

February 5, 2020



Release Notes

R8, Version 2.02

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1. OVERVIEW

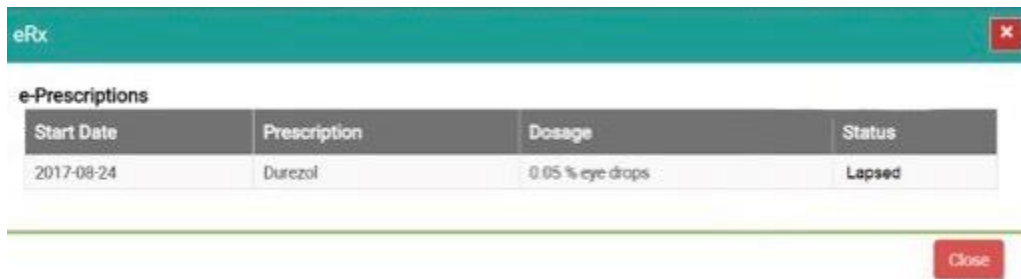
This document contains important information about myCare iMedicWare Version R8 2.02. This content reflects the series of enhancements and changes made to the system during the release.

SETTINGS

Change to Rx Status back from Emdeon

A new call has been implemented in the API calls between Emdeon eRx and IMW. The system will now only bring in the Active status of an existing medication from Emdeon. If the medications are marked as Lapsed in Emdeon then this status will follow over to IMW. The new call will allow for the status of medications to be matched and the same whether you are looking at IMW or Emdeon.

Durezol 0.05 % eye drops	instill 1 drop into both eyes by ophthalmic route 4 times per day ;start 24hrs post op x 2 wks; then 2 times/day x 7 days; then taper	1	0	Lapsed	New	Training Done pharmacy	2045 Midway Drive
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The screenshot shows a window titled "eRx" with a close button in the top right corner. Below the title bar, the text "e-Prescriptions" is displayed. A table with four columns is shown: "Start Date", "Prescription", "Dosage", and "Status". The table contains one row of data: "2017-08-24", "Durezol", "0.05 % eye drops", and "Lapsed". A "Close" button is located at the bottom right of the window.

Start Date	Prescription	Dosage	Status
2017-08-24	Durezol	0.05 % eye drops	Lapsed

Variable Help Section (Settings)

Variable Help section would help the user recognize which variable is available where and in which Document Type. It is basically a guide which will help the user understand and become much more used to the system.

VARIABLE NAME	COLLECTION	CONSENT	CONSULT	EDU/INS	PT. DOCS	OP. NOTE	RECALL	PRESCRIPTIONS	PANELS	STATEMENT
(2 Degree W OD)								<input checked="" type="checkbox"/>		
(2 Degree W OS)								<input checked="" type="checkbox"/>		
(3 Degree W OD)								<input checked="" type="checkbox"/>		
(3 Degree W OS)								<input checked="" type="checkbox"/>		
{A & P_V}			<input checked="" type="checkbox"/>							
{A & F}			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
{ADDRESS1}	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
{ADDRESS2}	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
{ADDRESSEE_ADDRESS}			<input checked="" type="checkbox"/>							
{ADDRESSEE}			<input checked="" type="checkbox"/>							
{ADJUSTMENT}										<input checked="" type="checkbox"/>
{AGE}		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
{ALL_DNS_CASE}		<input checked="" type="checkbox"/>								
{ANTICHAMBER_OD}			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
{ANTICHAMBER_OS}			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
{APPT COMMENTS}					<input checked="" type="checkbox"/>					
{APPT DATE_F}				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

Patient Nick Name Variable (Clinical)

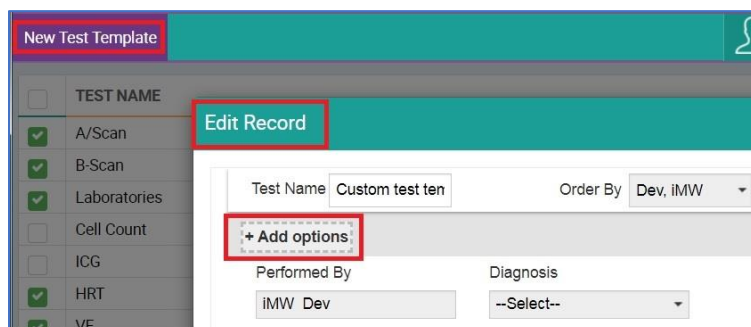
The variable list has been extended to include the nick name variable for all letter and form types.

{PATIENT_NICK_NAME}

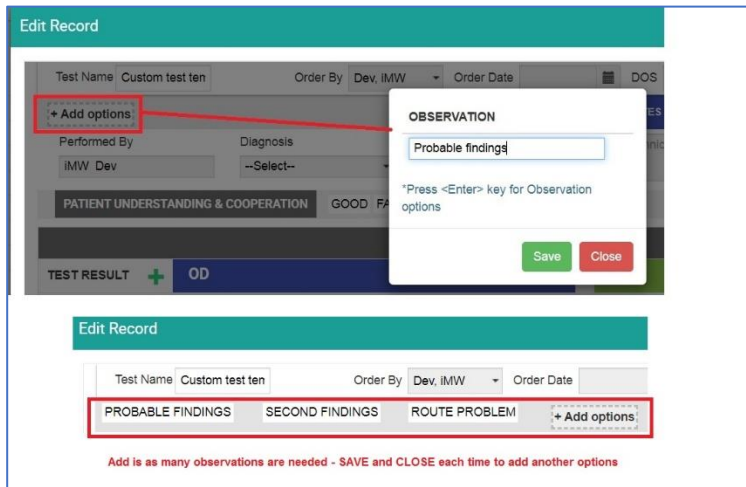
{PATIENT_NICK_NAME} variable for all most used categories like Consents, Consult, education, instructions, op-notes, pt-docs

CPT Preference for Custom Templates (Settings)

To make this more user friendly and customizable for the user the following changes have been introduced. For a Custom template, the **Options** can be defined by the user. The user can now also set the CPT preferences related to these **Options** as well.



Go to Settings > Clinical > Test Templates > Custom Test Template and Save.



Select **+Add Options**, a pop-up will appear and enter your observations as needed.

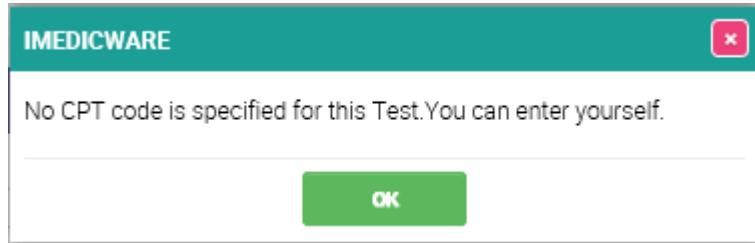
Next step is to go to Settings > Billing > Test CPT Preferences.

Select the custom test template you have just created. You can simply select the GREEN **+**. This will automatically create a new line and you can enter the CPT code that you wish to link. You can repeat this process to add additional CPT codes.

Test CPT Preference	✓	✓	○	○	○		
Cell Count	✓	✓	○	○	○	92286	+
Contact Lens Fitting	✓	✓	○	○	○	92310	+
Custom test template	✓	✓	○	○	○	92012	+
	✓	✓	○	○	○	92083	+
	✓	✓	○	○	○	92015	+

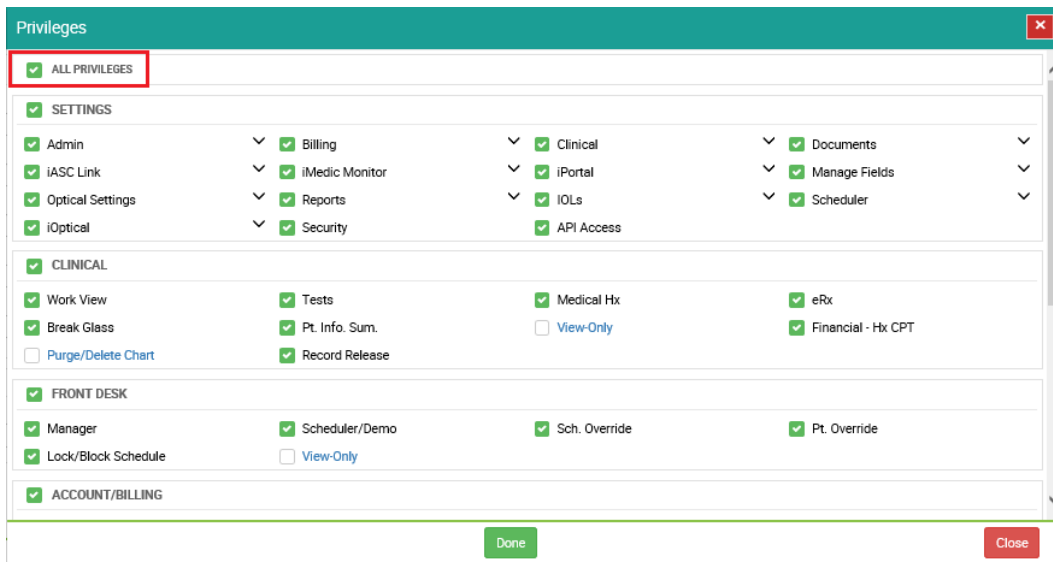
For custom templates which already exist, and you wish to link a CPT preference: The user will have to still open the existing custom test template. (**Settings > Clinical > Test Templates**). Simply open the template and **SAVE** it again. This will refresh the system and then allow you to see the custom test template under the Test CPT Preferences section and area. From here you do the process as described above.

If Custom Template is used in production and you try to assign a CPT code to the superbill and the message below appears then the custom test template's options have not been linked.

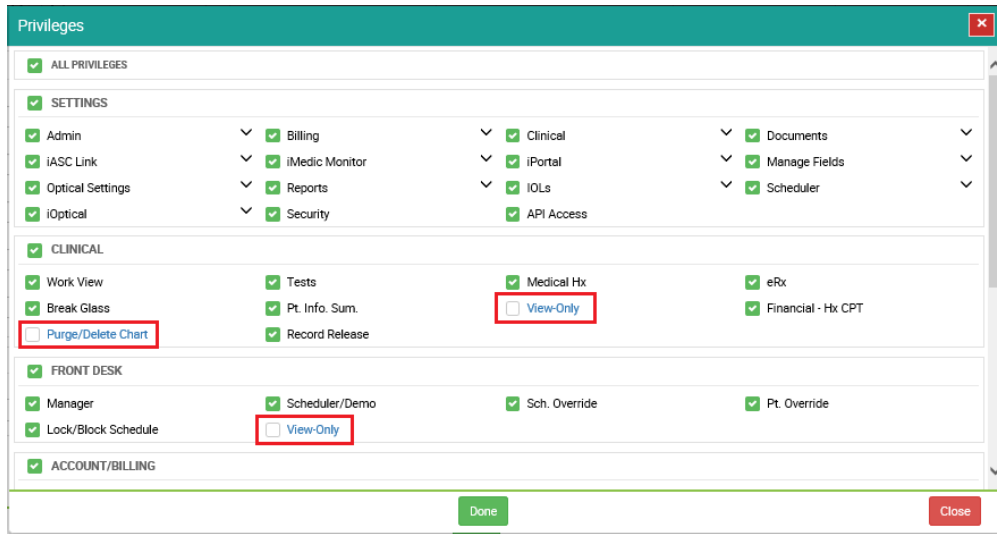


Privileges Pop-up (Settings)

Following are the Enhancement done related to Privileges:

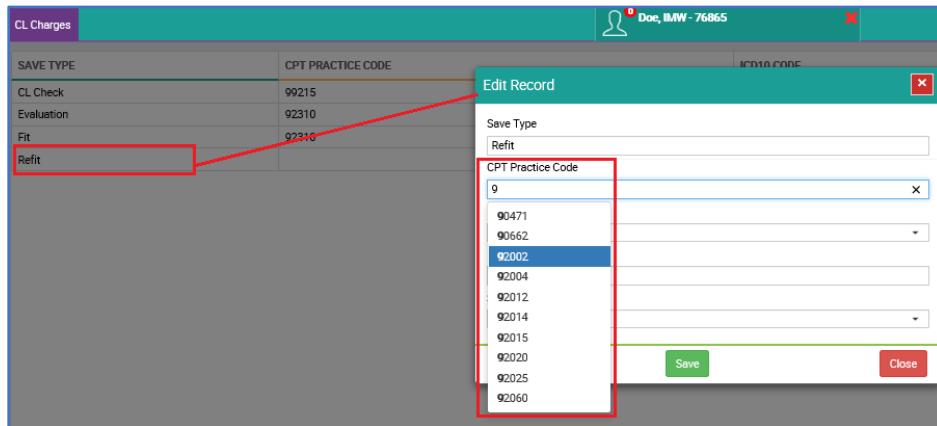


- a. All Privileges Checkbox – Once this Check box is checked off; all privileges would be checked off automatically, except the Special privileges.
- b. All Special Privileges are highlighted in a different color.



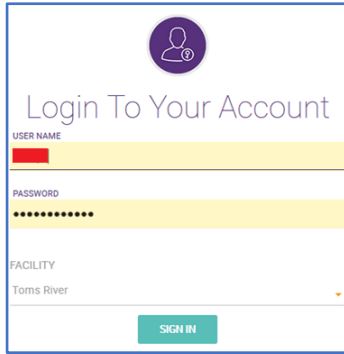
Contact Lens Charge setting (Settings)

Any CPT, belonging to any category can be now attached to Contact Lens under Settings > Billing > CL Charges.



Default Location (Settings)

For a user: If there is a default location setup under Settings > Admin > User > User profile/record, the system would honor that location and that would be set as default when logging into iMW.



Login To Your Account

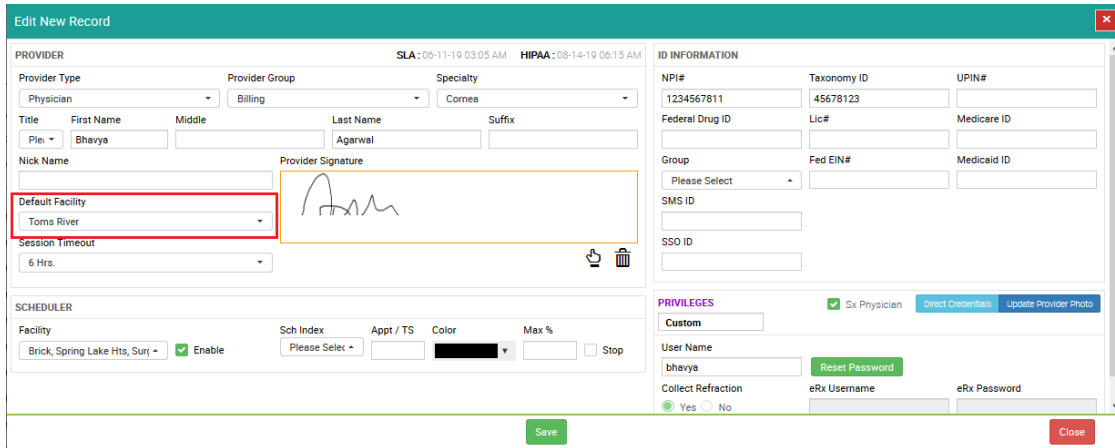
USER NAME

PASSWORD

FACILITY
 Toms River

SIGN IN

When the user, while logging in, enters their id and password, the default location should pop-up.



Edit New Record

PROVIDER SLA: 06-11-19 03:05 AM HIPAA: 08-14-19 06:15 AM

Provider Type: Physician Provider Group: Billing Specialty: Cornea

Title: First Name: Bhaveya Middle: Last Name: Agarwal Suffix:

Nick Name:

Default Facility: **Toms River** (highlighted in red)

Session Timeout: 6 Hrs.

SCHEDULER
 Facility: Brick, Spring Lake Hts, Surr - Enable
 Sch Index: Please Select - Appt / TS: Color: Max %: Stop

ID INFORMATION
 NPI#: 1234567811 Taxonomy ID: 45678123 UPIN#:
 Federal Drug ID: Lic#: Medicare ID:
 Group: Please Select - Fed EIN#: Medicaid ID:
 SMS ID: SSO ID:

PRIVILEGES Sx Physician [Direct Credentials](#) [Update Provider Photo](#)

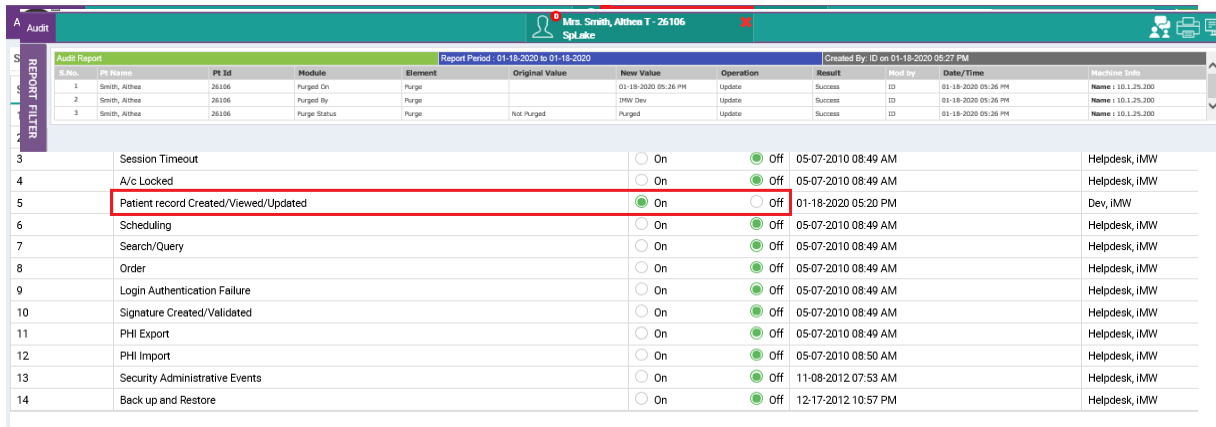
User Name: bhaveya [Reset Password](#)
 Collect Refraction: Yes No eRx Username: eRx Password:

Save **Close**

Record deletions or purges of Patient Chart (Settings)

When a chart is purged or deleted, an entry is added into the audit trail database table if audit trail is enabled in Settings > Reports > Audit Policies > Patient record Created/Viewed/Updated.

The user can run a report under Reports > Compliance > Audit to see purge and deletion related information for any patient.



Audit Report											
Report Period: 01-18-2020 to 01-18-2020											
S.No.	Pt Name	PL ID	Module	Element	Original Value	New Value	Operation	Result	Host by	Date/Time	Machine Path
1	Smith, Abha	26106	Purged On	Purge		01-18-2020 05:26 PM	Update	Success	ID	01-18-2020 05:26 PM	Home 10.1.25.200
2	Smith, Abha	26106	Purged By	Purge		IMW Dev	Update	Success	ID	01-18-2020 05:26 PM	Home 10.1.25.200
3	Smith, Abha	26106	Purge Status	Purge	Not Purged	Purged	Update	Success	ID	01-18-2020 05:26 PM	Home 10.1.25.200
3			Session Timeout		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
4			A/C Locked		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
5			Patient record Created/Viewed/Updated		On	Off		Off		01-18-2020 05:20 PM	Dev, IMW
6			Scheduling		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
7			Search/Query		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
8			Order		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
9			Login Authentication Failure		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
10			Signature Created/Validated		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
11			PHI Export		On	Off		Off		05-07-2010 08:49 AM	Helpdesk, IMW
12			PHI Import		On	Off		Off		05-07-2010 08:50 AM	Helpdesk, IMW
13			Security Administrative Events		On	Off		Off		11-08-2012 07:53 AM	Helpdesk, IMW
14			Back up and Restore		On	Off		Off		12-17-2012 10:57 PM	Helpdesk, IMW

Lock down the “record release” screen (Settings)

The Print Patient Record is now enabled through the Settings > Admin > User, then going to the Record Release and checking it off – doing so disables other users from having this privilege and avoids the ability to pass this request to someone else who does not have the privilege set.

The screenshot shows the 'Privileges' settings for a user. The 'Record Release' checkbox is checked and highlighted with a red box. Other settings include Admin, Billing, iASC Link, iMedic Monitor, Optical Settings, Reports, iOptical, Security, Work View, Tests, Break Glass, Pt. Info. Sum., and Purge/Delete Chart.

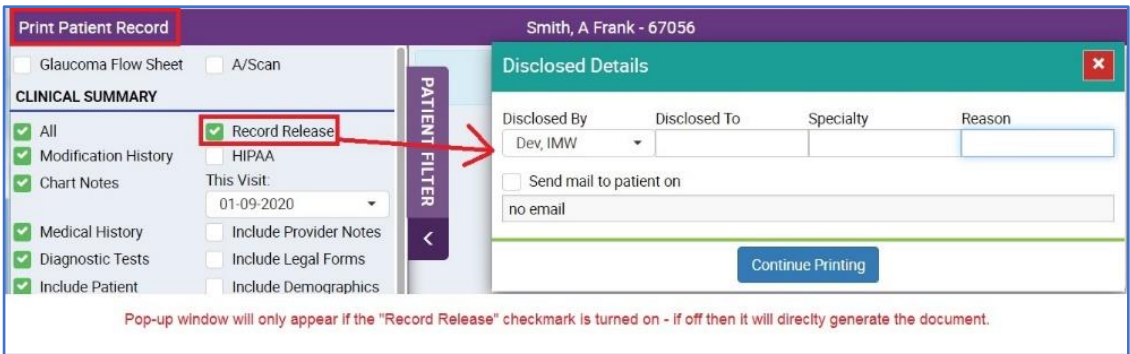
The two states of the Record Release checkmark are as follows:

Turned OFF

The screenshot shows the 'Print Patient Record' screen for Mr. Smith, A Frank - 67056. The 'Record Release' checkbox is unchecked. A red box highlights the message: "Record Release turned off then the document is immediately created for printing." The screen displays patient information, visit notes, and primary care physician details.

Here Record Release is unchecked, hence the document would print without the system asking for Disclosure Details.

Turned ON



Print Patient Record

Smith, A Frank - 67056

Glaucoma Flow Sheet A/Scan

CLINICAL SUMMARY

All Record Release

Modification History HIPAA

Chart Notes This Visit: 01-09-2020

Medical History Include Provider Notes

Diagnostic Tests Include Legal Forms

Include Patient Include Demographics

PATIENT FILTER

Disclosed Details

Disclosed By	Disclosed To	Specialty	Reason
Dev, IMW			

Send mail to patient on
no email

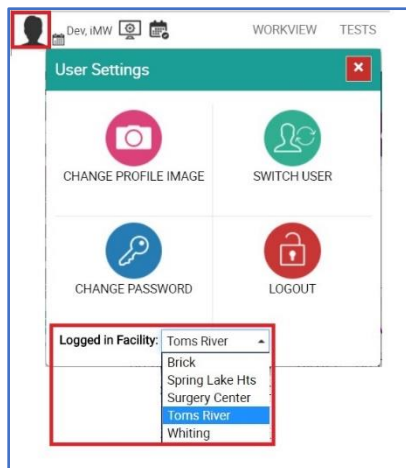
Continue Printing

Pop-up window will only appear if the "Record Release" checkmark is turned on - if off then it will directly generate the document.

Since Record Release is checked here, the user would be asked to add the Disclosure details.

Switch Facility Option (Settings)

Users can now change the facility they are working from by going to the Log In user ICON and changing the facility.



User Settings

CHANGE PROFILE IMAGE

SWITCH USER

CHANGE PASSWORD

LOGOUT

Logged in Facility: Toms River

- Brick
- Spring Lake Hts Surgery Center
- Toms River
- Whiting

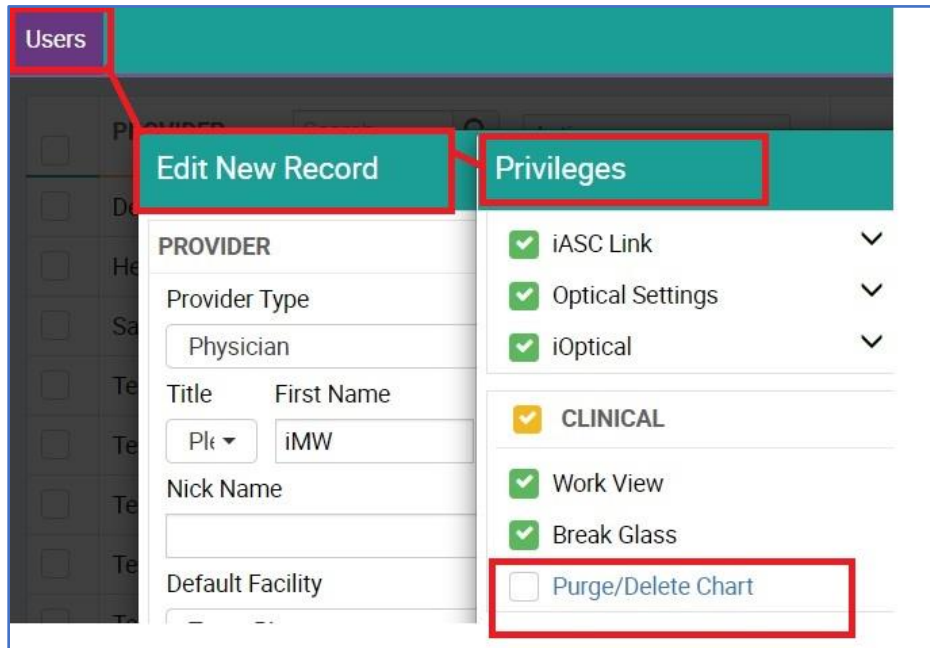
Select the logged in user icon.

The User Settings popup appears.

Select logged in facility name.

A facility drop-down appears to select other facility. Select other facility from drop-down to switch the facility.

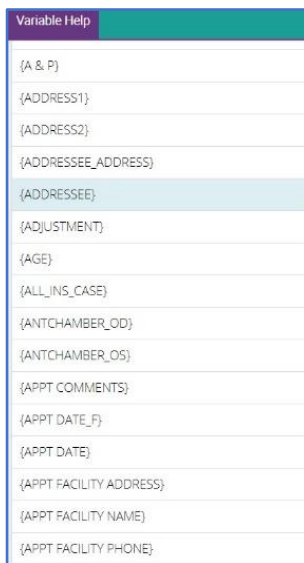
Ability to purge charts (Settings)



Now the practice can setup and provide the ability to Purge Charts to specific people in the clinic. Settings > Admin > Users > Privilege.

There can be any number of users who can have these rights.

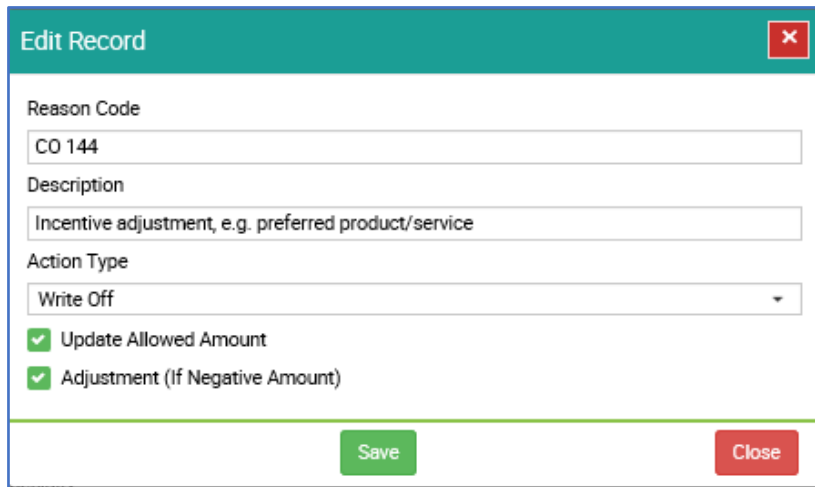
Alphabetize variables (Settings)



The Settings > Document > Variable Help – now the list appears in alphabetical order, so it makes finding a variable easier.

ERA - Auto Posting – Self Service Options (Settings)

While the Actions are standard for many of the Reason codes, there are codes for which the action is dependent on what the Practice Policy is. Hence to overcome this, the Action on the Reason Code can now be defined per the Practice by going to Settings > Billing > Reason Codes > Action Type.



The screenshot shows a web form titled "Edit Record" with a close button (X) in the top right corner. The form contains the following fields and options:

- Reason Code:** CO 144
- Description:** Incentive adjustment, e.g. preferred product/service
- Action Type:** Write Off (selected from a dropdown menu)
- Update Allowed Amount
- Adjustment (If Negative Amount)

At the bottom of the form, there are two buttons: a green "Save" button and a red "Close" button.

We have added 5 action types: Adjustment, Co-Insurance, Deductible, Denied, and Write Off".

If "Settings > Billing > Reason Code > Action Type" is "Write off" then 2 more options will appear: "Update Allowed Amount", and "Adjustment (If Negative Amount)"

- If Write Off action type is selected, then write-off transaction will take place.
- If "Update Allowed Amount" is checked then write-off transaction will take place and procedure allowed amount will also update.
- If "Adjustment (If Negative Amount)" is checked and CAS Code has a negative amount, then adjustment transaction will take place.

The Practice will see the default action types for the codes which have already been present in the system.

Note: For any Reason Code- if the Action Type is not selected, *no transaction* will take place if posted through the ERA Posting. The user will need to add those transactions manually into the system for respective accounts.

Could not add rules manager or denial manager to individual or group privileges (Settings)

The screenshot displays two sections of a settings interface: 'Billing Privileges' and 'Admin Privileges'. Both sections feature a 'Select All' checkbox at the top left, which is checked. Below this, various settings are listed with their own checkboxes, all of which are checked. In the 'Billing Privileges' section, the 'Denial Management' checkbox is highlighted with a red box. In the 'Admin Privileges' section, the 'Rules Manager' checkbox is highlighted with a red box.

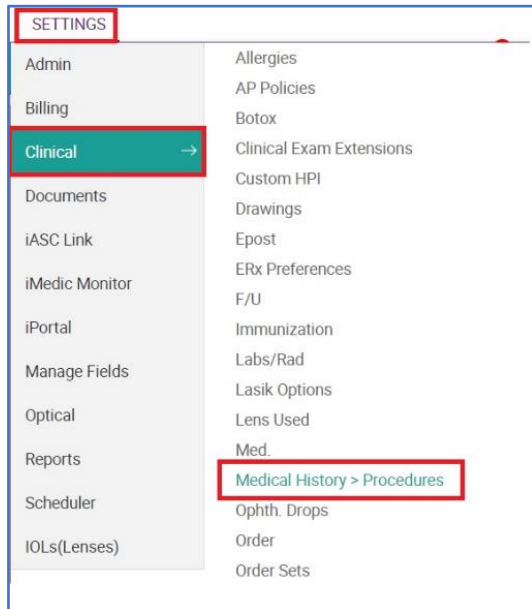
Billing Privileges				
<input checked="" type="checkbox"/> Select All				
<input checked="" type="checkbox"/> Adjustment Codes	<input checked="" type="checkbox"/> Cases	<input checked="" type="checkbox"/> CL Charges	<input checked="" type="checkbox"/> CPT	<input checked="" type="checkbox"/> Department
<input checked="" type="checkbox"/> Discount Codes	<input checked="" type="checkbox"/> Dx Codes	<input checked="" type="checkbox"/> Fee Table	<input checked="" type="checkbox"/> ICD-10	<input checked="" type="checkbox"/> Insurance
<input checked="" type="checkbox"/> Insurance Groups	<input checked="" type="checkbox"/> Messages	<input checked="" type="checkbox"/> Modifiers	<input checked="" type="checkbox"/> Phrases	<input checked="" type="checkbox"/> POE
<input checked="" type="checkbox"/> Policies	<input checked="" type="checkbox"/> POS Codes	<input checked="" type="checkbox"/> POS Facilities	<input checked="" type="checkbox"/> Pre Auth Templates	<input checked="" type="checkbox"/> Proc Codes
<input checked="" type="checkbox"/> Reason Codes	<input checked="" type="checkbox"/> Revenue Codes	<input checked="" type="checkbox"/> Status	<input checked="" type="checkbox"/> Test CPT Preference	<input checked="" type="checkbox"/> TOS (Type of Service)
<input checked="" type="checkbox"/> Write Off Codes	<input checked="" type="checkbox"/> Zip Codes	<input checked="" type="checkbox"/> Payment Methods	<input checked="" type="checkbox"/> Manage POS	<input checked="" type="checkbox"/> Denial Management

Admin Privileges				
<input checked="" type="checkbox"/> Select All				
<input checked="" type="checkbox"/> Business Unit	<input checked="" type="checkbox"/> Facilities	<input checked="" type="checkbox"/> Heard About Us	<input checked="" type="checkbox"/> Provider Groups	<input checked="" type="checkbox"/> Ref. Physician
<input checked="" type="checkbox"/> Users	<input checked="" type="checkbox"/> CDS Intervention	<input checked="" type="checkbox"/> Updox	<input checked="" type="checkbox"/> Group Privileges	<input checked="" type="checkbox"/> Change Privileges
<input checked="" type="checkbox"/> Rules Manager	<input checked="" type="checkbox"/> Office Hours Settings			

We have added new check boxes for both Billing and Admin areas to include denial management in billing and rule management within the Admin area.

CLINICAL

Allow all types of Procedures to display under Medical Hx / Procedures (Clinical)

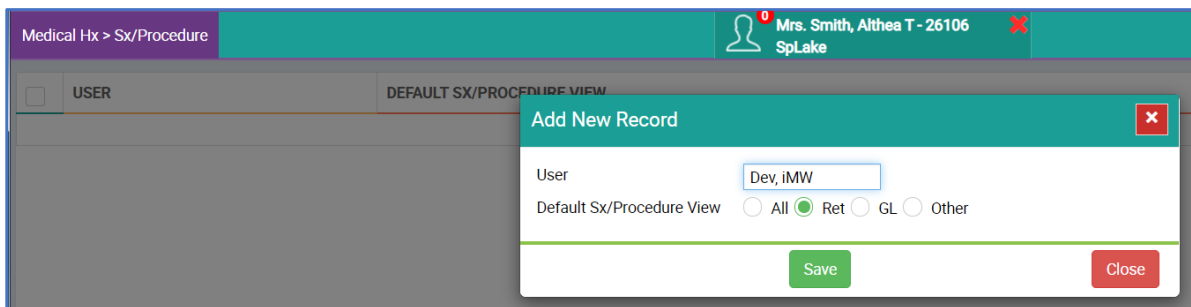


The user can now define how Medical HX / Procedures will be displayed.

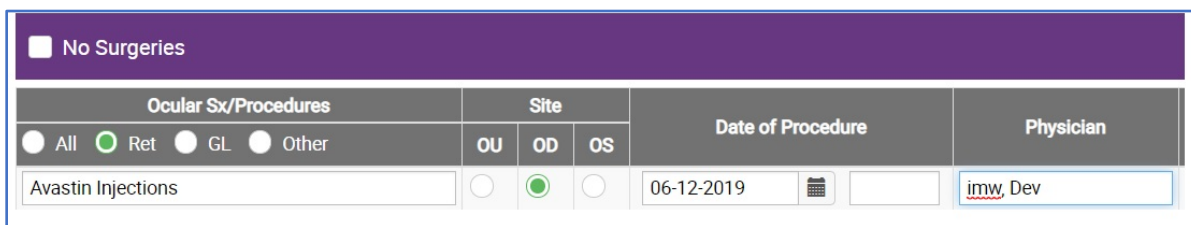
This new feature allows for all procedures which include injectable medications to be displayed together with other Sx procedures. There are selectable radio buttons which can help a user pre-define how the information will group and display, and this can be done for specialist, i.e. Retina doctor can display all injections together.

To setup the feature first go to Settings > Clinical > Medical History > Procedures.

Once you access the setup screen there is a small window that pops up when you select "New User". The following window is where you will select the "user" and default display being ALL, Ret, GL (glaucoma) or Other. By selecting this radio button for the designated user the information would then default the selected type first and then other procedures after that.



After setup, when you go to the Medical History / Sx Procedures area you will see the same radio buttons and the default selected for the defined user. This default selected would automatically display all Retina procedures first in the window table display.



Expiration Date on Botox Procedure

Expiration date can be recorded for Botox Procedure.

The screenshot shows a medical procedure form for a Botox procedure. The patient is identified as Smith, Judy - 75623 (DOB - 03-15-1950, Age - 69) Female (Toms River). The form includes sections for ALLERGIES, PROCEDURE (Botox), SITE (OU, OD, OS), LIDS (RUL, RLL, LUL, LLL), and BOTOX TYPE (MEDICAL, COSMETIC). It also has fields for CPT CODE (J0178 - Supply of Eylea), DX CODE (H01.11 - ALLERGIC DERMATITIS), and a table for tracking units. A red box highlights the 'EXPIRATION DATE' field in the 'WASTED' column. The table has columns for TOTAL, USED, and WASTED, with sub-columns for OD and OS. The 'EXPIRATION DATE' field is currently empty. There are also checkboxes for 'R&B DISCUSSED, CONSENT SIGNED', 'FIRST INJECTION', and 'NO CHANGE IN PATTERN'. A patient photo is shown on the right side of the form.

CL Worksheet disabling of Bilateral Auto-population (Clinical)

Previously, the system did an auto-population which then required the user to manually change and or add different values to fields which auto-populated. We added two new buttons at the top of the CL Worksheet page to enable someone to copy OD to OS or vice versa OS to OD. The system will no longer auto copy.

The screenshot shows a 'New CL Worksheet' interface. It includes a 'New CL Worksheet' button, a 'MR' dropdown, and a '-Select WorkSheet-' dropdown. Below these are 'CL VISIT FEE' and 'Nothing selected' dropdowns, and a 'PRINT' button. There are also checkboxes for 'Evaluation', 'Fit', 'Take Home CL', 'Current CL', 'Final', 'Trial', and 'Other'. At the bottom, there is a 'Copy From' dropdown menu with 'Select Sheet' and '-Usage-' options. Two new buttons, 'Copy to OS >>' and '<< Copy to OD', are highlighted with a red box. The interface also shows a 'DOS: 01-08-2020' date and a 'CL-Req' checkbox.

Page count field is hidden under buttons (Clinical)

It was determined that the formatting changed on the pop-up after selecting the "scanner". The number of pages covered up action buttons therefore a larger area is applied for when there are multiple sheets being scanned.

Procedure code error for H26.49 (Clinical)

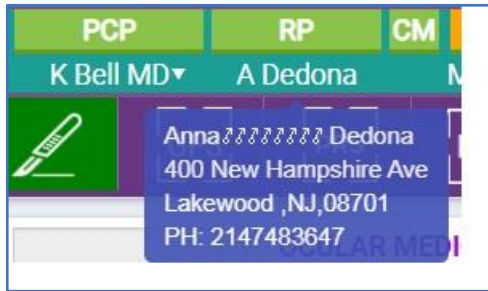
The system would only display non-obscuring VA. When you select the correct code it does allow you to use it when you go to Procedure TAB. The settings were re-defined and the ability to have the same or similar code with two different meanings is setup and defined through the system.

Contact Lens Worksheet and Order issues (Clinical)

There was an issue with the generating and printing the CL Order where names were transposed, and alignments weren't kept. The issues with the form have been fixed and the following image shows the results of a newly created CL worksheet, saving the order and then printing the order. All fields which were misaligned and or representing the wrong names have been fixed.

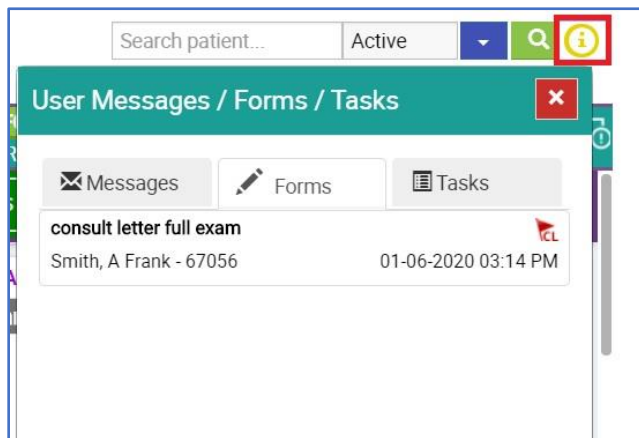
Print Order		Final	Smith, Althea T. - 26106		DOS: 01-08-2020	Date: 01-08-2020				
Patient: Smith, Althea T		Technician: iMW Dev		Operator: iMW Dev						
Dr.: iMW Dev										
Address: Smith, Althea T. - 26106				No. of boxes: OD: 1 OS: 1						
1405 Route 18 S, Suite #206 Old Bridge, NJ 08857										
Patient phone: 7325551212										
Order Details										
Evaluation/Fit:	01-07-2020									
CL Fitting:	01-07-2020									
CL Teach:	01-07-2020									
Type	Lens Code	Lens Color	Price	Qty	Sub Total	Discount	Total	Ins.	Balance	
OD: Air Optix Aqua 6 PK-MO			60.00	1	60.00	0	60.00	0	60.00	
OS: Air Optix Aqua 6 PK-MO			60.00	1	60.00	0	60.00	0	60.00	
Total :\$120.00										
Prescription Details										
SCL	OD	B.Curve	Diameter	Sphere	Cylinder	Axis	ADD	DVA	NVA	Type
		8.6	14.2	+1.50	-2.00	035	+1.00	20/20	20/20(J1+)	Alcon/Ciba Air Optix Aqua 6 PK MO
SCL	OS	B.Curve	Diameter	Sphere	Cylinder	Axis	ADD	DVA	NVA	Type
		8.6	14.2	+2.00	-4.25	035	+1.00	20/20	20/20(J1+)	Alcon/Ciba Air Optix Aqua 6 PK MO
Date of birth	03-15-1950									
Physician Name	iMW Dev									
Phone number	7325551212									
Comments:										

Request PCP and Referring hover in demographics and Workview (Clinical)



The system didn't allow you to see more information when you hover over PCP or RP and now this is extended. When you hover both the PCP and Referring fields it will show the provider details as part of that information.

Update changed the ICON on main screen so you could no longer see new messages and tasks. (Clinical)



During the last update there was an issue where the upper righthand ICON indicating new tasks and/or messages went missing. The problem is resolved and the toggle works to bring up and open the pop-up window as designed.

New column for Visit Type in the Unfinalized Chart landing page (Clinical)

There was no identification with regard to the visit type mentioned on the screen or table. A field was added to the Unfinalized Chart landing page so this can be identified now including the visit type for the patient.

Un-finalized Chart				
DOS	Patient Name	Visit Type	Finalize By	Facility
01-24-20	Asfcasf, Dfsdf - 76866	Botox	01-31-2020	Toms River
01-24-20	Smith, Joanne - 75496	Botox	01-31-2020	Toms River

Contact lens worksheet findings not populating the Workview chart note (Clinical)

Items from the CL Worksheet were not populating back to Workview. There were some additional fields created for the worksheet and the new fields are added to chart note to match those from the CL worksheet. These new fields are also added to the variables so they can be printed out on letters and forms.

CL Worksheet Screen

Workview chart note screen with same fields from CL Worksheet

	Comfort	Movement	Rotation	Condition	Position	Other	Position B/Blink	Other	Position A/Blink	Other	Fluorescein Patter	Inverted Lids
OD	Comfortable	Tight	good	Clean	Centered							
OS	Comfortable	Tight	good	Clean	Centered							
Replenishment			Wear Scheduler			Disinfecting						
2 Weeks			Bi-weekly			ClearCare						

CL Worksheet auto-populating "Make" (Clinical)

The system would automatically copy the **Make** from the eye that was entered first, to the second eye. Now the "Make" field and all others are under new logic where

Copy From: Select Sheet | -Usage- | -Select- | Copy to OS >> | << Copy to OD | CL-Req

Lens Type: OD | SCL | OS | SCL

Make: Alcon/Ciba-Air Optix Aqua 6 PK-MO

whatever is entered into a single field you now have two buttons to move that info from one eye to the other. "Copy to OS" OR Copy to OD".

"-VE" detail in ROS and Consult Letters (Clinical)

The entire ROS area was revamped to be more specific to CMS guidelines whereby 14 categories now show and include specific symptoms per category. Also, the abbreviation which was currently used "-ve" is now changed to say "negative".

Review of Systems 14 / 14

- Hematologic/Lymphatic
- Musculoskeletal
- Neurological
- **All recorded systems are negative except as noted above.**

The system will show some numbers in the small box at the header Review of Systems. Depending upon what is displayed it indicates the number of total systems that you have documented for this visit. The left shows 14/14 meaning that all systems were evaluated.

You will see that certain systems are displayed in black font and these are the sections which were documented with positive results. These are displayed allowing

General Health | Ms. Smith, Abigail - 65650 | Splake

Patient Medical History | Medical Review | Reviewed | 03-03-2020 at 08:15 PM ID

Review of Systems 14 / 14

- Hematologic/Lymphatic
- Musculoskeletal
- Neurological
- **All recorded systems are negative except as noted above.**

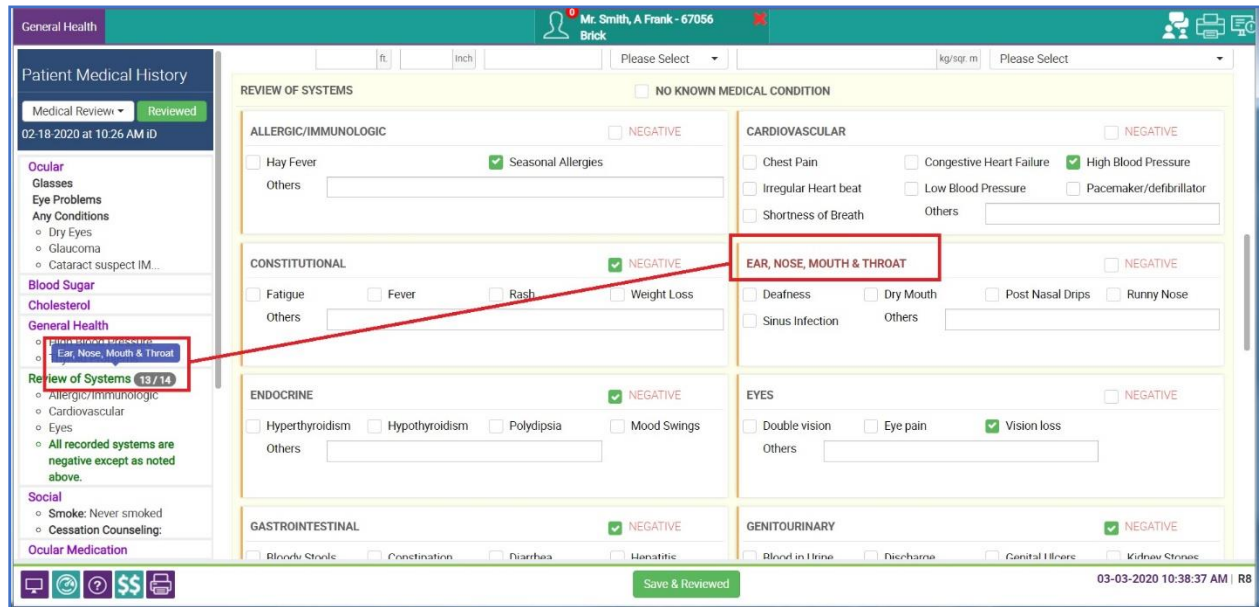
REVIEW OF SYSTEMS | NO KNOWN MEDICAL CONDITION

<p>ALLERGIC/IMMUNOLOGIC <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Hay Fever <input type="checkbox"/> Seasonal Allergies</p> <p>Others: <input type="text"/></p>	<p>CARDIOVASCULAR <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Chest Pain <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Irregular Heart beat <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Pacemaker/defibrillator</p> <p><input type="checkbox"/> Shortness of Breath Others: <input type="text"/></p>
<p>CONSTITUTIONAL <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Weight Loss</p> <p>Others: <input type="text"/></p>	<p>EAR, NOSE, MOUTH & THROAT <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Deafness <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Post Nasal Drips <input type="checkbox"/> Runny Nose</p> <p><input type="checkbox"/> Sinus Infection Others: <input type="text"/></p>
<p>ENDOCRINE <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Polydipsia <input type="checkbox"/> Mood Swings</p> <p>Others: <input type="text"/></p>	<p>EYES <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Double vision <input type="checkbox"/> Eye pain <input type="checkbox"/> Vision loss</p> <p>Others: <input type="text"/></p>
<p>GASTROINTESTINAL <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Bloody Stools <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hepatitis</p> <p><input type="checkbox"/> Jaundice <input type="checkbox"/> Ulcers <input type="checkbox"/> Vomiting</p>	<p>GENITOURINARY <input checked="" type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> Blood in Urine <input type="checkbox"/> Discharge <input type="checkbox"/> Genital Ulcers <input type="checkbox"/> Kidney Stones</p> <p>Others: <input type="text"/></p>

Save & Reviewed | 03-03-2020 09:55:33 AM | R8

the user to go to those sections to see what was recorded. If other systems were marked as “negative” then these are represented by the single statement “All recorded systems are negative except as noted above”.

An additional indication of what has been done or NOT done is also indicated when you hover over the numbers. In the case below the number is 13/14. You can see both what is indicated from the hover as well as how the ROS section is colored when



the section is left empty or not checked off.

ROS - distinguish when incomplete (Clinical)

The new ROS section looks like the following and is divided into 14 sections.

REVIEW OF SYSTEMS		<input type="checkbox"/> NO KNOWN MEDICAL CONDITION	
ALLERGIC/IMMUNOLOGIC <input type="checkbox"/> NEGATIVE <input type="checkbox"/> Hay Fever <input checked="" type="checkbox"/> Seasonal Allergies Others: <input type="text"/>		CARDIOVASCULAR <input type="checkbox"/> NEGATIVE <input type="checkbox"/> Chest Pain <input type="checkbox"/> Congestive Heart Failure <input checked="" type="checkbox"/> High Blood Pressure <input type="checkbox"/> Irregular Heart beat <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Pacemaker/defibrillator <input type="checkbox"/> Shortness of Breath Others: <input type="text"/>	
CONSTITUTIONAL <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Weight Loss Others: <input type="text"/>		EAR, NOSE, MOUTH & THROAT <input type="checkbox"/> NEGATIVE <input type="checkbox"/> Deafness <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Post Nasal Drips <input type="checkbox"/> Runny Nose <input type="checkbox"/> Sinus Infection Others: <input type="text"/>	
ENDOCRINE <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Polydipsia <input type="checkbox"/> Mood Swings Others: <input type="text"/>		EYES <input type="checkbox"/> NEGATIVE <input type="checkbox"/> Double vision <input type="checkbox"/> Eye pain <input checked="" type="checkbox"/> Vision loss Others: <input type="text"/>	
GASTROINTESTINAL <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Bloody Stools <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hepatitis <input type="checkbox"/> Jaundice <input type="checkbox"/> Ulcers <input type="checkbox"/> Vomiting Others: <input type="text"/>		GENITOURINARY <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Blood in Urine <input type="checkbox"/> Discharge <input type="checkbox"/> Genital Ulcers <input type="checkbox"/> Kidney Stones Others: <input type="text"/>	
HEMATOLOGIC/LYMPHATIC <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Anemia <input type="checkbox"/> Blood Transfusions <input type="checkbox"/> Excessive Bleeding <input type="checkbox"/> Infection <input type="checkbox"/> Purpura Others: <input type="text"/>		INTEGUMENTARY <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Breast Lumps <input type="checkbox"/> Dermatitis <input type="checkbox"/> Eczema <input type="checkbox"/> Rashes <input type="checkbox"/> Wounds Others: <input type="text"/>	
MUSCULOSKELETAL <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Joint Ache <input type="checkbox"/> Pain <input type="checkbox"/> Paralysis Fever <input type="checkbox"/> Stiffness <input type="checkbox"/> Swelling Others: <input type="text"/>		NEUROLOGICAL <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Faints <input type="checkbox"/> Headache <input type="checkbox"/> Migraines <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Numbness <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke Others: <input type="text"/>	
PSYCHIATRY <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Paranoia <input type="checkbox"/> Memory Loss <input type="checkbox"/> Mental and/or emotional factors <input type="checkbox"/> Sleep Patterns Others: <input type="text"/>		RESPIRATORY <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> COPD <input type="checkbox"/> Cough <input type="checkbox"/> Emphysema <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> TB Others: <input type="text"/>	

Neuro/Psych Section (Clinical)

The ROS area was reworked as all categories are included. We also expanded the lists for each section.

NEUROLOGICAL <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Faints <input type="checkbox"/> Headache <input type="checkbox"/> Migraines <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Numbness <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke Others: <input type="text"/>	PSYCHIATRY <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Paranoia <input type="checkbox"/> Memory Loss <input type="checkbox"/> Mental and/or emotional factors <input type="checkbox"/> Sleep Patterns Others: <input type="text"/>
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Tasking failed outbound faxes (Clinical)

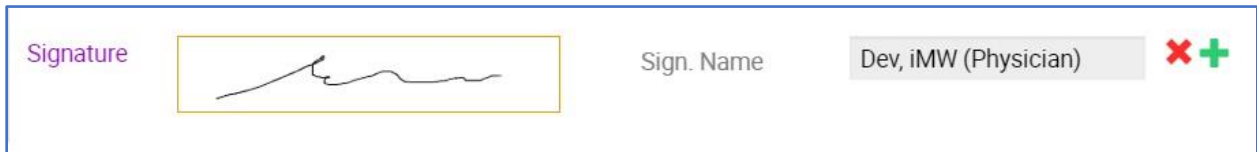
A new Rules Manager option allows you to designate whether to include the status of outbound faxes and to report those in a task message or printed report based on who is creating the original consult letter.



NEED UPDOX TO CREATE WORKFLOW

Provider(s) signature on auto-finalized charts (Clinical)

When a chart is auto-finalized the provider's signature will also display in the Workview so long as the provider's account has a signature in Settings > Admin > User.

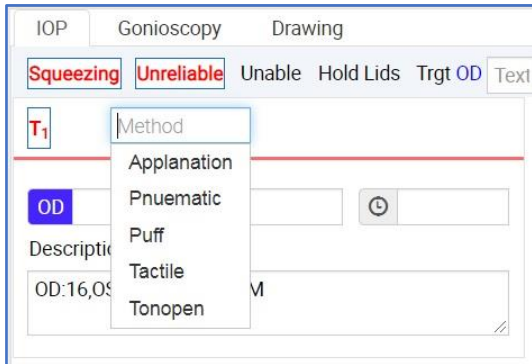


Nickname does not appear anywhere but on Patient Info demographics form (Clinical)

The system can now show a hover-over pop-up of the patient panel so the user can see additional content including the patient nickname.



Add drop down field for “method” under IOP (Clinical)



The system has a new drop-down which you can select from and or still manually enter the method. This is programmed and not selectable by the user.

Need to printout patient communications that come into IMW (Clinical)

The system now has a new ICON for printing patient messages. Go to User Console > Patient Messages - Print ICON displays and allows for message to be printed out.



Contact Lens Worksheet Date (Clinical)

A change in the system now shows the date that the Rx was given in PFS – Patient Refractive Sheet. The system would ultimately have two dates – the date of service for the visit and the date the Rx was given.

Date of Service was 1/08 when the initial exam was completed and then 2 days later the CL Worksheet Rx was given to the patient. So the Patient Refractive sheet shows the date the Rx was actually generated and given.

GLASSES (REFRACTIVE RX)											SCL - CONTACT LENS (RX)											
Date	Site	S	C	A	DVA	Add	NVA	Prism	Type		Date	Site	BC	DI	S	C	A	ADD	DVA	NVA	Type	
10-24-14	OD	plano	+0.50	090°	20/20-1	+2.75	20/J1+				01-10-20	OD	8.6	14.2	+1.50	-2.00	035°	+1.00	20/20	20/20(J1+)	Alcon/Ciba - Air Optix Aqua 6 PK - MO	
	OS	-0.25	sph		20/25+2	+2.75	20/J1+				01-10-20	OS	8.6	14.2	+2.00	-4.25	035°	+1.00	20/20	20/20(J1+)	Alcon/Ciba - Air Optix Aqua 6 PK - MO	
09-05-14	OD	pl	+0.50	090°	20/20	+2.75	20/J binoc															
	OS	+3.00	sph		20/25	+2.75	20/J binoc															
	OD	pl	+0.50	090°	20/20	+2.75	20/J binoc															

Signed Chart Dates (Clinical)

The system will track all events where the chart has been unfinalized and re-finalized. The user can see this below the Signature on Chart.

Visit - Type

Medical Hx. reviewed by:

1. iMW Dev 01-29-2020 10:58 AM

STANDARDS OF CARE

SOC Comments

FUTURE APPOINTMENTS (INTERNAL) Future Appointments (External)

No Future Appointments

RECALLS ASC - Surgical Ocular Hx

07-27-2015 DR P/YR (03 M) Debbie T,

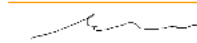
TRANSITION OF CARE SCRIBED BY

REASON FOR TRANSITION OF CARE COMMENTS

REFER TO REFER TO CODE

REASON FOR REFERRALS COMMENTS

PT DISCUSSION / COMMENTS CARE GIVER COLORS:

Signature  Sign. Name Dev, iMW (Physician) +

Signed on 01-29-2020 11:02:29
 Re-Finalized on 01-29-2020 11:10:32
 Re-Finalized on 01-29-2020 11:21:39

Direct Messages (Clinical)

The system now clearly displays information regarding the status (IN or OUT) and whether it is processed or dispatched.

Direct Messages [Sent] New Direct Receive Direct Inbox Sent

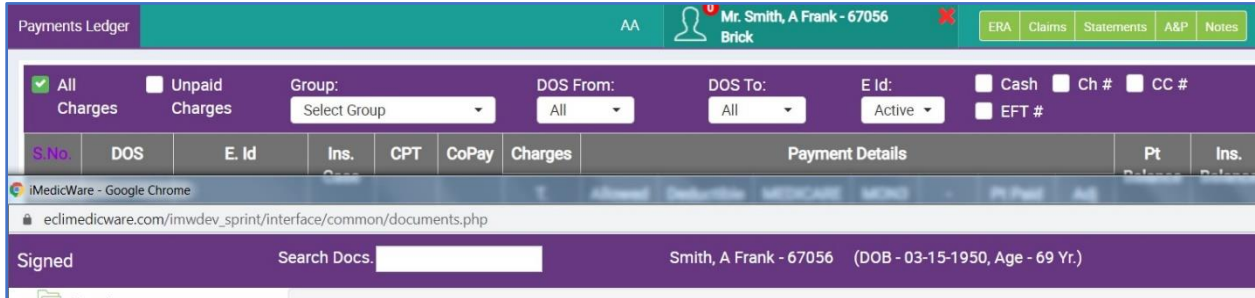
TO	SUBJECT	DATE	MID	Status
Showing 1 to 2 of 2 record(s)				
DevStaging_imw@devstaging.imwdirect.com	T 1	10-14-2019 05:54 PM	694050957	processed
DevStaging_imw@devstaging.imwdirect.com	T 1	10-14-2019 05:54 PM	694050957	dispatched

Direct Messages (Sent) New Direct Receive Direct Inbox Sent

TO	SUBJECT	DATE	MID	Status
No records found				

DOCS screen closes on going from Accounting to Front desk (Clinical)

You can now toggle between the DOCS screen and the Accounting screen. The patient specific DOCS screen stays open.

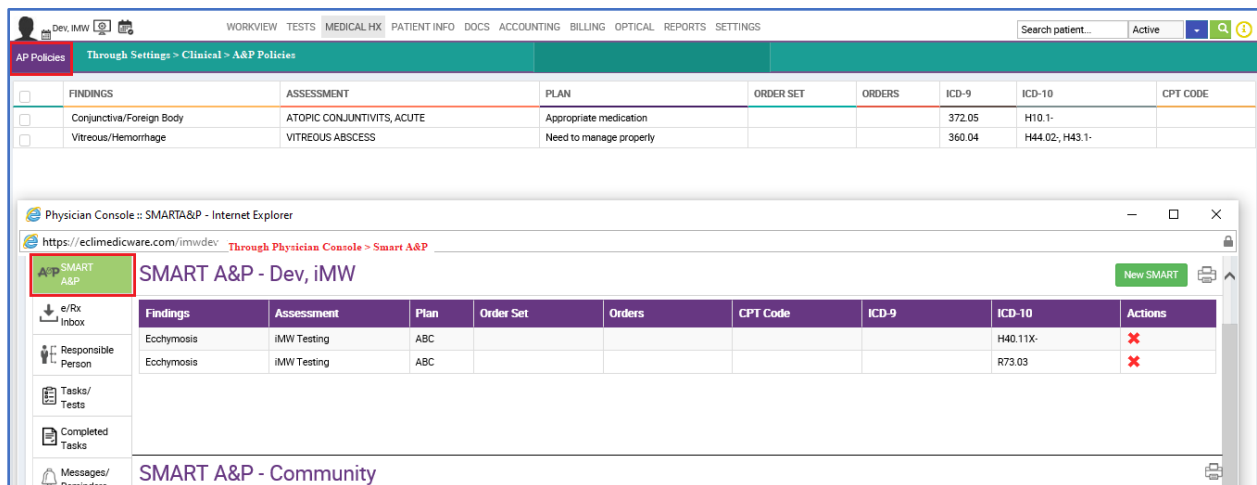


IMW AR measurements (Clinical)

When a User adds values to the AR section via the marco file, then if the formatting of values is insufficient, IMW will add or convert it accordingly. For example, if the value is received as "0.5", IMW will convert it to "+0.50" or if value such as "33" comes, it will become "+33.00". There would be NO rounding off of values.

Procedure Code and A&P section (Clinical)

The dx code is now saved in assessment and plans section or Settings-> Clinical->AP policy or physician console->Smart A&P. The system will also save the Dx code and Dx code ID in the database record.



This dx code id is transferred to superbill records so that correct dx code description is displayed.

The screenshot displays a medical software interface with the following sections:

- AP Policies** (top header)
- FINDINGS** table:

FINDINGS	ASSESSMENT	PLAN	ORDER SET	ORDERS	ICD-9	ICD-10
Conjunctiva/Foreign Body	ATOPIC CONJUNCTIVITS, ACUTE	Appropriate medication			372.05	H10.1-
Vitreous/Hemorrhage	VITREOUS ABSCESS	Need to manage properly			360.04	H44.02, H43.1-
- Visit - Type** (dropdown menu)
- Fundus** section with various icons and a table:

Visit - Type	WNL	HC
C.D	OD	OS
Optic Nerve		
Vitreous	Present Hemorrhage	Present Hemorrhage
Retinal Exam	Peri NE	
Draw RT	Draw ON	Draw MA
- TESTS HISTORY** section:

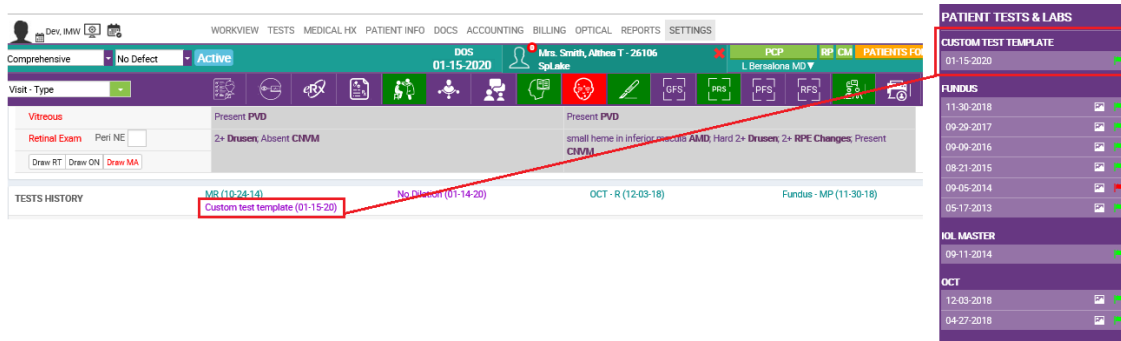
TESTS HISTORY	Gonio (01-23-20)	MR (01-29-20)	No Dilation (01-24-20)	January 2020 (01-24-20)
ASSESSMENT	Visual Function - 14 NE			
All NE	DX			
1	NE RES	Blepharitis ; Both Eyes	H01.00-	
2	NE RES	Dry Eye ; Both Eyes	H04.12-	
3	NE RES	Nuclear Sclerosis ; Both Eyes	H25.1-	
4	NE RES	Post Vitreous Detachment ; Both Eyes	H43.81-	
5	NE RES	VITREOUS ABSCESS, Both Eyes	H44.023, H43.13	Need to manage properly
6	NE RES	CME FOLLOWING CATARACT SURGERY; Both Eyes	H59.033	

2020 ICD-10 codes (Clinical)

The system was updated with the 2020 ICD10 codes and this was done via a hot fix to all client sites back in December 2019.

Template based custom test appearing on Test History (Clinical)

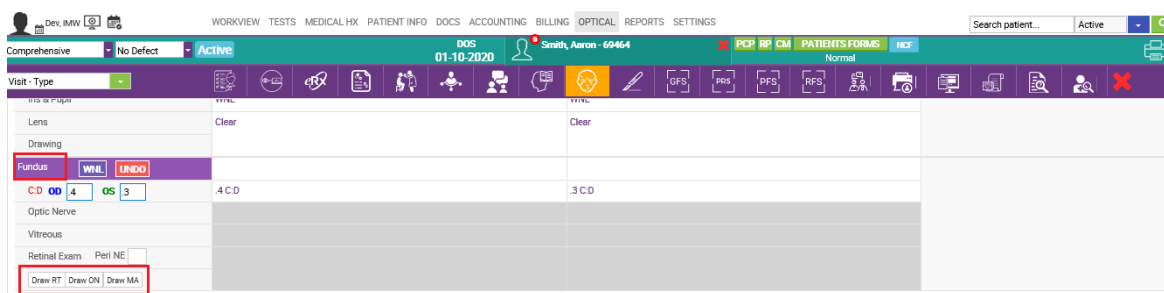
Test Templates created under Settings > Clinical > Test Templates and performed for the patient would appear as part of the Test History. This has been done so that the Provider is able to see all the Tests done for the patient within the work view itself.



Ophthalmoscopy coding changes (Clinical)

To handle the 2020 Ophthalmoscopy coding changes the following changes have been made to accommodate the new code changes and to assure you have the appropriate documentation for any activity documented.

- a. Drawings for Optic Nerve, Macula and Retina (vessels and periphery), have been separated under Workview > Chart note > Fundus.
 RT for Retina (Vessels and Periphery) (full field)
 ON for Optic Nerve (30 degree field)
 MA for Macula (30 degree field)



- b. User can add CPT 92201 and 92202 to Test CPT Preference under Settings > Billing > Test CPT Preference.

Test CPT Preference							Mr. Test, Jim M - 266085	Drick	or/Dr
OCT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92133			
OCT-Anterior Segment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92132			
OCT-Retina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92134			
Ophthalmoscopy Optic Nerve & Macula	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	99202_OD			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	99202_OS			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99202			
Ophthalmoscopy Retina drawing and scleral depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92201_OD			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	99201_OS			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99201			
Pachy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76514			

Note: These codes will need to be added by the User themselves manually in the system under Settings > Billing > CPT. The old codes 92225/92226 and 92201/92202 cannot be added on the same Superbill. The new codes 92201/92202 are Bilateral codes and cannot be used together on the same Superbill.

- c. Pre-condition for these codes to drop on the Superbill are that there should be a dilation done and the drawings are saved in Fundus. Old logic of 92225/92226 will not apply.
- d. An Assessment and Interpretation form is provided for each drawing.

Report and Interpretation ✕

Ordered By: IMW Dev Test Type: Optic Nerve Drawing

Assessment

GLAUCOMA WITH INCREASED EPISCLERAL VENOUS PRESSURE; Right Eye

Dx Code

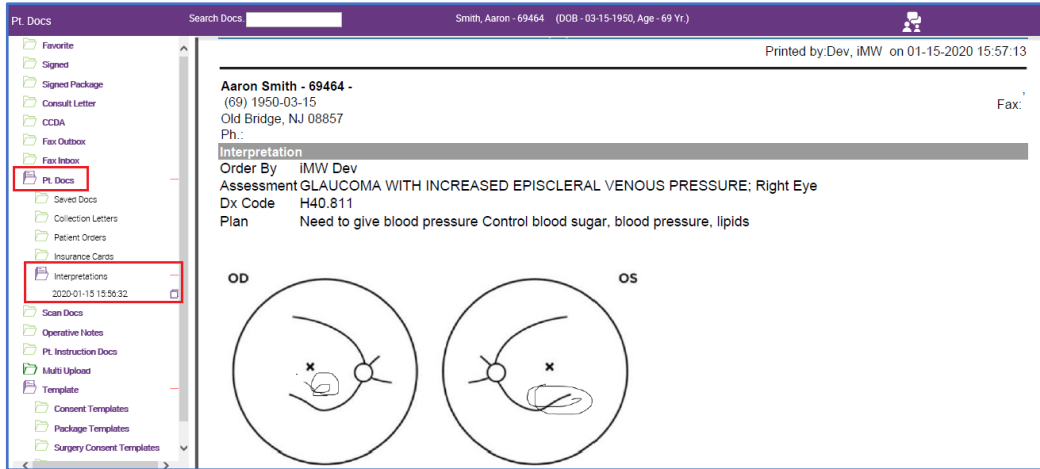
H40.811

Plan

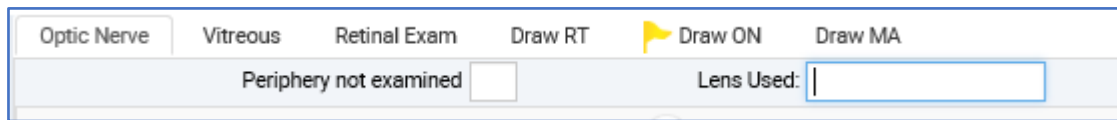
Need to give blood pressure Control blood sugar, blood pressure, lipids

Done
Delete

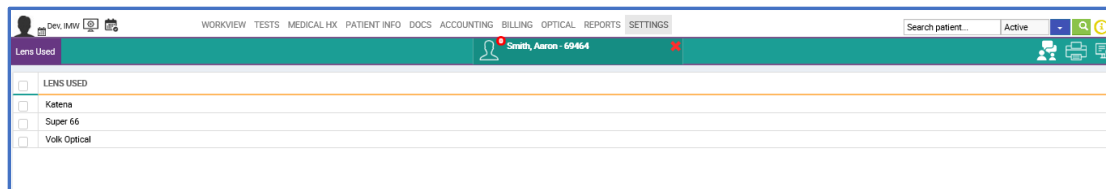
- e. When an A&P along with a Dx code is filled out saved & the chart is signed, a report would appear in Docs folder under interpretations. This is how it will be seen and saved for further reference apart from the Workview.



- f. To document which ophthalmoscopy lens was used, a “Lens Used” section with a drop down to select the lens, has been added to the Fundus exam.



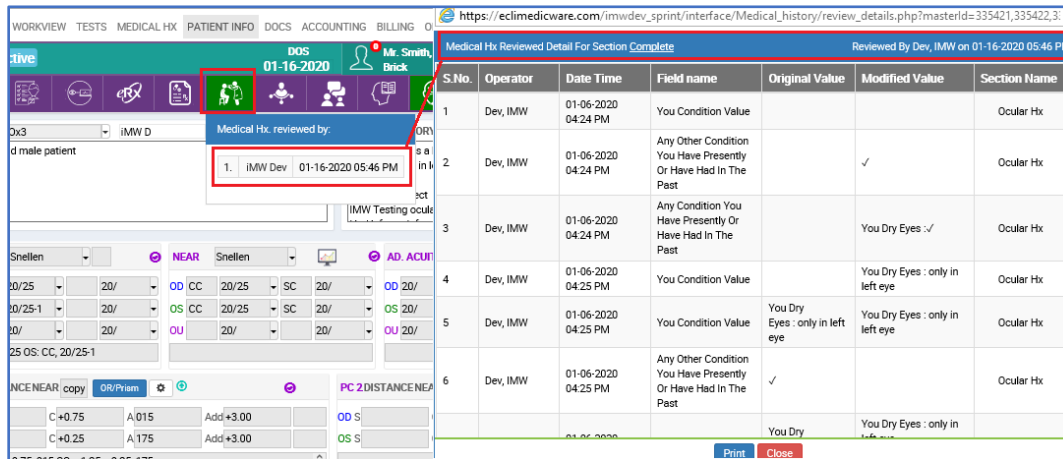
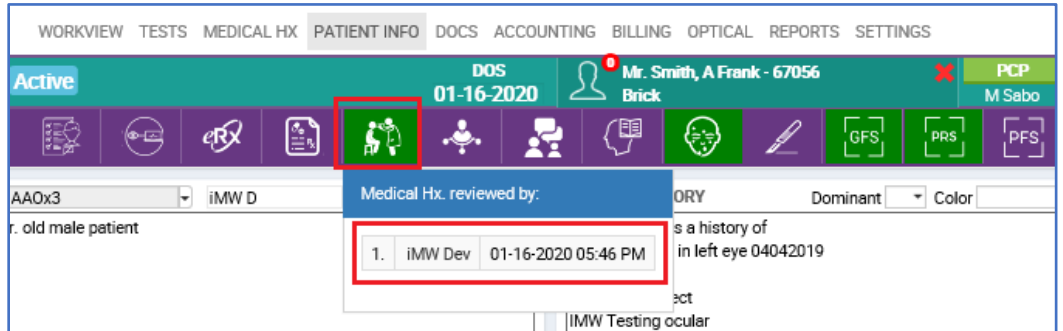
To add the Lens options, one can manage them from Settings> Clinical > Lens Used.



Medical History Review (Clinical)

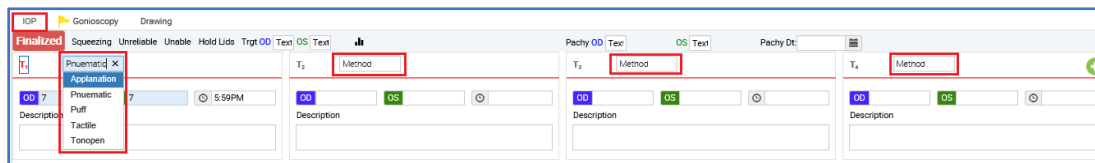
It has been noted that any provider who is reviewing Medical History does not know who reviewed it last and what items were changed in the previous review. Hence when the provider hovers over the General Health button under Workview > Chart Note, a list of providers who have reviewed Medical History will be seen.

To view a Medical History of what all has been modified, select the provider name for further information.



Documentation of IOP (Clinical)

The IOP method has been added to note. The method will also be printed on the patient chart.



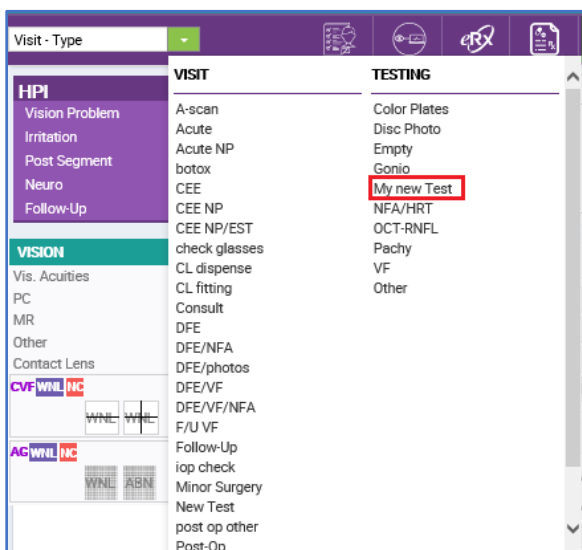
This is also available on the Patient at a Glance screen.

Mr. Smith, A Frank - 67056		Male (69 Yr.) 03-15-1950	Date of Service: 01-16-2020
IOP/GONIO			
	OD	OS	Time
IOP	Pneumatic: 7 5:59PM	Pneumatic: 7 5:59PM	Pneumatic: 5:59PM
			⋮
			⋮
			⋮

Date	Vision	IOP	OD	OS	C:D	C/L	Assessment
01-16-2020 Toms River Dev, IMW		Pneumatic:7, 7 5:59PM					<ul style="list-style-type: none"> - Blepharitis ; Both Eyes (H01.00-) (OU) - Dry Eye ; Both Eyes (H04.12-) (OU) - Nuclear Scleroais ; Both Eyes (H25.1-) (OU) - Post Vitreous Detachment ; Both Eyes (H43.81-) (OU)
01-09-2020 Toms River Dev, IMW							<ul style="list-style-type: none"> - Blepharitis ; Both Eyes (H01.00-) (OU) - Dry Eye ; Both Eyes (H04.12-) (OU) - Nuclear Scleroais ; Both Eyes (H25.1-) (OU) - Post Vitreous Detachment ; Both Eyes (H43.81-) (OU)
01-06-2020 Toms River Dev, IMW							<ul style="list-style-type: none"> - Blepharitis ; Both Eyes (H01.00-) (OU) - Dry Eye ; Both Eyes (H04.12-) (OU)

Customize Testing list for Visit Type drop down (Clinical)

The Testing list can be customized to include/exclude Tests under the Visit-Type section of Chart Notes.



This can be done by going to Settings > Clinical > Testing.

Testing	
<input type="checkbox"/>	TESTING
<input type="checkbox"/>	Color Plates
<input type="checkbox"/>	Disc Photo
<input type="checkbox"/>	Empty
<input type="checkbox"/>	Gonio
<input type="checkbox"/>	My new Test
<input type="checkbox"/>	NFA/HRT
<input type="checkbox"/>	OCT-RNFL
<input type="checkbox"/>	Pachy
<input type="checkbox"/>	VF

Finalized and Un-finalized chart filter on Day- Charges screen (Clinical)

The screenshot shows the 'Day Charges Search' interface. At the top, there are several dropdown menus for filtering: Provider Type, Provider, Operator, Facility, Ins. Case Type, Primary Insurance, DOS From, DOS To, Sort By, and View. On the right side, there is a 'Chart' dropdown menu that is currently open, showing the following options: All, Finalized, Un-finalized, and Re-finalized.

- Finalized charts** -> Charts which have been either manually finalized by the Provider or have been finalized due to the process of Auto-finalization.
- Un-finalized charts** -> Charts which have not been finalized as part of the Auto finalize process or manually finalized by the provider.
- Re-finalized** -> Charts which have been finalized then un-finalized and there has been a change/modification made to the Superbill. The important thing is whether there was a modification made or not to the chart.
- All** -> Display all the above options together, the ones which have been re-Finalized are marked with an "i" symbol. If the user hovers above the star they should be able to see the message "the chart was un-finalized and a modification done to Superbill".

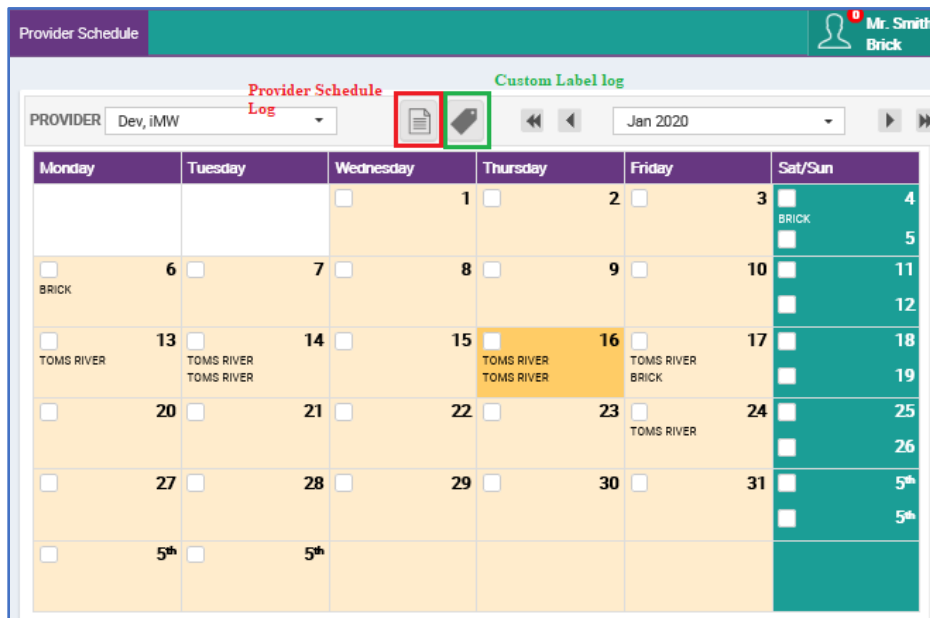
1.) If the chart was unfinalized, Superbill Modified and the Chart is finalized manually/Auto-finalized, then display message = "Chart was unfinalized, a modification to the Superbill made and Chart is re-finalized"

2.) If the chart is un-finalized, Superbill modified and still open, then displays the message = "Chart was unfinalized, modification to Superbill was made and Chart is not finalized".

SCHEDULER

Scheduler Audit Log

Go to Settings > Scheduler > Provider Schedule and on the screen there is a new link added which is labelled "View Log" if selected this will open and show the activity of the templates for this particular provider.



The log would look like below:

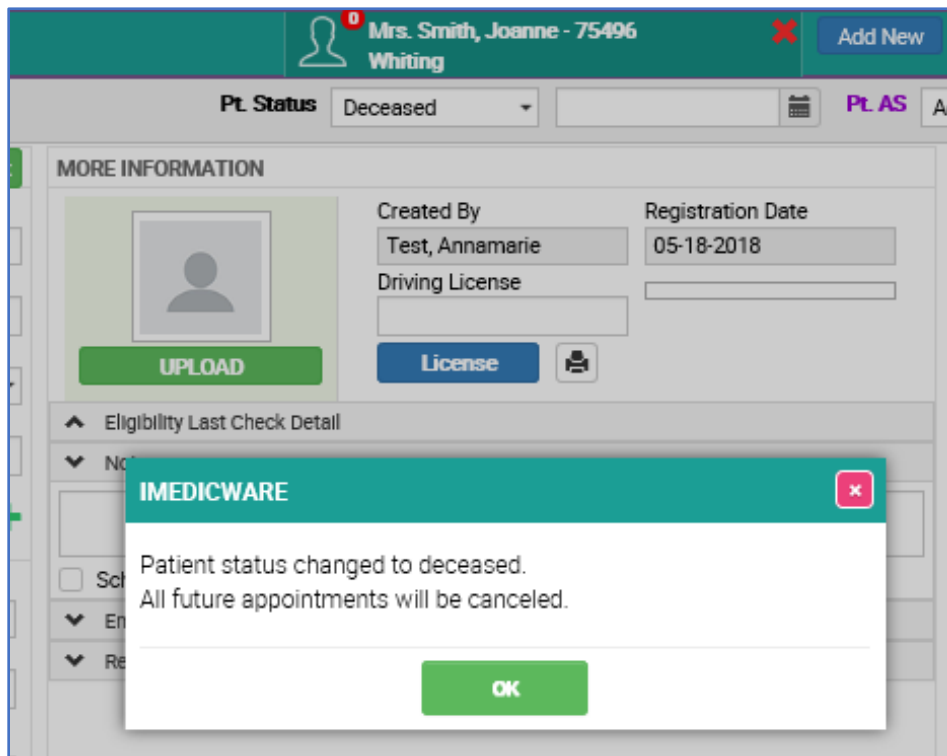
SR.	WEEK DAY	CAL. DATE	FACILITY	TEMPLATE	SUMMARY	FOR FUTURE	USER	IP	TIMESTAMP
1	week3 day4	01-16-2020	Toms River	Toms River (Morning)	Schedule added by replacing template (a)	yes	Dev, iMW	10.1.25.200	01-30-2020 03:03 PM
2	week4 day5	01-24-2020	Toms River	DR G TUESDAY	Schedule added from frontdesk	no	Dev, iMW	10.1.25.200	01-24-2020 03:53 PM
3	week3 day5	01-17-2020	Toms River	Brick (Afternoon)	Schedule added from frontdesk	no	Dev, iMW	10.1.25.200	01-17-2020 02:58 PM
4	week3 day4	01-16-2020	Toms River	Dr W Thursday	Schedule added from frontdesk	no	Dev, iMW	10.1.25.200	01-16-2020 06:21 PM
5	week2 day2	01-14-2020	Toms River	Chain events testing	Schedule added by replacing template (a)	yes	Dev, iMW	10.1.25.200	01-14-2020 11:33 AM
6	week1 day1	01-06-2020	Brick		Schedule added by replacing template (a)	no	Dev, iMW	10.1.25.200	01-06-2020 07:48 PM

Showing 6/6

Deceased Patients (Scheduler)

Previously, the System didn't appropriately mark the patient status if "Deceased", and it still allowed the patient to be scheduled for an appointment. The system now appropriately marks Deceased Patients to NOT appear and or to allow them to have future appointments when the status is set.

Once the Patient is marked Deceased if they have any future appointments, those will be marked as Cancelled.



Any future appointment which was scheduled will be cancelled.

Physician: Dev, IMW | Facility: Toms River | Patient: Smith, Joanne -75496

Calendar view for March, April, and May 2020. The 'Add Appt' button is greyed out.

PATIENT: Active

INSURANCE PLAN: Save Insurance AA Normal-29991

Ins. Carrier	Policy#	Group #	CoPay	Type	Ref#	Auth.Amt.
MEDICARE	123456789			Pri		
AETNA 3	123456789	6227851400		Sec		

APPOINTMENTS

Provider	Facility	Procedure	Date/Time	Comments
IMW Dev	Toms River	Botox	03/10/20 04:10 PM	
Jane Test	Brick	Problem	07/23/18 12:20 PM	PF Right eye Lash Stuck, Bothering her.

No new appointment can be scheduled as the "Add Appt" button is greyed out.

PATIENT: Active

With Pt Status as Deceased, No new appointment can be added

Cancel | Check In | Check Out | Re Schedule | Save | Add Appt

Mrs. Joanne Smith
 1405 Route 18 S, Suite..
 Old Bridge, NJ 08857
 C: 732-555-1212
 H: 732-555-1212
 SS: N/A
 N/A

75496e
 03-15-1950 (69)
 Female Deceased

PRIMARY: B SCAN
 SURGEON: [Empty]
 EXP. ARRIVAL TIME: 04:00 PM

SECONDARY: -Reason-
 CL(Ord.): \$0.00 No CL
 CL(Sup.): \$0.00 No GL

REF. PHYSICIAN: [Empty] P.C.P: [Empty] PHYSICIAN: Jonathan Test

Show all the Insurance information history in FD (Scheduler)

The system will now display the ICON of the stored image. You select the image in the list and another pop-up will display the insurance card.

The screenshot shows two overlapping windows. The top window, titled "Patient All Insurance History", contains a table with the following data:

Case	Insurance Type	Provider	Policy#	Copay	Status	Active Date	Expiration Date	Scans	Scan Date
Normal	Primary	Highmark Medicare	123456789		Active	06-01-14			01-16-2020
Normal	Secondary	Monumental Life	123456789		Active	06-01-14			

The bottom window, titled "Insurance Scan Documents", displays an insurance card for "ABC INSURANCE PARTNERS PPO". The card details are as follows:

- 1) Policy Number: 356M59557
- 2) Group Number: 1234567
- Group Name: XYZ COMPANY
- Member Name: SUSAN J. SAMPLE
- 3) Office Visit Copay: \$15
- Specialist: \$15
- 4) Emergency Room: \$150
- Urgent Care: \$50
- Rx: \$10/20/40
- Network Coinsurance:
 - 5) In 90%/10%
 - 6) Out 80%/20%
 - Med/Rx Deductible Applies

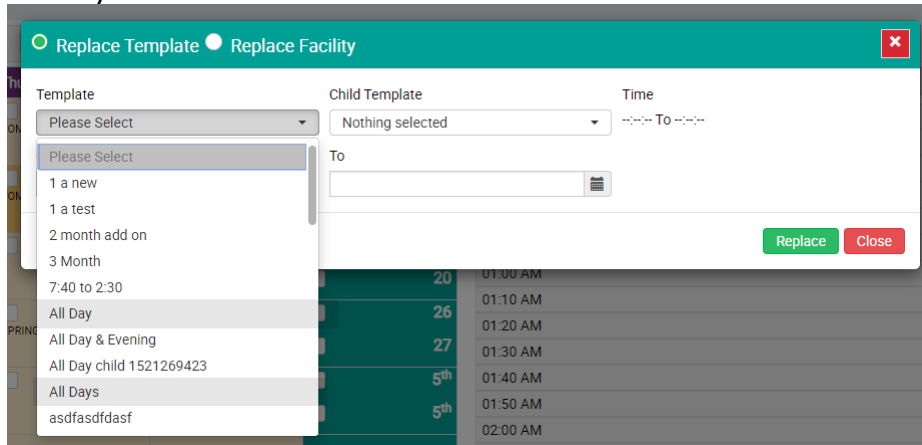
Common Workflow Issues with Scheduler (Scheduler)

The following outline A-F is to show the best workflow to aid in avoiding problems with the Scheduler.

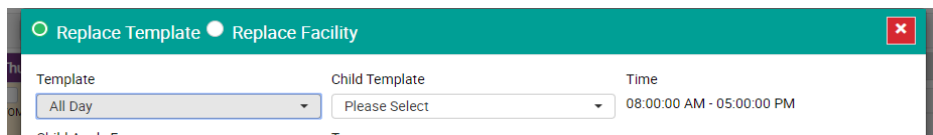
A. Replace template for provider schedule:

At the time of replacing the template for a provider schedule, a user must be careful about old and new template timing. If there is any variation in timing for instance, a new template is shorter in time from start time or end time then it will result in moving of appointments to the "To Do Reschedule" list. This is a common mistake made by users, the error that has been seen is that users replace a wrong or similar name template without confirming their existing schedule timing. This in turn causes the appointments to move. When attempting to re-assign the exact template, it will not restore automatically. User will need to restore them manually.

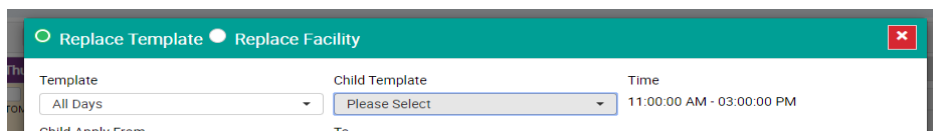
For example, in the screenshot below, we have two similar sounding templates “All Day” and “All Days”.



Similar name templates



“All Day” template timing is 8am to 5pm

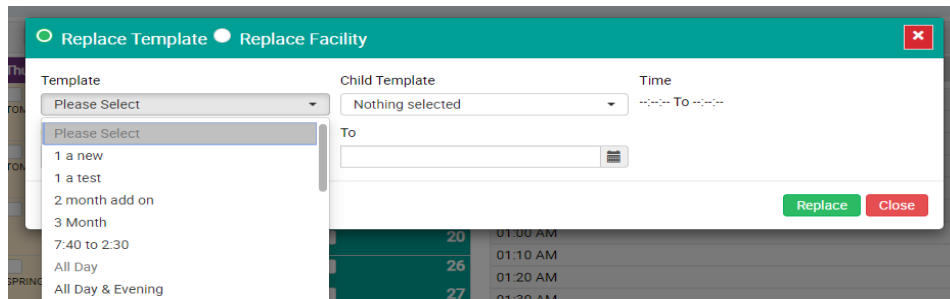


“All Days” template have short timing from 11 am to 3 pm

Both are timed differently, hence they will lead to appointments which are out of the scope of timings on these templates incase they are used, i.e. if the user intends to use All Day which is from 8 am to 5 pm, but instead uses All Days, any appointment before 11 am and after 3 pm would go to “To Do Reschedule” list.

B. Apply child template later:

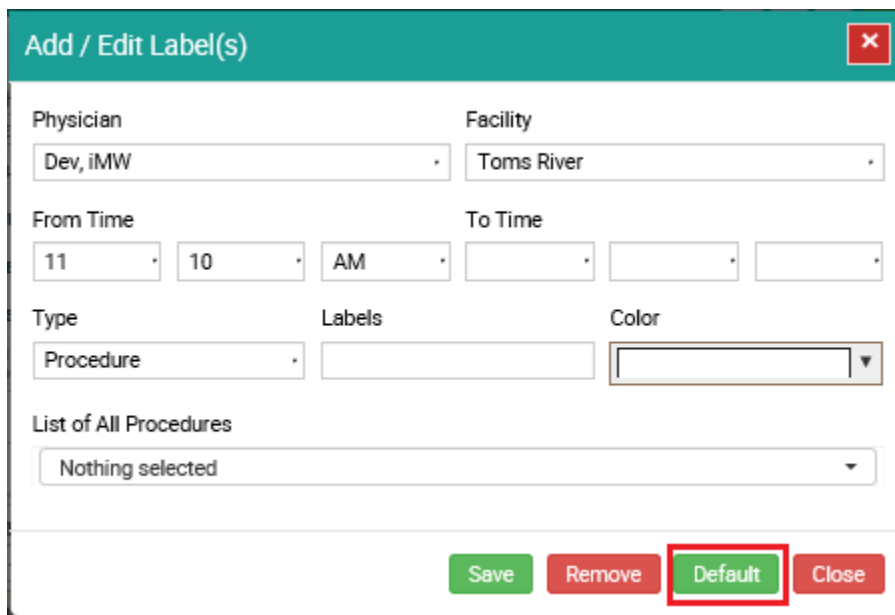
A child template could not be applied independently or later. If a template is already applied, then it will not be an active option to choose again at the time of replace template to provide child template list. There is no direct way to apply child template for already an applied parent template. Child template could only be applied at the time of applying parent template.



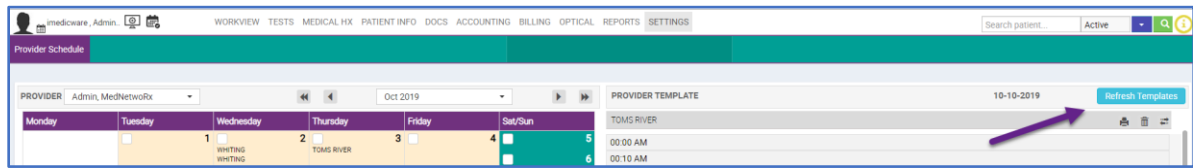
Already applied parent template is not available to select.

C. Reflect edited template changes on schedule:

Changes in schedule template will take effect only after making a fresh scheduler cache from Settings > Scheduler > Provider Schedule > Refresh Template. But some time custom entries do exist (custom added label or label removed entries) that were entered earlier than these changes, these will not overwrite by changing template in admin. To remove these entries right click on schedule anywhere and choose add/edit label option, select time range where you feel that labels are not coming as per saved in admin and hit default button from below.



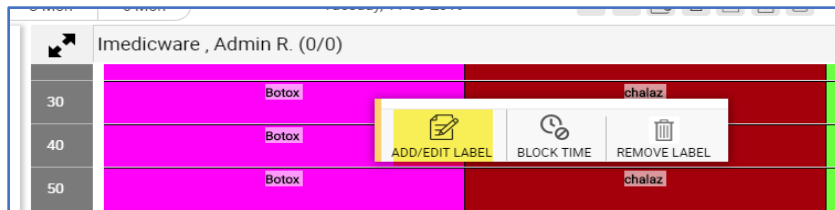
It will reset all existing entries to admin/master label settings. Please note that, do not follow these steps for those time slots where you have already added appointments as it will release appointment replaced labels too (which will result in duplicate/double labels).



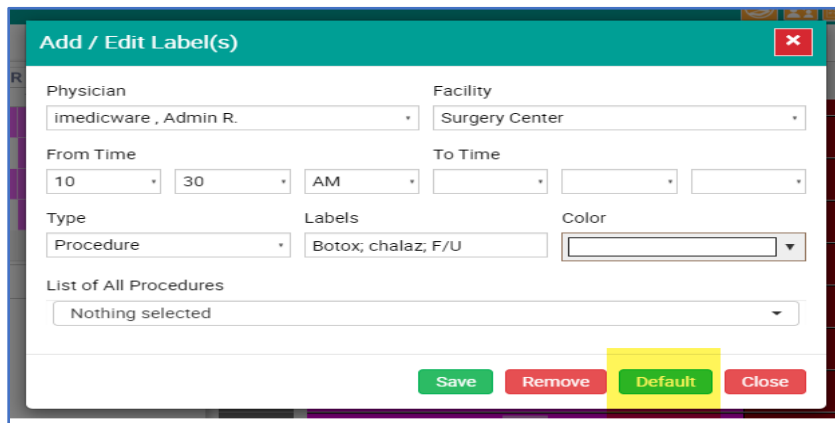
Button to create scheduler cache

D. Removing/Restoring label from scheduler:

At the time of removing labels or restoring already removed labels using the "Default" button functionality (Add/edit label from scheduler screen) sometime user selected entire day schedule timing which result into duplicate/double label by releasing labels that are already replaced by appointment. Sometime users select entire day timing while removing label and then try to restore them which also result into duplicate/double label for whole day.

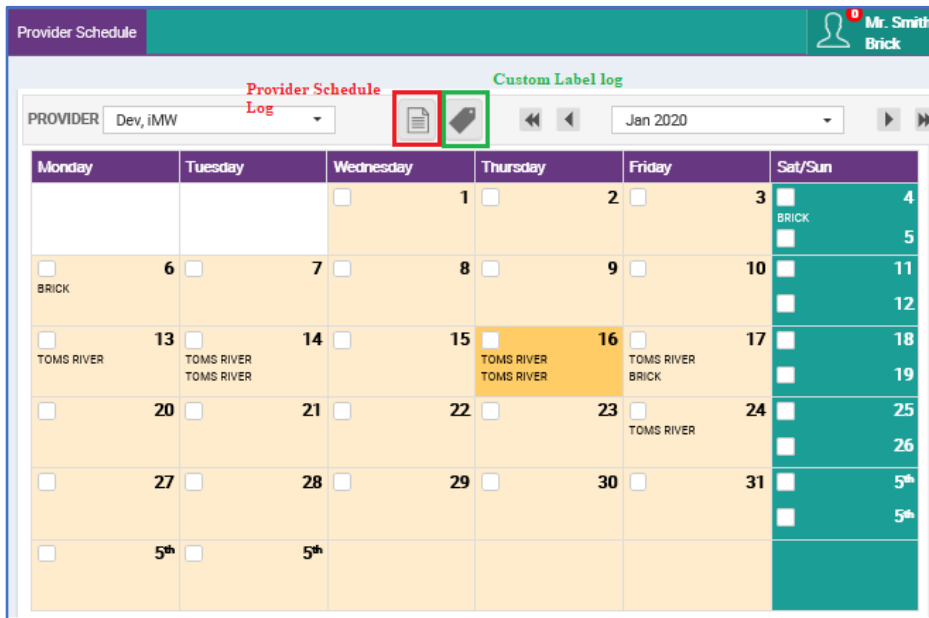


Right click on schedule labels and choose Add/Edit Label.



Default button to restore master template settings

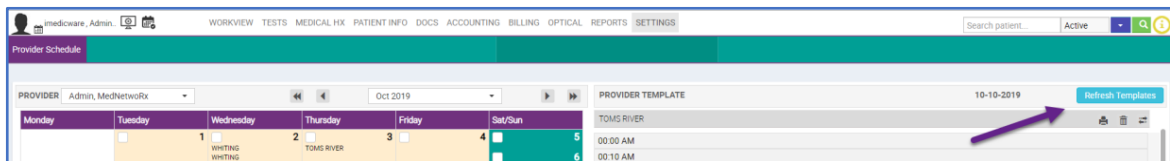
If somebody has Changed the label the log of this can be seen under Settings > Scheduler > Provider Schedule > Select the Provider > Check Label Log



E. Restore Appointments from To-Do-Reschedule list:

To restore appointment from reschedule list users need to make sure that a fresh scheduler cache is created, because restore functionality do confirm from cache files that does physician schedule exist for appointment physician, facility, date and time otherwise appointment will not restore even schedule does exist for them.

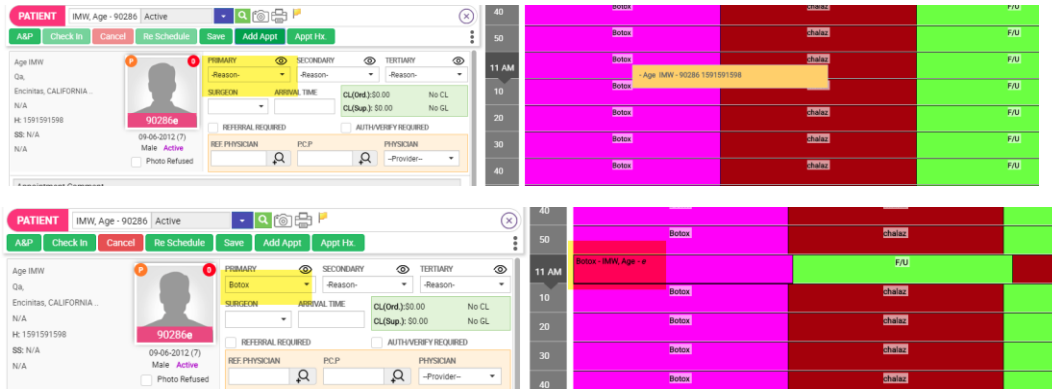
Sometime users create schedules for different facilities with the same physician and template, then try to restore appointments which does not work. Appointments will restore only if the schedule does exist for the appointment date time for the same physician and facility.



F. Adding appointments without procedure:

The system does prompt to choose procedure/appointment reason if you are dropping appointments over an appointment type label that is not a valid procedure. However, if you drop an appointment without choosing procedure/appointment reason on a valid procedure type label then it will add appointment with procedure by finding it from label.

This will only be true for a "Mandatory" type Procedure Label.



Policy Holder information to Check-in Screen (Scheduler)

To make the check-in process efficient and quicker, the Policy Holder information can now be entered from the check-in screen itself. The user can simply use one screen to complete the entire check-in process from a single screen.

Once the patient is highlighted: Right click > Check-in > Scroll down on the check-in screen to the Insurance screen.

PRIMARY INSURANCE						SECONDARY INSURANCE					
Primary Ins. Provider			Policy #			Secondary Ins. Provider			Policy #		
MEDICARE			123456789								
Copy	Co-Ins	Ref. Req	Auth Req	Activation Date	Expiration Date	Copy	Ref. Req	Auth Req	Activation Date	Expiration Date	
00/00	No	No	No	11-29-2018			No	No			
PRIMARY POLICY HOLDER						SECONDARY POLICY HOLDER					
First Name		Last Name		Middle	Suffix	First Name		Last Name		Middle	Suffix
Althea		Smith		T		Althea		Smith		T	
Sub. Relation	S.S	DOB	Gender	Accept Assignment		Sub. Relation	S.S	DOB	Gender	Accept Assignment	
Self		03-15-1950	Female	Accept Assignment		Self			Female		
Comments						Comments					
Comments...						Comments...					

eR Button for 2nd Insurance in Check-in screen (Scheduler)

To check the Patient's eligibility with respect to their Secondary Insurance, the "eR" button has now been added to the check-in screen to make it more efficient and make this screen a one-stop for the entire check-in process.

PRIMARY INSURANCE						SECONDARY INSURANCE					
Primary Ins. Provider	Policy #	Group #	Secondary Ins. Provider	Policy #	Group #						
MEDICARE	123456789										
Copay	Co-Ins	Ref. Req.	Auth. Req.	Activation Date	Expiration Date						
	00/00	No	No	11-29-2018							

Release information on Check-in Screen (Scheduler)

"Release Information" has been added to the Check-in Screen to allow the user to enter this information here rather than moving in-between the Scheduler and Patient Demographic screen.

Check In | Consent Forms | Smith, Althea - 26106

Check In CI-01-17-2020 02:58 PM | Heard about us: [dropdown]

PATIENT DEMOGRAPHICS HS EMR

Title: Mrs. | First Name: Althea | Middle: T | Last Name: Smith | Suffix: [dropdown]

Marital Status: Widowed | Sex: Female | DOB (mm-dd-yyyy): 03-15-1950 | Age: 69Year(s), 10Month(s)

Social Security: [dropdown] | Sexual Orientation: [dropdown] | Gender Identity: [dropdown] | Email-Id: [dropdown]

ALL COMMUNICATIONS Home Phone # 732-555-1212 | Work Phone # 732-555-1212 | Mobile Phone # 732-555-1212

Emergency Name: [dropdown] | Relationship: [dropdown] | Emergency Tel #: 7325551212

MORE INFORMATION | Race: White | Language: English | Scheduler | Chart Notes | Release Information

Emergency Contact information on Check-in screen (Scheduler)

Users can now enter Emergency Contact information within the Check-in screen, thus making the Check-in screen a one-stop for all the information which is required to complete the check-in process.

Check In Consent Forms Smith, Althea - 26106

Check In CI-01-17-2020 02:58 PM Heard about us :

PATIENT DEMOGRAPHICS HS EMR MORE I

Title: Mrs. First Name: Althea Middle: T Last Name: Smith Suffix:

Marital Status: Widowed Sex: Female DOB (mm-dd-yyyy): 03-15-1950 Age: 69Year(s) , 10Month(s)

Social Security: Sexual Orientation: Gender Identity: Email-Id:

ALL COMMUNICATIONS + Race

Street1: 1405 Route 18 S, Suite #206 Street2: Suite #206

Zip Code: 08857 City: Old Bridge State: NJ County: Ocean County Country: USA

Home Phone #: 732-555-1212 Work Phone #: 732-555-1212 Ext.: Mobile Phone #: 732-555-1212 ✓ Sche

Emergency Name: Relationship: Emergency Tel #: 7325551212 Rel

Expected Arrival Time (Scheduler)

For certain appointments it is expected that the patient would arrive at a pre-defined time before the appointment. To allow the staff to enter this information there is a new Box on the Scheduler "Expected Arrival Time",

Active	PROCEDURE	PRACTICE CODE	TYPE	APPT. DURATION	EXPECTED ARRIVAL	COLOR	DEFAULT TIMINGS	MAX. ALLOWED	PROCEDURE MESSAGE	REFERRAL REQUIRED	AUTH/VERIFY REQ	BILLABLE	STATUS
	(LP)YAG Vitrectomy	(LP) YAG		10 Min	NA								
	A Scan	AS		10 Min	NA								
	Acute	AE		10 Min	NA								
	ANTERIOR VITRECTOMY	ANTERIOR VITRECTOMY		20 Min	NA								
	Argon Laser of Lattice Degeneration	Argon Laser of Lattice Degenera...		10 Min	NA								
	Argon Retinal Hole/Tear	Argon Retinal Hole/Tear		10 Min	NA								
	Argon Retinal Laser PRP	Argon Retinal Laser PRP		10 Min	NA								
	ASCAN/FU	ASCAN/FU		10 Min	NA								
	B SCAN	B SCAN		20 Min	NA								
	Botox	Botox		10 Min	10								
	CATARACT	CAT		20 Min	NA								
	Cataract Extraction with Femtosecond Laser and Intraocular Lens Implant with possible Astigmatic Keratotomy	Cataract Extraction with Femtose...		30 Min	NA								

The user can add the time manually or make use of the functionality where this has been setup under

Settings > Scheduler > Procedure Template > Expected Time of Arrival.

The screenshot shows a medical scheduling interface. At the top, there are navigation tabs: WORKVIEW, TESTS, MEDICAL HX, PATIENT INFO, DOCS. Below this, the user is logged in as 'Dev, iMW' at the 'Toms River' facility. A calendar view shows January, February, and March 2020. Below the calendar, there are buttons for 'Cancel', 'Check In', 'Check Out', 'Re Schedule', 'Save', 'Add Appt', and 'Appt Hx'. The patient details for 'Mr. A Frank Smith' are shown, including his address, phone numbers, and SSN. The 'PRIMARY' section shows 'ASCAN/FU' with a dropdown menu. The 'SURGEON' section has a dropdown menu. The 'EXP. ARRIVAL TIME' field is highlighted with a red box and contains the value '02:50 PM'. Below this, there are checkboxes for 'REFERRAL REQUIRED' and 'AUTH/VERIFY REQUIRED'. The patient status is 'Patient is VIP: No Copay, No Refraction, No Bill, No Balance'. The 'REF. PHYSICIAN' section shows 'Abate, Holly' and 'Sabo, Mildred'. The 'PHYSICIAN' section has a dropdown menu. At the bottom, the appointment details are: 'Appt: iMW D. Toms River 01-17-2020 ASCAN/FU 3:30 PM End Time: 03:40 PM'.

Note: If there is no Expected Arrival time set up, there would be no time populating.

If the Procedure has a setup of the Expected Arrival time and the appointment is rescheduled, the expected time of arrival will adjust automatically.

REPORTING

Added an additional filter for reports: Crediting Provider.

PRACTICE FILTER		
Groups	Facility	Department
Select All	Select All	Select All
Billing Provider	Crediting Provider	Operator
Select All	Select All	Select All

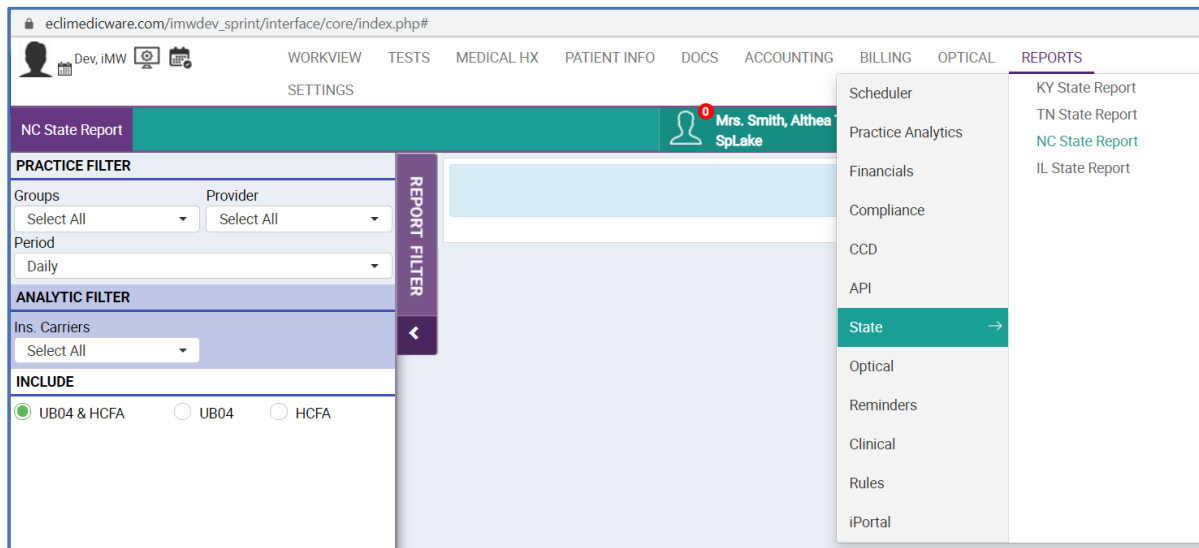
This has been added for the following reports:

- Practice Analytics
- Provider Analytics
- Provider Revenue
- Referring Revenue

- e. Facility Revenue
- f. Deferred/VIP
- g. Ledger
- h. Insurance Analytics
- i. CPT Analysis
- j. Referring Physician
- k. Allowable Verify
- l. Credit Analysis
- m. Deleted Payments
- n. Provider A/R

Change made for a new North Carolina state report (Reporting)

Access the report by going to Reports > State > NC State. This will open the applicable state report filter screen where you can then choose UB04 & HCFA or separately UB04 or HCFA. By selecting the filters, and then selecting search, the report will display.



Referring Doctors Report (Reporting)

A new report was created to allow users to filter specifically by Referring Doctor and see the activity from each one of their referring doctors.

Itemized Account Printout (Reporting)

A new solution was implemented to change the itemized printout report and include both the primary and secondary as separate items on the report with it totaling the entire charge including the deductible. The tertiary insurance is also separated out if it exists.

Patient Payment Summary				Smith, Althea T - 26106				DOB : 03-15-1950 (69 Yr.)		SS# :											
Group Name : IMedicWare Test Practice				Created by : ID on 01-08-20 10:16 PM																	
S.No.	DOS	E. Id	Ins. Case	CPT	CoPay	T.Charges	Charges	Allowed	Payment Details				Pt Paid	Adj	Pt Balance	Ins. Balance	New Balance	Date	Posted	Submitted	
								Deduct	MEDICAR	AARP	-										
1	01-03-2020	404434	Normal	Multi	\$0.00	\$313.09	\$313.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$313.09	\$313.09	01-03-2020	-		
				Initial Hospital Visit III	99223	0.00	\$216.37	\$216.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$216.37	\$216.37				
				Ophth Int. Est.	92012	0.00	\$96.72	\$96.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96.72	\$96.72				
2	12-03-2018	401985	Normal	Multi	\$0.00	\$371.22	\$371.22	\$0.00	\$291.04	\$0.00	\$0.00	\$0.00	\$0.00	\$5.94	\$0.00	\$74.24	\$74.24	12-03-2018	12-04-2018		
				Ophth. Comp. Est.	92014	0.00	\$138.87	\$138.87	\$0.00	\$108.88	\$0.00	\$0.00	\$0.00	\$2.22	\$0.00	\$27.77	\$27.77				
				computerized imaging-retina	92134	0.00	\$45.97	\$45.97	\$0.00	\$36.04	\$0.00	\$0.00	\$0.00	\$0.74	\$0.00	\$9.19	\$9.19				
				Injection	67028	0.00	\$111.38	\$111.38	\$0.00	\$87.32	\$0.00	\$0.00	\$0.00	\$1.78	\$0.00	\$22.28	\$22.28				
				Supply of Avastin	J9035	0.00	\$75.00	\$75.00	\$0.00	\$58.80	\$0.00	\$0.00	\$0.00	\$1.20	\$0.00	\$15.00	\$15.00				
3	11-30-2018	401811	Normal	Multi	\$0.00	\$202.80	\$202.80	\$0.00	\$159.00	\$0.00	\$0.00	\$0.00	\$3.24	\$0.00	\$40.56	\$40.56	11-30-2018	12-03-2018			
				Ophth. Comp. Est.	92014	0.00	\$138.87	\$138.87	\$0.00	\$108.88	\$0.00	\$0.00	\$0.00	\$2.22	\$0.00	\$27.77	\$27.77				
				Fundus Photos	92250	0.00	\$63.93	\$63.93	\$0.00	\$50.12	\$0.00	\$0.00	\$1.02	\$0.00	\$12.79	\$12.79					
4	11-30-2018	401799	Self Pay	MACPROCOT	\$0.00	\$37.00	\$37.00	\$0.00				\$37.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	11-30-2018	-		
5	11-30-2018	401795	Normal	MACPROCOT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	11-30-2018	-		
6	04-27-2018	372623	Normal	Multi	\$0.00	\$184.84	\$184.84	\$36.96	\$144.92	\$36.96	\$0.00	\$0.00	\$2.96	\$0.00	\$0.00	\$0.00	\$0.00	04-27-2018	04-30-2018		
				Ophth. Comp. Est.	92014	0.00	\$138.87	\$138.87	\$27.77	\$108.88	\$27.77	\$0.00	\$0.00	\$2.22	\$0.00	\$0.00	\$0.00	\$0.00			
				computerized imaging-retina	92134	0.00	\$45.97	\$45.97	\$9.19	\$36.04	\$9.19	\$0.00	\$0.00	\$0.74	\$0.00	\$0.00	\$0.00	\$0.00			

Add all communication information to search feature for Referring physician (Reporting)

The system had the ability to search but was limited to first name, last name and phone and now these search criteria are to include phone, address, and fax #.

Name	Address	Practice Name	Phone Number	Fax Number	ID
Smithers, Wilda	1405 Route 18 S, Suite #206, Lakewood 08701				37

Cash Lag Analysis report (Reporting)

A new report to help the users determine the total charges for a month and how many months thereafter it took to collect the monies related to those charges. Report is available under Reports > Financials > Analytic > Cash lag Analysis. Filters on the report are Groups, facility, Provide (~Billing Provider), Crediting Provider and Period. Users can exclude charges where Billing and Crediting providers are the same. Also, the report can be viewed or can be exported to CSV.

This report will show the month's total charges, and how many months thereafter it took to collect the monies. Whatever is remaining out of those charges thereafter per month will be shown up to 20 Months.

REPORTS SETTINGS

- Scheduler
- Practice Analytics
- Financials** →
- Compliance
- CCD
- API
- State
- Optical
- Reminders
- Clinical
- Rules
- iPortal

Daily	Account Receivable
FD Collection	Provider A/R
Day Sheet	Days In A/R
Payments	Unworked A/R
Daily Balance	A/R Aging Insurance
Unapplied Superbills	A/R Aging Patient
Unfinalized Encounters	Custom AR
Unapplied Payments	Claims
Copay Reconciliation	Unbilled
Adjustment Report	Top Rejections
Refund Report	Denial Records
Front Desk	PT Collections
Day Close Payment Report	Assessment
Prepayments	Report
Analytic	Previous HCFA
Practice Analytics	Previous UB04
Provider Analytics	FD Status
Provider Revenue	
Referring Revenue	
Facility Revenue	
Deferred/VIP	
Ledger	
Insurance Analytics	
CPT Analysis	
Referring Physician	
Allowable Verify	
Credit Analysis	
Deleted Payments	
Patient Report	
Modified Encounters	
Yearly	
Provider RVU	
Transaction Details	
Itemized Receipts	
Custom Analytics	
Procedure Payments	
Cash Lag Analyses	
Office Production	
Number Of AR Touches	

Cash Lag Analyses

PRACTICE FILTERS

Groups	Facility
Select All	Select All
Provider	Crediting Provider
Select All	Select All

Exclude where billing and crediting providers are same

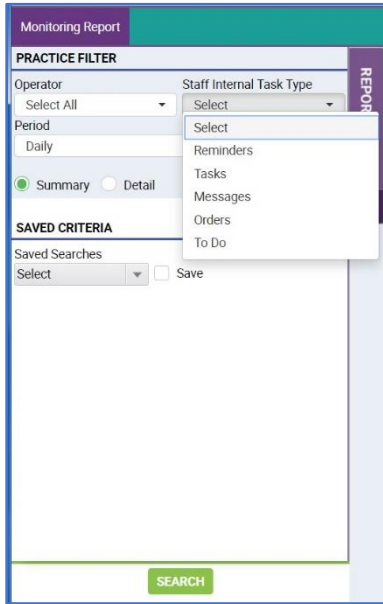
Period: Daily DOS

FORMAT

View Only CSV

REPORT FILTER

Add a report for monitoring messages for office managers (Reporting)



The new report will allow the practice to pull a report to show operators and open and or outstanding items that need to be completed and or followed up by aa operator.

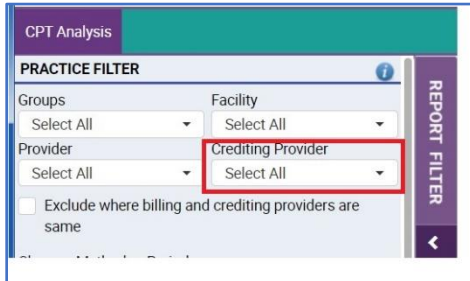
Add columns to CPT Analysis report (Reporting)

Column for CPT description has been added to multiple different reports to satisfy the need to see and read the description of the applicable CPT codes represented by numbers.

CPT Code	CPT Desc
99223	Initial Hospital Visit III
92012	Ophth Int. Est.
92014	Ophth. Comp. Est.

Name	Dates	CPT Codes	Descriptions
Smith, Agnes - 4171	09-04-2018	92012, 92083, 92020	Ophth Int. Est., Visual Field, Gonio

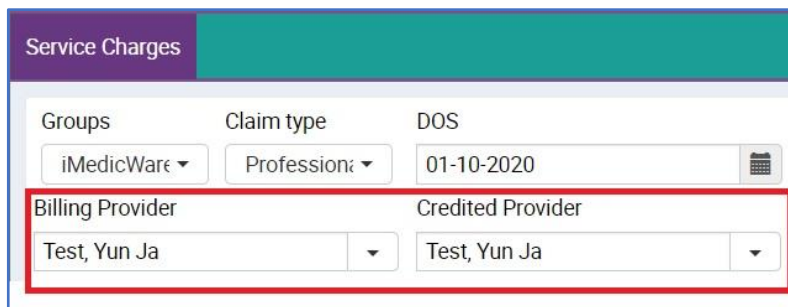
Add search filter to CPT Analysis report (Reporting)



Crediting Provider is added to most all reports

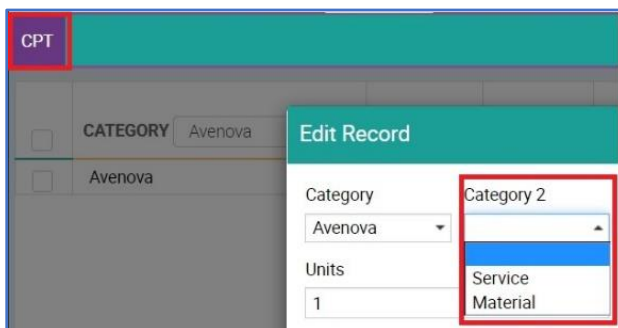
Change the default for Crediting Provider to equal Billing Provider on Service Charge (Reporting)

The Billing Provider will now automatically always default to the Crediting Provider field. If it is false then the user can simply add a different provider to the field.



Add another level of CPT organization - services vs material (Reporting)

Now the system has multiple category settings for EACH CPT code. The user can now build into the reporting the ability to have multiple categories for a CPT to filter and separate services vs materials. So long as this Category 2 has been used and activated then the reporting filter can make the necessary distinction in the report.



As an example, below is a screenshot of the CPT analysis report:

The screenshot displays the 'CPT Analysis' interface. At the top, there is a 'PRACTICE FILTER' section with dropdown menus for 'Groups', 'Facility', 'Provider', and 'Crediting Provider', each set to 'Select All'. Below these is a checkbox for 'Exclude where billing and crediting providers are same'. The 'Charges Method' is set to 'Total Charges' and the 'Period' is from '08-01-2018' to '01-30-2020'. There are radio buttons for 'Summary', 'Detail', 'DOS', 'DOR', and 'DOT', with 'Detail' and 'DOS' selected. The 'ANALYTIC FILTER' section includes dropdowns for 'CPT Category' (set to 'Service'), 'CPT Code', and 'Ins. Group' (set to 'Select All'). A 'Sort By' dropdown is set to 'Date of Service'. Below this is a 'Select All / Deselect All' button and a list with 'Service' checked and 'Material' unchecked. At the bottom, there are radio buttons for 'CPT Category', 'Ins Groups (Pri. Ins)', and 'Procedure'.

Breakdown service vs material in Provider AR report (Reporting)

The system will now provide filters for the Provider AR report. These gives users the ability to look at services or materials separately, or leave it combined. The Category 2 box selection is what is used to change the different report functions.

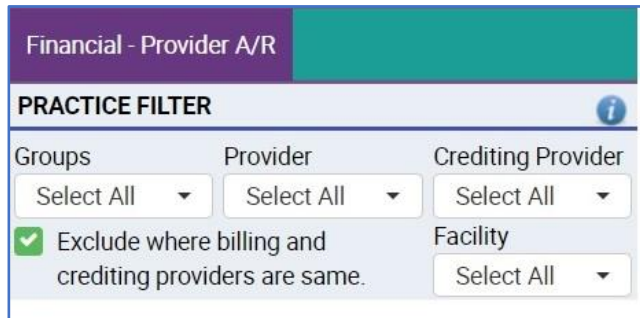
Add new report for “Crediting Provider AR” (Reporting)

The system did not have ability to separate billing provider from crediting provider to differentiate the revenue for providers.

The new report allows you to see the Crediting Provider only and you can also choose either services / materials or both together. A check box is also available to “Exclude where billing and crediting providers are the same”.

Add crediting provider as a search filter to all financial reports (Reporting)

Crediting Provider its added to all financial report filter areas. The exclude checkbox is used to avoid duplicates where both billing and crediting are the same – this will help avoid pulling those types of records to the report.



Financial - Provider A/R

PRACTICE FILTER

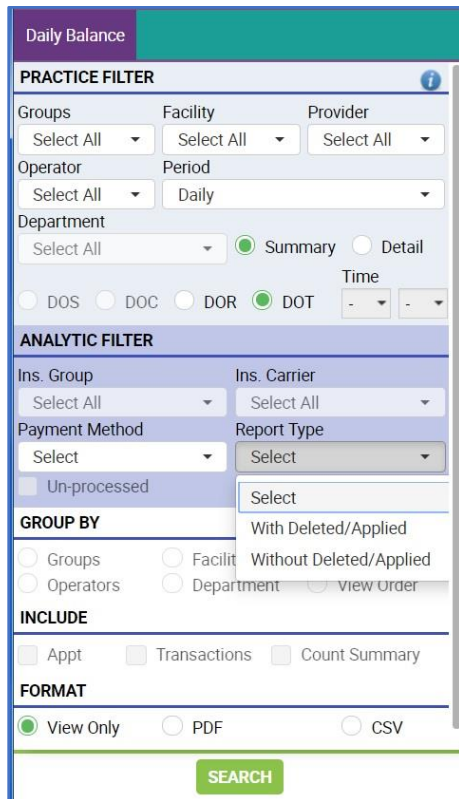
Groups: Select All
Provider: Select All
Crediting Provider: Select All

Exclude where billing and crediting providers are same.

Facility: Select All

Daily Balance (Reporting)

New filter added into the report to allow the user to select either “With Deleted/Applied” or “Without Deleted/Applied” – this way they can establish their daily balance one or two ways based on the filters set.



Daily Balance

PRACTICE FILTER

Groups: Select All
Facility: Select All
Provider: Select All

Operator: Select All
Period: Daily

Department: Select All
 Summary Detail

DOS DOC DOR DOT
Time: - -

ANALYTIC FILTER

Ins. Group: Select All
Ins. Carrier: Select All

Payment Method: Select
Report Type: Select

Un-processed

GROUP BY

Groups Facility
 Operators Department View Order

INCLUDE

Appt Transactions Count Summary

FORMAT

View Only PDF CSV

SEARCH

Custom Report request (Reporting)

EID Status report was extended to include the requested fields and this automatically exports the results to a CSV format by default. Reports > Financial > EID Status.

Patient ID	Full Name	Date of Birth	Sex	CPT Code	DX Codes	Modifiers	Units	Charge	Insurance	Claim ID										
11616	Smith, Alex	#####	Male	92014	Ophth. Co	H26,493, H43,813, HC	1	135.01	2.16	0	132.85	132.85	MLWO-M	277437	#####	#####	Whiting - (i	MedicWa	Whiting - (MD Test, E
20061	Smith, Ann	#####	Female	92014	Ophth. Co	H47,011, H25,13, H25	1	135.01	54	0	61.01	20	81.01	277467	#####	#####	Toms Riv	iMedicWa	Toms Riv	MD Test, E

Custom Label audit log (Reporting)

Within Settings > Scheduler > Provider Schedule we have created the ability to add two different ICONS to the system once a provider is selected. Once a provider is selected the two new ICONS will appear.



This ICON will launch the Provider Scheduler Log



This ICON will launch the Front Desk Label Log. Select custom label log and a log will appear which will provide detail on label added, removed and restored from front desk/scheduler.

Provider Schedule

PROVIDER: Dev, IMW

Once you choose a Provider the two ICON appear. By clicking on the ICONS you are taken to two different screens for the different logs.

Front Desk Label log shows "no log found" because this is a development setup and there are no templates linked.

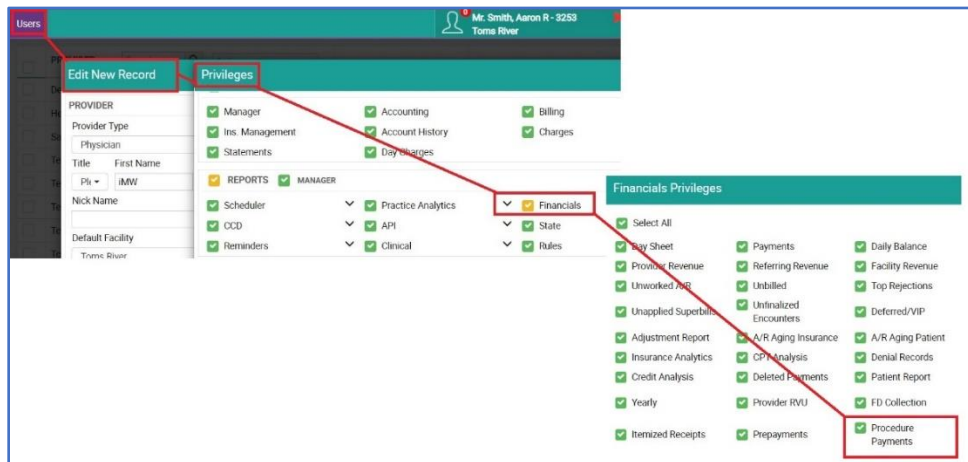
SR.	WEEK DAY	CAL. DATE	FACILITY	TEMPLATE	SUMMARY	FOR FUTURE	USER	IP	TIMESTAMP
1	week3 day4	01-16-2020	Toms River	Dr W Thursday	Schedule added from frontdesk	no	Dev, IMW	10.1.25.200	01-16-2020 06:21 PM
2	week2 day2	01-14-2020	Toms River	Chain events testing	Schedule added by replacing template (a)	yes	Dev, IMW	10.1.25.200	01-14-2020 11:33 AM
3	week1 day1	01-06-2020	Brick		Schedule added by replacing template (a)	no	Dev, IMW	10.1.25.200	01-06-2020 07:48 PM

Custom/Front desk Label Log

No log found

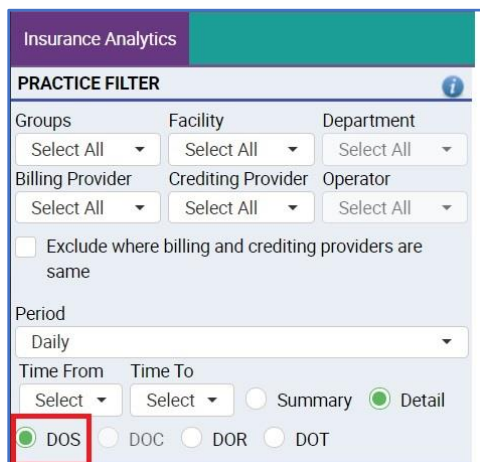
Report – Procedures Payments expanded to show more details (Reporting)

Report expanded to now include new fields and to show the details for the anesthesia billing. System must be setup: Settings > Admin > Users > Privileges – new added report “Procedure Payments”.



“Procedure Payments”.

Need DOS to be added to insurance analysis report (Reporting)



The system now has the DOS (date of service) available as an option within the filters section.

Appointment Information Report (Reporting)

Appointment Information

PRACTICE FILTER

Facility: Select All
 Provider: Select All

Period: 05-18-2017
←
01-17-2020
←

ANALYTIC FILTER

Insurance Group: Medicare

The filter for Insurance Group has now been added into the Appointment Information report.

Scheduler Time Utilization report (Reporting)

The system can now display a time utilization report based on the total available time for any provider versus the actual booked time. This is a very useful report to be able to help a practice maximize a provider booking time.

Time Utilization		Mr. Smith, Aaron R - 3253 Toms River						Created By: ID on 01-21-2020 12:03 AM
Time Utilization (detail)		Start Date : 12-11-2018						Include: None
Facility : All		Provider : All						
PRACTICE SUMMARY								
	11-Dec	12-Dec	13-Dec	14-Dec	15-Dec	16-Dec	17-Dec	Wk Totals
Avail	1570	1030	1130	1170	390	0	1280	6570
Book	760	1170	1020	1060	120	0	950	5080
Open	830	290	370	410	270	0	380	2550
% B/A	48.41%	113.59%	90.27%	90.60%	30.77%	0%	74.22%	77.32%
Dev. IMW								
	Brick	Spring Lake Hts	Surgery Center	Toms River	Whiting	Wk Totals		
Avail Min	0	0	0	660	0	660		
Book Min	0	0	0	0	0	0		
Open Min	0	0	0	660	0	660		
% B/A	0%	0%	0%	0.00%	0%	0.00%		
Test. Brian								
	Brick	Spring Lake Hts	Surgery Center	Toms River	Whiting	Wk Totals		
Avail Min	420	420	490	850	0	2180		
Book Min	430	380	460	1090	0	2360		
Open Min	10	90	70	20	0	190		
% B/A	102.38%	90.48%	93.88%	128.24%	0%	108.26%		
Test. JOL								
	Brick	Spring Lake Hts	Surgery Center	Toms River	Whiting	Wk Totals		
Avail Min	0	0	0	0	0	0		
Book Min	0	0	0	500	0	500		
Open Min	0	0	0	0	0	0		
% B/A	0%	0%	0%	0%	0%	0%		

Provider	11-Dec	12-Dec	13-Dec	14-Dec	15-Dec	16-Dec	17-Dec	Wk Total
Dev, iMW	0.00%							0.00%
Test, Brian	102.38%	93.88%	150.00%	90.48%			108.89%	108.26%
Test, IOL								0.00%
Test, Jane		170.59%	90.00%	63.89%			60.00%	83.74%
Test, Jonathan	67.35%	45.95%	34.88%	51.28%	30.77%		51.16%	47.60%
Test, Shore								0.00%
Test, Surgeon								0.00%
Test, WH								0.00%
	48.41%	113.59%	90.27%	90.60%	30.77%		74.22%	

Unprocessed superbill from Day Sheet (Reporting)

New column added to the Procedure Template called Billable Settings > Scheduler > Procedure Template. This allows the user to mark a procedure billable / nonbillable. If marked nonbillable then those procedures will not appear in the Day Sheet report.

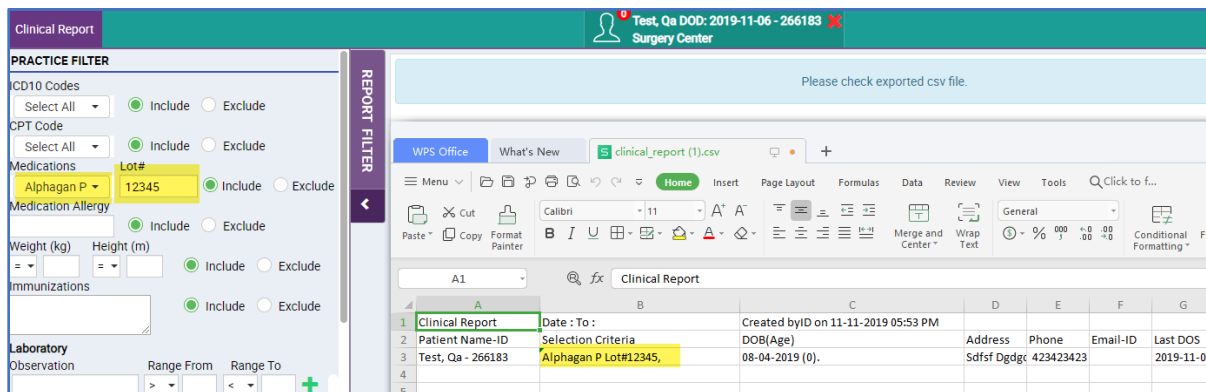
Active	PROCEDURE	PRACTICE CODE	TYPE	APPT. DURATION	EXPECTED ARRIVAL	COLOR	DEFAULT TIMINGS	MAX. ALLOWED	PROCEDURE MESSAGE	REFERRAL REQUIRED	AUTH/VERIFY REQ.	BILLABLE
	Argon Laser of Lattice Degeneration	Argon Laser of Lattice Degenera.		10 Min	NA	Orange		NA		No	No	Yes
	Argon Retinal Hole/Tear	Argon Retinal Hole/Tear		10 Min	NA	Pink		NA		No	No	Yes



Once in the Procedure Template screen you can now select the Billable column (new) and this will bring the pop-up. Here you can check mark “Non-Billable” and define this for all providers or a selected provider.

Lot# on Clinical Report

Providers can also search by Lot number on Clinical Report. Users need to go to Reports > Clinical > Clinical Report > Lot#.



Denial Rate must exclude refractions (Accounting)

The report now has a new filter to exclude refractions. If the checkbox is set then the report will NOT show refractions any longer as a denial. In the image the selection to not include Refractions is checked off.

Denial Records

PRACTICE FILTER

Groups: Select All | Facility: Select All

Physician: Select All | Denial Period: Daily

Ins. Group: Select All | Ins. Carrier: Select All

DOR DOT

INCLUDE

No Refraction

ACCOUNTING

Another level of CPT organization has been introduced as a way for Practices to divide their CPTs by Services and or Materials. (Accounting)

This would not only help divide the CPTs, but also has been introduced as part of various reports so data can be viewed accordingly. To set mark whether the CPT is a Service or Material, Users need to go to Settings > Billing > CPT > CPT Category2 > Select Service/Material > Save.

Edit Record

Category: Avenova | **Category 2** (dropdown menu showing Service and Material options) | Cpt4 Code: AVENOVA | Insurance Billed: Yes | Practice Code: AVENOVA | Description: Avenova

Units: 1 | CVX Code: | Rev Code: | Departments: AVE | NDC#/Comments: | Unit of Measure: | Measurement: | TOS: 1 | POE: | Mod1: | Mod2: | Mod3: | Status: Active | Tax: No | Value Set: | Dx1-Dx12: | Save | Close

However, if this is not set for a CPT, it would work as before. Reports for which this filter has been provided as part of the Analytic filters are:

ANALYTIC FILTER

Insurance Group: Ins. Carriers: Ins. Types:

ICD10 Codes: CPT Category: CPT:

CPT Category 2: Registered Facility

Service Physician Procedure

Material

- a. Insurance Analytics
- b. Facility Revenue
- c. Referring Revenue
- d. CPT Analysis
- e. Provider Analytics
- f. Practice Analytics

Please note in case this is not setup for any CPT, these reports would work the same way as before.

Description of CPTs on Charges Ledger (Accounting)

For a claim which has multiple charges on it, usually the word "Multi" is seen on the charges ledger, the user can of course hover and see the CPTs, but now one can select the Line number and the line can expand to show the CPT and their description along with Summary of each line.

Select the Patient from Search > Accounting > Charges Ledger > If User select "S.No", All charges with Multiple CPTs would expand or the User can select at the number of the charge line and only that particular charge "Multi" would expand.

Line	DOS	E. Id	CPT	Auth#	Providers	Dx. Codes	Modifiers			Insurance			Charges			Date			
							I	II	III	Primary	Sec.	Tertiary	Posted	Deposit	Paid	Balance	Posted	Submitted	
1	01-03-2020	404434	Multi		ID BT	C44.311				MEDICARE	AARP		\$313.09	\$0.00	\$0.00	\$313.09	01-03-2020		
			Initial Hospital Visit III			99223	C44.311				MEDICARE	AARP		\$216.37	\$0.00	\$0.00	\$216.37		
			Ophthalm. Int. Est.			92012	C44.311				MEDICARE	AARP		\$96.72	\$0.00	\$0.00	\$96.72		
2	12-03-2018	401985	Multi		JT	H35.3221, H35.3111, H35.3122				MEDICARE	AARP		\$371.22	\$0.00	\$291.04	\$74.24	12-03-2018	12-04-2018	
			Ophthalm. Comp. Est.			92014	H35.3221, H35.3111, H35.3122	25			MEDICARE	AARP		\$138.87	\$0.00	\$108.88	\$27.77		
			computerized imaging retina			92134	H35.3221				MEDICARE	AARP		\$45.97	\$0.00	\$36.04	\$9.19		
			Injection			67028	H35.3221	LT			MEDICARE	AARP		\$111.38	\$0.00	\$87.32	\$22.28		
Supply of Avastin	J9035	H35.3221				MEDICARE	AARP		\$75.00	\$0.00	\$58.80	\$15.00							
3	11-30-2018	401811	Multi		BT	H35.3111, H35.3122, H02.015, H43.811, H11.153, H04.123, H26.493, H35.3221				MEDICARE	AARP		\$202.80	\$0.00	\$159.00	\$40.56	11-30-2018	12-03-2018	
			Ophthalm. Comp. Est.			92014	H35.3111, H35.3122, H02.015, H43.811, H11.153, H04.123, H26.493, H35.3221				MEDICARE	AARP		\$138.87	\$0.00	\$108.88	\$27.77		
			Fundus Photos			92250	H35.3221				MEDICARE	AARP		\$63.93	\$0.00	\$50.12	\$12.79		

To collapse, select the line number/ "S.No." again.

Insurance ID on Payments Ledger and Charges ledger screen (Accounting)

Patient's Active Primary/Secondary Insurance IDs will now display on the top right-hand corner of the screen, besides the DOB. This enhancement has been done for easy availability of the Insurance Information for a Patient.

Mr. Smith, A Frank - 67056 Brick												
ERA Claims Statements A&P Notes INS DOB: Pri : 123456789 HX 03-15-195 Sec : 123456789												
From: All DOS To: All Ins. Case: Select Case E.Id: Active Page												
	Modifiers			Insurance			Charges				Date	
	I	II	III	Primary	Sec.	Tertiary	Posted	Deposit	Paid	Balance	Posted	
	-	-	-	MEDICARE	MON3	-	\$138.87	\$0.00	\$0.00	\$138.87	01-06-2020	
	-	-	-	MEDICARE	MON3	-	\$365.00	\$0.00	\$365.00	\$0.00	06-19-2014	
1,367.4	-	-	-	MEDICARE	MON3	-	\$193.28	\$0.00	\$190.67	\$0.00	12-10-2014	
Total:						\$697.15	\$0.00	\$555.67	\$138.87			
Final Total:						\$697.15	\$0.00	\$555.67	\$138.87			

Please note for a patient who is self-pay, this would be blank.

Co-insurance options are not in manual posting (Accounting)

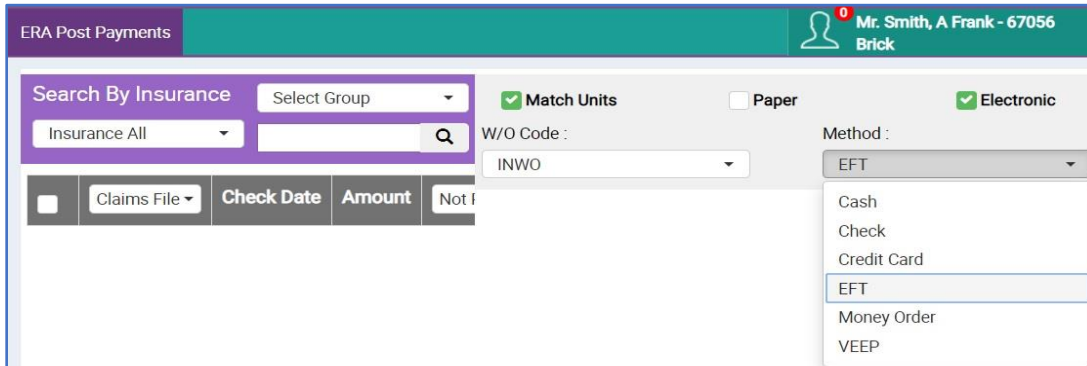
The system now has "Co-Insurance" added into the drop down menu for Method on Accounting > Service Payments.

Method	CC / Ch.#	Paid	Balance	
		\$0.00	\$0.00	01-
Toms River				
				01-2

- Paid >
- Deposit >
- Patient/Guarantor >
 - Patient Pre Pmts
 - Check In/Out
 - Co Insurance
 - Discount
 - Adjustment >
- Insurance >
- Update Amount >
- Deductible
- Returned Check
- Refund >

Add Credit Card Option (Accounting)

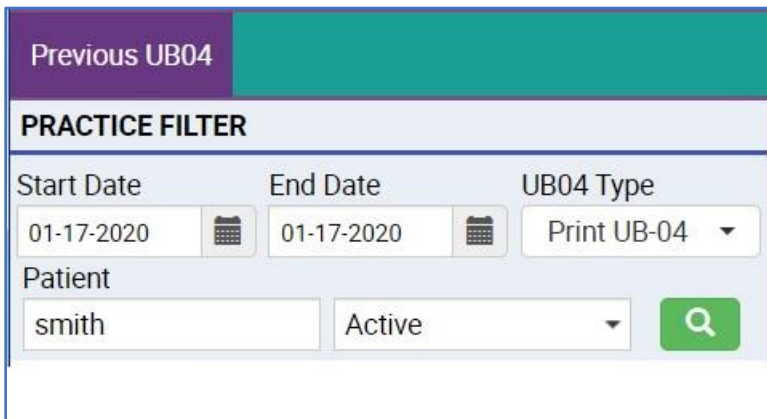
Credit Card is now added to all drop downs in the ERA payment areas along with other Payment method options.



The screenshot shows the 'ERA Post Payments' interface. At the top right, the user is identified as 'Mr. Smith, A Frank - 67056 Brick'. The main area contains several filters and options: 'Search By Insurance' with a 'Select Group' dropdown and 'Insurance All' selected; 'Match Units' (checked), 'Paper' (unchecked), and 'Electronic' (checked); 'W/O Code' set to 'INWO'; and a 'Method' dropdown menu. The 'Method' menu is open, showing options: 'Cash', 'Check', 'Credit Card', 'EFT', 'Money Order', and 'VEEP'. Below these are buttons for 'Claims File', 'Check Date', 'Amount', and 'Not f'.

Previous UB04 - confirm in email (Accounting)

The system now allows you print a previous UB04 form and you can select a date and or date range. User needs to go to Reports > Financial > Previous UB04



The screenshot shows the 'Previous UB04' interface. The 'PRACTICE FILTER' section includes: 'Start Date' and 'End Date' both set to '01-17-2020' with calendar icons; 'UB04 Type' set to 'Print UB-04'; 'Patient' name 'smith' and status 'Active' with a search icon.

DOCUMENTS & DEMOGRAPHICS

Insurance Cards available under Docs (Demographics)

All patient Insurance cards scanned for Insurance would be visible in that order under the Pt Docs folder under Docs. This would be visible under Docs > Pt Docs > Insurance Cards > Case > Insurance type (Primary/Secondary/Tertiary) > Insurance Card.

The screenshot shows a patient's document view for Smith, A Frank - 67056 (DOB - 03-15-1950, Age - 69 Yr.). The left sidebar shows a folder structure with 'Pt. Docs' highlighted. A red box highlights 'Pt. Docs', and another red box highlights 'Insurance Cards' with sub-folders 'Normal-19265' and 'primary'. A red arrow points from the 'primary' folder to the insurance card preview. The card displays the following information:

- ABC Insurance Partners PPO**
- 1) Policy Number: 356M59557**
- 2) Group Number: 1234567**
- Group Name: XYZ COMPANY**
- Member Name: SUSAN J. SAMPLE**
- 3) Office Visit Copay: \$15**
- 4) Specialist: \$15**
- Emergency Room: \$150**
- Urgent Care: \$50**
- Rx: \$10/20/40**
- Network Coinsurance:**
- 5) In 90%/10%**
- 6) Out 80%/20%**
- Med/Rx Deductible Applies**

Validate to allow only PDFs in multi-upload section (Documents)

The screenshot shows the 'Multi Upload' interface for Smith, Althea - 26106 (DOB - 03-15-1950, Age - 69 Yr.). The left sidebar shows a folder structure with 'Multi Upload' highlighted. The main area shows a table with the following columns: 'PDF Name', 'Patient Name - ID', and 'Folder Name'. The table contains multiple rows, each with a 'Velocity_API_Lines' PDF name and a 'Select Folder' dropdown.

PDF Name	Patient Name - ID	Folder Name
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder
Velocity_API_Lines		Select Folder

The Multi Load folder automatically loads the Upload screen and it is defaulted now to only be PDFs.

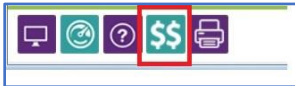
When adding a new patient, the first letter is not capitalized (Demographics)

The system will now always capitalize the first letter of the: first name, middle name, last name, address 1, address 2

AR Worksheet (Accounting)

Access AR Worksheet (Accounting)

The system has a new module: AR Worksheet. This is accessed from the Main



Screen lower-left corner. (The \$\$ ICON)

Sample Summary Default View Display:

AR Worksheet		0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+	Balance
AR FILTER	Insurance								
	AARP - AARP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,866.03	\$5,866.03
	AETI - Aetna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$470.00	\$470.00
	AETNA - Aetna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,925.20	\$6,925.20
	AETNA 3 - Aetna 3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,239.44	\$2,239.44
	AET MC - Aetna Medicare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,583.30	\$6,583.30
	MAILHANDLERS - Aetna MHBP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130.23	\$130.23
	AETNA SUP - Aetna Senior Supplemental Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,120.48	\$1,120.48
	ALICARE - Alicare/Multiplan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.56	\$40.56
	ALLIED BEN - Allied Benefit Systems	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.00	\$170.00
	AMA - AMA Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.34	\$19.34
	AMH - AmeriHealth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,046.72	\$2,046.72
	AMH9 - AmeriHealth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,673.27	\$2,673.27
	Amh Admin - AmeriHealth Administrators	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.00	\$80.00
	AMH MG - Amerihealth Medigap Plans	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.96	\$170.96
	Avesis - AVESIS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,641.50	\$6,641.50
	AXA Equitable - AXA Equitable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.34	\$47.34
	Bankers Fidelity - Bankers Fidelity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.77	\$27.77

AR Worksheet Filters

The screenshot shows the 'PRACTICE FILTER' section of the AR Worksheet interface. It contains several filter categories:

- Facility:** Select All
- Provider:** Select All
- Insurance Group:** Select All
- Ins. Company:** Select All
- Patient:** Active
- Aging By:** Date of Service
- As of:** Date
- Status:** Select All
- Ins. Types:** Select All
- Ins. Priority:** Select All
- Appt. Reason:** Select All
- Filter On:** Date of Servi
- From:** Date
- To:** Date
- Print columns in detail view PDF:** Select All

Below the practice filters is the 'ANALYTIC FILTER' section:

- Aging From:** 00
- Aging To:** 181+
- Balance From:**
- Balance To:**
- Group By:** Insurance

At the bottom is the 'ADDITIONAL FILTERS' section with a 'More' checkbox.

Defined filters for the AR Worksheet – basic features. These are the default settings displayed for the AR Worksheet.

There is a checkbox **“More”** in the lower section which when checked will display additional filters for the AR Worksheet.

The screenshot shows the 'ADDITIONAL FILTERS' section of the AR Worksheet interface, which is expanded as indicated by the checked 'More' checkbox. It contains the following filters:

- Follow Up From:** Date
- Follow Up To:** Date
- Follow Up By User:** Select All
- Last Status:** Please Selec
- Rejection Status:** Please Selec
- Rejection Code:** Select All
- Show Task:** Please Selec
- What User(s)?** Select All
- Print Statement Status:** Please Selec
- First Statement From:** Date
- First Statement To:** Date
- Last Statement From:** Date
- Last Statement To:** Date
- Overdue Days:** Please Selec
- From:** 5
- To:** 10
- Proc/CPT Code:** Select All
- Patient AS:** Please Selec
- Statement Count From:** 5
- Statement Count To:** 10

AR Module Filter Definitions

Practice Filters - Field Definitions

Facility = default is **ALL**. This represents all the locations where services are provided by the clinic.

Provider = default is **ALL**. This represents the doctor who provided the services for a given visit.

Insurance Group = default is **ALL**. This represents all the different insurance company types i.e, Medicare, Medicaid, Commercial, etc. defined within the system who cover patient services.

Insurance Company = default is **ALL**. This represents the specific plan within a group.

Patient = list of all patients who received services

Aging By: = this represents how the receivables are presented.

****Drop Down Options** = Date of Service / First Claim Date / Last Claim Date.

As of: = defined date as to when the report was run and presented.

Status (blue field) = a tag creating some category of claims status

**** Drop Down Options** = 1st Appeal / 2nd Appeal / Credentialing Issue / In collections / Under paid.

Ins. Priority = this represents the order and/or hierarchy of various insurances.

**** Drop Down Options** = Primary / Secondary / Tertiary / Primary + Secondary.

Appointment Type = this would come directly from the Scheduler allowing you to filter on different visit types, and manage and view the AR for those specific visit types, i.e. New Patient / Surgery, etc.

Filter On: = will filter on the defined meaning of the different options.

**** Drop Down Options** = Date of Service / First Claim Date / Last Claim Date

FROM / TO: = allows you to select a date range for the "Filter On" field option.

Analytic Filter

Range: = free type fields to define additional timeframes for report presentation 60 / 90 / 120 /180/ etc.

FROM / TO: = allows you to enter a dollar amount and range for example – "writeoff" this range from \$1.00 to \$3.00.

Hide 30 = if the checkbox is checked then the report will NOT show you those balances within 30 days due.

Group By: = allows you to define how you want the values to be defined based on one of the options.

**** Drop Down Options** = Insurance / Patient / Provider / Location /

Additional Filters

More: = this checkbox extends the options for filter choice and will display a new selection area.

Follow Up – From / To: = Reminder date based on action previously taken i.e. follow up by July 29 - so you can filter based on specific predefined note dates.

By (User): = If a specific name is selected - then the filter will only show those items which are assigned to you and are displayed for you to work on.

Last Status: = this simply defines the line items either pending or completed/done.

****Options** = Pending / Done.

Rejection Only: = line item status indicates the current claims submission status.

****Options** = Pending / Done / Both.

Rejection Code: = predefined in the system are different denial/rejection codes which can be filtered.

Show Tasks: = these are the designated options for determining who will do the work based on the assignment – for example an administrator can divide the list up and task it to multiple individuals to work down.

******Drop Down Options** = Assigned / Unassigned

What User(s): = this allows you to select someone from the team to work either the assigned or unassigned claims. If option is set, then you can see the list of open items for a specific person.

Print Statement Status: = this is a field/flag set in the patient demographic area which indicated whether you want a statement printed Y/N for this patient.

First Statement Date: = range to be user established based on when statements were first created.

Last Statement Date: = range to be user established based on when statements were last created.

Overdue Days: = this is an action predefined by the rules set it represents the number of days allowed before payment is made.

******Drop Down Options** = Payment Days / Claim Filing Days.

From / To: = user defined to show the number of days you wish to filter i.e. 5 to 10 days overdue for example.

Proc. Code: = this is the list of all CPT procedure codes which allows you to display just specific services or service office visit types.

Patient As: = defined in the system already and works off the "Pt. As" field area on the demographic screen.

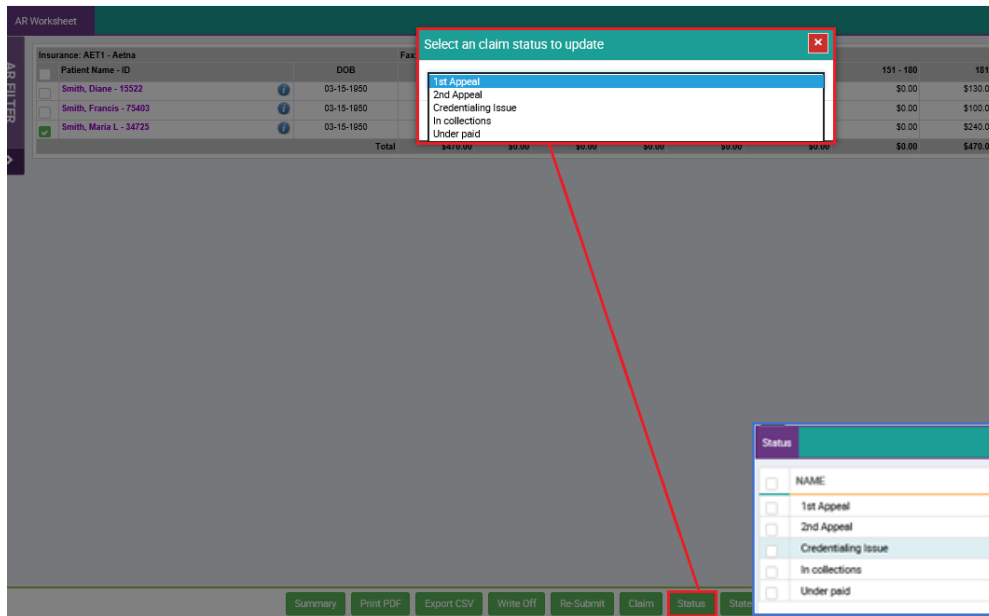
******Drop Down Options** = Charity / VIP / Workers Comp / Employee / etc.

Statement Count From / To: =

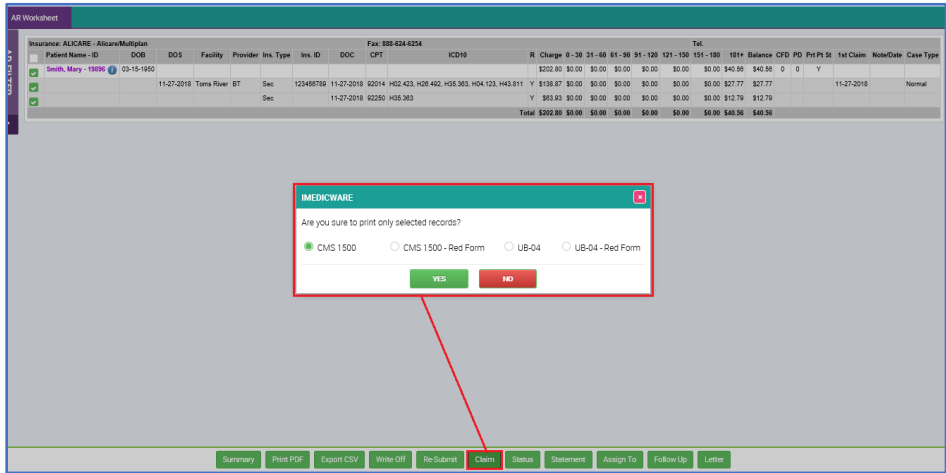
AR Worksheet BUTTON definitions and functions

Status – Status defines the Claim status.

This is only available as part of the Detailed view on AR Smartsheet. Claim status is completely user defined, one can add/edit/remove Claim Status from **Settings > Billing > Claim Status**.

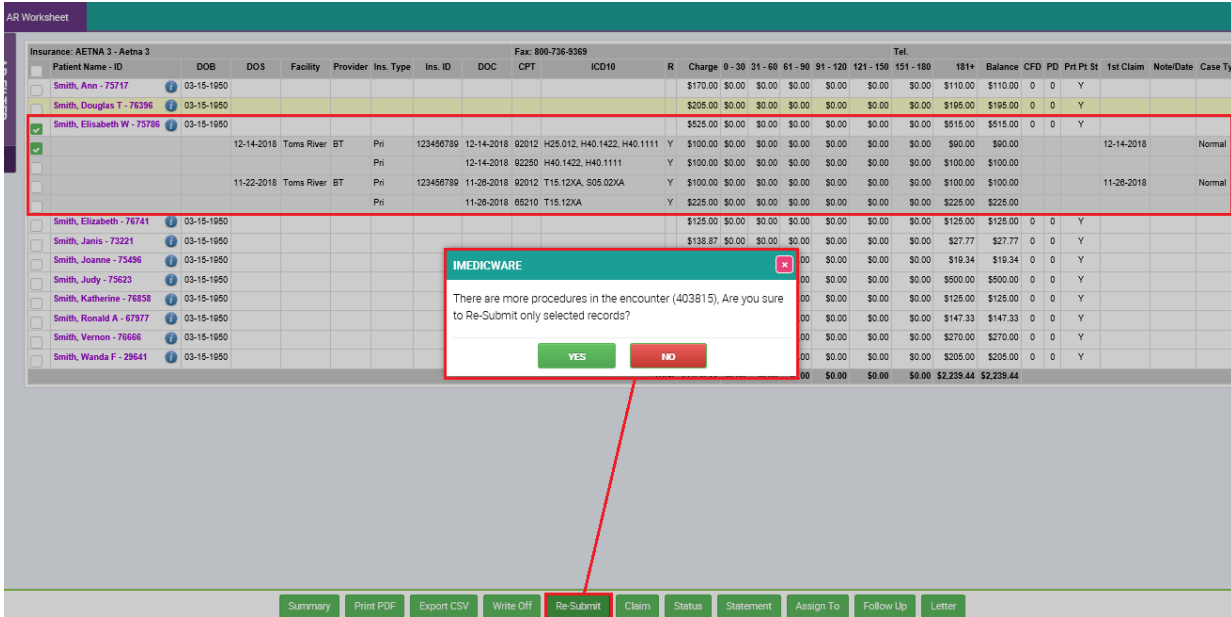


Claim Button -> This button is available on the Detail view of AR smartsheet and allows the user to print CMS1500/ UB04 form for the selected claims. Users will need to go to Detail view of the AR Smartsheet > select the Insurance/Provider/Facility > Patient > Select the encounters they want to Print > Claim > Select which form to Print > Yes > All paper claims will be created in one selection.



The action will automatically refresh the displayed sheet to represent the action taken or implied.

Re-Submit -> This action button is available only on the detail view of AR Smartsheet and allows the user to re-submit electronically the selected claims/line items. Users will need to go to the Detail view of the AR Smartsheet > select the Insurance/Provider/Facility > Patient > Select the encounters/lines they want to Re-submit > Re-submit > If a claim has more number of lines and only a few out of those are selected the system would show a confirmation pop-up before re-submitting > If the User still wishes to bill only what is selected, then they can select “Yes”, otherwise “No” and go back to select the remaining lines.



The action will also automatically REFRESH the displayed sheet to represent the action taken or implied.

Statement - Option available in "DETAIL" screen view only. If the user wishes to create a "Statement" for multiple accounts in a single action, they can use this button to do so at a single go. The user first checks the line items to be included in the statement merge > Once the selection of the line items is made on the displayed sheet the user would select the link "Statement"> Statements would print for the items forcefully for those which do not have the balance in Patient Bucket if selected. For others it would print as usual.

The screenshot displays the eClimecware AR Worksheet interface. On the left, a table lists patients with checkboxes for selection. The patient 'Smith, Katherine - 76858' is highlighted in yellow and has a red box around her row. On the right, a statement form is displayed. A red box labeled 'STATEMENT' is positioned above the form. A red line connects this box to the 'Statement' button in the bottom navigation bar. The form includes fields for patient information, a table for charges, and a table for payments.

Date	CPT	Description	Units	T. Charges	Ins Paid	Adj	Pt Paid	Balance					
12-18-18	92002	Ophth. intermed new Diagnosis: H00.021	1.00	\$125.00				\$125.00					
TOTAL AMOUNT:								1	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00
								Please Pay:		\$125.00			

The action will also automatically REFRESH the displayed sheet to represent the action taken or implied.

Assign To -> Option available in Detail view of AR Smartsheet. This button helps the user create a Task either for themselves or someone in the team, they can use this button to do so. Once in the Detail view > Select the Patient/Encounter > Select the Assign to button > Select from the drop down to whom they need to assign this as a task > Select Reminder date > Add Note > Save.

The screenshot displays the AR Smartsheet interface. On the left, a list of patients is shown with columns for Patient Name - ID and DOB. The patient 'Smith, Joanne - 75496' is selected. A modal dialog box titled 'Assign To' is open, containing the following fields:

- Assign as a Notes/Task for : Helpdesk, IMW
- Reminder Date : 01-22-2020
- Note : This is a test note for Assign-To

Buttons for 'Save' and 'Close' are visible at the bottom of the dialog. A red arrow points from the 'Assign To' button in the footer to the dialog box. The footer contains buttons for Summary, Print PDF, Export CSV, Write Off, Re-Submit, Claim, Status, Statement, Assign To, Follow Up, and Letter.

Patient Name - ID	DOB	151 - 180	181
Smith, Ann - 75717	03-15-1950	\$0.00	\$110.00
Smith, Douglas T - 76396	03-15-1950	\$0.00	\$195.00
Smith, Elisabeth W - 75786	03-15-1950	\$0.00	\$515.00
Smith, Elizabeth - 76741	03-15-1950	\$0.00	\$125.00
Smith, Janis - 73221	03-15-1950	\$0.00	\$27.70
Smith, Joanne - 75496	03-15-1950	\$0.00	\$19.90
Smith, Judy - 75623	03-15-1950	\$0.00	\$500.00
Smith, Katherine - 76858	03-15-1950	\$125.00	\$0.00
Smith, Ronald A - 67977	03-15-1950	\$737.63	\$0.00
Smith, Vernon - 76666	03-15-1950	\$270.00	\$0.00
Smith, Wanda F - 29641	03-15-1950	\$205.00	\$0.00
Total		\$3,098.22	\$0.00

Write - off -> This is an action button available on the Detail screen and can be used to write-off the balances on selected lines/encounters/patient balances at a go. On Detail view > Select the Encounters/lines which need to be written off > Select Write-Off > Confirm.

The screenshot shows an 'AR Worksheet' interface with a table of patient records. The table has columns for Patient Name - ID, DOB, Charge, and various age-based categories (0-30, 31-60, 61-90, 91-120, 121-150, 151-180, 181+), and a Balance column. A 'Write Off' button is highlighted in red in the bottom toolbar. A confirmation dialog box is open, asking 'Are you sure to Write-off selected records?' with 'YES' and 'NO' buttons.

Patient Name - ID	DOB	Charge	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+	Balance
Smith, Ann - 75717	03-15-1950	\$170.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00	\$110.00
Smith, Douglas T - 76396	03-15-1950	\$205.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195.00	\$195.00
Smith, Elisabeth W - 75786	03-15-1950	\$525.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$515.00	\$515.00
Smith, Elizabeth - 76741	03-15-1950	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00	\$125.00
Smith, Janis - 73221	03-15-1950	\$138.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.77	\$27.77
Smith, Judy - 75623	03-15-1950	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00	\$500.00
Smith, Katherine - 76858	03-15-1950	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00	\$125.00
Smith, Ronald A - 67977	03-15-1950	\$737.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$147.33	\$147.33
Smith, Vernon - 76666	03-15-1950	\$270.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$270.00	\$270.00
Smith, Wanda F - 29641	03-15-1950	\$205.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$205.00	\$205.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,220.10	\$2,220.10

Apply	CPT	Dx Code	T. Charges	Allowed	Deductible	Pri Amt	Patient Amt	Method	CC / Ch.#	Paid	Balance	DOR	DOT	Adj	Credit	Code	BS
<input type="checkbox"/>	66821	H26.491	\$ 500.00	\$ 500.00	\$ 0.00	\$	\$			\$0.00	\$0.00	01-22-2020		\$500.00	\$0.00	Notin	
Write Off : Patient												01-22-20	01-22-20	\$500.00			
Total Payments			\$500.00	\$500.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00						
Int. / Ext.	Notes Date	Reminder Date	Task For	Notes										Done	Operator		

Follow-up -> Option available in Detail view of AR Smartsheet. This button helps the user create a Task for themselves, they can use this button to do so. Once in the Detail view > Select the Patient/Encounter > Select the Follow-up button > Select Reminder date > Add Note > Save > The Task would be seen under User Console > Tasks.

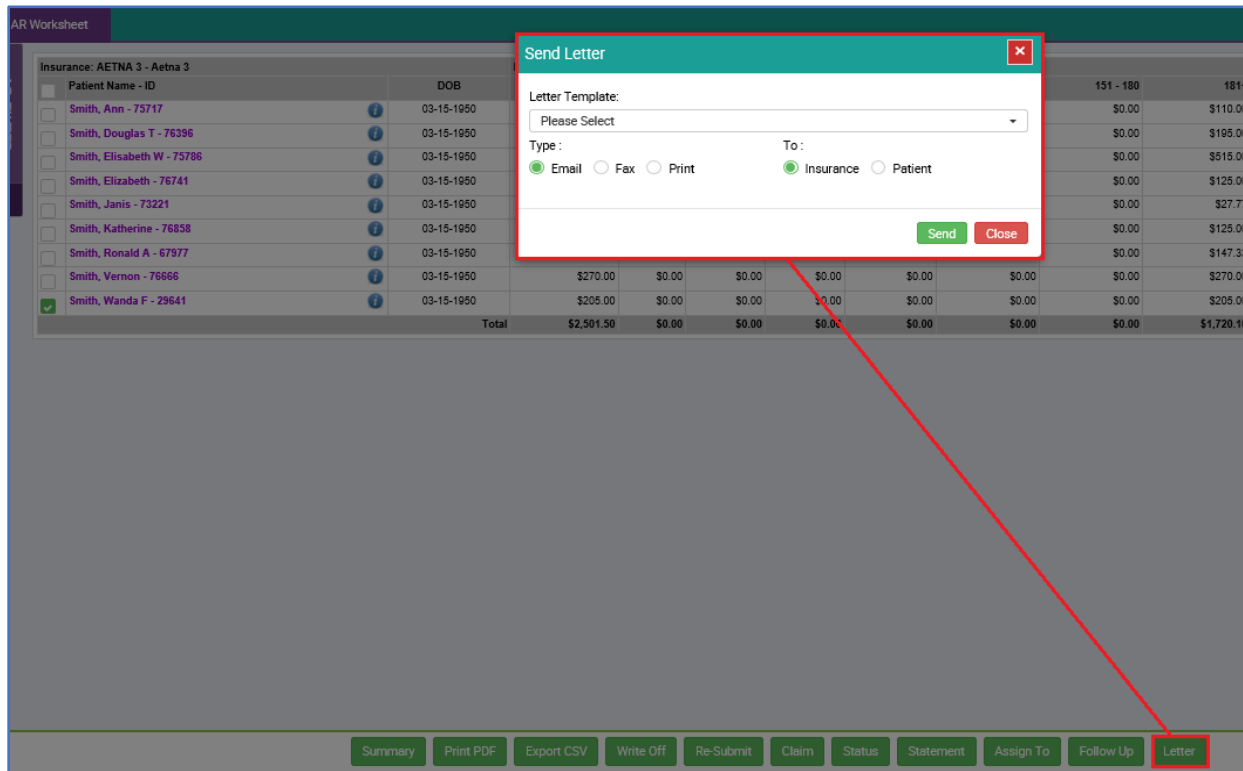
The screenshot displays an AR Smartsheet interface. A modal window titled "Follow Up" is open, allowing a user to create a task. The modal contains the following fields and controls:

- Reminder Date:** A date picker set to 01-22-2020.
- Note:** A text input field containing "This is a note for follow up".
- Buttons:** "Save" (green) and "Close" (red).

The background shows a table of patient data with columns for Patient Name - ID, DOB, and various financial amounts. A red box highlights the "Follow Up" button in the bottom navigation bar, which is also connected to the modal by a red line.

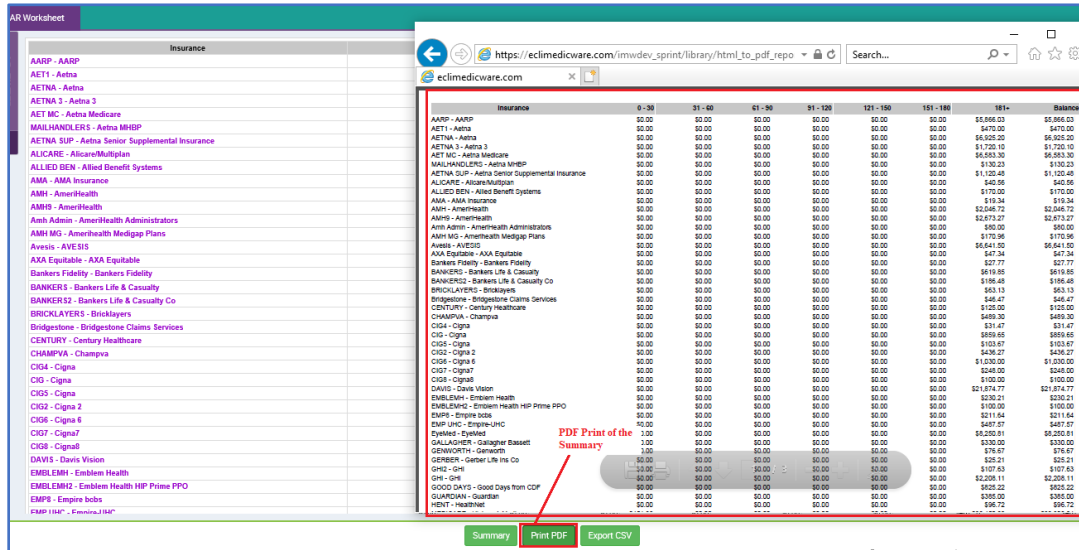
Patient Name - ID	DOB	151 - 180	181+
Smith, Ann - 75717	03-15-1950	\$0.00	\$110.00
Smith, Douglas T - 76396	03-15-1950	\$0.00	\$195.00
Smith, Elisabeth W - 75786	03-15-1950	\$0.00	\$515.00
Smith, Elizabeth - 76741	03-15-1950	\$0.00	\$125.00
Smith, Janis - 73221	03-15-1950	\$0.00	\$27.77
Smith, Katherine - 76838	03-15-1950	\$0.00	\$125.00
Smith, Ronald A - 67977	03-15-1950	\$0.00	\$147.33
Smith, Vernon - 76666	03-15-1950	\$270.00	\$0.00
Smith, Wanda F - 29641	03-15-1950	\$205.00	\$0.00
Total		\$2,501.50	\$1,720.10

Letter -> This action button is available only on the Detail view of the AR Smartsheet. In case the user wishes to create a letter, they can do so for multiple patients at a go by selecting this button. In Detail View > Select the Patient/ Encounter > Hit Letter > Select template from drop down > Select the Action (Print/fax/Email) and the receiving party (Insurance/Patient) > Send.

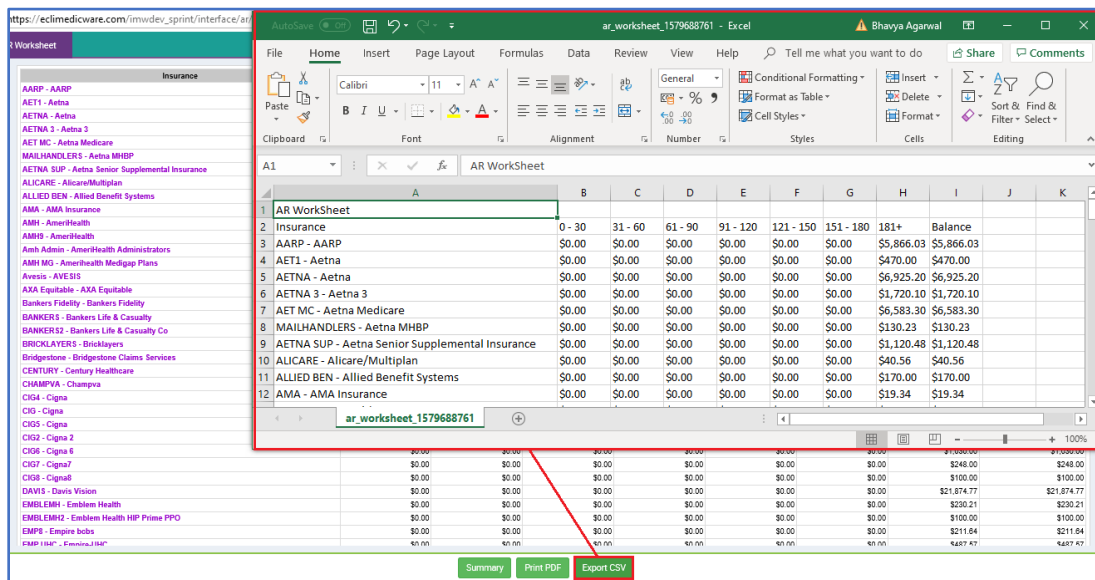


Note: Only the templates under Settings > Document > Collection, will populate under the drop down.

Print PDF button -> This action button is available on both the Summary and Detail view and allows the user to print the list in a PDF format.



Export CSV -> This action button is available on both the Summary and Detail view and allows the user to export the list in CSV format.



Claim Filing Days (CFD) Column -> This is standard for most insurance contracts to have defined the number of days you have as a practice to submit a claim. It is important and helpful for the user to understand the disposition of an account or claim as they are managing the AR. This can be setup for individual Insurances by going to Settings > Billing > Insurances.

The screenshot shows the 'Edit Record' form for insurance settings. The 'Claim Filing Days (CFD)' field is highlighted with a red box and contains the value '0'. Other fields include Company Name (Aetna Medicare), Practice Code, AET MC, Insurance Group, Primary/Secondary/Claim type, Accept/No Accept Assignment, Institutional Type, Payment Due Days (PD), Direct Billing, Collect tests Copy, and Referral Required. CONTACT, MAILING, and IDS sections also contain various identifiers and contact information.

Payment Due Days Column -> Medicare has a 15-day mandatory claim payment timeframe. Having this displayed in the spreadsheet immediately gives the user the ability to see and understand and compare where they are with respect to any given claim and if Medicare is performing according to their timeframe. To set this for any insurance as the user wishes, go to Settings > Billing > Insurances.

This screenshot is identical to the one above, showing the 'Edit Record' form. The 'Payment Due Days (PD)' field is highlighted with a red box and contains the value '0'.

Reject (R) Column -> this will show a Y represented as data in the column. The Y comes in two (2) colors – BLACK Y means the claim is done – either not rejected or rejection was reworked. RED Y indicates the there was a rejection and the rejection to the claim is still open.

Insurance: AETNA SUP - Aetna Senior Supplemental Insurance												Tel: 888-624-6296													
Patient Name - ID	DOB	DOS	Facility	Provider	Ins. Type	Ins. ID	DOC	CPT	ICD10	R	Charge	0-	31-	61-	91-	121-	151-	181+	Balance	CFD	PD	Pt PR	1st Claim	Note/Date	Case Type
Smith, Andrea - 73796	03-15-1950										\$202.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.56	\$40.56	0	0	0	Y		
		11-19-2018	Toms River	BT	Sec	123456789	11-19-2018	92014	H40.013, H04.123, H43.813, H35.413	Y	\$138.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.77	\$27.77				11-20-2018	Corrected claim. Procedure 92250 omitted by error on original claim	Normal
Smith, Barbara A - 10031	03-15-1950										\$63.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.79	\$12.79						
											\$96.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.34	\$19.34	0	0	0	Y		

ASC Surgery Center

Facility codes will populate for Institutional Claim and Surgeon codes will populate I Professional claims (ASC)

Admin -		Audit -					
Procedures							
View By :	Nothing selected	Sort By :	Category	Filter :		Q	
Category	Speciality	Procedure	Code	Surgeon	Facility	Labor Cost	
<input type="checkbox"/>	Anesthesia	Nothing selected	Anesthesia for Vitreoretinal	00145			0.00
<input type="checkbox"/>	Anesthesia	Nothing selected	Anesthesia Services	000000			0.00
<input type="checkbox"/>	G-Codes	Nothing selected	ASC QR- Fall in ASC facility	G8910			0.00
<input type="checkbox"/>	G-Codes	Nothing selected	ASC QR-IV Prophylaxis antibiotic initiated	G8916			0.00
<input type="checkbox"/>	G-Codes	Nothing selected	ASC QR-IV Prophylaxis antibiotic not initiated or	G8917	G8917		0.00
<input type="checkbox"/>	G-Codes	Nothing selected	ASC QR-No preoperative order for IV Prophylax	G8918			0.00

- Login to ASCEMR and set this up under Admin > Preferences > Procedures
- In the scheduler screen, select the patient to Check-In.
- After the patient is Checked-In, select the patient to open its chart.
- In Today's Visit, Open the chart of Discharge Summary.
- Select CPT codes (like at-least one CPT for facility or at-least one CPT for surgeon or at-least one CPT for facility and surgeon both or at-least one facility for Anesthesia).

Today's Visit			Discharge Summary Sheet	
Patient Name	Doe, IMW - 1	Address	Fake Appt No...	
DOB	08-14-1993	Age	26 years	
Surgery Date	08-05-2019	Sex	Male	
Surgeon	Surgeon John Test		Anesthesia Provider	
Base Line Vital Signs	B/P	P	R	O ₂ SAT
<input type="checkbox"/> 67924	Repair of Entropion			
<input type="checkbox"/> Cash Pay	Cash Pay			
Retina				
<input type="checkbox"/> 67036	Pars Plana Vitrectomy			
<input type="checkbox"/> 67043	PPV Membrane Peel, PRP, Gas/Oil			
Comments	<input type="text"/>			
Discharge Summary (Surgeon)				
<input type="text" value="G8917"/>	<input type="text" value="1"/>	<input type="text" value="Dx Codes"/>	<input type="text" value="Mod1"/>	<input type="text" value="Mod2"/>
<input type="text" value="Mod3"/>				
<input type="text" value="⊕"/>				
Discharge Summary (Facility)				
<input type="text"/>				
Discharge Summary (Anesthesia)				
<input type="text"/>				
I certify that the diagnosis and procedures performed are accurate and complete to the best of my knowledge.				

- Select Dx codes and sign as surgeon.
- Save the chart to complete it with green flag.
- Now go to iMedicWare and open the same patient (as saved in ASCEMR)
- Select Accounting->Unprocessed Superbill

- Here the Facility code should appear for facility/institution only, the surgeon/practice code should appear for surgeon only and anesthesia code should appear for anesthesia only.

The screenshot shows the 'Service Charges' form for patient 'Doe, IMW - 76865'. The 'Claim type' is set to 'Professional'. Below, a table lists charges with the following columns: Self Pay, Procedure, Dx Codes, Mod1, Mod2, Mod3, Unit, Charges, and Net Amt. One row is highlighted with a red box, showing a procedure code of 'G8917' and a charge of \$100.00.

Note: Please reach out to the Services Team to have this available for your Practice.

Anesthesia Start and stop time (ASC)

Anesthesia start and stop time recorded in the General Anesthesia record in ASC EMR will come over to Service Charges for Anesthesia charge. The user would not have to fill this manually anymore.

The screenshot shows two overlapping forms. On the left is the 'General Anesthesia Record' with a yellow box around 'Start Time' (08:55 AM) and 'Stop Time' (09:58 AM). On the right is the 'Service Charges' form with a red box around the 'Anesthesia' claim type. A red arrow points from the 'Start Time' field in the anesthesia record to the 'Start Time' field in the service charges form.

Adding disclaimer within Discharge Summary (ASC)

The system now has an added disclaimer indicating that the CRNA worked with the surgeon and is approved to do the work provided.

Discharge Summary (Facility)						
CPT Codes	Unit	Dx Codes	Mod1	Mod2	Mod3	
G8907	1	H25.11	RT	Mod2	Mod3	
66984	1	H25.11	RT	Mod2	Mod3	
C9447	1	H25.11	RT	Mod2	Mod3	

Discharge Summary (Anesthesia)	
I certify that the diagnosis and procedures performed are accurate and complete to the best of my knowledge.	
I have worked with and certified that the anesthesia services were provided under the CRNA were necessary and performed under my supervision.	
Surgeon: Dr. Powell, Stephen	
Electronically Signed Yes	
Signature Date 09-30-2019 08:31 AM	

Request to have ability to change timestamp of meds in MAC/Regional Section (ASC)

Under "Holding area through Intra-Op" edit icon added in front of each Medication name. This icon will be available only if the logged in user type is Anesthesiologist and the chart is not finalized. Select this edit icon a new popup will appear with existing values of dosage and date/time. Once the change is done, select "Save & Close".

Logged in Anes Test iMedicWare Surgery Center

Today's Visit MAC/Local/Regional Anesthesia Record

Patient Name	Test, Stevie - 121 / 266044	Address	1244 Testing ..	Site	Right E
DOB	03-04-2002	Age	17 years	Tel.	900-77
Surgery Date	01-31-2020	Sex	Female	Allergies	
Surgeon	Surgeon John Test	Anesthesia Provider	Anes Test	Translator	<input type="checkbox"/>

Base Line Vital Signs

B/P	P	R	O ₂ SAT	Temp
-----	---	---	--------------------	------

Stable cardiovascular and Pulmonary function Blood Sugar

Plan regional anesthesia with sedation.Risks.benefits and alternatives of anesthesia p ASA Physical Stati

All Questions Answered

Holding area through Intra-Op

Anes Start Time: 05:13 AM Anes Stop Time:

ds	1	2	5
fd			
Propofol mg			
Fentanyl mcg			
sf			
f			
fdf			
SaO ₂			
O ₂ /l/m	5	5	5

EKG PACING

Add/Edit Dosage - ds

Sr.	Dosage	Date/Time
1	1	01/31/2020 05:14:56 AM
2	2	01/31/2020 03:47:01 PM
3	5	01/31/2020 03:47:07 PM
4		
5		
6		
7		
8		
9		
10		
11		
12		

Save & Close Close

Op-Note Edits (ASC)

The system now allows you to change the privilege of a Super User to include the ability to edit Op-Notes. This can be done now by Super Users established in the iASC program.

Modifiers auto-populating in ASC for Cataract procedures (ASC)

The new change allows you to set up the system in a way to either always default a modifier or never display a modifier, letting the user have the ability to then select the designated modifier as they perform the documentation. Default is set to "NO Modifiers".

Discharge Summary (Surgeon)						
CPT Codes	Unit	Dx Codes	Mod1	Mod2	Mod3	
G8907	1	H25.12	Mod1	Mod2	Mod3	⊗
G8918	1	H25.12	Mod1	Mod2	Mod3	⊗
66984F	1	H25.12	Mod1	Mod2	Mod3	⊗
C9447	1	H25.12	Mod1	Mod2	Mod3	⊗

Post-op orders not presenting when you are in the Laser Procedure template. (ASC)

Post-op Orders saved for Laser templates under Admin > Laser > Post-Op Orders

The screenshot shows the iMedicWare Surgery Center interface for a Laser Procedure template. The 'Post-Op Orders' checkbox is checked and highlighted with a red box. The 'Pre Op Medication Orders' table lists the following medications:

Medication	Strength	Direction
Phenylephrine	2.5%	1 gtt in operative eye on am
Tropicamide	1%	1 gtt in operative eye
Iopidine	0.5%	1 gtt in operative eye on am

This would appear as follows in the Chart:

Logged in Anes Test iMedicWare Surgery Center

Today's Visit Laser Procedure

Patient Name	Doe, Grasso1985 - 4 / 1	Address	123 Fake Stre...	Site	Left Eye	A/
DOB	08-12-1935	Age	84 years	Tel.	732-039-8400	Pr
Surgery Date	05-06-2019	Sex	Male	Allergies	<input checked="" type="checkbox"/>	Se
Surgeon	Surgeon John Test	Anesthesia Provider	N/A	Translator	<input type="checkbox"/>	AS

Base Line Vital Signs

B/P	P	R	O ₂ SAT	N/A	Temp	N/A	Height	N/A
-----	---	---	--------------------	-----	------	-----	--------	-----

Patient in satisfactory condition for proposed laser procedure

PreLaser Vital Signs

BP P R Time

Laser Notes for left eye

▶ Power

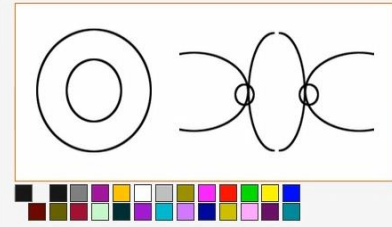
▶ # of Shots

▶ Total Energy Millijoules(mJ)

PreLaser IOP

Patient Discharged to Home With

Relationship Family Other



Post laser Vital Signs

BP P R Time

▶ Post Op Order Test, Test1 Post-Op Orders Select Laser Procedure

IOP Pressure

R

Comments

Surgeon: Dr. Test, Surgeon John
Electronically Signed Yes
Signature Date 05-08-2019 03:05 AM

Nurse Signature

Post Op Aldrete - need two places to document Aldrete (ASC)

We created the ability to expand the number of recordings you can make for the Aldrete post-op score.

Logged in Nurse Test iMedicWare Surgery Center

Today's Visit Post-Op Aldrete Scoring System

Patient Name	Test, Stevie - 121 / 266044	Address	1244 Testing ..	Site	Right Eye	A/D	No
DOB	03-04-2002	Age	17 years	Tel.	900-777-2323	Pri. Procedure	Cataract Extract...
Surgery Date	01-31-2020	Sex	Female	Allergies	N/A	Sec. Proc	<input checked="" type="checkbox"/>
Surgeon	Surgeon John Test	Anesthesia Provider	Anes Test	Translator	<input type="checkbox"/>	ASC	6266

Base Line Vital Signs

B/P	P	R	O ₂ SAT	Temp	Height	Weight	BMI
-----	---	---	--------------------	------	--------	--------	-----

1 +

Activity	Point(s) Earned	Respiration	Point(s) Earned
<input type="checkbox"/> Able to move 4 extremities voluntarily on command	1 Point(s)	<input type="checkbox"/> Able to breathe deeply and cough freely	1 Point(s)
<input checked="" type="checkbox"/> Able to move 2 extremities voluntarily on command		<input checked="" type="checkbox"/> Dyspnea or limited breathing	
<input type="checkbox"/> Able to move 0 extremities voluntarily on command		<input type="checkbox"/> Apneic	
Consciousness	Point(s) Earned	Circulation	Point(s) Earned
<input type="checkbox"/> Fully awake	1 Point(s)	<input type="checkbox"/> B/P +/-20% of preanesthetic level	1 Point(s)
<input checked="" type="checkbox"/> Arousable on calling		<input checked="" type="checkbox"/> B/P +/-20% to 50% of preanesthetic level	
<input type="checkbox"/> Not responding		<input type="checkbox"/> B/P +/-50% of preanesthetic level	
Color	Point(s) Earned	Total Point(s) Earned	5 Point(s)
<input type="checkbox"/> Normal	1 Point(s)	Recorded by Test, Anes on 01-31-2020 05:26 AM	
<input checked="" type="checkbox"/> Pale, dusky, blotchy, jaundiced, other cyanotic			
<input type="checkbox"/> Cyanotic			

2 + User can add as many records as required

3 +

Activity	Point(s) Earned	Respiration	Point(s) Earned
<input checked="" type="checkbox"/> Able to move 4 extremities voluntarily on command	2 Points	<input type="checkbox"/> Able to breathe deeply and cough freely	1 Point

Buttons:

OPTICAL

Cost of Goods report functionality change (Optical)

The problem was with the calculations where the calculated cost of goods should be Retail Price + Sales Tax – Wholesale or Purchase price. The system is correct now and calculating the proper cost of good in the report.

Order #	Order Date	Patient Name - Id	Upc Code - Item Name	Wholesale	Retail	Amount	Ins. Resp.	Discount	Pat Paid
274	01-15-20	Ramanlal Brett - 90205	10164428763 - On-Guard Safety Collection	\$23.99	\$71.97	\$71.97	\$0.00	\$0.00	\$0.00
			000002 - Custom Lens	\$0.00	\$160.00	\$1,072.50	\$0.00	\$0.00	\$0.00
			Sales Tax			\$221.70			\$0.00
				\$23.99	\$231.97	\$1,366.17	\$0.00	\$0.00	\$0.00
Lab Cost : \$1,072.50				Frame Cost : \$71.97		Net Profit : \$1,342.18			

Make certain fields mandatory before attempting to create a Lab order (Optical) - "

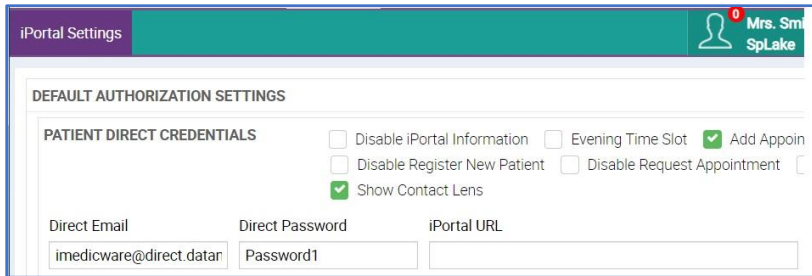
Please enter the following for Frame and Lens(es): 000001 and 000002 :
 Custom Lens
 Please enter value for A.
 Please enter value for B.
 Please enter value for DBL OR Bridge.
 Please enter Rx value for OD (Sphere, Cylinder and Axis).
 Please enter Rx value for OS (Sphere, Cylinder and Axis).
 Please enter value for OD (DPD OR NPD).
 Please enter value for OS (DPD OR NPD).

Fields for the completion of a Lab order are now made mandatory. You can not move to a Lab order or send it without having the mandatory fields filled out.

PORTAL

Users requested to NOT show a patient's contact lens info on the iPortal. (Portal)

Now a practice can set a switch to either include or exclude the patient information on the iPortal page. The image below has the settings turned on leaving it blank the portal would not display the information.

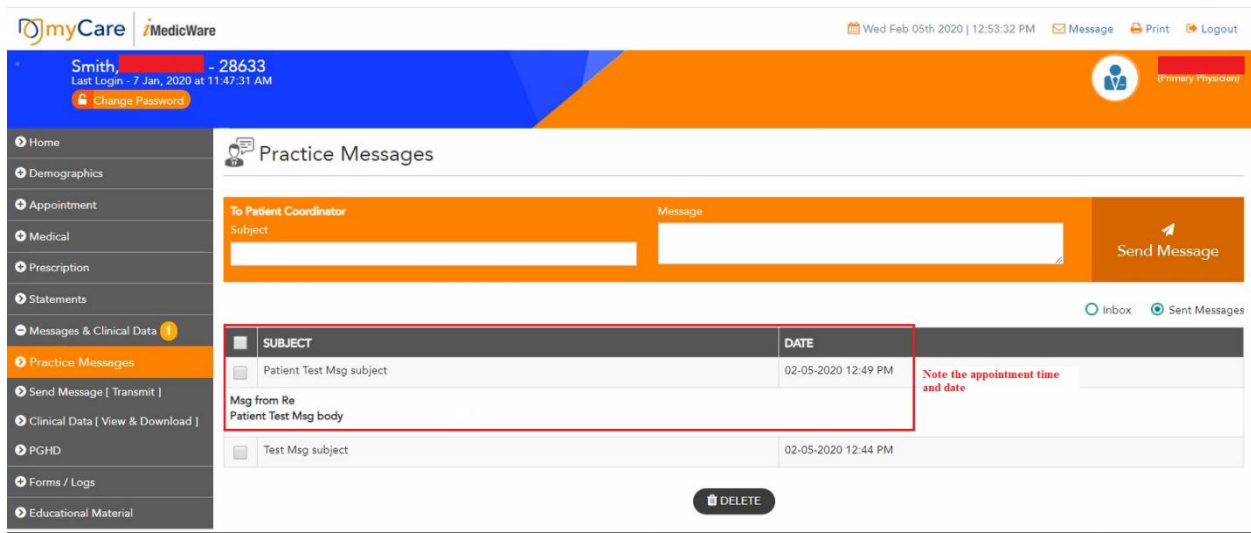


The screenshot shows the 'iPortal Settings' interface. Under the 'DEFAULT AUTHORIZATION SETTINGS' section, there is a 'PATIENT DIRECT CREDENTIALS' area. The 'Show Contact Lens' checkbox is checked. Other options include 'Disable iPortal Information', 'Evening Time Slot', 'Add Appoin', 'Disable Register New Patient', and 'Disable Request Appointment'. Below this are fields for 'Direct Email' (imedicware@direct.datar), 'Direct Password' (Password1), and 'iPortal URL'.

To change this toggle, go to Settings > iPortal > iPortal Settings and change the "Show Contact Lens" field.

Portal message from patient to Provider/staff (iPortal)

If a patient sends out a message to the practice using the Portal the same would be seen with the correct time stamp. The system would read the actual time the message was received from Portal to the User on User Console.



The screenshot shows the 'Practice Messages' interface. At the top, there is a header with 'myCare | iMedicWare' and a date/time stamp 'Wed Feb 05th 2020 | 12:53:32 PM'. Below the header, there is a navigation menu on the left with options like Home, Demographics, Appointment, Medical, Prescription, Statements, Messages & Clinical Data, Practice Messages, Send Message [Transmit], Clinical Data [View & Download], PGHD, Forms / Logs, and Educational Material. The main content area shows a 'Practice Messages' section with a 'To Patient Coordinator' field and a 'Message' field. Below this is a table of messages:

SUBJECT	DATE	
Patient Test Msg subject	02-05-2020 12:49 PM	Note the appointment time and date
Msg from Re Patient Test Msg body		
Test Msg subject	02-05-2020 12:44 PM	

At the bottom of the message list, there is a 'DELETE' button.

The patient sent out a message to the Provider at 12:49 pm, same is visible as below:

The screenshot shows the 'Patient Messages' interface. At the top, there are search and navigation options. The main area displays a list of messages on the left and a detailed view on the right. The message in the list is highlighted in green and has a timestamp of '02-05-2020 12:49 PM'. The detailed view on the right shows patient information: Smith, [redacted] - 28633, Gender: Male, Address: [redacted], Email: [redacted], and Appt: N/A. The message body is labeled 'Patient Test Msg body'.

The timestamp will appear the same when the Provider sends a reply also back to the patient from User Console.

This screenshot shows a list of four messages. The first message is highlighted in green and has a timestamp of '02-05-2020 12:51 PM'. The detailed view on the right shows the patient's information and the message body: 'OK fine, we will get you soon.' Below this, it shows an 'ORIGINAL MESSAGE' with a timestamp of '02-05-2020 12:49 PM' and subject 'Patient Test Msg subject'.

The timestamp as it will appear to the patient on the portal.

The screenshot shows the 'Practice Messages' interface. At the top, there is a 'Send Message' form with fields for 'To Patient Coordinator', 'Subject', and 'Message'. Below the form is a list of messages. The first message is highlighted in green and has a timestamp of '02-05-2020 12:51 PM'. The detailed view on the right shows the message body: 'OK fine, we will get you soon.' Below this, it shows an 'ORIGINAL MESSAGE' with a timestamp of '02-05-2020 12:49 PM' and subject 'Patient Test Msg subject'.

iMedic Monitor

Total Tech work-up Time column (iMedic Monitor)

There could be cases when a Tech enters/works on the chart of the patient multiple times of a patient, to accurately calculate this time, a separate column has been introduced on Extended view of iMedic monitor , “Total Tech Work-up”, this column will give the accumulative of time when the Tech entered the patient’s chart.

#	Patient Name	Appt. Reason	Appt. Time	Arrival	Check-In	Front-Desk Time	FSH y/N	Appt/Arrival to Now	Check-In to Now	Work-Up with Tech	Tech Room	Subwait Time	Total Tech Work-Up Time	Dilation Time	Total Subwait Time	Doctor Start Time	Doctor Room	Doctor End Time	Doctor in Room Time	Checked Out
1	Smith, A Frank - 67056	Botox	10:00 am	--	06:22 pm		N	8 hrs 31 min s	8 mins	Test, Tania 06:26 pm	N/A	06:27 pm	1 min12 secs			Dev, IMW 06:25 pm	N/A			

Issue reported regarding NO Shows patients on the iMedic Monitor (IMM)

We have made modifications to the iMedic Monitor settings where the user can select to either show “No Show” patients or not show them.

This screen will allow you to access the iMedic Monitor setup to select the checkbox if you DO NOT want No Shows to display in the iMedic Monitor. If you have selected the option to show “No Shows” this is how they would appear in the iMedic Monitor screen.

Below is the new interface which is created.

iMedicMonitor Settings

List "No Show" Appointments 20 Minutes Dilation Time Auto-Refresh 10 Seconds Refresh Interval

Refresh in Background Also

The above interface can be used to ON/OFF following settings:

- List “No Show” Appointments** – Turning this ON will list No-show appointments in Scheduled Patients

#	Appt	Patient Name	Procedure	Provider	Message
1	09:40 AM	NS Test, Jim - 70158	Complex Cataract Extraction with Intraocular Lens Implant	Dev, IMWWW	
2	09:50 AM	NS TEST, DAISY - 70199	Lasik Eval	Dev, IMWWW	
3	10:10 AM	Test, Cody - 70063	Follow up - 3 weeks	Dev, IMWWW	
4	10:45 AM	Test, Lisa Marie M. - 70112	Follow-Up	Dev, IMWWW	