

May 18, 2020



Release Notes

R8, Version 2.02.1



Table of Contents

Overview	4
Settings	5
Documenting 4 th Modifier for a CPT	5-6
Phrases setup under Settings	7
Deleting CPT from Superbill	7
Create a new Policy for default Method of payment.....	8
Add Referring Provider to Day Charges report	10
Clinical	11
Fundus examination area > Periphery not examined message	11
Demographics Hx not saved from Scheduler Screen.....	12
Ocular Hx duplicated in Patient Hx window when typed free text	13
List of Symbols which are not allowed	14
2.02 Upgrade issue: System producing a browser error.	15
Retina Exam has multiple tabs & screens for macula,vessels and periphery	16
Add refraction printing date to prescription.	18
Reporting	19
Lost to follow up report with added filter setting	19
Refrence Number column on Daily Balance Report.....	20
New Report – User Log	20
Practice Registry Report	22
Day Report Enhancement	22
Scheduled Report Enhancement	22
Documents and Demographics	24
Added Variables.....	24
Consult Letter.....	26
Recall.....	26
License Image of Guarantor/Responsible Party.....	27

AR Worksheet – NEW MODULE	28
Print Patient Statement column on Detailed view	28
AR Worksheet- Detailed view column Flexibility.....	28
Header fixed.....	28
Use headers to arrange data in Ascending and Descending Order	29
Detailed view of AR worksheet.....	29
Write-off codes	29
Statement button on detailed view for Insurance Balance	29
Letters generated through AR Worksheet	30
AR Worksheet – Filter Definitions Tabs Buttons	30-40
(this information was repeated from the previous release notes for your understanding)	
 ASC Surgery Center	41
Surgery Log Book	41-42
Deleted Procedure Types.....	42
Yellow mark for pending IOL sync.....	43
Blood Sugar as part of Vital Signs	44
Multiple Phone numbers for a patient	44
Amendment Notes Section	45
Others present	45
Ocular Surgery History.....	46
Sync Physician Orders with Procedure	46
 iMedic	
Monitor	47
iMedicMonitor- Extended view enhancements and changes.....	47
Tech Room and Doctor Room Column	47
Appointment Reason renamed To Appointment Type column.....	48

1. OVERVIEW

This document contains important information about myCare iMedicWare Version R8 2.02.1. This content reflects the series of enhancements and changes made to the system for this release.

SETTINGS

Documenting the 4th Modifier (Mod4) for a CPT

A provision has been made to record the 4th Modifier for a CPT; the User can now set it up under Settings > Billing > CPT > Mod 4. This will cause it to automatically populate for a CPT on Service Charges.

The screenshot shows the 'Edit Record' form for a CPT code. The 'Mod4' field is highlighted with a red box. The form includes fields for Category, Category 2, Cpt4 Code, Insurance Billed, Practice Code, Description, Units, CVX Code, Rev Code, Departments, NDC#/Comments, Unit of Measure, Measurement, TOS, POE, Mod1, Mod2, Mod3, Mod4, Status, Tax, Value Set, and Dx1 through Dx12.

4th Modifier on Service Charges - The 4th modifier can now be documented on Claims.

The screenshot shows the 'Service Charges' form. The 'Mod4' field in the table is highlighted with a red box. The form includes fields for Groups, Claim type, DOS, Encounter, Ins. Case, Billing Provider, Credited Provider, Ref. Physician, Referral #, Control #, Auth #, Auth Amount, R. Type, Transmission, Pri. Ins, Sec. Ins, Ter. Ins, Pri. CoPay, Sec. CoPay, TOS, POS, POS Facility, Onset Date, Start Time, End Time, Duration (min), Units, T. Charges, Operator, Mod Operator, Billing Facility, and a table for Dx Codes, Mod1, Mod2, Mod3, Mod4, Unit, Charges, Net Amt, App1, App1 Date, App2, App2 Date, Rev/Rate, and Con.

It can also be documented on the Superbill.

The screenshot shows the 'Super Bill' form. The 'Mod4' field in the table is highlighted with a red box. The form includes buttons for 'Super Bill', 'Dx Assist', and 'VIP', and a 'Total Charges : \$0.00' display. The 'DX CODES' section includes fields for Dx1 through Dx12. The table below has columns for CPT, Units, Dx Codes, Mod1, Mod2, Mod3, and Mod4.

CPT	Units	Dx Codes	Mod1	Mod2	Mod3	Mod4
1	1					
2	1					
3	1					

4th Modifier on electronic and paper claims

When a 4th modifier is documented with a CPT on Service charges, the modifier would go out on the appropriate loop for the electronic claim (i.e. the SV segment for Professional and Institutional Claim. For HCFA 1500, it would print in Box 24D).

A. _____ B. _____ C. _____ D. _____										23. PRIOR AUTHORIZATION NU							
E. _____ F. _____ G. _____ H. _____										4565475							
I. _____ J. _____ K. _____ L. _____																	
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS			
From To				SERVICE				CPT/HCPCS				MODIFIER					
MM	DD	YY	MM	DD	YY												
1	05	12	20	05	12	20	11			92014	51	LT	RT	BT	A	140.00	1
2																	
3																	
4																	
5																	

For UB04 forms- the modifier, along with other modifiers and CPT print in Box44.

1 iMedWare Test Practice 1405 Route 18 S, Suite #206 Toms River NJ, 08755-8063	2 iMedWare Test Practice 530 Lakehurst Road Toms River NJ, 08755	3a PAT. CNTL. # 67056	3b MED. REC. # 404477	4 TYPE OF BILL 831
732-817-9475	732-341-4733	5 FED. TAX NO. FEDERAL-EIN	6 STATEMENT COVERS PERIOD FROM 051220	7 THROUGH 051220
8 PATIENT NAME a Smith, A Frank	9 PATIENT ADDRESS b Old Bridge	c NJ	d 08857	e
10 BIRTHDATE 03151950	11 SEX M	12 DATE OF ADMISSION 05-12-20	13 HR	14 TYPE
15 SRC	16 DHR	17 STAT	18	19
20	21	22	23	24
25	26	27	28	29 ACCT STATE
30	31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE
35	36 OCCURRENCE SPAN FROM	37	38	39
40	41	42	43	44
45	46	47	48	49
42 REV. CD.	43 DESCRIPTION Ophth. Comp. Est.	44 HCPCS / RATE / HPPS CODE 92014	45 SERV. DATE 051220	46 SERV. UNITS 1.00
47 TOTAL CHARGES 140.00	48 NON-COVERED CHARGES	49	50	51
52	53	54	55	56

Below are the reports on which the Modifier 4 has been added as a column:

1. Practice analytics
2. Ledger
3. Transaction details
4. Procedure payments
5. Eid status

6. Eid payments

Phrases set up under Settings

Phrases set up under Settings > Billing > Phrases will now be available on Accounting > Payments Ledger > Service Payments > Notes > Add new note.

Service Payments		Prepayments: \$20.00		AA	Pri : wet41	
E.Id: 404478		Group Name: iMedicWare Test Practice		Normal	3M/ \$0.00	
Apply	CPT	Dx Code	T. Charges	Allowed	Deductible	Pri Amt
Total Payments			\$0.00	\$0.00	\$0.00	\$0.00
Int. / Ext.	Notes Date	Reminder Date	Task For			
Internal	tel					
TOTAL BALANCE		Testing this for V2.02.1				
\$0.00		testing this out				

Deleting CPT from Superbill

When a CPT is deleted from a Superbill, a pop-up generally appears which adds a few clicks to the workflow. The practice can now choose to turn these pop-ups off through

a setting. This is available under Settings > Billing > Policies > Superbill > Delete Procedure notification

If this is checked, then the notification/pop-up alert would appear when a user deletes a CPT on the Superbill. If this is unchecked, the pop-up would not appear.

The screenshot shows the 'Policies' configuration page for a patient named Mrs. Smith, Janet - 76485, located in Toms River. The page is organized into several sections:

- ACCOUNTING:** Includes fields for Start Interchange Control# (300), Start Encounter ID (404500), Billing Code (E/M Code), Billing Amount (Per Contract Price), Accept Assignment, Auto Adjust Pt Bal, Write Off Code, Returned Check Procedure, Returned Check Amount (0.00), In Batch Processing, Payment Date, Self Pay - Discount, Discount, and Discount Code.
- COLLECTION:** Includes CoPay Type (Practice), Collect Sec. CoPay (Yes), All Ins. Carrier, Collect Ter. CoPay (No), No Balance Bill (checked), MR - Given Only (checked), and Collect Refraction (Yes).
- FACILITIES:** Includes A/R Cycle (30 Days), ICD Code (ICD-10), Anes Time Divisor, and Super Bill options: Visit code warning (unchecked) and Delete procedure notification (unchecked, highlighted with a red box).
- BATCH PROCESSING:** This section is partially visible at the bottom of the screenshot.

Create a new Policy for default Method of payment

The purpose of this new feature is to create a customizable default payment method for batch processing. If you would like to utilize this feature, there are a few steps to go through. We created a new Policy under: Settings > Billing > Policies. This new Policy is called "Default Payment Method". Values under this should come from Settings > Billing > Payment Methods. If a new value is added, the same should reflect under Default Payment Method List.

The screenshot shows the 'Policies' configuration page for a patient named Mr. Smith, A Frank - 67056, located in Brick. The page is organized into several sections:

- ACCOUNTING:** Includes fields for Start Interchange Control# (300), Start Encounter ID (404501), Billing Code (E/M Code), Billing Amount (Per Contract Price), Accept Assignment, Auto Adjust Pt Bal, Write Off Code, Returned Check Procedure, Returned Check Amount (0.00), In Batch Processing, Payment Date, Self Pay - Discount, Discount, and Discount Code.
- COLLECTION:** Includes CoPay Type (Practice), Collect Sec. CoPay (Yes), All Ins. Carrier, Collect Ter. CoPay (No), No Balance Bill (checked), MR - Given Only (checked), and Collect Refraction (Yes).
- FACILITIES:** Includes A/R Cycle (30 Days), ICD Code (ICD-10), RTE Valid Days (60), Anes Time Divisor, Docs, Collapse Docs Tab Default, PVC (Patient Verbal Communication), Super Bill (Visit code warning, Delete procedure notification), and VIP (Do Not Collect Copay, Do Not Collect Refraction, Do Not Bill Pt, Write Off Code).
- STATEMENTS:** Includes Statement Cycle (25), Minimum balance amount (0), Statements Based (Enc, Acc), Print Fully Paid Statements (Yes, No), Print Full Encounter (Yes, No), Consolidated Statement (Yes, No), and Minimum Payment Due in Statement.
- BATCH PROCESSING:** Includes a 'Default Payment Method' dropdown menu, which is highlighted with a red box.
- CLEARING HOUSE DETAILS:** Includes sections for HOUSE INFORMATION, CONTACTS, and ADDRESS.

If the default methods are created, then they would be able to be accessed through the Batch Info screen.

The screenshot shows a 'Batch Info' window with a teal header and a close button. The form contains several fields:

Batch Name	Tracking#	Date Created	Batch Owner
<input type="text"/>	12-01-2019-2	12-01-2019	iD
Batch Payments	Total Charged	Total Allowed	Batch Members
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Dev, iMW
Default Write Off Code	Default Adj. Code	Default Remittance Date	Default Transaction Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Default Insurance	Default Payment Method	Default Reference No.	Default Pay Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	Brick
Batch Description	<input type="text"/>		

A red rectangular box highlights the 'Default Payment Method' and 'Default Reference No.' fields.

The last enhancement to close the loop is to change the label "Default Check No." to "Default Reference No." The reason behind doing this is to make sure that this is applicable to all Payment Methods.

Add Referring Provider to the Day Charges report

We have added a column (seen after scrolling to the far right) with the purpose of including the Referring Provider to the report. This will help with understanding the

The screenshot shows the 'Day Charges Search' interface. At the top, there are several filter dropdowns: Provider Type (Select Type), Provider (Dev, iMW, Helpdesk), Operator (All Operator), Facility (Brick - O, CMC), Ins. Case Type (Select Case), Primary Insurance (All Insurance), DOS From (05-21-2020), DOS To (05-21-2020), Sort By (Appointment), View (All), and Chart (All). Below the filters is a table with the following columns: Paid Amt, Copay, CI/CO Total/Balance, Pt Prmt Total/Balance, Total Visit Charges, TOS, POS, POS Facility, Ref#/Auth#, Billing Provider, Credited Provider, and Referring Provider. The last three columns (Billing Provider, Credited Provider, and Referring Provider) are highlighted with a red box. A green 'Search' button is located at the bottom center of the interface.

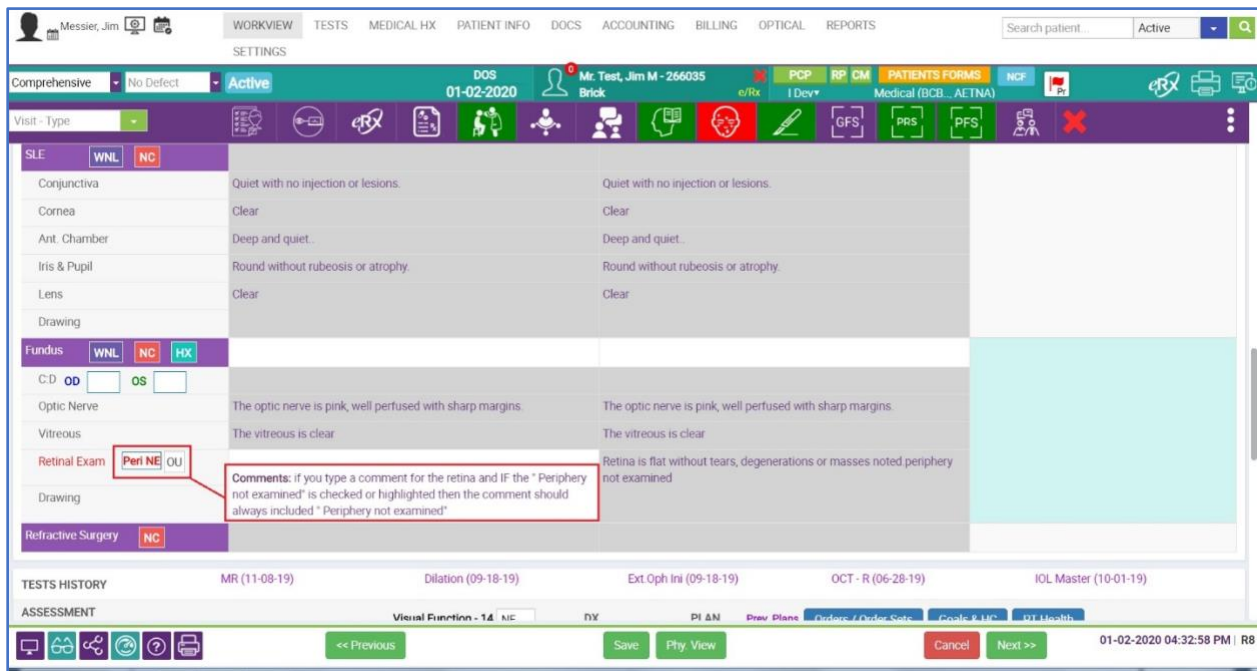
Paid Amt	Copay	CI/CO Total/Balance	Pt Prmt Total/Balance	Total Visit Charges	TOS	POS	POS Facility	Ref#/Auth#	Billing Provider	Credited Provider	Referring Provider
----------	-------	---------------------	-----------------------	---------------------	-----	-----	--------------	------------	------------------	-------------------	--------------------

charges associated with the referral.

CLINICAL

Fundus Examination Area > Periphery Not Examined message

When you complete a fundus examination and the default WNL is used, initially you would also check PERI NE – indicating that you did not exam this area of the retina. If you then go to the detail retina screen and ADD a comment to the bottom section – so long as you still have NOT examined the periphery then this statement should be displayed after the typed comment.



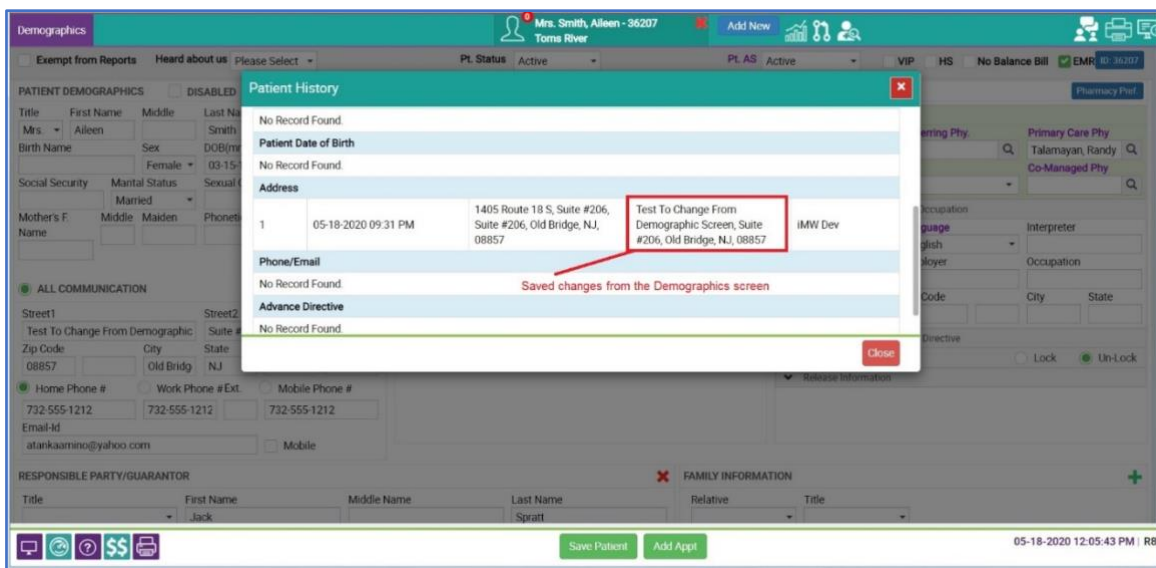
In the example above you can see that the **PERI NE** is highlighted indicating that the periphery was not examined. Regardless of what has been typed into the comment field

	Superonasal	Inferonasal	
Nevus	Disc Area <input type="checkbox"/> X <input type="checkbox"/>	Superotemporal	Inferotemporal
		Superonasal	Inferonasal
Vascular Occlusion <input type="checkbox"/>			BL
Peripheral Degeneration <input type="checkbox"/>			BL
Comments	if you type a comment for the retina and IF the "Periphery not examined" is checked or highlighted then the comment should always included "Periphery not examined"		BL

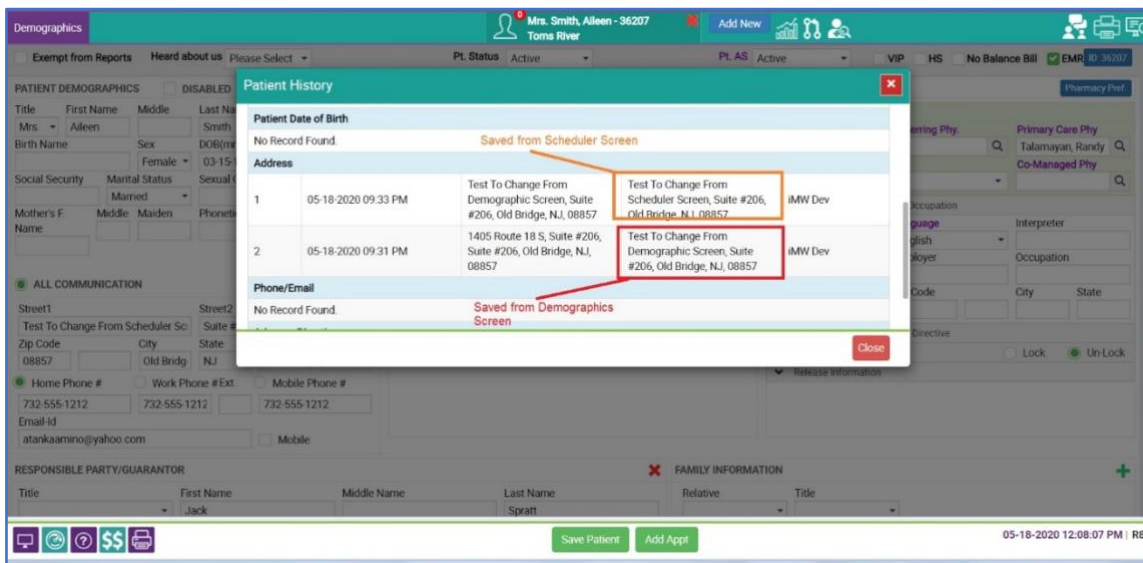
on the detail fundus area, we must always indicate IF the Peri NE is marked then the comment "Periphery not examined" must be still displayed and automatically added to the comment. The logic will always include "Periphery not examined" so long as the PERI NE is marked and documented.

Demographic Hx not saved from Scheduler Screen

The demographic changes will now respond the same from both the Workview Demographics screen, as well as the Scheduler Screen.



Demographic Change History Scheduler Screen



Ocular Hx duplicated in Patient Hx window when typed free text

Ocular History, when added, was repeating each line that was free typed as text. You can now go in and out of the screen, then repeatedly type in new text and it always creates a new line entry as displayed.

The screenshot displays a medical software interface for a patient named Mrs. Smith, Aileen - 96207, dated 05-14-2020. The interface includes various tabs like WORKVIEW, TESTS, MEDICAL HX, PATIENT INFO, etc. The main window shows patient history and vision data. Three callout boxes highlight the duplication of text in the 'PATIENT HISTORY' field:

- Red box:** Shows the text "The Patient has a history of PLAQUENIL LONG TERM Dry Eye This is the section repeating" appearing twice.
- Green box:** Shows the text "The Patient has a history of PLAQUENIL LONG TERM Dry Eye This is the section repeating This is the second test and it should not duplicate" appearing twice.
- Blue box:** Shows the text "The Patient has a history of PLAQUENIL LONG TERM Dry Eye This is the section repeating This is the second test and it should not duplicate Third line typed and no others should duplicate" appearing twice.

The interface also shows vision data for PC 1, PC 2, and PC 3, including distance and near vision measurements, refraction, and over-refraction. The bottom of the screen has navigation buttons like '<< Previous', 'Save', 'Finalize', 'Cancel', and 'Next >>', along with a timestamp '05-18-2020 12:21:42 PM | R8'.

List of Symbols which are not allowed

The way the system is designed, there are certain symbols which are NOT allowed to be used as free text within the documentation. We have recently expanded this. We have taken both the parenthesis and forward slash and made these behave as they would normally. Meaning that you can now use these symbols when typing text in your documentation i.e. in this example ocular history.

← → ↻ eclimedicware.com/qa_release_2021/interface/core/index.php#

Provider, Dummy WORKVIEW TESTS MEDICAL HX PATIENT INFO DOCS ACCOUNT

Ocular Ter, New19

Patient Medical History

Medical Reviewed H Reviewed

04-07-2020 at 03:49 AM DP

Ocular

None

Eye Problems

Any Conditions

- Dry Eyes
- Macula Degeneration
- Cataracts
- TestOther OU/OS (OD...

Miscellaneous

- Cust Field (O) 1 : TestOther OU/OS (OD)

Blood Sugar

Cholesterol

General Health

Review of Systems 0 / 14

EYE HISTORY

DO YOU WEAR

None Glasses Contact Lenses

PLEASE MARK ANY CONDITION YOU HAVE PRESENTLY OR HAVE HAD IN THE PAST

Dry Eyes Test OD(OS) Macula

Cataracts Test OD/OS Retinal

Others Test\Other OU/OS (OD)

PLEASE MARK ANY CONDITION YOUR FAMILY MEMBER OR BLOOD RELATIVE HAVE P

Dry Eyes Select Relation Macula

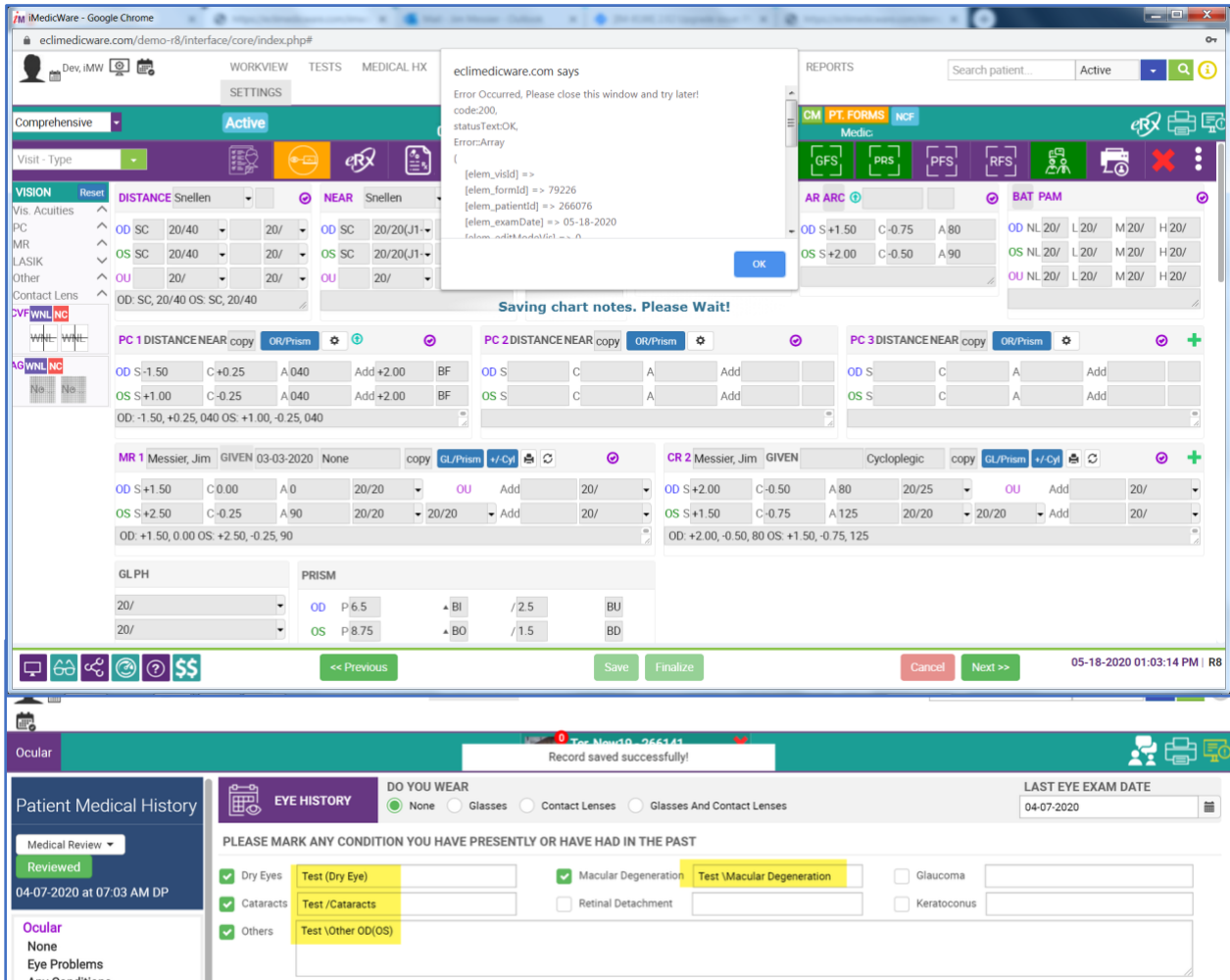
Cataracts Select Relation Retinal

Others Select Relation Test\Other OU/OS

MISCELLANEOUS

Cust Field (O) 1 TestOther OU/OS (OD) Cust Field (O) 2(Test 2)

2.02 Upgrade issue: The system was producing a browser error when trying to enter the General History and selecting “Reviewed” – this error is fixed and no longer producing the error.



Separate the Retina Exam area into multiple tabs and screens for macula, vessels and periphery

We modified the fundus exam area to have the appropriate sections of the retina represented separately for documentation and proper coding. The new representation will have its own hyperlink for macula, vessels and periphery. We will not take out or exclude "retina exam" at this time because many users are already familiar with this approach. For a specialty clinic like a retina office it is important to have these sections individually for documentation and drawing purposes. The image represents the new format to include separate menu links to the specific areas as outlined. Selecting these

Fundus	WNL	NC
C:D	OD <input type="checkbox"/>	OS <input type="checkbox"/>
Optic Nerve	The optic nerve is pink, well perfused with sharp margins.	
Vitreous	The vitreous is clear	
Macula	Absent Diabetic macular edema, Absent Hard Exudate	
Vessels	Moderate NPDR,	
Periphery	Periphery normal, no tears, degenerations or masses	
Retinal Exam	The vitreous is clear	
<input type="button" value="Draw RT"/> <input type="button" value="Draw ON"/> <input type="button" value="Draw MA"/>		

links will work the same, but you have a different screen that is meant for each section and only for that desired section.

Example of the Macula Findings Screen

Optic Nerve	Vitreous	Macula	Vessels	Periphery	Retinal Exam	Draw RT	Draw ON	Draw MA
Finalized								
Lens Used: <input type="text"/> Exceptions <input type="text"/> WNL NO Change								
OD			Bilateral					
Macular edema	Absent	Focal	Diffuse	Cystoid		OS		
Drusen	Absent	T	1+	2+	3+	4+	BL	
	F	PF	EF	Hard				
AMD	BL							
ERM	Absent	T	1+	2+	3+	4+	BL	
	Superotemporal		Inferotemporal					
	Superonasal		Inferonasal					
Retinal Pigment Epithelial Detachment	Absent	Present		BL				
Cotton Wool Spot	Absent	Macula	Superotemporal					
	Inferotemporal		Superonasal	Inferonasal				
Comments	BL							
<input type="button" value="Cancel"/>								
<input type="button" value="Previous"/> <input type="button" value="Next"/> 03-11-2020 12:36:05 PM R8								

Example of the Vessels Findings Screen

Optic Nerve	Vitreous	Macula	Vessels	Periphery	Retinal Exam	Draw RT	Draw ON	Draw MA
Finalized		Lens Used: <input type="text"/>		Exceptions		WNL NO Change		
Diabetes				No Retinopathy				Bilateral
DR				No Retinopathy				BL
Vascular Occlusion				No Retinopathy				BL
Vascular Sheathing				Superotemporal Inferotemporal				BL
Nexus				Disc Area <input type="checkbox"/> X <input type="checkbox"/> Superotemporal Inferotemporal				BL
Comments								BL
Cancel								
<div style="display: flex; justify-content: space-between;"> << Previous Next >> 03-11-2020 12:36:05 PM R8 </div>								

Example of the Periphery Findings Screen

Optic Nerve	Vitreous	Macula	Vessels	Periphery	Retinal Exam	Draw RT	Draw ON	Draw MA
Finalized		Periphery not examined		Lens Used: <input type="text"/>		Exceptions		
Peripheral Degeneration				Peripheral Degeneration				Bilateral
Peripheral Retinal Hemorrhage				Peripheral Retinal Hemorrhage				BL
Peripheral Neo vascularization				Peripheral Neo vascularization				BL
Retinal Tear				Retinal Tear				BL
Retinal Detachment				Retinal Detachment				BL
Comments				Comments				BL
Cancel								
<div style="display: flex; justify-content: space-between;"> << Previous Next >> 03-11-2020 12:36:05 PM R8 </div>								

***The Macula section is a new section added to the fundus exam, because of this the user needs to do two things, and they need to be done one time for the entire clinic.*

1. **Add Macula tab into the template.** For this go to settings > clinical > template. select one template and add macula into it, then save it. This needs to be done for all templates which would require the macula exam.
2. **Go to settings > clinical > clinical exam extensions.** Select Macula and select reset exam. This will refresh macula xml file.

Added Refraction Printing Date

We have added an additional date to the Rx prescriptions. Now we will show the date that the Rx was given, and the date that the Rx was printed.

REPORTING

Lost to Follow-Up Report with added filter setting

Lost to follow

PRACTICE FILTER

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

Operator: Select All
Period: Daily

Recal Month-Year: Jan-2019
 Summary Detail

Check only future schedule date
 Include claims

ANALYTIC FILTER

Ins. Comp.: Select All
CPT Code: Select All
ICD 10: Select All

Action: Select
Template: Select Template

Heard Type: Select All

Heard Type Value:

- New Patient
- Lost Patient
- VIP
- Deferred
- utilization
- Audit
- Recall Fulfilment
- Patient Flow Analysis
- Unfinalized Charts
- Unfinalized Tests

GROUP BY

- Business Unit
- Facility
- Physician
- Operators

The logic for the Lost to Follow Up report was changed to include the ability to select a new checkbox "Include Claims" – Checking this box means that the report would run to check for a claim on that DOS first, then look at Scheduling info for future DOS and Recalls.

Leaving it **unchecked** would mean the system only looks at the scheduler – It sees whether there is a future appointment or not and if a recall was placed or not.

Reference Number column on Daily Balance report

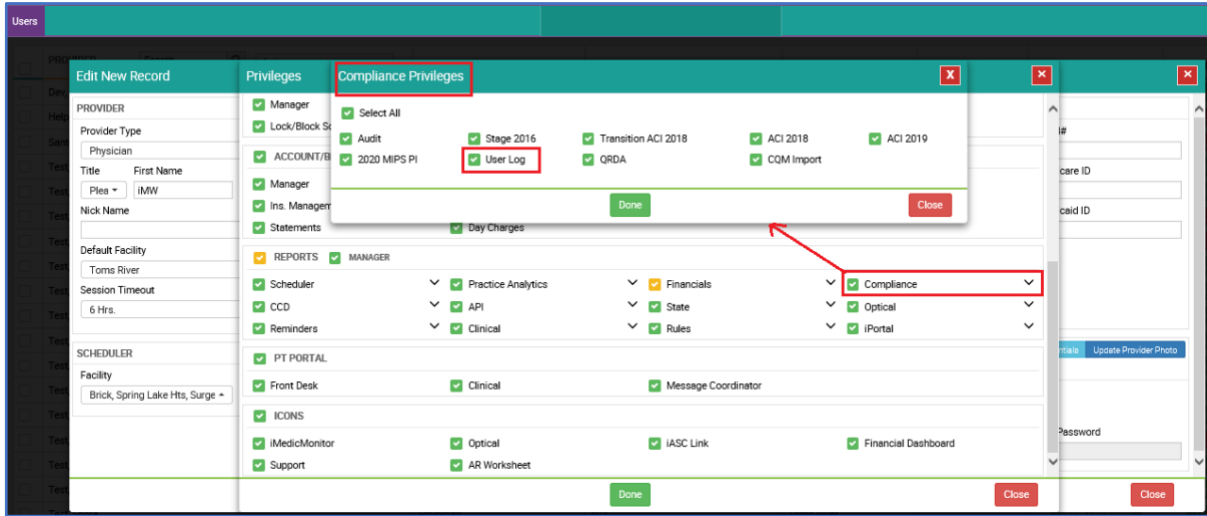
A Reference number column has been added to the Daily Balance Report for the Posted, CI/CO, and Prepayments columns. This column is added for the reference of the user, specifically for where the Payment method is Credit Card- the last 4 digits of the card would appear.

Daily Balance Report (Detail)		Selected Group : All		DOT (From : 01-01-2020 To : 03-31-2020)			Created By: ID on 17:47 PM										
Selected Facility : All		Selected Physician : All		Selected Operator : All			Sel Method : All										
CI/CO , Pre Payments and Posted Payments																	
Patient Name - ID	DOT	Desc	Method	Reference#	Payment	Applied	Unappl	Method	Reference#	Payment	Applied	Unappl	Method	Reference#	Payment	Opr	
501	03-11-2020	CoPay-visit	Cash		\$20.00	\$0.00	\$20.00									\$0.00	ID
- 117197	02-17-2020	PT Balance	Cash		\$891.37	\$0.00	\$1,782.74									\$0.00	ID
- 117197	02-17-2020		Cash		\$891.37	\$0.00	\$0.00									\$0.00	
- 117197	01-30-2020				\$0.00	\$0.00	\$0.00						Check	136558	\$10.00	ID	
- 117197	01-30-2020				\$0.00	\$0.00	\$0.00						Cash		\$15.00		
- 117197	01-30-2020				\$0.00	\$0.00	\$0.00						Cash		\$22.63		
- 128548	02-17-2020	CoPay-visit	Cash		\$20.00	\$0.00	\$20.00									\$0.00	ID
a - 182602	02-17-2020	CoPay-visit	Cash		\$10.00	\$0.00	\$10.00									\$0.00	ID
60849	01-04-2020				\$0.00	\$0.00	\$0.00						Cash		\$30.00	ID	
60849	01-04-2020				\$0.00	\$0.00	\$0.00						Cash		\$80.00		
- 68339	02-17-2020	PT Balance	Cash		\$30.00	\$0.00	\$1,000.33									\$0.00	ID
- 68339	02-17-2020		Cash		\$970.33	\$0.00	\$0.00									\$0.00	
182098	03-19-2020	Refraction	Check	25896314	\$15.00	\$0.00	\$595.25	EFT	9526647	\$41.00	\$0.00	\$131.00	CC-Visa	1525	\$140.00	ID	
182098	03-19-2020		CC-Dis	5126	\$20.00	\$0.00	\$0.00	CareCredit Finance		\$90.00	\$0.00	\$0.00	EFT	9826	\$20.00		
182098	03-19-2020		Check	25896314	\$560.25	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00		
182098	03-23-2020				\$0.00	\$0.00	\$0.00	CC-MC	2516	\$60.00	\$0.00	\$60.00			\$0.00	ID	
Total					\$3,428.32	\$0.00	\$3,428.32			\$191.00	\$0.00	\$191.00			\$317.63		

New Report – User Log

User Log is a new report which has been created to monitor which users are logged into the system. This report is privilege-based, and the privilege for the feature can be seen under Settings > Admin > User > Select User > Privileges > Reports > Compliance > User log.

Only users who have the privilege of this report will be able to see this report as part of the list of Reports under Reports > Compliance.



The report would list the users and the last time that they logged into iMW.

User Log

FILTERS

Users
Select All

FORMAT

View PDF CSV

REPORT FILTER

User Log Report Users Selected: All

#	User Name	Last Login
1	[Redacted]	12-27-2017
2	[Redacted]	12-04-2018
3	[Redacted]	12-05-2018
4	[Redacted] ida M.	12-05-2018
5	[Redacted] J Maya	12-05-2018
6	[Redacted] (Courtney)	12-05-2018
7	[Redacted]	02-16-2018
8	[Redacted]	12-22-2017
9	[Redacted] urtney	12-05-2018
10	[Redacted] o, Gabriela	12-05-2018
11	[Redacted]	12-05-2018
12	[Redacted] e	05-21-2018
13	[Redacted] yla	12-05-2018
14	[Redacted]	12-05-2018
15	[Redacted]	06-22-2018
16	[Redacted] n	12-05-2018
17	[Redacted]	02-24-2020
18	[Redacted] iovanni	12-05-2018
19	[Redacted]	12-05-2018
20	[Redacted] t	12-05-2018
21	[Redacted] madette	10-05-2018
22	[Redacted] Espinoza, Nayla	12-04-2018

Practice Registry Report

For the Practice Registry Report under Reports > Scheduler > Practice Registry Fields > Report output, a new column has been added which notes which user made the changes/added the respective fields.

Day Appointment report – Enhancement

The report has been enhanced to better represent and filter the data. Following are the enhancements done to the report:

1. Demographic and Insurance Data has been separated and will now display in separate columns. Insurance would be further divided into 3 columns: Insurance, Referral and Subscriber.
2. Insurance type i.e – Primary/Secondary/Tertiary would also be displayed along with the insurance name.
3. The case type would also be mentioned along with the Insurance info.

Scheduled Reports

We added Date Range and Year to Date options to the scheduled report setup screen. The image below includes the two new fields which were added.

Messier, Jim | WORKVIEW TESTS MEDICAL HX PATIENT INFO DOCS ACCOUNTING BILLING OPTICAL REPORTS | Search patient... Active

Saved Schedules | Mr. Test, Jim M - 266035 | Brick

Edit Record

Schedule Name: Payment Report | **Hours:** 2:00 a.m. | **Weekdays:** Monday, Tuesday, Wednesday | **Months:** Select All | **Quarterly:** Select All

Groups: Select All | **Facility:** Select All | **Year to Date:** | **Select Date Range:** 01-02-2020 - 01-02-2020

Physician: Select All | **Operator:** Select All

Date Range: Quarterly (Last Quarter) | **Summary** | **Detail**

Ins. Group: Select All | **Ins. Company:** Select All

CPT Codes: Select All | **ICD10:** Select All

RWU | CSV | PDF

SFTP DETAILS
 SFTP Address: | User Name: jmessier | Password: *****
 Directory Name: | Port:

Scheduler
 Scheduler Report
 Patients CSV
 Export

Daily
 Day Sheet
 Payments
 Front Desk
 Copay Reconciliation
 Unapplied Superbills
 Uninitialized Encounters
 Adjustment
 Refund
 Daily Balance

Analytics
 Practice Analytics
 CPT Analysis
 Yearly
 Ledger

Revenue
 Provider Revenue
 Facility Revenue
 Ref. Physician
 Provider Analytics
 Credit Analytics
 Ins. Analytics
 Allowable Verify
 Deferred/VIP

Account Receivables
 Provider A/R
Days In A/R
 Days In A/R
 Patient
 Insurance
 Unworked A/R
 Unbilled Claims
 Top Rejection Reasons

| 01-02-2020 03:01:43 PM

DOCUMENTS & DEMOGRAPHICS

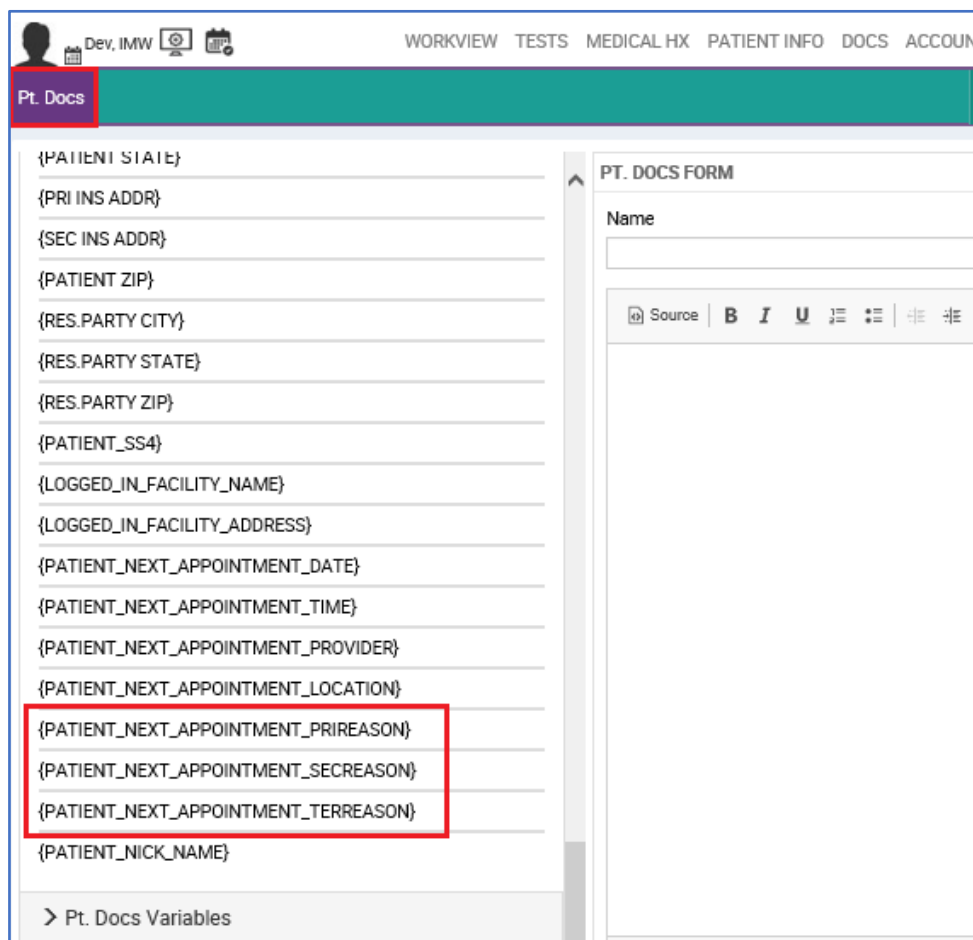
Patient Documents have been extended in many of the different document areas below outlines where the changes and the new variables have been added and included.

Added Variables:

{PATIENT_NEXT_APPOINTMENT_PRIREASON}

{PATIENT_NEXT_APPOINTMENT_SECREASON}

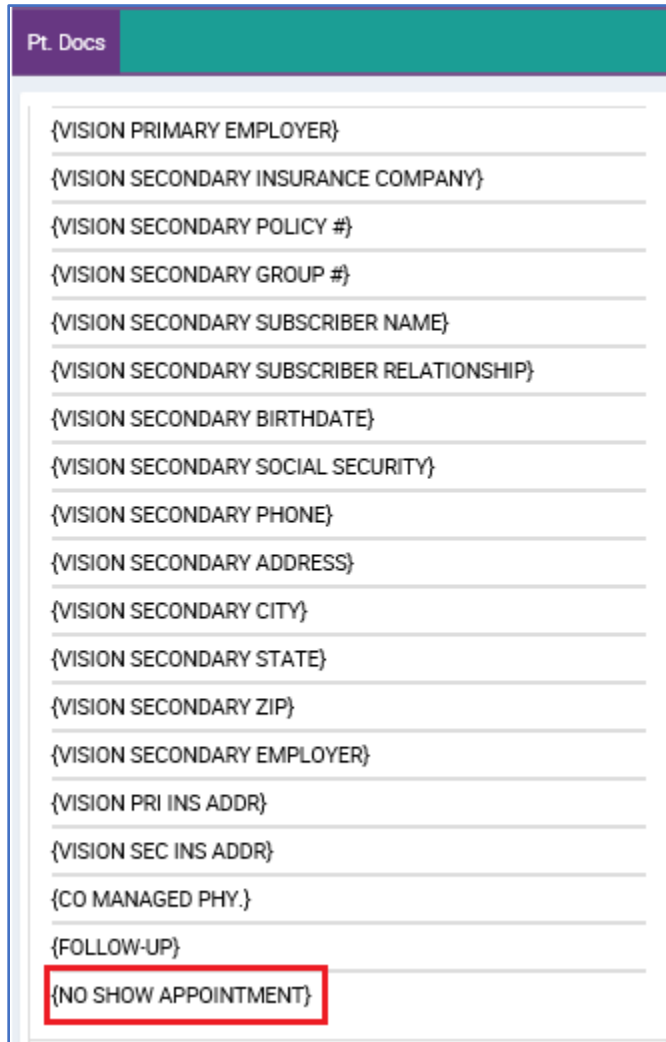
{PATIENT_NEXT_APPOINTMENT_TERREASON}



The screenshot displays a web-based interface for editing patient documents. At the top, there is a navigation bar with a user profile icon, the text "Dev, IMW", and several icons. The main navigation menu includes "WORKVIEW", "TESTS", "MEDICAL HX", "PATIENT INFO", "DOCS", and "ACCOUNT". A sub-menu labeled "Pt. Docs" is highlighted in a teal bar. Below this, a list of variables is shown on the left side, with three variables highlighted by a red box: {PATIENT_NEXT_APPOINTMENT_PRIREASON}, {PATIENT_NEXT_APPOINTMENT_SECREASON}, and {PATIENT_NEXT_APPOINTMENT_TERREASON}. The right side of the interface shows a form editor titled "PT. DOCS FORM" with a "Name" field and a rich text editor toolbar containing options for Source, Bold (B), Italic (I), Underline (U), and other formatting tools.

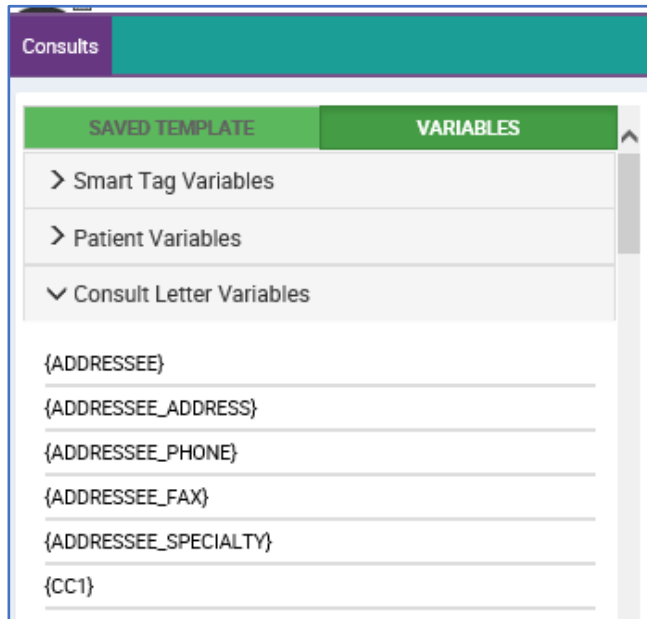
The other variable which has been added to the list for Pt Docs **is No Show appointment**, this variable would list the last No Show appointment of the patient.

This is available under Settings > Documents > Pt Docs > Variables > Pt Docs Variables.

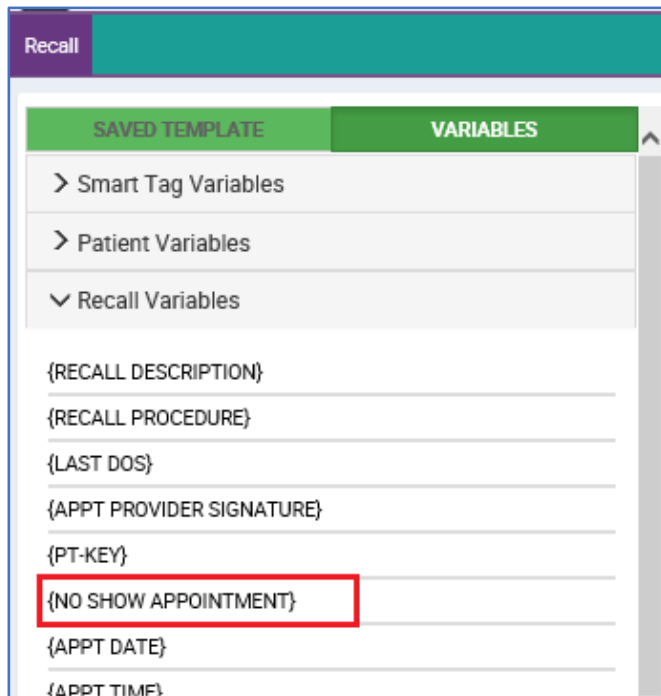


Consult Letter

New Variables have been added to note the Addressee's Phone number, Fax and Specialty. This is done via Settings > Documents > Consults > Variables > Consult letter Variables



Recall - New variable added to note the last No show appointment of the patient.



License image of Guarantor/Responsible Party

If the responsible party License image was uploaded for a Guarantor/Responsible Party, it was difficult to access or to even know whether one has been uploaded. We have added a new area and box for the User to check this and see the image. This is available under Patient Info > Demographics > Responsible Party/Guarantor section.

The screenshot shows a patient demographics form for Mrs. Smith, Janet - 76485, Toms River. The form includes fields for contact information, address, and phone numbers. A section titled "RESPONSIBLE PARTY/GUARANTOR" is highlighted in red. Within this section, the "Driving License#" field is also highlighted in red and contains a "License" button and a placeholder for an image. A red annotation reads "License image would be displayed in the box".

RESPONSIBLE PARTY/GUARANTOR			
Title	First Name	Middle Name	Last Name
Suffix	RelationShip	Marital Status	Driving License#
Dob (mm-dd-yyyy)	Sex	Social Security#	License
Street 1	Street 2	Zip	License image would be displayed in the box
City	State	Email-Id	

AR Worksheet (Accounting)

Print Patient Statement Column on Detailed view

While working with the AR worksheet, it is essential to know whether or not a statement can be printed or not for a given patient.

The Print Patient Statement Column (Prt. Pt St) gives you that information at a glance. If the encounter is: 1.) set to collection, 2.) Service Charges encounter is set to "VIP", 3.) Service Charges encounter is set to "Defer Pt. Bill", 4.) "Demographics > HS" checkbox is selected in Demographics, then "N" will show in "Pr(in)t. Pt. St" column otherwise "Y" will show.

Insurance: AETNA - Aetna										Fax: 800-624-0756										Tel.			
Patient Name - ID	DOB	DOS	Facility	Provider	Ins. Type	Ins. ID	DOC	CPT	ICD10	R	Charge	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+	Balance	CFD	Pr Pt St	1st Claim	
<input type="checkbox"/> Smith, Angela R - 32472	03-15-1950	11-12-2018	Toms River	BT	Sec	123456789	11-12-2018	G2014	H35.3131, H26.402, H04.123	Y	\$138.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.77	\$27.77	0	0	Y	11-12-2018
<input type="checkbox"/> Smith, Barbara - 62410	03-15-1950	11-27-2018	Toms River	BT	Sec	123456789	11-27-2018	G2014	H11.153, H25.11, H25.011, H43.813, H01.001, H01.004	Y	\$138.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.77	\$27.77	0	0	Y	11-27-2018
<input type="checkbox"/> Smith, Donald F - 75391	03-15-1950	12-12-2018	Toms River	JT	Pri	123456789	12-12-2018	G2012	H40.013	Y	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	\$100.00	0	0	N	12-12-2018	

AR worksheet – detailed view column flexibility

Since there is a lot of data on the detailed worksheet, it made sense to make the display flexible. The user can go to Settings > Admin > AR Worksheet, the user can check the columns which they want to display on the Detailed view of AR Worksheet.

Headers Fixed

FIELD NAME		FIELD NAME	
<input checked="" type="checkbox"/>	1st Claim	<input checked="" type="checkbox"/>	Aging
<input checked="" type="checkbox"/>	Balance	<input checked="" type="checkbox"/>	CFD
<input checked="" type="checkbox"/>	CPT	<input checked="" type="checkbox"/>	Case Type
<input checked="" type="checkbox"/>	Charge	<input checked="" type="checkbox"/>	DOB
<input checked="" type="checkbox"/>	DOC	<input checked="" type="checkbox"/>	DOS
<input checked="" type="checkbox"/>	Facility	<input checked="" type="checkbox"/>	ICD10
<input checked="" type="checkbox"/>	Ins. ID	<input checked="" type="checkbox"/>	Ins. Type
<input checked="" type="checkbox"/>	Note/Date	<input checked="" type="checkbox"/>	PD
<input checked="" type="checkbox"/>	Patient Name - ID	<input checked="" type="checkbox"/>	Provider
<input checked="" type="checkbox"/>	Prt Pt St	<input checked="" type="checkbox"/>	R

For the Detailed and Summary view of the AR worksheet, the headers are fixed. If the user scrolls down the page, the headers are going to be fixed. This would help the user differentiate between the columns and data easily.

Use headers to arrange data in Ascending and Descending order

For the Summary View, the user can click once to arrange the result in ascending order and twice to arrange in descending order. This is available by selecting on all headers.

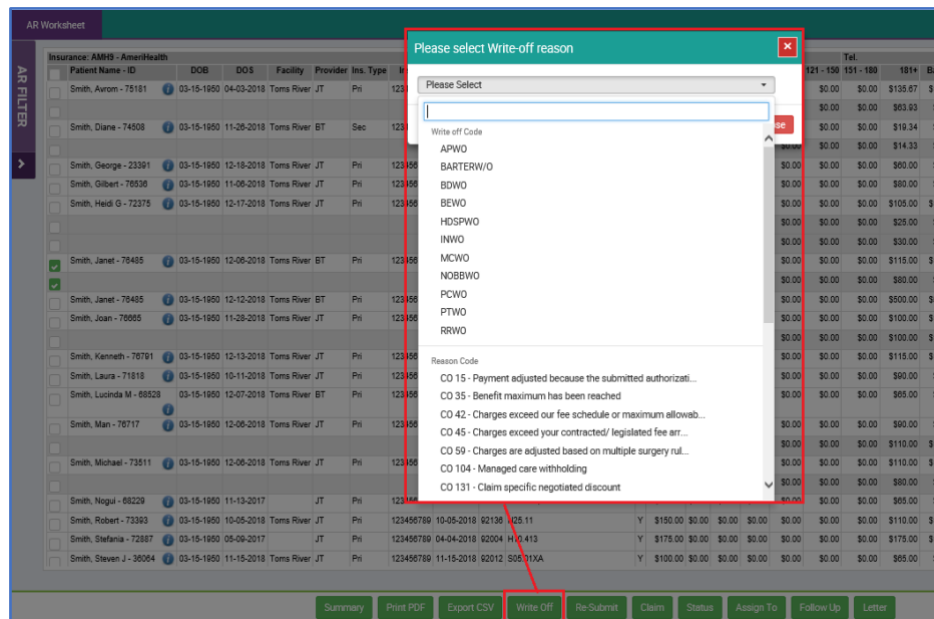
For Detailed view, the user can select certain columns, so the results are arranged in Ascending/Descending order. The AR Worksheet columns which allow the user to use this functionality are - Patient Name - ID, DOB, DOS Facility, Provider, Ins. Type, Ins. ID, Print Pt St, 1st Claim and Case Type.

Detailed view of AR Worksheet

The detailed view of the AR worksheet has been enhanced. The user would now be re-directed from Summary page to Detailed view. The user will no longer have to do multiple clicks in order to select encounters and take an action on them in one go. The reason for doing this is to save the user multiple clicks.

Write off codes

When the user selects multiple encounter/CPT lines to be written off on the Detailed



view of the AR Worksheet and selects the write-off button, they will be asked to select the write off code in order to document the reason of writing the encounters/CPT lines off.

Statement button on Detailed view for Insurance Balances

To make the workflow easy and error free, we have removed the statement button so that the user does not generate a statement for a balance which is still under Insurance. The Statement button is only available on the Patient Balance bucket level.

Letters generated through the AR Worksheet

When the user creates a letter to either the Patient or the Insurance, the letter will also be saved as a copy under the patient docs folder. If the letter is generated for a patient, the letter would save under Patient > Docs > Pt docs > Collection Letters > Patient. If the letter is generated for an Insurance carrier, the letter would save under Patient > Docs > Pt Docs > Collection letters > Insurance. The document would save with the Date and template name.

AR Module Filter Definitions

The screenshot shows the AR Worksheet filter interface. It is divided into several sections:

- PRACTICE FILTER:** Includes dropdowns for Facility, Provider, Insurance Group, Insurance Company, Aging By (Date of Service), Ins. Types, Filter On (Date of Service), and Status (Active).
- ANALYTIC FILTER:** Includes Aging From (00) and Aging To (181+), Balance From, Balance To, and Group By (Insurance).
- ADDITIONAL FILTERS:** Includes Follow Up From, Follow Up To, Follow Up By User, Last Status, Rejection Status, Rejection Code, Show Task, What User(s)?, Print Statement, Status, First Statement From, First Statement To, Last Statement From, Last Statement To, and Overdue Date.

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 by 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:

The screenshot shows the 'AR Worksheet' filter interface. It includes a main filter area with dropdowns for 'Date of Service', 'Ins. Types', and 'Appt. Reason'. Below this is the 'ANALYTIC FILTER' section with 'Aging From' (00) and 'Aging To' (181+) fields, and 'Balance From' and 'Balance To' fields. The 'ADDITIONAL FILTERS' section includes a 'More' checkbox and various filters for 'Follow Up From/To', 'Last Status', 'Rejection Status', 'Show Task', 'First Statement From/To', 'Last Statement From/To', 'Overdue Days', 'Proc/CPT Code', and 'Statement Count From/To'. A 'SEARCH' button is located at the bottom.

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 this 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 indicates 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.

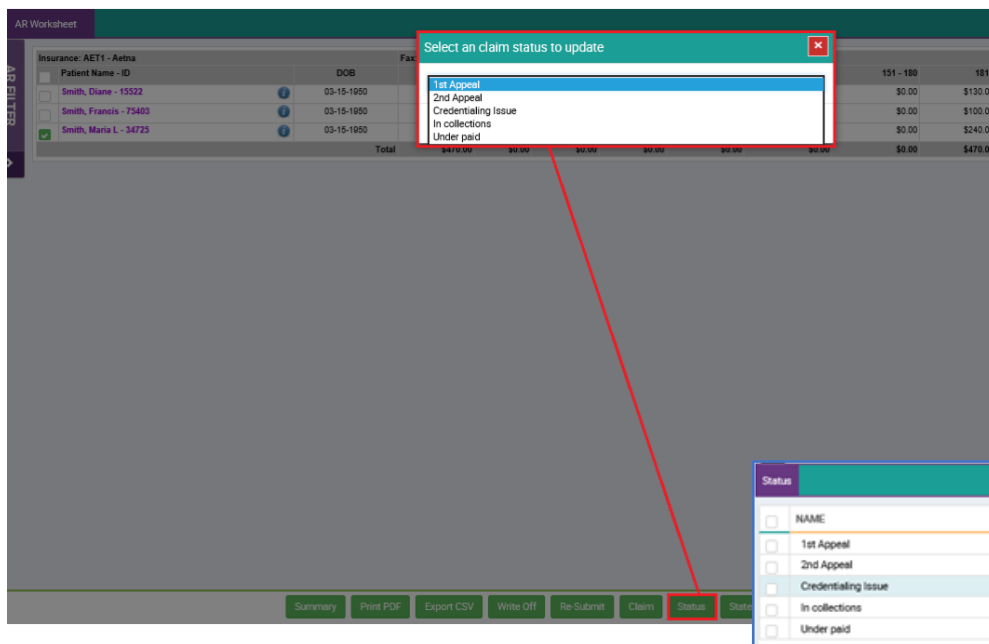
******Drop Down Options** = Charity / VIP / Workers Comp / Employee / etc.

Statement Count From / To: =

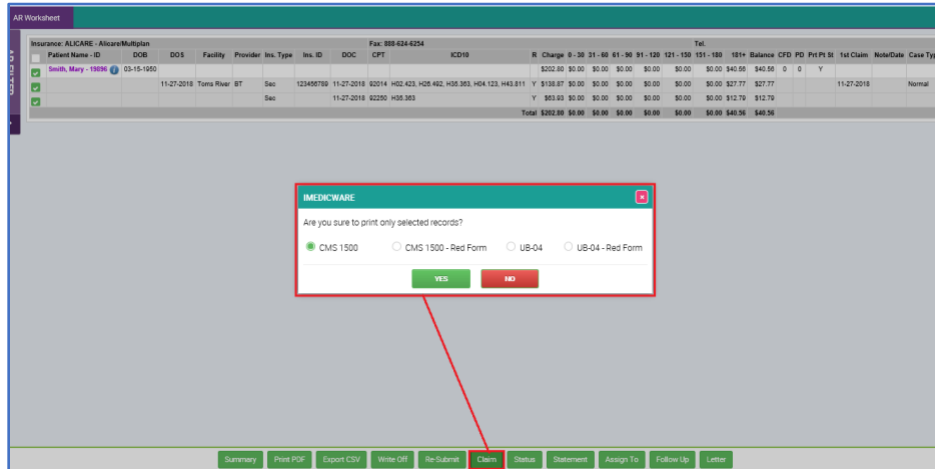
AR Worksheet BUTTON definitions and functions

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 **Setting > Billing > Claim Status**.

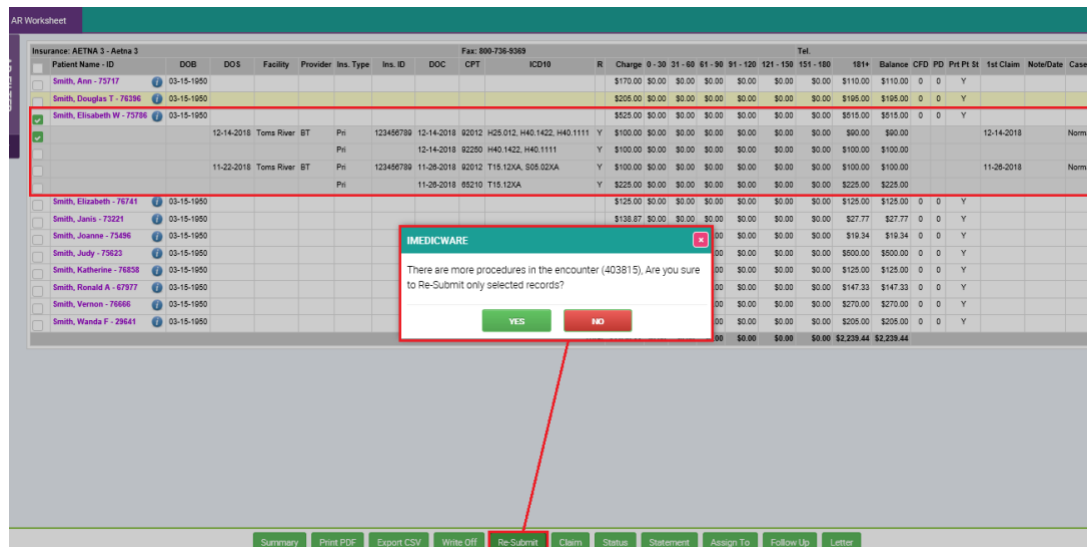


Claim Button - This button is available on the Detail view of the AR smartsheet and allows the user to print CMS1500/ UB04 form for the selected claims. The user will need to go to the detail view of the AR Smartsheet > select the Insurance/Provider/Facility > Patient > Select the encounters they want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



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 the AR Smartsheet and allows the user to re-submit electronically the selected claims/line items. User will need to go to Detail view of AR Smartsheet > click on the Insurance/Provider/Facility > Patient > Select the encounters/lines they want to Re-submit > Re-submit > If a claim has a higher number of lines and only a few out of those are selected, then 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 hit "Yes" otherwise No and go back and select the remaining lines.



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

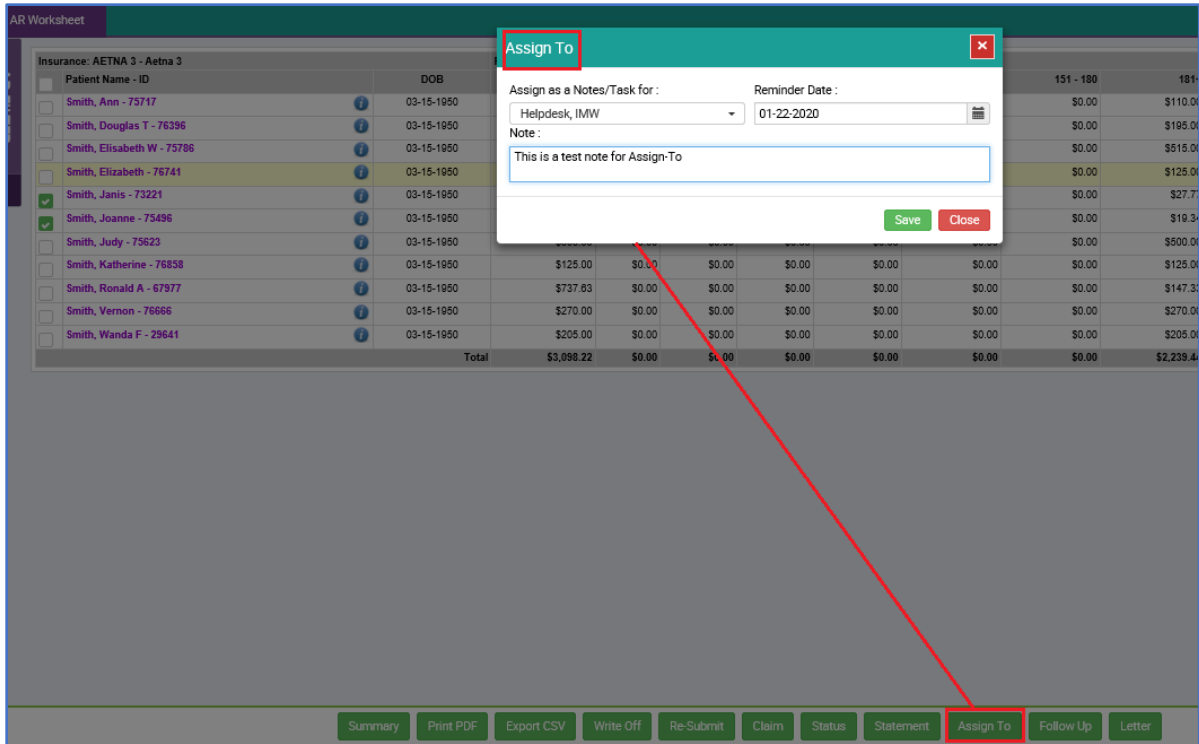
Statement - Option available in "DETAIL" screen view only. If the user wishes to create a "Statement" for multiple accounts in a single action, they can use this button to do so at a selection. The user first checks the line items to be included in the statement merge > Once the selection of the line 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 Smartsheet interface. On the left, a table lists patients with columns for Patient Name - ID, DOB, and a balance column. The patient Katherine Smith (ID 76858) is highlighted in yellow. On the right, a detailed statement is shown for iMedicWare Test Practice. The statement includes patient information, a table for payment details (Statement Date: 01-22-2020, Pay This Amount: \$125.00, Account MRN: 76858), and a table for charges. A red box labeled 'STATEMENT' is positioned above the statement, and a red line points from this box to the 'Statement' button in the bottom toolbar. The toolbar contains buttons for Summary, Print PDF, Export CSV, Write Off, Re-Submit, Claim, Status, Statement, Assign To, Follow Up, and Letter.

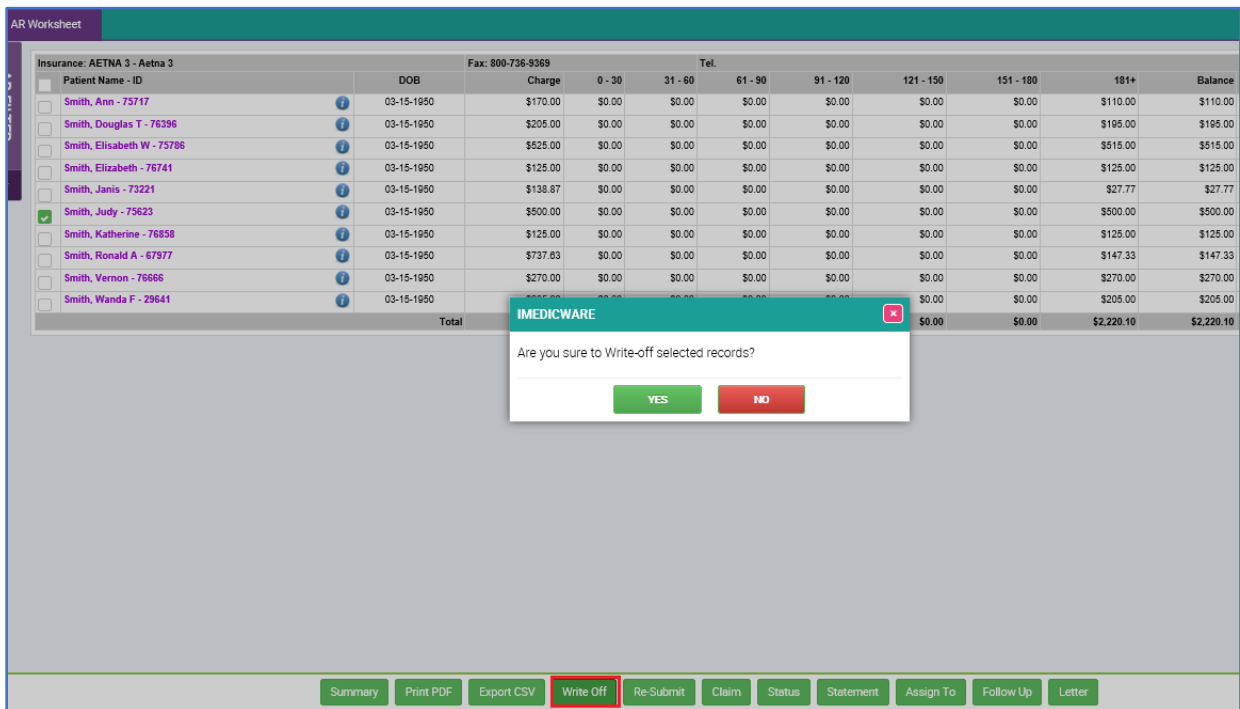
Date	CPT	Description	Units	T. Charges	Ins Paid	Adj	Pt Paid	Balance					
12-18-18	92002	Ophth. intermed new Diagnosis: H00.021	1.00	\$125.00				\$125.00					
TOTAL AMOUNT:								1	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00

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

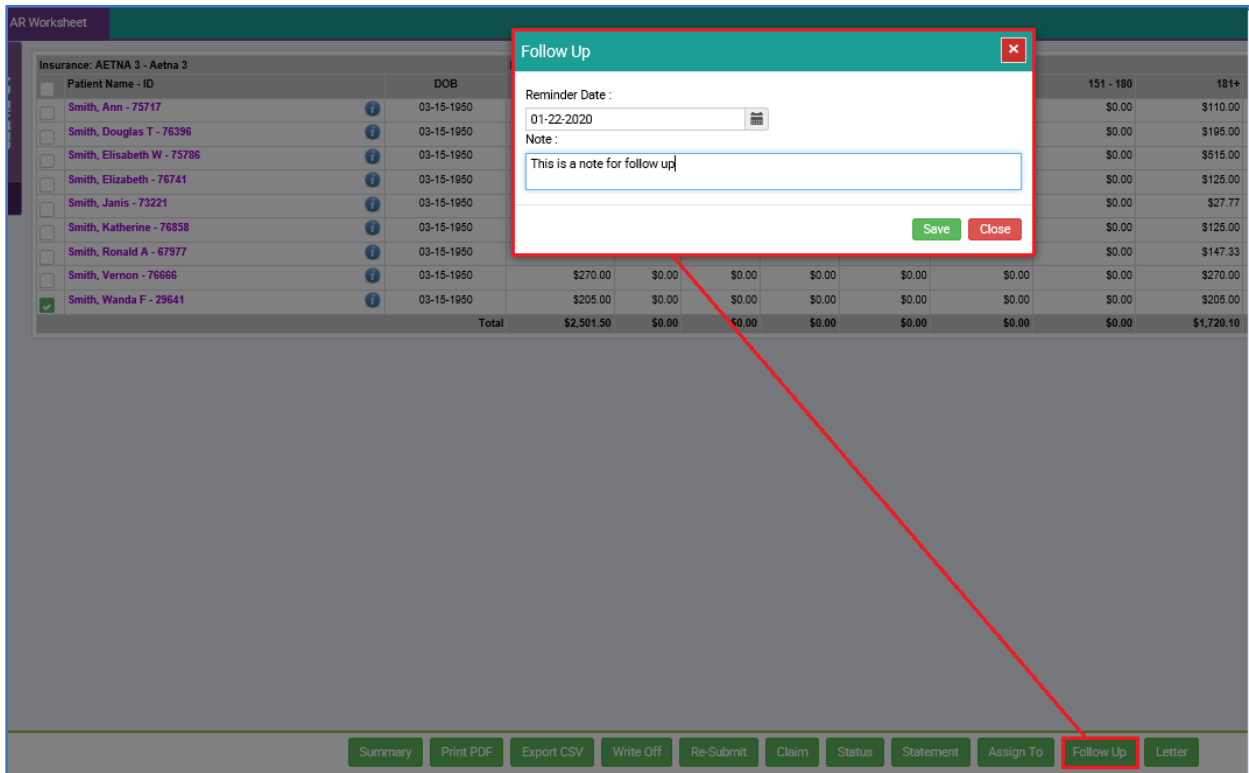
Assign To - Option available in the Detail view of the AR Smartsheet. This button helps the user create a Task either for themselves or someone in the team, they can use this button to do so. Once in the Detail view > Select the Patient/Encounter > Select the Assign to button > Select from the drop down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



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 single selection. In the Detail view > Select the Encounters/lines which need to be written off > Select Write-Off > Confirm.



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 > Click on the Follow-up button > Select Reminder date > Add Note > Save > The Task would be seen under User Console > Tasks.



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 in a single selection by selecting this button. In Detail View > Select the Patient/ Encounter > Select Letter > Select template from drop down > Select the Action (Print/fax/Email) and the receiving party (Insurance/Patient) > Send.

Insurance: AETNA 3 - Aetna 3

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	\$186.00
Smith, Elisabeth W - 75786	03-15-1950	\$0.00	\$616.00
Smith, Elisabeth - 76741	03-15-1950	\$0.00	\$126.00
Smith, Janis - 73221	03-15-1950	\$0.00	\$27.77
Smith, Katherine - 76358	03-15-1950	\$0.00	\$126.00
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	\$0.00

Buttons: Summary, Print PDF, Export CSV, Write Off, Re-Submit, Claim, Status, Statement, Assign To, Follow Up, Letter

Note: Only

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

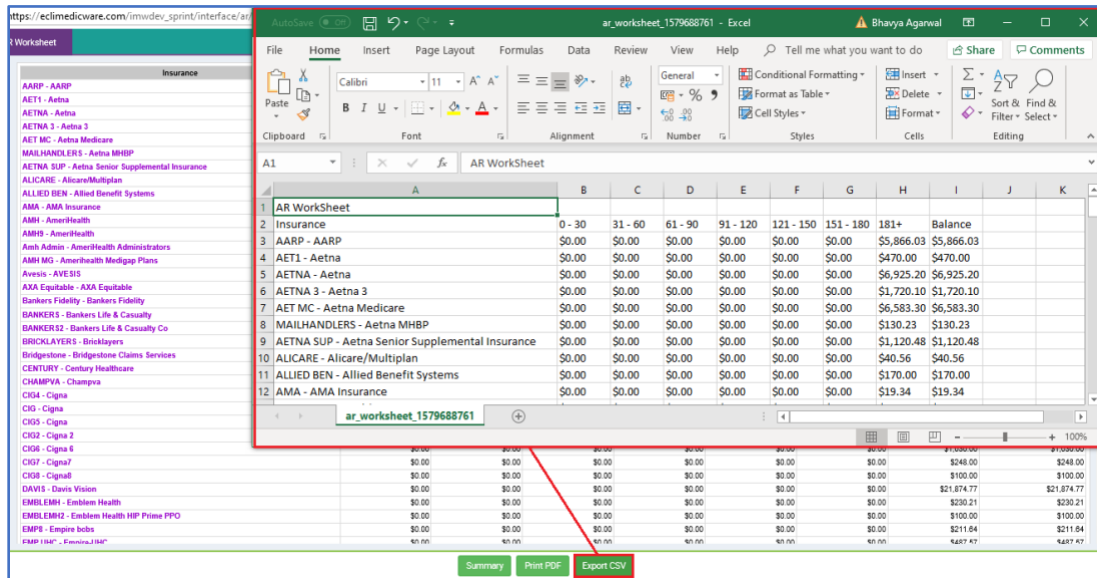
Print PDF button - This action button is available on both the Summary and Detail view and allows the user to print the list in a PDF format.

Insurance

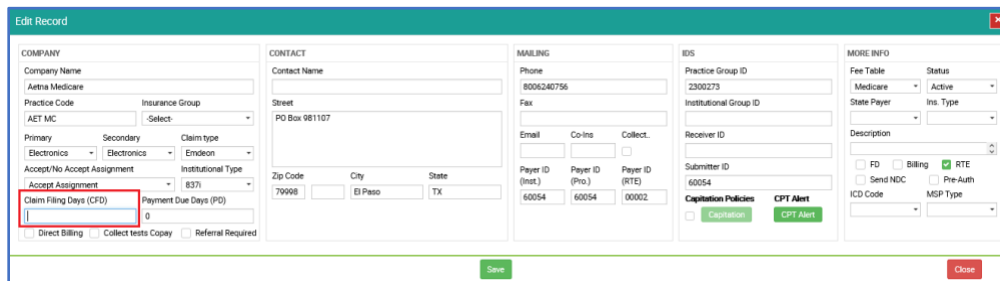
Insurance	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+	Balance
AARP - AARP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,966.03
AET1 - Aetna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$470.00
AETNA - Aetna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,926.20
AETNA 3 - Aetna 3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,720.10
AET MC - Aetna Medicare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,663.30
MAILHANDLERS - Aetna MHBP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130.23
AETNA SUP - Aetna Senior Supplemental Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,126.48
ALLICARE - Allcare/Multiplan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.56
ALLIED BEN - Allied Benefit Systems	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.00
AMA - AMA Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.34
AMH - AmeriHealth	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,046.72
AMH Admin - AmeriHealth Administrators	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,673.27
AMH MG - AmeriHealth Medigap Plans	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60.00
Avesta - AVESES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.96
AAA Equitable - AAA Equitable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,641.00
Bankers Fidelity - Bankers Fidelity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.34
BANKERS2 - Bankers Life & Casualty	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.77
BANKERS3 - Bankers Life & Casualty Co	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$619.86
BRICKLAYERS - Bricklayers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$186.48
Bridgestone - Bridgestone Claims Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63.13
CENTURY - Century Healthcare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46.47
CHAMPVA - Champva	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.00
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$486.30
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$131.47
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$859.66
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$103.67
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$436.27
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,030.00
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$248.00
CIGNA - Cigna	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
DAVIS - Davis Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,874.77
EMBLEM2 - Emblem Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.21
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$211.64
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$487.57
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,250.81
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$330.00
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$76.67
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.21
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$107.63
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,208.11
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$625.22
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$385.00
EMBLEM2 - Emblem Health HIP Prime PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96.72

Buttons: Summary, Print PDF, Export CSV

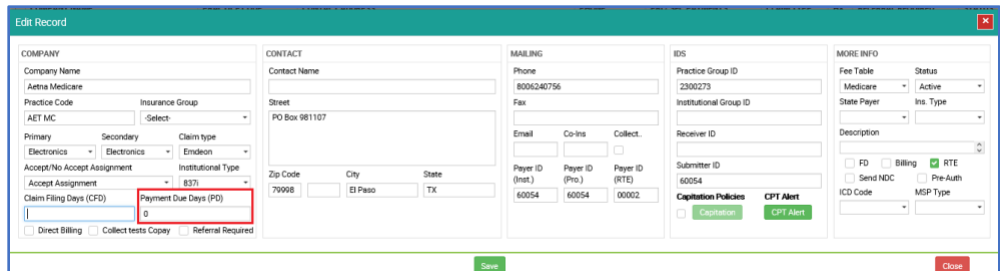
Export CSV - This action button is available on both the Summary and Detail view and allows the user to export the list in CSV format.



Claim Filing Days (CFD) Column - This is standard for most insurance contracts to have defined the number of days that 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



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/compare where they are in respect to any given claim and if Medicare is performing according to their timeframe. To set this for any insurance the



user goes to Settings > Billing > Insurances

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 that there was a rejection and the rejection to the claim is still open.

Insurance: AETNA SUP - Aetna Senior Supplemental Insurance										Fax: 888-624-6290										Tel:									
Patient Name - ID	DOB	DOS	Facility	Provider	Ins. Type	Ins. ID	DOC	CPT	ICD10	R	Charge	0 - 36	36 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+	Balance	CFD	PD	Prt	Pl	1st Claim	Note/Date	Case Type			
Smith, Andrea 72706	03-15-1950										\$202.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.56	\$40.56	0	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		
					Sec		11-20-2018	92250	H40.013	Y	\$63.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.79	\$12.79										
Smith, Barbara A - 19031	03-15-1950										\$90.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.34	\$19.34	0	0	0	0	Y					



Surgery Logbook

A new report called Surgery Logbook has been created for iASC and is available under the reports section.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
Date	PATIENT NO	PATIENT NAME	AGE	SEX	RACE	COUNTY	SURGEON	ASSISTANT (ST)	Circulator (RN)	CRNA	PROCEDURE	DIAGNOSIS	ANESTHESIA	TIME IN	TIME OUT	Total	Surgery Cancellation Reason	Hospital Transfers	Complications	Infections/ Dx	
1/7/2019	47484	First name Last name	48	F	B	FULTON								7:20	8:33	1:13	BLOOD GLUCOSE				
1/7/2019	49016	First name Last name	73	M	W	FULTON	ND	BM	DG	PB	CEIOL OD	CATARACT	IV SEDATION	7:44	9:15	1:31					
1/21/2019	16031	First name Last name	50	M	A	GWINNETT	ND				YAG OD	SECONDARY CATARACT	LOCAL	7:35	8:40	1:05					
1/21/2019	50793	First name Last name	46	F	A	FULTON	ND	N/A	N/A	N/A	LPI OD	CATARACT	LOCAL	7:13	9:02	1:49					
1/21/2019	49910	First name Last name	54	F	W	FULTON	ND	N/A	N/A	N/A	YAG OS	SECONDARY CATARACT	LOCAL	7:26	8:35	1:09					
1/21/2019	47494	First name Last name	48	F	B	FULTON	ND	BM	DG	AE	BLENDED CEIOL OD	CATARACT	IV SEDATION	7:15	8:30	1:15	NO MEDICAL CLEARANCE				
1/21/2019	49201	First name Last name	62	F	W	GWINNETT	ND	BM	DG	AE	CEIOL OD	CATARACT	IV SEDATION	7:26	8:30	1:04	TAKING ANTIBIOTICS				
1/21/2019	49016	First name Last name	73	M	W	FULTON	ND	BM	DG	AE	CEIOL OS	CATARACT	IV SEDATION	8:03	9:25	1:22					
1/21/2019	50395	First name Last name	61	M	W	FULTON	ND	BM	DG	AE	MULTIFOCAL CEIOL OS	CATARACT	IV SEDATION	8:28	10:19	1:51					

1. The report needs to be created under the iASC EMR Reports section, Name would be "Surgery Log Book".
2. Following would be the filters on the report - Provider - Only Surgeons - Date Range - Location - Only ASCs .

Please find the specifications and column definitions below:

1. Date - This would be the Date of Surgery.
2. Surgery Center Patient ID
3. iDoc Patient ID.
4. Patient First name
5. Patient Middle Name
6. Patient Last Name.
7. County - This is being taken from the iDoc, Patient Info> Demographics > Address > County
8. For Surgeon, Assistant, Circulating and CRNA/Anesthesiologist -The name would be displayed in the format -> Last name, First name.
9. Assistant - The person selected under Today's visit > Operating Room Record > Scrub Tech1 would be displayed.
10. Circulating - The name of the person selected Under Today's visit > Operating Room Record > Nurse only when Nurse type selected = "Circulating" will be displayed.
11. CRNA - This column would have the name of the CRNA, or Anesthesiologist assigned for the patient. The name will be picked up from Operating room record > Anesthesia provider.
12. Procedure - This would come from the Discharge Summary, only display the description of the CPT code selected, if multiple codes are selected then values will

display comma separated. If procedure does not exist in discharge summary, then the primary procedure will be displayed in its place.

13. Site - This would pick up the site on which the surgery/procedure was performed on. This will be picked up from "Site" on check in screen.

14. Diagnosis - This will also come from the Discharge Summary, Only the Description of the code selected will be displayed if multiple values are selected, they will show as comma separated.

15. Anesthesia - The Anesthesia type which is checked on Operating Room Record under the Anesthesia service will be displayed.

16. TIME-IN - Check in time.

17. TIME OUT - Check out time.

18. Total time - Difference between time in and time out.

19. Surgery Cancellation reason - In case the appointment status is "Cancelled" or "No Show", then it is assumed that the reason would be added under the comments section, hence the reason for cancellation would be picked up from there.

20. Hospital transfers - If for a patient under Today's visit, under Transfers and Follow-ups, if there is a reason for Transfer selected (Emergency or Non-emergency), then Yes will be displayed, otherwise it will appear blank.

Deleted Procedure types

If an appointment is linked to a Procedure which has been marked as deleted under Admin > Pre-define > Procedure > Delete a Procedure > Save.

The deleted procedure would appear in red font color on the list, so the user is aware that this procedure has been deleted. This was done in order to help the staff differentiate between Procedures which have been deleted from the Admin and the ones which are still meant to be used by them.

Yellow mark for pending IOL sync

A yellow indicator would appear near the patient's name in case there is pending information which is needed to be synced. When the appointment is in IOLink and is already synced to iASC, a green check mark appears. If the user adds new information to the appointment regarding IOL and saves it, the background of the box with green

check would turn to yellow indicating new information has been entered for the patient's IOL.

Blood Sugar as part of Vital signs

Blood Sugar levels recorded as part of the Pre-Nursing record would display as part of the Vital signs.

Logged in Nurse Test | iMedWare Surgery Center

Today's Visit | Pre-Op Nursing Record | Ocular Surgery | Progress Notes | Patient Forms | Help ?

Patient Name	Doe, IMW - 72 / 266004	Address	Testing 123 S.	Site	Both Eye	A/D	No
DOB	02-03-1980	Age	40 years	Tel. (h)	1212121212121545	Pri. Procedure	Cataract Extract...
Surgery Date	02-03-2020	Sex	Male	Tel. (w)		Sec. Proc	N/A
Surgeon	Surgeon John Test	Anesthesia Provider	Anes Test	Allergies	Translator	ASC	614

Base Line Vital Signs | B/P 25/70 | P 71 | R 82 | O₂SAT 53 | Temp 42 | Height 5'8" | Weight 120 lbs | BMI 18.24 | BGL 103

Arrival Time: []

Food or Drink Today: [] []

Lab Test: EKG [] []

Admitted To Hospital in Past 30 Days: Blood Sugar [] N/A Value [103]

Normal blood glucose level is lower than 140 mg/dL (7.8 mmol/L)

TEST Question: Ask a question []

Cat Pre Op Questions: [] How is your vision?

Preoperative Comments: []

Nurse Signature: [] Relief Nurse: [Select]

Multiple phone numbers recorded for a patient

Since there are multiple phone numbers which are recorded for a patient, it became essential to bring that over to iASC and display it over with other patient information.

Today's Visit

Patient Name	Day, Doe - 1002187 / 69223	Address	Bnifng Asd D ..	Site	Bilateral Upper Lid	A/D	
DOB	06-03-1976	Age	43 years	Tel.	858858858	Pri.	
Surgery Date	11-16-2017	Sex	Male	Tel.	858858858	Sec.	
Surgeon	Surgeon John Test	Anesthesia Provider	Test anes	Translator	<input checked="" type="checkbox"/> Allergies	iSC	

Base Line Vital Signs | B/P 104/64 | P 12 | R 45 | O₂SAT 45 | Temp 97 | Height 5'7"

Amendment Notes section

The Amendments are generally made for a Patient's Note by going to Patient's visit > Today's Visit > Physician Notes > Amendments > write the Amendment > Save, Since this section is only used for Amendments, hence the section is being renamed to "Amendments" to represent this section better.

The screenshot shows the iMedWare Surgery Center interface. The top navigation bar includes 'iMedWare Surgery Center', 'Ocular Surgery', 'Progress Notes', 'Patient Forms', and 'Help ?'. The main content area is titled 'Today's Visit' and displays patient information for 'Doe, Fava - 45 / 70538'. The left sidebar contains various menu items, with 'Amendment Notes' highlighted in blue. Below the sidebar, there are sections for 'Check List', 'Consent Form', 'Pre-Op Health', 'Nursing Record', 'Physician Orders', 'Anesthesia', 'Operating Room', 'Surgical', 'Discharge Summary', 'Post Op Inst. Sheet', 'Transfer & Follow-up', 'Amendment Notes', and 'ePostIt'. The 'Amendment Notes' section is currently empty, showing a 'Nurse Signature' placeholder.

Others Present

In some cases, there are extra people (apart from the Medical team who overlook the case). This needs to be documented, hence a placeholder for this has been provided. The user can fill this information out on the Patient visit under Today's visit > Operating Room > Intra-op Record > Others Present.

The screenshot shows the iMedWare Surgery Center interface, specifically the 'Operating Room Record' section. The top navigation bar is the same as in the previous screenshot. The main content area is titled 'Today's Visit' and displays patient information for 'Doe, Fava - 45 / 70538'. The left sidebar contains various menu items, with 'Operating Room Record' highlighted in blue. Below the sidebar, there are sections for 'Base Line Vital Signs', 'Intra Op Inj', 'Anesthesia Service', 'Vital Signs', and 'Electronically Signed'. The 'Intra Op Inj' section is expanded, showing a list of medications and a field for 'Others Present'. The 'Others Present' field is highlighted in blue and contains the text 'This is Others Present field for testing purpose only'. The 'Anesthesia Service' section is also expanded, showing options for 'Full Anesthesia service provided', 'No Anesthesia service provided', 'Block', 'Local', and 'Topical'. The 'Vital Signs' section is also expanded, showing a table for recording vital signs over time.

Ocular Surgery History

Whenever a patient is returning for Surgery on the 2nd eye, it was difficult for staff to differentiate this, for this purpose the "Ocular Surgery History" near the Patient form can now be displayed to get the patient's current ocular surgery history.

The screenshot shows the iMediWare Surgery Center interface. A popup window titled "Past Ocular Surgery" is open, displaying a table of surgical history. The table has the following data:

DOS	Procedure	Site	Status
01-17-2019	Cataract Extraction with Femtosecond Laser	Right Eye	Scheduled
01-12-2019	Cataract Extraction with Femtosecond Laser	Right Eye	Scheduled

The background interface shows patient information for "Doe, Alliance - 47 / 69965" and a navigation menu with "Ocular Surgery" highlighted. A blue arrow points from the "Ocular Surgery" menu item to the popup window.

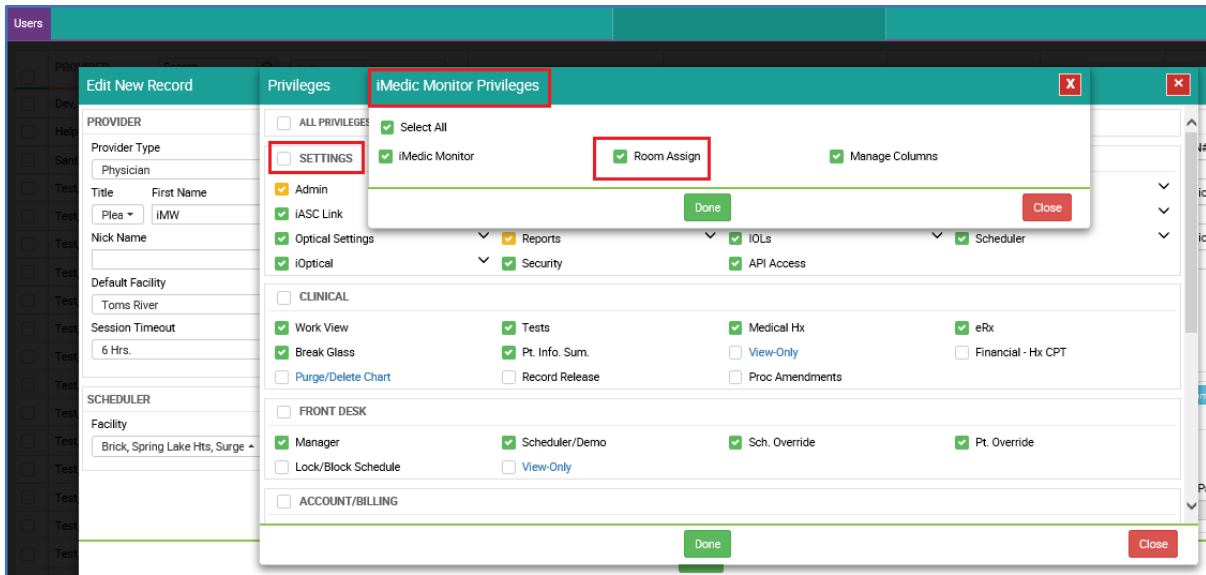
Sync Physician Orders with Procedure

1. Login as Surgeon to ASCEMR.
2. For a test case, pull 3 or 4 appointments from iDOC (like 2 appointments having 'Orders' assigned in preference card and 2 appointments having not assigned 'Orders').
3. After pulling above appointments, select 'Pre/Post Op Orders'. It will open the popup to sign 'Orders'.
4. Select all 'Orders' to sign by surgeon.
5. Select 'Sign All Orders'.
6. Now we can check that 'Orders' should be signed until they are populated. It should remain in the pending list to be signed by the surgeon.

iMedic Monitor

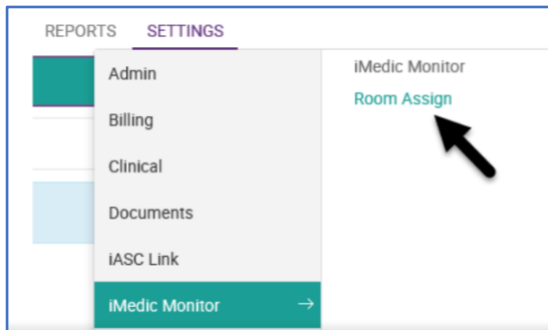
iMedicMonitor – Extended view – enhancements and changes

Tech Room and Doctor Room Column- To record where and which room the Patient is currently in needs to be setup. The first step is to make sure that the Browser cookies are enabled for the browser being used to access IMW on the system. To create/edit any room, the user needs to have the relevant privilege to access Room Assign. To make sure a user has this privilege, the Admin can go to Settings > Admin > Users >



Select the User > Privileges > Settings Section > iMedicMonitor > Check off Room Assign > Save.

This is a one time exercise which the user will have to complete once the update has taken place under Settings > iMedicMonitor > Room Assign.



1. You will see the list of created rooms.
2. The Add New button allows you to add new room entry. To edit existing room entry, you just need to select the record of that room.
3. To delete multiple rooms in one selection, check the box and use your Delete button.

4. The Delete button allows you to remove records for already selected room.

PC NAME	ROOM	DESCRIPTION	FACILITY NAME
<input type="checkbox"/> 00-18-88-49-C8-A8	BR Room 1	BR room 1	
<input type="checkbox"/> FRONTCHECKIN	CHECK IN	CHECK IN	
<input type="checkbox"/> FRONTDESK2	CHECK OUT	CHECK OUT	
<input type="checkbox"/> BWLAPTOP	doc office	BWLABTOP	
<input type="checkbox"/> PC1	iMedicLab	Testing room of iDoc Development Team	
<input type="checkbox"/> SHOREOPTICALNEW	OPTICAL	Rick	
<input type="checkbox"/> BILLINGNEW	Room2	Lane2	
<input type="checkbox"/> MXL4390V9Y	TESTING	TR testing room	
<input type="checkbox"/> TRROOM1	TR 1	Tr room 1	
<input type="checkbox"/> ASCAN	TR 2/ASCAN	TR room 2	
<input type="checkbox"/> TRROOM3-PC	TR 3	TR room 3	
<input type="checkbox"/> TRROOM4-PC	TR 4	TR room 4	
<input type="checkbox"/> TRROOM5	TR 5	TR room 5	
<input type="checkbox"/> TRROOM5NEW-PC	TR 5	TR room 5	
<input type="checkbox"/> OCT301-SN2475	TR VF Room	TR Visual Field	

The main thing to remember here is: Whichever room entry is created or edited from this web browser, will be linked to this web browser. It means, for each room, for each computer, the user has to edit/create once per room entry to get this associated with the web browser. At a time only one room information will be kept with browser cookie, and this will be the last room record created/edited from this browser.

The Appointment Reason has been renamed as Appointment Type.

To maintain the same kind of terminology everywhere, the Appointment Reason column has been changed to Appt. Type.

Facility	Toms River	Provider	Dev, iMW;					
Dev, iMW								
Active Patient List								
#	Patient Name	Appt. Type	Appt. Time	Arrival	Check-In	Front-Desk Time	FSh Y/N	Appt/Arrival to Now