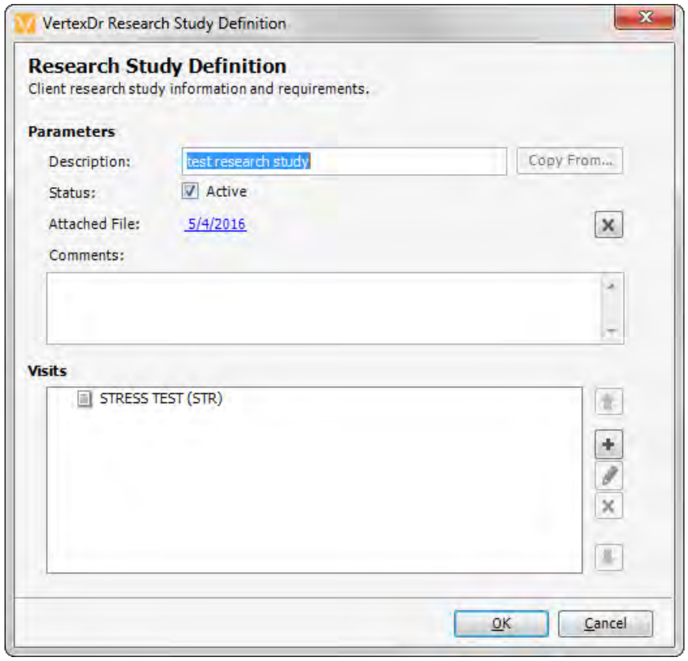
Research Study Definition

Research Study Definition defines the clinical trials that will be managed within the Practice Suite. To access this definition, select **Definition**, **Clinical Research**, and then select **Research Study**. The *Research Studies Table* Window opens.



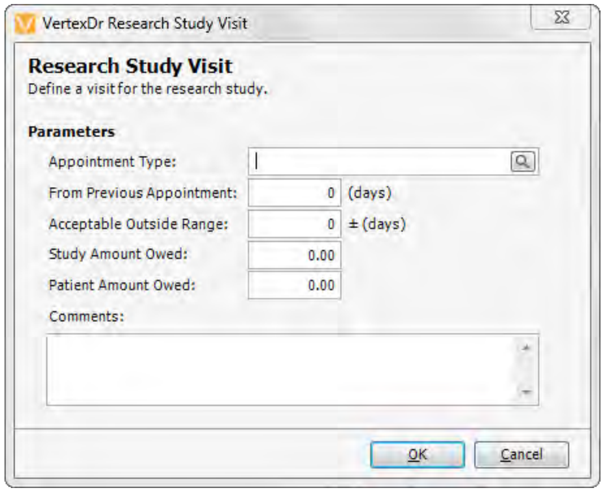
1. Click the **Insert** Button to add a new clinical study.
2. Click on the **Change** Button to edit an existing clinical study.

3. Click on the **Exit** Button to close the *Research Studies Table* Window.



4. If the **Insert** of **Change** Button is selected, the *Research Study Definition* Window will open.
   - The **Description** defines the name of the clinical study.
   - The **Status** Checkbox allows a clinical study to be inactivated.
   - The **Attached File** Link allows for a document to be attached to the clinical study for study protocol and education. This can be a .pdf or a .doc. **Attached Files** can be deleted by clicking on the **Delete** Icon.
   - The **Comments** area allows for additional comments to be added to the study definition.

- The *Visits* Section allows for appointment parameters to be defined for locating the first available clinical study appointment. Click on the Icon to define the appointment parameters. The *Research Study Visit* Window will open.



- The **Appointment Type** Search allows for an appointment type to be defined. It is suggested that study related appointment types be created and used if the practice isn't already doing so. The appointment type should also be flagged to not display in the *Missing Charge Audit* Report.
- The **From Previous Appointment** defines the number of days the first available appointment will be searched after the initial appointment is scheduled.
- The **Acceptable Outside Range** defines the number of additional days to allow a follow up visit to be scheduled. For example, in the example above, after the initial appointment, the next appointment will be scheduled 10 days out, but within 15 days.
- The **Study Amount Owed** defines the amount the practice will be paid for participation with the clinical trial.

Note: This information will only display in this area.

- The **Patient Amount Owed** defines the amount the patient will be paid for participation with the clinical trial.

Note: This information will display in the *Patient Research Study Information* Window.

- The *Comments* Section allows for additional comments to be added to the research study visit.

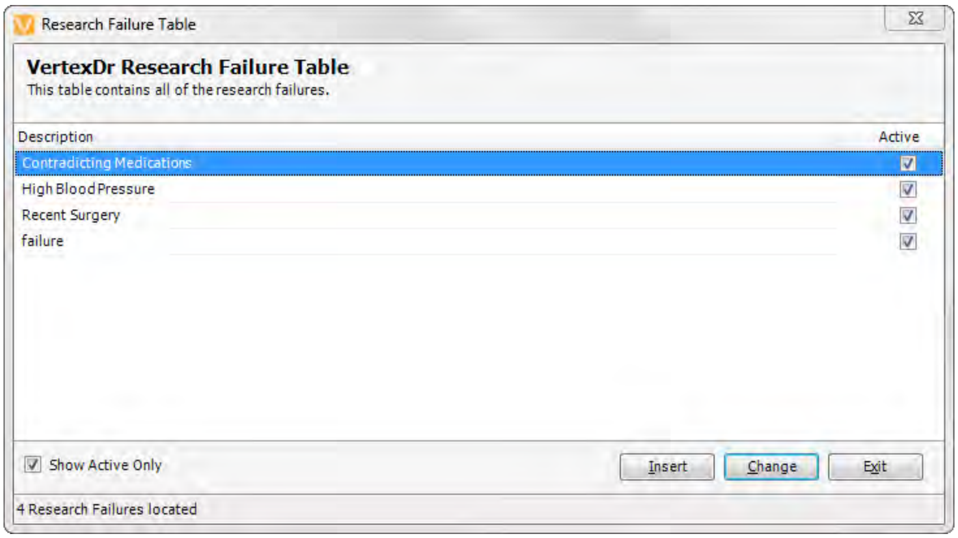
5. Click the **OK** Button to continue. The *Research Study Definition* Window will open.

- Visits can be reordered by clicking the **Up** or **Down** Icons.

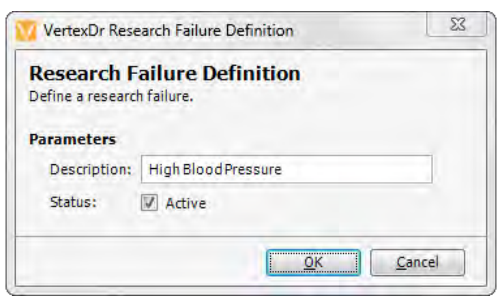
- Visits can be modified by clicking the **Pencil**  Icon.
- Visits can be deleted by clicking the **Delete**  Icon.

Screen Failure Definition

1. Screen failures can be defined by accessing **Definition**, **Clinical Research**, and then selecting **Screen Failures**. The *Research Failure Table* Window will open.



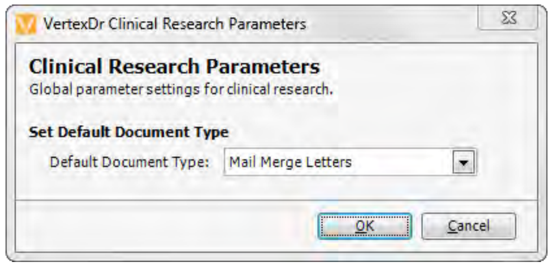
2. New screen failures can be added by clicking on the **Insert** Button.
3. Existing screen failures can be modified by clicking on the **Change** Button.
4. The **Exit** Button will close the *Research Failure Table* Window.



5. If the **Insert** or **Change** Button is selected, the *Research Failure Definition* Window will open.
   - The **Description** is the name of the screen failure.
   - The **Status** Checkbox allows the screen failure to be inactivated.
6. Click the **OK** Button to continue.

Clinical Research Parameters

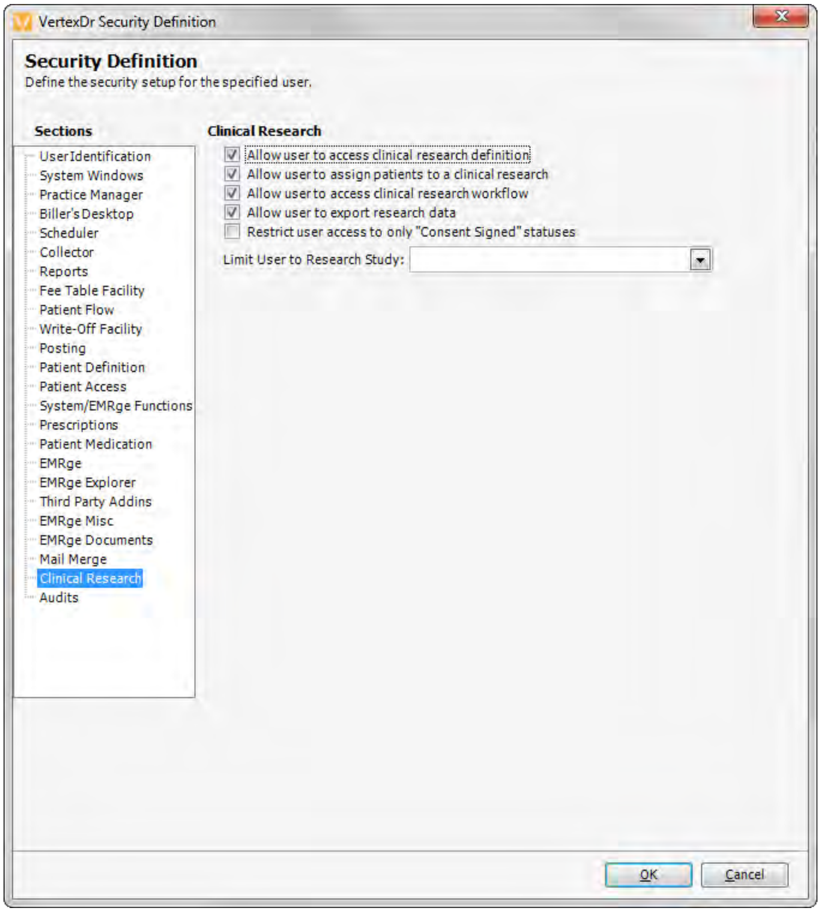
Clinical research document parameters can be created by accessing **Definition**, **Parameters**, and then selecting **Clinical Research**. The *Clinical Research Parameters* Window will open.



- The **Default Document Type** Dropdown allows for the selection of a default document type. It is suggested that a clinical research document type be created for use with the Clinical Research workflow if one hasn't already been created.

User Security

In order to access the **Clinical Research** Icon from the Practice Suite, users must have security to access this module. From the User Security Definition, select the correct user and then click the **Change** Button. The *Security Definition* Window will open.



From the *Clinical Research* Section, check all securities that apply.

- The **Allow user to access clinical research definition** allows the user to access the definition tables for the Clinical Research workflow.
- The **Allow user to assign patients to a clinical research** allows the user to add patients to a particular study with the **Add Study** Button.
- The **Allow user to access clinical research workflow** allows the user to access the **Clinical Research** Icon in the Practice Suite.

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