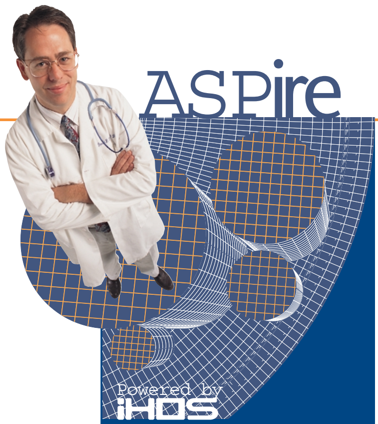
PHYSIA



ASPire Professional v1.0[13]

USER MANUAL

LOGGING INTO YOUR SYSTEM

User ID: Each user will be given their own personal ID in order to login

Organization ID: This will be your Company's Main Org ID

Password: Will be user defined and **must** be entered each time you log in

Start Page: Each user may start at a different place within the software and can depend upon their job duties. This is a drop down menu and it does retain the last entry that was selected. Options include:

- Schedule
- Work List
- Search
- Home

I.
GETTING AROUND THE SYSTEM

A. Explanation of Page Functions

Choose Action: This drop down menu is located on the right side of the screen on or below the profile line. It allows the user to "perform" a selected action on the given screen. EX:

Choose Action ▼

Schedule Appoint
Edit Profile
Create a Claim
Apply Payment
Prescribe Meds

Within a Patient's profile the user has the ability to perform any of the above actions on that profile. **Example**: If you will in SSMITH's profile and under Choose Action you selected Apply Payment the system allows you to apply a payment to that account.

Lookup…: This drop down menu allows the user a different and sometimes faster method for accessing the lookup dialog.
Example: Instead of clicking on Employers under Organizations the user can select Organizations from the drop down and be taken to the Organization lookup diaglog.

Add….: This drop down menu allows the user a different and sometimes faster method for accessing the add a record dialogs. For instance, if a user wanted to add a patient record they could use the drop down to select patient and be taken to the Add patient dialog.

Next Action: This drop down menu is located at the bottom of the Add screens. It allows the user to "select" the next action as it pertains to the screen that the user is currently adding or it can allow the user to select a different area of the system.

Next Action**:**

Add Ins Covg ▼

View Summary
Add Another Pt
Return to Home
Go to Work List

EX: When adding a patient to the system the User can select the next action to be Add Ins Covg and system will take the user there.

On Select: This drop down menu allows the user to pre-select the 'next' action that will be performed on the account that is selected.

On select**:** View Summary

Schedule Appt
Create a claim
Edit Profile
Apply payment
View Account
Prescribe Meds

The On Select option appears as part of the Lookup feature and the Schedule Desk feature.

Example:

Find: SSN 123456789 GO

On Select: View Account

SSMITH Sam Smith 123456789

**Once the user clicks on SSMITH they will be taken to his account because the On Select feature was set to View Account

GO: Once the user has chosen their **FIND** category they simply **click** the **GO** button and the system searches for any entries that meet the criteria selected.

OK OK ***:*** Once the user has completed the **Add/Edit** screens in order for the system to process the entry the user must click the **OK** button.

CANCEL Cancel If the user needs to exit an **Add/Edit** screen they simply **click** the **CANCEL** button and the system will not retain the information entered.

B. Explanation of Quick Action Icons

Org's Home Page: This Icon( ) takes the user to the Home Page of the Main Organization.

User's Home Page: This Icon ( ) takes the user to "their" home page.

Main Menu: This Icon ( ) takes the user to the Main Menu Screen. From this screen the user can Add or Look up the following records: People, Organizations, Reference Codes, Billing Items and Appointments.

Work List: This Icon ( ) takes the user to the Work List menu. From this screen patients can be Checked In and Out; Appointments scheduled; Medical Records and Insurance can be verified; adding of New records; Looking up of existing records; View reports and View Recent Activity. The Work List will be defined based on a User's profile and a User's assigned job duties and responsibilities. Example: the front desk personnel may have a Work List that is completely different than that of the back office personnel. The concept of the Work List is to keep the user working and focused within one area of the system.

Schedule Desk: This Icon ( ) takes the user directly to the Appointment Schedule- Appointments can be added, canceled, rescheduled; Templates can be added or modified; and Patients can be checked in and out.

Log Out: This Icon ( ) logs the user out of the system.

Help(?): This Icon takes the user to the HELP Menu.

C. Explanation of Locator Bar

Locator Bar: This line is found right beneath the Quick Action Icons.
Example:
Home→Claims→31→Summary

This tells the user they are in the Summary screen for claim 31. The above information is highly useful for the end user as well as for the Support Staff if any problems should arise or there are any questions regarding a particular screen.

D. Explanation of Page Heading

Page Heading:
Lets the user know what "page" they are currently on within the system

Example: **Main Menu**

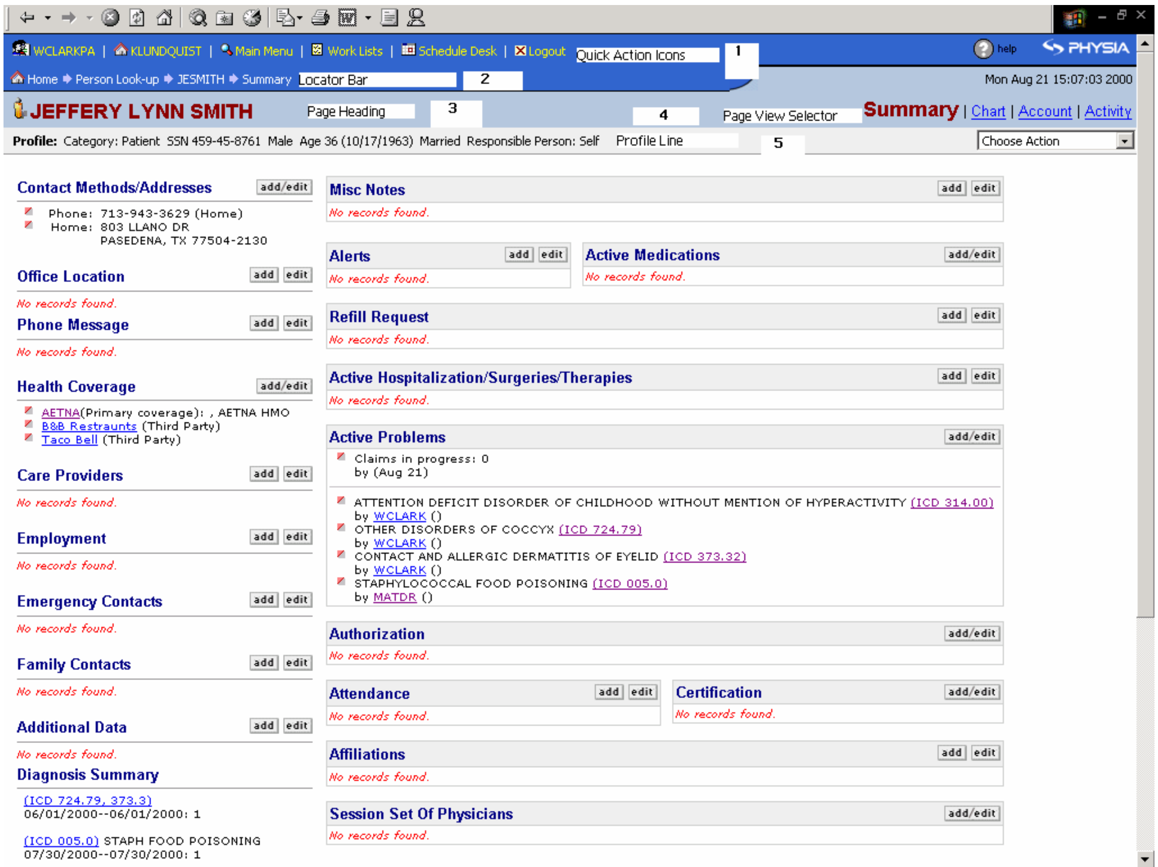
E. Explanation of Page View Selector

Page View Selector:
On each Page within the system there will be '*sub headings*' that apply to that page. ***See Section II "Explanation of Profile Page View Indicators"***

Example:
John Doe *Summary/Chart/Account/Activity*

The page is a profile for Mr Doe. From this page you can View the Profile Summary, View the Chart, View the Patient's account, View the latest Activity, and Add an appointment for this person.

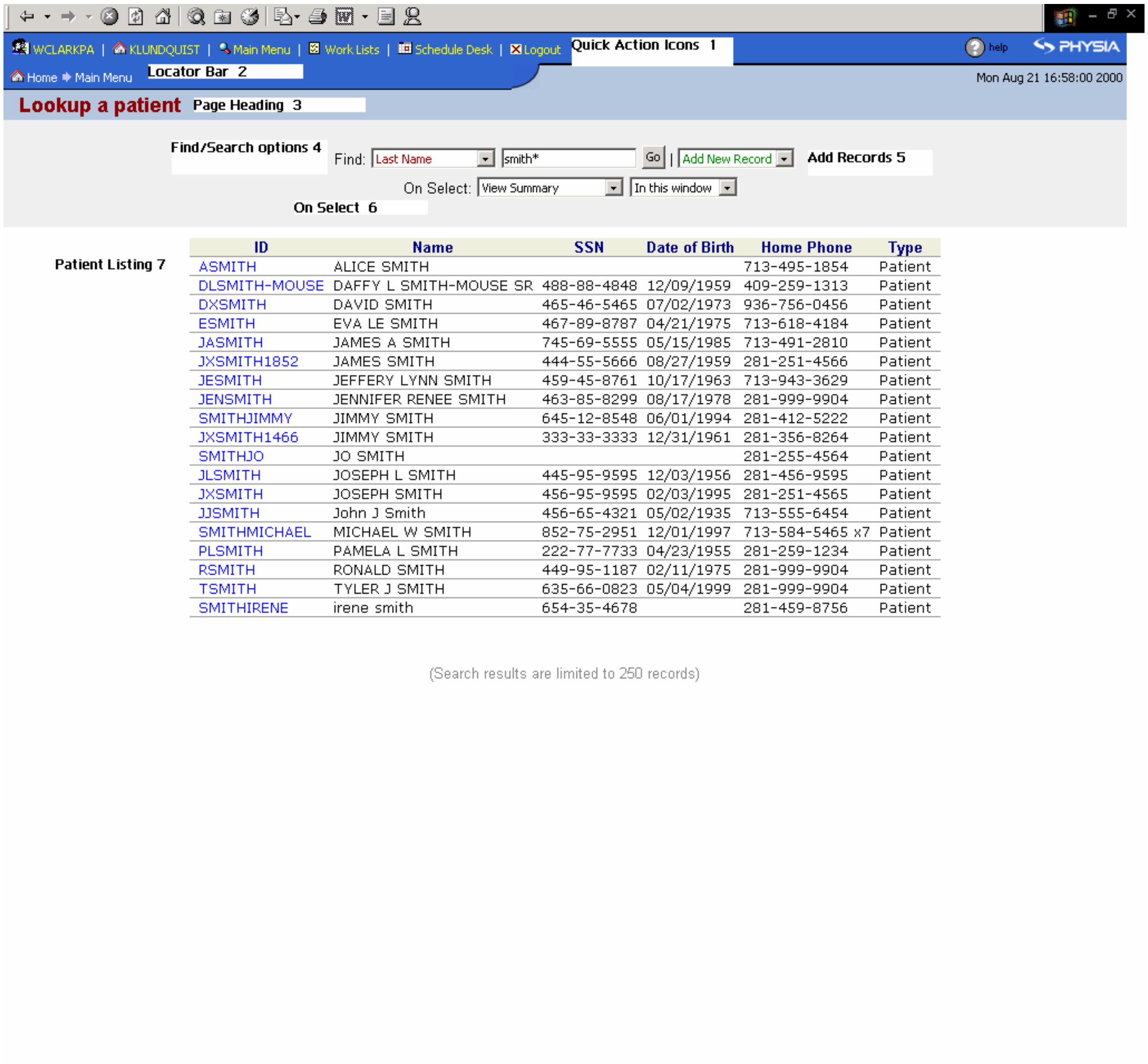
Example: Person Summary Screen



1 **Quick Action Icons**
2 **Locator Bar**
3 **Page Heading**
4 **Page View Selector**
5 **Profile Line**

*****See previous pages for explanations**

Example: Lookup or Search Screen



ID	Name	SSN	Date of Birth	Home Phone	Type
ASMITH	ALICE SMITH			713-495-1854	Patient
DLSMITH-MOUSE	DAFFY L SMITH-MOUSE SR	488-88-4848	12/09/1959	409-259-1313	Patient
DXSMITH	DAVID SMITH	465-46-5465	07/02/1973	936-756-0456	Patient
ESMITH	EVA LE SMITH	467-89-8787	04/21/1975	713-618-4184	Patient
JASMITH	JAMES A SMITH	745-69-5555	05/15/1985	713-491-2810	Patient
JXSMITH1852	JAMES SMITH	444-55-5666	08/27/1959	281-251-4566	Patient
JESMITH	JEFFERY LYNN SMITH	459-45-8761	10/17/1963	713-943-3629	Patient
JENSMITH	JENNIFER RENEE SMITH	463-85-8299	08/17/1978	281-999-9904	Patient
SMITHJIMMY	JIMMY SMITH	645-12-8548	06/01/1994	281-412-5222	Patient
JXSMITH1466	JIMMY SMITH	333-33-3333	12/31/1961	281-356-8264	Patient
SMITHJO	JO SMITH			281-255-4564	Patient
JLSMITH	JOSEPH L SMITH	445-95-9595	12/03/1956	281-456-9595	Patient
JXSMITH	JOSEPH SMITH	456-95-9595	02/03/1995	281-251-4565	Patient
JJSMITH	John J Smith	456-65-4321	05/02/1935	713-555-6454	Patient
SMITHMICHAEL	MICHAEL W SMITH	852-75-2951	12/01/1997	713-584-5465 x7	Patient
PLSMITH	PAMELA L SMITH	222-77-7733	04/23/1955	281-259-1234	Patient
RSMITH	RONALD SMITH	449-95-1187	02/11/1975	281-999-9904	Patient
TSMITH	TYLER J SMITH	635-66-0823	05/04/1999	281-999-9904	Patient
SMITHIRENE	irene smith	654-35-4678		281-459-8756	Patient

1. **Quick Action Icons**
2. **Locator Bar**
3. **Page Heading**
4. **Find/Search options**
5. **On Select**
6. **Add New Record**
7. **List of patients meeting Find/Search criteria**

***** See previous pages for explanation**

Logging Out

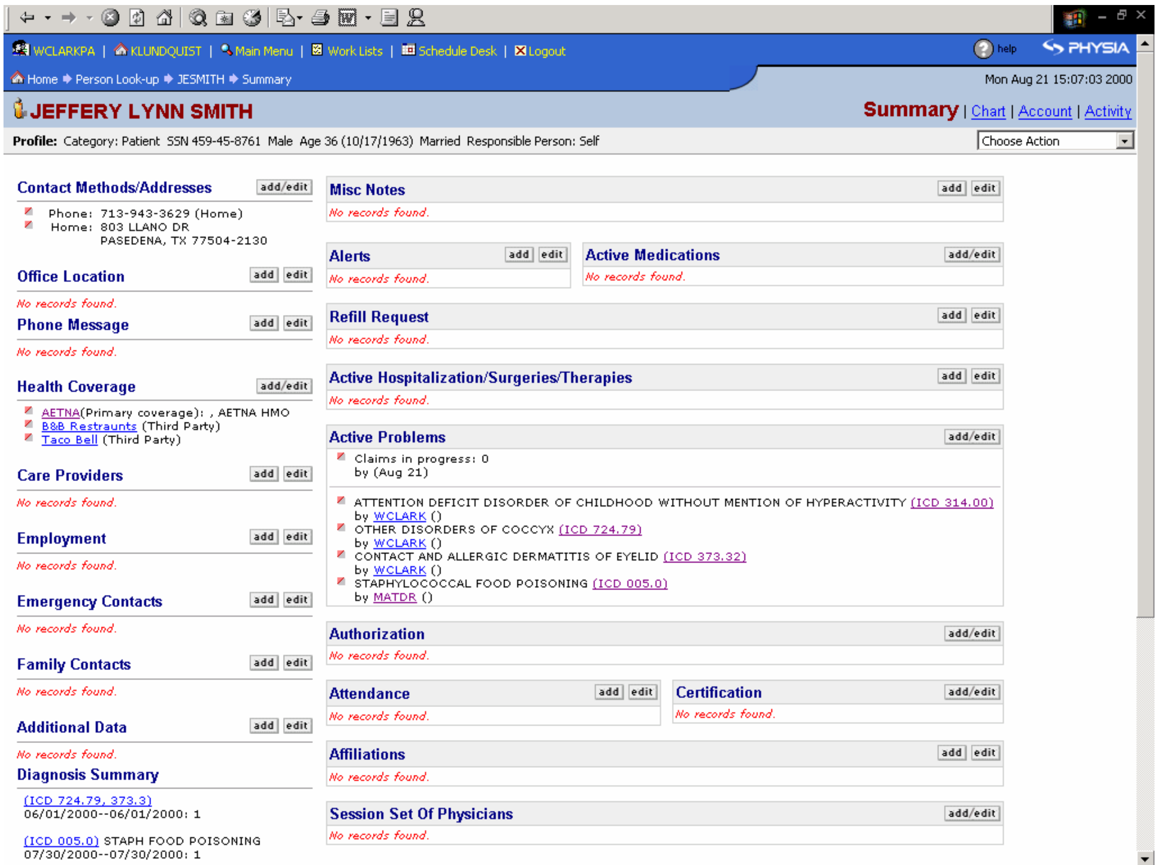
To logout of the system the user simply clicks the Icon at the top of the screen with the ‘X’. Once you click the icon the user will be brought back to the same screen they logged in on. From this point the user can click the X in the upper right corner of the Web browser page.

NOTE:
IF a user stays inactive on a screen for more than 30 minutes they will be brought back to the main login screen. The user simply needs to re-enter their password and the system returns them to the screen they were on.

Explanation of Profile Page View Indicators

A. People Records

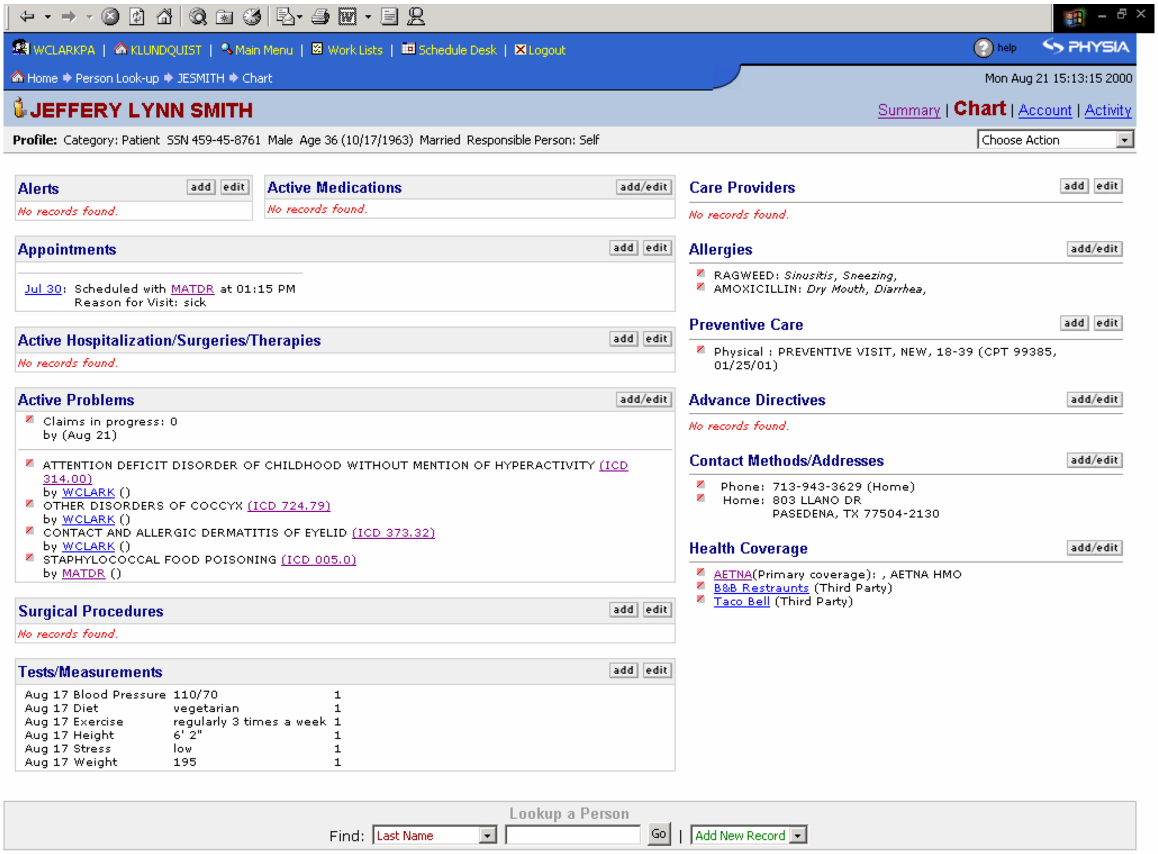
Person Summary Print Screen



Summary

This page of a Person's profile allows the user to view and edit features that pertain to an individual's demographic profile. It shows information regarding a patients Insurance Coverage, Methods for contacting the patient, Employment information, Miscellaneous notes, and Emergency / Family contacts.

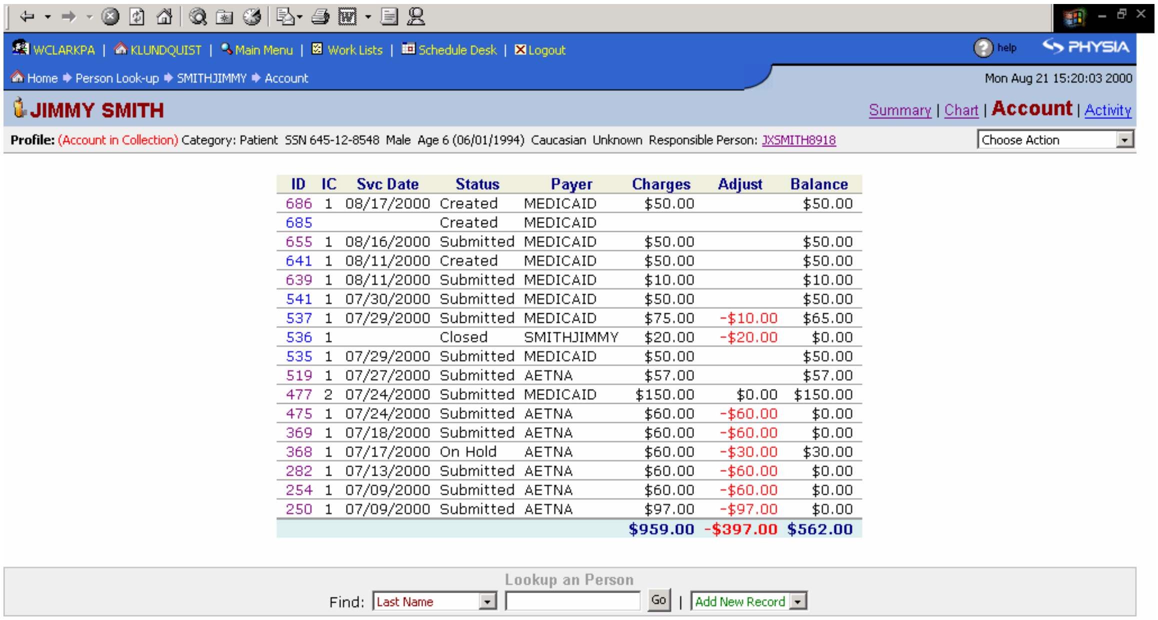
Person Chart Print Screen



<u>Chart</u>

This page of a Person's profile allows the user to view and edit features pertaining to a patient's Medical chart. Example: Allergies- is the patient allergic to anything if so what; Appointments- when are they and which doctor are they with; Preventative Care- what type of Preventative care is the patient due for. This page serves as a brief Medical History of the patient.

Person Account Print Screen



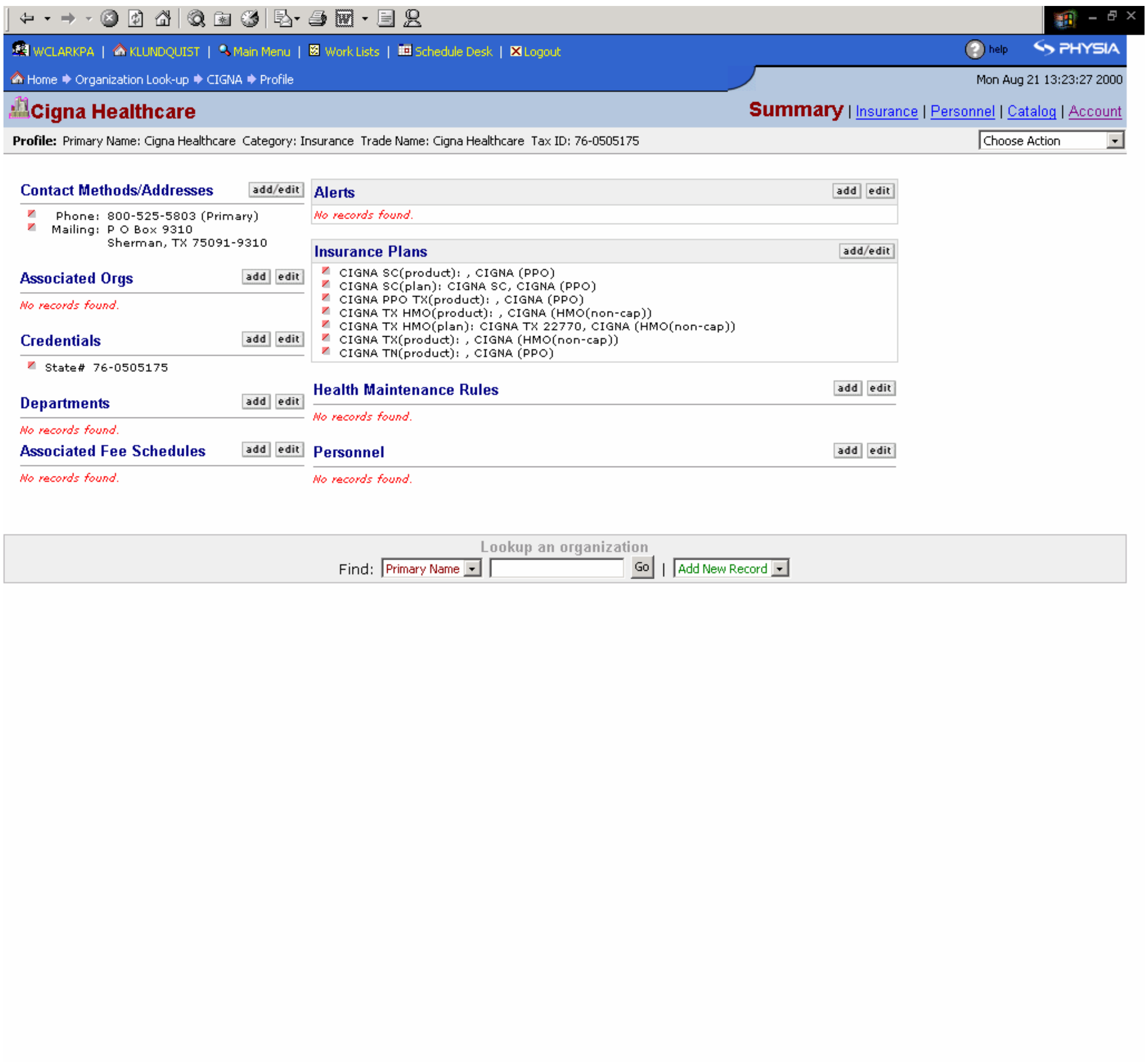
ID	IC	Svc Date	Status	Payer	Charges	Adjust	Balance
686	1	08/17/2000	Created	MEDICAID	$50.00		$50.00
685			Created	MEDICAID			
655	1	08/16/2000	Submitted	MEDICAID	$50.00		$50.00
641	1	08/11/2000	Created	MEDICAID	$50.00		$50.00
639	1	08/11/2000	Submitted	MEDICAID	$10.00		$10.00
541	1	07/30/2000	Submitted	MEDICAID	$50.00		$50.00
537	1	07/29/2000	Submitted	MEDICAID	$75.00	-$10.00	$65.00
536	1		Closed	SMITHJIMMY	$20.00	-$20.00	$0.00
535	1	07/29/2000	Submitted	MEDICAID	$50.00		$50.00
519	1	07/27/2000	Submitted	AETNA	$57.00		$57.00
477	2	07/24/2000	Submitted	MEDICAID	$150.00	$0.00	$150.00
475	1	07/24/2000	Submitted	AETNA	$60.00	-$60.00	$0.00
369	1	07/18/2000	Submitted	AETNA	$60.00	-$60.00	$0.00
368	1	07/17/2000	On Hold	AETNA	$60.00	-$30.00	$30.00
282	1	07/13/2000	Submitted	AETNA	$60.00	-$60.00	$0.00
254	1	07/09/2000	Submitted	AETNA	$60.00	-$60.00	$0.00
250	1	07/09/2000	Submitted	AETNA	$97.00	-$97.00	$0.00
					$959.00	-$397.00	$562.00

<u>Account</u>

This page of a Person's profile allows the user to view and edit all claims and balances associated with a particular person. Example: if the patient wanted to know how much they owed for a particular Date of Service this would be the area in the system that contains that information. If a claim or claims needed to be edited and/or viewed this is the area in the system that would accommodate these actions.

B. Organizations

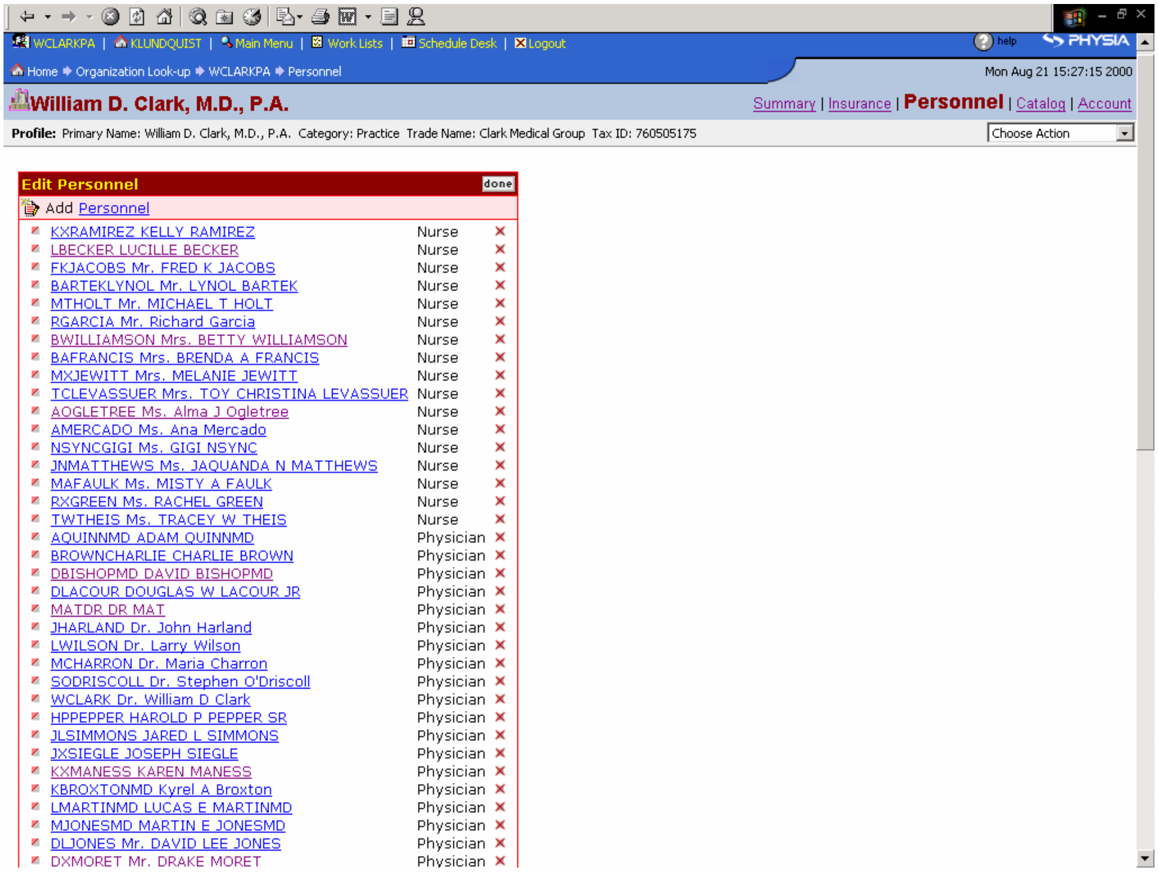
Organization Summary Print Screen



<u>Summary</u>

This page allows the user to view and edit the profile of a particular Organization. Example: The Aetna Organization summary will contain the Contact and Address Information, all products and plans as they relate to the Main Org of Aetna, any personnel that relates to an Org, and any Credentials for that Org (this will be utilized by the Associated Provider Org and the Main Org)

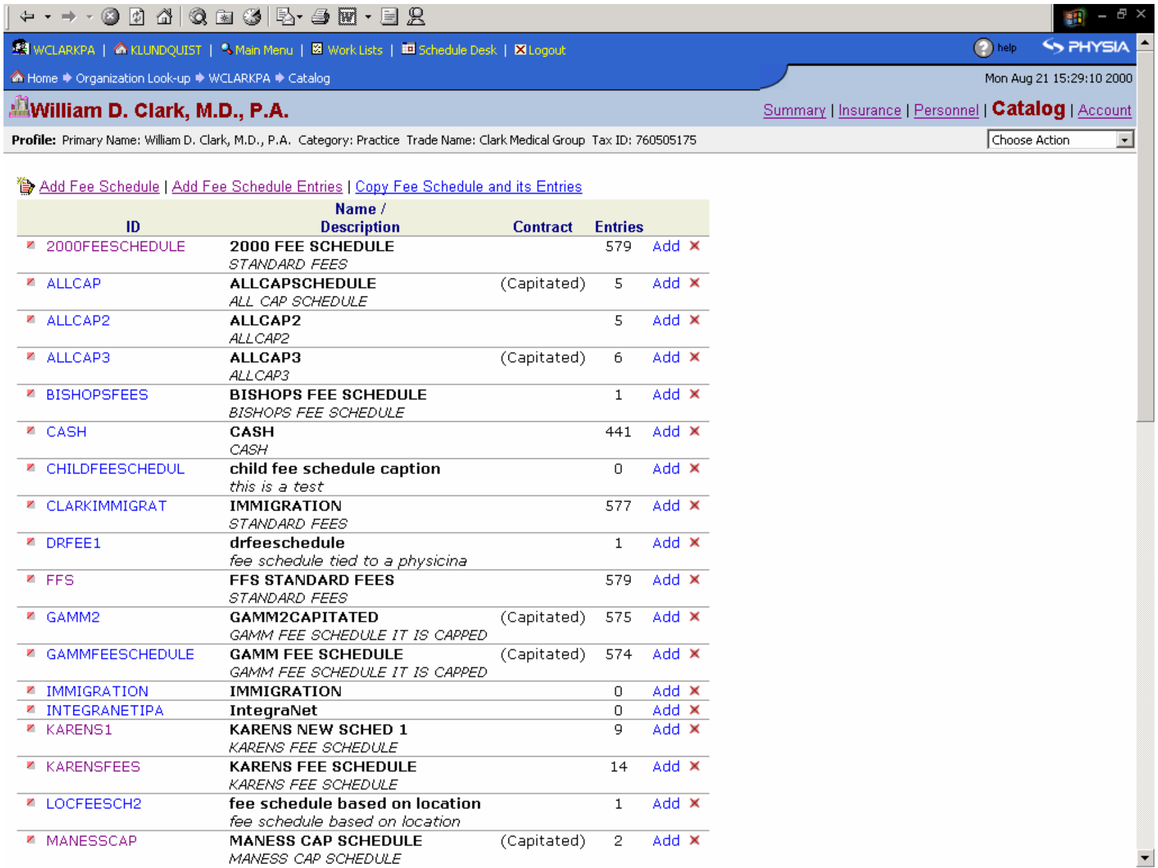
Organization Personnel Print Screen



<u>Personnel</u>

This page lists all the Personnel that are tied to a particular Organization. Example: For the Main Organization this page would have the listing of the all the Physician ID's , the Nurses ID's and the Staff members ID's.

Organization Catalog Print Screen



<u>Catalog</u>

This page allows the user to view, add, and edit any Fee Schedules and Fee Schedule Items. Example: if the user needed to add new CPT codes for a particular Insurance Organization they simply click Catalog and click the ID of the Fee Schedule they need to add the new codes to.

Organization Account Print Screen


WCLARKPA | KLUNDQUIST | Main Menu | Work Lists | Schedule Desk | Logout
help PHYSIA
Home ➔ Organization Look-up ➔ CIGNA ➔ Account
Mon Aug 21 15:31:58 2000
Cigna Healthcare
Summary | Insurance | Personnel | Catalog | Account
Profile: Primary Name: Cigna Healthcare Category: Insurance Trade Name: Cigna Healthcare Tax ID: 76-0505175
Choose Action

ID	IC	Svc Date	Status	Client	Charges	Adjust	Balance
711	1	08/18/2000	Created	DXSMITH	$65.75	-$10.00	$55.75
642	1	08/11/2000	Created	DXSMITH	$65.75		$65.75
577	2	08/04/2000	On Hold	GKEMLING	$165.00	-$165.00	$0.00
575	2	08/04/2000	Submitted	DKEMLING	$165.00	-$20.00	$145.00
571			Created	DXSMITH			
568	2	08/03/2000	Submitted	DXSMITH	$75.00	-$15.00	$60.00
566	1	08/02/2000	Submitted	DXSMITH	$60.00	-$15.00	$45.00
555	1	07/31/2000	Created	MMJONES	$60.00		$60.00
487	1	07/25/2000	Created	ALUNDQUIST	$100.00	-$10.00	$90.00
467	1	07/24/2000	Submitted	MMJONES	$60.00	-$60.00	$0.00
453	1	07/24/2000	Submitted	ALUNDQUIST	$60.00	-$60.00	$0.00
440	2	07/22/2000	Submitted	ALUNDQUIST	$120.00	-$120.00	$0.00
432	2	07/21/2000	Created	DKEMLING	$65.00	-$45.00	$20.00
426	1	07/21/2000	Transferred	DKEMLING	$45.00	-$45.00	$0.00
363	3	07/17/2000	Transferred	DKEMLING	$101.43	-$101.43	$0.00
362	2	07/17/2000	Submitted	DKEMLING	$80.00	-$100.00	-$20.00
351	1	07/17/2000	Payments Applied	GKEMLING	$45.00	-$45.00	$0.00
285	1	07/14/2000	Submitted	TGHARRIS	$64.00	-$64.00	$0.00
269	2	07/12/2000	Transferred	JNCARLS	$90.00	-$90.00	$0.00
25	1	05/22/2000	Created	JESCOBAR	$60.00	-$10.00	$50.00
					$1,546.93	-$975.43	$571.50

Lookup an organization
Find: Primary Name Go | Add New Record

Account
This page allows the user to view and edit all claims that are associated with a particular Organization. Example: The user is on the Profile Summary Page for Aetna and they are curious about the claims that are outstanding for Aetna by simply clicking Account the system takes the user there.

Main Menu Icon (Look up Menu)

A. People - contains the following components:

People (includes Patients, Physicians / Providers, Nurses, and Staff)
Patients
Physicians / Providers
Nurses
Staff Members
Associates (includes Physicians / Providers, Nurses and Staff)

Within the Look Up/Find Feature you can find People by **search** methods of:

SSN- must enter the SSN as **NNN-NN-NNNN**
DOB- must enter the DOB as **MM/DD/YY**
Last Name **(default)**
First Name/Last Name- can enter either first or last name
Person ID
Phone Number- must enter the phone number as **NNN-NNN-NNNN**
Account Number (to be added)
Chart Number (to be added)

FIND: Last Name ▼ Free Text Field Ex: Smith* GO

Example: User selects option of Last name, enters Smith and clicks GO. The system will return all the records that have Smith as the Last Name.

ID	Name	SSN	Date of Birth	Home Phone	Type
SSMITH	Sam Smith	123456789	01/20/50	281-444-6800	Patient
TSMITH	Tim Smith	999223333	05/08/65	713-520-6321	Patient
WSMITH	Will Smith	455668888	10/02/60	713-855-6623	Patient

NOTE:
*****The user can insert an * in front of or behind a portion of the last name and the system will search for listings that meet the criteria specified.**
Example: SMI* the system will return all last names beginning with SMI. So the list could include SMIA, SMID, SMIT, SMITH, SMITHERS, etc.

B. Organizations  - contains the following components:

Departments (example: a department of a hospital)
Associated Providers (includes sites, facilities, practices)
Employers
Insurances (represents the main insurance company)
IPA's (example NAMM)

Within the Look Up Feature you can find Organizations by **search** methods of:

Org ID
Primary Name **(default)**
Type of Org-

Departments
Assoc Prov
Employers
Insurance
IPA's

FIND: Primary Name ▼ Aetna* ▼ GO

Example: User selects the option of Primary Name, enters Aetna and clicks GO. The system will return all the records that have Aetna as the Primary Name.

ID	Primary Name	Category (Type)
AETNA1	AETNA	Insurance

NOTE:
********The user can insert an * in front of or behind what they they type is as the search value and the system will return the listings that contain that character string. Example: *FIN* would return entries like Principal Financial, Financial Life, Allmerica Financial, etc.**

C. Billing  - contains the following components:

1. *Claims*

Search based on: Status of the claim-On Hold | Claim #
Submitted | Patient ID
Rejected | SSN
All | Date of Visit
Transferred | Payer
Voided | Service Date
Created | Physician UPIN
Employer

FIND: [Submitted ▼] [Payer ▼] [Free Text Field Aetna] GO

Example: User wants to find all submitted claims, by Payer= Aetna, clicks GO. The result is the user sees all submitted claims for Aetna.

ID	IC	Patient	Date	Status	Payer	Charges	Adjust	Balance
1	1	SSMITH	05/08/2000	Submitted	Aetna	95.00	10.00	85.00
2	1	TSMITH	05/09/2000	Submitted	Aetna	115.00		115.00
3	1	WSMITH	05/15/2000	Submitted	Aetna	65.00	5.00	60.00

**from the list generated the user can click one of the ID's and depending on what the On Select button is set to the user will be taken to that screen.

2. *Fee Schedules*

Search based on: ID, Name, Description, and Name or Description

FIND: [Name ▼] [Free Text Field ▼] GO

Example: User wants all fee schedules with Free text= Aetna, clicks GO The result is if the user selects Name and types in Aetna they will get fee schedules with Aetna in Name String.

3. *Insurance Products* (products are HMO's, PPO's of an Insurance Org)

Search based on: Product Name, Group Name, Group Number, Insurance Org ID

FIND: [Product Name ▼] [Free Text Field ▼] GO

Example: User wants to find Products with Name = Aetna, clicks GO If the user types in Aetna in the 'Free Text Field' the system will pull all Products with Aetna as the Product Name.

4. *Insurance Plans*

Search based on: Plan Name, Product Name, Group Name, Group Number, Insurance Org ID

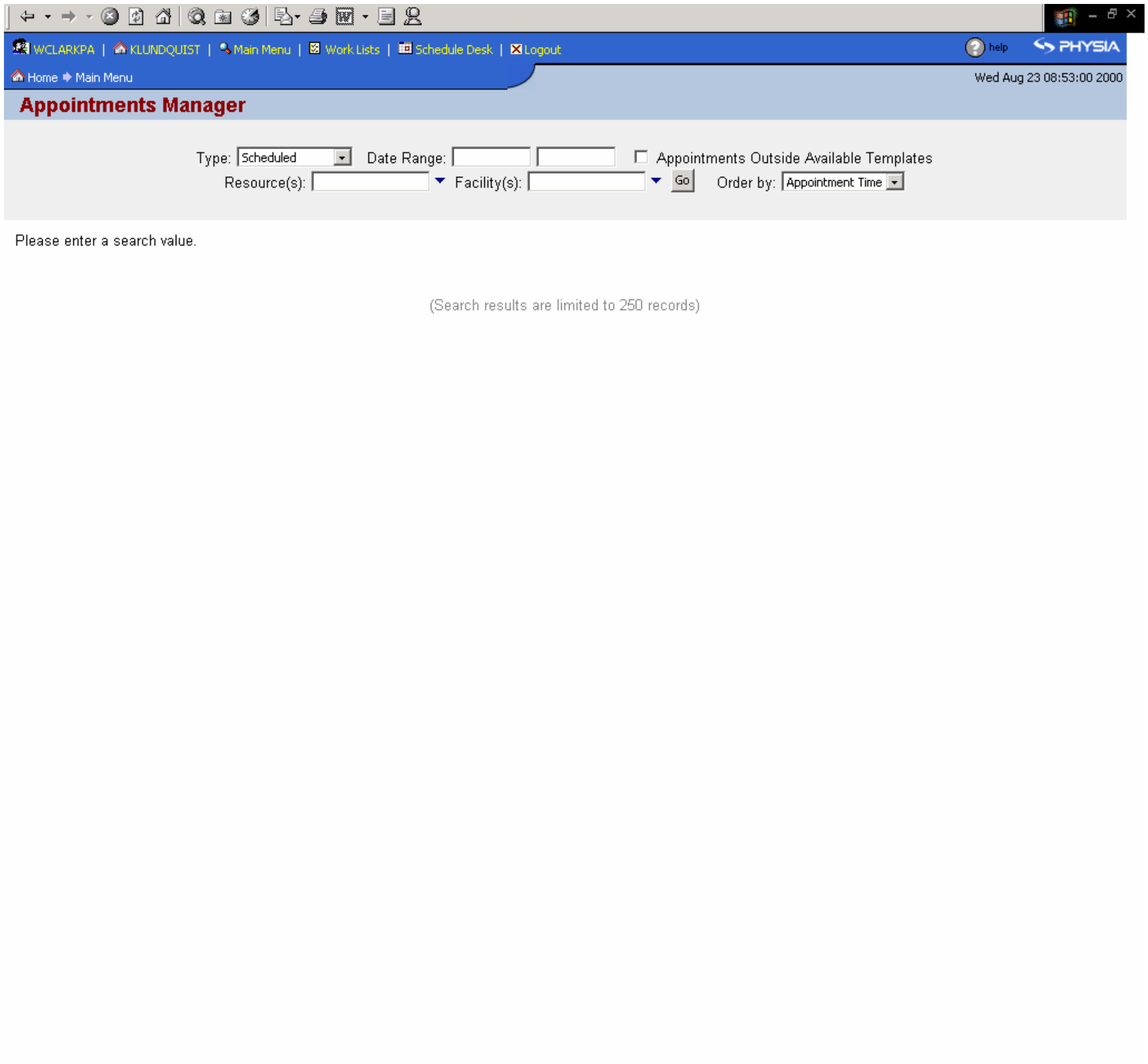
FIND: Plan Name ▼ Free Text Field GO

Example: User wants to find Plans with Name = Aetna, clicks GO

The result is the system will provide a listing of all Plans with Aetna as the Name.

D. Appointments  - contains the following components:

1. *Existing Appointments-*



Step 1 Click drop down menu ▼ and select the type of existing appointment you are looking for. Examples include:

Scheduled
In Progress- Patient has Checked In
Complete- Patient has Checked Out
Cancelled
All Appointments

Step 2 Enter the date range to look for existing appointments

Step 3 Enter the ID's of the Resources (Physicians) for the existing appointments *IF ID unknown click the*▼ *to lookup Resource ID's* (See Part A of this section)

Step 4 Enter the ID's of the Facility for the existing appointments
IF ID unknown click the ▼ to lookup Facility ID's (See Part B of this section)

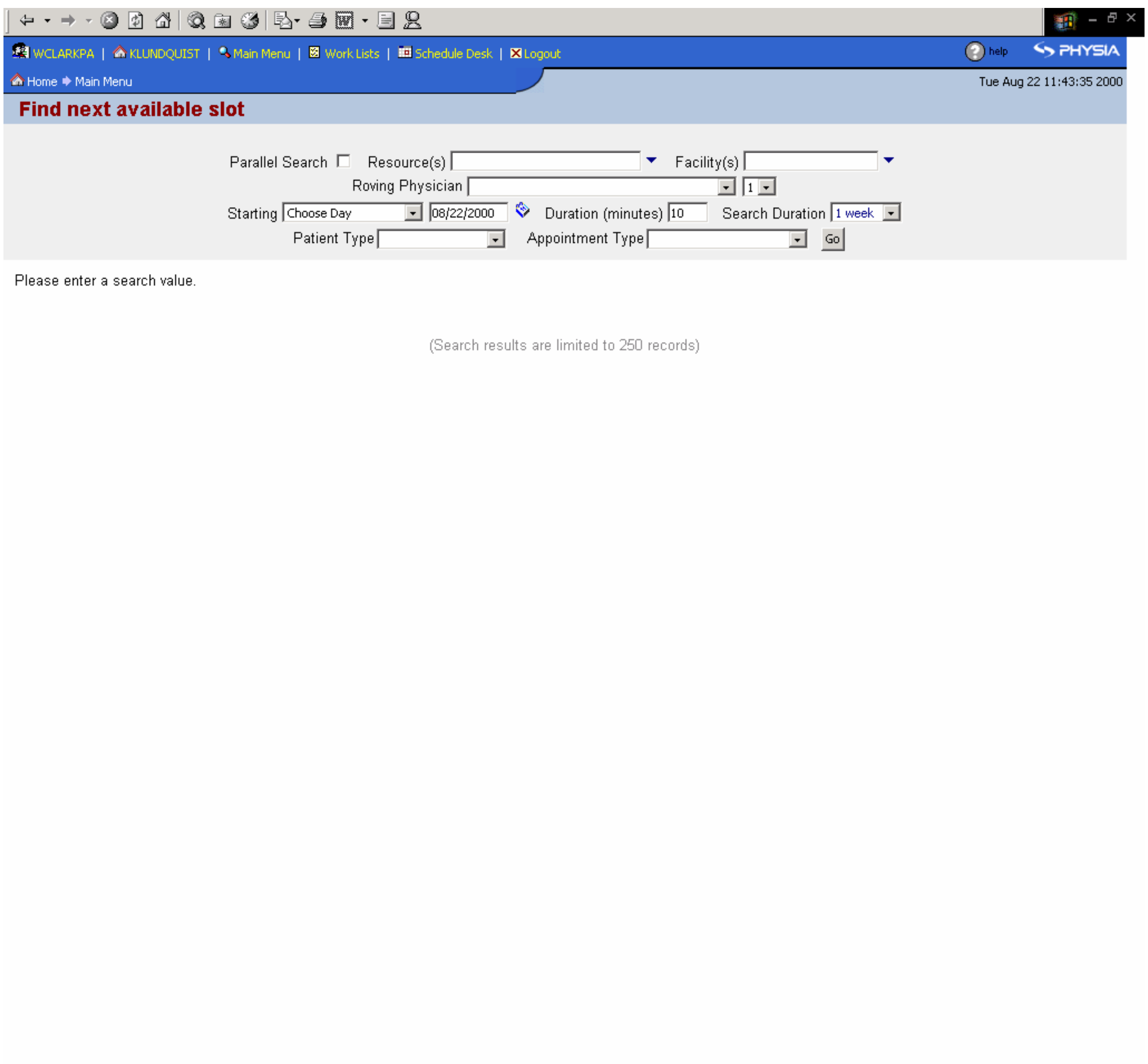
Step 5 Click drop down menu ▼ and select what order you want the listing. Examples included: Appointment Time or Patient

Step 6 Click 'GO'

2. *Next Available Appointment Slot*

Find Next Available Print Screen

(Screen 1)



Step 1 Click ‘Main Menu’ Icon (top of the page 3rd Icon =)

Step 2 Locate Appointments / Scheduling Section
Step 3 Under Lookup click Next Available Appointment Slot
Step 4 Follow the field explanations on the next page

Resource(s) – Enter in the Physicians ID or click the ▼ button in order to lookup a physicians ID and then select the appropriate ID of the physician. (See Search section for explanation of searching)

Facility(s) – Enter the location ID or click the ▼ button in order to lookup a location ID and then select the appropriate ID. (See Search section for explanation of searching)

Roving Physician –

Starting Date – click the▼ and select the time frame from which you want to start the search. Example: Today, 1 week from today, 3 months from today, 1 year from today. Once the user selects the time frame the Date will appear in the field to the right of the drop down▼. The user may also use the calendar that appears in order to select the starting date.

Duration – The user may enter the appropriate duration time of the appointment or they may tab through it and allow the system to enter the duration based on the appointment type that is selected.

Search Duration – click the ▼ and select the duration for search. Example: all available appointments for 1 week, 2 weeks or 3 weeks or 1 month.

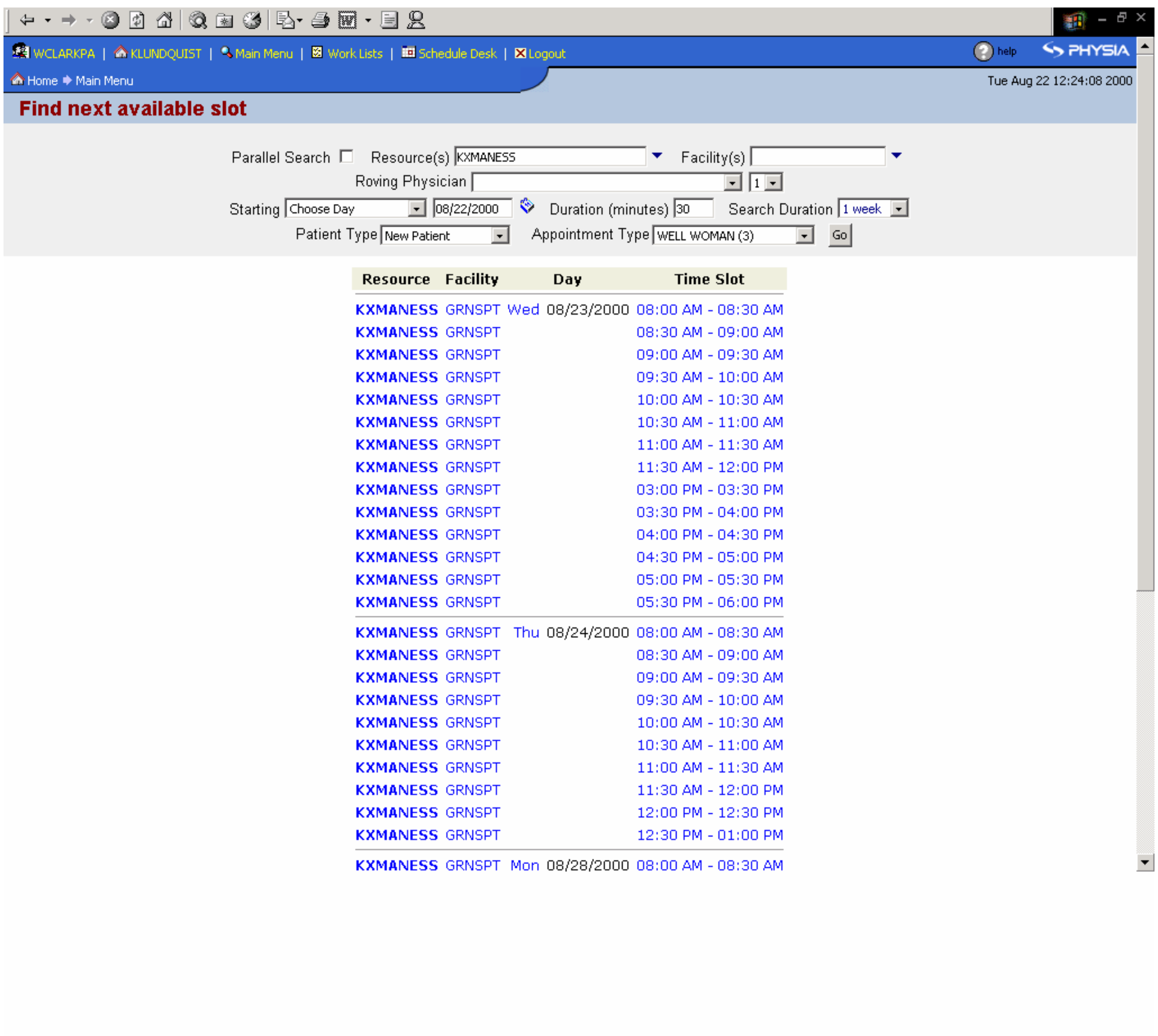
Patient Type – click the ▼ and select the type of patient the appointment is for. Example: is this a new patient , established patient or a temporary patient.

Appointment Type – click the▼ and select the type of appointment that is being searched for. Example: Established, Sick, New patient, Well exam, etc. These appointments are defined and maintained by each practice and are setup via the Main Menu.

After completing the appropriate fields Click ‘GO’. The system will return the available appointments based on the criteria that was selected. (Example: See screen on next page)

**NOTE: Not all fields have to be filled out but the user should fill out all fields as they apply to the appointment they are searching for.

Example: Appointments meeting Search criteria



From this point the user may click the time slot of the appointment selected and they will be taken to the Add Appointment Screen. (See Adding Appointments Section)

3. *Scheduling Template-*

Step 1 Click drop down▼ and select what "type" of template. The options included the following: All Templates
Positive Templates-when physician sees patients
Negative Templates-when physician does not see patients

Step 2 Click drop down▼ and select whether the template is active(currently being utilized) or inactive(not being utilized should have an end effective date)

Step 3 Enter ID of Resource(Physician) whose template you are looking for
If ID unknown use▼ *to lookup ID* (See Part A of this section)

Step 4 Click 'GO'

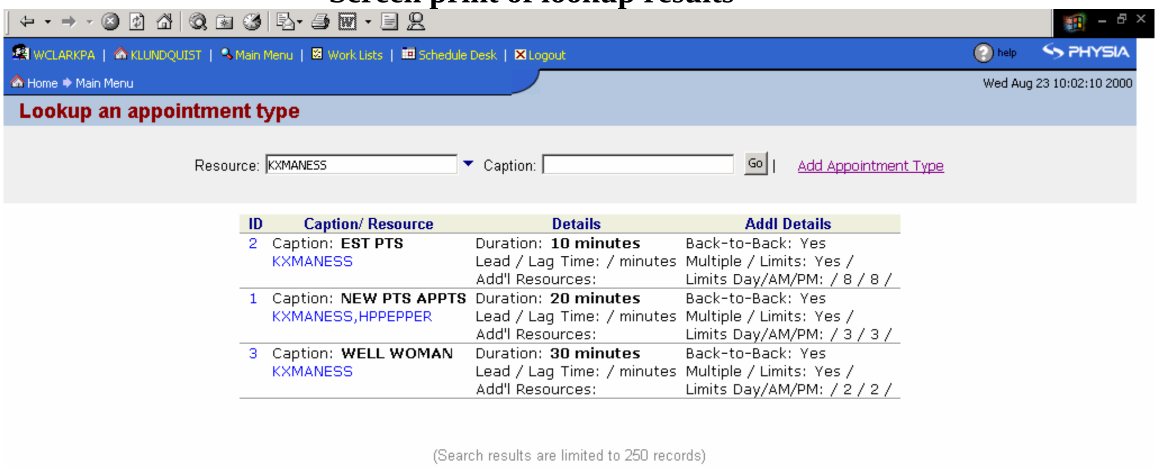
Screen print of lookup results

ID	Resource/Caption/Facility	Details	Effective
89	KXMANESS Caption: MANESS WED / FRIDAY SCHEDULE GRNSPT	Available Time: 08:00 AM - 12:00 PM Patient Types: New, Established Appt Types: *EST PTS / NEW PTS APPTS / WELL WOMAN* Months: 8 Days of Month: All Weekdays: Wed, Fri	08/04/2000-
90	KXMANESS Caption: MANESS MON / THURSDAY SCHEDULE GRNSPT	Available Time: 08:00 AM - 01:00 PM Patient Types: New, Established Appt Types: *EST PTS / NEW PTS APPTS / WELL WOMAN* Months: 8 Days of Month: All Weekdays: Mon, Thu	08/04/2000-
93	KXMANESS Caption: MANESS MON / WED PM GRNSPT	Available Time: 03:00 PM - 06:00 PM Patient Types: New, Established Appt Types: *EST PTS / NEW PTS APPTS / WELL WOMAN* Months: 8 Days of Month: All Weekdays: Mon, Wed	08/04/2000-
91	KXMANESS Caption: MANESS LUNCH SCHEDULE GRNSPT	Not Available Time: 12:00 PM - 02:00 PM Patient Types: All Appt Types: *All* Months: 8 Days of Month: All Weekdays: Wed, Fri	08/04/2000-
92	KXMANESS Caption: MANESS LUNCH TEMPLATE GRNSPT	Not Available Time: 01:00 PM - 03:00 PM Patient Types: All Appt Types: *All* Months: 8 Days of Month: All Weekdays: Mon, Wed	08/04/2000-

(Search results are limited to 250 records)

4. *Appointment Type-*
   Step 1 Enter ID of Resource(Physician) whose appointment type you are looking for. *If ID unknown click* ▼ *and lookup ID* (See Part of A of this section)
   Step 2 Enter in Caption(Name) of the appointment type (*OPTIONAL)*
   Step 3 Click 'GO'

Screen print of lookup results



ID	Caption/ Resource	Details	Addl Details
2	Caption: **EST PTS** KXMANESS	Duration: **10 minutes** Lead / Lag Time: / minutes Add'l Resources:	Back-to-Back: Yes Multiple / Limits: Yes / Limits Day/AM/PM: / 8 / 8 /
1	Caption: **NEW PTS APPTS** KXMANESS,HPPEPPER	Duration: **20 minutes** Lead / Lag Time: / minutes Add'l Resources:	Back-to-Back: Yes Multiple / Limits: Yes / Limits Day/AM/PM: / 3 / 3 /
3	Caption: **WELL WOMAN** KXMANESS	Duration: **30 minutes** Lead / Lag Time: / minutes Add'l Resources:	Back-to-Back: Yes Multiple / Limits: Yes / Limits Day/AM/PM: / 2 / 2 /

E. References / Codes  - contains the following components:

1. *ICD-9*- Auto Loaded

Search based on Description or Code

Description ▼	contains	Chest Pain	click GO

The system will return all the codes with Chest pain as part of the description.

2. *CPT*- Auto Loaded

Search based on Code, Name, Description or Name and Description

Code ▼	is	99213	click GO

The system will return the description for the code 99213.

3. *HCPCS*- Auto Loaded

Search based on Code, Name, Description or Name and Description

Description ▼	Contains	Surgical	click GO

The system will return all the codes with Surgical as part of the description.

4. *EPSDT* (Medicaid specific codes)- Auto Loaded

Search based on Code and Description

Description ▼	contains	Administration

The system will return all the codes with Administration as part of the description.

5. *Miscellaneous Procedure Code* – User defined and maintained

Search based on Code, Name and Description

Description ▼	contains	Well Woman

The system will return all the codes with Well Woman as part of the description.

6. *TOS*(Type of Service)- Auto Loaded

Search based on Code or Name

Name ▼	contains	Office	click GO

The system will return all the codes with Office as part of the description.

7. *POS*(Place of Service)- Auto Loaded

Search based on Code or Name

Name ▼	contains	Medical Care	click GO

The system will return all the codes with Medical Care as part of the description

8. *GPCI*(Geographic Practice Cost Index)- Auto Loaded

Search based on Effective Dates, State, Carrier number, Locality, County and GPCI ID

Eff Date	Eff Date	State ▼	TEXAS	GO

The system will return all indices with the State = TEXAS

9. *E-Remit Payer*-Auto Loaded

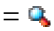
Search based on: ID and Name

FIND: | Name ▼ | Aetna | GO

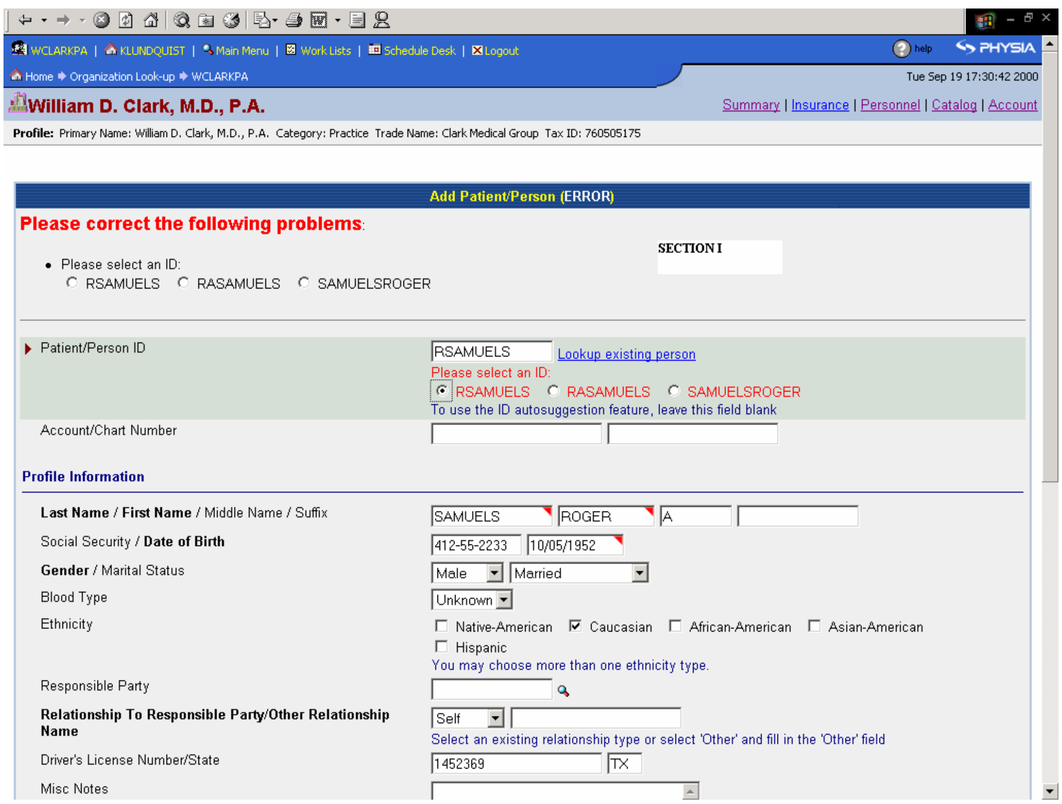
Example: User wants to find Payer information on Aetna, clicks GO
The result is the system will provide the listing for Aetna including payer ID.

Patients: ADD

This Document will explain to the user how to add a patient to the system and how to fill in the fields on the screen.

1. Click 'Main Menu' Icon (top of the page 3rd Icon = )
2. Click Add a new Patient under PEOPLE section = 
3. Add a new Patient Screen will display
4. Complete all fields that have a 'red' triangle **(REQUIRED)**
5. Complete all other fields that are applicable for the patient

(Print Screen Section I – Add a new Patient)



SECTION I

Patient/Person ID [ ] **Lookup existing person**

Leave this field blank; *the system will auto suggest 3 ID's for the user to select from*
(SEE PRINT SCREEN PREVIOUS PAGE)

Account/Chart Number [ ] [ ]

User defined allows both numeric and alpha characters. Can be used to track your old account number from a previous software system and/or the physical chart number for that patient. NOT REQUIRED

Profile Information____(vital statistics of patient) _______________________

***Last Name/First/**Middle/Suffix [ ] [ ] [ ] [ ]

Should use complete name no abbreviations or nicknames ***REQUIRED***

*****SSN/**Date of Birth** [ ] [ ]

SSN Format NNN-NN-NNNN or NNNNNNNNN
DOB Format MM/DD/YY or MM/DD/YYYY or MMDDYY or MMDDYYYY
*****DOB REQUIRED***

Gender/Marital Status [▼] [▼]

Using the drop down menu select the appropriate responses.
*GENDER=**REQUIRED*** *MARITAL STATUS=NOT REQUIRED*

Blood Type [▼]

Using the drop down menu select what blood type the patient has. NOT REQUIRED

Ethnicity ☐ Native American ☐ Caucasian ☐ African/American ☐ Asian/American ☐ Hispanic
You may choose more than one ethnicity

Click the box(es) that apply to that patient NOT REQUIRED

Responsible Party [ ]

If the patient is the Responsible party then leave this field blank. If another individual is the Responsible party then use the to search for the Person ID. If that person ID does not exist leave it blank the system will walk you through setting it up and auto assigning an ID ******REQUIRED IF RELATIONSHIP IS OTHER THAN SELF******

Relationship to Responsible Party/Other name [▼] [ ]

This drop down menu allows the user to select the relationship that exists between the Patient and the Responsible Party. ***REQUIRED***

Example: If the patient was a child and the Responsible Party was the mother then the relationship to be selected would be CHILD.

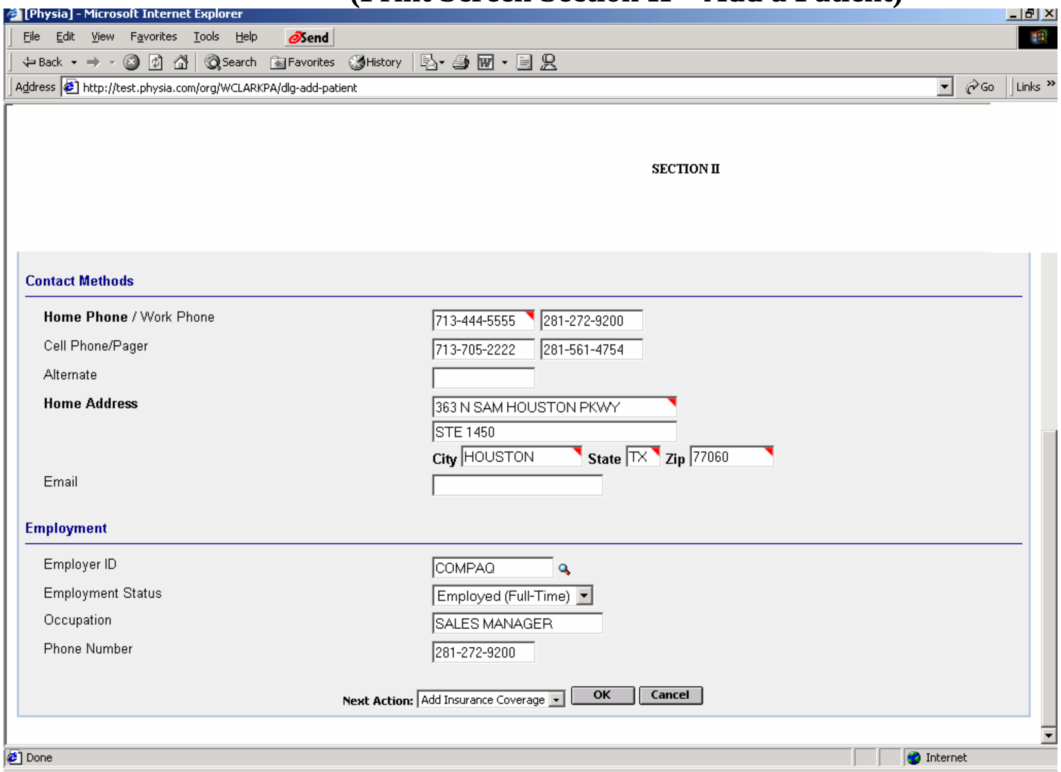
Driver's License Number/State [ ] [ ]

Enter in the License Number and the State Abbreviation

Misc Notes

Free text field can be used to input notes that are specific for that patient. EX: Patient has 2 accounts see account 2345. NOT REQUIRED

(Print Screen Section II – Add a Patient)



Contact Methods (ways of contacting the patient)

***Home/**Work Phone

Format NNN-NNN-NNNN or NNNNNNNNNN (area code is required)
Home number is REQUIRED.

Cell Phone/Pager

Format NNN-NNN-NNNN or NNNNNNNNNN NOT REQUIRED

Alternate

This field can be used to hold an alternate number for reaching the patient. Format NNN-NNN-NNNN or NNNNNNNNNN NOT REQUIRED

Home Address

1st line is used for the Physical address or P O Box. 2nd line can be used for the suite number or apartment number. City, St, Zip are required and zip code format NNNNN or NNNNNNNNN
REQUIRED

Email
Enter in the patients email address Example: dsmith@aol.com NOT REQUIRED

Employment

Employer ID
Using the lookup existing Employer ID's and select the appropriate ID; if the Employer does not exist enter an ID for that Employer and the system will walk you through setting up the ID entered.
NOT REQUIRED

Employment Status
Use the drop down menu to select the appropriate status NOT REQUIRED

Occupation
Free text field NOT REQUIRED

Phone Number
Enter the phone number for the Employer NOT REQUIRED
Format NNN-NNN-NNNN or NNNNNNNNNN

Next Action:

OK Cancel

Next Action Box: Select what the 'next action' should be on this patient options may include:

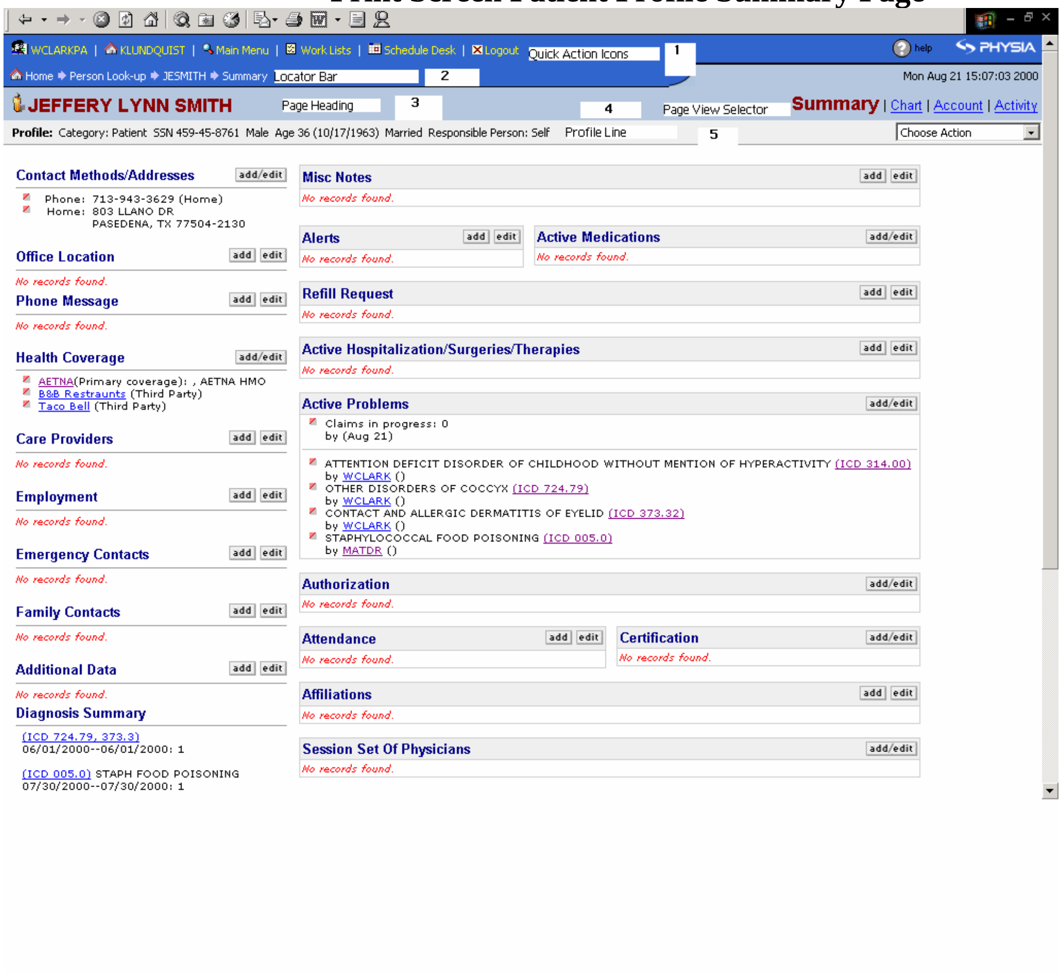
Add Insurance Coverage
View Patient Summary
Add Another Patient
Return to Home Page
Return to Work List menu

Next action field defaults to Add Insurance Coverage

Edit Patient Profile Summary Page

This Section will walk the user through adding and editing patient information including Addresses, Phone numbers, Employers, Health Coverages, and Contacts.

Print Screen Patient Profile Summary Page



To ADD(A) or EDIT(E) any information on this screen simply click the add/ edit key add/edit next to appropriate field.

Example: To add Contact Methods/Addresses click add/edit button and choose which field needs to be added.

To EDIT(E) any information currently existing on the screen simply click the red/grey box next to the field that needs editing.

To EDIT the information listed within the PROFILE line (5):

Choose action=Edit Profile

To Access this screen from anywhere CLICK the Main Menu Icon and lookup the patient whose record needs updating.

Main Menu→People→Look up→Patients

Explanation of Components on Patient Profile Summary Page

Contact Methods/Addresses

Contains all Addresses and all Phone numbers of Patient including:

a. Home, Work and Email addresses
b. Home, Work, Cell, Pager, Fax, and Alternate phone numbers
c. Web page URL

Office Location

Contains the Location ID where this patients chart is stored. This component can be utilized for chart tracking and pulling purposes.

Phone Message

Reports any messages received from the patient that need to be relayed to the Nurse, Physician or a Staff member. Comments can be attached to these messages and stored for future reference.

Health Coverage

Lists the current as well as the inactive coverages for a patient including:

a. Primary
b. Secondary
c. Tertiary
d. Third Party Coverages (Example: Employer accts)

Care Providers

Lists Providers who “provide” care for the Patient
Example: Primary Care Physician, OB/GYN, Cardiologist

Employment

Lists the current as well as the former employers for a patient

Emergency

Lists the Names, numbers and relationship of the Emergency Contacts

Family Contacts

Lists the Names, numbers and relationship of the Family Contacts

Additional Data

Free text component user defined

Diagnosis Summary

Lists the History of Diagnosis and related Date(s) of Service

Misc Notes

List any Miscellaneous Notes that apply to a patient’s record.
Example: Patient can only pay in cash

Alerts

Can be utilized to list any information that needs to alert a user regarding the patients account. Types of alerts include: Accounting, Insurance, Medication and Patient File.

Example of Accounting: Bad address, Returned check, Payment plan

Active Medications

Lists any Medications that the Patient is currently taking including:

a. Over the counter medicine
b. Homeopathic medicine
c. Prescription medicine

Refill Request

List any refills that have been requested by the patient

Active Hospitalization/Surgeries/Therapies

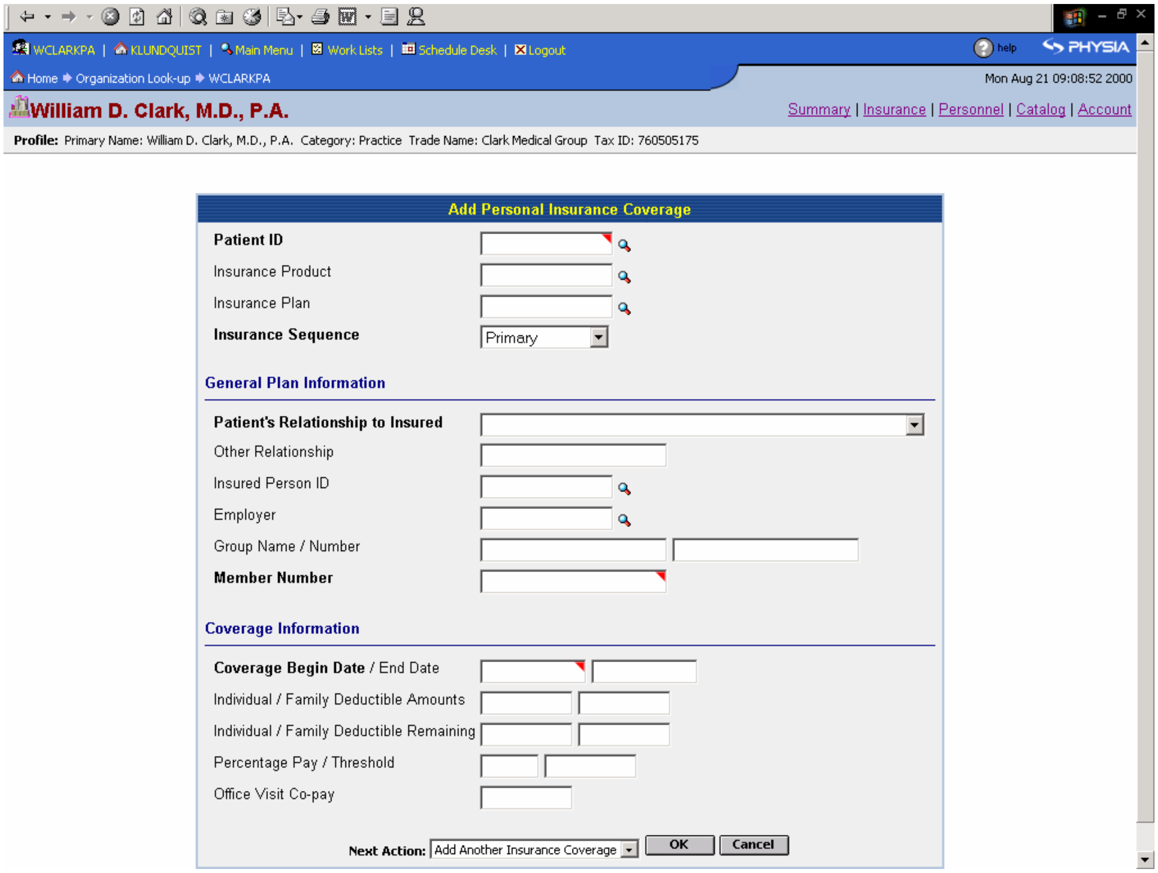
Lists Current Hospitalizations, Surgeries and Therapies including:

a. Physician that admitted the patient
b. Name of the hospital admitted to
c. Date of Admission
d. Room Number
e. Reason for Admission
f. Procedures that will be performed
g. Orders for that patient
h. Duration of stay

Authorizations

Lists the current authorizations for the Patient Including release of Information, Patient Signature for Claims, and Provider Assignment.

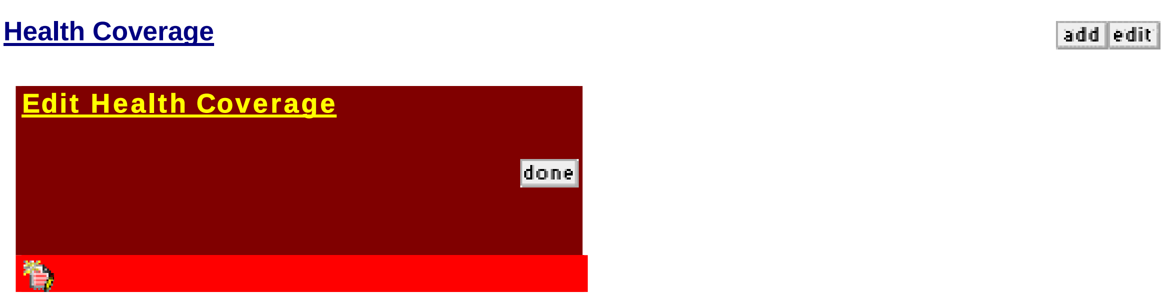
Adding of Patient's Insurance Coverage



Step 1

If you are adding Insurance coverage from the ADD a patient dialog proceed to Step #2.

If you are editing and/or adding new coverage on a Person / Patient ID that already exists click Main Menu→Lookup Patient→do a find by last name or SSN→select your patient→ from the Patient Summary Profile screen→click the add/edit button next to Health Coverage (see example below) then click the add Personal Insurance Coverage hotlink and proceed to Step 2.



Choose Personal Insurance Coverage

Choose Third Party Payer

Explanation of Fields-Step 2

***Person / Patient ID-** *required field*; either input ID of patient or using the lookup your patient and select the appropriate ID. SEE Lookup section for explanation

***Insurance Product ID-** *required field*; either input ID of the Product or click the to lookup the Product by Primary name and then select the appropriate ID. The user needs to pick the appropriate Product line (HMO,PPO, POS, etc) based on the Patient's ID card. There will be multiple entries for several carriers who handle different product lines but the claims still go to the same address. ****This field is VERY IMPORTANT for claims submission.**

Find: Street Address | P O Box 1125 | GO

Product Name	Insurance Org ID	Street	City	State
Aetna PA HMO	AETNA	P O Box 1125	Blue Bell	PA
Aetna PA PPO	AETNA	P O Box 1125	Blue Bell	PA

***The user can click the Product Name they are looking for and the Insurance Product ID field will be populated with this ID.

Insurance Plan ID- The user should Click the in order to list the plans that have been associated with the product that has been selected. The user should select the appropriate Plan address as it appears on the patients card or the Insurance Verification sheet. There will be multiple entries for several carriers who handle different product lines but the claims still go to the same address. ****This field is VERY IMPORTANT for claims submission.**

***Insurance Sequence-** The system will auto assign the sequence based on the Health Coverage sequences that already exist on a given patient. Example: if a primary coverage already exists on a patient and you are adding another coverage for this patient the system will assign Secondary as the sequence because a Primary sequence already exists. ***Make sure for the carrier you are entering the correct sequence has been assigned.

General Plan Information

***Patient's Relationship to Insured-** using the drop down menu select the relationship of the patient to insured. Choices are unlimited.

Self

Spouse
Parent
Child
Other

Example: if the pt is a child and insured is the parent select Child

If the user selects Self as the relationship the Other Relationship field and Insured Person ID field will become hidden.

Other Relationship- If the user selects Other as relationship the system requires you to enter a description of that relationship

***Insured ID-** this field represents the Person / Patient ID of the policy holder. The user should use the search function to determine if the ID of the policy holder already exists in the system. If the user can not find the ID they should leave the field blank and the system will walk the user through the setup of the ID upon completion of the dialog.

Employer- The user will use the to search for the Employer ID of the insured.

Employer Group Name / Group Number- If the patient's card has the Employer/Group name or the group number it is RECOMMENDED that these fields be filled in.

***Member Number-** input the member id or insured id from the patient's card. This field can accept both alpha and numeric characters. **(REQUIRED)**

Coverage Information

***Coverage Begin /** End Dates**-** Enter the Date the Coverage began **(REQUIRED)**

Yearly Deductible Amounts- If the user knows the information fill in the box on the left with the Individual's Yearly Deductible amount and the box on the right with the Family's Yearly Deductible amount.

Individual Ded | Family Ded

Yearly Indiv/Family Deductible Remaining- If the user knows this information fill in the box on the left with Individual Deductible that *remains* and the box on the right with the Family Deductible that *remains.*

Individual Ded | Family Ded

Percentage Pay/Threshold- Enter in the % the patient pays and the maximum threshold amount the patient is responsible for

Office Visit Co-pay- enter the amount of the co-pay ****Essential for Capitated plans****

Next Action: Go to Person Profile ▼

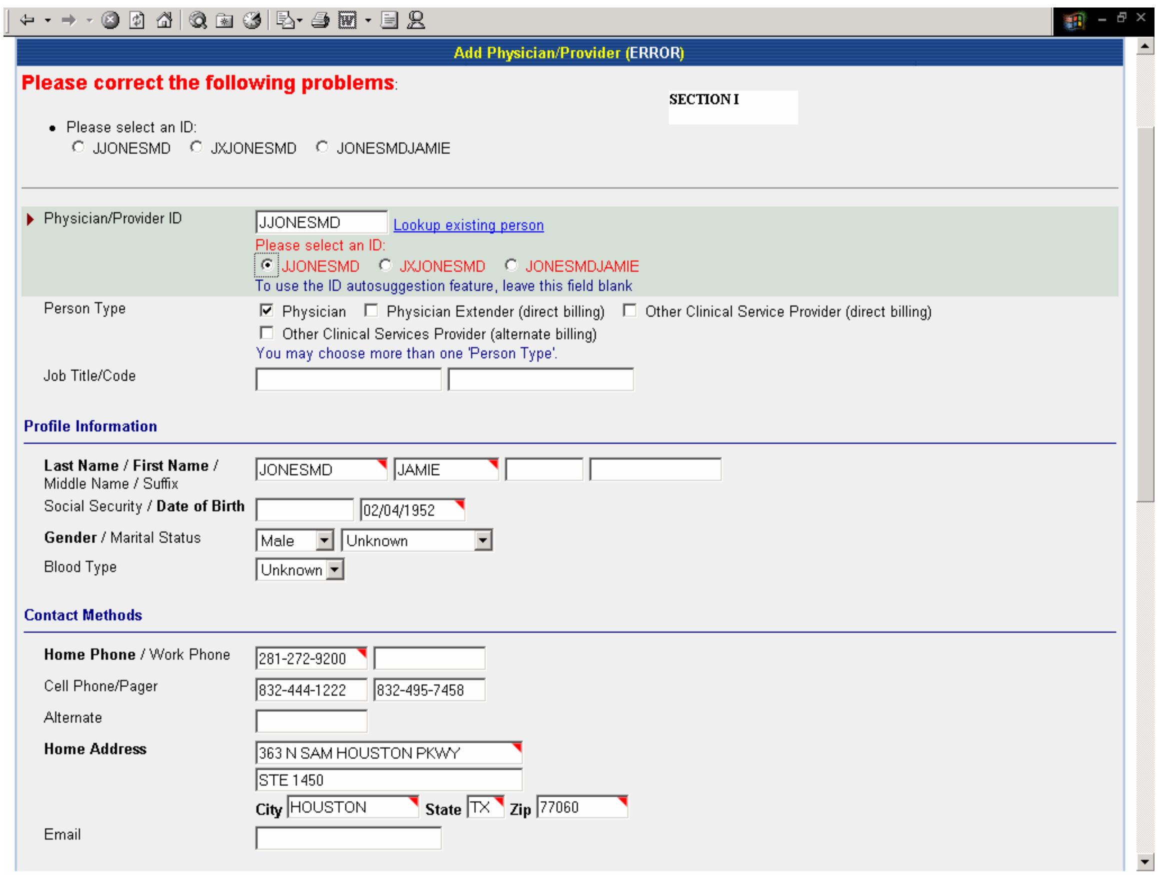
Add a Physician

Step 1: Click 'Main Menu' Icon (top of the page 3rd Icon =)

Step 2: Click Add a new 'Physician/Provider' under PEOPLE 
Step 3: Complete all fields that have a 'red' triangle **(REQUIRED)**
Step 4: Complete all other fields that are applicable for the physician

Step 5: Click **OK** to accept data entered

(Print Screen Section I -Add Physician/Provider)



SECTION 1

***Physician/Provider ID** **Lookup existing person**
Leave this field blank; *the system will auto suggest 3 ID's for the user to select from*
****SEE PRINT SCREEN ON PREVIOUS PAGE*****

Person Type ☐ Physician ☐ Physician Extender ☐ Other Clinical Service Provider (direct billing)
☐ Other Clinical Services Provider (alternate billing)
You may choose more than one 'Person Type'
Check the box(es) that are most appropriate for the type of billing this physician provides.

Job Title/Code
Enter in a Job Title for the physician (example: MD) and a code if one exists
NOT REQUIRED

Profile Information

***Last Name/First**/Middle/Suffix

Enter the Physicians name as it would appear on a HCFA 1500.
REQUIRED

SSN/**Date of Birth**
Format for SSN: NNN-NN-NNNN or NNNNNNNNN NOT REQUIRED
Format for Birthdate: MM/DD/YY or MM/DD/YYYY or MMDDYY or MMDDYYYY
*Date of Birth **REQUIRED***

Gender/ Marital Status
Use the drop down menus to select the appropriate responses for each item
NOT REQUIRED

Blood Type
Use the drop down menu to select the appropriate response NOT REQUIRED

Contact Methods

Home Phone / Work Phone
Format for Phone numbers: NNN-NNN-NNNN or NNNNNNNNNN
***Home** number is **REQUIRED** Work number is NOT REQUIRED*

Cell Phone / Pager
Format for numbers: NNN-NNN-NNNN or NNNNNNNNNN NOT REQUIRED

Alternate
Format for number: NNN-NNN-NNNN or NNNNNNNNNN NOT REQUIRED

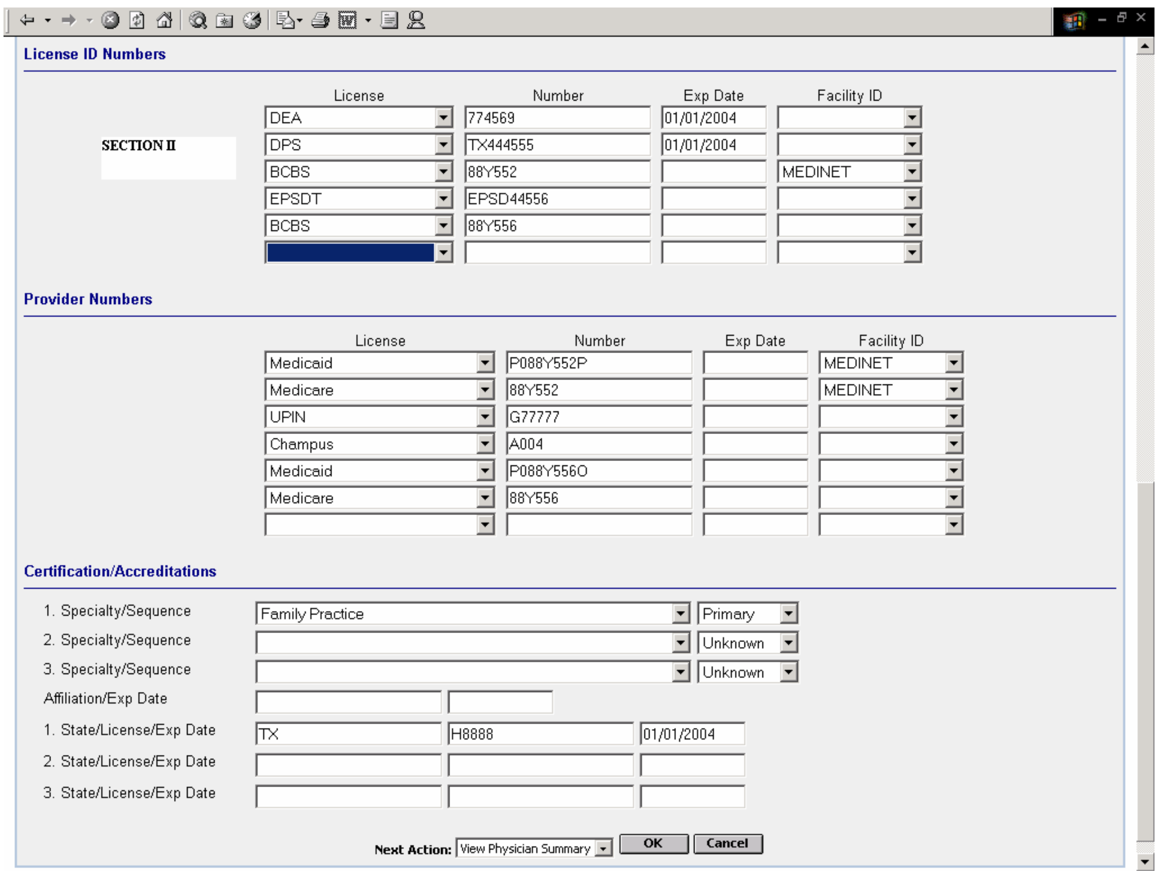
Home Address

1st line of address is for the Physical address or P O Box number, 2nd line is for the suite or apartment number, City, State and Zip are ***REQUIRED****.*

Email

Enter in the email address for this provider. Example: DSMITH@aol.com
<u>NOT REQUIRED</u>

(Print Screen Section II - Add Physician/Provider)



SECTION II

LICENSE ID Numbers

License Type ▼	License Number	Exp Date	Facility ID ▼

License Type- Using the drop down arrow select the type of license options include:
DEA, DPS, IRS, Board Certification, BCBS, Memorial Sisters, and EPSDT

License Number- Enter the physicians number that corresponds to the type of license chosen.

Exp Date- Enter the Expiration date of the License *(If applicable)*

Facility ID- Using the drop down arrow select the appropriate facility for this License Number.
*******If the number applies to all Facilities then leave this field blank*

******Continue the above steps until all license numbers are entered.**

EPSDT/Exp Date

Enter in the physicians EPSDT number and expiration date

*****REQUIRED if a billing provider for EPSDT*****

BCBS #/Exp Date

Enter the physicians Individual BCBS number and expiration date

*****REQUIRED if a billing provider for BCBS*****

PROVIDER ID Numbers

License Type ▼	License Number	Exp Date	Facility ID ▼

License Type- Using the drop down arrow select the type of Provider ID options include:
Medicaid, Medicare, UPIN, Tax ID, Railroad Medicare, Champus, WC#, National Provider Identification Number

License Number- Enter the physicians number that corresponds to the type of license chosen.

Exp Date- Enter the Expiration date of the License *(If applicable)*

Facility ID- Using the drop down arrow select the appropriate facility for this License Number.
****If the number applies to all Facilities then leave this field blank*

******Continue the above steps until all license numbers are entered.**

UPIN/Exp Date
Enter in the physicians UPIN number and expiration date
****NOT REQUIRED****

Medicare/Exp Date
Enter in the physicians Individual Medicare number and expiration date
*****REQUIRED if a billing provider for Medicare*****

Medicaid/Exp Date
Enter in the physicians Individual Medicaid number and expiration date
*****REQUIRED if a billing provider for Medicaid*****

Railroad Medicare/Exp Date
Enter the physicians Individual Railroad Medicare number and expiration date
*****REQUIRED if a billing provider for Railroad Medicare*****

Champus/Exp Date
Enter the physicians Individual Champus provider number and expiration date
*****REQUIRED if a billing provider for Champus*****

WC #/Exp Date
Enter the physicians Individual Workers Compensation provider number and expiration date
*****REQUIRED if a billing provider for Workers Compensation*****

National Provider ID/Exp Date
Enter the physicians National Provider Identification number and expiration date

<u>Certifications/Accreditations</u>

1-3 Specialty/Sequence
Using the drop down menus select the appropriate Specialties for this provider and indicate if it is primary, secondary, tertiary, etc. If none exist simply leave these fields blank.
Example: Dr Smith's Specialties are: Family Medicine (primary) and Internal Medicine (second)

Affiliation/Exp Date
If there is an affiliation enter in the name and the expiration date NOT REQUIRED

1-3 State/License/Exp Date

Enter the state from which the license is from/ the actual license number/ expiration date
NOT REQUIRED

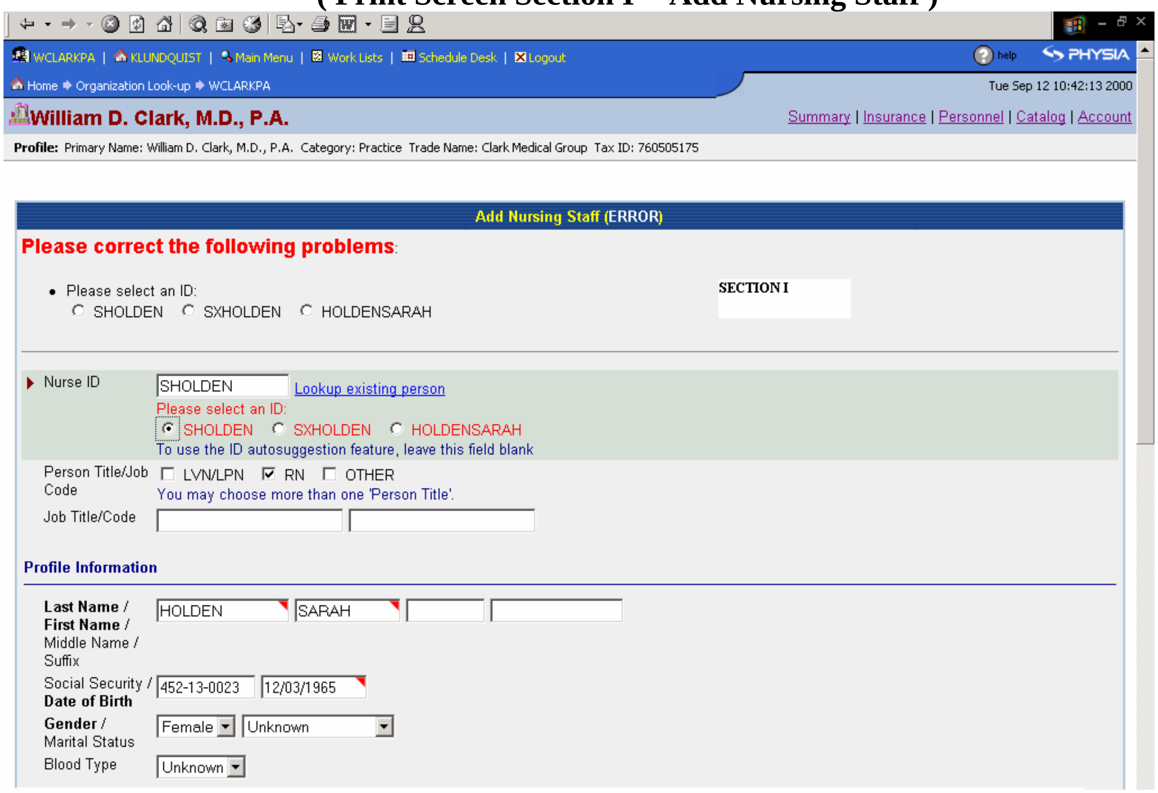
After entering all the necessary fields Click OK to accept the data entered.

Add Nurse

1. Click 'Main Menu' Icon (top of the page 3rd Icon =)
2. Click Add a new <u>Nurse</u> under PEOPLE section
3. Add Nursing Staff Dialog displays
4. Complete all fields that have a 'red' triangle **(REQUIRED)**
5. Complete all other fields that are applicable for the nurse
6. Click OK to accept data entered

Add Nursing Staff

(Print Screen Section I - Add Nursing Staff)



SECTION I

Nurse ID: [ ] **Lookup existing person**

Person Title / Job Code: ☐ LVN/LPN ☐ RN ☐ OTHER

Job Title/Code: [ ] [ ]

*** Nurse ID:** Leave blank so the system can auto suggest ID's upon completion of the dialog. Can be a user defined field as long as that ID has not been used within the database. Both alphas and numeric characters are allowed. By clicking on Lookup existing person the user can determine if the ID or the Nurse already exist.

Example: Lisa Smith STAFF ID= LSMITH or SMITHLISA

*****SEE PRINT SCREEN ON PREVIOUS PAGE*****

Person Title / Job Code: Click the box that corresponds to the title that Nurse holds.

(choose only one)

Job Title / Code: User defined field; free text field

Profile Information

Last/First/Middle/Suffix [ ] [ ] [ ] [ ]

****First / Last Name:** Complete name is required no nicknames or abbreviations should be used the user does not enter the middle name or the suffix if one does not exist*

***REQUIRED**

SSN/**Date of Birth** [ ] [ ]

*******SSN / DOB: Format NNN-NN-NNNN or NNNNNNNNNN*

Format MM/DD/YY or MM/DD/YYYY or MMDDYY or MMDDYYYY

***DOB REQUIRED**

Gender/Marital Status [▼] [▼]

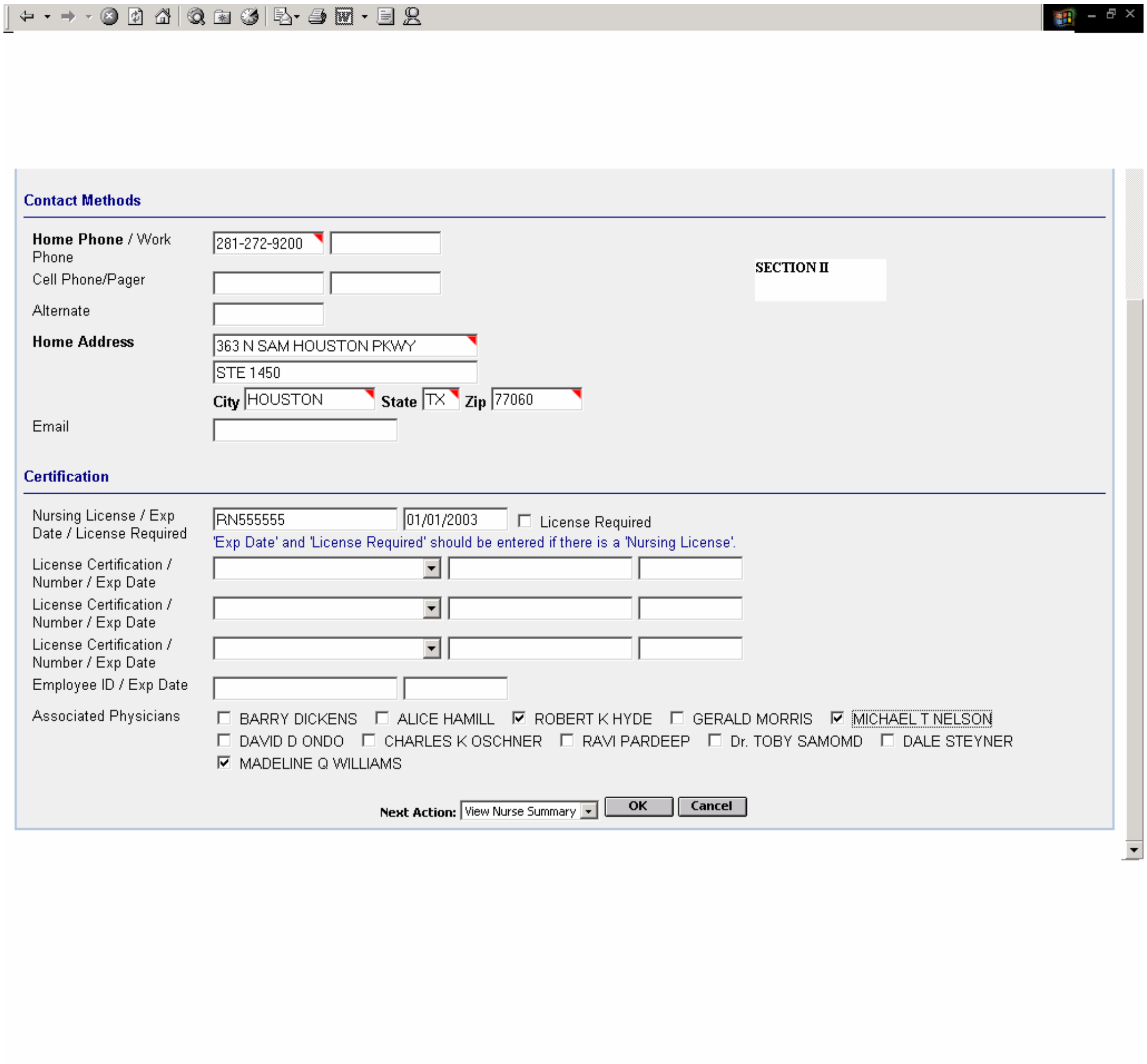
*Gender / Marital Status**:** Using the drop down menu choose the appropriate selection*

***Gender REQUIRED**

Blood Type [▼]

Blood Type: Using the drop down menu select the appropriate blood type or if the blood type is unknown select "unknown"

(Print Screen Section II – Add Nursing Staff)



SECTION II

Contact Methods

Home/Work Phone

***Home** / Work Phone**:** Format NNN-NNN-NNNN or NNNNNNNNNN

***HOME PHONE REQUIRED**

Cell Phone/Pager

Cell Phone/Pager: Format NNN-NNN-NNNN or NNNNNNNNNN

Alternate

Alternate: this is an alternate number the patient may be reached at

Home Address

Home Address: *2 lines are provided; 1st line is required and should be used for the physical address or P O Box. 2nd line can be utilized for a suite number or apartment number. City, State, Zip are required and the zip code can be 5 digits or 9 digits.*
***REQUIRED**

Email
Email: input the personal email address for this individual (EX: dsmith@aol.com)

Certification

Nursing License/Exp Date License Required
Enter in the license number and expiration and check the box indicating license required

Employee ID/Exp Date

Employee ID/ EXP Date: User defined field

Certification/Number/Exp Date
Enter in the Name of the Certification, the number assigned, and the Expiration date of that certification

Associated Physician Name
Check the boxes of the Physicians that this Nurse is associated

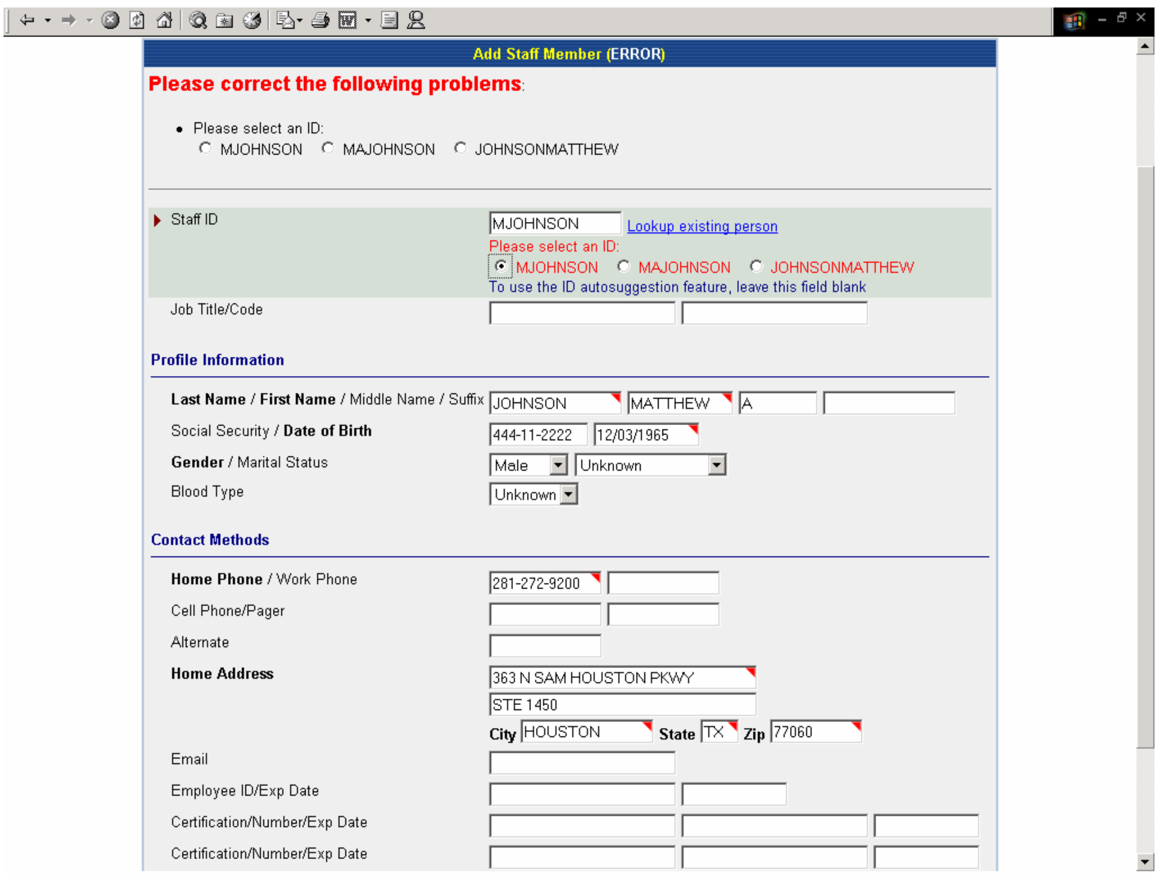
Next Action: OK Cancel

View Nurse Summary
Add Nurse
Go to Search
Go to Worklist

Adding a Staff Member

1. Click ‘Main Menu’ Icon (top of the page 3rd Icon =)
7. Click Add a new Staff Member under PEOPLE section =
8. Add a Staff Member Dialog displays
9. Complete all fields that have a ‘red’ triangle **(REQUIRED)**
10. Complete all other fields that are applicable for the physician
11. Click OK to accept data entered

(Print Screen – Add Staff Member)



Staff ID **Lookup existing person**
Job Title/Code

Staff ID-** Leave this blank after completion of this screen the system will auto suggest three ID's for the user to select. This can be a user defined field with the format consisting of alpha or numeric characters as long as the ID entered has not been taken in the database. ****SEE PRINT SCREEN PREVIOUS PAGE*
Example: Sally M Smith Staff ID=SSMITH or SMSMITH

Job Title/Code- These fields are not required. Example: Billing Clerk 0110

Profile Information

Last Name/First/Middle/Su

First / Last Name: *Complete name is required no nicknames or abbreviations should be used the user does not enter the middle name or the suffix if one does not exist*
***REQUIRED**

SSN/**Date of Birth**
***SSN / DOB:** *Format NNN-NN-NNNN or NNNNNNNNNN*
Format MM/DD/YY or MM/DD/YYYY or MMDDYY or MMDDYYYY
***DOB REQUIRED**

Gender/Marital Status
Using the drop down boxes to select the appropriate response
__Gender REQUIRED__

Blood Type
Using the drop down box to select the appropriate response

Contact_Methods

***Home/**Work Phone
Format: NNN-NNN-NNNN or NNNNNNNNNN
***HOME PHONE REQUIRED**

Cell Phone/Pager
Format NNN-NNN-NNNN or NNNNNNNNNN

Alternate
Enter an alternate number that this person can be reached at
Format NNN-NNN-NNNN or NNNNNNNNNN

Home Address

Home Address: *2 lines are provided; 1st line is required and should be used for the physical address or P O Box. 2nd line can be utilized for a suite number or apartment number. City, State, Zip are required and the zip code can be 5 digits or 9 digits*
***REQUIRED**

Email
Email: input the personal email address for this individual (EX: dsmith@aol.com)

Employee ID/ Exp Date
Enter in the Employee's ID and expiration date; User defined field
Example: can be used to track temporary employees and their ending dates

Certification/Number/Exp Date
Enter in the Name of the Certification, the number assigned, and the Expiration date of that certification

Once you have completed the data entry either select a Next Action and click OK to accept the data or CANCEL to quit.

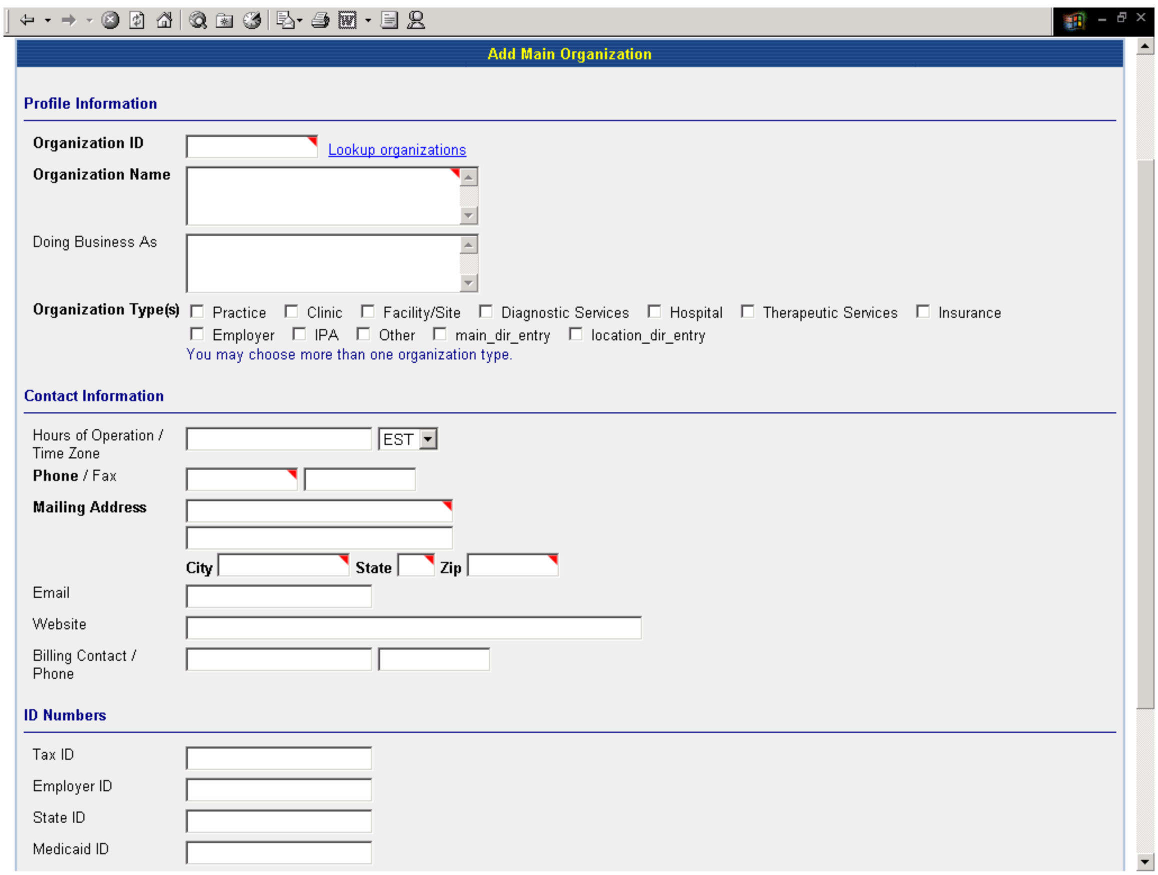
Next Action: OK Cancel

View Staff Summary
Add Staff member
Go to Search
Go to Worklist

Adding Organization Profiles

The following sections will assist the user in the adding of their Organization profiles. These profiles represent organizations that a practice will conduct business with. For example, after a patient is seen a claim is generated and is billed to the Insurance Organization for payment of those services. The user will be responsible for setting up and maintaining the following files: Departments, Associated Providers, Insurances, Employers and IPA's.

A. Main Organization



Profile Information

*Organization ID- **This ID will be the "Main" ID of the Organization / Company. This ID will "act" as the Parent ID of other orgs that will be setup unless the user selects a different Parent Org ID.**

***Organization Name-** Enter the name of the Organization.

Doing Business as (dba) - IF there is another name that this Organization is using the user can input that Name here.

*Organization Types- **The user needs to check off as many boxes that apply to what "type" of Organization this is. *Example: The Organization may be a Practice, Clinic, a Facility and a Hospital. The user will have the capability to check off all boxes that apply.***

Contact Methods

Hours of Operation/Time Zone- user defined field; Drop down box for time zone Cst ▼

***Phone /** Fax**:** NNN-NNN-NNNN NNNNNNNNNN

***Mailing Address-** 2 lines allowed for address. 1st line must be entered with either Physical Address or P O Box. 2nd line can be used for a suite number. City, St and Zip are required.

Email- enter main email address for this Organization

Website- enter the website (URL) of the Organization

Billing Contact / Phone- Enter in the main Billing Contact Name and phone number.

ID Numbers

Tax ID- enter the Tax ID assigned to this organization

Employer ID- not required

State ID- not required

Medicaid ID- enter the Medicaid Group ID that is assigned to this organization
*** Required for groups contracted with this carrier

Worker's Comp ID- enter the Worker Comp ID assigned to this organization

Blue Cross / Blue Shield ID- enter the BCBS Group ID assigned to this organization
***Required for groups contracted with this carrier

Medicare ID- enter the Medicare ID assigned to this organization
***Required for groups contracted with this carrier

CLIA ID- enter the CLIA ID assigned to this organization
***Required for facilities who bill laboratory

Next Action: View Org Summary ▼

Add another Org
Lookup Org
Lookup Person
Go to Search

B. Associated Provider Organization

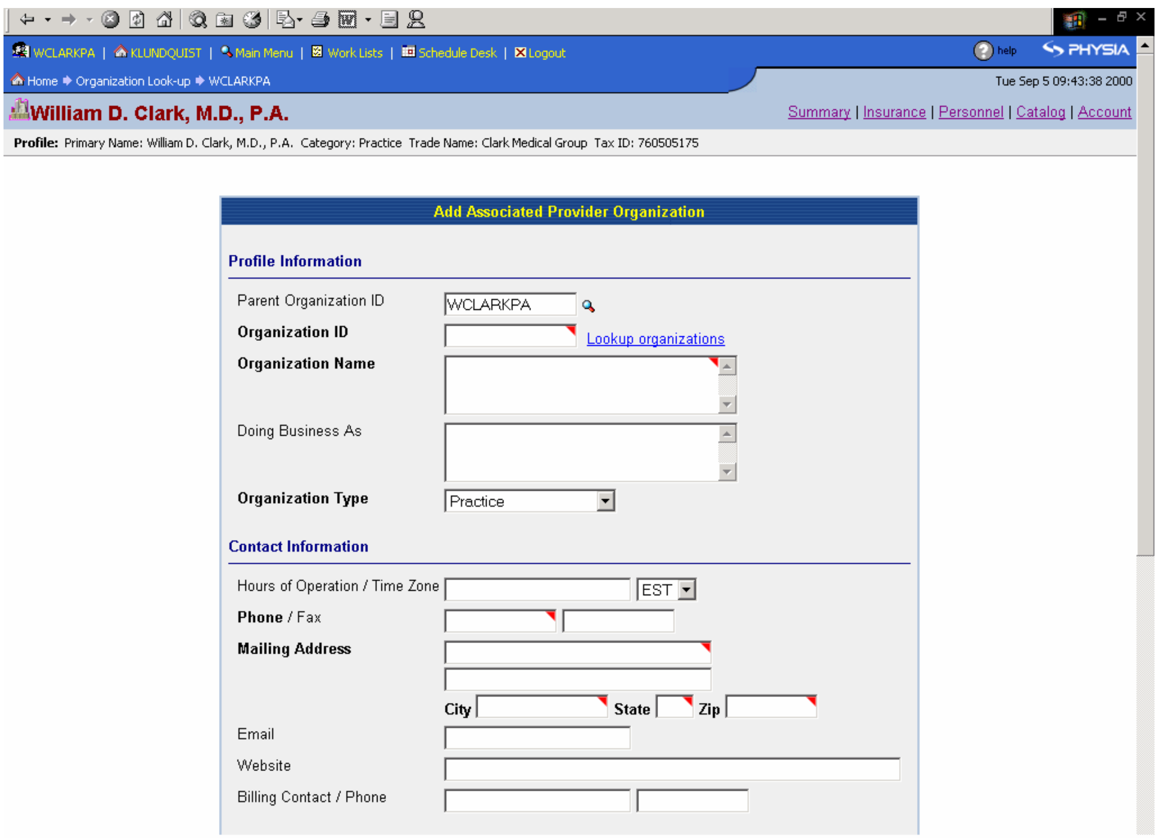
This Section will walk the user through setting up the locations where their physicians render services. In order to complete this section please make sure you have the following information: address; phone number; Group Numbers if filing for Medicare, Medicaid, BCBS; Tax ID; and CLIA number.

Step 1 Click the 'Main Menu' Icon (top of the page 3rd Icon =)

Step 2 Locate Organizations Section

Step 3 Click 'Add Associated Providers'

Step 4 Fill out the form



Profile Information

Parent Organization ID- This ID will default to the ID of the Main Organization. This ID can be changed and the user has the ability to do a lookup by clicking the 🔍 (See Section III Search for explanation of Lookup feature)

***Organization ID-** User defined field; by clicking the Lookup Organizations the user can search to see if the Org ID currently exists. (see Section III Search for explanation on Lookup feature)

***Organization Name-** enter in the Name of this Organization

Doing Business as (dba)- enter in the name of this Organization if it differs from the Org Name. Example: Physia dba Smith Clinic. The user would enter the name Physia as the Organization Name and Smith Clinic under the field Doing Business as.

***Organization Type-** Practice ▼

The user selects the 'type' of organization.

Clinic
Diagnostic Services
Hospital
Therapeutic Services
Insurance
Employer
IPA
Other

Contact Information

Hours of Operation / Time Zone- enter the hours that this Organization is open. Use the drop down box to select time zone Cst ▼

***Phone** / Fax- NNN-NNN-NNNN **or** NNNNNNNNNN

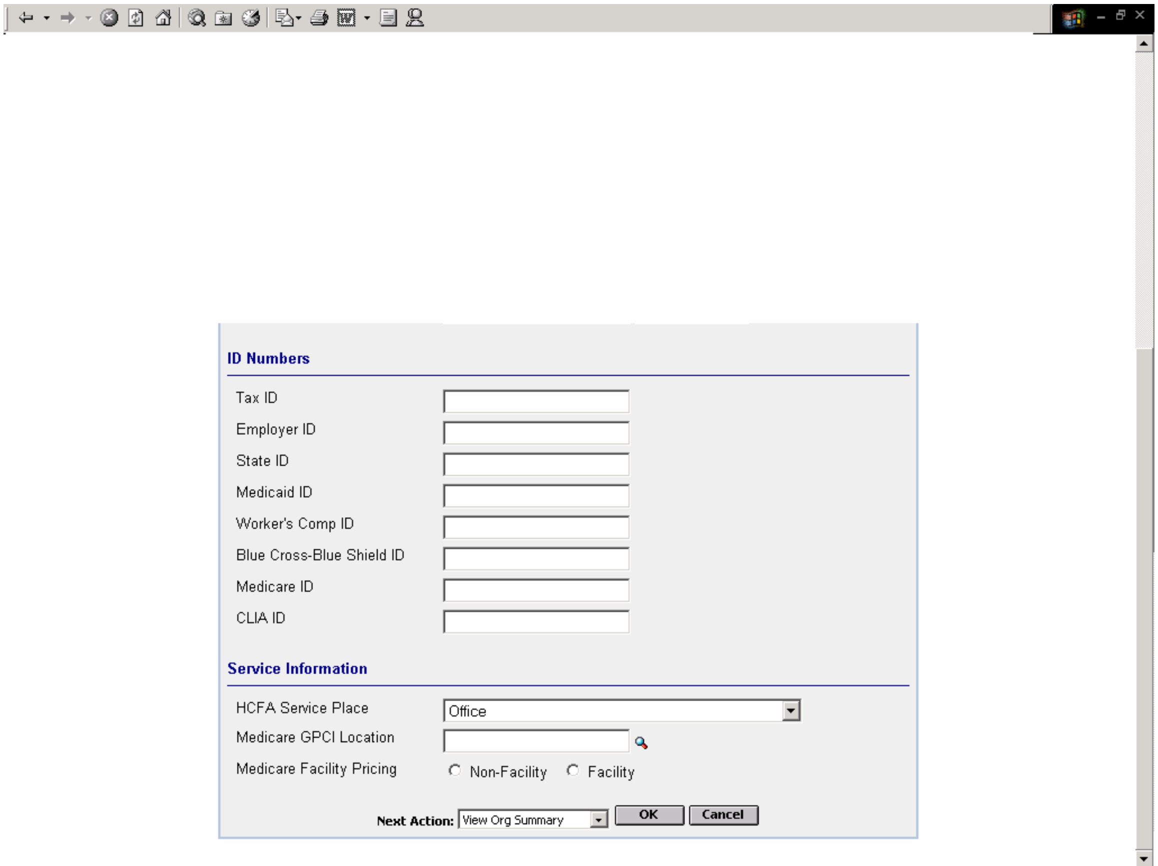
***Mailing Address-** 2 Lines are allowed for entry of address. 1st line is for the physical address or the P O Box. 2nd line is for a suite number. City, State and zip are also required.

Email- enter the email address for this Associated Provider

Website-enter the website (URL) for this Associated Provider

Billing Contact / Phone- Enter the Main Billing contact name and number.

Print Screen 2 – Add Associated Provider



<u>ID Numbers</u>

Tax ID- enter the Tax ID assigned to this Organization

Employer ID- not required

State ID- not required

Medicaid ID- enter Medicaid Group Number that has been assigned to this Organization ***Required for groups contracted with this carrier

Worker Compensation ID- enter the Worker Compensation ID assigned to this Organization

Blue Cross Blue Shield ID- enter the BCBS Group Number assigned to this Organization
***Required for groups contracted with this carrier

Medicare ID- enter the Medicare Group Number assigned to this Organization
***Required for groups contracted with this carrier

CLIA ID- enter the CLIA Number assigned to this Organization
***Required for groups billing laboratory

Service Information

HCFA Service Place- using the drop down box select the service place for this organization.

Office ▼

Inpatient Hospital
Outpatient Hospital
Emergency Room
Home
Custodial Care
Skilled Nursing Facility
Ambulatory
Birthing Center

***This field will pull the 2 digit code for Place of service on the HCFA.

Medicare GPCI Location

Medicare Facility Pricing ○ Non-Facility ○ Facility

Next Action: View Org Summary ▼

Add another Org
Lookup Org
Lookup Person
Go to Search

C. Employer Organization

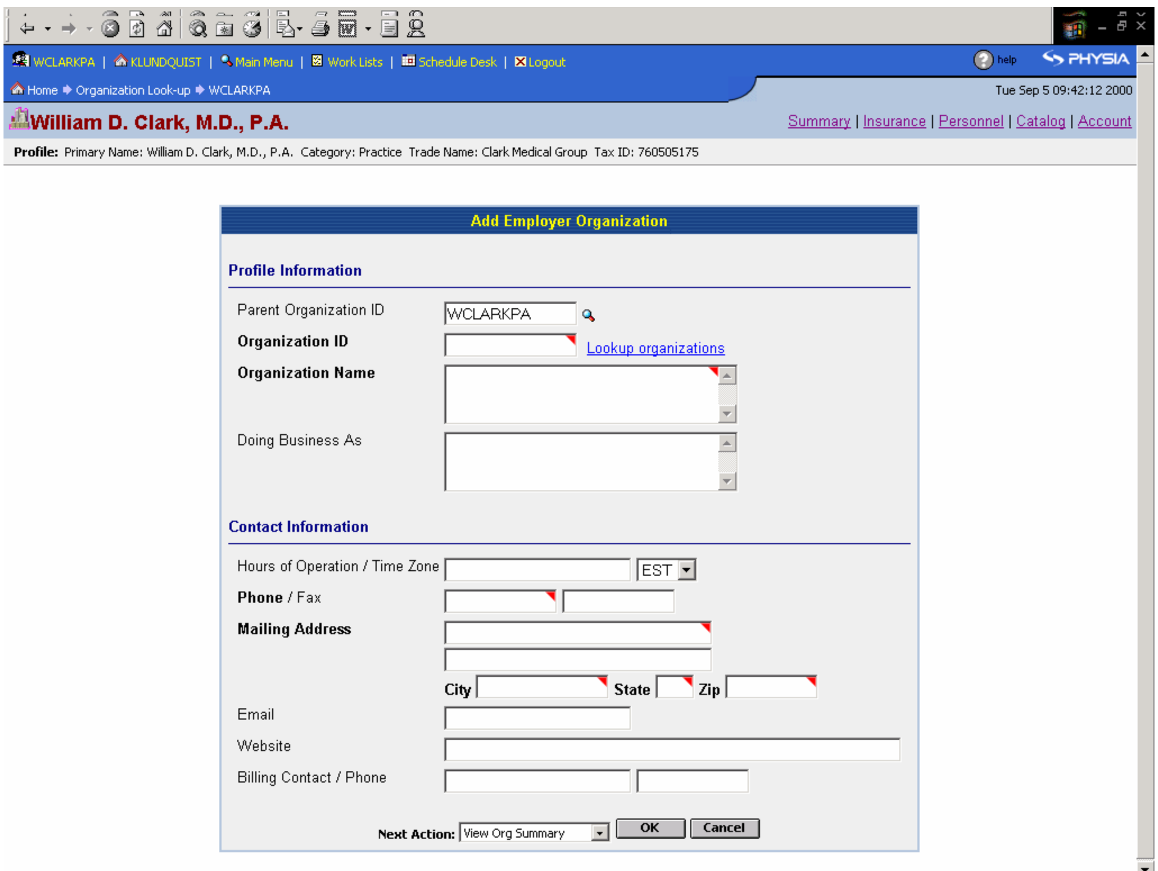
This Section will walk the user through the setup of the Employer records which will be attached to a patients record. The following information will be required in order to complete the setup process: Address and phone number.

Step 1 Click the 'Main Menu' Icon (top of the page 3rd Icon =)

Step 2 Locate Organizations Section

Step 3 Click 'Add Employers'

Step 4 Fill out the form



Profile Information

Parent Organization ID- This ID will default to the ID of the Main Organization. This ID can be changed and the user has the ability to do a lookup by clicking the (See Section III Search for explanation of Lookup feature)

***Organization ID-** User defined field; By clicking Lookup Organizations the user can search to see if the Organization ID currently exists.

***Organization Name-** Enter the Name of the Organization / Employer

Doing Business As (dba)- IF Name of the Organization / Employer is different than the Organization Name enter that name.

Contact Information

Hours of Operation / Time Zone- enter the Hours of Operation for this Employer and using the drop down box select the time zone. Cst ▼

***Phone /** Fax NNN-NNN-NNNN **or** NNNNNNNNNN

***Mailing Address**- 1st Line is for the Physical Address or the P O Box. 2nd line can be utilized for a suite number. City, State and Zip are also required.

Email- enter the email address for this employer

Website- enter the website address (URL) for this employer

Billing Contact / Phone- For Worker Compensation Employers enter the Main contact and phone number for who handles the claims.

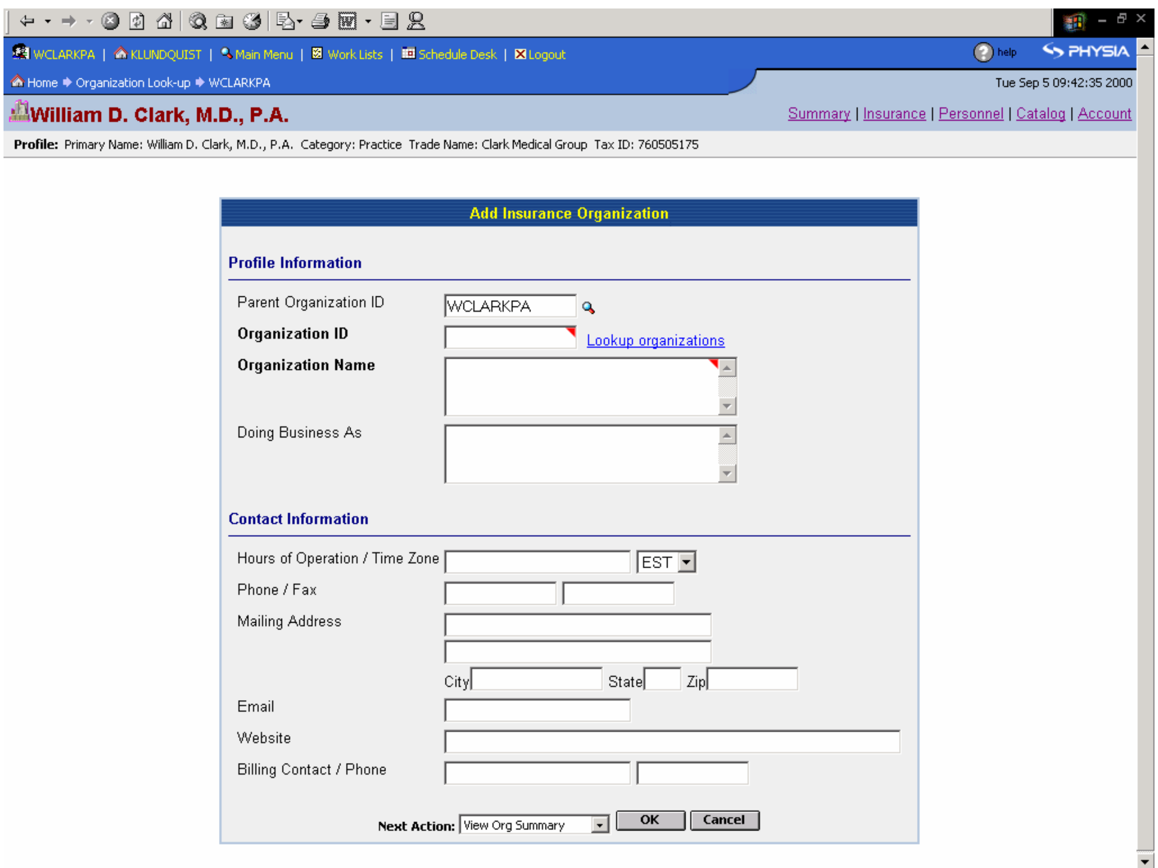
Next Action: View Org ▼

Add another Org
Lookup Org
Lookup Person
Go to Search

D. Insurance Organization

This Section will walk the user through the setup process of the Main Insurance record. There are 3 levels that comprise the Insurance structure and they include: Insurance Organization, Insurance Product and Insurance Plan. The Organization record encompasses the product and plan records for optimal reporting purposes.

Step 1 Click the 'Main Menu' Icon (top of the page 3rd Icon =)
Step 2 Locate Organization Section
Step 3 Click 'Add Insurance'
Step 4 Fill out form



Profile Information

Parent Organization ID- This ID will default to the ID of the Main Organization. This ID can be changed and the user has the ability to do a lookup by clicking the (See Section III Search for explanation of Lookup feature)

***Organization ID-** User defined field; By clicking Lookup Organizations the user can search the existing ID's to determine if this ID has been setup.

***Organization Name-** Enter the Name of the Insurance Organization

Doing Business As (dba)- IF the name of the Insurance Organization is different than the Name listed in the Organization Name field then enter the DBA name here.

Contact Information

Hours of Operation / Time Zone- enter the hours this Insurance Org is open. Use the drop down menu for Time Zone and select the appropriate Time Zone.

Cst ▼

Pl NNN-NNN-NNNN NNNNNNNNNN

Mailing Address- 1st line of address is for the Physical Address or P O Box. 2nd line can be utilized for a suite number. City, State and Zip are required.

Email- enter the email address for this Insurance Organization

Website- enter the website address (URL) for this Insurance Organization

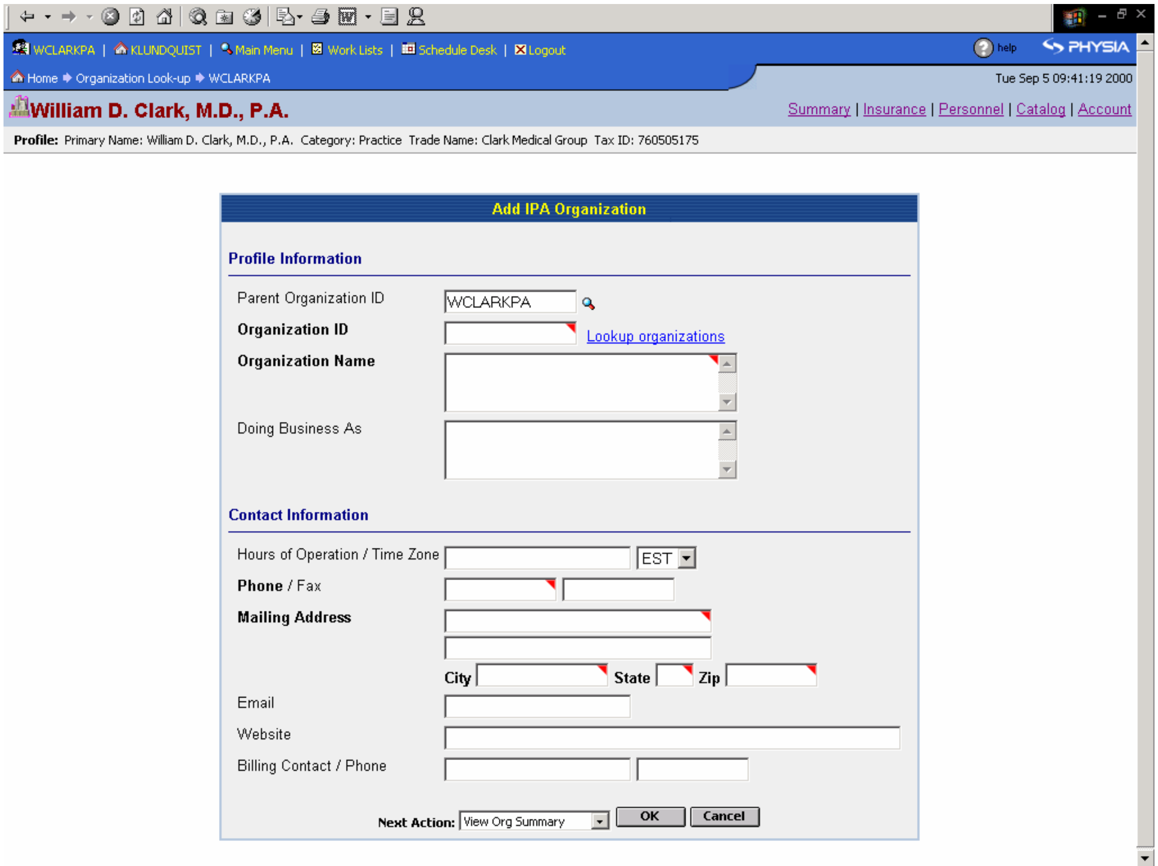
Billing Contact / Phone- Enter the Main Billing contact and number

Next Action: View Org Summary ▼

Add another Org
Lookup Org
Lookup Person
Go to Search

E. IPA Organization

Step 1 Click the 'Main Menu' Icon (top of the page 3rd Icon =)
Step 2 Locate Organizations Section
Step 3 Click 'Add IPA'
Step 4 Fill out form



<u>Profile Information</u>

Parent Organization ID- This ID will default to the ID of the Main Organization. This ID can be changed and the user has the ability to do a lookup by clicking the (See Section III Search for explanation of Lookup feature)

***Organization ID-** User defined field; By clicking <u>Lookup Organizations</u> the user can search the existing ID's to determine if this ID has been setup.

***Organization Name-** Enter the Name of the Insurance Organization

Doing Business As (dba)- IF the name of the Insurance Organization is different than the Name listed in the Organization Name field then enter the DBA name here.

Contact Information

Hours of Operation / Time Zone- enter the hours this Insurance Org is open. Use the drop down menu for Time Zone and select the appropriate Time Zone.

Cst ▼

***Ph** NNN-NNN-NNNN NNNNNNNNNN

***Mailing Address-** 1st line of address is for the Physical Address or P O Box. 2nd line can be utilized for a suite number. City, State and Zip are required.

Email- enter the email address for this Insurance Organization

Website- enter the website address (URL) for this Insurance Organization

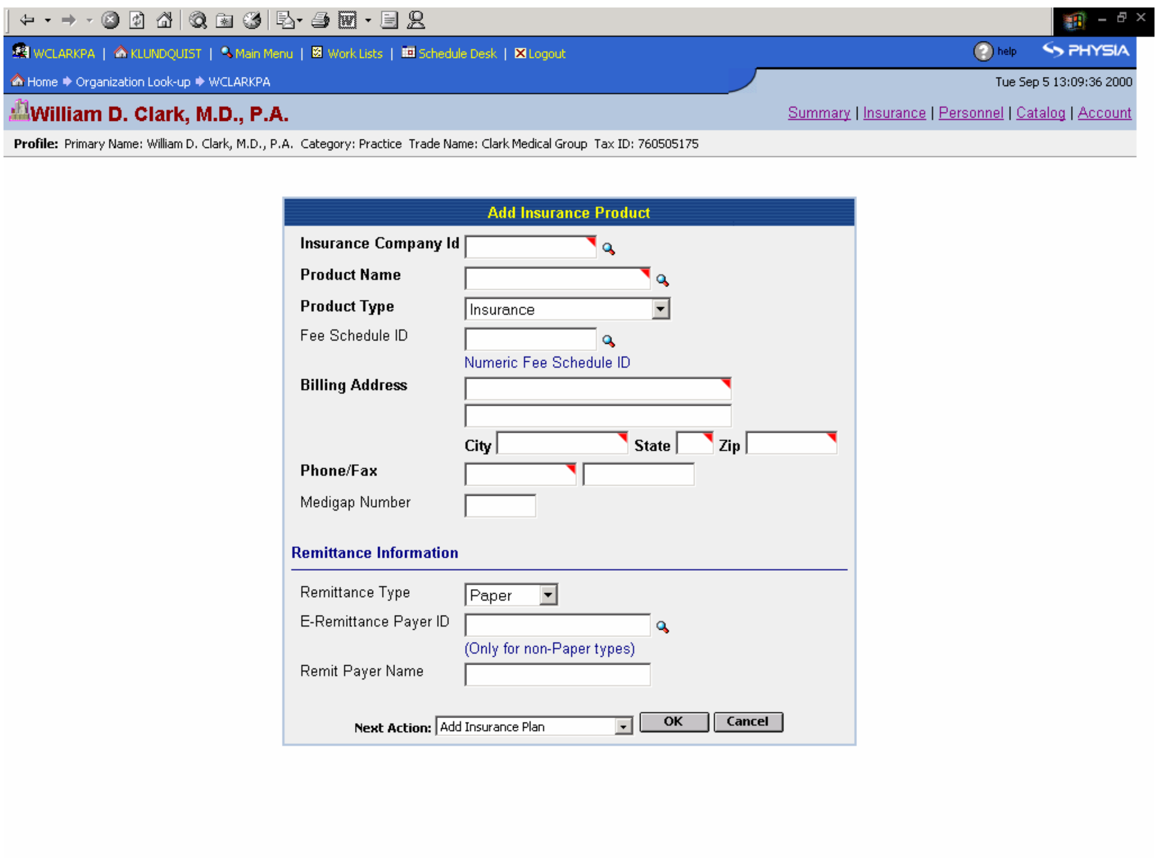
Billing Contact / Phone- Enter the Main Billing contact and number

Next Action: View Org Summary ▼

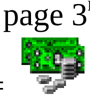
Add another Org
Lookup Org
Lookup Person
Go to Search

Adding an Insurance Product

This Section will walk the user through adding Insurance Products and linking those products to their Main Insurance Organization. An Insurance Product will only be set up once for each type of product. For example, Aetna PPO will only be set up once on the product level. The plan level will handle the multiple PPO addresses for Aetna.



Step 1 Start from Main Menu (top of the page 3rd Icon =)

Step 2 Locate the Billing Heading (icon = )

Step 3 Click Add Insurance Product

Step 4 Fill out the form

Insurance Company ID
Click the magnifying glass to search for the Insurance Org ID. See Search section for explanation on how to search

Product Name
Enter in the Name for the product you are adding. Example: need to add Aetna PPO with P O Box 120 Blue Bell, PA. The name could be entered as AETNA PA PPO or AETNA PA 120 PPO.

Product Type
Use the drop down area to select what "type" of Product this is. Examples include: HMO, PPO, POS, INDEMNITY, WORKERS COMPENSATION….

Fee Schedules
Using the magnifying glass search and select the Fee schedule that applies to this carrier. Example: fee schedule 1 could be for Fee For Service charges and fee schedule 2 could be for Capped charges.

Billing Address

Enter the Physical address or P O Box for this carrier on line 1 and the suite number on line 2 and line 3 contains the City, State and Zip code.

Phone/Fax
Format for entering is NNN-NNN-NNNN or NNNNNNNNNN

Remittance Information

Remittance Type
Clicking the drop down menu select the method of remittance(how are the claims for this carrier being submitted)

E-Remittance Payer ID
Using the magnifying glass search for the Electronic Payer ID for this Carrier. (usually a 5 digit number)

Remit Payer Name
Enter the Payer Name for the Carrier

Next Action:

Add Ins Product
Add Ins Plan
Go to Org Summary

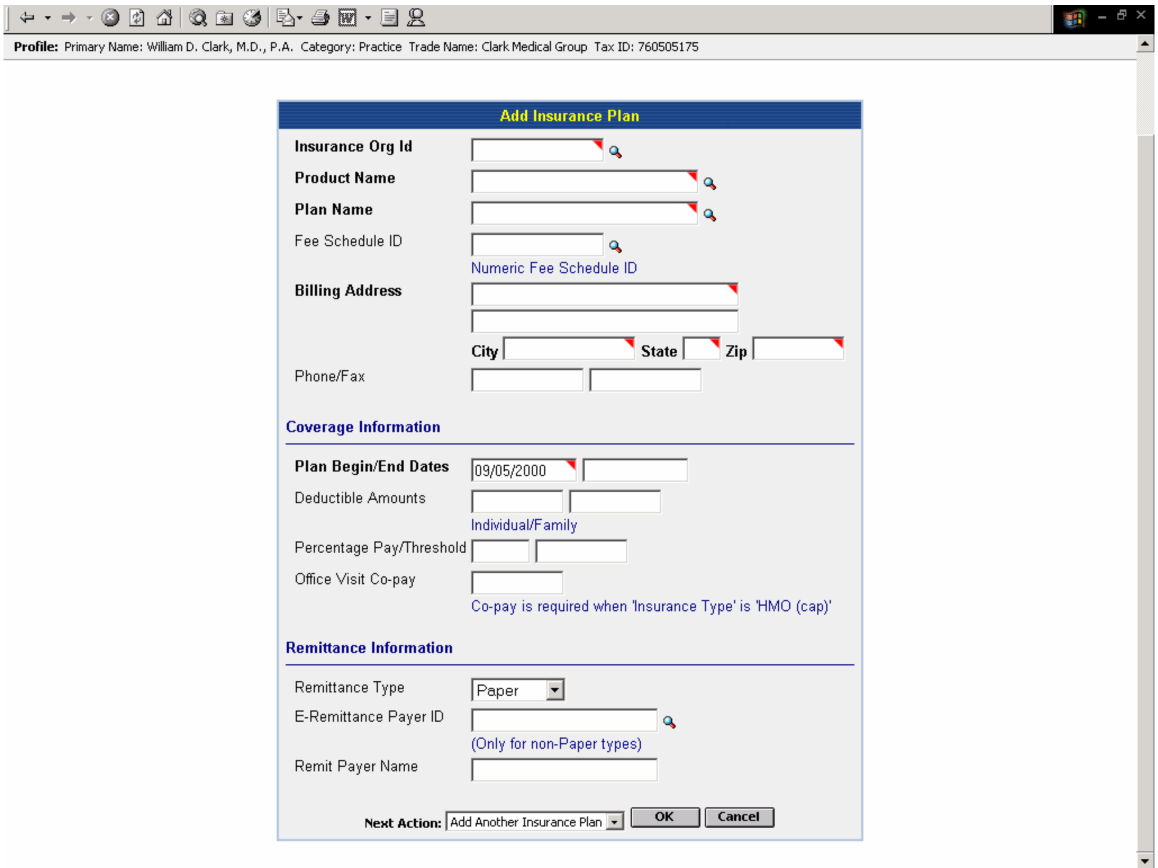
OK

CANCEL

Use the drop down menu to select the Next Action for this Insurance Product.

Adding an Insurance Plan

This Section will walk the user through the set up process for adding an Insurance Plan. An Insurance Plan is the lowest level within the Insurance structure. The plan level separates out the various addresses for a specific Insurance Product.



Step 1 Start from Main Menu (top of the page 3rd Icon = )

Step 2 Locate the Billing Heading (Icon = )

Step 3 Click Add Insurance Plan

Step 4 Fill out the form

Insurance Company ID
Click the magnifying glass to search for the Insurance Org ID. See Search section for explanation on how to search

Product Name ID
Use the magnifying glass to search for the Product Name. See Search section for explanation on how to search

Plan Name ID
Enter the Plan name for this Product. Example AETNA PA PPO 2301. Make sure that each Plan Name ID is unique.

Fee Schedules
Using the magnifying glass select the Fee schedule that applies to this carrier. Example: fee schedule 1 could be for Fee For Service charges and fee schedule 2 could be for Capped charges.

Billing Address

Enter the Physical address or P O Box for this carrier on line 1 and the suite number on line 2 and line 3 contains the City, State and Zip code.

Phone/Fax
Format is NNN-NNN-NNNN or NNNNNNNNNN

Remittance Information

Remittance Type
Clicking the drop down menu select the method of remittance(how are the claims for this carrier being submitted)

E-Remittance Payer ID
Using the magnifying glass search for the Electronic Payer ID for this Carrier. (usually a 5 digit number)

Remit Payer Name
Enter in the Payer Name for this Carrier
*Not currently in use

Next Action: OK CANCEL

Use the drop down menu to select the Next Action for this Insurance Plan.

Editing Existing Records

In order to edit existing records you must first FIND the Person ID or Org ID that will need to be edited. Upon selecting the ID the user will be taken to the Person Profile or Org Profile screen. The user has 2 ways to add / edit the information listed on the Profile Summary Screen. First, the user can click the 

box which will allow the user to select what field they need to edit. With the other option the user can click the red / gray box residing next to the entry they need to edit. Upon selecting the box the user will be taken to the Edit screen for that field. Below is a breakdown of the Personnel Records and Organization Records and how to edit the Profile as well as many of the Components.

Personnel Records

<u>Physician</u>

Physician Profile: In order to edit a Physicians Name, SSN, DOB, Gender, Marital Status, and Blood Type the user must have the Choose Action = Edit Profile. The user will click the field(s) they wish to edit within the Edit Profile Screen. Upon completing all fields the user will Click **OK** to accept the edits.

Certification: This component will be used for adding and editing all provider numbers, Tax ID, DEA, DPS, UPIN, ST License, etc.

*To add St License

Step 1 Click the button
Step 2 Click <u>Add State</u>
Step 3 Enter the State Abbreviation
Step 4 Enter the License #
Step 5 Enter the Expiration Date
Step 6 Click

(Print Screen – Add Certifications Example: State License)

*To Edit a St License number

Step 1 Click the box next to the entry for the License number
Step 2 The Update License number screen appears
Step 3 Click the field or fields that need updating
Step 4 Click for the system to accept the changes

(Print Screen – Update Certifications Example: State License)

Repeat the above Add and Edit steps for License numbers including DEA, DPS, UPIN, and all carrier individual numbers. In addition, the above steps can be used for adding and editing Accreditations and Specialities.

Nurse

Nurse Profile: In order to edit a Nurse's Name, SSN, DOB, Gender, Marital Status, Blood Type, Nursing License, Employee ID and Associated Physician the user must have the Choose Action = Edit Profile. The user will click the field(s) they wish to edit within the Edit Profile Screen. Upon completing all fields the user will Click to accept the edits.

(Print Screen – Update Nursing Staff Profile)

Staff Member

Staff Profile: In order to edit a Staff Member's Name, SSN, DOB, Gender, Marital Status, Blood Type, Employee ID the user must have the Choose Action = Edit Profile. The user will click the field(s) they wish to edit within the Edit Profile Screen. Upon completing all fields the user will Click to accept the edits.

(Print Screen – Update Staff Member Profile)

Organization Records

Associated Provider

Organization Profile: Allows the user the ability to change the name of the organization, the hours of operation, the Tax ID, the Place of Service and the Organization Type.

Step 1 Click Main Menu (top tool bar 3rd Icon)

Step 2 Locate Organization Section (Icon =)

Step 3 Click Lookup Associated Providers

Step 4 Search and Select the Associated Provider ID that requires editing (See Search section)

Step 5 From Associated Provider Summary click Choose Action

Step 6 Select Edit Profile

Step 7 Update Associated Provider Organization appears

Step 8 With the mouse click the fields requiring editing

Step 9 Click OK when completed

(Print Screen – Update Associated Provider)

Adding Credentials for Organizations (Group Numbers)

The Credentials component on the Organization summary page stores the group numbers that have been assigned by Medicare, Medicaid, BCBS, etc for specific locations or practices.

Step 1 Click Main Menu (top tool bar 3rd Icon)

Step 2 Locate Organization Section (Icon =)
Step 3 Click Lookup Associated Providers
Step 4 Search and Select the Associated Provider ID that requires editing (See Search section)
Step 5 From Associated Provider Summary locate the Credentials Component
Step 6 Click the button and the Add Credentials screen appears
Step 7 Click the ▼ arrow and select the type of credential: Medicare, Medicaid, etc
Step 8 Enter the number in the ID Number field
Step 9 Click OK when data is entered

(Print Screen – Add Credentials)

Editing Credentials for Organizations (Group Numbers)

The Credentials component on the Organization summary page stores the group numbers that have been assigned by Medicare, Medicaid, BCBS, etc for specific locations or practices.

Step 1 Click Main Menu (top tool bar 3rd Icon)

Step 2 Locate Organization Section (Icon =)
Step 3 Click Lookup Associated Providers
Step 4 Search and Select the Associated Provider ID that requires editing (See Search section)
Step 5 From Associated Provider Summary locate the Credentials Component
Step 6 Click the next to the ID that needs editing
Step 7 The Update Credentials screen appears
Step 8 Edit the ID Number field
Step 9 Click OK to accept data entered

(Print Screen – Update Credentials)

Department

Organization Profile: Allows the user the ability to change the Organization name, the DBA name and the hours of operation.

Step 1 Click Main Menu (top tool bar 3rd Icon)
Step 2 Locate Organization Section (Icon =)
Step 3 Click Lookup Department

Step 4 Search and Select the appropriate Department ID that requires editing (See Search section)
Step 5 From the Department Organization Summary page click Choose Action
Step 6 Select Edit Profile
Step 7 Update Department Organization appears
Step 8 With the mouse click the fields requiring editing
Step 9 Click OK when completed

(Print Screen – Update Department Organization)

<u>Employer</u>

Organization Profile: Allows the user the ability to change the Organization name, the DBA name and the hours of operation.

Step 1 Click Main Menu (top tool bar 3rd Icon)
Step 2 Locate Organization Section (Icon =)
Step 3 Click Lookup <u>Employer</u>
Step 4 Search and Select the appropriate Employer ID that requires editing (See Search section)
Step 5 From the Employer Organization Summary page click Choose Action
Step 6 Select Edit Profile
Step 7 Update Employer Organization appears
Step 8 With the mouse click the fields requiring editing
Step 9 Click OK when completed

(Print Screen – Update Employer Organization)

<u>Insurers</u>

Organization Profile: Allows the user the ability to change the Organization name, the DBA name and the hours of operation.

Step 1 Click Main Menu (top tool bar 3rd Icon)

Step 2 Locate Organization Section (Icon =)

Step 3 Click Lookup Insurers

Step 4 Search and Select the appropriate Insurance ID that requires editing (See Search section)

Step 5 From the Insurance Organization Summary page click Choose Action

Step 6 Select Edit Profile

Step 7 Update Insurance Organization appears

Step 8 With the mouse click the fields requiring editing

Step 9 Click OK when completed

(Print Screen – Update Insurance Organization)

IPA

Organization Profile: Allows the user the ability to change the Organization name, the DBA name and the hours of operation.

Step 1 Click Main Menu (top tool bar 3rd Icon)

Step 2 Locate Organization Section (Icon =)

Step 3 Click Lookup IPA

Step 4 Search and Select the appropriate IPA ID that requires editing (See Search section)

Step 5 From the IPA Organization Summary page click Choose Action

Step 6 Select Edit Profile

Step 7 Update IPA Organization appears

Step 8 With the mouse click the fields requiring editing

Step 9 Click OK when completed

(Print Screen – Update IPA Organization)

Contact Methods-Add / Edit

Step 1 Click Main Menu (top tool bar 3rd Icon)

Step 2 Locate Organization Section (Icon =)
Step 3 Click Lookup for the Org that needs to be edited
Step 4 Search and Select the appropriate ID that requires the editing (See Search section)
Step 5 From the Organization Summary page locate the Contact Methods Component
Step 6 Click the the Edit Contact Methods box appears
Step 7 *To add a field select an entry type: Telephone, Fax, Web(URL), Address, Email (Skip to Step 9)
Step 8 *To edit an existing field click the red / gray button of the field editing
Step 9 Click the▼ and select the type of entry if it is the Primary, Billing, Payment, etc
Step 10 Enter in the data
Step 11 Click OK to accept the data entered

(Print Screen – Add Telephone)

(Print Screen - Update Telephone)

Repeat the above steps to add or edit any fields that fall under the Contact Methods Component.

Organization Alerts (Example of when to use)

Step 1 Click Main Menu (top tool bar 3rd Icon)

Step 2 Locate Organization Section (Icon =)

Step 3 Click Lookup Org that needs an Alert added

Step 4 Search and Select the appropriate ID that requires the alert (See Search section)

Step 5 From the Organization Summary page locate Alerts Component

Step 6 Click button

Step 7 Add Alert screen appears

Step 8 Enter the Begin and End Dates for the Alert

Step 9 Click the▼ and select the type of Alert (Organization)

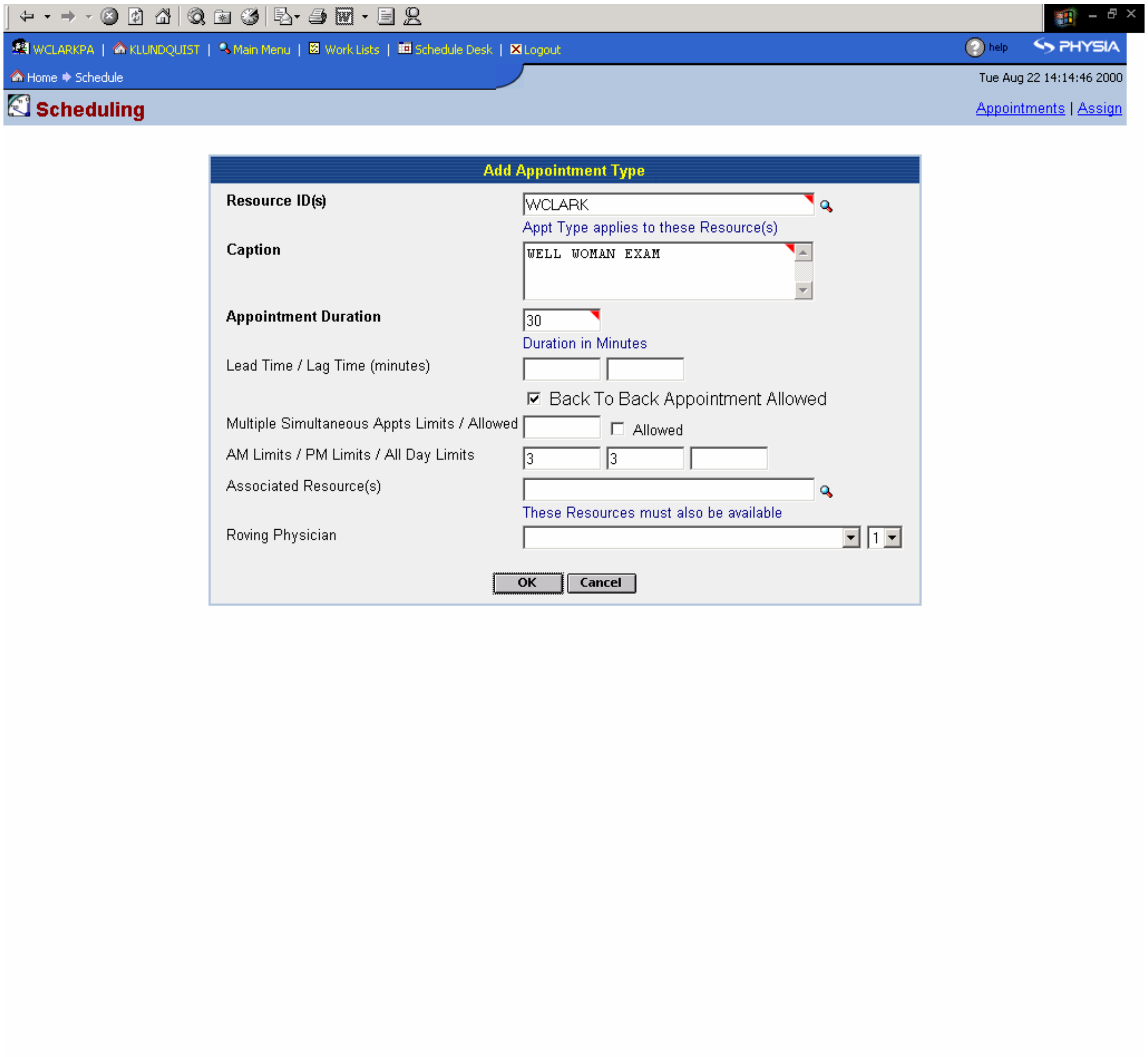
Step 10 Indicate Priority either High, Medium or Low

Step 11 Enter in a Caption and Description of the Alert
Step 12 Indicate if the Alert Status is Active or Inactive
Step 13 Click OK to accept data as entered

(Print Screen – Add Alert Example)

How to Add Appointment Types

Add Appointment Types Print Screen



Resource ID(s) – enter the Physician ID or ID's that this appointment type applies to or click to search for the ID's (See search section) **REQUIRED**

Caption – enter the Name of this Appointment type Example: Well Child Checkup **REQUIRED**

Appointment Duration- enter in the number of minutes required for this appointment type. **REQUIRED**

Lead Time / Lag Time (minutes)- enter in the number of minutes required prior to the appointment and after the appointment. Example: for a procedure visit there might be some prep the patients needs to do 10 minutes before the appointment and you will need 30 minutes after the appointment to clean up the room. The entry would be 10 30.

Multiple Simultaneous Appts Limits / Allowed – enter in the number of simultaneous appointments allowed of this type and check off the allowed box.

AM Limits / PM Limits / All Day Limits – Enter in the number of appointments of this type that are allowed in the morning and the afternoon or all day. If you enter in the number of appointments in the AM as well as in the PM then you do not have to enter a number in the all day limits field. If you leave the AM and PM blank then you can enter in the number of appointments of this type allowed all day irregardless if they occur in the morning or the afternoon.

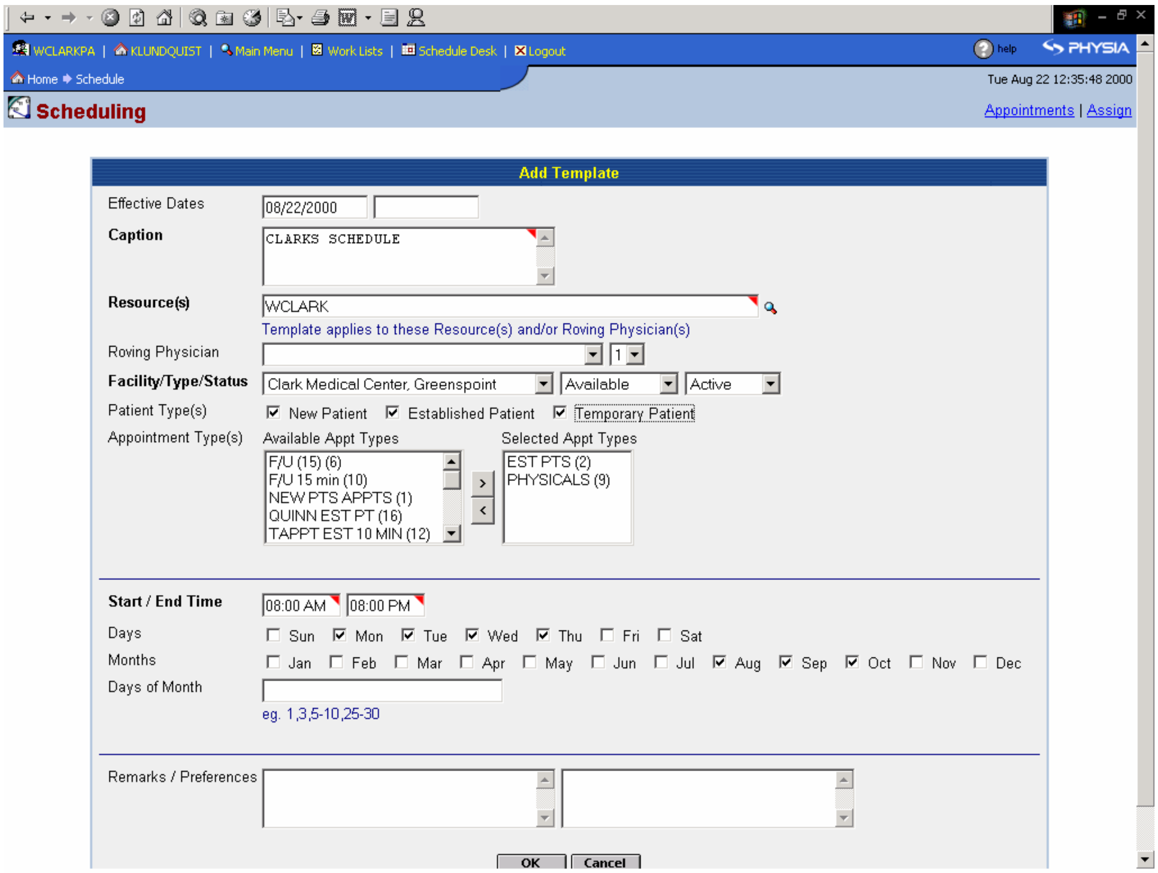
Associated Resource(s)- enter in the Resource ID's required to be on hand for this appointment type. Click the to search for the ID's if unknown.

Roving Physician-

Click the OK button to accept the data entered.

How to Add a Physicians Appointment Template

Appointment Template Print Screen



Effective Dates – enter in the date(s) that the template is valid from

Caption – enter in the Name of the Template. Example: Dr Smiths Monday Appts
****Required Field****

Resource(s) – enter in the Physician ID or ID's for the template. Click the to search for the Physician ID if unknown.

Roving Phyisician –

Facility / Type / Status – using the drop down menu ▼ select the appropriate entries.

Facility – select the location where patients will be seen for the template
Type – select if the template is available (open for appointments) or unavailable (blocked out no appointments)
Status – select Active (only templates no longer in use will be inactive)

Patient Type(s) – check off the type(s) of patients that will be seen under the template

Appointment Type(s) – select the types that are valid for the template. Use the arrows to move the selected appointment types from the Available Appt Types column to the Selected Appt Types column.

Start / End Time – enter the start and stop time that the template is valid (**REQUIRED)**
Example: 8:00 AM 5:00 AM

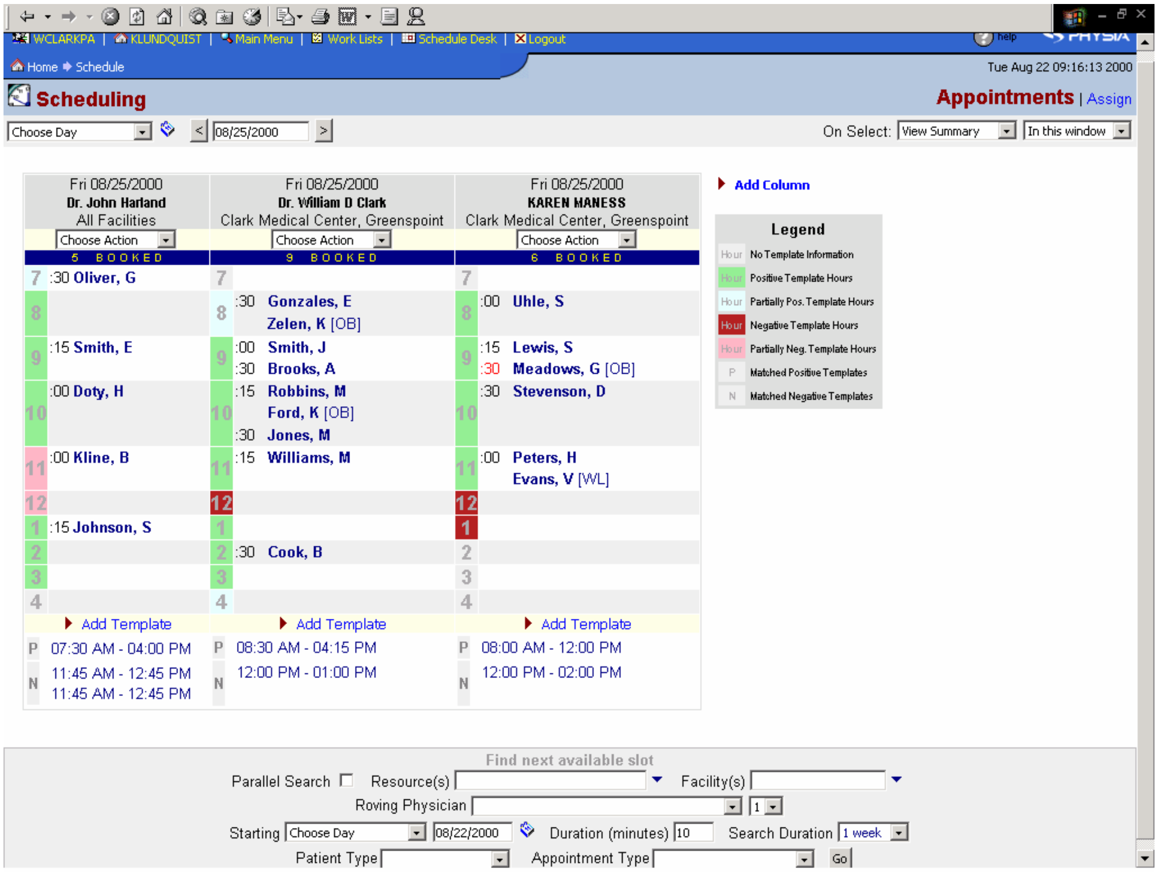
Days – check off the day(s) that this template is valid for

Months – check off the month(s) that this template is valid for

Days of Month – can enter the specific days of the month that this template is valid for.
Example: 1,3-5,8-15,25,29-31. (optional)

Remarks / Preferences – free text fields (optional)

Appointments From Schedule Desk



Green- Hours physician is in the office **Red-** Hours physician is not in the office
Pink- The physician is out during a portion of the time
Blue- The physician is in during a portion of the time
***See template hours at the bottom of the screen **P**= Positive hours **N**= Negative hours*

Choose Action ▼	Week View Add Appointment Find Slot Add Template View Templates Print Schedule Customize

The choose action box within the schedule enables the user to modify the existing, add templates, Print existing schedules, add appointments, View templates, find appointments and Customize the users Appointment Schedule screen.

Accessing Appointments

Accessed via Schedule Desk Icon

No matter where you are in the system you can click this icon schedule desk and you immediately go to the Appointments Schedule.

Accessed via Patient Flow Work List

- Under Add a New Record→Select Appointments
- Click on Add Walk-in
- Click on Add Appointment
- Find Next Available Slot
- Under Lookup a record→Select Appointments

Accessed via Patient Profile

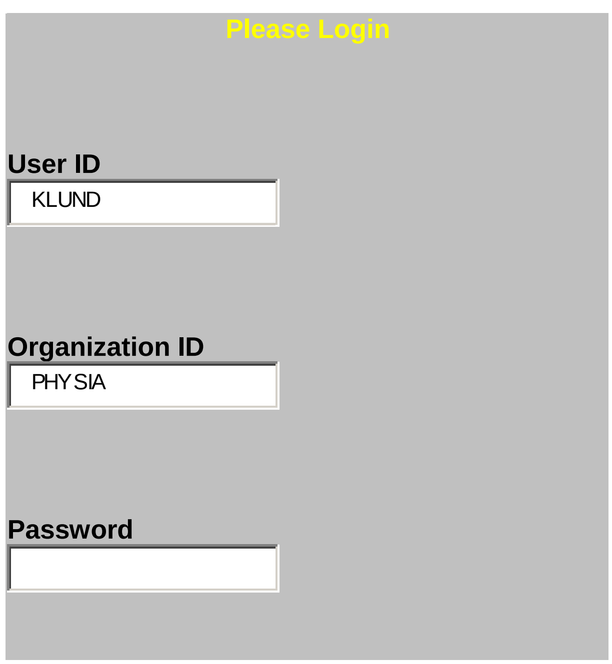
Schedule an appointment for that Patient Profile→Click Add Appointments

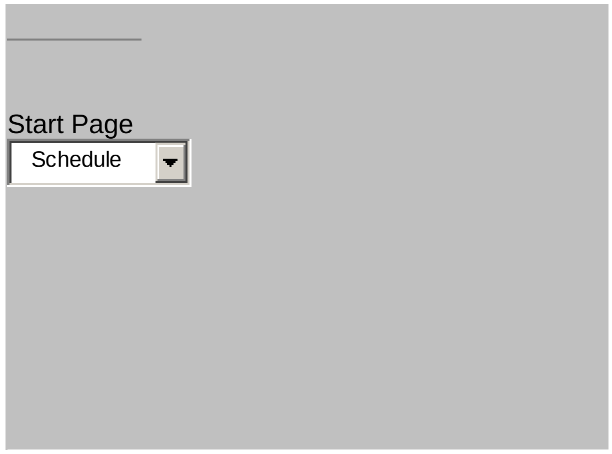
Accessed via Home Page

- Schedule Desk Icon
- Add a new Record→Appointments→Select Appointment

Accessed via Login Screen

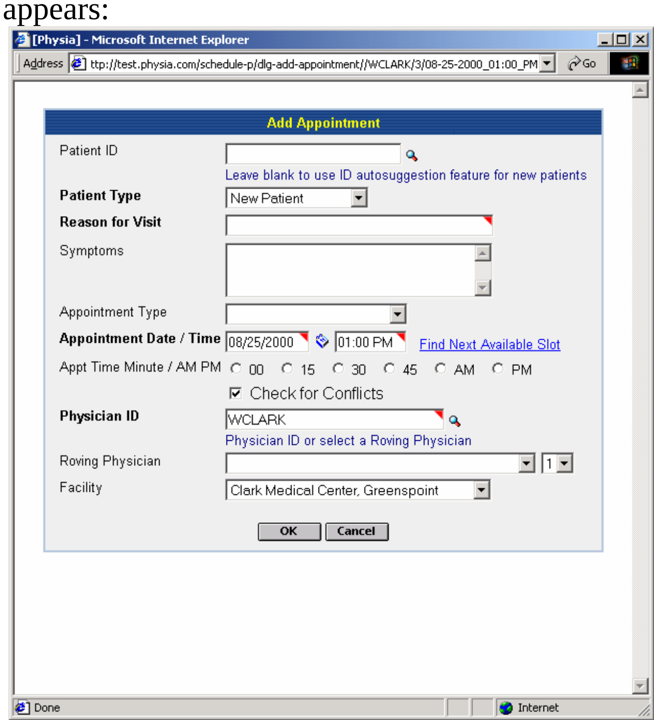
Your login can **default** to Schedule so you start out at the Schedule Desk.





How to Add an Appointment

From Schedule Desk- click on the time the patient is coming in and the following screen appears:



Adding appointments for Existing Patients

***Patient ID** = ID of patient being scheduled (use to lookup ID if unknown)

***Patient Type**= use drop down and select if the patient is new, established or a temporary patient

***Reason for Appointment**= free text field (ex: ill, fever, etc) **(REQUIRED)**

Symptoms= free text field (fever, chills, sore throat)

***Appointment Type**= use the drop down menu and select what kind of appointment the patient is coming in for. Appointment types will be attached to a physicians schedule template so the user needs to make sure they are selecting an appropriate appointment type for that physician.

***Appointment Date and Time**= will default to today's date and the current time. The user may change the date by deleting the date and typing in the new date or simply click on the and a calendar will appear as seen below.

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

From this point the user can select the month by using the drop down menu and selecting the month. Once the month is selected simply click the date on the calendar and the system will change the date on the Add appointment screen to the date selected. To change the time the user can either delete the time and reenter or change the hour to the hour being requested and click the radio button next to the appropriate minutes. (See example below)

08/21/2000 09:00 AM will change to 9:15 AM

○ 00 ● 15 ○ 30 ○ 45 ○ AM ○ PM

By selecting the 15 minute button the system will change the time from 9:00 AM to 9:15 AM.

***Physician ID** = From the Schedule desk this filled will auto fill with the Physicians ID

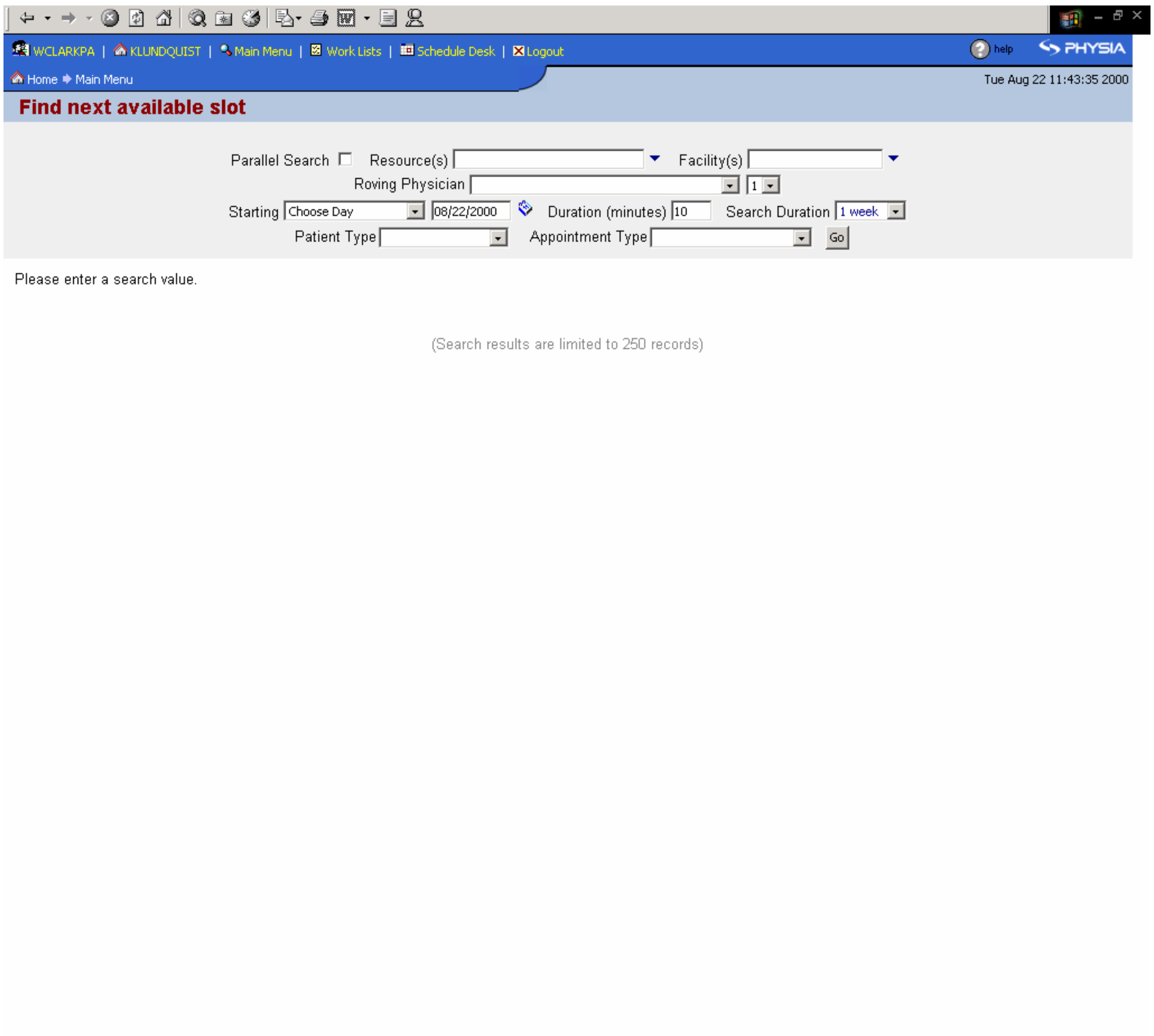
***Facility**= From the Schedule desk this filled will auto fill with the name of the location where the appointment is being scheduled

Click 'OK' to accept the data entered or click 'Cancel' to exit this dialog.

How to use Find Next Available Appointment

Find Next Available Print Screen

(Screen 1)



Step 1 Click 'Main Menu' Icon (top of the page 3rd Icon =)

Step 2 Locate Appointments / Scheduling Section

Step 3 Under Lookup click Next Available Appointment Slot

Step 4 Follow the field explanations on the next page

Resource(s) – Enter in the Physicians ID or click the ▼ button in order to lookup a physicians ID and then select the appropriate ID of the physician. (See Search section for explanation of searching)

Facility(s) – Enter the location ID or click the ▼ button in order to lookup a location ID and then select the appropriate ID. (See Search section for explanation of searching)

Roving Physician –

Starting Date – click the▼ and select the time frame from which you want to start the search. Example: Today, 1 week from today, 3 months from today, 1 year from today. Once the user selects the time frame the Date will appear in the field to the right of the drop down▼ . The user may also use the calendar that appears in order to select the starting date.

Duration – The user may enter the appropriate duration time of the appointment or they may tab through it and allow the system to enter the duration based on the appointment type that is selected.

Search Duration – click the ▼ and select the duration for search. Example: all available appointments for 1 week, 2 weeks or 3 weeks or 1 month.

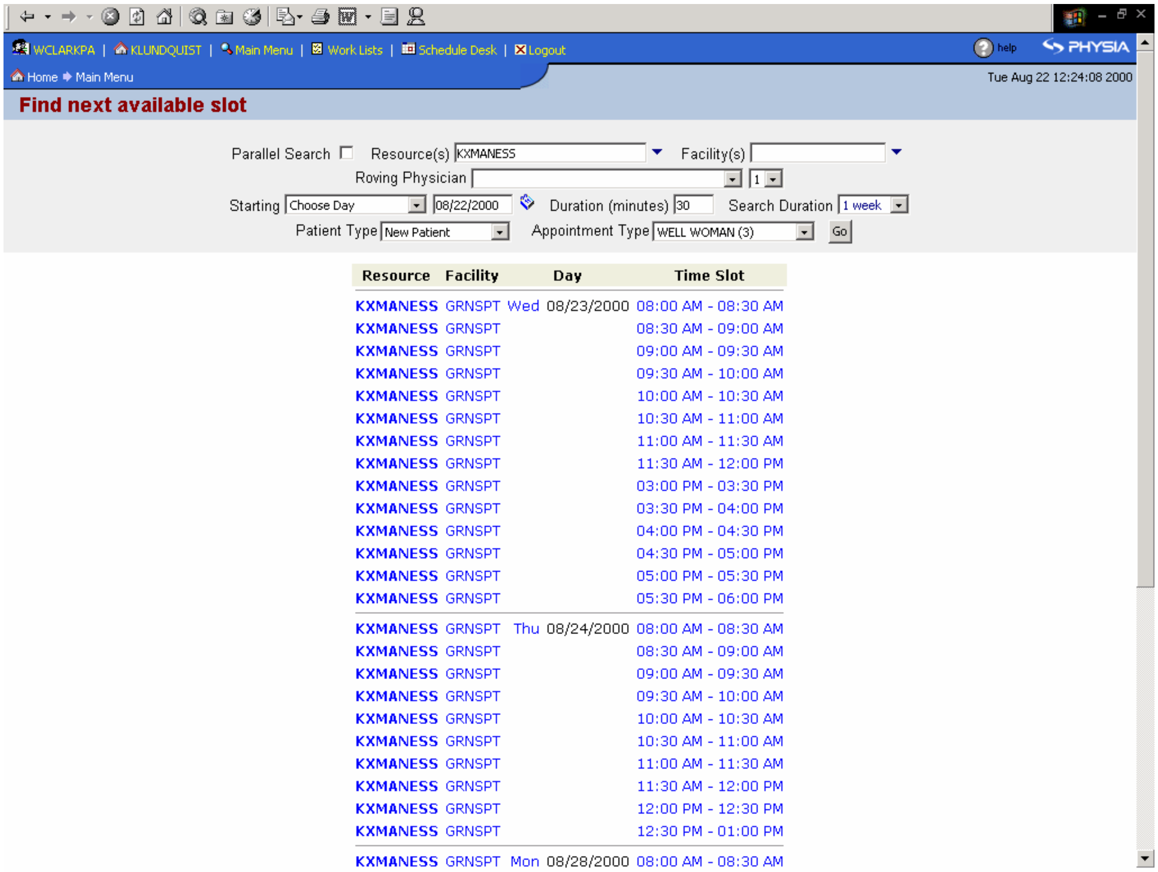
Patient Type – click the ▼ and select the type of patient the appointment is for. Example: is this a new patient , established patient or a temporary patient.

Appointment Type – click the▼ and select the type of appointment that is being searched for. Example: Established, Sick, New patient, Well exam, etc. These appointment types are defined and maintained by each practice and are setup via the Main Menu.

After completing the appropriate fields Click 'GO'. The system will return the available appointments based on the criteria that was selected. (Example: See screen on next page)

**NOTE: Not all fields have to be filled out but the user should fill out all fields as they apply to the appointment they are searching for.

Example: Appointments meeting Search criteria

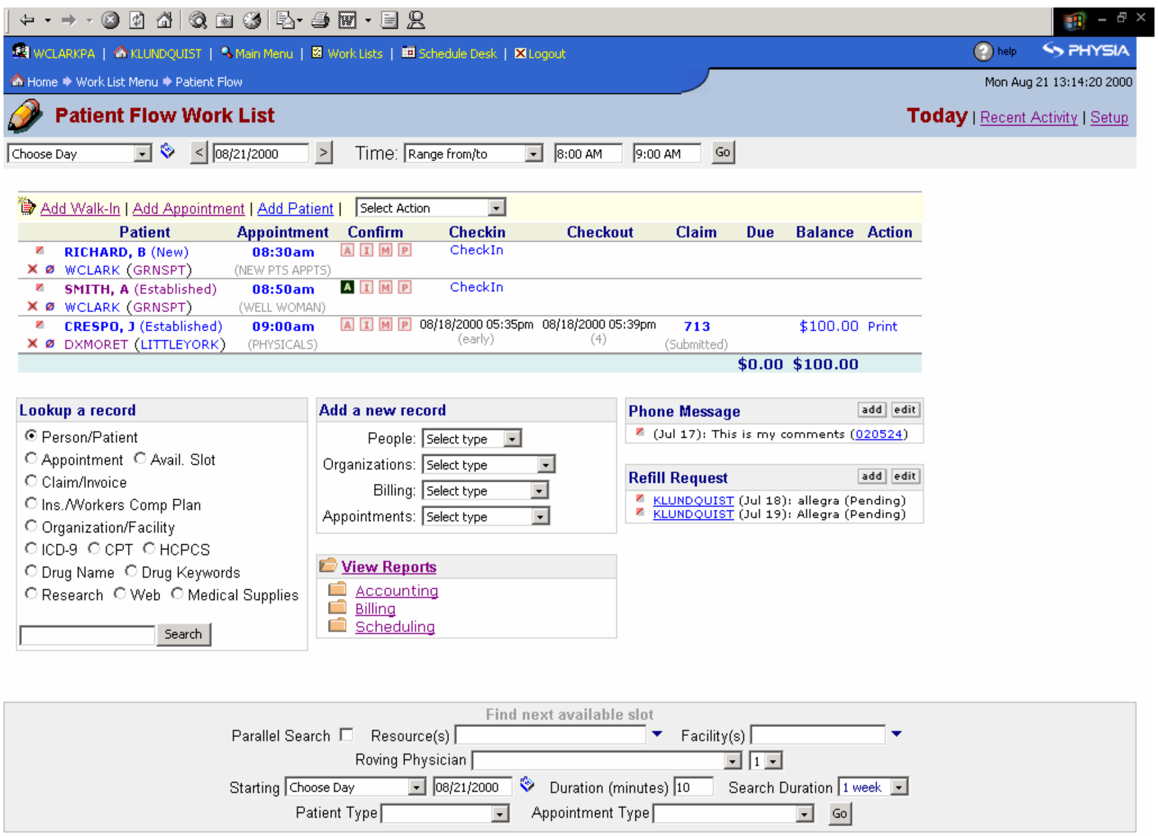


Resource	Facility	Day	Time Slot
KXMANESS	GRNSPT	Wed 08/23/2000	08:00 AM - 08:30 AM
KXMANESS	GRNSPT		08:30 AM - 09:00 AM
KXMANESS	GRNSPT		09:00 AM - 09:30 AM
KXMANESS	GRNSPT		09:30 AM - 10:00 AM
KXMANESS	GRNSPT		10:00 AM - 10:30 AM
KXMANESS	GRNSPT		10:30 AM - 11:00 AM
KXMANESS	GRNSPT		11:00 AM - 11:30 AM
KXMANESS	GRNSPT		11:30 AM - 12:00 PM
KXMANESS	GRNSPT		03:00 PM - 03:30 PM
KXMANESS	GRNSPT		03:30 PM - 04:00 PM
KXMANESS	GRNSPT		04:00 PM - 04:30 PM
KXMANESS	GRNSPT		04:30 PM - 05:00 PM
KXMANESS	GRNSPT		05:00 PM - 05:30 PM
KXMANESS	GRNSPT		05:30 PM - 06:00 PM
KXMANESS	GRNSPT	Thu 08/24/2000	08:00 AM - 08:30 AM
KXMANESS	GRNSPT		08:30 AM - 09:00 AM
KXMANESS	GRNSPT		09:00 AM - 09:30 AM
KXMANESS	GRNSPT		09:30 AM - 10:00 AM
KXMANESS	GRNSPT		10:00 AM - 10:30 AM
KXMANESS	GRNSPT		10:30 AM - 11:00 AM
KXMANESS	GRNSPT		11:00 AM - 11:30 AM
KXMANESS	GRNSPT		11:30 AM - 12:00 PM
KXMANESS	GRNSPT		12:00 PM - 12:30 PM
KXMANESS	GRNSPT		12:30 PM - 01:00 PM
KXMANESS	GRNSPT	Mon 08/28/2000	08:00 AM - 08:30 AM

From this point the user may click the time slot of the appointment selected and they will be taken to the Add Appointment Screen. (See Adding Appointments Section)

Patient Flow Work List

The functionality of the work list will depend upon the users profile, job duties and security level. Some of the functions include the ability to add appointments, check patients in and out, confirm appointments, verify insurance, verify receipt of medical records, find next available appointments, look up any record, add any record, view any report and examine a users Recent activity. All of these functions will be available from one screen or page. The end user should be able to work directly from the Work List and the links that are provided from this screen.



Functions in detail:

Appointments

a. add walk – in appointments by simply clicking Add Walk – in and the system will take the user to the Add Appointment screen
b. add regular appointments by simply clicking Add Appointment and the system will take the user to the Add Appointment screen
c. add appointments via Add a new record and selecting appointment from the drop down menu and the system will take the user to the Add Appointment screen
   Appointments: appointment ▼

d. add appointments via Find next available slot:
   Resource(s): type in Physician ID or click ▼ to search for Physician ID
   Facility(s): type in Facility ID (clinic ID) or click ▼ to do a search Org ID
   Roving Physician:

   Starting: put in date to start look up from
   Duration: put in the amount of time needed for the appointment
   Look ahead: click ▼ and select how far in advance you want search
   Patient type: select the type of patient: New, Established, Temporary, All
   Visit type: select the type of visit: Consult, Well exam, Counseling, etc.
   Then select GO
   ******SEE FIND NEXT AVAILABLE SLOT SECTION for more in depth explanation**

e. View all appointments for a given date and time:
   Choose Day ▼ 04/25/2000 Time: Range from/to 8a 5p GO
   At this point the user can select a day, look at yesterday or tomorrow. The user can also use the backward (<) and forward (>)arrow keys on the date to move the date up and down by a day. The user also has the ability to select the time range they wish to look at. By simply clicking ▼ the time can be modified to show appointments that are 30 minutes before the current time and 120 minutes after the current time. The other method allows the user to select a time range for appointments. For example, the range may be 8:00 am to 2:00 PM which allows the user to only view those appointments that fall between the designated range.

Explanation of Confirmation Buttons

Print Screen Appointment Confirmation

Step 1 To access the Appointment Confirmation screen click
Step 2 The Confirm Appointment dialog appears
Step 3 Location the Action Field (last field on the dialog)
Step 4 Using the mouse click the○ next to the appropriate action

**If 'Talked to Patient' or 'Left Message' are marked the will turn 'green'
**If 'Unable to Reach' or 'Incorrect Phone Number' are marked the will turn 'black'

Step 5 Click to accept the data
Step 6 System returns user back to the Patient Flow Work List

Print Screen Verify Insurance Part 1

Step 1 To access the Verify Insurance screen click
Step 2 The Verify Insurance dialog appears

Step 3 Enter the Effective Date for this or click and select the date from the calendar
Step 4 Enter the Deductible amount and the Deductible met to date amount
Step 5 If a referral is Required check the box Referral Required
Step 6 If there exists a separate Co-pay for Lab and X-ray then check the appropriate box
Step 7 Enter the name of the lab where this patient must go for benefit coverage

Step 8 Enter the ID of the PCP or click the to search for a Physicians ID
Step 9 Enter the Pre Cert phone number (Format NNN-NNN-NNNN)
Step 10 Next to each item listed indicate if it is a covered or non covered service

Print Screen Verify Insurance Coverage Part 2

"

Step 11 Enter the name of the Insurance representative
Step 12 Verified by will Default to the login of the user currently logged in

Step 13 Verify date will Default to today's date click the in order to change the date

Step 14 Click the next either Complete or Partial depending on the verification status
**If ‘Complete’ is chosen the ‘I’ will turn green if ‘Partial’ is chosen the ‘I’ will turn black

Step 15 Click when data is complete
Step 16 The system will return the user back to the Patient Flow Work List

Print Screen Verifying Medical Records

Step 1 To access the Verify Medical Records screen click
Step 2 The Verify Medical Records dialog appears
Step 3 Verified By will auto fill with the login of the user currently signed in

Step 4 Verify Date will default to current date click to select a different date

Step 5 Click to accept data entered

**The 'M' will turn green after OK is clicked
Step 6 The system will return the user back to the Patient Flow Work List

Print Screen Verifying Personal Records

Step 1 To access the Verify Personal Records screen click
Step 2 The Verify Personal Records dialog appears
Step 3 Verified By will auto fill with the login of the user currently signed in
Step 4 Verify Date will default to current date click to select a different date
Step 5 Click to accept data entered
**The 'P' will turn green after OK is clicked
Step 6 The system will return the user back to the Patient Flow Work List

Print Screen Face Sheet

Step 1 To access the Face Sheet screen click
Step 2 The Face Sheet Dialog appears
Step 3 Print out the Face Sheet

Check IN

The purpose of the Check In Action is to “time” stamp the arrival of the patient. This allows the user to track the amount of time it takes for a patient to be brought back to a room. In addition it is also used as a tracking feature to determine who has been checked in versus who has not been checked in. From the actually Check In dialog a patients phone number, address, and current health coverage may be modified.

Step 1 Click the word ‘CheckIn’
Step 2 Check In Dialog is displayed   **See print screen on next page**
Step 3 Enter in the users Batch ID
Step 4 On the right side of the screen Locate the Health coverage component
Step 5 Scroll the page down and click Yes or No Health coverage verified
Step 6 Click to accept information

Once the user has completed the above steps the time will be noted in the Check In column. Underneath the time the word ‘early’ or the number of minutes if the patient is late will appear in parentheses ( ). In addition, a claim number will appear with the word (Created) underneath indicating the claim process has begun for that patient.

Check OUT

The purpose of the Check out screen is to allow the user to post the charges for the current visit. In addition, the time stamp process also occurs at this stage. This allows users the ability to monitor the length of time a patient actually waits from the moment they check in until the moment they check out.

Step 1 Click the word 'CheckOut'
Step 2 Check Out Dialog is displayed **See print screen on next page**
Step 3 Enter in the users Batch ID
Step 4 Verify the Provider of Service pulled correctly from the Scheduler
Step 5 Click ▼ and select the appropriate Billing provider. This will be the provider That appears on the claim
Step 6 Verify the Service Org pulled correctly from the Scheduler
Step 7 Click ▼ and select the appropriate Billing Org and Pay to Org.
Step 8 Continue to fill out the screen **See Charge Entry Section for explanation**

Once the user has entered in all pertinent information for the claim the system will note the time under the Check Out column. In addition, if the user puts the claim on hold or submits the claim the status of the claim will change from (Created) to either (On Hold) or (Submitted)

Look Up Records

This section of the work list allows the user to look up the following records:

- Person/Patient
  - Patients
  - Physicians
  - Nurse
  - Staff
- Appointments
- Available slots
- Claims
- Insurance Plans
- Organizations
- ICD9
- CPT
- HCPCS

Drug Name
Drug Keywords

Step 1 Click the ○ next to the record you are looking up
Step 2 Enter the name/number in the free text field (OPTIONAL)
Step 3 Click the word Search
Step 4 The system will take the user to the corresponding Lookup Screen
Step 5 For explanation on lookup **See Search/Lookup Section**

Add Records

This section of the work list allows the user to add the following records:

People: Patient, Physician/Provider, Nurse and Staff members
Organizations: Main, Department, Associated Provider, Employer, Insurance and IPA
Accounting: Add a claim, Fee Schedule, Fee Schedule Item, Insurance Product, Insurance Plan
Appointments: Appointment, Schedule Template, Appointment Type

Step 1 Click ▼ next to the Section you need to add a record
Step 2 Select the appropriate record to add
Step 3 The system will take the user to the corresponding Add Screen
Step 4 For explanation on the specific Add Screens **See the appropriate Section**

View Reports

This section allows the user to view and print a variety of reports including the following:

Accounting-	Aged Insurance Receivables
	Aged Patient Receivables
	Appointment Charges
	Claim Status
	Daily Audit Recap
	Financial Analysis Report
	Monthly Audit Recap
	Procedure Analysis
	Receipt Analysis
	Revenue and Collection
Billing-	Claim Status
	Invoices
Scheduling-	Patient Activity

Step 1 Click the appropriate subheading Example: Accounting, Billing or Scheduling
Step 2 Click the report you wish to view
Step 3 Enter in the constraints of the report **See Reports Section for explanation**
Step 4 Click ‘OK’
Step 5 View the report on Screen
Step 6 Print Report **See Printing Section for explanation**

Work List Setup Process

This section will walk the user through the setup process for the Patient Flow Work List. Each user may have their Work List setup to pull different physicians and different facilities. Depending on the selection criteria different users may have different patients appearing on their work lists. Please follow the directions below in order to setup the work list correctly.

(Setup Process – Patient Flow Work List)

Step 1

Physicians- Available Physicians are those physicians that are setup in your system. Selected Physicians are those physicians the user has selected to determine which patients show on their work list. In order to move a physician from one column to the next simply double click the physician's name in the available column. The same method can be used to move a physician from the selected column to the available column.

Step 2

Facilities- Available Facilities are those facilities that are setup in your system. Selected Facilities are those facilities the user has selected to determine which patients show on their work list. In order to move a facility from one column to the next simply double click the facility name in the available column. The same method can be utilized to move a facility from the selected column to the available column.

Step 3

On-Select- the user has the ability to change the starting screen for the following Categories: People, Physician, Organization, Appointments. In order to change the starting place simply click ▼ next to the category needing to be changed.

Step 4

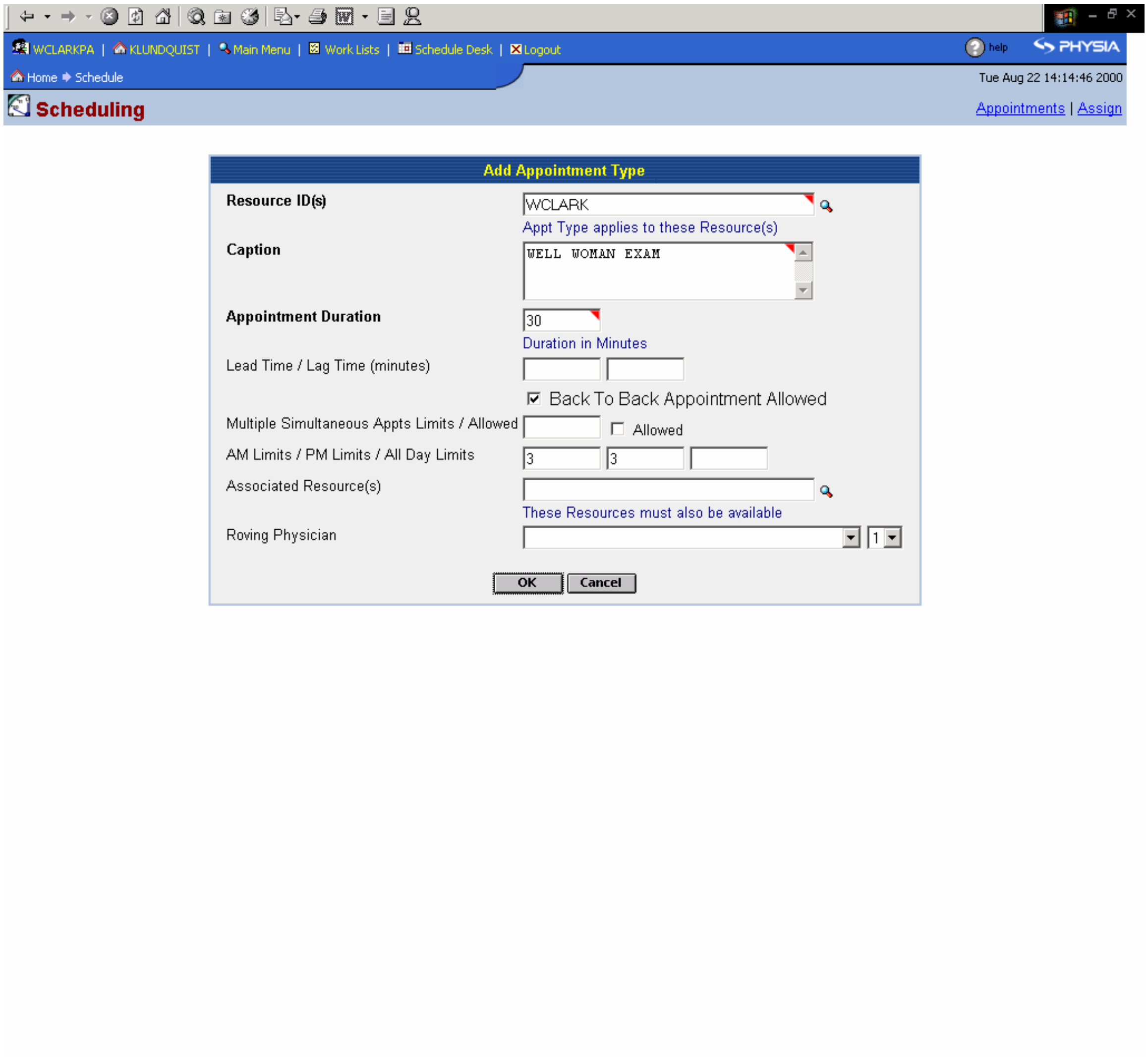
Click

Recent Activity

This section allows the user to view their recent activity for today, by patient and by count. See Example Print screen below.

How to Add Appointment Types

Add Appointment Types Print Screen



Resource ID(s) – enter the Physician ID or ID's that this appointment type applies to or click to search for the ID's (See search section) **REQUIRED**

Caption – enter the Name of this Appointment type Example: Well Child Checkup **REQUIRED**

Appointment Duration- enter in the number of minutes required for this appointment type. **REQUIRED**

Lead Time / Lag Time (minutes)- enter in the number of minutes required prior to the appointment and after the appointment. Example: for a procedure visit there might be some prep the patients needs to do 10 minutes before the appointment and you will need 30 minutes after the appointment to clean up the room. The entry would be 10 30.

Multiple Simultaneous Appts Limits / Allowed – enter in the number of simultaneous appointments allowed of this type and check off the allowed box.

AM Limits / PM Limits / All Day Limits – Enter in the number of appointments of this type that are allowed in the morning and the afternoon or all day. If you enter in the number of appointments in the AM as well as in the PM then you do not have to enter a number in the all day limits field. If you leave the AM and PM blank then you can enter in the number of appointments of this type allowed all day irregardless if they occur in the morning or the afternoon.

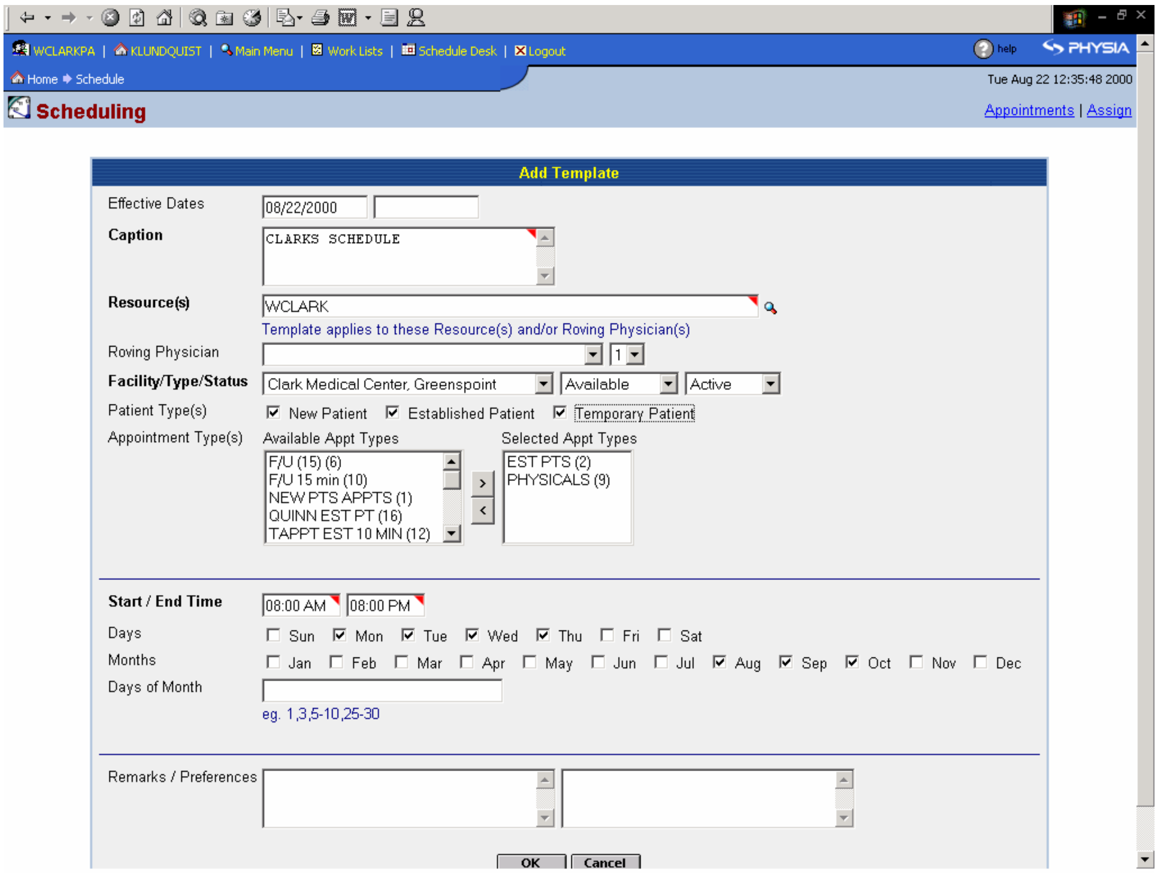
Associated Resource(s)- enter in the Resource ID's required to be on hand for this appointment type. Click the to search for the ID's if unknown.

Roving Physician-

Click the OK button to accept the data entered.

How to Add a Physicians Appointment Template

Appointment Template Print Screen



Effective Dates – enter in the date(s) that the template is valid from

Caption – enter in the Name of the Template. Example: Dr Smiths Monday Appts ****Required Field****

Resource(s) – enter in the Physician ID or ID's for the template. Click the to search for the Physician ID if unknown.

Roving Phyisician –

Facility / Type / Status – using the drop down menu ▼ select the appropriate entries.

Facility – select the location where patients will be seen for the template
Type – select if the template is available (open for appointments) or unavailable (blocked out no appointments)
Status – select Active (only templates no longer in use will be inactive)

Patient Type(s) – check off the type(s) of patients that will be seen under the template

Appointment Type(s) – select the types that are valid for the template. Use the arrows to move the selected appointment types from the Available Appt Types column to the Selected Appt Types column.

Start / End Time – enter the start and stop time that the template is valid (**REQUIRED)**
Example: 8:00 AM 5:00 AM

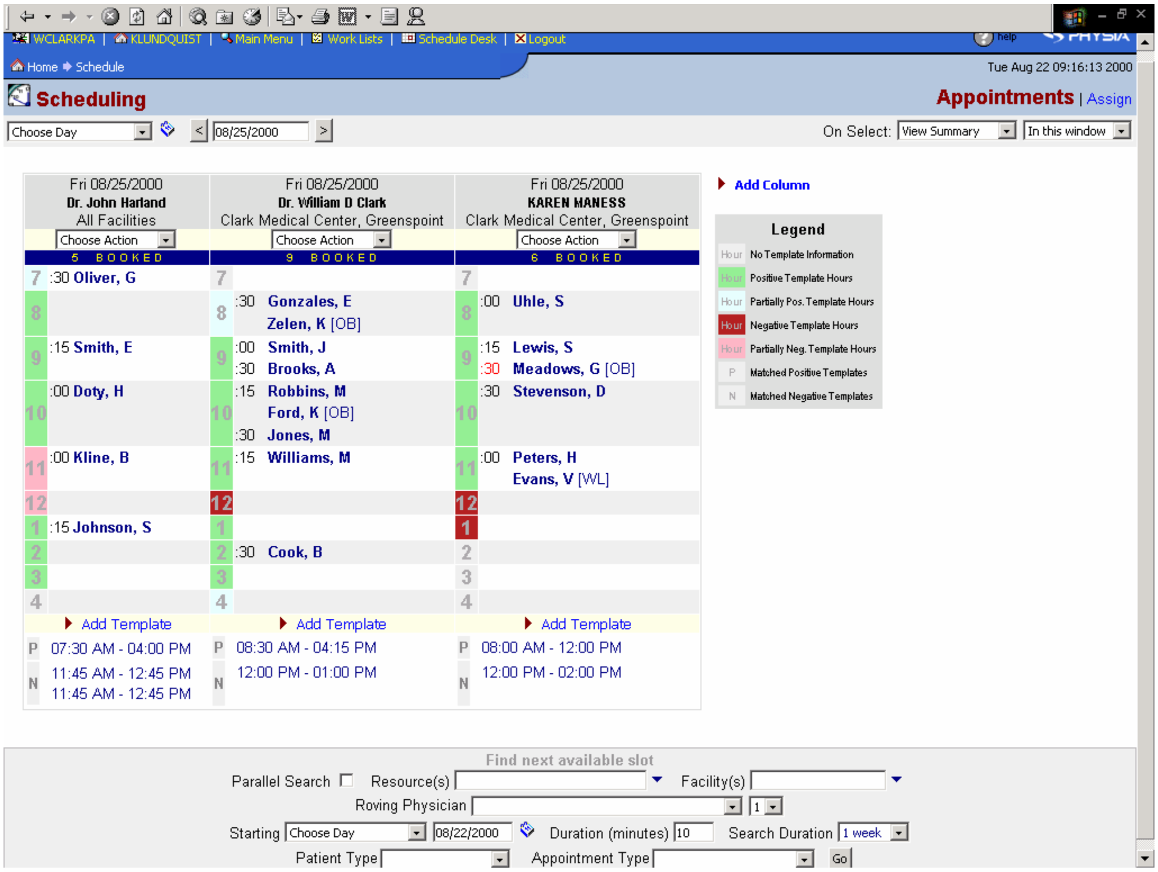
Days – check off the day(s) that this template is valid for

Months – check off the month(s) that this template is valid for

Days of Month – can enter the specific days of the month that this template is valid for.
Example: 1,3-5,8-15,25,29-31. (optional)

Remarks / Preferences – free text fields (optional)

Appointments From Schedule Desk



Green- Hours physician is in the office **Red-** Hours physician is not in the office
Pink- The physician is out during a portion of the time
Blue- The physician is in during a portion of the time
***See template hours at the bottom of the screen **P**= Positive hours **N**= Negative hours*

Choose Action ▼

Week View
Add Appointment
Find Slot
Add Template
View Templates
Print Schedule
Customize

The choose action box within the schedule enables the user to modify the existing, add templates, Print existing schedules, add appointments, View templates, find appointments and Customize the users Appointment Schedule screen.

Accessing Appointments

Accessed via Schedule Desk Icon

No matter where you are in the system you can click this icon schedule desk and you immediately go to the Appointments Schedule.

Accessed via Patient Flow Work List

- Under Add a New Record→Select Appointments
- Click on Add Walk-in
- Click on Add Appointment
- Find Next Available Slot
- Under Lookup a record→Select Appointments

Accessed via Patient Profile

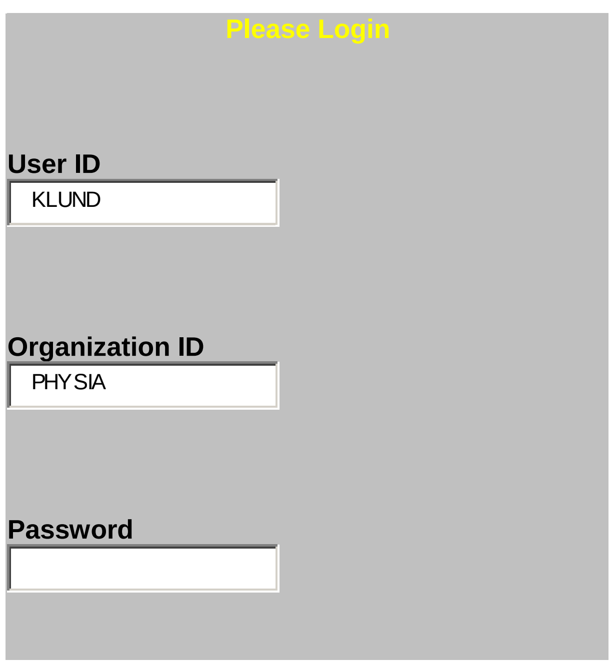
Schedule an appointment for that Patient Profile→Click Add Appointments

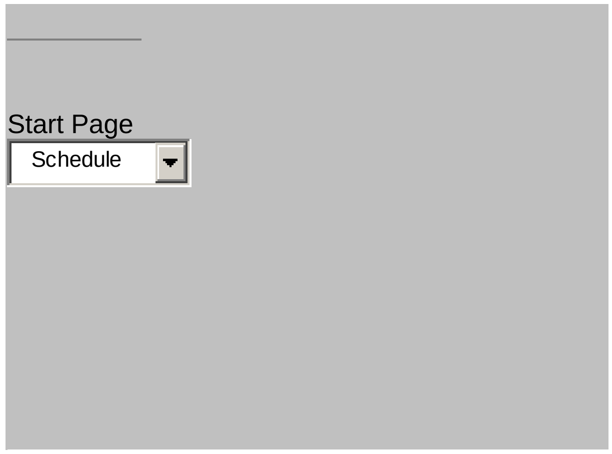
Accessed via Home Page

- Schedule Desk Icon
- Add a new Record→Appointments→Select Appointment

Accessed via Login Screen

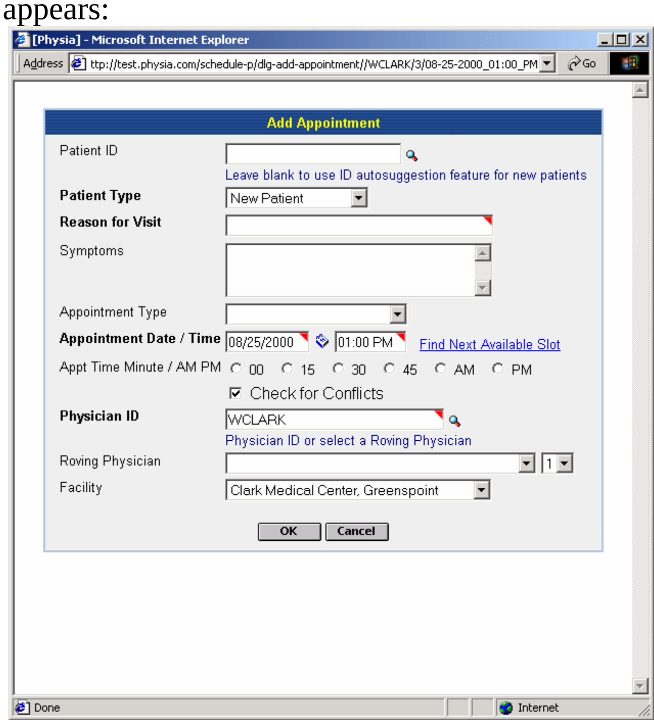
Your login can **default** to Schedule so you start out at the Schedule Desk.





How to Add an Appointment

From Schedule Desk- click on the time the patient is coming in and the following screen appears:



Adding appointments for Existing Patients

***Patient ID** = ID of patient being scheduled (use to lookup ID if unknown)

***Patient Type**= use drop down and select if the patient is new, established or a temporary patient

***Reason for Appointment**= free text field (ex: ill, fever, etc) **(REQUIRED)**

Symptoms= free text field (fever, chills, sore throat)

***Appointment Type**= use the drop down menu and select what kind of appointment the patient is coming in for. Appointment types will be attached to a physicians schedule template so the user needs to make sure they are selecting an appropriate appointment type for that physician.

***Appointment Date and Time**= will default to today's date and the current time. The user may change the date by deleting the date and typing in the new date or simply click on the and a calendar will appear as seen below.

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

From this point the user can select the month by using the drop down menu and selecting the month. Once the month is selected simply click the date on the calendar and the system will change the date on the Add appointment screen to the date selected. To change the time the user can either delete the time and reenter or change the hour to the hour being requested and click the radio button next to the appropriate minutes. (See example below)

08/21/2000 09:00 AM will change to 9:15 AM

○ 00 ● 15 ○ 30 ○ 45 ○ AM ○ PM

By selecting the 15 minute button the system will change the time from 9:00 AM to 9:15 AM.

***Physician ID** = From the Schedule desk this filled will auto fill with the Physicians ID

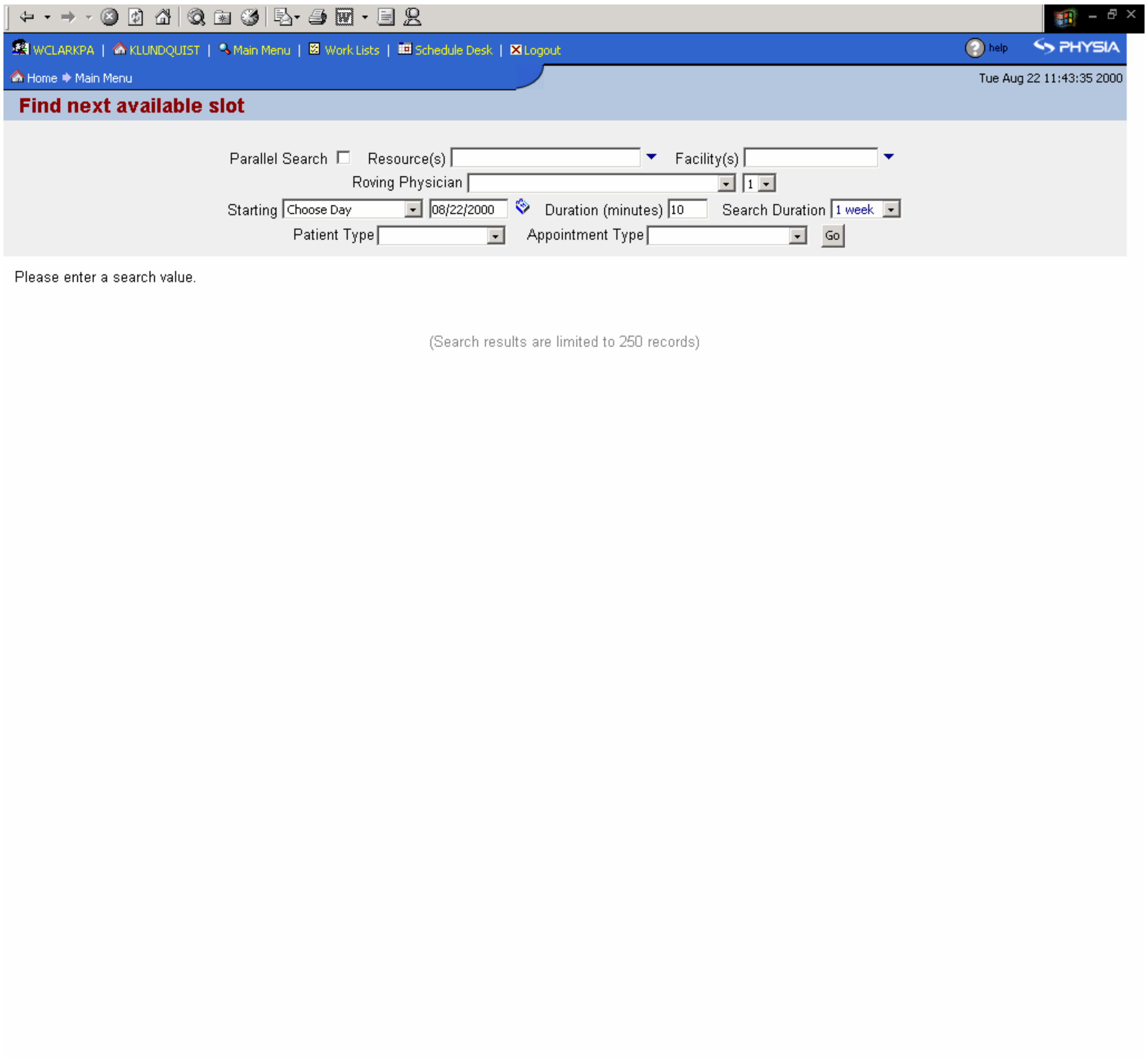
***Facility**= From the Schedule desk this filled will auto fill with the name of the location where the appointment is being scheduled

Click 'OK' to accept the data entered or click 'Cancel' to exit this dialog.

How to use Find Next Available Appointment

Find Next Available Print Screen

(Screen 1)



Step 1 Click 'Main Menu' Icon (top of the page 3rd Icon =)

Step 2 Locate Appointments / Scheduling Section

Step 3 Under Lookup click Next Available Appointment Slot

Step 4 Follow the field explanations on the next page

Resource(s) – Enter in the Physicians ID or click the ▼ button in order to lookup a physicians ID and then select the appropriate ID of the physician. (See Search section for explanation of searching)

Facility(s) – Enter the location ID or click the ▼ button in order to lookup a location ID and then select the appropriate ID. (See Search section for explanation of searching)

Roving Physician –

Starting Date – click the▼ and select the time frame from which you want to start the search. Example: Today, 1 week from today, 3 months from today, 1 year from today. Once the user selects the time frame the Date will appear in the field to the right of the drop down▼. The user may also use the calendar that appears in order to select the starting date.

Duration – The user may enter the appropriate duration time of the appointment or they may tab through it and allow the system to enter the duration based on the appointment type that is selected.

Search Duration – click the ▼ and select the duration for search. Example: all available appointments for 1 week, 2 weeks or 3 weeks or 1 month.

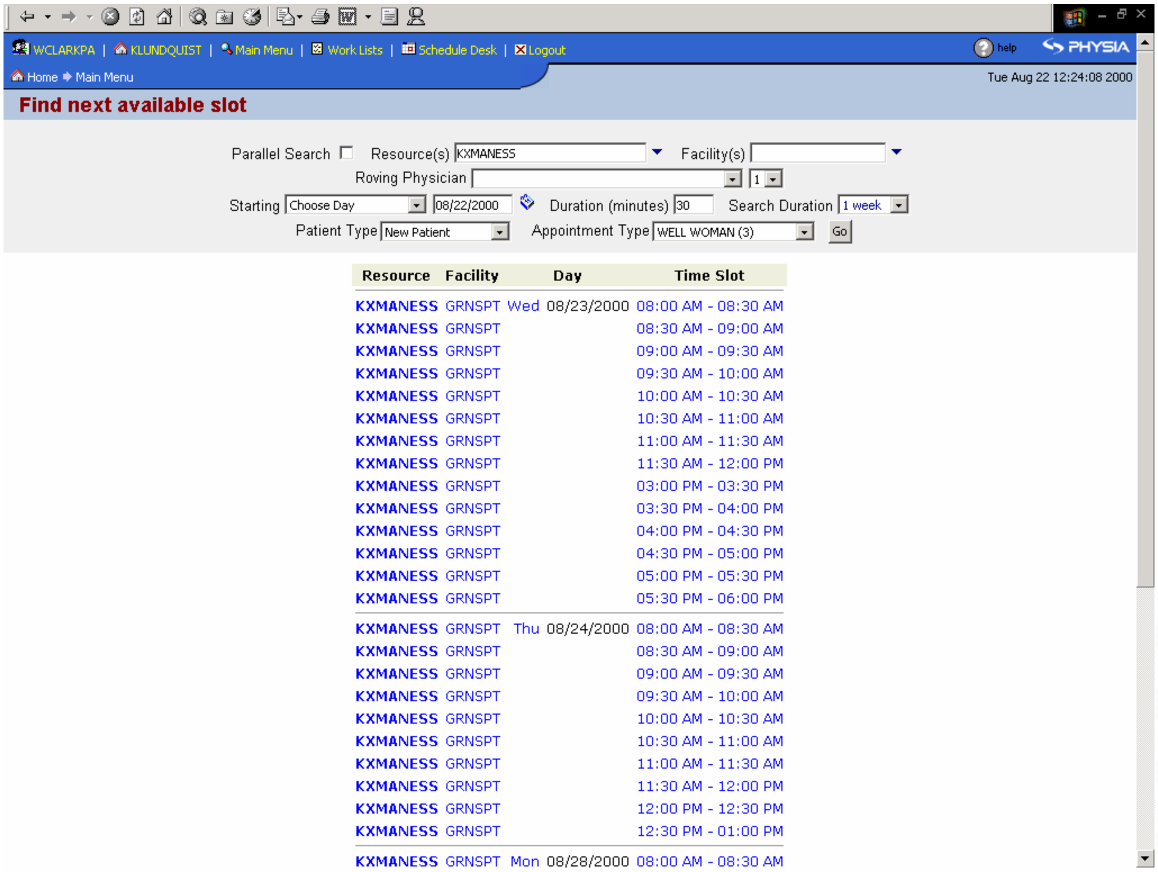
Patient Type – click the ▼ and select the type of patient the appointment is for. Example: is this a new patient , established patient or a temporary patient.

Appointment Type – click the▼ and select the type of appointment that is being searched for. Example: Established, Sick, New patient, Well exam, etc. These appointment types are defined and maintained by each practice and are setup via the Main Menu.

After completing the appropriate fields Click ‘GO’. The system will return the available appointments based on the criteria that was selected. (Example: See screen on next page)

**NOTE: Not all fields have to be filled out but the user should fill out all fields as they apply to the appointment they are searching for.

Example: Appointments meeting Search criteria

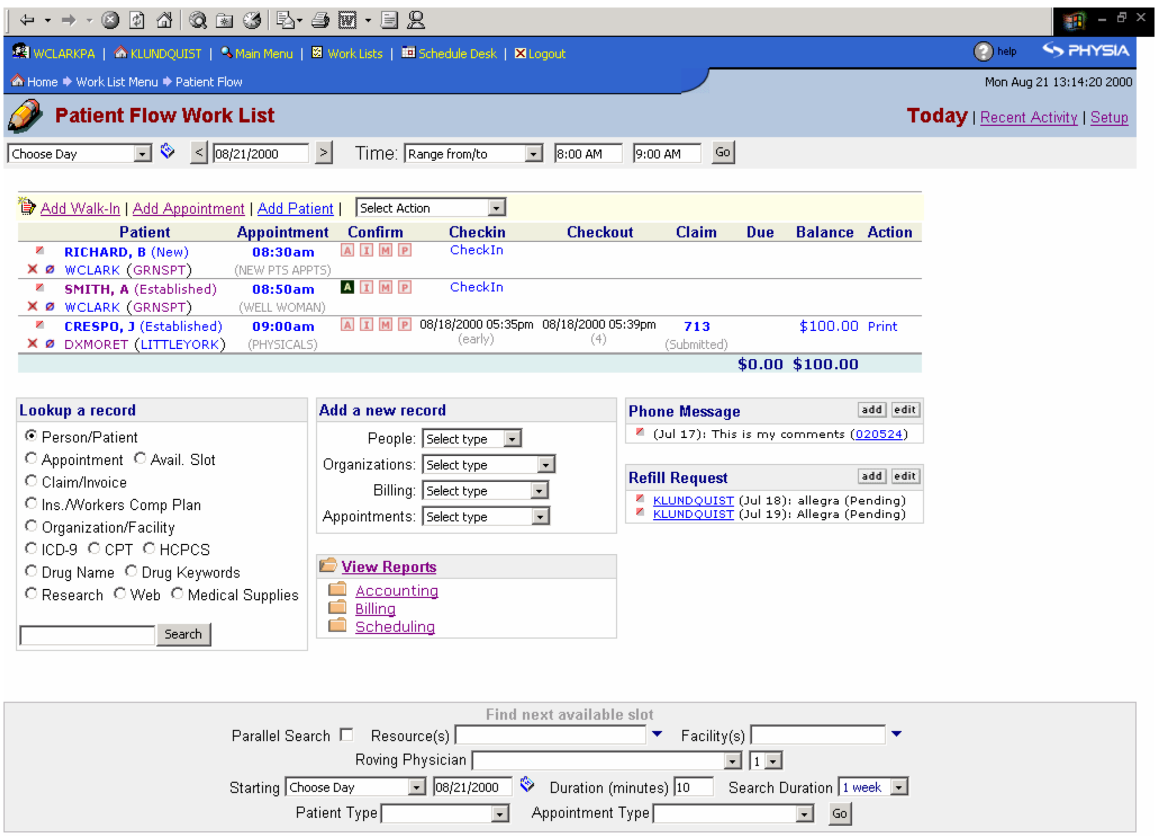


Resource	Facility	Day	Time Slot
KXMANESS	GRNSPT	Wed 08/23/2000	08:00 AM - 08:30 AM
KXMANESS	GRNSPT		08:30 AM - 09:00 AM
KXMANESS	GRNSPT		09:00 AM - 09:30 AM
KXMANESS	GRNSPT		09:30 AM - 10:00 AM
KXMANESS	GRNSPT		10:00 AM - 10:30 AM
KXMANESS	GRNSPT		10:30 AM - 11:00 AM
KXMANESS	GRNSPT		11:00 AM - 11:30 AM
KXMANESS	GRNSPT		11:30 AM - 12:00 PM
KXMANESS	GRNSPT		03:00 PM - 03:30 PM
KXMANESS	GRNSPT		03:30 PM - 04:00 PM
KXMANESS	GRNSPT		04:00 PM - 04:30 PM
KXMANESS	GRNSPT		04:30 PM - 05:00 PM
KXMANESS	GRNSPT		05:00 PM - 05:30 PM
KXMANESS	GRNSPT		05:30 PM - 06:00 PM
KXMANESS	GRNSPT	Thu 08/24/2000	08:00 AM - 08:30 AM
KXMANESS	GRNSPT		08:30 AM - 09:00 AM
KXMANESS	GRNSPT		09:00 AM - 09:30 AM
KXMANESS	GRNSPT		09:30 AM - 10:00 AM
KXMANESS	GRNSPT		10:00 AM - 10:30 AM
KXMANESS	GRNSPT		10:30 AM - 11:00 AM
KXMANESS	GRNSPT		11:00 AM - 11:30 AM
KXMANESS	GRNSPT		11:30 AM - 12:00 PM
KXMANESS	GRNSPT		12:00 PM - 12:30 PM
KXMANESS	GRNSPT		12:30 PM - 01:00 PM
KXMANESS	GRNSPT	Mon 08/28/2000	08:00 AM - 08:30 AM

From this point the user may click the time slot of the appointment selected and they will be taken to the Add Appointment Screen. (See Adding Appointments Section)

Patient Flow Work List

The functionality of the work list will depend upon the users profile, job duties and security level. Some of the functions include the ability to add appointments, check patients in and out, confirm appointments, verify insurance, verify receipt of medical records, find next available appointments, look up any record, add any record, view any report and examine a users Recent activity. All of these functions will be available from one screen or page. The end user should be able to work directly from the Work List and the links that are provided from this screen.



Functions in detail:

Appointments

a. add walk – in appointments by simply clicking Add Walk – in and the system will take the user to the Add Appointment screen

b. add regular appointments by simply clicking Add Appointment and the system will take the user to the Add Appointment screen

c. add appointments via Add a new record and selecting appointment from the drop down menu and the system will take the user to the Add Appointment screen

   Appointments: [appointment]

d. add appointments via Find next available slot:

   Resource(s): type in Physician ID or click to search for Physician ID
   Facility(s): type in Facility ID (clinic ID) or click to do a search Org ID
   Roving Physician:

   Starting: put in date to start look up from
   Duration: put in the amount of time needed for the appointment
   Look ahead: click and select how far in advance you want search
   Patient type: select the type of patient: New, Established, Temporary, All
   Visit type: select the type of visit: Consult, Well exam, Counseling, etc.

   Then select GO

   ******SEE FIND NEXT AVAILABLE SLOT SECTION for more in depth explanation**

e. View all appointments for a given date and time:

   [Choose Day] [04/25/2000] Time: [Range from/to] [8a] [5p] GO

   At this point the user can select a day, look at yesterday or tomorrow. The user can also use the backward (<) and forward (>)arrow keys on the date to move the date up and down by a day. The user also has the ability to select the time range they wish to look at. By simply clicking the time can be modified to show appointments that are 30 minutes before the current time and 120 minutes after the current time. The other method allows the user to select a time range for appointments. For example, the range may be 8:00 am to 2:00 PM which allows the user to only view those appointments that fall between the designated range.

Explanation of Confirmation Buttons

Print Screen Appointment Confirmation

Step 1 To access the Appointment Confirmation screen click
Step 2 The Confirm Appointment dialog appears
Step 3 Location the Action Field (last field on the dialog)
Step 4 Using the mouse click the○ next to the appropriate action

**If 'Talked to Patient' or 'Left Message' are marked the will turn 'green'
**If 'Unable to Reach' or 'Incorrect Phone Number' are marked the will turn 'black'

Step 5 Click to accept the data
Step 6 System returns user back to the Patient Flow Work List

Print Screen Verify Insurance Part 1

Step 1 To access the Verify Insurance screen click
Step 2 The Verify Insurance dialog appears

Step 3 Enter the Effective Date for this or click and select the date from the calendar
Step 4 Enter the Deductible amount and the Deductible met to date amount
Step 5 If a referral is Required check the box Referral Required
Step 6 If there exists a separate Co-pay for Lab and X-ray then check the appropriate box
Step 7 Enter the name of the lab where this patient must go for benefit coverage

Step 8 Enter the ID of the PCP or click the to search for a Physicians ID
Step 9 Enter the Pre Cert phone number (Format NNN-NNN-NNNN)
Step 10 Next to each item listed indicate if it is a covered or non covered service

Print Screen Verify Insurance Coverage Part 2

"

Step 11 Enter the name of the Insurance representative
Step 12 Verified by will Default to the login of the user currently logged in

Step 13 Verify date will Default to today's date click the in order to change the date

Step 14 Click the next either Complete or Partial depending on the verification status
**If 'Complete' is chosen the 'I' will turn green if 'Partial' is chosen the 'I' will turn black

Step 15 Click when data is complete
Step 16 The system will return the user back to the Patient Flow Work List

Print Screen Verifying Medical Records

Step 1 To access the Verify Medical Records screen click
Step 2 The Verify Medical Records dialog appears
Step 3 Verified By will auto fill with the login of the user currently signed in

Step 4 Verify Date will default to current date click to select a different date

Step 5 Click to accept data entered

**The 'M' will turn green after OK is clicked
Step 6 The system will return the user back to the Patient Flow Work List

Print Screen Verifying Personal Records

Step 1 To access the Verify Personal Records screen click
Step 2 The Verify Personal Records dialog appears
Step 3 Verified By will auto fill with the login of the user currently signed in

Step 4 Verify Date will default to current date click to select a different date

Step 5 Click to accept data entered
**The 'P' will turn green after OK is clicked
Step 6 The system will return the user back to the Patient Flow Work List

Print Screen Face Sheet

Step 1 To access the Face Sheet screen click

Step 2 The Face Sheet Dialog appears

Step 3 Print out the Face Sheet

Check IN

The purpose of the Check In Action is to "time" stamp the arrival of the patient. This allows the user to track the amount of time it takes for a patient to be brought back to a room. In addition it is also used as a tracking feature to determine who has been checked in versus who has not been checked in. From the actually Check In dialog a patients phone number, address, and current health coverage may be modified.

Step 1 Click the word 'CheckIn'

Step 2 Check In Dialog is displayed **See print screen on next page**

Step 3 Enter in the users Batch ID

Step 4 On the right side of the screen Locate the Health coverage component

Step 5 Scroll the page down and click Yes or No Health coverage verified

Step 6 Click to accept information

Once the user has completed the above steps the time will be noted in the Check In column. Underneath the time the word 'early' or the number of minutes if the patient is late will appear in parentheses ( ). In addition, a claim number will appear with the word (Created) underneath indicating the claim process has begun for that patient.

Check OUT

The purpose of the Check out screen is to allow the user to post the charges for the current visit. In addition, the time stamp process also occurs at this stage. This allows users the ability to monitor the length of time a patient actually waits from the moment they check in until the moment they check out.

Step 1 Click the word 'CheckOut'
Step 2 Check Out Dialog is displayed **See print screen on next page**
Step 3 Enter in the users Batch ID
Step 4 Verify the Provider of Service pulled correctly from the Scheduler
Step 5 Click ▼ and select the appropriate Billing provider. This will be the provider That appears on the claim
Step 6 Verify the Service Org pulled correctly from the Scheduler
Step 7 Click ▼ and select the appropriate Billing Org and Pay to Org.
Step 8 Continue to fill out the screen **See Charge Entry Section for explanation**

Once the user has entered in all pertinent information for the claim the system will note the time under the Check Out column. In addition, if the user puts the claim on hold or submits the claim the status of the claim will change from (Created) to either (On Hold) or (Submitted)

Look Up Records

This section of the work list allows the user to look up the following records:

- Person/Patient
  - Patients
  - Physicians
  - Nurse
  - Staff
- Appointments
- Available slots
- Claims
- Insurance Plans
- Organizations
- ICD9
- CPT
- HCPCS

Drug Name
Drug Keywords

Step 1 Click the ○ next to the record you are looking up
Step 2 Enter the name/number in the free text field (OPTIONAL)
Step 3 Click the word Search
Step 4 The system will take the user to the corresponding Lookup Screen
Step 5 For explanation on lookup **See Search/Lookup Section**

Add Records

This section of the work list allows the user to add the following records:

People: Patient, Physician/Provider, Nurse and Staff members
Organizations: Main, Department, Associated Provider, Employer, Insurance and IPA
Accounting: Add a claim, Fee Schedule, Fee Schedule Item, Insurance Product, Insurance Plan
Appointments: Appointment, Schedule Template, Appointment Type

Step 1 Click ▼ next to the Section you need to add a record
Step 2 Select the appropriate record to add
Step 3 The system will take the user to the corresponding Add Screen
Step 4 For explanation on the specific Add Screens **See the appropriate Section**

View Reports

This section allows the user to view and print a variety of reports including the following:

Accounting-	Aged Insurance Receivables
	Aged Patient Receivables
	Appointment Charges
	Claim Status
	Daily Audit Recap
	Financial Analysis Report
	Monthly Audit Recap
	Procedure Analysis
	Receipt Analysis
	Revenue and Collection
Billing-	Claim Status
	Invoices
Scheduling-	Patient Activity

Step 1 Click the appropriate subheading Example: Accounting, Billing or Scheduling
Step 2 Click the report you wish to view
Step 3 Enter in the constraints of the report **See Reports Section for explanation**
Step 4 Click ‘OK’
Step 5 View the report on Screen
Step 6 Print Report **See Printing Section for explanation**

Work List Setup Process

This section will walk the user through the setup process for the Patient Flow Work List. Each user may have their Work List setup to pull different physicians and different facilities. Depending on the selection criteria different users may have different patients appearing on their work lists. Please follow the directions below in order to setup the work list correctly.

(Setup Process – Patient Flow Work List)

Step 1

Physicians- Available Physicians are those physicians that are setup in your system. Selected Physicians are those physicians the user has selected to determine which patients show on their work list. In order to move a physician from one column to the next simply double click the physician's name in the available column. The same method can be used to move a physician from the selected column to the available column.

Step 2

Facilities- Available Facilities are those facilities that are setup in your system. Selected Facilities are those facilities the user has selected to determine which patients show on their work list. In order to move a facility from one column to the next simply double click the facility name in the available column. The same method can be utilized to move a facility from the selected column to the available column.

Step 3

On-Select- the user has the ability to change the starting screen for the following Categories: People, Physician, Organization, Appointments. In order to change the starting place simply click ▼ next to the category needing to be changed.

Step 4

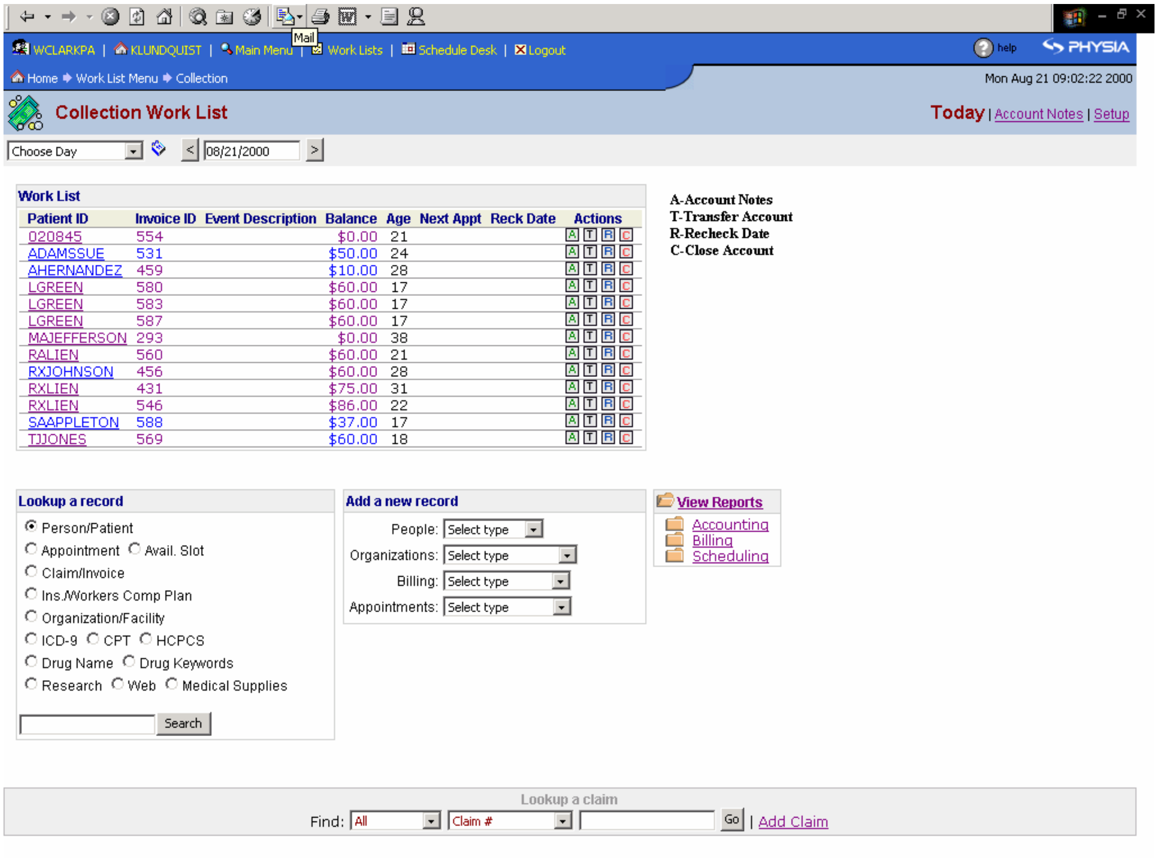
Click

Recent Activity

This section allows the user to view their recent activity for today, by patient and by count. See Example Print screen below.

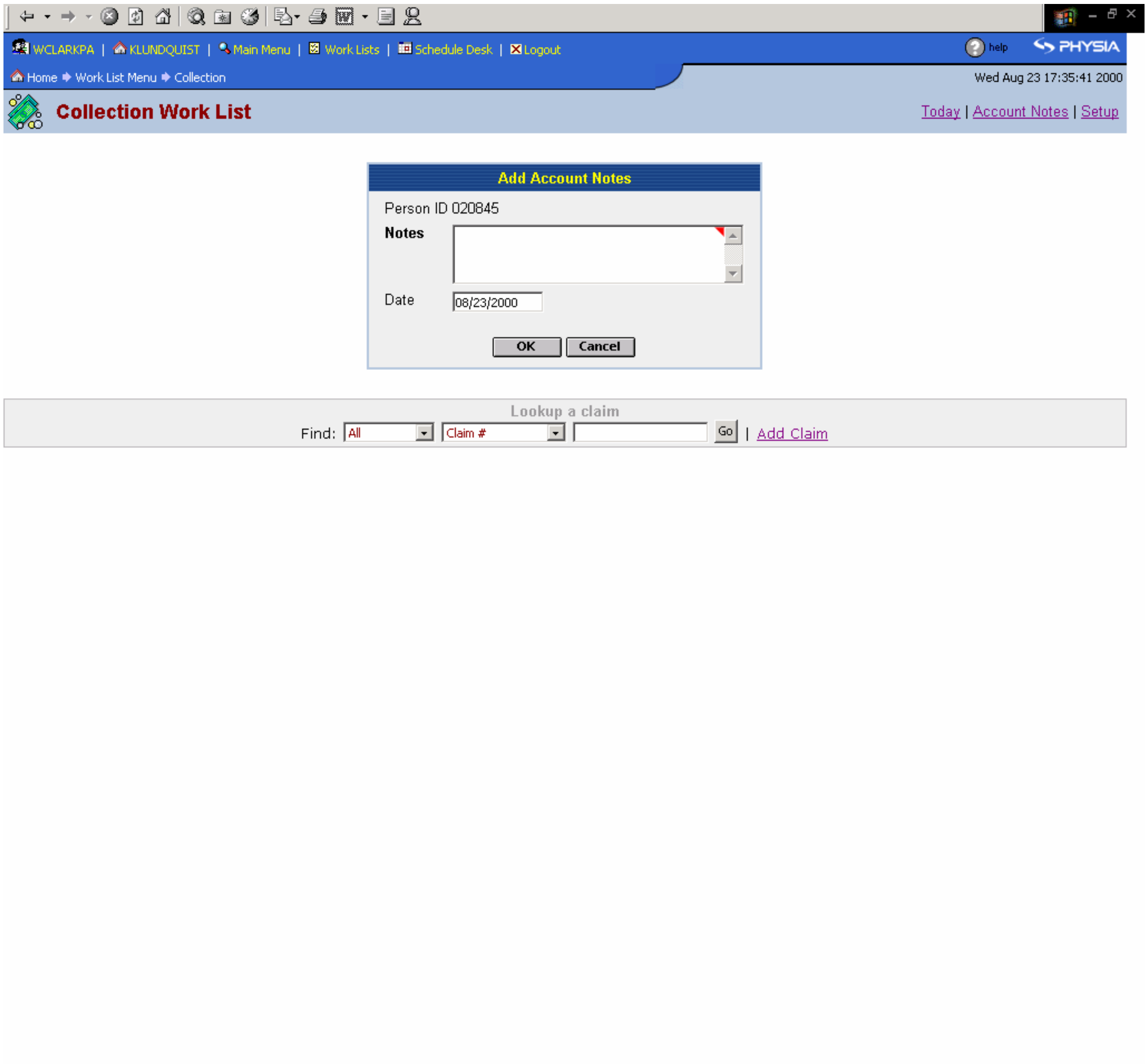
Collection Work List

This section will explain the functionality of the Collection Work List, the Account Notes attached to the Patient Account and the Setup of the Work List.



The Work List is based on setting up patient balance parameters, Physician parameters, Facility parameters and finally Insurance parameters. Each Patient ID will be listed along with the Invoice ID which resulted in the account to going to Collections. The Event Description column will list any comments that are attached to the Invoice listed. An example of this could be procedure not covered by Insurance Plan. The Balance and the age of the Invoice are listed as well. If there is an Appointment schedule for that Patient or a recheck date has been entered those dates will appear in their respective columns. There are also Actions that maybe performed on any account that is listed and those actions include: Account Notes, Transferring of the account, Recheck Date and Closing of the account. For a detailed explanation of the Action buttons please see the following pages for print screens and descriptions of fields.

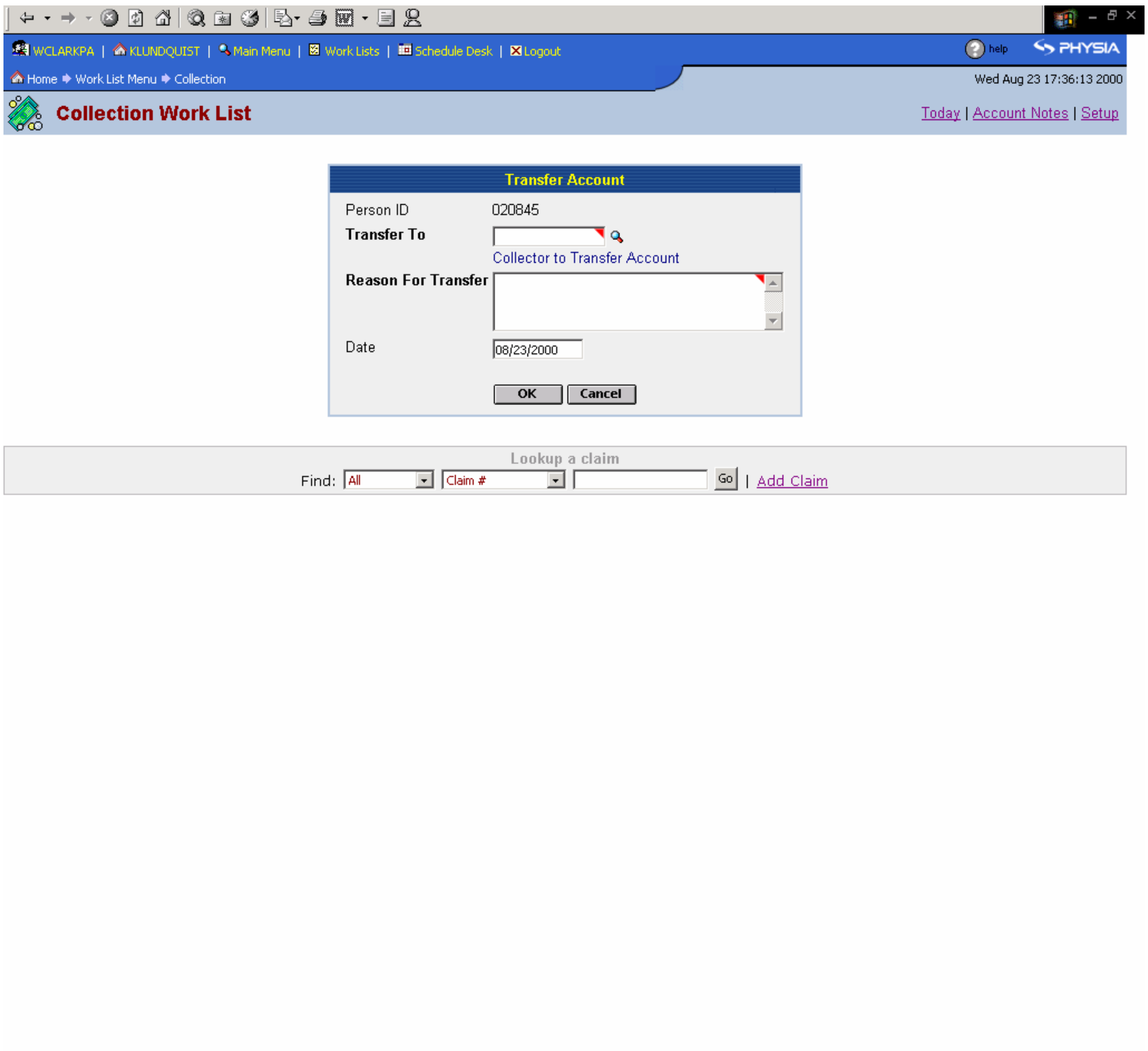
(Print Screen Add Account Notes)



This section of the system allows the user to add notes regarding the patient's account they are currently working on. These notes will remain with the account and can be viewed by clicking to the Account Notes tab on the Collection Work List page. To add Account Notes simply follow the steps below:

Step 1 Click the 'A' button under the Action column
Step 2 Under the Notes Section enter the notes that apply to this patient
Step 3 The Date will default to the current date
Step 4 Click OK to accept the data

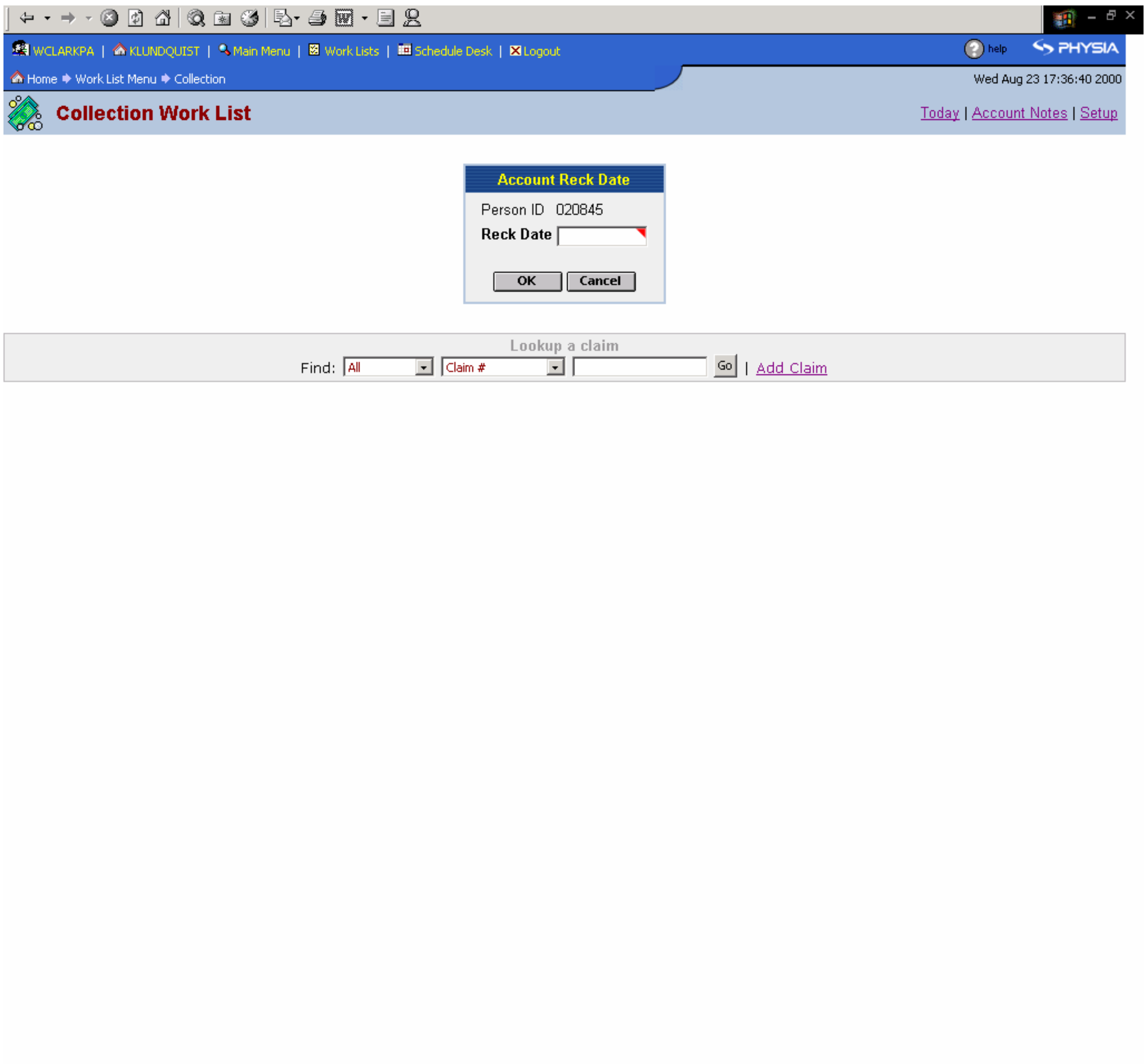
(Print Screen Transfer Account to another person)



This section can be utilized to transfer an account that exists on one users work list to another users work list. Follow the steps outlined below in order to transfer the account.

Step 1 Click the 'T' button under the Action column
Step 2 Enter the User Login ID or click the to search for the users ID
Step 3 Enter the reason for transferring the account (free text field)
Step 4 The date will default to the current date if needed change the date
Step 5 Click OK to accept the data entered

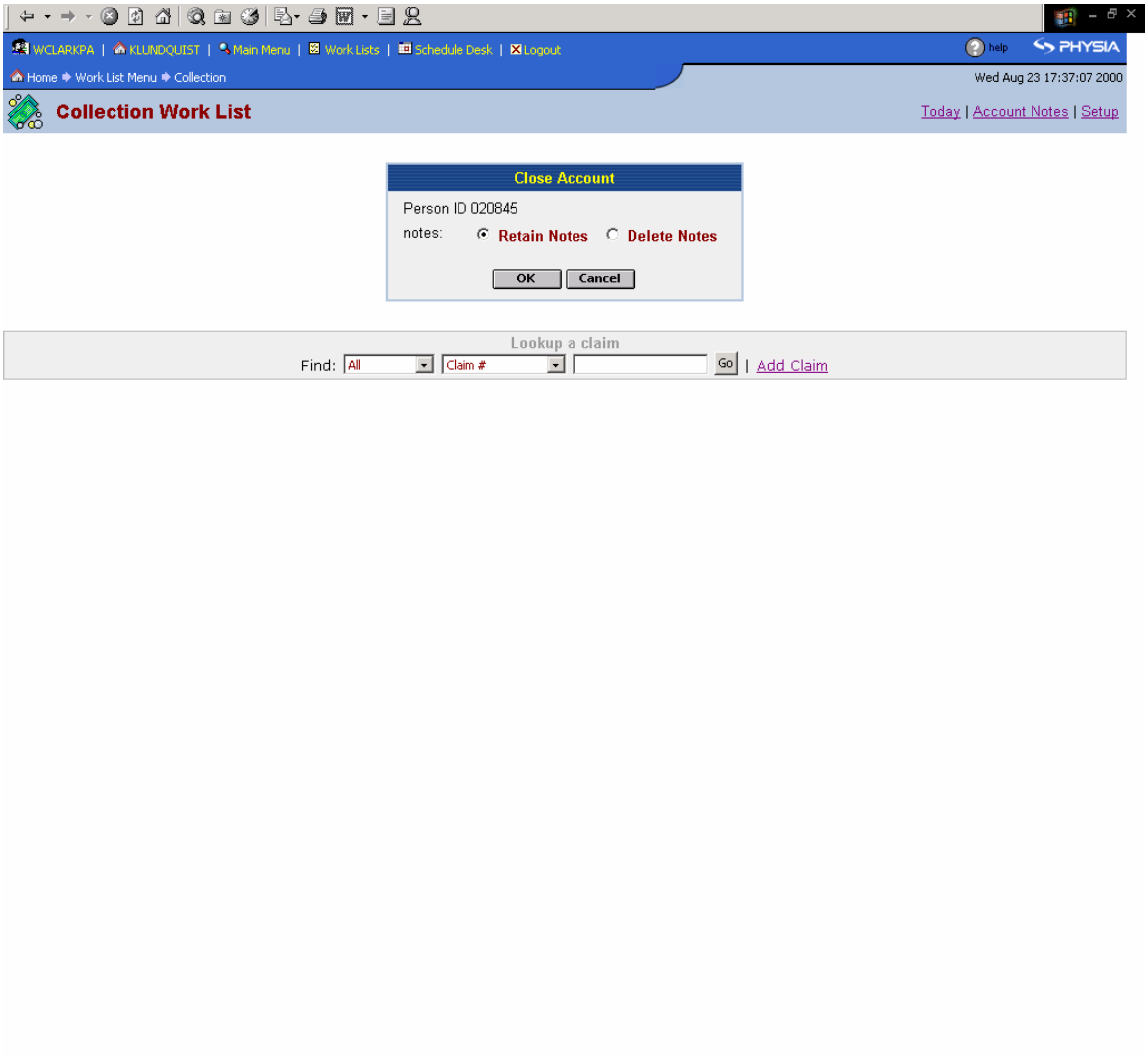
(Print Screen Add Recheck Date for Account)



This section allows the user to enter a date for the account to be followed up on. By entering a date the system will remove "hide" the account until that date happens whereupon the account will reappear on the user's work list. Follow the steps below in order to enter a recheck date.

Step 1 Click the 'R' button under the Action Column
Step 2 Enter the Date you wish the account to reappear on the work list
Step 3 Click OK to accept the data entered

(Print Screen Closing Account from Work List)



This section will be utilized to close an account from a user's work list. Once the user decides to close the account they must decide whether or not to retain the notes that have been entered on that account. Follow the steps below in order to close an Account.

Step 1 Click the 'C' button under the Action column
Step 2 Decide whether or not to retain the notes on the Account
Step 3 Click the radio button next to 'retain' or 'delete' notes
Step 4 Click OK to accept the data entered

Look Up Records

This section of the work list allows the user to look up the following records:

- Person/Patient
  - Patients
  - Physicians
  - Nurse
  - Staff
- Appointments
- Available slots
- Claims
- Insurance Plans
- Organizations
- ICD9
- CPT
- HCPCS
- Drug Name
- Drug Keywords

Step 1 Click the ○ next to the record you are looking up
Step 2 Enter the name/number in the free text field (OPTIONAL)
Step 3 Click the word Search
Step 4 The system will take the user to the corresponding Lookup Screen
Step 5 For explanation on lookup **See Search/Lookup Section**

Add Records

This section of the work list allows the user to add the following records:

People: Patient, Physician/Provider, Nurse and Staff members
Organizations: Main, Department, Associated Provider, Employer, Insurance and IPA
Accounting: Add a claim, Fee Schedule, Fee Schedule Item, Insurance Product, Insurance Plan
Appointments: Appointment, Schedule Template, Appointment Type

Step 1 Click ▼ next to the Section you need to add a record
Step 2 Select the appropriate record to add
Step 3 The system will take the user to the corresponding Add Screen
Step 4 For explanation on the specific Add Screens **See the appropriate Section**

View Reports

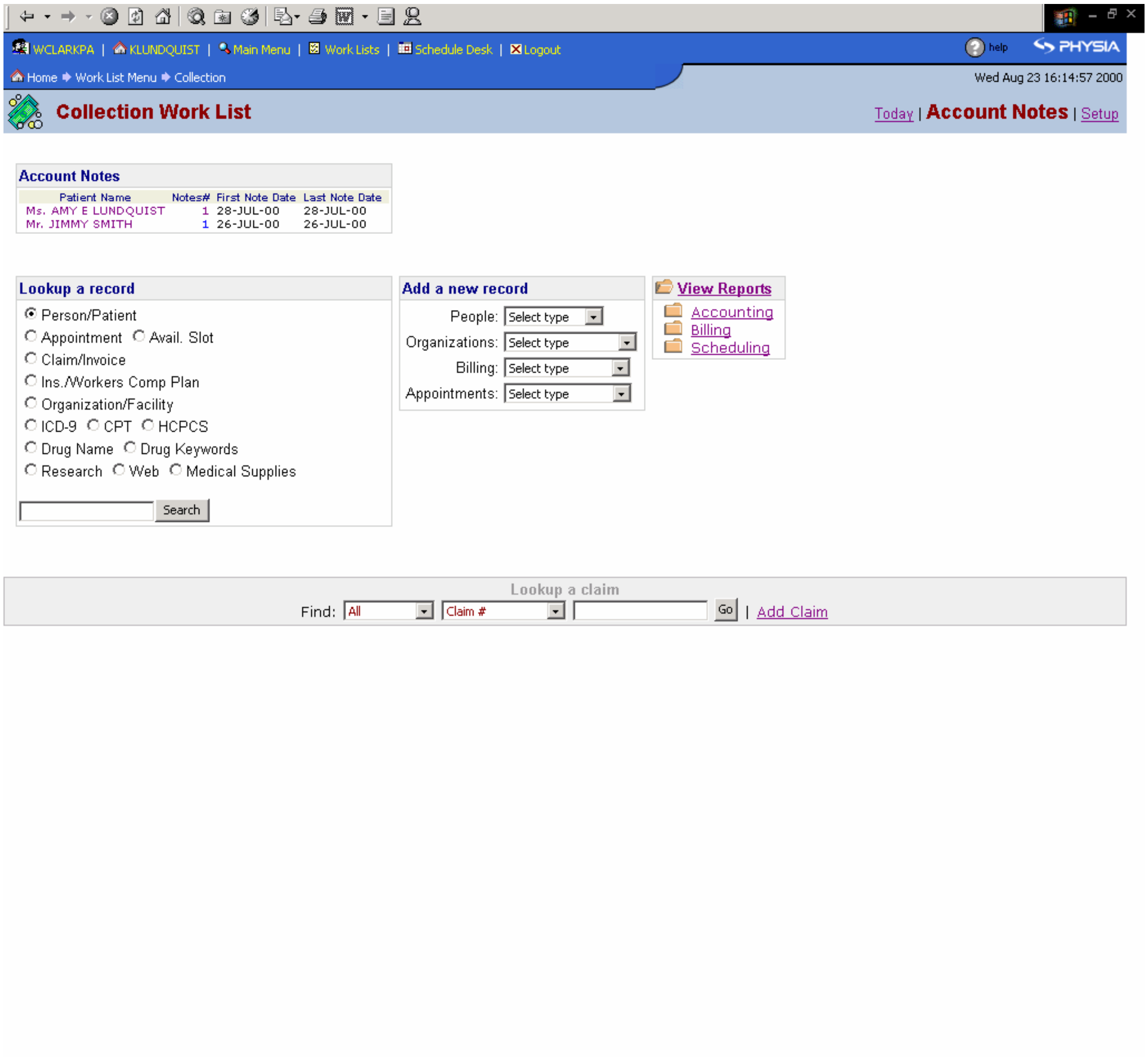
This section allows the user to view and print a variety of reports including the following:

Accounting-	Aged Insurance Receivables
	Aged Patient Receivables
	Appointment Charges
	Claim Status
	Daily Audit Recap
	Financial Analysis Report
	Monthly Audit Recap
	Procedure Analysis
	Receipt Analysis
	Revenue and Collection
Billing-	Claim Status
	Invoices
Scheduling-	Patient Activity

Step 1 Click the appropriate subheading Example: Accounting, Billing or Scheduling
Step 2 Click the report you wish to view
Step 3 Enter in the constraints of the report **See Reports Section for explanation**
Step 4 Click 'OK'
Step 5 View the report on Screen
Step 6 Print Report **See Printing Section for explanation**

Account Notes

(Print Screen – Account Notes)



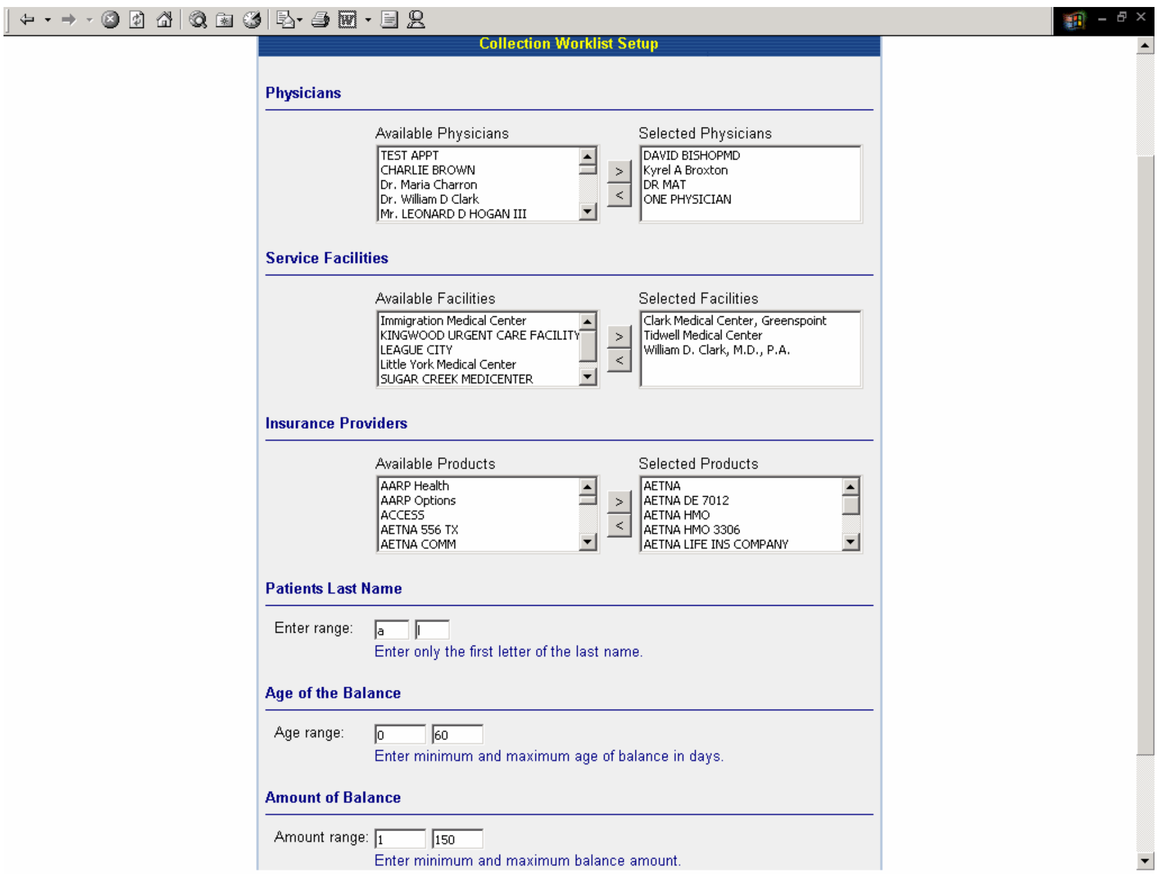
This section provides a listing of all account notes that have been added by the user. The patients name is listed along with the number of notes added to that patient and the date of the first note as well as the date of the last note.

Collection Work List Setup Process

This section will walk the user through setting up their Collection Work List. This work list is setup based on the following criteria:

- Physicians
- Service Facilities
- Insurance Products
- Patient Last Name
- Age of the Balance
- Amount of the Balance

(Print Screen – Collection Work List Setup)



Step 1
Physicians- Available Physicians are those physicians that are setup in your system. Selected Physicians are those physicians the user has selected to determine which patients show on their work list. In order to move a physician from one column to the next simply double click the physician's name in the available column. The same method can be used to move a physician from the selected column to the available column.

Step 2
Service Facilities- Available Facilities are those facilities that are setup in your system. Selected Facilities are those facilities the user has selected to determine which patients show on their work list. In order to move a facility from one column to the next simply double click the facility name in the available column. The same method can be utilized to move a facility from the selected column to the available column.

Step 3
Insurance Products- Available Products are those products that are setup in your system. Selected Products are those products the user has selected to determine which patients show on their work list. In order to move an Insurance Product from one column to the next simply double click the Insurance Product name in the available column. The same method can be utilized to move an Insurance Product from the selected column to the available column.

Step 4
Patients Last Name- The first letter of the last name is entered in range format in order to determine which patients appear on the users work list. Example: A to L

Step 5
Age of the Balance- Enter the minimum and maximum age of the patient balance to determine which patients appear on the users work list. Example: 30 to 60

Step 6
Amount of Balance- Enter the minimum and maximum balance amount to determine which patients appear on the users work list. Example: 50 to 250

Based on the criteria described above any patient with the last name falling between A and L with the age of the balance being between 30 to 60 days and the amount of the balance between 50.00 and 250.00 will appear on the users work list.

Check In

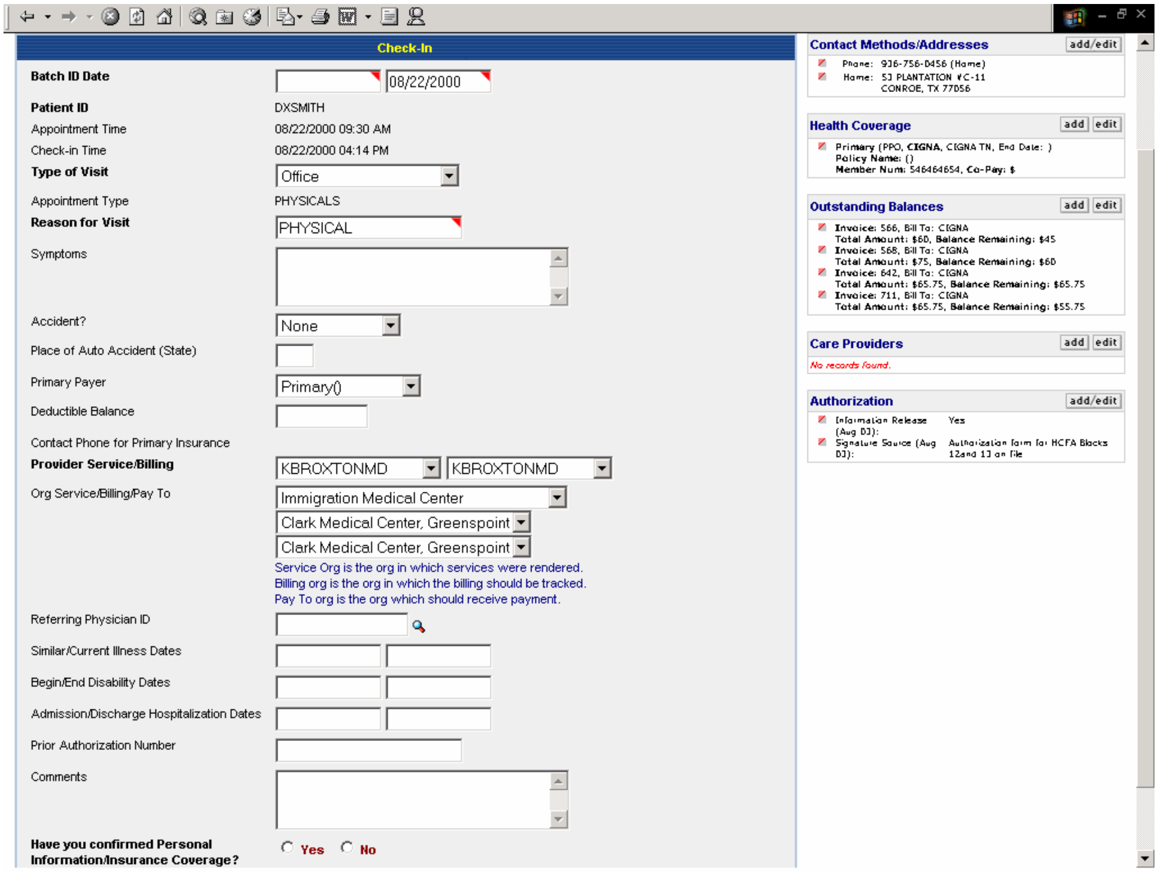
The purpose of the Check In Action is to "time" stamp the arrival of the patient. This allows the user to track the amount of time it takes for a patient to be brought back to a room. It also allows the user to track who has been checked in versus who has not been checked in.

To perform the actual Check In process the user either needs to be in their Work List or in the Schedule Desk.

Work List-
Step 1 Click 'Work List' Icon (top of the page 4th Icon =)
Step 2 Locate the Patient who is checking in for their appointment
Step 3 Click the Word 'CheckIn'
Step 4 Check In Dialog is displayed (See print screen on next page)
Step 5 Enter in the users Batch ID
Step 6 On the right side of the screen Locate the Health coverage component
Step 7 Scroll the page down and click Yes or No Health coverage verified
Step 8 Click OK to accept information

Schedule Desk-
Step 1 Click 'Schedule Desk Icon' (top of the page 5th Icon=)
Step 2 Make sure the On Select = Check In
Step 3 Click on the Patient Name of who they need to Check In.
Step 4 Check In Dialog is displayed (See print screen on next page)
Step 5 Enter in the users Batch ID
Step 6 On the right side of the screen Locate the Health Coverage component
Step 7 Scroll the page down and click Yes or No Health Coverage verified
Step 8 Click OK to accept information

Check IN Print Screen



Posting Payments

This Section will walk the user through inputting Personal Payments both On Account and At the Time of service

On Account:

Main Menu→People→Lookup→Patient Summary→Choose action= Apply Payment

Step 1 Click Main Menu Icon (top of the page 3rd Icon =)

Step 2 Locate PEOPLE Section =

Step 3 Click 'Lookup Patients'

Step 4 FIND the Patient ID (for explanation on how to 'find' see Section III "Search")

Step 5 Patient Summary page Choose Action= Apply Payment

*SEE Part B for Entry of Payment

OR

Main Menu→People→Lookup→Patient→click Account→Choose action= Apply Payment

Step 1 Click Main Menu Icon (top of the page 3rd Icon =)

Step 2 Locate PEOPLE Section =

Step 3 Click 'Lookup Patients'

Step 4 FIND the Patient ID (for explanation on how to 'find' see Section III "Search")

Step 5 Patient Summary page Click 'Account' tab

Step 6 Choose Action= Apply Payment

*SEE Part B for Entry of Payment

OR

Main Menu→Billing→Lookup Claims→Click ID→Claim Summary→Apply Personal Payment (hyperlink)

Step 1 Click 'Main Menu' Icon (top of the page 3rd Icon =)

Step 2 Locate BILLING Section =

Step 3 Click 'Lookup Claims'

Step 4 Find Claim ID (for explanation on how to 'find' see Section III "Search")

Step 5 Click ID

Step 6 Claim Summary Screen Click 'Apply Personal Payment hyperlink'

*SEE Part B for Entry of Payment

At Time of Service:

Check Out→enter Procedure and DX codes→Next Action= Post Payment ▼

Step 1 From Check out Screen

Step 2 Enter Procedure and Diagnosis codes

Step 3 Next Action= Post Payment ▼

*SEE Part B for Entry of Payment

Or

Add a new Claim→ enter Procedure and DX codes→Next Action= Post Payment ▼

Step 1 From Create a Claim Screen

Step 2 Enter Procedure and Diagnosis codes

Step 3 Next Action= Post Payment ▼

*SEE Part B for Entry of Payment

Claim Summary→Apply Personal Payment (hyperlink)

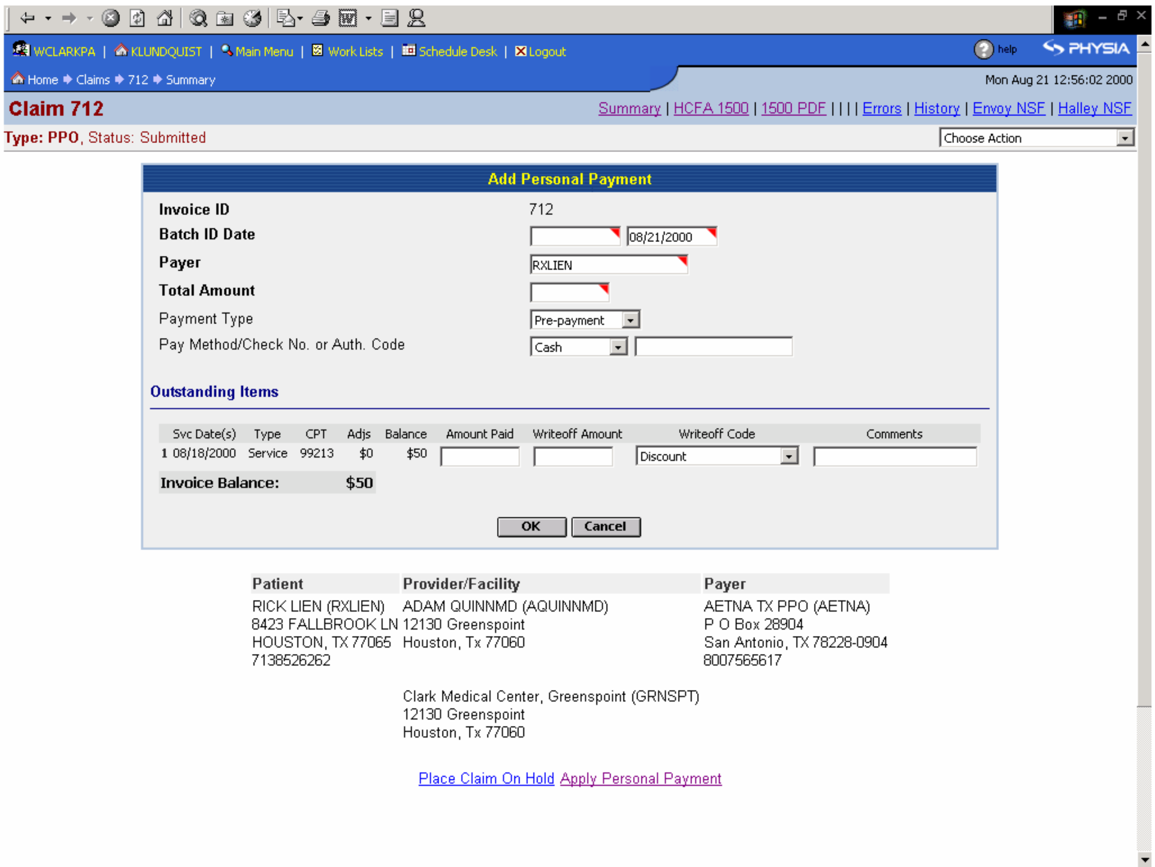
Step 1 From Claim Summary Screen

Step 2 Click Apply Personal Payment hyperlink

*SEE Part B for Entry of Payment

B. How to "Post" Personal Payments

This Section explains in detail how to fill in the blanks for posting a personal payment.



Batch ID Date [ ] [08/01/00]

Payer [Patient/Person ID]

Total Amount [$$$$]

Payment Type- [Post Payment ▼]

Payment Method / Check Number- [Check ▼] [12345]

*Use the drop down to select payment method . For checks and money orders input the number to right of the method of payment box.

Outstanding Items

DOS	Type	CPT	Adjs	Bal	Amt Paid	W/O	W/O Code	Comments
08/01	service	99213	0	60	10.00			

Click OK once the payment is allocated to the correct line item.

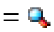
If you try to apply more or less money than the Amount received you will get an error indicating that you need to reconcile.

C. Insurance Payments

This Section will walk the user through how to locate claims in order to Post an Insurance Payment.

On Account:

Main Menu→People→Lookup Patient→click Account→click claim ID→Choose action= Post Insurance ▼

Step 1 Click 'Main Menu' Icon (top of the page 3rd Icon = )

Step 2 Locate PEOPLE Section = 

Step 3 Click 'Lookup Patients'

Step 4 FIND the Patient ID (for explanation on how to 'find' see Section III "Search")

Step 5 On Patient Summary Click Account

Step 6 Click Claim ID

Step 7 Choose action = Post Insurance ▼

**See Part D for Entry of Payment

OR

By Claim Number:

Main Menu→Billing→Lookup Claims→On Select= Post Insurance ▼*→click ID*

Step 1 Click 'Main Menu' Icon (top of the page 3rd Icon = )

Step 2 Locate BILLING Section = 

Step 3 Click 'Lookup Claims'

Step 4 FIND the Claim ID (for explanation on how to 'find' see Section III "Search")

Step 5 On Select = Post Insurance ▼

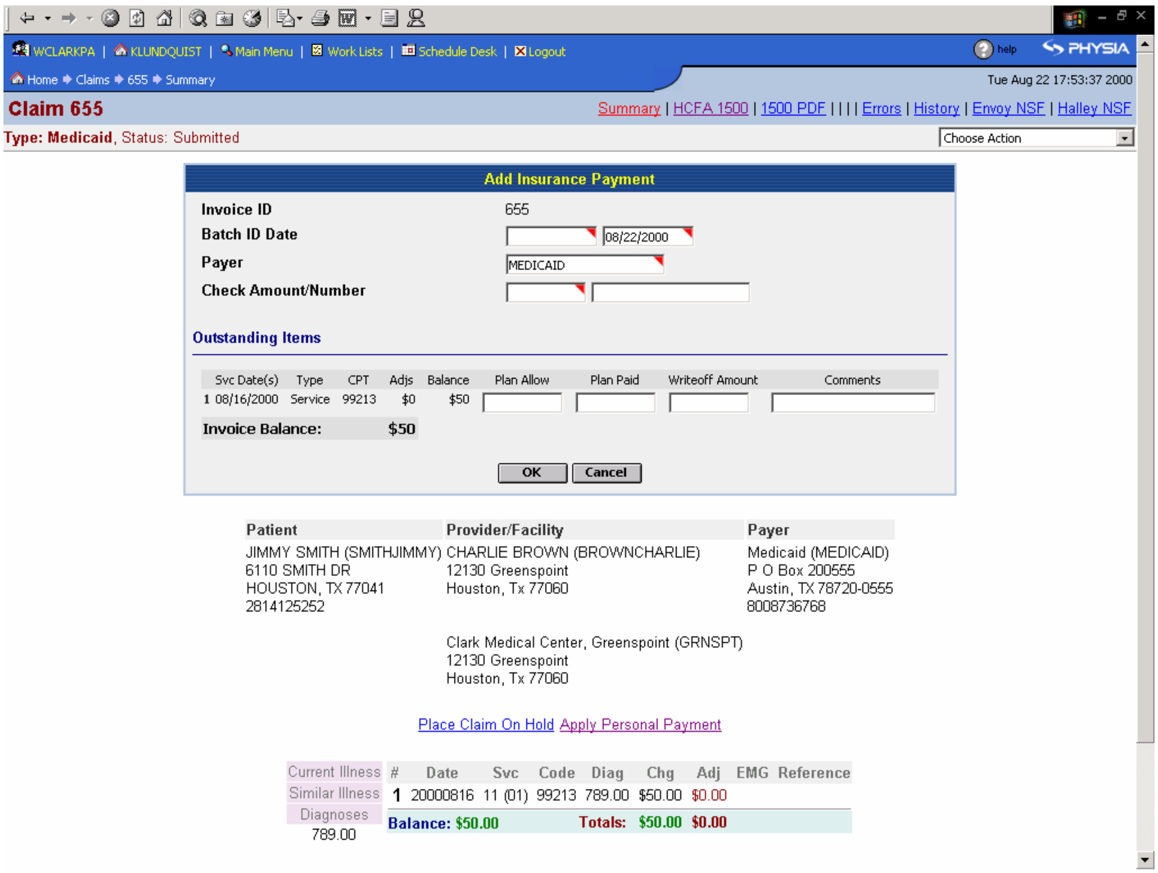
Step 6 Click ID

**See Part D for Entry of Payment

***Insurance payments should **only** be applied to claims at a *Submitted Status*

D. How to "Post" Insurance Payments

This Section describes in detail how to fill in the blanks for Posting an Insurance Payment.



Batch ID Date – enter in the users Batch ID the date will default to current date

Payer- This field will auto populate with the payer assigned to this claim

Check Amount / Number – Enter the amount of the check and the Check Number

On each line item enter the dollar amounts from the EOB in the following fields:

- Plan Allow- $ Allowable amount
- Plan Paid- $ amount paid on that line item
- Write off amount- $ amount difference between amount charged and amount allowed

Comments- Enter any comments that might apply to this payment for this claim.

Click OK to Accept the data entered

E. Posting Personal Payments by Line Item

This Section

Main Menu→Billing→Lookup Claims→On Select= [View Account ▼] *→click ID*

Step 1 Click 'Main Menu' Icon (top of the page 3rd Icon =)

Step 2 Locate BILLING Section =

Step 3 Click 'Lookup Claims'

Step 4 FIND the Claim ID (for explanation on how to 'find' see Section III "Search")

Step 5 On Select = [View Account ▼]

Step 6 Click ID

Once on Claim Summary click the **'P'** next to the line item to which money will be posted. This process will be repeated for each item the user wishes to post money against. The following screen will appear:

Payment Amount- Enter the $ amount of the payment to be applied

Payer: Will default to Responsible Party ID

Payment Type: [Deductible ▼]

Pay Method / Check No. or Auth Code: [Cash ▼] [Enter Ck #]

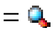
Write off Amount / Code: [Adjustment $] [Enter code ▼]

Comments: [Free Text Field]

Click **OK** to Accept or **Cancel** to quit

F. Posting of Insurance Payments by Line Item

Main Menu→Billing→Lookup Claims→On Select= View Account ▼ *→click ID*

Step 1 Click 'Main Menu' Icon (top of the page 3rd Icon = )

Step 2 Locate BILLING Section = 

Step 3 Click 'Lookup Claims'

Step 4 FIND the Claim ID (for explanation on how to 'find' see Section III "Search")

Step 5 On Select = View Account ▼

Step 6 Click ID

Once on Claim Summary click the **'$'** next to the line item to which money will be posted. This process will be repeated for each item the user wishes to post money against. The following screen will appear:

Payer: Fills with Payer of Claim

Plan Allow / Paid: Enter Allowed Amt Enter $ Paid

Pay Method / Check No. Auth Code: Check ▼ Check Number

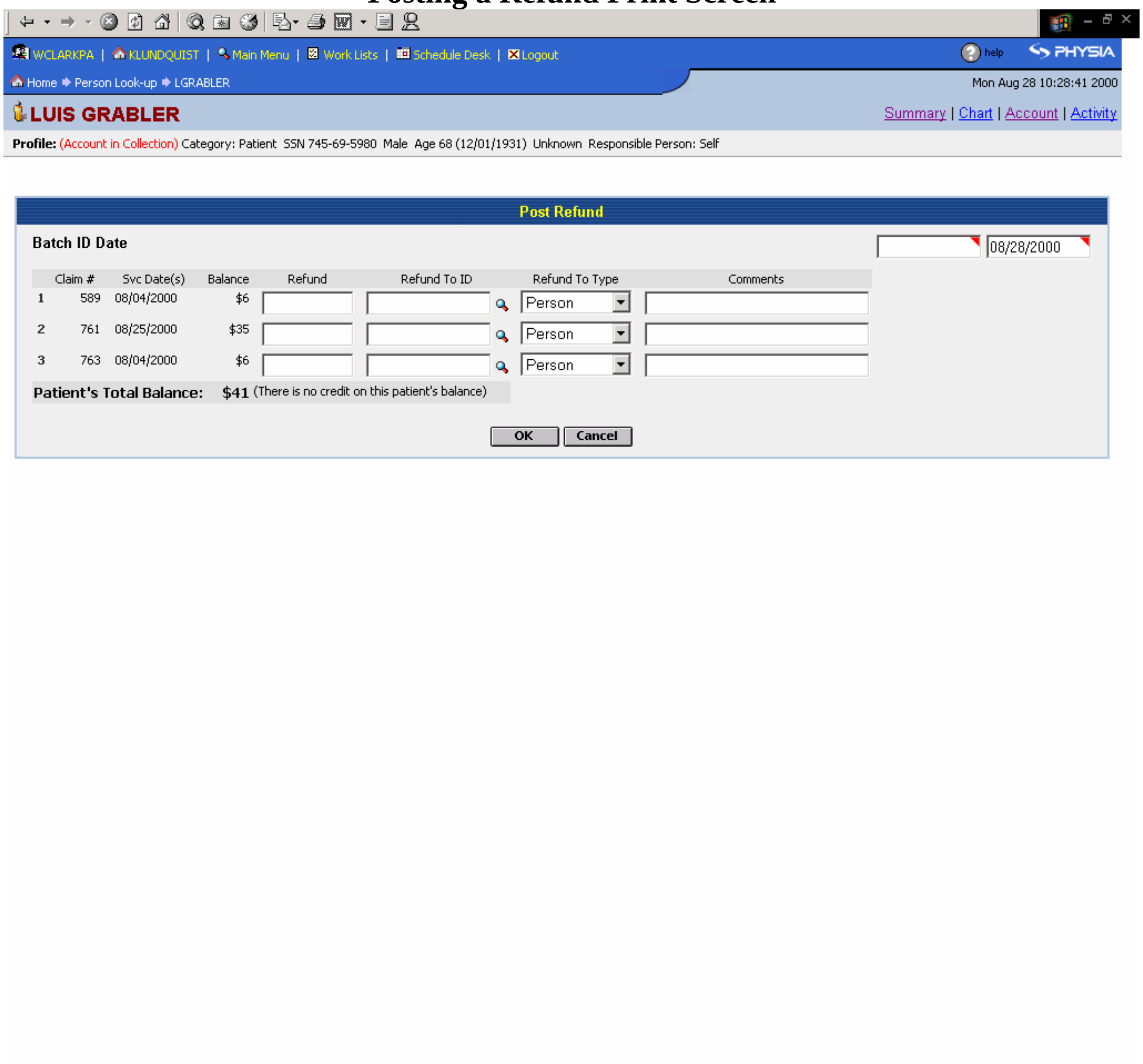
Write off Amount: Write off $ Enter the $ amount of the contractual write off

Comments: Free Text Field

Posting of a Refund

This section will walk the user through posting a refund on a patients account. The user will need to know the refund amount and the person or organization to whom the refund is being issued.

Posting a Refund Print Screen



A. Where "to go" in the System

Claim Summary
Main Menu→Lookup Claims→Find Claim ID→Claim Summary→Choose Action = Post Refund

Patient Profile
Main Menu→Lookup Patients→Find Patient ID→Patient Profile→Choose Action = Post Refund

Patient Account
Main Menu→Lookup Patients→Find Patient ID→Patient Profile→Click Account→Choose Action= Post Refund

Step 1 Enter Batch ID
Step 2 Enter Date or tab through to leave current date
Step 3 Enter Refund amount next to claim that is being refunded
Step 4 Use drop down and select the refund payee type either Person or Organization
Step 5 Enter in the Refund ID will be either a person ID or org ID
Step 6 Enter in comments of why the refund is being issued
Step 7 Click OK to accept data entered or CANCEL to quit

The user will be able to post refunds on any Dates of Service whether the balance is positive, zero or a credit.

Transfer of Payment

This section will walk the user through the process of transferring money from one Invoice ID to another Invoice ID. Currently these invoice ID's have to be a part of the same account so you can only transfer money from within a patients account.

Posting a Transfer Print Screen

A. Where "to go" in the System

Claim Summary
Main Menu→Lookup Claims→Find Claim ID→Claim Summary→Choose Action = Post Refund

Patient Profile
Main Menu→Lookup Patients→Find Patient ID→Patient Profile→Choose Action = Post Refund

Patient Account
Main Menu→Lookup Patients→Find Patient ID→Patient Profile→Click Account→Choose Action= Post Refund

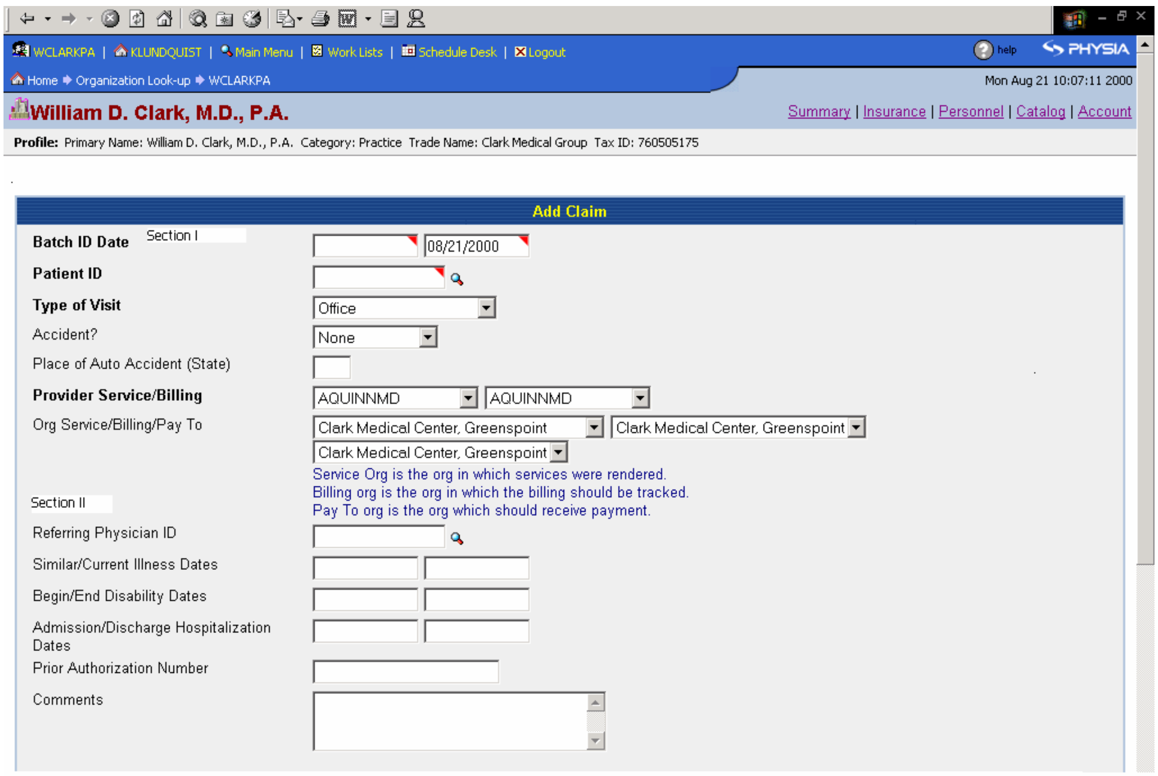
B. How "to Post" the Transfer

Step 1 Enter the ID of the invoice from where the money is being transferred
Step 2 Enter the $ amount of the money being transferred
Step 3 Enter any comments applying to that invoice
Step 4 Enter the ID of the invoice that is receiving the money
Step 5 Enter any comments applying to that invoice
Step 6 Click 'OK' to accept data entered

Check Out/Create Claims (Charge Entry)

The screens for Check out and for Add a Claim are the same screens.

The following documentation will walk the user through a step by step process of entering a Charge ticket into the Physia System .



SECTION 1 (Some of this information will carry over from the Scheduler)
***Batch ID Date-** enter the user Batch ID and Batch Date that is being posted
***Patient ID-** ID will carry over from Check out
(If user is at Add a Claim search for Patient ID)

***Type of Visit-** will default to Office use ▼ to scroll for other options
*** for Workers Compensation claims make sure it is indicated

Accident- will default to None use ▼ to scroll for Employment, Auto, Other

Place of Auto Accident- input state abbreviation if Accident field was marked Auto

Payer for Today- will pull Insurance information from Patient Personal Insurance Coverage or the user may use the Self Pay ▼ to select a different payer.

****For Workers Compensation claims make sure payer is Workers Compensation.

***Provider Service/ Billing-** JSMITH ▼ JSMITH ▼

Choose the Provider of today's service / Choose the Billing provider

***Org Service/Billing/Pay To-** Greenspt ▼ Greenspt ▼ Greenspt ▼

Choose the Org where services rendered, the Billing Org , and the Pay to Org

Org Service: where services were rendered
Billing Org: Organization that will be Billing for the services rendered
Pay to Org: Organization that will receive payment

SECTION II (to be entered by the user)
Referring Physician ID- click the in order to search for the Physician ID

Similar / Current Illness Dates-

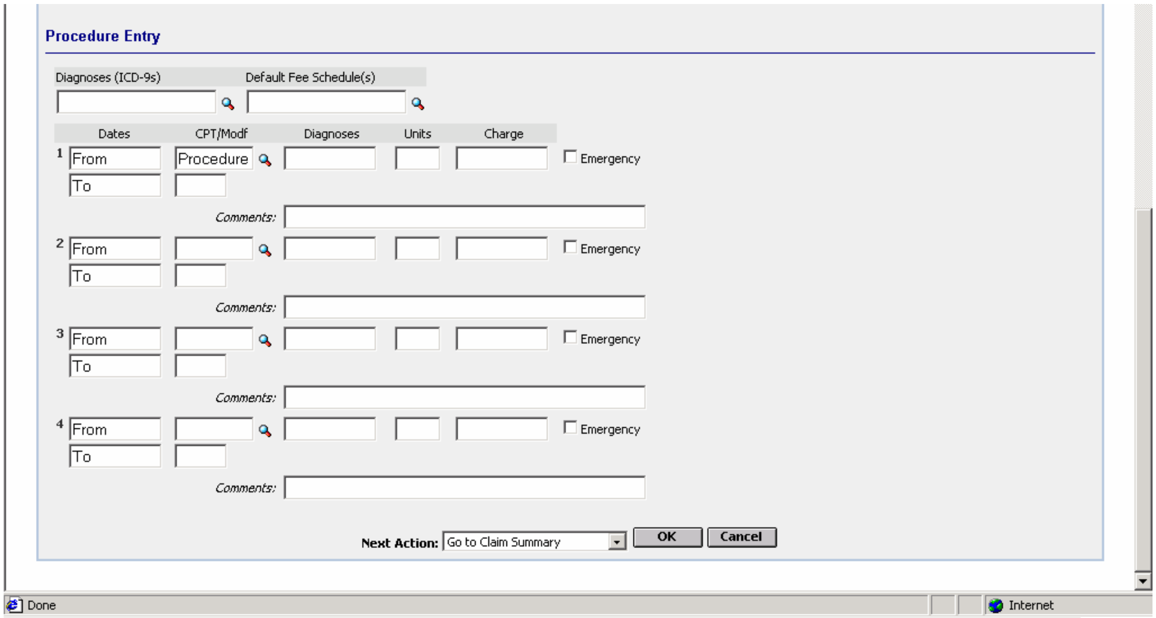
Begin / End Disability Dates- use for Workman compensation claims

Admission/Discharge Dates- use when inputting Hospital charges

Prior Authorization Number- input the prior auth number for the visit

Comments- this is a free text field for the user to put in any information that applies to this date of service. ***This field should not be used to comments pertaining to a particular line item those should be entered in on the line item level.

SECTION III (charge entry)



Procedure Entry

Diagnoses (ICD-9 only)

789.00,250.00,401.1

The ICD-9's will be inputted and separated by commas.
This is a searchable field **click**

Search to locate ICD-9's

Dates	CPT/Modf	Diagnoses	Units	Charge	Emerg
From/ To	Proc/ Modifier	Ex: 1 or 1,2	# of units	Leave Blank	☐ Check box

Search for CPT's/HCPC's

Comments: Visit line comments here

Dates- enter the Date of Service; Format= MM/DD/YY or MM/DD/YYYY
*****Tab through these fields to default to today's date*********

CPT/Modf- input the CPT code and Modifier for this date of service or use the to search.

Diagnoses- input the number(s) of the diagnoses that apply to this line item.
(example 789.00,250.00,401.1 enter a 1 or 1,2 or 1,2,3)

Units- input the number of 'units' that apply to this line item

Charge- charge amount will pull from associated fee schedule

Emergency- Check this box if this was an emergency service

Comments- This field is to be used to add comments that apply to that specific line item. Example explaining what supplies you are billing for when coding 99070.

Next Action: Post Personal Payment ▼

To Claim Summary
Add Procedure
Post Payment
To patient account
Add another claim
Return to Work List

These are the options for ***Next action***

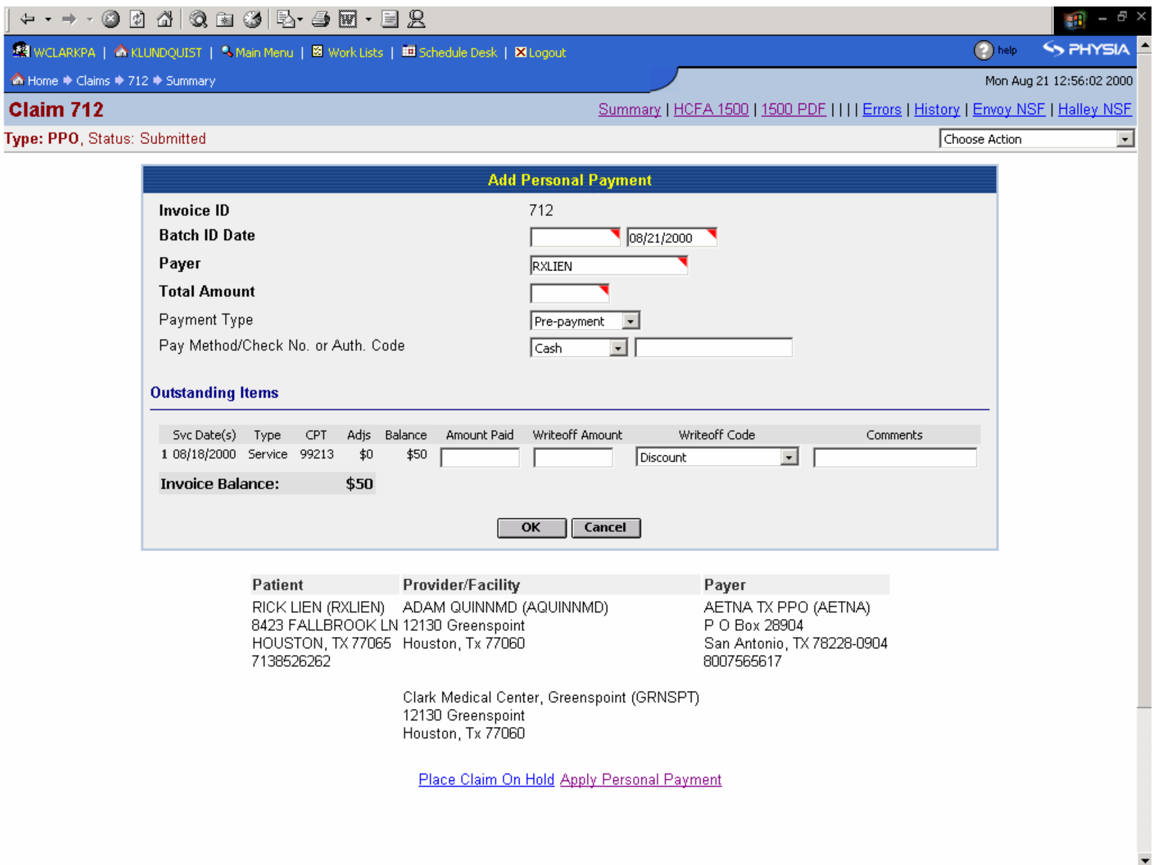
***The system allows for **4** line items to be entered on the first screen. The user has the ability to set the Next Action box to Add another procedure for more line entry.

To view a summation of the charges that were just entered simply have the next action set to View Claim Summary.

From this page the user has the ability to Post a Personal payment or adjustment, put the claim on Hold, Submit the claim for transfer or print a patient bill.

How to Post Personal Payment

This Section will walk the user through Posting a Personal Payment from the Claim Summary screen directly to a specific Invoice ID using Line Item Posting. By utilizing Line Item posting this allows the financial reporting to be accurate down to the line item level.



Batch ID Date [ ] [08/01/00]

Payer [Patient/Person ID]

Total Amount [$$$$]

Payment Type- [Post Payment]

Payment Method / Check Number- Check 12345

*Use the drop down to select payment method . For checks and money orders input the number to right of the method of payment box.

Outstanding Items

DOS	Type	CPT	Adjs	Bal	Amt Paid	W/O	W/O Code	Comments
08/01	service	99213	0	60	10.00			

Click OK once the payment is allocated to the correct line item.

If you try to apply more or less money than the Amount received you will get an error indicating that you need to reconcile.

CLAIMS

A. The "How To" of Claims Processing

1. Creation of claims:

Main Menu→Billing→Create→Create a claim
Click the Main Menu Icon (top of the page 3rd Icon =)
Locate the Billing Subheading
Locate the Create Section
Click Add a new claim
Complete the screen as described under the Check Out / Charges Section

Or

Schedule Desk→On select=Check Out→click Patient→Check out Screen
Click the Schedule Desk Icon (top of the page 5th Icon=)
On select= Check Out

From the Appointments screen click the Patient Name
Check Out Screen
Complete the screen as described under the Check Out / Charges Section

Or

Work List→Add a new record→Billing→add a claim
Click the Work List Icon (top of the page 4th Icon =)
Locate the Add a new record section
Locate the Billing heading
Click the next to Add a claim
Complete the screen as described under the Check Out / Charges Section

2. Viewing of claims:

Main Menu→Patient→Lookup→Person Profile→Account→HCFA
Click the Main Menu Icon (top of the page 3rd Icon =)
Locate the People Section
Locate Lookup
Click Patient
Find the Patient/Person ID and select that account (see Section III "Search")
Click Account tab on the Patient/Person Profile Page
View Claim Summary
Click HCFA 1500 for a view of the claim on a HCFA

Or

Billing→Lookup Claims→select ID of Claim→click HCFA

Click the Main Menu Icon (top of the page 3rd Icon =)

Locate Billing Section

Locate Lookup

Click Claims

Select the ID of the claim (see Section III "Search" for information on Searching)

View Claim Summary

Click HCFA 1500 for a view of the claim on a HCFA

Or

Work List→Lookup a record→Claim/Invoice

From Work List Icon (top of the page 4th Icon =)

Locate Lookup a record

Click the ○ next to Claim / Invoice

Click the Search Button

From Lookup Claims

See Section III "Search" for information on Searching

Select ID of the claim

View Claim Summary

Click HCFA 1500 for a view of the claim on a HCFA

3. Editing of claims:

Main Menu→People→Lookup→Person Profile→Account→choose action=edit claim

Click the Main Menu Icon (top of the page 3rd Icon =)

Locate the People Heading

Locate Lookup

Click Patient

Find the patient ID (see Section III "Search" for information on Searching)

Click Account on Patient Profile

Choose Action= Edit Claim

Or

Billing→Lookup Claims→On select=edit claim→click claim ID

Click the Main Menu Icon (top of the page 3rd Icon =)

Locate Billing Section

Click Lookup Claims

FIND the Claim ID (see Section III "Search" for information on Searching)

On Select= Edit Claim

Click claim ID

Or

Work List→Lookup a record→Claim/Invoice
From the Work List Icon (top of the page 4th Icon =)
Locate Lookup a record
Click the next to Claim/Invoice

4. Putting claims on Hold:

Main Menu→Lookup claims→on select=View claim→click ID→click Place on Hold
Click the Main Menu Icon (top of the page 3rd Icon =)
Locate Billing Section
Click Lookup claims (see Section III "Search" for information on Searching)
On select= View Claim
Click ID
Click Place on Hold
Type in Reason for Claim to be on Hold Reason: click OK or Cancel

Or

Main Menu→Lookup claims→on select=View claim→click ID→choose action=Place claim on Hold
Click the Main Menu Icon (top of the page 3rd Icon =)
Locate Billing Section
Click Lookup claims (see Section III "Search" for information on Searching)
On select= View Claim
Click ID
Choose Action= Place on Hold
Type in Reason for Claim to be on Hold Reason: click OK or Cancel

Or

Main Menu→Look up claims→on select=Place on Hold→click claim ID
Click the Main Menu Icon (top of the page 3rd Icon =)
Locate the Billing Section
Click Lookup claims (see Section III "Search" for information on Searching)
On select= Place on Hold
Click ID
Type in Reason for Claim to be on Hold Reason: click OK or Cancel

5. Submitting Claims for Transfer:

Main Menu→Look up claims→on select=View claim→click claim ID→click Submit Claim for Transfer

Click the Main Menu Icon (top of the page 3rd Icon =)
Locate the Billing Section
Click Lookup claims (see Section III "Search" for information on Searching)
On select= View Claim ▼
Click ID
Click Submit Claim for Transfer

Or

Main Menu→Look up claims→on select=View claim→click claim ID→choose action→select Submit Claim for Transfer

Click the Main Menu Icon (top of the page 3rd Icon =)
Locate the Billing Section
Lookup claims (see Section III "Search" for information on Searching)
On select= View Claim ▼
Click ID
Choose Action= Submit for Transfer ▼

Or

Main Menu→Look up claims→on select=Submit Claim for Transfer→click claim ID

Click the Main Menu Icon (top of the page 3rd Icon =)
Locate the Billing Section
Lookup claims (see Section III "Search" for information on Searching)
On select= Submit for Transfer ▼
Click ID

B. Explanation of Claim Statuses

1. Created- As soon as the patient is 'Checked In' the claim is created

2. On Hold- The claim has been put on hold by the Office personnel. (The reason for the claim being on hold will vary but will be user defined and can be viewed from the History tab on the Claim Summary screen)

3. In Review- The claim has been transferred by the office personnel for review before being Submitted to Physia. (The reason for putting a claim in review will vary and will be user defined)

4. Submitted- The claim has been submitted to Physia for transfer. This occurs when the office personnel clicks the option from Claim Summary→ Submit for Transfer

5. Transferred- The claim has been transferred from Physia electronically to the Clearinghouse.

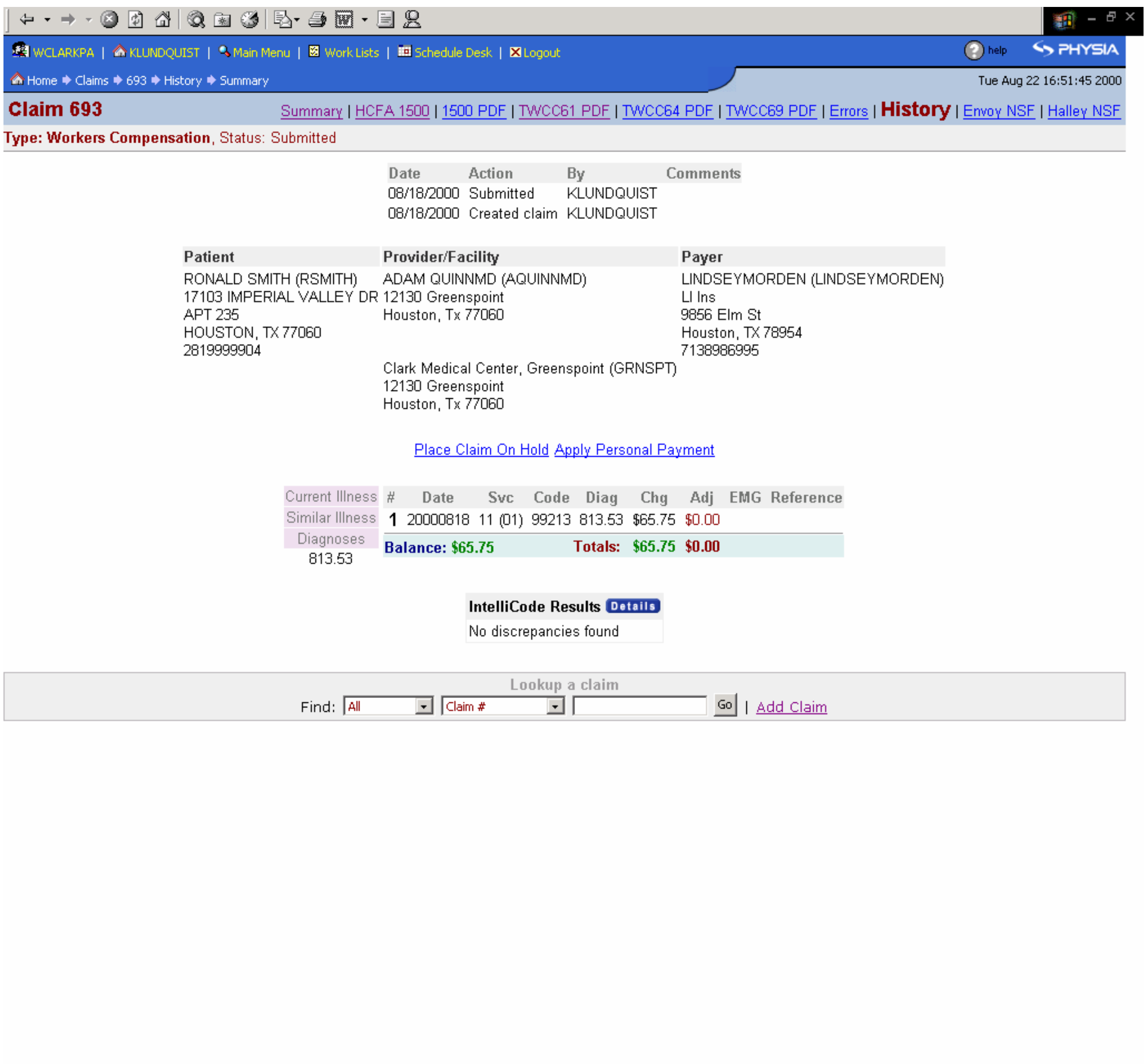
6. Rejected Internally- The claim has not passed Per-Se edits and therefore can not be submitted electronically or on paper until those errors have been corrected.

7. Rejected Externally- The claims has not passed the Carriers edits and therefore can not be accepted for adjudication. The errors on the claim need to corrected and the claim needs to be resubmitted to the carrier.

8. Void- The claim has been voided by a user and the claim balance should be adjusted for charge amount

Claim Overview Section

This section will discuss the summary of a claim including all payments and adjustments, the printing of a HCFA to the screen and to the printer, the History of a Claim and the Workers Compensation forms.



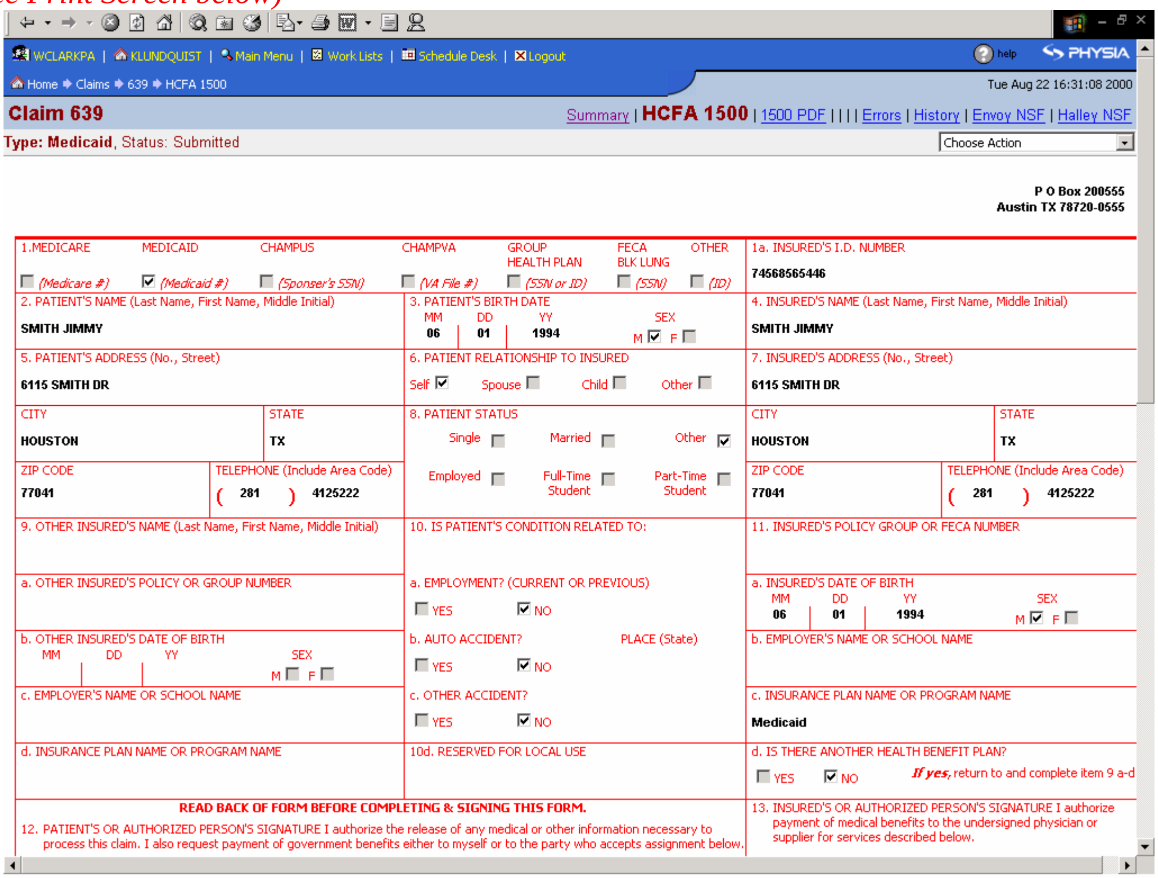
A. Claim Summary:

The claim summary page allows the user to quickly view all of the following:

1. Status of a claim- Created, Submitted, Transferred, Rejected, Closed
2. Type of claim- HMO capped, PPO, Workers Compensation, etc.
3. The procedure codes billed on the claim- CPT, HCPC's, EPSDT, Misc
4. The ICD 9 codes billed on the claim
5. The Provider billed on the claim
6. The Facility where the services were rendered
7. The Payer of the claim- Insurance, Self, Third Party
8. The charges that were billed for each line item
9. The adjustments (payments) for each line item
10. The remaining balance on the claim

B. HCFA 1500 (print to screen)

To view the claim simply click the tab HCFA 1500 from the Claim Summary page. (See Print Screen below)


WCLARKPA | KLUNDQUIST | Main Menu | Work Lists | Schedule Desk | Logout help PHYSIA
Home ▸ Claims ▸ 639 ▸ HCFA 1500 Tue Aug 22 16:31:08 2000
Claim 639 Summary | **HCFA 1500** | 1500 PDF | | | | Errors | History | Envoy NSF | Halley NSF
Type: Medicaid, Status: Submitted Choose Action

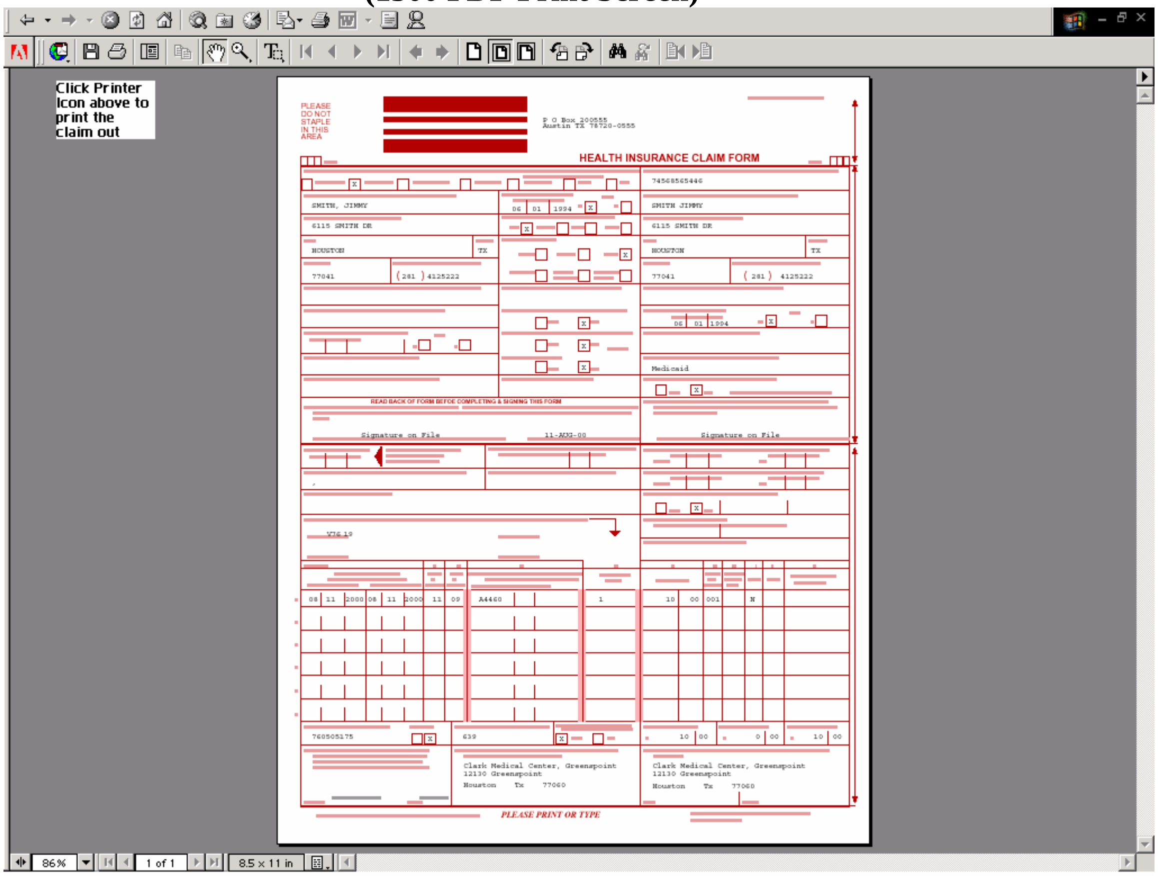
P O Box 200555
Austin TX 78720-0555

1. MEDICARE (Medicare #) ☐ MEDICAID (Medicaid #) ☑ CHAMPUS (Sponser's SSN) ☐ CHAMPVA (VA File #) ☐ GROUP HEALTH PLAN (SSN or ID) ☐ FECA BLK LUNG (SSN) ☐ OTHER (ID) ☐
1a. INSURED'S I.D. NUMBER: 74568565446
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): SMITH JIMMY
3. PATIENT'S BIRTH DATE MM 06 DD 01 YY 1994 SEX M ☑ F ☐
4. INSURED'S NAME (Last Name, First Name, Middle Initial): SMITH JIMMY
5. PATIENT'S ADDRESS (No., Street): 6115 SMITH DR
6. PATIENT RELATIONSHIP TO INSURED: Self ☑ Spouse ☐ Child ☐ Other ☐
7. INSURED'S ADDRESS (No., Street): 6115 SMITH DR
CITY: HOUSTON STATE: TX
8. PATIENT STATUS: Single ☐ Married ☐ Other ☑
CITY: HOUSTON STATE: TX
ZIP CODE: 77041 TELEPHONE (Include Area Code): (281) 4125222
Employed ☐ Full-Time Student ☐ Part-Time Student ☐
ZIP CODE: 77041 TELEPHONE (Include Area Code): (281) 4125222
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER
a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES ☐ NO ☑
a. INSURED'S DATE OF BIRTH MM 06 DD 01 YY 1994 SEX M ☑ F ☐
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐
b. AUTO ACCIDENT? PLACE (State) YES ☐ NO ☑
b. EMPLOYER'S NAME OR SCHOOL NAME
c. EMPLOYER'S NAME OR SCHOOL NAME
c. OTHER ACCIDENT? YES ☐ NO ☑
c. INSURANCE PLAN NAME OR PROGRAM NAME: Medicaid
d. INSURANCE PLAN NAME OR PROGRAM NAME
10d. RESERVED FOR LOCAL USE
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☑ *If yes,* return to and complete item 9 a-d
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

C. 1500 PDF

This tab allows the user to print the current claim on screen to the printer. In order to use this function the user must have the ability to read claim in a PDF format. To accomplish this task download Adobe Acrobat reader.

(1500 PDF Print Screen)



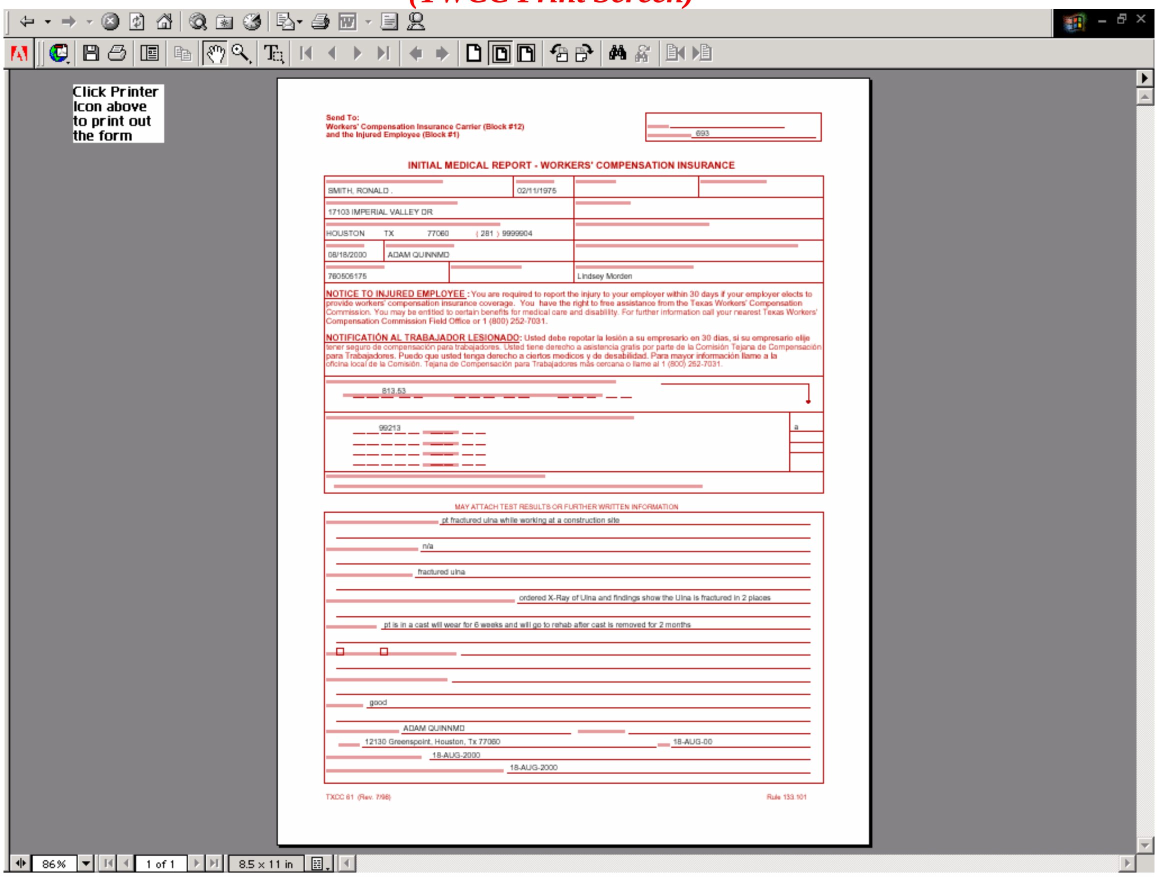
D. History of the claim

This page provides the overall history of a claim and allows users to track the claims progress from creation to submission to editing to resubmitting to payment posting and finally to closing. In addition, all responses received back from the Clearinghouses and from the payers will be downloaded to each individual claim and will be viewable from this page. (See screen at beginning of section)

E. Workers Compensation Forms

Currently the system handles TWCC forms 61, 64, and 69. To add information to any of the TWCC forms the user selects the appropriate form from the choose action drop on the Claim Summary Screen. Many of the fields will pull over based on information that is already loaded in the patient's file. The user will have to complete the fields that are applicable for each patient at the time of the visit. In order to print these forms simply click the applicable TWCC tab for that visit and the following screen will appear.

(TWCC Print Screen)



Fee Schedules

This Section will walk the user through Adding of Fee Schedules and Fee Schedule Items. A Fee Schedule item can be a CPT, HCPCS, EPSDT or Miscellaneous Code. If the clinic will be charging different prices by physician, location or Insurance product then a separate fee schedule will have to be created.

Add Fee Schedule:

Main Menu→Billing→Add Fee Schedule

Step 1 Click Main Menu Icon (top of the page 3rd Icon =)

Step 2 Locate Billing Section on Main Menu (Icon =)

Step 3 Click Add a new Fee Schedule

Step 4 Follow the Instructions below in order to fill out the screen

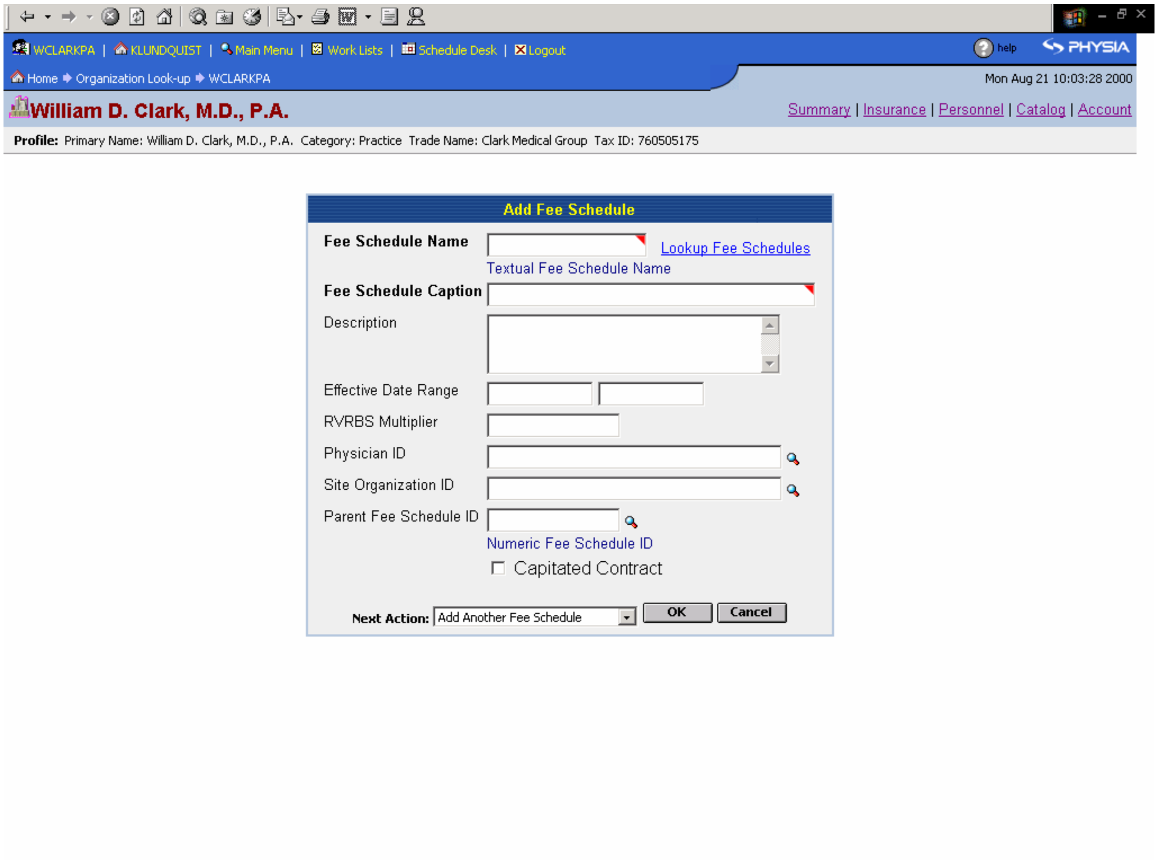
Main Org Icon→Catalog→Add Fee Schedule

Step 1 Click Main Org Icon (top of the page 1st Icon =)

Step 2 Click Catalog tab on Main Org Page

Step 3 Click Add Fee Schedule hyperlink

Step 4 Follow the Instructions below in order to fill out the screen



Fee Schedule Name: User defined field; use the Lookup existing Fee Schedules to search for any ID's that might already exist.

Fee Schedule Caption: User defined field; Example: Aetna PPO Fee Schedule

Description: User defined field; Example: Aetna 2000 PPO Fee Schedule

Effective Dates | 01/01/2000 | 12/31/2000 | enter effective dates for the Schedule

RVRBS Multiplier | 38.25 | enter in the multiplier amount

Physician ID | SMITHMD

***If this fee schedule is for a specific Physician / Provider use the magnifying glass to search for the Physician.

Site Organization ID CLINIC

***If this fee schedule is for a specific site or location use the magnifying glass to search for that site or location ID.

Parent Fee Schedule ID: if there is a Parent ID enter the ID or use the to Search for it.

☐ Capitated Contract

Next Action: Add another Schedule

Click **OK** to accept or **Cancel** to quit

Add a new Fee Schedule Item

Method 1:

Main Menu→Billing→Add Fee Schedule Item

Step 1 Click Main Menu Icon (top of the page 3rd Icon =)

Step 2 Locate Billing Section

Step 3 Click Add a new Fee Schedule Item

Step 4 Follow the Instructions below in order to fill out the screen

Method 2:

Main Org Icon→Catalog→Click Name of Fee Schedule→Add Item

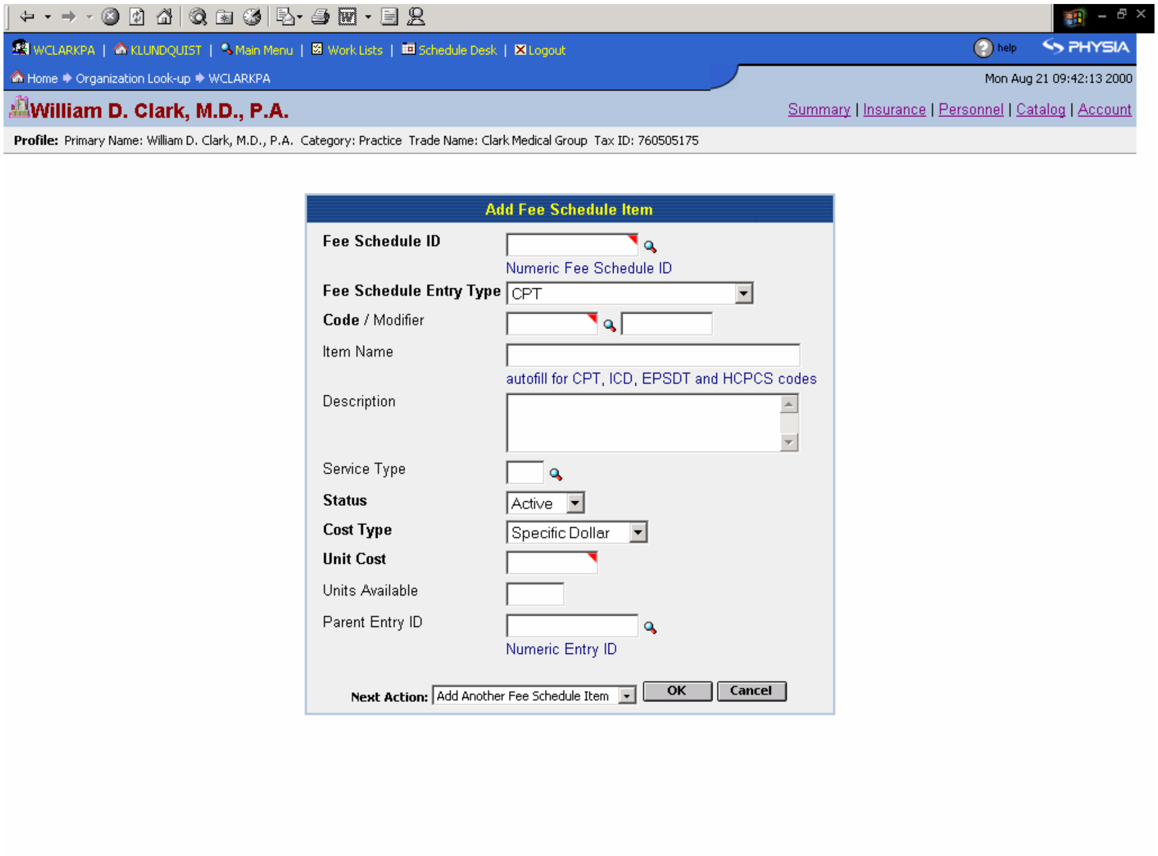
Step 1 Click Main Org Icon (top of the page 1st Icon =)

Step 2 Click Catalog tab on Main Org page

Step 3 Click Name of Fee Schedule to which items are being added

Step 4 Click Add Item

Step 5 Follow the Instructions below in order to fill out the screen



Fee Schedule ID: use the 🔍 to Search for the Fee Schedule ID you are adding an Item to.

Fee Schedule Entry Type: CPT ▼ Select the 'type' of code you are entering. Types include: CPT, HCPCS, EPSDT, MISC.

Code / Modifier : Enter the CPT or HCPCS | Enter the modifier if it applies

Item Name : will autofill from CPT,HCPC,s, EPSDT or MISC CODE table

Description : will autofill from CPT,HCPC's,EPSDT or MISC CODE table

Service Type: will auto fill for most codes

Status: Select whether this code is Inactive or Active

Cost Type: Specific Dollar ▼

No Cost
Multiple of Group
Multiple of Parent
Medicare Value
Multiple of RVU
UCR 75 % Value

What kind of cost factor is being used to create this Fee Schedule Item.

Unit Cost: enter the $ amount for this Item

Units Available: enter the number of units for this Item

Parent Entry ID: leave blank for now

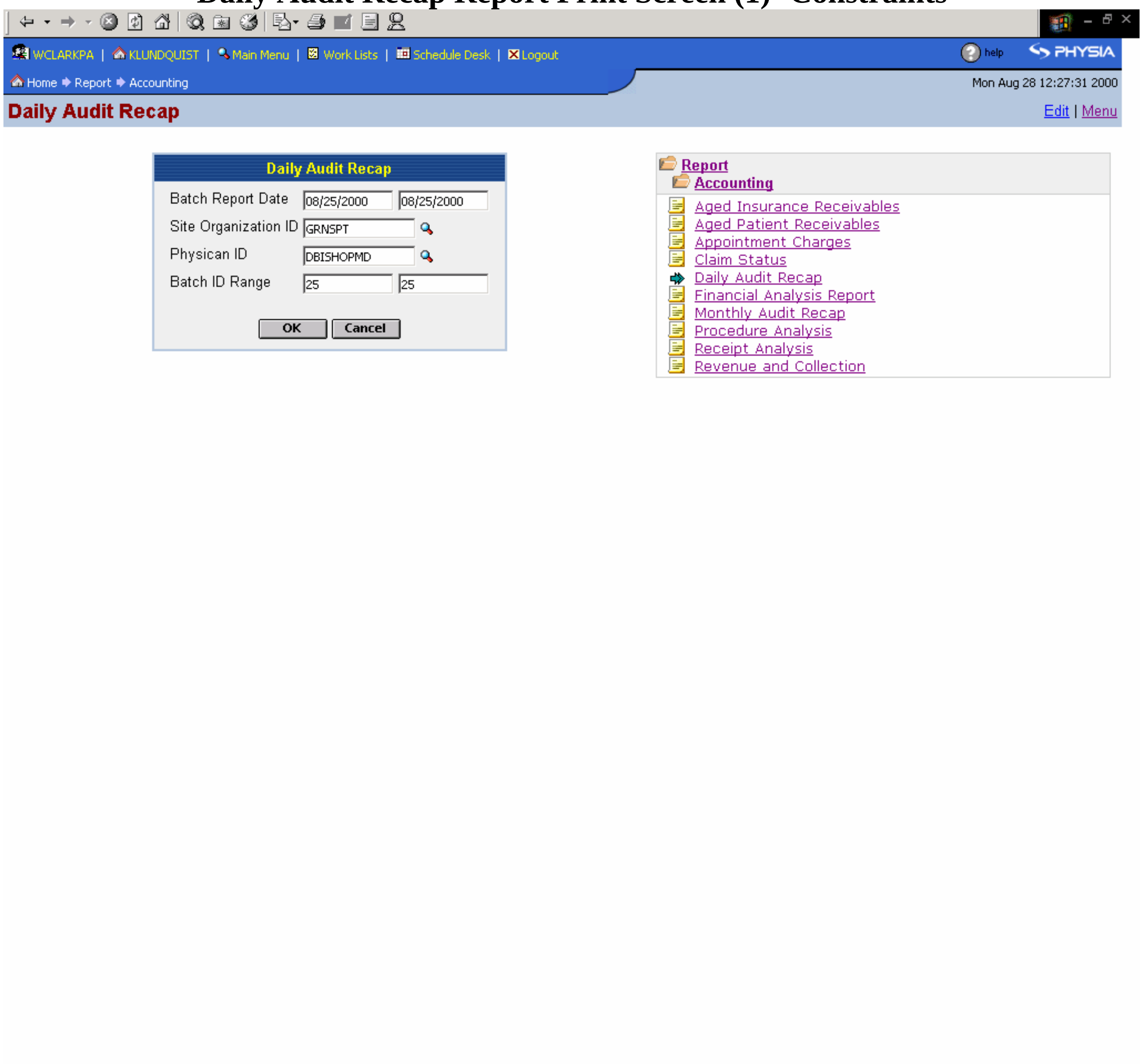
Next Action: Add another Fee Item

Click **OK** to Accept or **Cancel** to quit

Daily Audit Recap Report

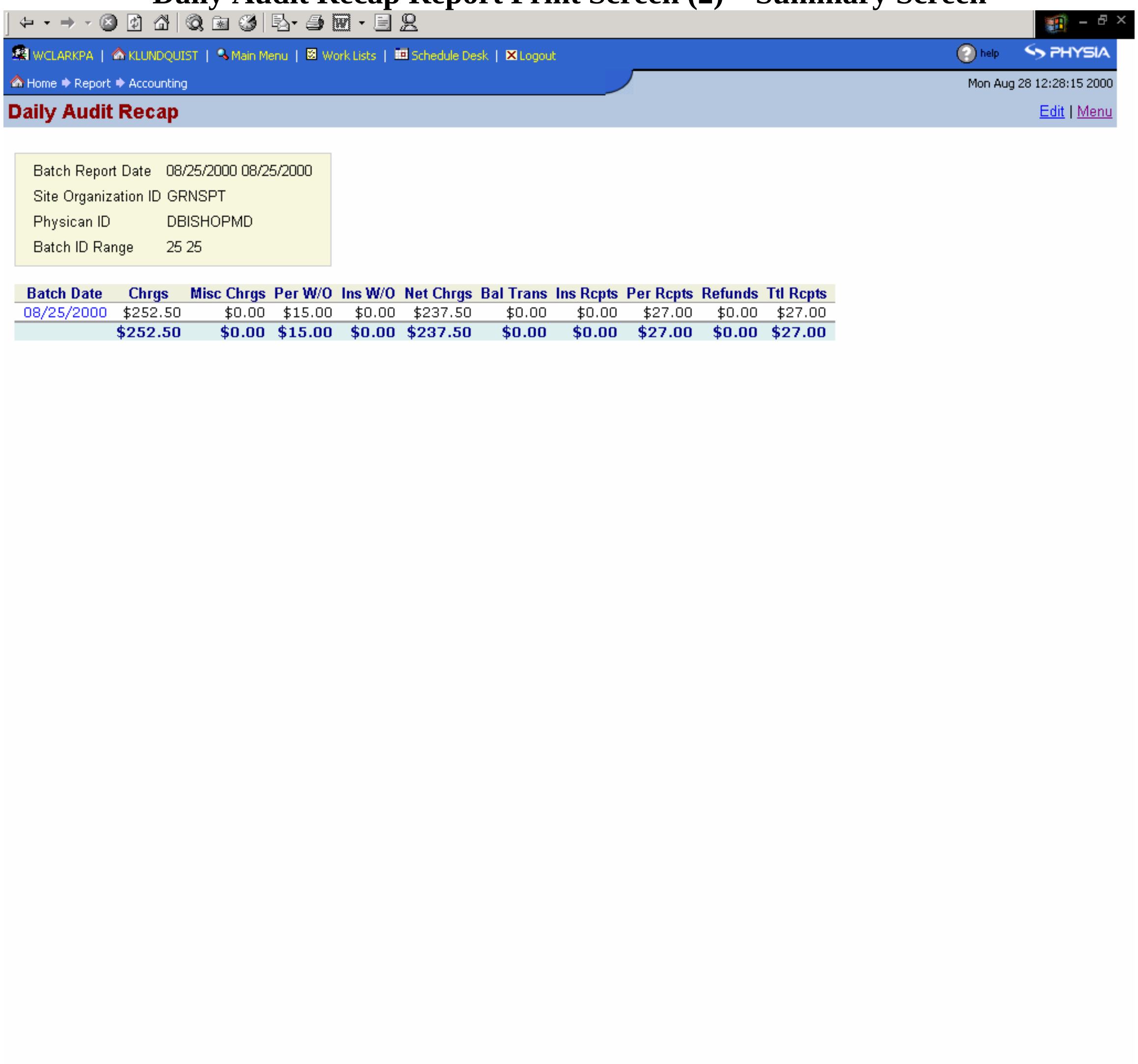
This report will be utilized to summarize a day's charges and receipts for a given Batch ID. The report can be run by the following constraints: Date range(s), Site ID's, Physician ID's and Batch ID's. IF any of the constraints are left blank the system will assume all criteria apply.

Daily Audit Recap Report Print Screen (1)- Constraints



Step 1 Click or to access user Home Page or Work list Menu
Step 2 Locate heading View Reports (icon =)
Step 3 Click Accounting
Step 4 Click Daily Audit Recap
Step 5 Enter the dates desired for this report
Step 6 Enter the Site ID if necessary or click to look up the ID if unknown
Step 7 Enter the Physician ID if necessary or click to look up the ID if unknown
Step 8 Enter the Batch ID's if necessary or enter 0000 to 9999 for all ID's
Step 9 Click 'OK' to accept data entered

Daily Audit Recap Report Print Screen (2) – Summary Screen



Batch Date	Chrgs	Misc Chrgs	Per W/O	Ins W/O	Net Chrgs	Bal Trans	Ins Rcpts	Per Rcpts	Refunds	Ttl Rcpts
08/25/2000	$252.50	$0.00	$15.00	$0.00	$237.50	$0.00	$0.00	$27.00	$0.00	$27.00
	$252.50	$0.00	$15.00	$0.00	$237.50	$0.00	$0.00	$27.00	$0.00	$27.00

Explanation of Summary Screen 2-
Batch Date- this will be the date that was entered as a constraint if more than 1 date was entered then each date will be listed separately
Chrgs- reports the $ amount of all charges inputted for that Batch Date
Misc Chrgs- reports the $ amount of all Miscellaneous charges inputted for that Batch Date
Per W/O- reports the $ amount of all write offs that were taken during the Personal payment dialog. Examples include: Professional courtesy, past filing deadline, Charges adjustments for which payment will not be received
Ins W/O- reports the $ amount of all insurance write offs (contractuals) that were taken during the Insurance payment dialog
Net Chrgs- Summation of the following: Chrgs + Misc Chrgs (-) Per W/O (-) Ins W/O
Bal Trans- reports the $ amount of all balance transfers
Ins Rcpts- reports the $ amount of all Insurance receipts posted for that Batch Date
Per Rcpts- reports the $ amount of all Personal receipts posted for that Batch Date
Refunds- reports the $ amount of all Refunds posted for that Batch Date
Ttl Rcpts- Summation of the following: Ins Rcpts + Per Rcpts (+/-) Bal Trans (-)Refunds

To access a more detailed account of the charges and receipts simply Click the Batch Date Hyperlink. Example: <u>08/25/2000 </u>(click the date and the Batch Detail appears)
*****See Screen 3 on the following page.

Daily Audit Recap Report Print Screen (3)- Details of Summary

InI

[Physia] - Microsoft Internet Explorer

Address 8/25/2000&_f_org_id=GRNSPT&_f_person_id=DBISHOPMD&_f_batch_id_from=25&_f_batch_id_to=25&_f_OK.x=39&_f_OK.y=7&detail=payment&batch_date=08/25/2000

Daily Audit Recap

(Batch Date 08/25/2000)

Invoice	Physican	Patient	Proc Code	Proc Name	Service From	Service To	Diag Code	Chrgs	Misc Chrgs	Per W/O	Ins W/O	Ins Rcpts	Per Rcpts	Payment Type
588	DBISHOPMD	SAAPPLETON	81001	URINALYSIS, AUTO, W/SCOPE	04-AUG-00	04-AUG-00	462	$0.00	$0.00	$15.00	$0.00	$0.00	$0.00	Cash
588	DBISHOPMD	SAAPPLETON	99203	OFFICE/OUTPATIENT VISIT, NEW	04-AUG-00	04-AUG-00	462	$0.00	$0.00	$0.00	$0.00	$0.00	$22.00	Check
588								**$0.00**	**$0.00**	**$15.00**	**$0.00**	**$0.00**	**$22.00**	
761	DBISHOPMD	LGRABLER	99213	OFFICE/OUTPATIENT VISIT, EST	25-AUG-00	25-AUG-00	789.00	$35.00	$0.00	$0.00	$0.00	$0.00	$0.00	
761								**$35.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
765	DBISHOPMD	LCARROLL	99213	OFFICE/OUTPATIENT VISIT, EST	25-AUG-00	25-AUG-00	789.00	$65.75	$0.00	$0.00	$0.00	$0.00	$0.00	
765								**$65.75**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
768	DBISHOPMD	LCARROLL	99214	OFFICE/OUTPATIENT VISIT, EST	25-AUG-00	25-AUG-00	789.00	$86.00	$0.00	$0.00	$0.00	$0.00	$0.00	
768								**$86.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
770	DBISHOPMD	SMITHJIMMY	99213	OFFICE/OUTPATIENT VISIT, EST	25-AUG-00	25-AUG-00	789.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.00	Cash
770	DBISHOPMD	SMITHJIMMY	99213	OFFICE/OUTPATIENT VISIT, EST	25-AUG-00	25-AUG-00	789.00	$65.75	$0.00	$0.00	$0.00	$0.00	$0.00	
770								**$65.75**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$5.00**	
								$252.50	**$0.00**	**$15.00**	**$0.00**	**$0.00**	**$27.00**	

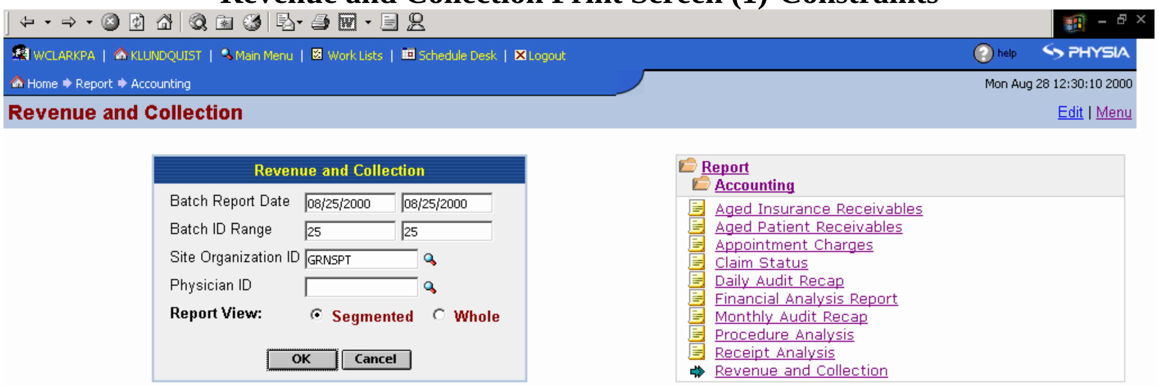
Done Internet

Invoice ID- this is the ID of the Invoice or Claim
Physician ID- this is the Physicians ID where charges were posted
Patient ID- this is the Patient where charges were posted
Procedure Code- this is the Procedure code that was billed (CPT,HCPCS,EPSDT, Misc)
Procedure Name- this is the short name of the Procedure code billed
Service Dates From/To- this is the service dates for the Invoice or Claim ID billed
Diagnosis Code- this is the diagnosis code for this line item
Charges- this is the charge for this line item
Miscellaneous Charges- this is the charge for this line item
Personal Write offs- these are the charges adjustments for this line item
Insurance Write offs- these are the insurance adjustments for this line item
Insurance Receipts- these are the insurance receipts for this line item
Personal Receipts- these are the personal receipts for this line item
Payment Type- this is the type of payment that was made (cash,check,visa,mc,etc)

Revenue and Collection Report

This report compiles and reports financial information for all professional services, Capitated as well as Non-capitated services, and all payments received. The report can be run based on Date range, Site ID's or Physician ID's. For directions on running the reports please see the next page.

Revenue and Collection Print Screen (1)-Constraints



Step 1 Click or to access user Home Page or Work list Menu
Step 2 Locate heading View Reports (icon =)
Step 3 Click Accounting
Step 4 Click Revenue and Collection
Step 5 Enter the dates desired for this report
Step 6 Enter the Batch ID's if necessary or enter 0000 to 9999
Step 7 Enter the Site ID if necessary or click to look up the ID if unknown
Step 8 Enter the Physician ID if necessary or click to look up the ID if unknown
Step 9 Click the radio button next to format desired for the report
**choices are: production and collection information together or separated

Revenue and Collection Print Screen(2)-Summary

Home ➔ Report ➔ Accounting Tue Sep 19 18:33:53 2000

Revenue / Collection Report Edit | Menu

Batch Report Date	09/01/2000 09/19/2000
Batch ID Range	0000 0999
Site Organization ID	GRNSPT
Physician ID	
Report View:	**Segmented**

PRODUCTION INFORMATION

Physican ID	FFS Prof	X-Ray	Lab	Total Non-Cap Prod	Cap Prof	Cap X-Ray	Cap Lab	Total Cap Prod	Total Prof Prod	Grand Total Prod
AQUINNMD	$95.00	$0.00	$4.00	$99.00	$0.00	$0.00	$0.00	$0.00	$95.00	$99.00
BROWNCHARLIE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
DBISHOPMD	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
GHAMILTONMD	$50.00	$0.00	$0.00	$50.00	$0.00	$0.00	$0.00	$0.00	$50.00	$50.00
HPPEPPER	$50.00	$0.00	$0.00	$50.00	$0.00	$0.00	$0.00	$0.00	$50.00	$50.00
JHARLAND	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
KXMANESS	$100.00	$0.00	$0.00	$100.00	$0.00	$0.00	$0.00	$0.00	$100.00	$100.00
MCHARRON	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PHOWARD	$197.25	$0.00	$10.50	$207.75	$0.00	$0.00	$0.00	$0.00	$197.25	$207.75
TAPPT	$65.75	$0.00	$0.00	$65.75	$60.00	$0.00	$0.00	$60.00	$125.75	$125.75
WCLARK	$162.75	$105.00	$0.00	$267.75	$0.00	$0.00	$0.00	$0.00	$162.75	$267.75
	$720.75	**$105.00**	**$14.50**	**$840.25**	**$60.00**	**$0.00**	**$0.00**	**$60.00**	**$780.75**	**$900.25**

COLLECTION INFORMATION

Physican ID	Ancill Pmts	Prof Pmts	FFS Pmts	Cap Pmts	Net Recpts	% To Gross	Hospital Visits	Office Visits	Avg Chrg per Visit
AQUINNMD	$0.00	$45.00	$45.00	$0.00	$45.00	45.45	0	5	$19.80
BROWNCHARLIE	$0.00	$40.75	$40.75	$0.00	$40.75	0.00	0	1	$0.00
DBISHOPMD	$0.00	$369.00	$369.00	$0.00	$369.00	0.00	0	11	$0.00
GHAMILTONMD	$0.00	$10.00	$10.00	$0.00	$10.00	20.00	0	2	$25.00
HPPEPPER	$0.00	$0.00	$0.00	$0.00	$0.00	0.00	0	1	$50.00
JHARLAND	$0.00	$84.75	$45.75	$39.00	$84.75	0.00	0	4	$0.00
KXMANESS	$0.00	$0.00	$0.00	$0.00	$0.00	0.00	0	1	$100.00
MCHARRON	$0.00	$275.00	$70.00	$205.00	$275.00	0.00	0	10	$0.00
PHOWARD	$0.00	$40.00	$40.00	$0.00	$40.00	19.25	0	6	$34.63
TAPPT	$0.00	$0.00	$0.00	$0.00	$0.00	0.00	0	3	$41.92
WCLARK	$0.00	$300.00	$180.00	$120.00	$300.00	112.04	0	12	$22.31
	$0.00	**$1,164.50**	**$800.50**	**$364.00**	**$1,164.50**	**129.35**	**0**	**56**	

Explanation of the Report Results

Production-
Columns include the following:
Physician ID- lists all Physician ID's that met the constraints of the report
FFS Prof- reports the $ amount of Fee For Service Professional charges (excludes X-Ray and Laboratory charges and capitated charges
X-Ray- reports the $ amount of Fee For Service X-Ray Charges
Lab- reports the $ amount of Fee For Service Laboratory Charges
Total Non-Cap Prod- reports the Total $ amount of Fee For Service Charges (includes FFS Prof + X-Ray + Lab)
Cap Prof- reports the $ amount of Capitated Professional Charges (excludes X-Ray and Laboratory charges)
Cap X-Ray – reports the $ amount of Capitated X-Ray Charges
Cap Lab- reports the $ amount of Capitated Laboratory Charges
Total Cap Prod- reports the Total $ amount of Capitated Charges (includes Cap Prof + Cap X-Ray + Cap Lab)
Total Prof Prod- reports the $ amount of Fee For Service Professional charges and Capitated Professional charges (FFS Prof + Cap Prof)
Grand Total Prod- reports the Total $ amount of all charges (Total Non-Cap Prod + Total Cap Prod)

Collection-
Physician ID- lists all Physician ID's that met the constraints of the report
Ancill Pmts- reports the $ amount of all payments for all Ancillary services
Prof Pmts- reports the $ amount of all payments for all Professional services
FFS Pmts- reports only the $ amount of all payments for all Fee For Service services
Cap Pmts- reports only the $ amount of all payments for all Capitated services
Net Recpts- reports the Total $ amount of all payments received (FFS Pmts + Cap Pmts)
% to Gross- Net Receipts / Grand Total Production
Hospital Visits- reports the number of hospital visits seen
Office Visits- reports the number of office visits seen
Avg Chrg per Visit- Grand Total production / Office visits

Glossary of Terms

<u>Choose Action Boxes</u> (the user "chooses" what action to perform)
Schedule Appointment- when selected takes the user to the Add Appointment Screen. By selecting this action the appointment will be added for the Person ID you are currently on.

Edit Profile- allows the user to edit profile information of the ID they are currently on including: SSN, DOB, Ethnicity, Responsible party, Sex, etc.

Apply Payment- allows the user to apply personal payments to the claim that is currently on their screen.

Post Personal Payment- allows the user to apply a personal payment to the patient's account

Post Insurance Payment- allows the user to apply an insurance payment to a claim ID

Post Refund- allows the user to post a refund to an Invoice ID that has a credit balance

Post Transfer- allows the user to transfer a balance from one Invoice ID to another Invoice ID

Prescribe Meds- allows the user to Prescribe Medications on a patient's account

Edit Claim- allows the user to edit a claim for dx codes, procedure codes, etc.

Submit for Transfer- allows the user to submit the claim to Physia for Transfer to the Clearinghouse

Place on Hold- allows the user to put a specific claim on hold and attach an explanation for why the claim is on hold

Create a Claim- allows the user to create a claim/charge for a given Patient ID

View all claims for this patient- allows the user to view all claims for that Patient ID

Next Action Boxes ***(the user selects the "next" action to be performed)***
View "…." Summary- depending on which Page you are currently in the system will allow you to View a summary of that page. Example: if you are adding a patient and the next action is View Patient Summary the user will be taken to the Profile page to view the data they just entered for that patient.

Place on Hold- allows the user to put a specific claim on hold and attach an explanation for why the claim is on hold

Post Payment on this patient- allows the user to post a personal payment for this patient

Go to Search- Returns the user to the Search / Lookup Page

Return to Home Page- Returns the user to the Home Page

Add Personal Insurance Coverage- takes the user directly to the Add Personal Insurance Coverage Page where upon the user can enter the Insurance coverage for that Patient ID

Add another "…."- allows the user to add another patient, Insurance Org, Physician, etc depending on which Page they are in. Example: if you are adding a Physician record and the next action is to add another Physician the system will take you back to the same screen to allow you to add another Physician.

Go to Work List- takes the user directly to the Work List

Add a procedure- If the user is creating a claim and has used all 4 lines by selecting this option the system allows the user to continue to enter procedure codes for that visit.

Go to Claim Summary- takes the user to a the summary screen for that claim

Go to Patient Account- takes the user to the patient's account

Show Current Fee Schedule- takes the user to the Lookup Fee Schedule Screen

Show List of Fee Schedules- takes the user to the Lookup Fee Schedule Screen where all schedules will be listed

Show Current Fee Schedule Item- shows the user a summary of the item they just added

<u>On Select Boxes</u> (the user pre-selects the action they want to perform)
View "…." Summary- depending on which Page you are currently in the system will allow you to View a summary of that page. Example: if you are adding a patient and the next action is View Patient Summary the user will be taken to the Profile page to view the data they just entered for that patient.

View Account- will take the user to the Account Profile of the ID you select

Place on Hold- allows the user to put a specific claim on hold and attach an explanation for why the claim is on hold

Apply Payment- allows the user to apply payments to the claim that is currently on their screen

Edit Claim- allows the user to edit the claim for dx codes, procedure codes, etc…

Submit for Transfer- allows the user to submit the claim to Physia for transfer to the clearinghouse.

Add Procedure- allows the user to add a procedure to a claim that has not yet been submitted for transfer.

Edit Diagnosis- allows the user to edit a diagnosis code that exists on a given claim.

Post Personal Payment- allows the user to Post a personal payment on a patient's account

Post Insurance Payment- allows the user to Post an insurance payment to a Claim ID

Edit Profile- allows the user to edit the profile they are currently on

Schedule Appointment- when selected takes the user to the Add Appointment Screen. By selecting this action the appointment will be added for the Person ID you are currently on.

Create a Claim- allows the user to create a claim/charge for a given Patient ID

View a Claim- takes the user to the Claim summary screen

Check In- once the user clicks on a patient's name the system takes the user to the Check In screen whereupon that patient is acknowledged in the Appointment screen as being there.

Check Out- once the user clicks on a patient's name the system takes the user to the Check out or Create a claim screen.

Claims Lookup Screen

ID- This represents the claim ID or the ticket number assigned to that date of service

IC- This number represents the number of line items on that particular claim ID

Patient- This field contains the name of the patient who received the services

Date- This date represents the date the services were rendered

Status- This field represent the “current” status of a that claim ID

Payer- This field represents the payer for those services that were rendered

Charges- This field represents the total dollar amount charged for those services

Adjustments- This field represents the total adjustments (including payments and write offs) that were taken on that claim ID

Balance- This field represents the balance leftover after subtracting out the adjustments

How to Contact Physia Help Desk

Phone Number: 281-272-0800
Fax Number: 281-272-2555

Today's Date: ____/_____/______

Client Main Org ID: ___________________

Client Main Org Name: _________________

Client Contact Name: __________________

Client Phone Number: (_____)_____________ Ext: ___________

Client Fax Number: (_____)_______________

Issue: ____
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Enhancement Request: ____________________________________
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Log for Tracking Calls to Help Desk

Date: __________
Time: __________
Help Desk Contact Name: ________________________
Help Desk Call Back Time: _______________________
Bug Number_____________________________________
Help Desk Resolution: ____
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Date: __________
Time: __________
Help Desk Contact Name: ________________________
Help Desk Call Back Time: _______________________
Bug Number_____________________________________
Help Desk Resolution: ____
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Date: __________
Time: __________
Help Desk Contact Name: ________________________
Help Desk Call Back Time: _______________________
Bug Number_____________________________________
Help Desk Resolution: ____
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Date: __________
Time: __________
Help Desk Contact Name: ________________________
Help Desk Call Back Time: _______________________
Bug Number_____________________________________
Help Desk Resolution: ____
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