

ASPIRE Professional v1.0¹³



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USER MANUAL

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LOGGING INTO YOUR SYSTEM

Welcome to **PHYSISA**
The Internet Healthcare Operating System

Please Login

User ID: KLUNDQUIST
Organization ID: WCLARKPA
Password:

Start Page: Worklist

OK Cancel

 Click to verify

In order to assure that your data is secure, please be sure to logout of the system when you're done. In addition to logging out, please close all your browser windows after you log out.

If you do not logout and close your browser when you're done, others will be able to see, modify, and potentially delete your data.

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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

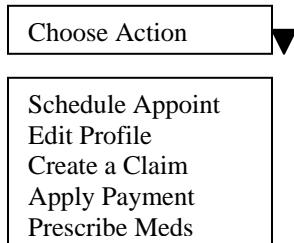
Start Page: Each user may start at a different place within the software and can depend upon their job duties. This is a drop down menu and it does retain the last entry that was selected. Options include:

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:



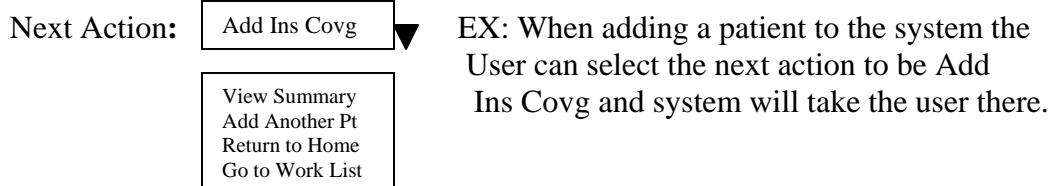
Within a Patient’s profile the user has the ability to perform any of the above actions on that profile. **Example:** If you will in SSMITH’s profile and under Choose Action you selected Apply Payment the system allows you to apply a payment to that account.

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.



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: ▾

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: GO

On Select:

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 : 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 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:

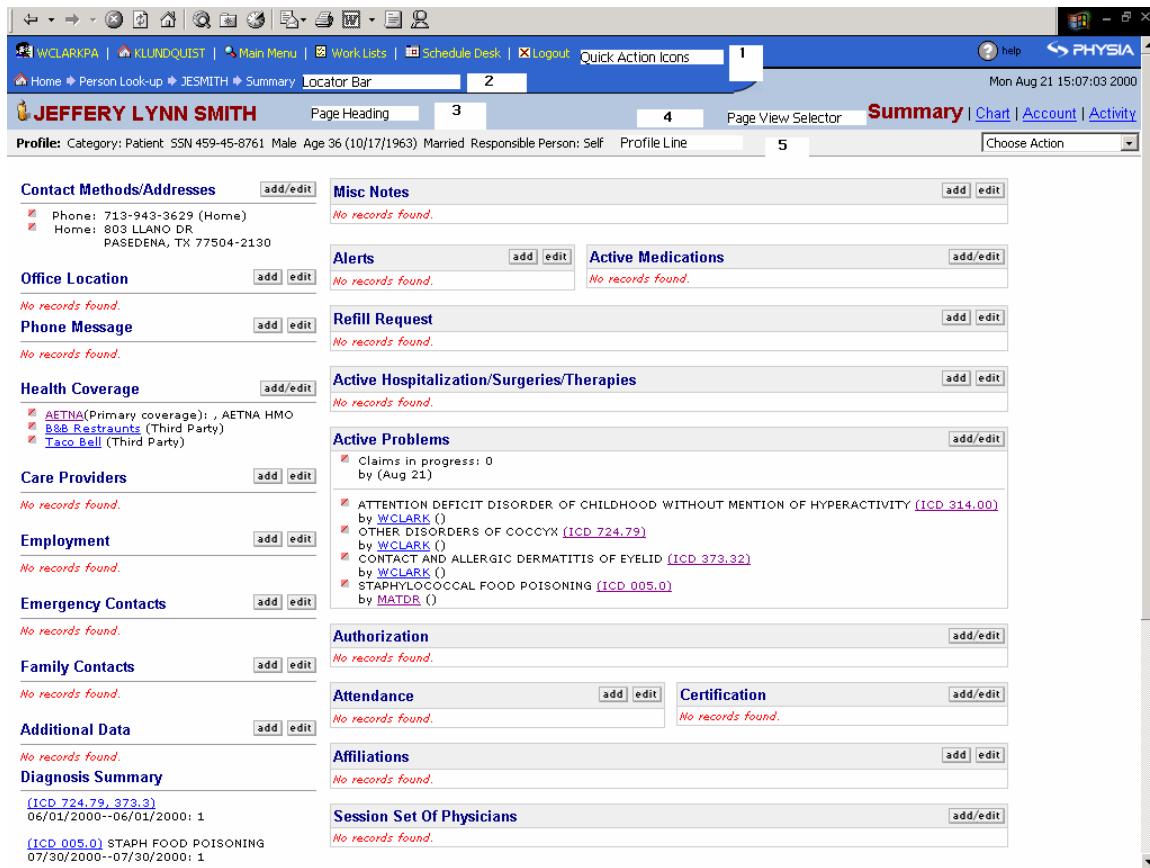
On each Page within the system there will be ‘*sub headings*’ that apply to that page. *See Section II “Explanation of Profile Page View Indicators”*

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



Contact Methods/Addresses [add/edit](#) **Misc Notes** [add](#) [edit](#)
 Phone: 713-943-3629 (Home)
 Home: 803 LLANO DR
PASEDENA, TX 77504-2130

Office Location [add](#) [edit](#) **Alerts** [add](#) [edit](#) **Active Medications** [add/edit](#)
No records found.

Phone Message [add](#) [edit](#) **Refill Request** [add](#) [edit](#)
No records found.

Health Coverage [add/edit](#) **Active Hospitalization/Surgeries/Therapies** [add](#) [edit](#)
 AETNA (Primary coverage): , AETNA HMO
 B&B Restraints (Third Party)
 Taco Bell (Third Party)

Care Providers [add](#) [edit](#) **Active Problems** [add/edit](#)
No records found.
 Claims in progress: 0
by (Aug 21)

Employment [add](#) [edit](#) **ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT MENTION OF HYPERACTIVITY ([ICD 314.00](#))**
No records found.
 by WCLARK ()

Emergency Contacts [add](#) [edit](#) **OTHER DISORDERS OF COCCYX ([ICD 724.79](#))**
No records found.
 by WCLARK ()

Family Contacts [add](#) [edit](#) **CONTACT AND ALLERGIC DERMATITIS OF EYELID ([ICD 373.32](#))**
No records found.
 by WCLARK ()

Additional Data [add](#) [edit](#) **STAPHYLOCOCCAL FOOD POISONING ([ICD 005.0](#))**
No records found.
 by MATDR ()

Diagnosis Summary [add](#) [edit](#) **Authorization** [add/edit](#)
[\(ICD 724.79, 373.3\)](#)
06/01/2000--06/01/2000: 1
[\(ICD 005.0\)](#) STAPH FOOD POISONING
07/30/2000--07/30/2000: 1

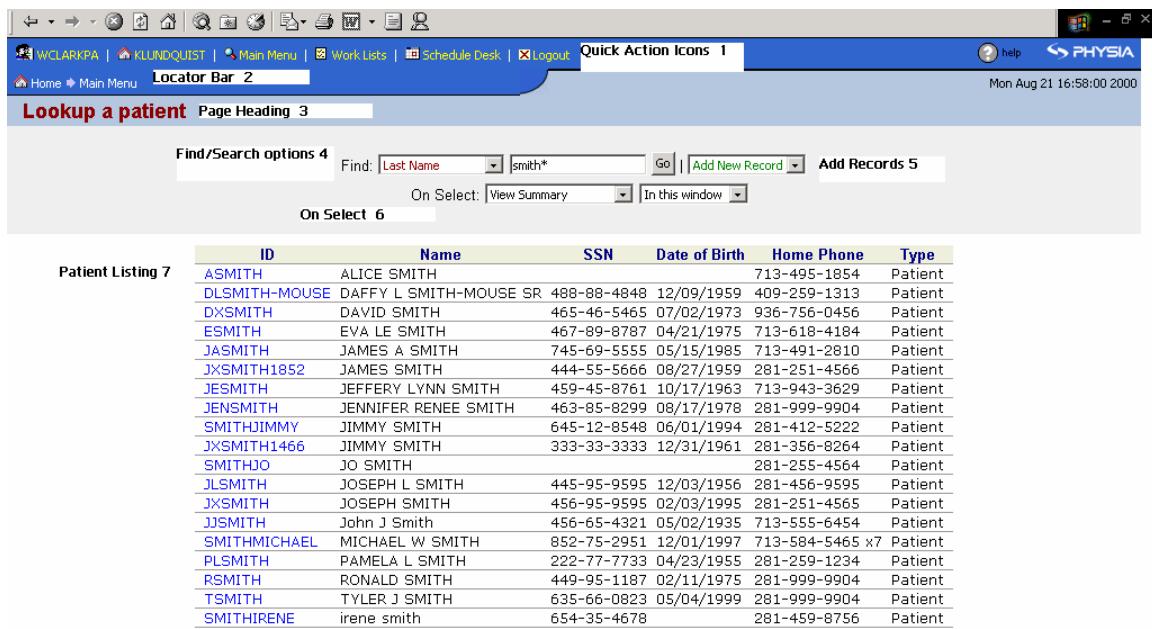
Affiliations [add](#) [edit](#) **Attendance** [add](#) [edit](#) **Certification** [add/edit](#)
No records found.

Session Set Of Physicians [add](#) [edit](#) **Session Set Of Physicians** [add](#) [edit](#)
No records found.

- 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



Patient Listing 7	ID	Name	SSN	Date of Birth	Home Phone	Type
	ASMITH	ALICE SMITH			713-495-1854	Patient
	DLSMITH-MOUSE	DAFFY L SMITH-MOUSE SR	488-89-4848	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

(Search results are limited to 250 records)

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

JEFFERY LYNN SMITH

Profile: Category: Patient SSN 459-45-8761 Male Age 36 (10/17/1963) Married Responsible Person: Self

Contact Methods/Addresses [add](#) [edit](#) **Misc Notes** [add](#) [edit](#)
 Phone: 713-943-3629 (Home)
 Home: 803 LLANO DR
PASEDENA, TX 77504-2130

Office Location [add](#) [edit](#) **Alerts** [add](#) [edit](#) **Active Medications** [add](#) [edit](#)
No records found.

Phone Message [add](#) [edit](#) **Refill Request** [add](#) [edit](#)
No records found.

Health Coverage [add](#) [edit](#) **Active Hospitalization/Surgeries/Therapies** [add](#) [edit](#)
 AETNA(Primary coverage): , AETNA HMO
 B&B Restaurants (Third Party)
 Taco Bell (Third Party)

Care Providers [add](#) [edit](#) **Active Problems** [add](#) [edit](#)
No records found.
 Claims in progress: 0 by (Aug 21)

Employment [add](#) [edit](#) **Attendance** [add](#) [edit](#) **Certification** [add](#) [edit](#)
No records found.

Emergency Contacts [add](#) [edit](#) **Affiliations** [add](#) [edit](#)
No records found.

Family Contacts [add](#) [edit](#) **Session Set Of Physicians** [add](#) [edit](#)
No records found.

Additional Data [add](#) [edit](#) **No records found.**

Diagnosis Summary
[ICD 724.79_373.31](#)
06/01/2000--06/01/2000: 1
[ICD 005.0](#) STAPH FOOD POISONING
07/30/2000--07/30/2000: 1

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

Profile: Category: Patient SSN 459-45-8761 Male Age 36 (10/17/1963) Married Responsible Person: Self

Alerts [add](#) [edit](#) **Active Medications** [add/edit](#)

No records found.

Appointments [add](#) [edit](#)

Jul 30: Scheduled with MATDR at 01:15 PM
Reason for Visit: sick

Active Hospitalization/Surgeries/Therapies [add](#) [edit](#)

No records found.

Active Problems [add/edit](#)

- Claims in progress: 0
by (Aug 21)
- ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT MENTION OF HYPERACTIVITY ([ICD-314.00](#))
by [WCLARK](#) ()
- OTHER DISORDERS OF COCCYX ([ICD-724.79](#))
by [WCLARK](#) ()
- CONTACT AND ALLERGIC DERMATITIS OF EYELID ([ICD-373.32](#))
by [WCLARK](#) ()
- STAPHYLOCOCCAL FOOD POISONING ([ICD-005.0](#))
by [MATDR](#) ()

Surgical Procedures [add](#) [edit](#)

No records found.

Tests/Measurements [add](#) [edit](#)

Aug 17 Blood Pressure	110/70	1
Aug 17 Diet	vegetarian	1
Aug 17 Exercise	regularly 3 times a week	1
Aug 17 Height	6' 2"	1
Aug 17 Stress	low	1
Aug 17 Weight	195	1

Care Providers [add](#) [edit](#)

No records found.

Allergies [add/edit](#)

- RAGWEED: Sinusitis, Sneezing,
- AMOXICILLIN: Dry Mouth, Diarrhea,

Preventive Care [add](#) [edit](#)

- PREVENTIVE VISIT, NEW, 18-39 (CPT 99385, 01/25/01)

Advance Directives [add/edit](#)

No records found.

Contact Methods/Addresses [add/edit](#)

- Phone: 713-943-3629 (Home)
- Home: 803 LLANO DR
PASEDENA, TX 77504-2130

Health Coverage [add/edit](#)

- AETNA(Primary coverage), , AETNA HMO
- B&B Restraints (Third Party)
- Taco Bell (Third Party)

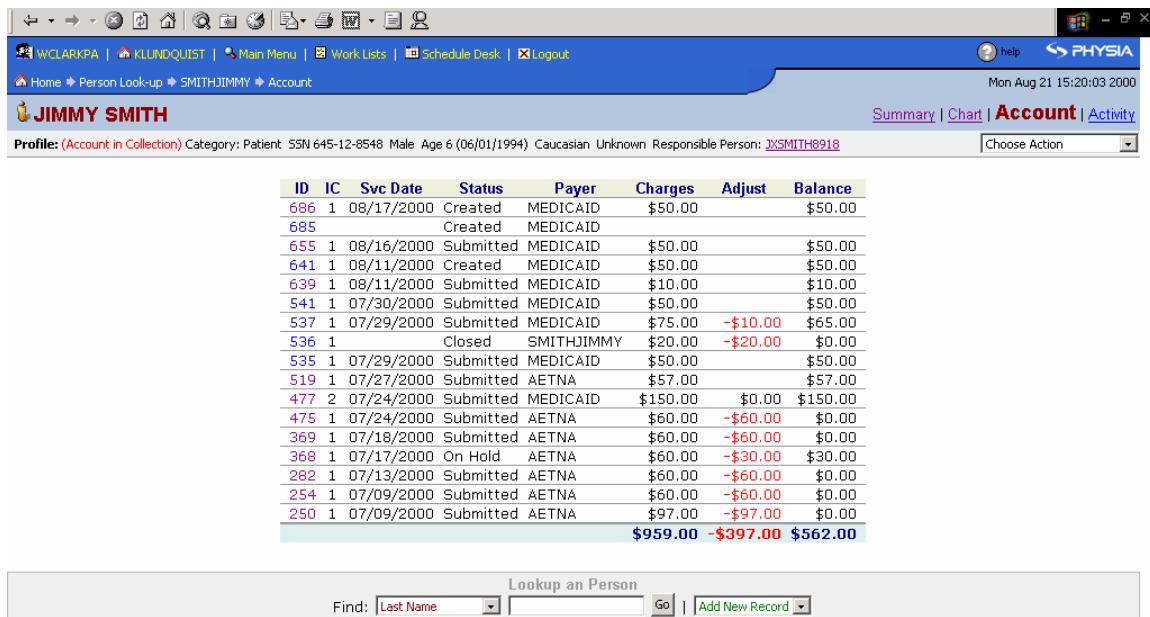
Lookup a Person

Find: [Go](#) | [Add New Record](#)

Chart

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



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. The title bar reads "PHYSIS ASPIre Professional v1.0". The menu bar includes "File", "Edit", "View", "Main Menu", "Work Lists", "Schedule Desk", and "Logout". The toolbar has icons for "New", "Open", "Save", "Print", "Find", "Copy", "Paste", and "Exit". The status bar shows "Mon Aug 21 15:20:03 2000". The main window displays a patient profile for "JIMMY SMITH" (SSN 645-12-8548, Male, Age 6, Date of Birth 06/01/1994, Caucasian, Unknown Responsible Person: JXSMITH8918). Below the profile, there are tabs for "Summary", "Chart", "Account" (which is selected), and "Activity". A "Choose Action" dropdown is also present. The central part of the screen is a table showing claims and balances:

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	JIMMY SMITH	\$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

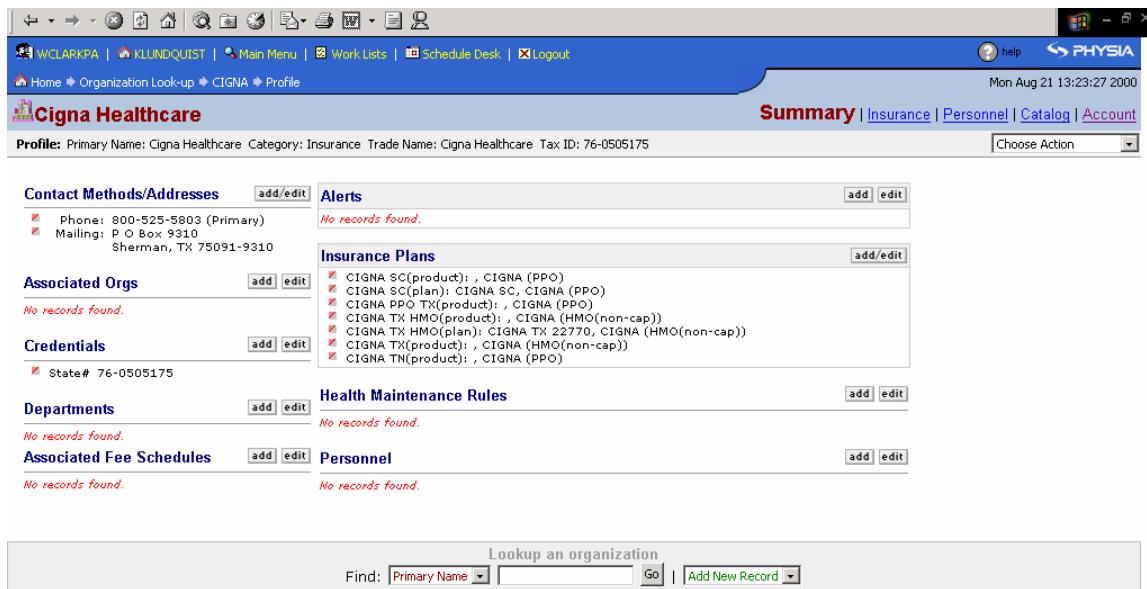
At the bottom of the screen, there is a search bar labeled "Lookup a Person" with a "Find:" dropdown set to "Last Name", a "Go" button, and a "Add New Record" dropdown.

Account

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



The screenshot shows the PHYSIA ASPIRE Professional v1.0 software interface. At the top, there is a navigation bar with links for WCLARKPA, KLUNDQUIST, Main Menu, Work Lists, Schedule Desk, Logout, help, and the PHYSIA logo. The date and time are shown as Mon Aug 21 13:23:27 2000. Below the navigation bar, the title "Cigna Healthcare" is displayed, along with the profile information: Primary Name: Cigna Healthcare, Category: Insurance, Trade Name: Cigna Healthcare, Tax ID: 76-0505175. A "Summary" tab is selected, with other tabs for Insurance, Personnel, Catalog, and Account. A "Choose Action" dropdown menu is open. The main content area contains several sections with add/edit buttons:

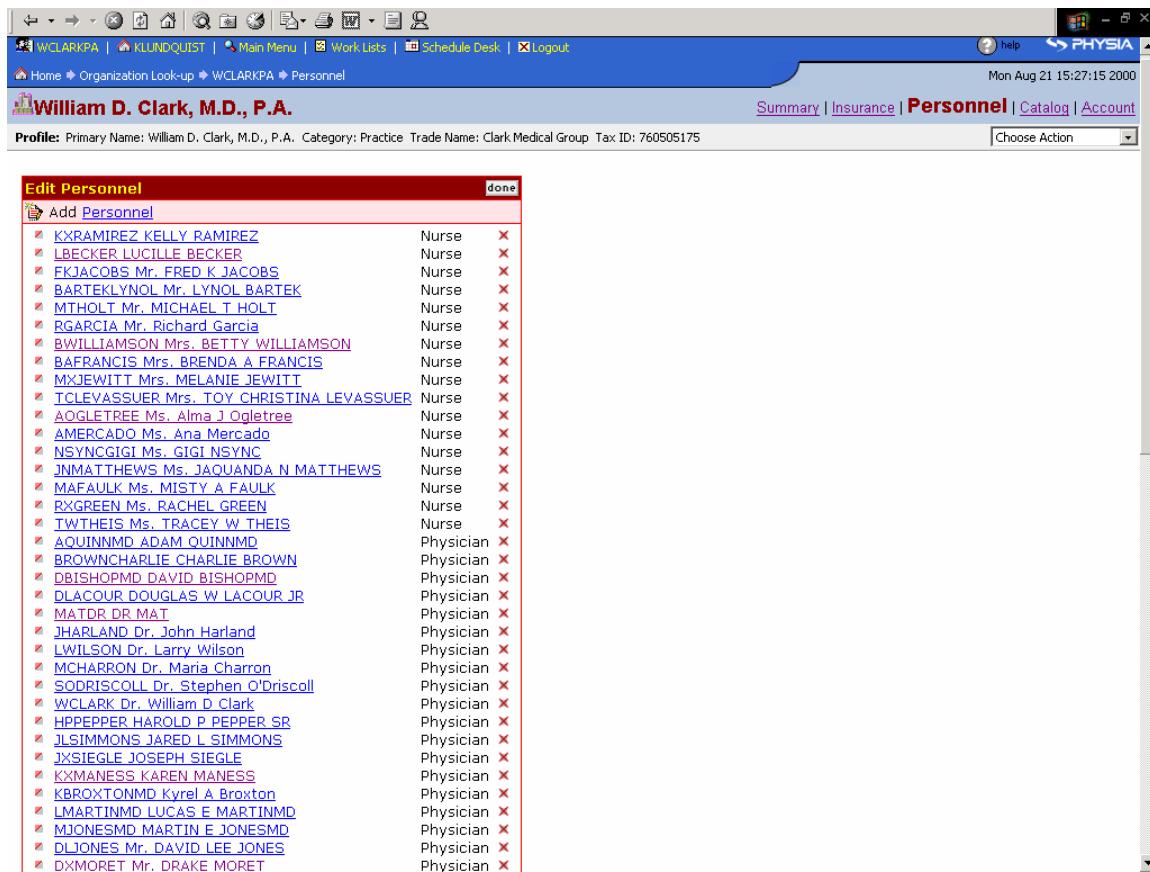
- Contact Methods/Addresses**: Contains fields for Phone (800-525-5803) and Mailing (P O Box 9310, Sherman, TX 75091-9310). A message says "No records found."
- Associated Orgs**: A section with "No records found."
- Credentials**: Contains a field for State# (76-0505175). A message says "No records found."
- Insurance Plans**: Lists various plans: CIGNA SC(product): , CIGNA (PPO), CIGNA SC(plan): CIGNA SC, CIGNA (PPO), CIGNA PPO TX(product): , CIGNA (PPO), CIGNA TX HMO(product): , CIGNA (HMO(non-cap)), CIGNA TX HMO(plan): CIGNA TX 22770, CIGNA (HMO(non-cap)), CIGNA TX(product): , CIGNA (HMO(non-cap)), CIGNA TN(product): , CIGNA (PPO).
- Departments**: A section with "No records found."
- Associated Fee Schedules**: A section with "No records found."
- Health Maintenance Rules**: A section with "No records found."
- Personnel**: A section with "No records found."

At the bottom, there is a search bar labeled "Lookup an organization" with a "Find:" dropdown set to "Primary Name", a "Go" button, and a "Add New Record" button.

Summary

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

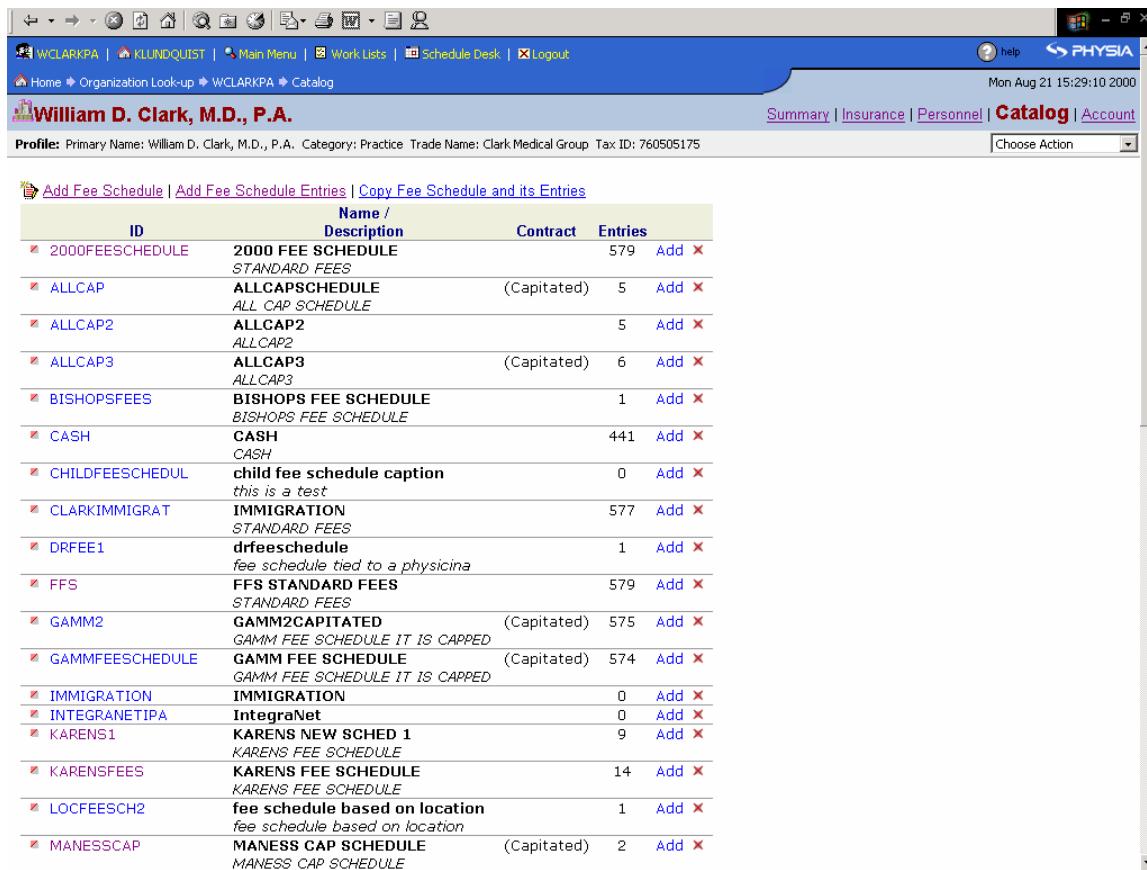


Edit Personnel		done
 Add Personnel		
 KXRAMIREZ KELLY RAMIREZ	Nurse	
 LBECKER LUCILLE BECKER	Nurse	
 FKJACOBS Mr. FRED K JACOBS	Nurse	
 BARTELYNOL Mr. LYNOL BARTEK	Nurse	
 MTHOLT Mr. MICHAEL T HOLT	Nurse	
 RGARCIA Mr. Richard Garcia	Nurse	
 BWILLIAMSON Mrs. BETTY WILLIAMSON	Nurse	
 BAFRANCIS Mrs. BRENDA A FRANCIS	Nurse	
 MXJEWITT Mrs. MELANIE JEWITT	Nurse	
 TCLEVASSUER Mrs. TOY CHRISTINA LEVASSUER	Nurse	
 AOGLETREE Ms. Alma J Ogletree	Nurse	
 AMERCADO Ms. Ana Mercado	Nurse	
 NSYNCIGI Ms. GIGI NSYNC	Nurse	
 JNMATTHEWS Ms. JAQUANDA N MATTHEWS	Nurse	
 MAFAULK Ms. MISTY A FAULK	Nurse	
 RXGREEN Ms. RACHEL GREEN	Nurse	
 TWTHEIS Ms. TRACEY W THEIS	Nurse	
 AQUINNMD ADAM QUINNMD	Physician	
 BROWNCHARLIE CHARLIE BROWN	Physician	
 DBISHOPMD DAVID BISHOPMD	Physician	
 DLACOUR DOUGLAS W LACOUR JR	Physician	
 MATDR DR MAT	Physician	
 JHARLAND Dr. John Harland	Physician	
 LWILSON Dr. Larry Wilson	Physician	
 MCHARRON Dr. Maria Charron	Physician	
 SODRISCOLL Dr. Stephen O'Driscoll	Physician	
 WCLARK Dr. William D Clark	Physician	
 HPPEPPER HAROLD P PEPPER SR	Physician	
 JLSIMMONS JARED L SIMMONS	Physician	
 JXSIEGLE JOSEPH SIEGLE	Physician	
 KXMANESS KAREN MANESS	Physician	
 KBROXTONMD Kyrel A Broxton	Physician	
 LMARTINMD LUCAS E MARTINMD	Physician	
 MJONESMD MARTIN E JONESMD	Physician	
 DJONES Mr. DAVID LEE JONES	Physician	
 DXMORET Mr. DRAKE MORET	Physician	

Personnel

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



ID	Name / Description	Contract	Entries
2000FEESCHEDULE	2000 FEE SCHEDULE STANDARD FEES		579 Add x
ALLCAP	ALLCAPSCHEDULE ALL CAP SCHEDULE	(Capitated)	5 Add x
ALLCAP2	ALLCAP2 ALLCAP2		5 Add x
ALLCAP3	ALLCAP3 ALLCAP3	(Capitated)	6 Add x
BISHOPSFEES	BISHOPS FEE SCHEDULE BISHOPS FEE SCHEDULE		1 Add x
CASH	CASH CASH		441 Add x
CHILDFEESCHEDUL	child fee schedule caption <i>this is a test</i>		0 Add x
CLARKIMMIGRAT	IMMIGRATION STANDARD FEES		577 Add x
DRFEE1	drfeeschedule <i>fee schedule tied to a physician</i>		1 Add x
FFS	FFS STANDARD FEES STANDARD FEES		579 Add x
GAMM2	GAMM2CAPITATED GAMM FEE SCHEDULE IT IS CAPPED	(Capitated)	575 Add x
GAMMFEESCHEDULE	GAMM FEE SCHEDULE GAMM FEE SCHEDULE IT IS CAPPED	(Capitated)	574 Add x
IMMIGRATION	IMMIGRATION		0 Add x
INTEGRANETIPA	IntegraNet		0 Add x
KAREN51	KAREN5 NEW SCHED 1 KAREN5 FEE SCHEDULE		9 Add x
KAREN5FEES	KAREN5 FEE SCHEDULE KAREN5 FEE SCHEDULE		14 Add x
LOCFEESCH2	fee schedule based on location <i>fee schedule based on location</i>		1 Add x
MANESSCAP	MANESS CAP SCHEDULE MANESS CAP SCHEDULE	(Capitated)	2 Add x

Catalog

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



The screenshot shows a Windows application window titled "Cigna Healthcare". The menu bar includes "Main Menu", "Work Lists", "Schedule Desk", "Logout", "Summary", "Insurance", "Personnel", "Catalog", and "Account". A status bar at the bottom indicates "Mon Aug 21 15:31:58 2000". The main content area displays a table of claims data:

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	GKEMLING	\$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	GKEMLING	\$65.00	-\$45.00	\$20.00
426	1	07/21/2000	Transferred	GKEMLING	\$45.00	-\$45.00	\$0.00
363	3	07/17/2000	Transferred	GKEMLING	\$101.43	-\$101.43	\$0.00
362	2	07/17/2000	Submitted	GKEMLING	\$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: 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:	<input type="text" value="Last Name"/>		<input type="text" value="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: ▼ ▼ 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 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:	<input type="text" value="Submitted"/> 	<input type="text" value="Payer"/> 
		<input type="text" value="Free Text Field Aetna"/> 
		<input type="button" value="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:  

*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:  

*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

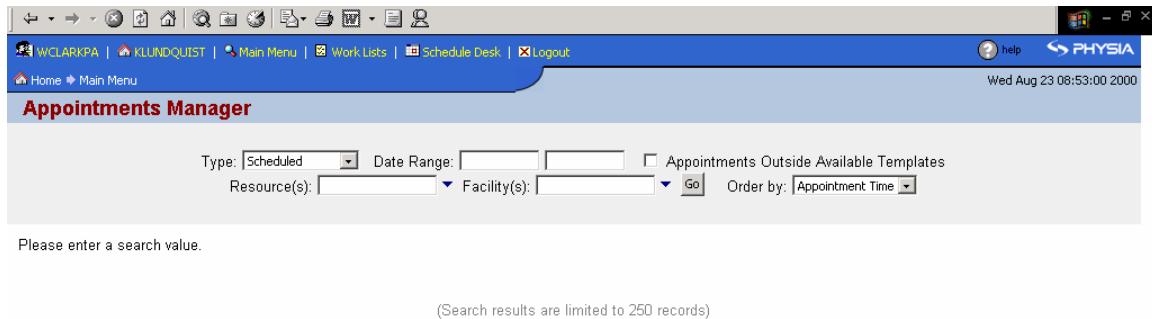
FIND:  GO

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-*

Please enter a search value.

(Search results are limited to 250 records)

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.

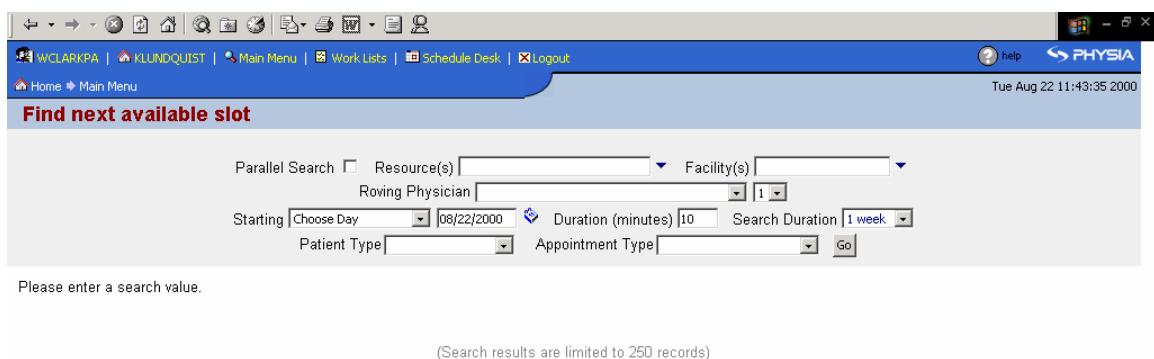
Examples included: Appointment Time or Patient

Step 6 Click 'GO'

2. Next Available Appointment Slot

Find Next Available Print Screen

(Screen 1)



The screenshot shows a Windows application window titled "Find Next Available Print Screen (Screen 1)". The window has a blue header bar with the PHYSIA logo and a status bar showing the date and time (Tue Aug 22 11:43:35 2000). The main search area includes fields for "Resource(s)", "Facility(s)", "Roving Physician", "Starting Date" (set to 08/22/2000), "Duration (minutes)" (set to 10), "Search Duration" (set to 1 week), "Patient Type", and "Appointment Type". A message at the bottom left says "Please enter a search value." and a note at the bottom center says "(Search results are limited to 250 records)".

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.

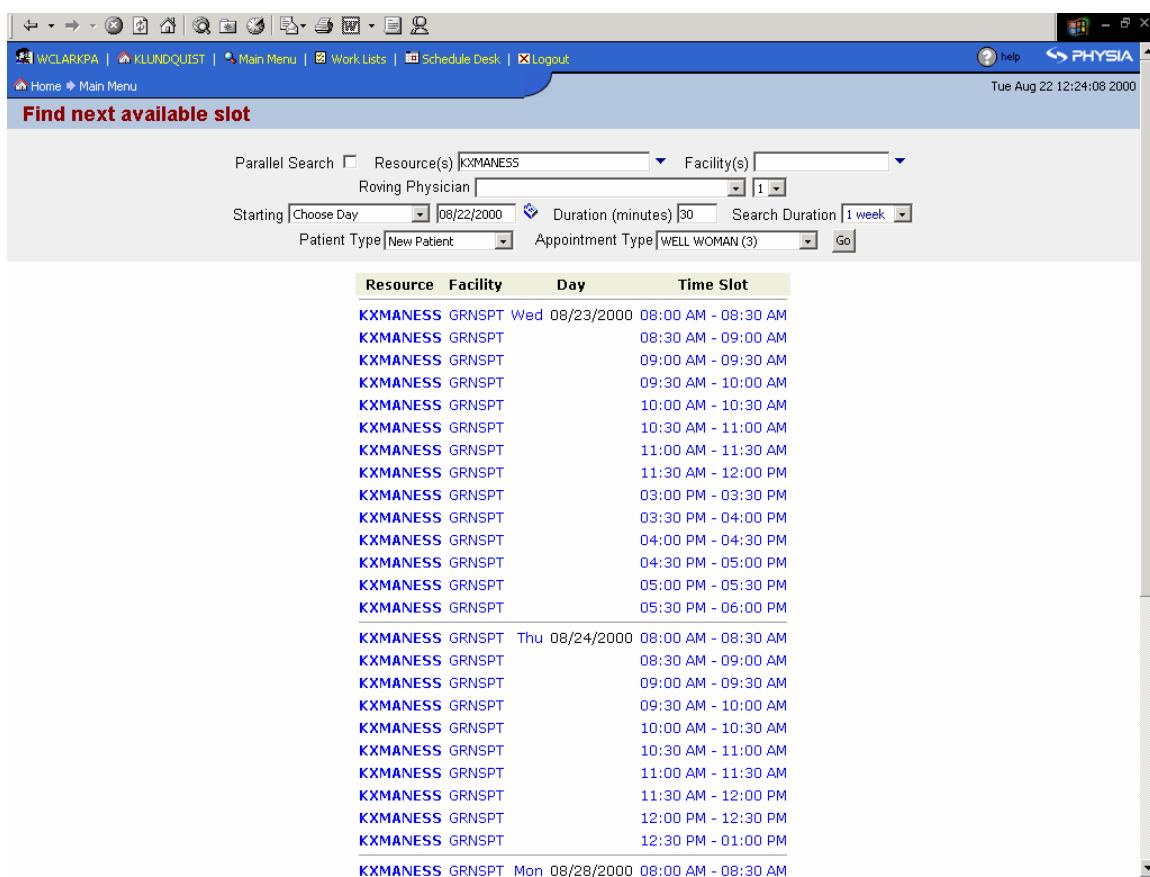
Patient Type – click the  and select the type of patient the appointment is for. Example: is this a new patient , established patient or a temporary patient.

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



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. The title bar reads "PHYSIS ASPIre Professional v1.0". The menu bar includes "Main Menu", "Work Lists", "Schedule Desk", and "Logout". The toolbar has icons for Home, Main Menu, Work Lists, Schedule Desk, and Logout. The status bar shows the date "Tue Aug 22 12:24:08 2000". The main window is titled "Find next available slot". It contains search filters: "Parallel Search" (unchecked), "Resource(s)" dropdown set to "KXMANESS", "Facility(s)" dropdown empty, "Roving Physician" dropdown empty, "Starting" dropdown set to "Choose Day" with "08/22/2000", "Duration (minutes)" dropdown set to "30", "Search Duration" dropdown set to "1 week", "Patient Type" dropdown set to "New Patient", and "Appointment Type" dropdown set to "WELL WOMAN (3)". Below the filters is a table titled "Resource Facility Day Time Slot" with the following data:

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)

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

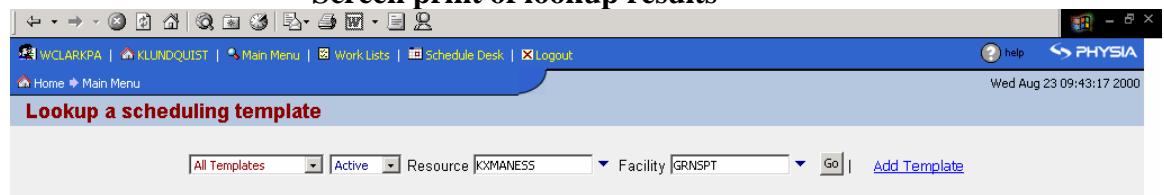
Step 2 Click drop down▼ and select whether the template is active(currently being utilized) or inactive(not being utilized should have an end effective date)

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)

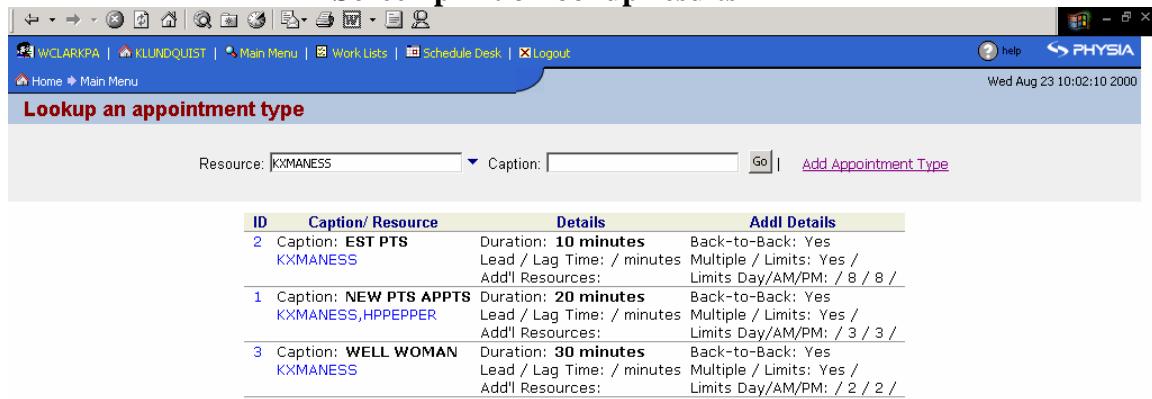
4. Appointment Type-

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 /

(Search results are limited to 250 records)

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)

The screenshot shows the 'Add Patient/Person' form with several errors:

- Please correct the following problems:**
 - Please select an ID:
 RSAMUELS RASAMUELS SAMUELROGER
- Patient/Person ID:** RSAMUELS [Lookup existing person](#)
Please select an ID:
 RSAMUELS RASAMUELS SAMUELROGER
To use the ID autosuggestion feature, leave this field blank
- Account/Chart Number:** [Empty field]

Profile Information:

- Last Name / First Name / Middle Name / Suffix: SAMUELS ROGER A
- Social Security / Date of Birth: 412-55-2233 10/05/1952
- Gender / Marital Status: Male Married
- Blood Type: Unknown
- Ethnicity: Native-American, Caucasian, African-American, Asian-American, Hispanic
You may choose more than one ethnicity type.
- Responsible Party: [Empty field]
- Relationship To Responsible Party/Other Relationship Name: Self
- Driver's License Number/State: 1452369 TX
- Misc Notes: [Empty field]

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 NNNNNNNNNN
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

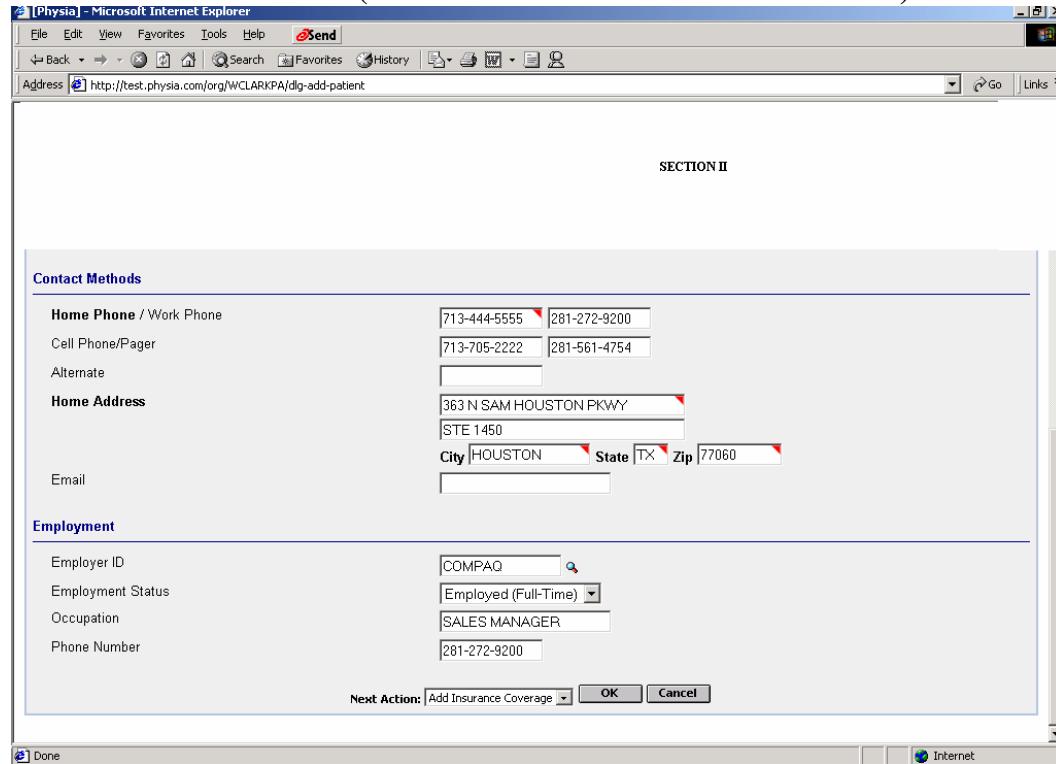
Enter in the License Number and the State Abbreviation

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

Home Phone / Work Phone

 Cell Phone/Pager

 Alternate

Home Address

 City State Zip
 Email

Employment

Employer ID

Employment Status

Occupation

Phone Number

Next Action:

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**

EmploymentEmployer 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:

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

Contact Methods/Addresses [add/edit] **Misc Notes** [add/edit]
 Phone: 713-543-3629 (Home)
 Home: 803 LLANO DR
 PASADENA, TX 77504-2130
No records found.

Office Location [add/edit] **Alerts** [add/edit] **Active Medications** [add/edit]
No records found.

Phone Message [add/edit] **Refill Request** [add/edit]
No records found.

Health Coverage [add/edit] **Active Hospitalization/Surgeries/Therapies** [add/edit]
No records found.

Care Providers [add/edit] **Active Problems** [add/edit]
No records found.

Employment [add/edit] **ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT MENTION OF HYPERACTIVITY ([ICD 314.00](#))**
No records found.

Emergency Contacts [add/edit] **OTHER DISORDERS OF COCCYX ([ICD 724.79](#))**
No records found.

Family Contacts [add/edit] **CONTACT AND ALLERGIC DERMATITIS OF EYELID ([ICD 373.32](#))**
No records found.

Additional Data [add/edit] **STAPHYLOCOCCAL FOOD POISONING ([ICD 005.0](#))**
No records found.

Diagnosis Summary
 ([ICD 724.79, 373.3](#))
 06/01/2000–06/01/2000; 1
 ([ICD 005.0](#)) STAPH FOOD POISONING
 07/30/2000–07/30/2000; 1

Authorization [add/edit] **No records found.**

Attendance [add/edit] **Certification** [add/edit]
No records found.

Affiliations [add/edit] **No records found.**

Session Set Of Physicians [add/edit]
No records found.

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

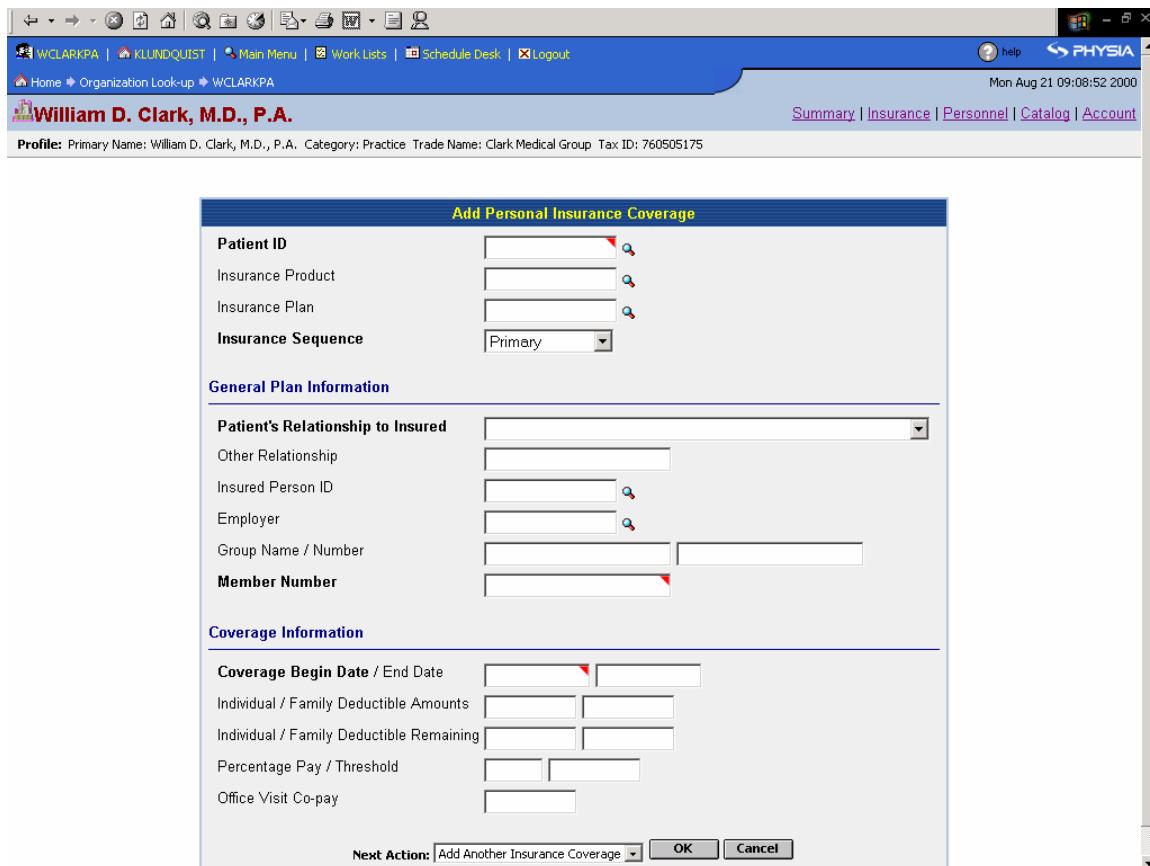
Lists Current Hospitalizations, Surgeries and Therapies including:

- 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



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. At the top, there is a navigation bar with links like 'Main Menu', 'Work Lists', 'Schedule Desk', and 'Logout'. Below the navigation bar, the title 'William D. Clark, M.D., P.A.' is displayed, along with a profile summary: Primary Name: William D. Clark, M.D., P.A. Category: Practice Trade Name: Clark Medical Group Tax ID: 760505175. On the right side of the screen, there is a timestamp: Mon Aug 21 09:08:52 2000. The main window is titled 'Add Personal Insurance Coverage'. It contains several sections: 'Patient ID' (with a dropdown menu), 'Insurance Product' (dropdown), 'Insurance Plan' (dropdown), and 'Insurance Sequence' (dropdown set to 'Primary'). The next section is 'General Plan Information', which includes fields for 'Patient's Relationship to Insured' (dropdown), 'Other Relationship' (dropdown), 'Insured Person ID' (dropdown), 'Employer' (dropdown), 'Group Name / Number' (dropdown), and 'Member Number' (dropdown). The final section is 'Coverage Information', containing fields for 'Coverage Begin Date / End Date' (dropdown), 'Individual / Family Deductible Amounts' (two dropdowns), 'Individual / Family Deductible Remaining' (two dropdowns), 'Percentage Pay / Threshold' (two dropdowns), and 'Office Visit Co-pay' (dropdown). At the bottom of the dialog box, there is a 'Next Action' dropdown set to 'Add Another Insurance Coverage', and buttons for 'OK' and 'Cancel'.

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.

Health Coverage

[add](#) [edit](#)



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:	<input type="text" value="Street Address"/>	<input type="text" value="P O Box 1125"/>	<input type="button" value="GO"/>	Street	City	State
Product Name		Insurance Org ID		P O Box 1125	Blue Bell	PA
Aetna PA HMO		AETNA		P O Box 1125	Blue Bell	PA
Aetna PA PPO		AETNA				

***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 = )



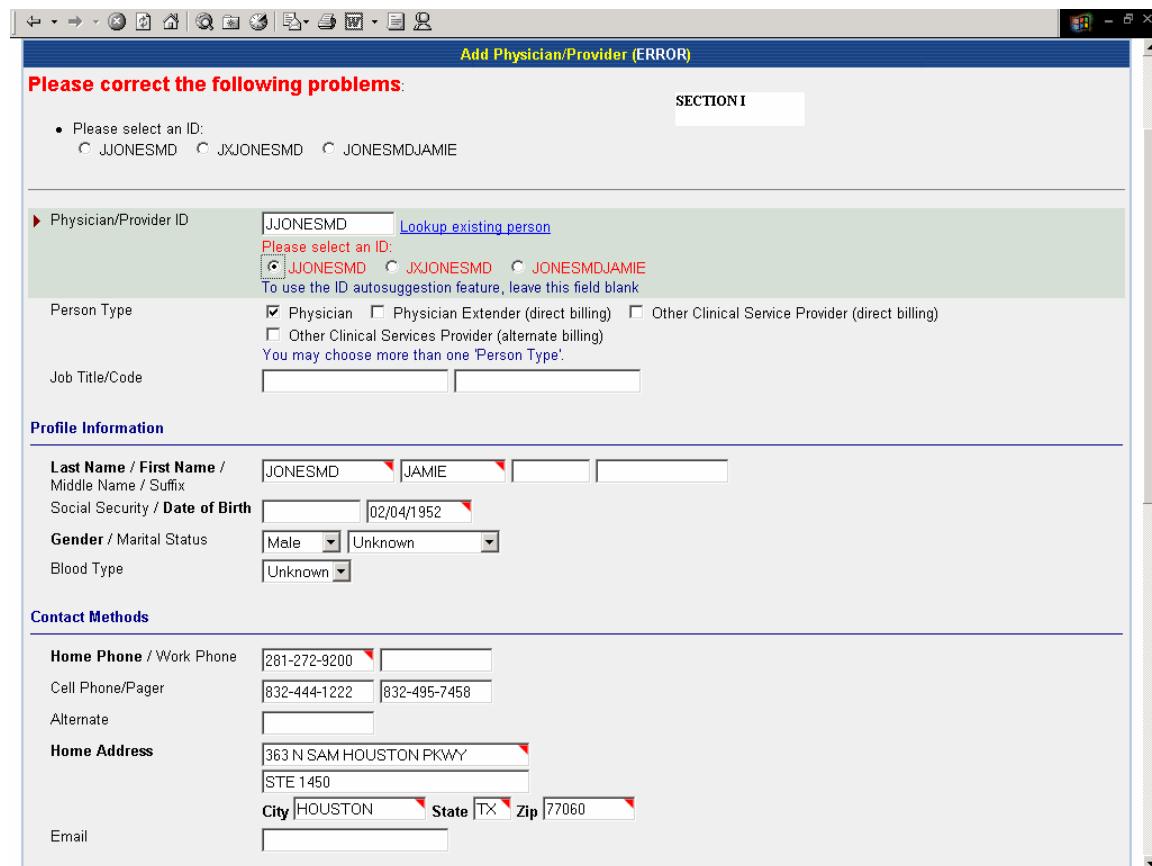
Step 2: Click Add a new ‘Physician/Provider’ under PEOPLE

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  to accept data entered

(Print Screen Section I -Add Physician/Provider)



The screenshot shows the 'Add Physician/Provider' window with an 'ERROR' message at the top. It includes sections for 'SECTION I' and 'Profile Information'.

SECTION I:

- Please correct the following problems:**
 - Please select an ID:
 JJONESMD JXJONESMD JONESMDJAMIE

Profile Information:

Last Name / First Name / Middle Name / Suffix	JONESMD <input type="button" value="Lookup existing person"/>
Social Security / Date of Birth	<input type="text"/> 02/04/1952
Gender / Marital Status	Male <input type="button"/> Unknown <input type="button"/>
Blood Type	Unknown <input type="button"/>

Contact Methods:

Home Phone / Work Phone	281-272-9200 <input type="button"/>
Cell Phone/Pager	832-444-1222 <input type="button"/> 832-495-7458 <input type="button"/>
Alternate	<input type="button"/>
Home Address	363 N SAM HOUSTON PKWY STE 1450 <input type="button"/>
Email	<input type="button"/>

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

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

*****REQUIRED*****

SSN/Date of Birth

Format for SSN: NNN-NN-NNNN or NNNNNNNNNN 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

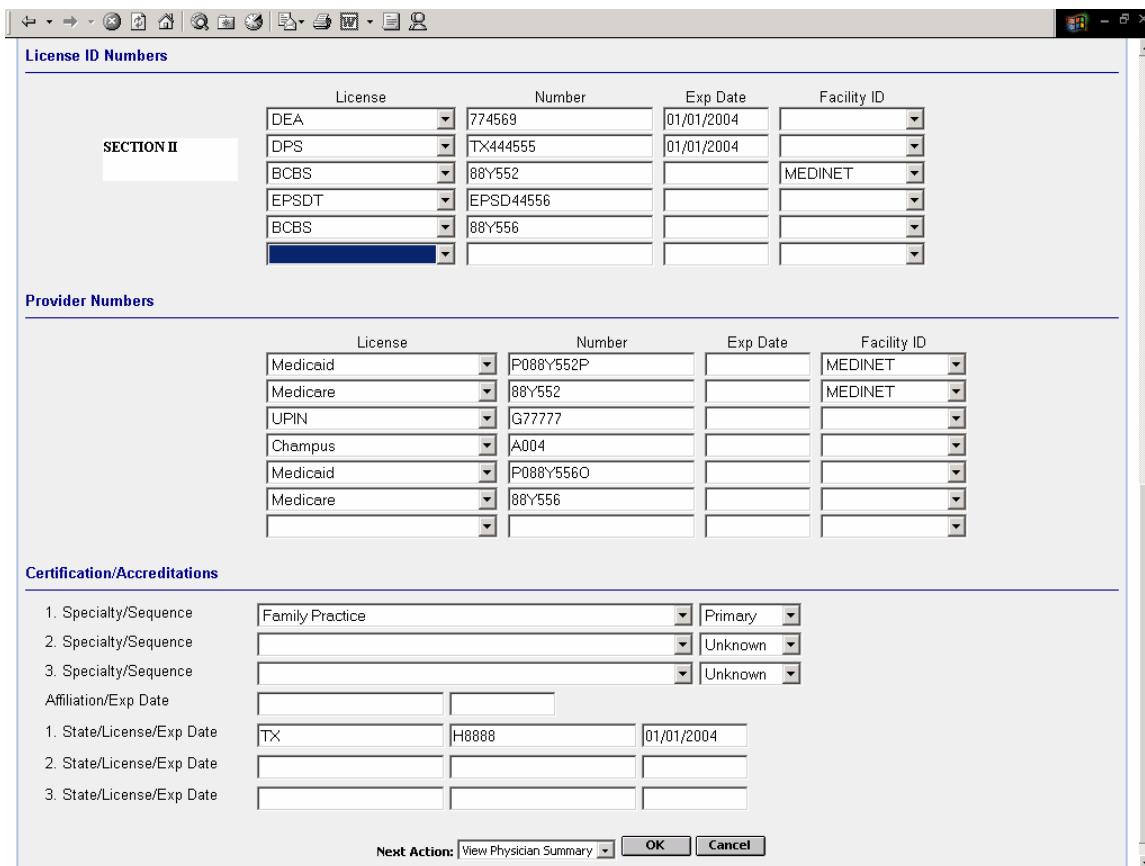
Format for number: NNN-NNN-NNNN or NNNNNNNNNN NOT REQUIRED

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
NOT REQUIRED**

(Print Screen Section II - Add Physician/Provider)


The screenshot shows the "SECTION II" tab selected in the software. The interface is divided into three main sections: "LICENSE ID NUMBERS", "PROVIDER NUMBERS", and "CERTIFICATION/ACCREDITATIONS".

LICENSE ID NUMBERS:

License	Number	Exp Date	Facility ID
DEA	774569	01/01/2004	
DPS	TX444555	01/01/2004	
BCBS	88Y552		MEDINET
EPSDT	EPSD44556		
BCBS	88Y556		

PROVIDER NUMBERS:

License	Number	Exp Date	Facility ID
Medicaid	P088Y552P		MEDINET
Medicare	88Y552		
UPIN	G77777		
Champus	A004		
Medicaid	P088Y5560		
Medicare	88Y556		

CERTIFICATION/ACCREDITATIONS:

1. Specialty/Sequence: Family Practice Primary

2. Specialty/Sequence: Unknown

3. Specialty/Sequence: Unknown

Affiliation/Exp Date: TX 01/01/2004

1. State/License/Exp Date: TX H8888 01/01/2004

2. State/License/Exp Date:

3. State/License/Exp Date:

Next Action: View Physician Summary OK Cancel

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

Certifications/Accreditations

1-3 Specialty/Sequence

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------



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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

If there is an affiliation enter in the name and the expiration date NOT REQUIRED

1-3 State/License/Exp Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

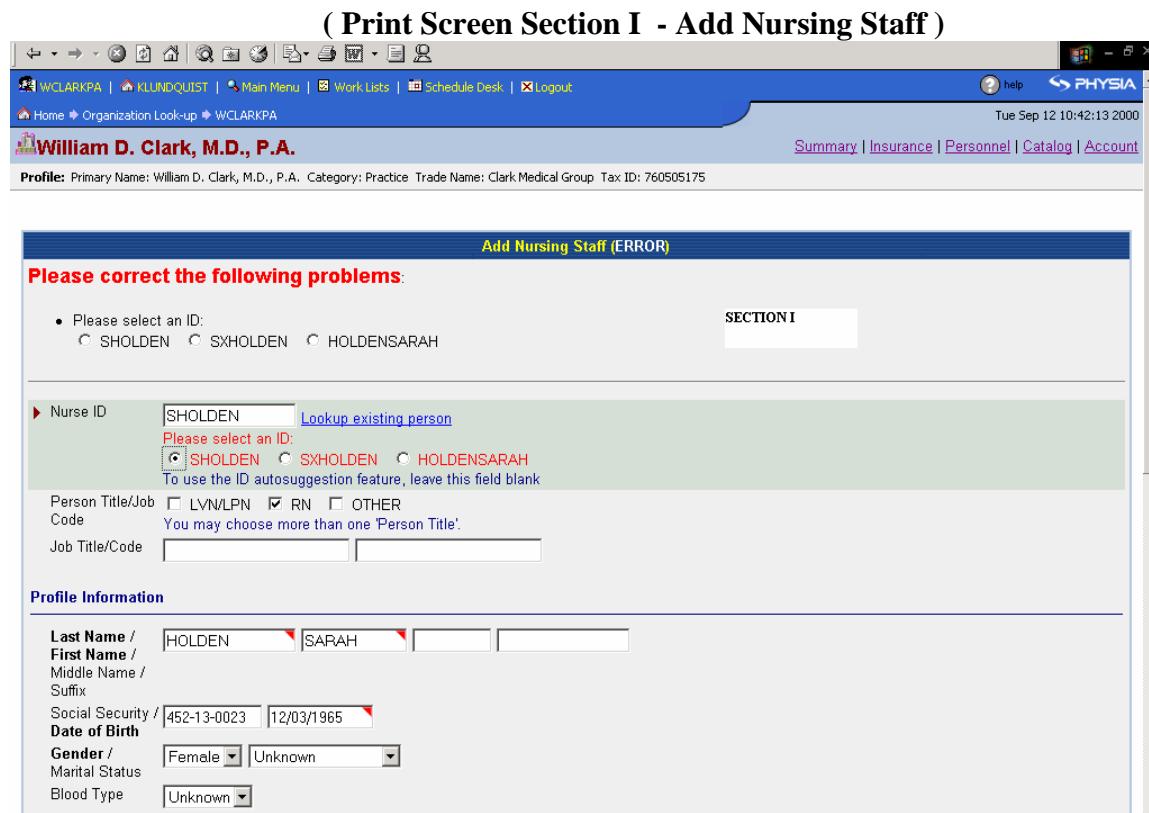
After entering all the necessary fields Click  to accept the data entered.

Add Nurse

1. Click 'Main Menu' Icon (top of the page 3rd Icon = )
2. Click Add a new Nurse 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)



Add Nursing Staff (ERROR)

Please correct the following problems:

- Please select an ID:
 SHOLDEN SXHOLDEN HOLDENSARAH

SECTION I

Nurse ID SHOLDEN [Lookup existing person](#)
 Please select an ID:
 SHOLDEN SXHOLDEN HOLDENSARAH
 To use the ID autosuggestion feature, leave this field blank

Person Title/Job LVN/LPN RN OTHER
 Code You may choose more than one 'Person Title.'

Job Title/Code

Profile Information

Last Name / HOLDEN SARAH
 First Name /
 Middle Name /
 Suffix /
 Social Security / 452-13-0023 12/03/1965
 Date of Birth
 Gender / Female Unknown
 Marital Status
 Blood Type

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

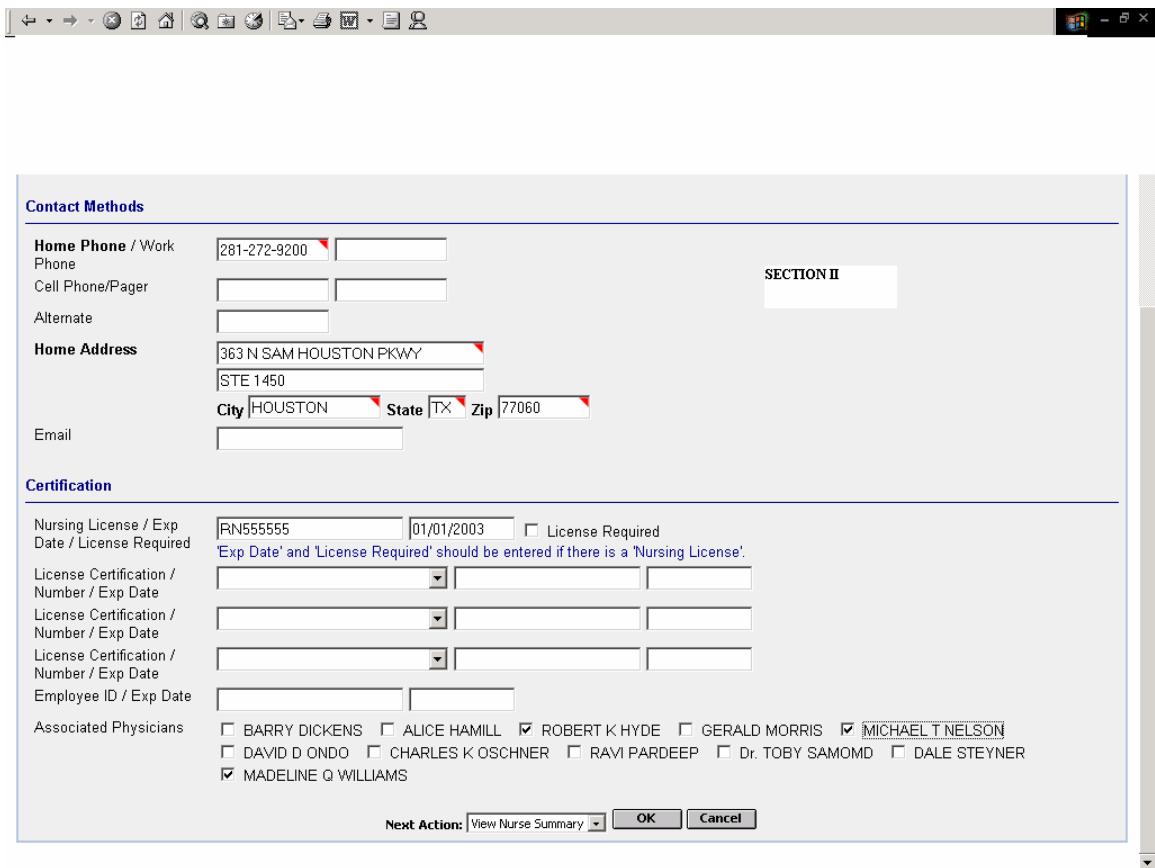
Gender / Marital Status: Using the drop down menu choose the appropriate selection

***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)



Contact Methods

Home Phone / Work: 281-272-9200

Phone: []

Cell Phone/Pager: [] []

Alternate: []

Home Address: 363 N SAM HOUSTON PKWY
STE 1450

City: HOUSTON State: TX Zip: 77060

Email: []

Certification

Nursing License / Exp Date / License Required: RN555555, 01/01/2003, License Required
 'Exp Date' and 'License Required' should be entered if there is a 'Nursing License'.

License Certification / Number / Exp Date: [] [] []

License Certification / Number / Exp Date: [] [] []

License Certification / Number / Exp Date: [] [] []

Employee ID / Exp Date: [] []

Associated Physicians:

BARRY DICKENS ALICE HAMILL ROBERT K HYDE GERALD MORRIS MICHAEL T NELSON
 DAVID D ONDO CHARLES K OSCHNER RAVI PARDEEP Dr. TOBY SAMOMD DALE STEYNER
 MADELINE Q WILLIAMS

Next Action: View Nurse Summary

SECTION II**Contact Methods**

Home/Work Phone: [] []

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

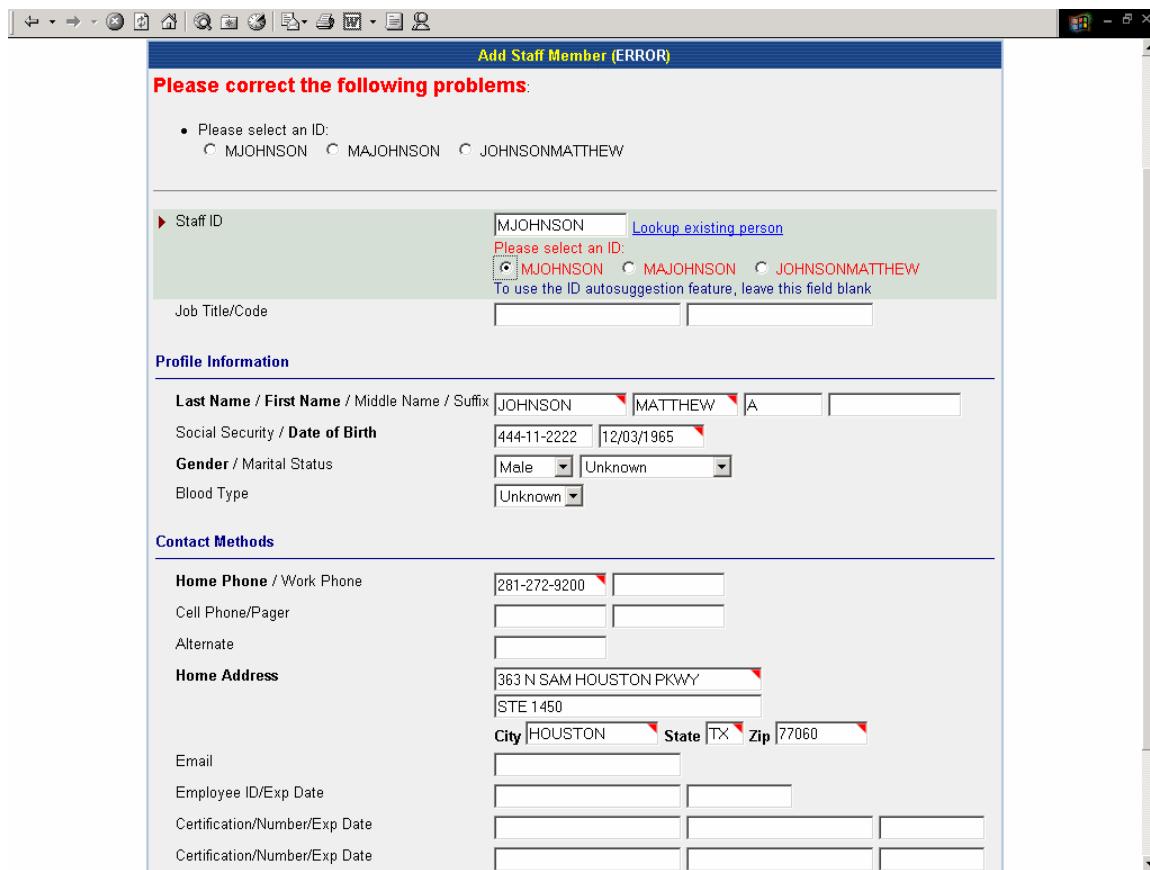
*Check the boxes of the Physicians that this Nurse is associated***Next Action:**

- 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)



Add Staff Member (ERROR)

Please correct the following problems:

- Please select an ID:
 MJOHNSON MAJOHNSON JOHNSONMATTHEW

Staff ID [Lookup existing person](#)
 Please select an ID:
 MJOHNSON MAJOHNSON JOHNSONMATTHEW
 To use the ID autosuggestion feature, leave this field blank

Job Title/Code

Profile Information

Last Name / First Name / Middle Name / Suffix	<input type="text" value="JOHNSON"/> <input type="text" value="MATTHEW"/> <input type="text"/> <input type="text"/>
Social Security / Date of Birth	<input type="text" value="444-11-2222"/> <input type="text" value="12/03/1965"/>
Gender / Marital Status	<input type="text" value="Male"/> <input type="text" value="Unknown"/>
Blood Type	<input type="text" value="Unknown"/>

Contact Methods

Home Phone / Work Phone	<input type="text" value="281-272-9200"/>
Cell Phone / Pager	<input type="text"/> <input type="text"/>
Alternate	<input type="text"/>
Home Address	<input type="text" value="363 N SAM HOUSTON PKWY"/> <input type="text" value="STE 1450"/>
	<input type="text" value="City: HOUSTON"/> <input type="text" value="State: TX"/> <input type="text" value="Zip: 77060"/>
Email	<input type="text"/>
Employee ID / Exp Date	<input type="text"/> <input type="text"/>
Certification / Number / Exp Date	<input type="text"/> <input type="text"/>
Certification / Number / Exp Date	<input type="text"/> <input type="text"/>

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/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

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.

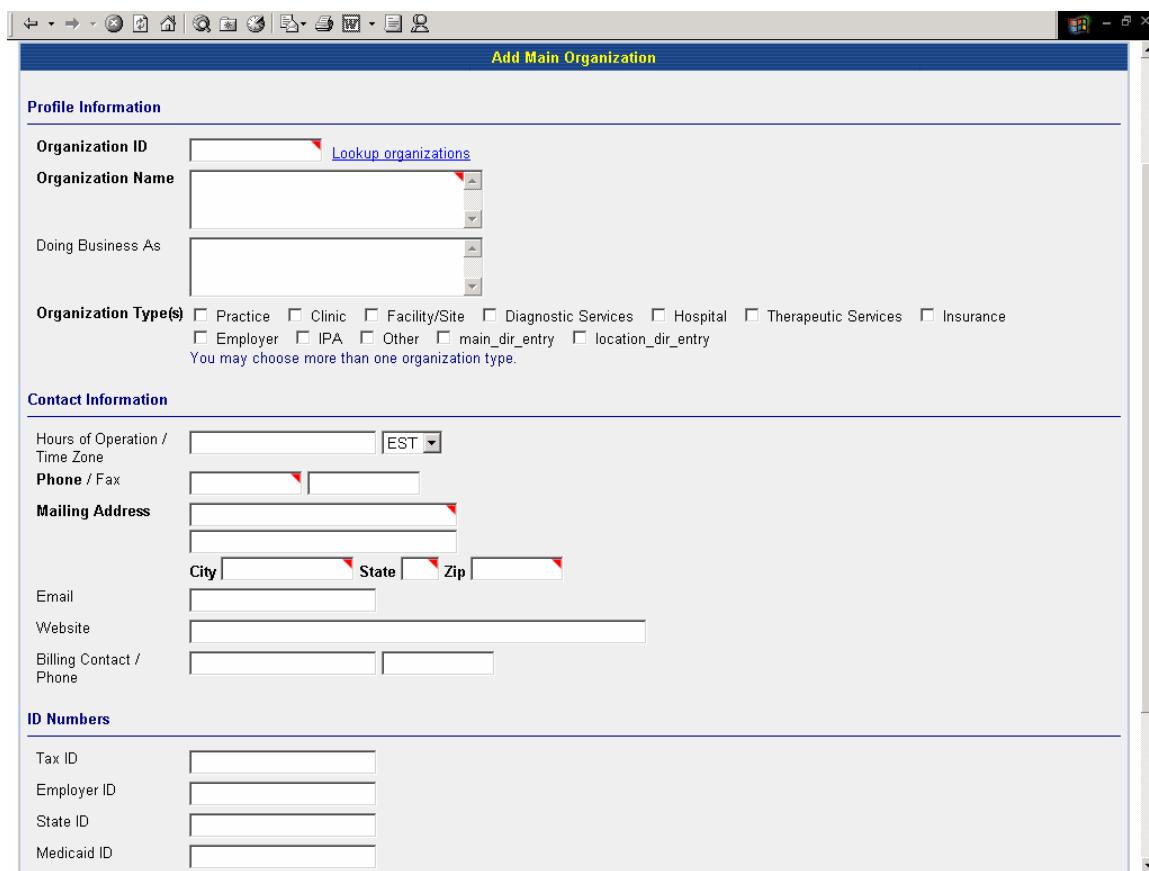
Next Action:

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



The screenshot shows the 'Add Main Organization' window with the following fields:

- Profile Information:**
 - Organization ID:
 - Organization Name:
 - Doing Business As:
 - Organization Type(s):
 - Practice
 - Clinic
 - Facility/Site
 - Diagnostic Services
 - Hospital
 - Therapeutic Services
 - Insurance
 - Employer
 - IPA
 - Other
 - main_dir_entry
 - location_dir_entry
 - You may choose more than one organization type.
- Contact Information:**
 - Hours of Operation / Time Zone: EST
 - Phone / Fax:
 - Mailing Address:
 - City: State: Zip:
 - Email:
 - Website:
 - Billing Contact / Phone:
- ID Numbers:**
 - Tax ID:
 - Employer ID:
 - State ID:
 - Medicaid ID:

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:

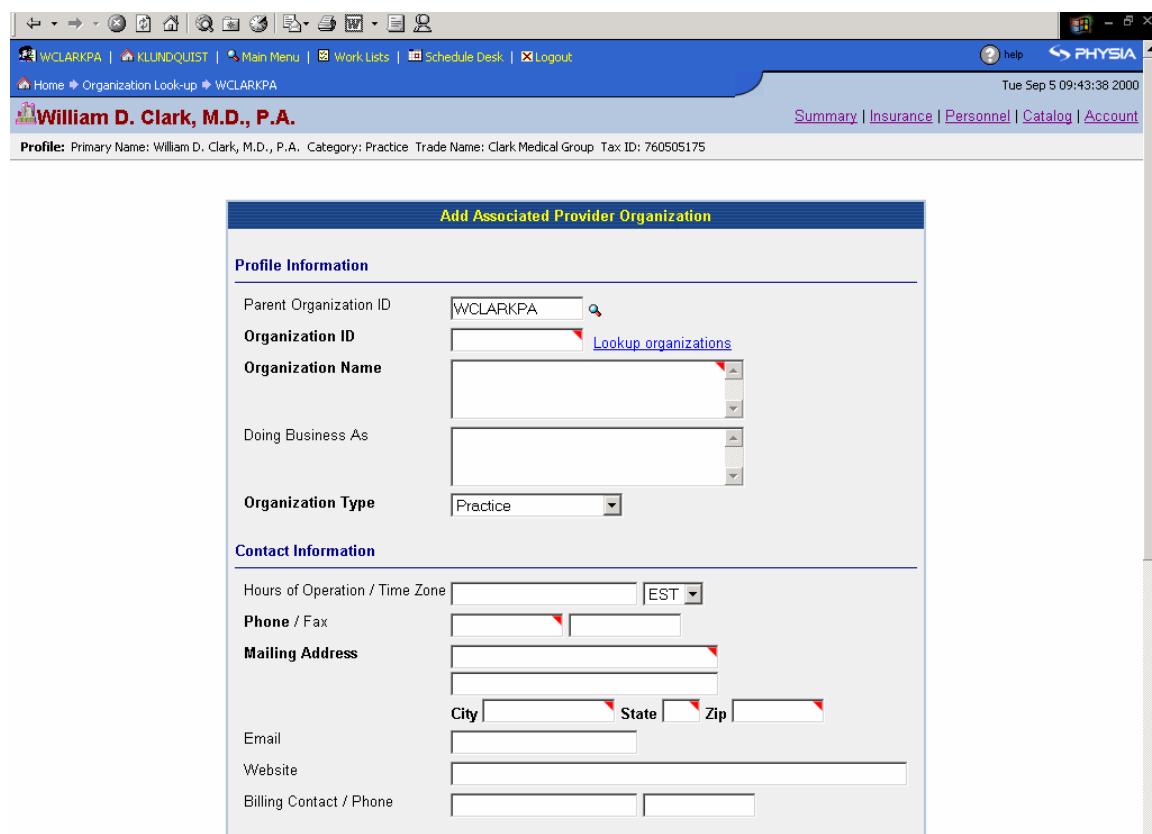
[View Org Summary](#)

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



The screenshot shows a Windows application window titled "Add Associated Provider Organization". The window has a blue header bar with the title and a standard Windows taskbar at the top. Below the header is a toolbar with various icons. The main content area is divided into sections: "Profile Information" and "Contact Information".

Profile Information:

- Parent Organization ID: WCLARKPA
- Organization ID: [Lookup organizations](#)
- Organization Name:
- Doing Business As:
- Organization Type:

Contact Information:

- Hours of Operation / Time Zone: EST
- Phone / Fax:
- Mailing Address:
- Email:
- Website:
- Billing Contact / Phone:

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 

Clinic
Diagnostic Services
Hospital
Therapeutic Services
Insurance
Employer
IPA
Other

The user selects the 'type' of organization.

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

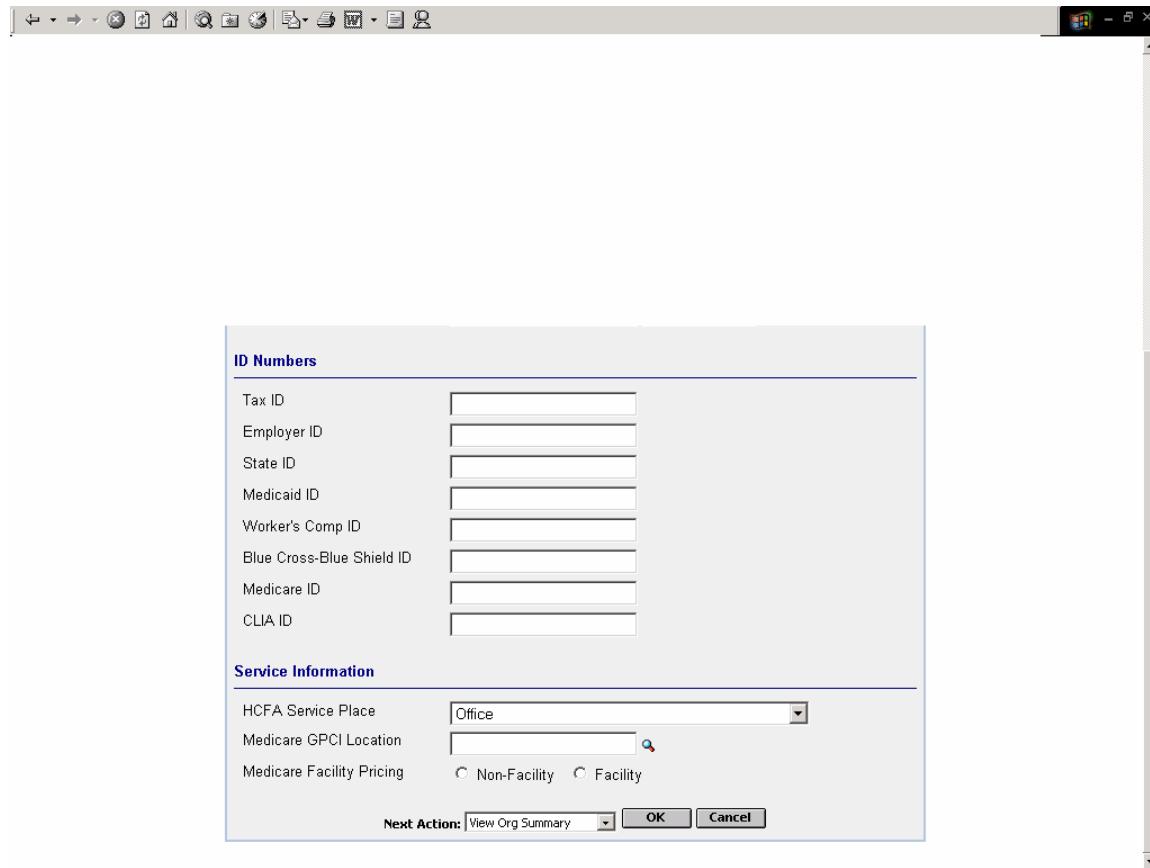
 NNNNNNNNNN

***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

**ID
Numbers**

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

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

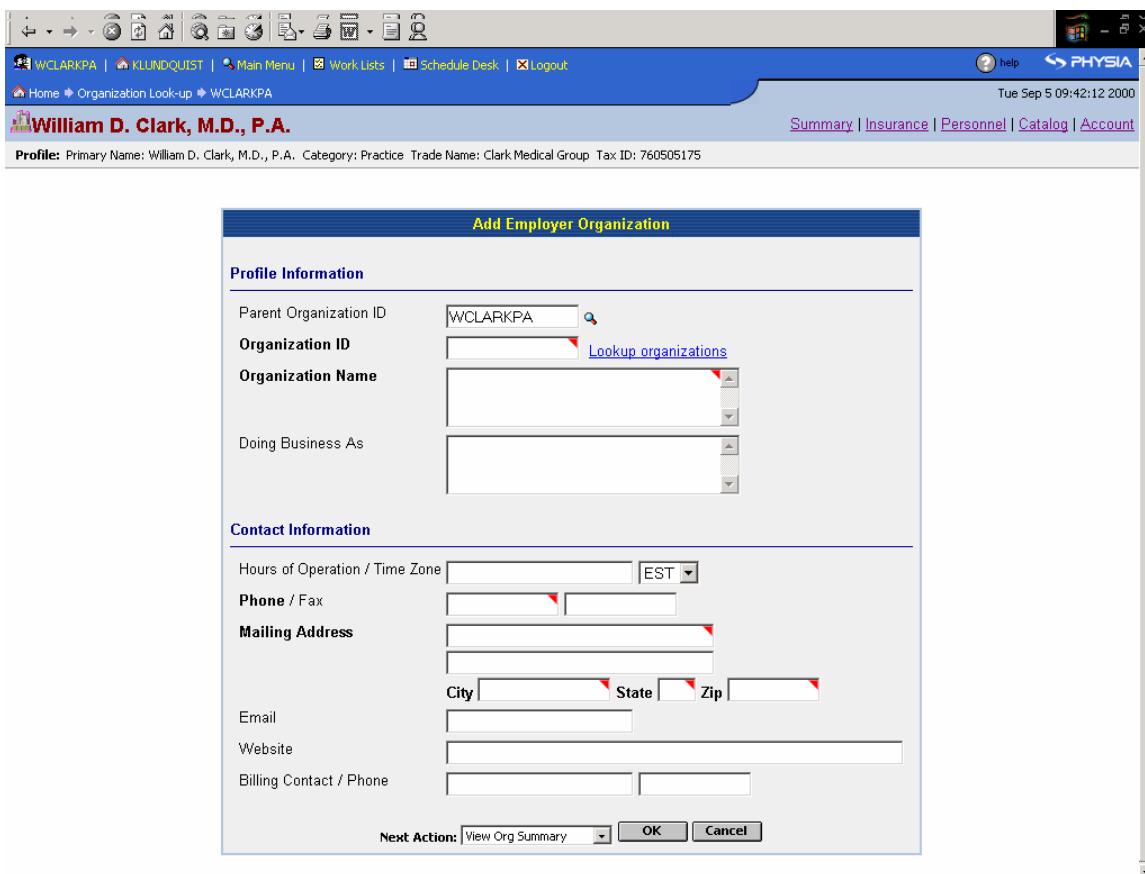
This Section will walk the user through the setup of the Employer records which will be attached to a patients record. The following information will be required in order to complete the setup process: Address and phone number.

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



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. At the top, there is a toolbar with various icons. Below the toolbar is a menu bar with items like 'Main Menu', 'Work Lists', 'Schedule Desk', and 'Logout'. The main window title is 'Add Employer Organization'. The window is divided into sections: 'Profile Information' and 'Contact Information'. In the 'Profile Information' section, there are fields for 'Parent Organization ID' (containing 'WCLARKPA' with a search icon), 'Organization ID' (with a dropdown arrow and a link 'Lookup organizations'), 'Organization Name' (a dropdown menu), and 'Doing Business As' (a dropdown menu). In the 'Contact Information' section, there are fields for 'Hours of Operation / Time Zone' (set to 'EST'), 'Phone / Fax' (a dropdown menu), 'Mailing Address' (a dropdown menu), 'Email' (a text input field), 'Website' (a text input field), and 'Billing Contact / Phone' (a dropdown menu). At the bottom of the dialog box, there is a 'Next Action' dropdown set to 'View Org Summary', and buttons for 'OK' and 'Cancel'.

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** **or**

***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:



Add another Org
Lookup Org
Lookup Person
Go to Search

D. Insurance Organization

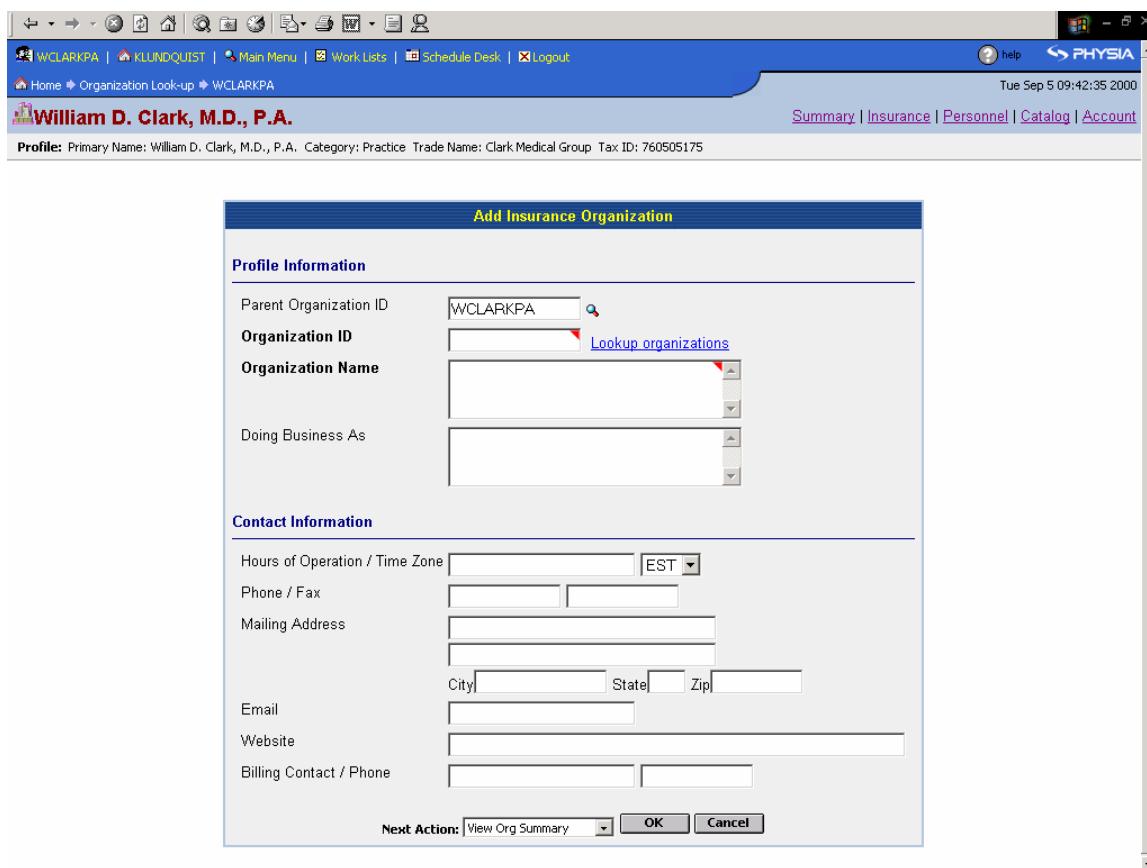
This Section will walk the user through the setup process of the Main Insurance record. There are 3 levels that comprise the Insurance structure and they include: Insurance Organization, Insurance Product and Insurance Plan. The Organization record encompasses the product and plan records for optimal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



The screenshot shows a Windows application window titled "Add Insurance Organization". The window has two main sections: "Profile Information" and "Contact Information".

Profile Information:

- Parent Organization ID: WCLARKPA
- Organization ID: [Lookup organizations](#)
- Organization Name:
- Doing Business As:

Contact Information:

- Hours of Operation / Time Zone: EST
- Phone / Fax:
- Mailing Address:
- Email:
- Website:
- Billing Contact / Phone:

At the bottom, there is a "Next Action:" dropdown menu set to "View Org Summary" and buttons for "OK" and "Cancel".

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 

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

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

The screenshot shows a Windows application window titled "Add IPA Organization". The window is divided into two main sections: "Profile Information" and "Contact Information".

Profile Information:

- Parent Organization ID: A dropdown menu containing "WCLARKPA".
- Organization ID: A dropdown menu with a "Lookup organizations" link.
- Organization Name: An empty dropdown menu.
- Doing Business As: An empty dropdown menu.

Contact Information:

- Hours of Operation / Time Zone: A dropdown menu set to "EST".
- Phone / Fax: Two adjacent dropdown menus.
- Mailing Address: Two adjacent dropdown menus.
- Email: An empty dropdown menu.
- Website: An empty dropdown menu.
- Billing Contact / Phone: Two adjacent dropdown menus.

At the bottom of the dialog box, there is a "Next Action" dropdown menu set to "View Org Summary" and buttons for "OK" and "Cancel".

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.

▼

***Ph**

***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

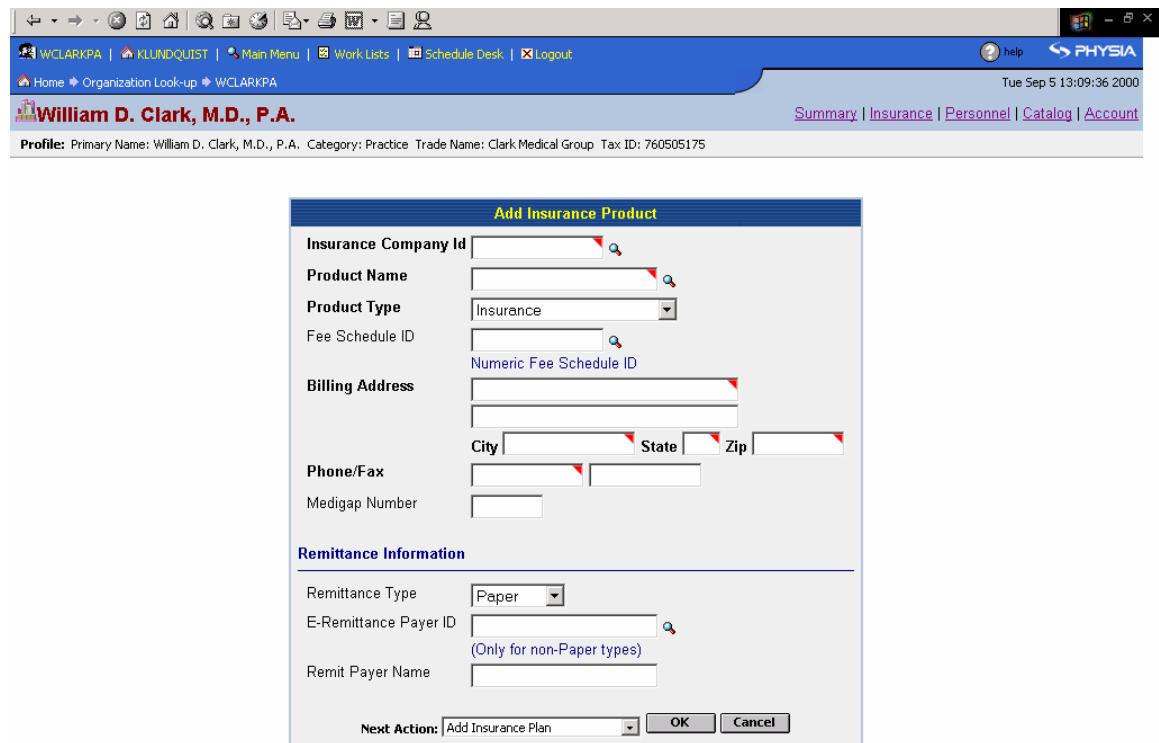
Next Action:

▼

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.



The screenshot shows a Windows application window titled "Add Insurance Product". The window contains several input fields and dropdown menus for entering insurance product information. At the bottom, there are "OK" and "Cancel" buttons, and a "Next Action" dropdown menu currently set to "Add Insurance Plan". The background shows the main application's toolbar and menu bar at the top, along with a user profile and date/time information.

Add Insurance Product	
Insurance Company Id	<input type="text"/>
Product Name	<input type="text"/>
Product Type	Insurance
Fee Schedule ID	<input type="text"/>
Billing Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone/Fax	<input type="text"/>
Medigap Number	<input type="text"/>
Remittance Information	
Remittance Type	Paper
E-Remittance Payer ID	<input type="text"/>
(Only for non-Paper types)	
Remit Payer Name	<input type="text"/>
Next Action: <input type="button" value="Add Insurance Plan"/> <input type="button" value="OK"/> <input type="button" value="Cancel"/>	

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

Add Ins Product
Add Ins Plan
Go to Org Summary

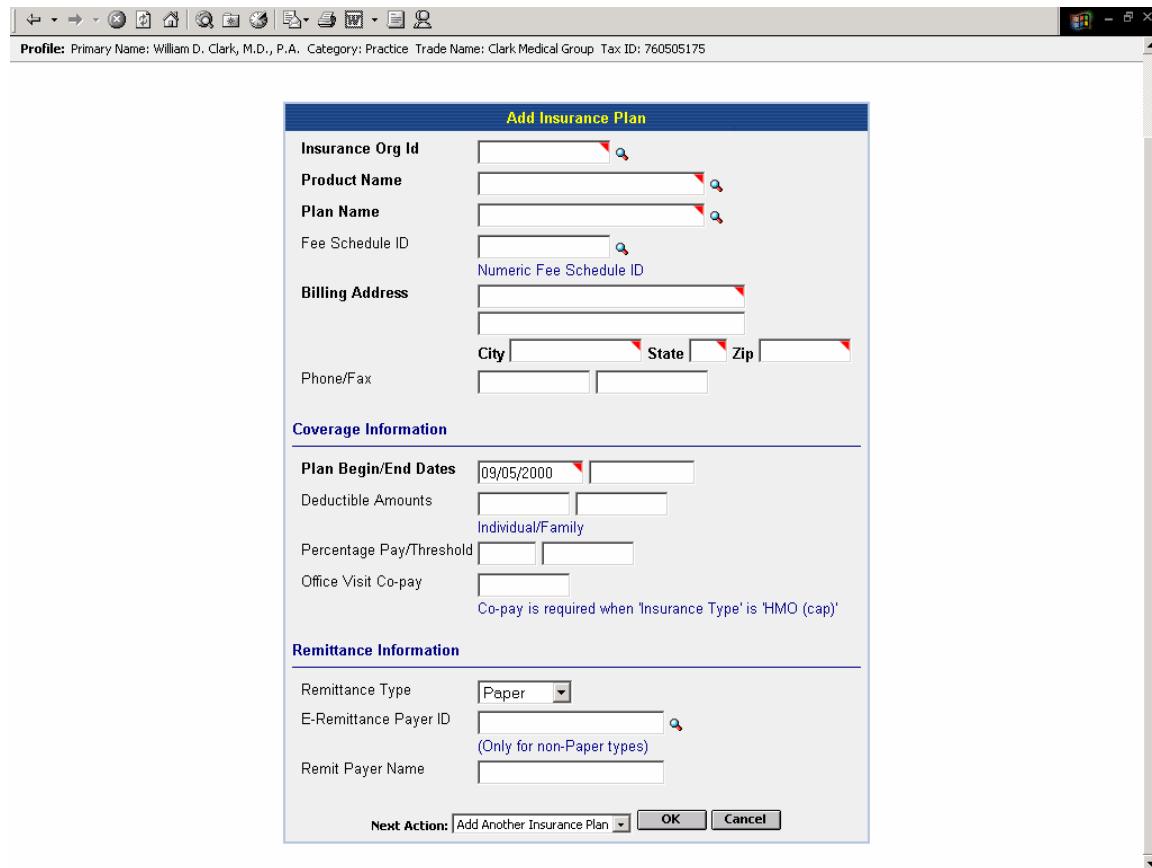
Next Action:



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

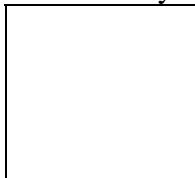
*Not currently in use

Next Action:

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 /

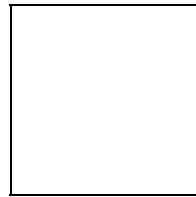


gray box  residing next to the entry they need to edit. Upon selecting the box the user will be taken to the Edit screen for that field. Below is a breakdown of the Personnel Records and Organization Records and how to edit the Profile as well as many of the Components.

Personnel Records

Physician

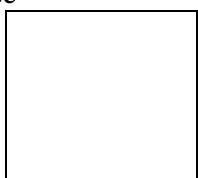
Physician Profile: In order to edit a Physicians Name, SSN, DOB, Gender, Marital Status, and Blood Type the user must have the Choose Action = Edit Profile. The user will click the field(s) they wish to edit within the Edit Profile Screen. Upon completing



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



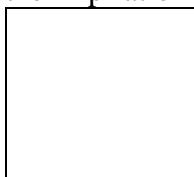
Step 1 Click the  button

Step 2 Click Add State

Step 3 Enter the State Abbreviation

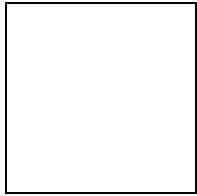
Step 4 Enter the License #

Step 5 Enter the Expiration Date



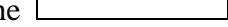
Step 6 Click 

(Print Screen – Add Certifications Example: State License)



*To Edit a St License number

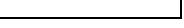


Step 1 Click the  box next to the entry for the License number

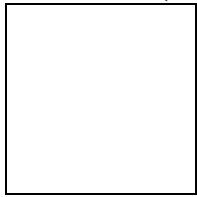
Step 2 The Update License number screen appears

Step 3 Click the field or fields that need updating



Step 4 Click  for the system to accept the changes

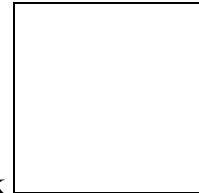
(Print Screen – Update Certifications Example: State License)



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.

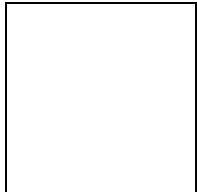
Nurse

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

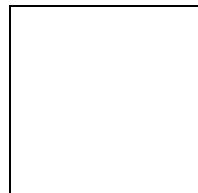


the Edit Profile Screen. Upon completing all fields the user will Click  to accept the edits.

(Print Screen – Update Nursing Staff Profile)

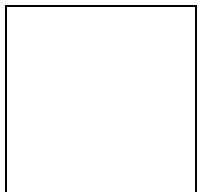
**Staff Member**

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.

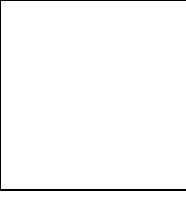
(Print Screen – Update Staff Member Profile)

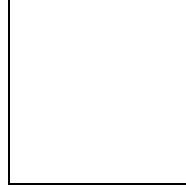


Organization Records

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

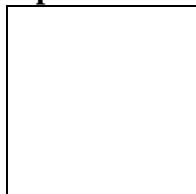
Step 6 Select Edit Profile

Step 7 Update Associated Provider Organization appears

Step 8 With the mouse click the fields requiring editing

Step 9 Click OK when completed

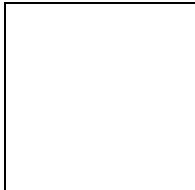
(Print Screen – Update Associated Provider)



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



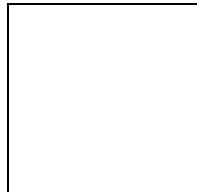
Step 6 Click the  button and the Add Credentials screen appears

Step 7 Click the ▼ arrow and select the type of credential: Medicare, Medicaid, etc

Step 8 Enter the number in the ID Number field

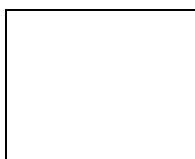
Step 9 Click OK when data is entered

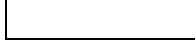
(Print Screen – Add Credentials)

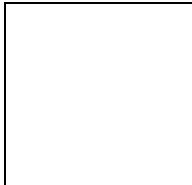


Editing Credentials for Organizations (Group Numbers)

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)

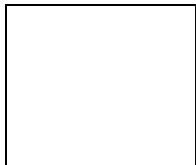


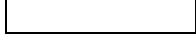
Step 2 Locate Organization Section (Icon = )

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



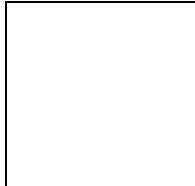
Step 6 Click the  next to the ID that needs editing

Step 7 The Update Credentials screen appears

Step 8 Edit the ID Number field

Step 9 Click OK to accept data entered

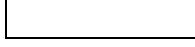
(Print Screen – Update Credentials)

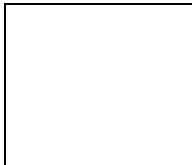


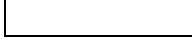
Department

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

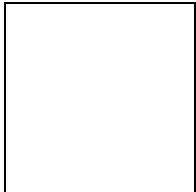
Step 6 Select Edit Profile

Step 7 Update Department Organization appears

Step 8 With the mouse click the fields requiring editing

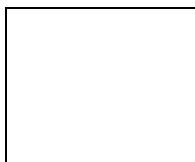
Step 9 Click OK when completed

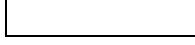
(Print Screen – Update Department Organization)



Employer

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 Employer

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

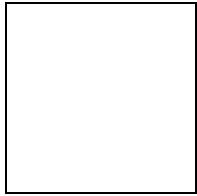
Step 6 Select Edit Profile

Step 7 Update Employer Organization appears

Step 8 With the mouse click the fields requiring editing

Step 9 Click OK when completed

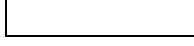
(Print Screen – Update Employer Organization)

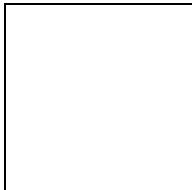


Insurers

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

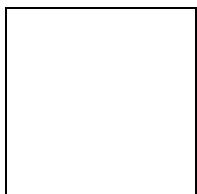
Step 6 Select Edit Profile

Step 7 Update Insurance Organization appears

Step 8 With the mouse click the fields requiring editing

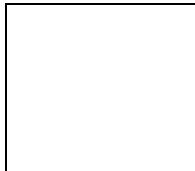
Step 9 Click OK when completed

(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)

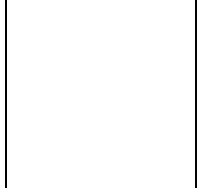
Step 5 From the IPA Organization Summary page click Choose Action

Step 6 Select Edit Profile

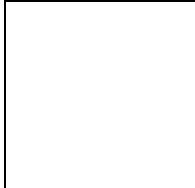
Step 7 Update IPA Organization appears

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)



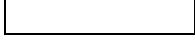
Step 2 Locate Organization Section (Icon = )

Step 3 Click Lookup for the Org that needs to be edited

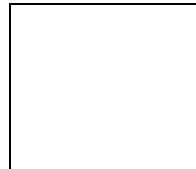
Step 4 Search and Select the appropriate ID that requires the editing (See Search section)

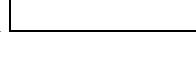
Step 5 From the Organization Summary page locate the Contact Methods Component



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)



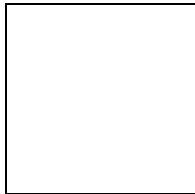
Step 8 *To edit an existing field click the red / gray button  of the field editing

Step 9 Click the ▼ and select the type of entry if it is the Primary, Billing, Payment, etc

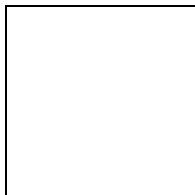
Step 10 Enter in the data

Step 11 Click OK to accept the data entered

(Print Screen – Add Telephone)



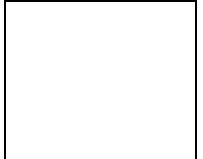
(Print Screen - Update Telephone)



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

Organization Alerts (Example of when to use)

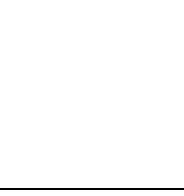
Step 1 Click  Main Menu (top tool bar 3rd Icon)

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

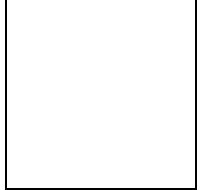
Step 8 Enter the Begin and End Dates for the Alert

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

Step 10 Indicate Priority either High, Medium or Low

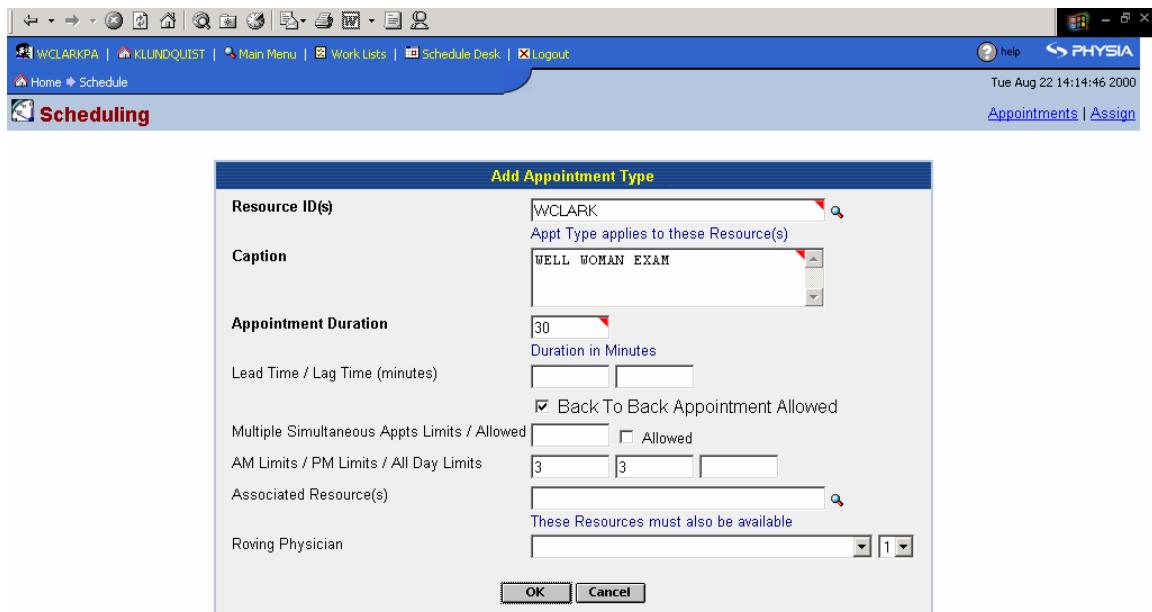
- Step 11 Enter in a Caption and Description of the Alert
- Step 12 Indicate if the Alert Status is Active or Inactive
- Step 13 Click OK to accept data as entered

(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 regardless if they occur in the morning or the afternoon.

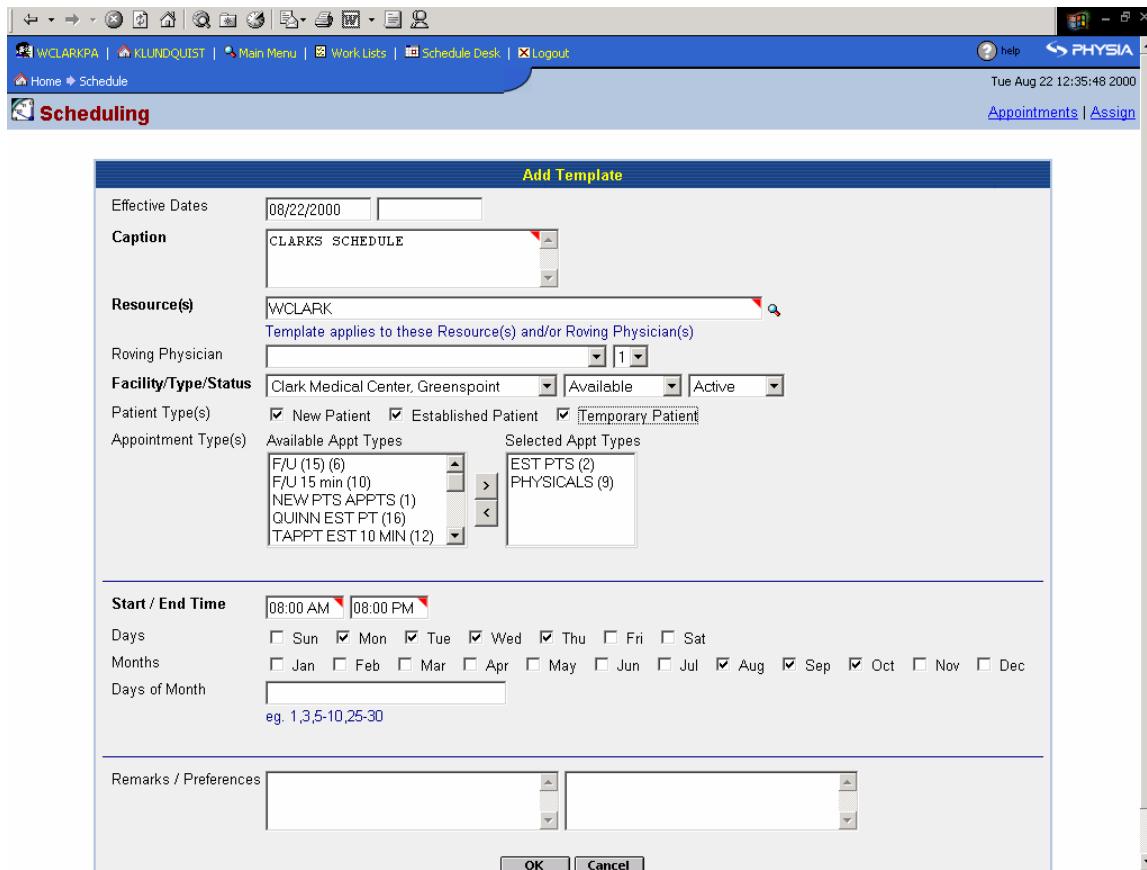
Associated Resource(s)- enter in the Resource ID's required to be on hand for this appointment type. Click the  to search for the ID's if unknown.

Roving Physician-

Click the  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 Physician –

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

The screenshot shows a weekly appointment calendar from Friday, August 25, 2000, to Thursday, August 31, 2000. The calendar is divided into three columns representing different physicians: Dr. John Harland (All Facilities), Dr. William D Clark (Clark Medical Center, Greenspoint), and Karen Haness (Clark Medical Center, Greenspoint). Each column has a 'Choose Action' dropdown menu. The schedule includes various appointment slots with patient names and times. A legend on the right explains color coding for template hours: green for Positive Template Hours, red for Negative Template Hours, and grey for No Template Information. At the bottom, there are summary boxes for Positive (P) and Negative (N) hours.

Day	Physician	Start Time	End Time	Patient Name
Fri 08/25/2000	Dr. John Harland	7:30 AM	8:00 AM	Oliver, G
Fri 08/25/2000	Dr. William D Clark	7:30 AM	8:00 AM	Gonzales, E
Fri 08/25/2000	KAREN HANESS	7:00 AM	8:00 AM	Uhle, S
Fri 08/25/2000	Dr. John Harland	8:00 AM	8:30 AM	Zelen, K [OB]
Fri 08/25/2000	Dr. William D Clark	8:00 AM	8:30 AM	Smith, J
Fri 08/25/2000	KAREN HANESS	8:00 AM	8:30 AM	Brooks, A
Fri 08/25/2000	Dr. John Harland	8:30 AM	9:00 AM	Doty, H
Fri 08/25/2000	Dr. William D Clark	8:30 AM	9:00 AM	Robbins, M
Fri 08/25/2000	KAREN HANESS	8:30 AM	9:00 AM	Ford, K [OB]
Fri 08/25/2000	Dr. John Harland	9:00 AM	9:30 AM	Jones, M
Fri 08/25/2000	Dr. William D Clark	9:00 AM	9:30 AM	Williams, M
Fri 08/25/2000	KAREN HANESS	9:00 AM	9:30 AM	Peters, H
Fri 08/25/2000	Dr. John Harland	9:30 AM	10:00 AM	Evans, V [WL]
Fri 08/25/2000	Dr. William D Clark	9:30 AM	10:00 AM	Lewis, S
Fri 08/25/2000	KAREN HANESS	9:30 AM	10:00 AM	Meadows, G [OB]
Fri 08/25/2000	Dr. John Harland	10:00 AM	10:30 AM	Stevenson, D
Fri 08/25/2000	Dr. William D Clark	10:00 AM	10:30 AM	
Fri 08/25/2000	KAREN HANESS	10:00 AM	10:30 AM	
Fri 08/25/2000	Dr. John Harland	10:30 AM	11:00 AM	
Fri 08/25/2000	Dr. William D Clark	10:30 AM	11:00 AM	
Fri 08/25/2000	KAREN HANESS	10:30 AM	11:00 AM	
Fri 08/25/2000	Dr. John Harland	11:00 AM	11:45 AM	Kline, B
Fri 08/25/2000	Dr. William D Clark	11:00 AM	11:45 AM	
Fri 08/25/2000	KAREN HANESS	11:00 AM	11:45 AM	
Fri 08/25/2000	Dr. John Harland	11:45 AM	12:45 PM	
Fri 08/25/2000	Dr. William D Clark	11:45 AM	12:45 PM	
Fri 08/25/2000	KAREN HANESS	11:45 AM	12:45 PM	
Sat 08/26/2000	Dr. John Harland	7:30 AM	8:00 AM	
Sat 08/26/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Sat 08/26/2000	KAREN HANESS	7:00 AM	8:00 AM	
Sun 08/27/2000	Dr. John Harland	7:30 AM	8:00 AM	
Sun 08/27/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Sun 08/27/2000	KAREN HANESS	7:00 AM	8:00 AM	
Mon 08/28/2000	Dr. John Harland	7:30 AM	8:00 AM	
Mon 08/28/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Mon 08/28/2000	KAREN HANESS	7:00 AM	8:00 AM	
Tue 08/29/2000	Dr. John Harland	7:30 AM	8:00 AM	
Tue 08/29/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Tue 08/29/2000	KAREN HANESS	7:00 AM	8:00 AM	
Wed 08/30/2000	Dr. John Harland	7:30 AM	8:00 AM	
Wed 08/30/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Wed 08/30/2000	KAREN HANESS	7:00 AM	8:00 AM	
Thu 08/31/2000	Dr. John Harland	7:30 AM	8:00 AM	
Thu 08/31/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Thu 08/31/2000	KAREN HANESS	7:00 AM	8:00 AM	

Legend:

- Hour: No Template Information
- Hour: Positive Template Hours
- Hour: Partially Pos. Template Hours
- Hour: Negative Template Hours
- Hour: Partially Neg. Template Hours
- P: Matched Positive Templates
- N: Matched Negative Templates

Parallel Search: Find next available slot
 Resource(s): Facility(s):
 Roving Physician: 1
 Starting: Choose Day: 08/22/2000 Duration (minutes): 10 Search Duration: 1 week
 Patient Type: Appointment Type: Go

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

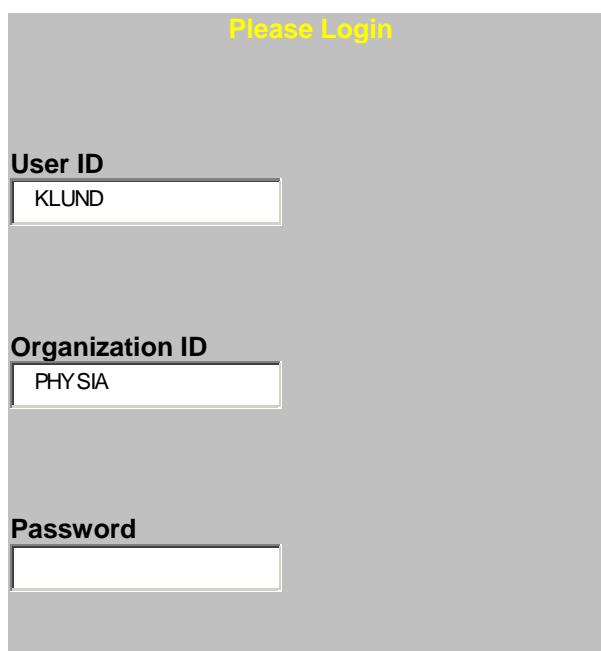
Schedule an appointment for that Patient Profile→Click Add Appointments

Accessed via Home Page

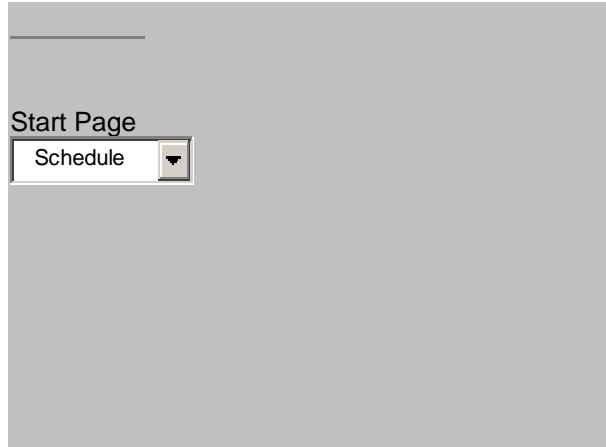
- Schedule Desk Icon
- Add a new Record→Appointments→Select Appointment

Accessed via Login Screen

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

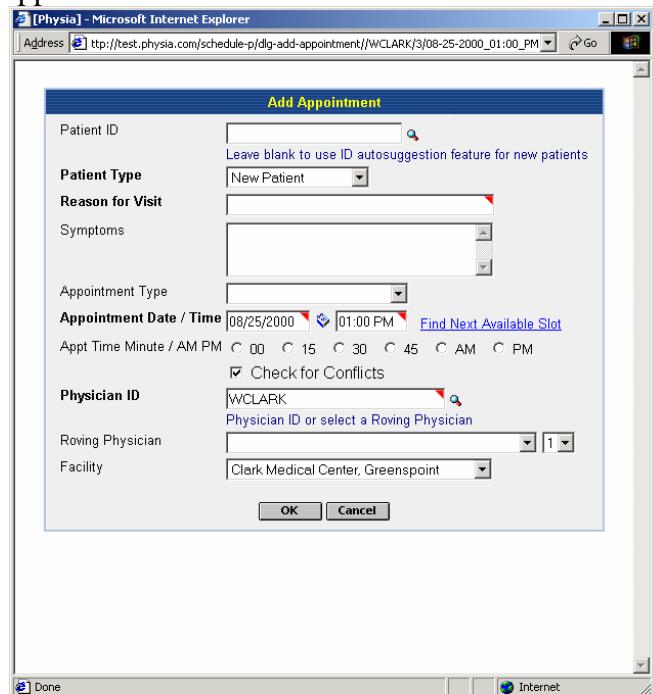


The image shows a login interface with three text input fields. At the top, the text "Please Login" is displayed in yellow. Below it, the first field is labeled "User ID" and contains the value "KLUND". The second field is labeled "Organization ID" and contains the value "PHYSISA". The third field is labeled "Password" and is currently empty.



How to Add an Appointment

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



The screenshot shows the 'Add Appointment' dialog box from the PHYSIA software. The dialog has a blue header bar with the title 'Add Appointment'. Below the header are several input fields and dropdown menus:

- Patient ID: A text input field with a magnifying glass icon and a note: 'Leave blank to use ID autosuggestion feature for new patients'.
- Patient Type: A dropdown menu set to 'New Patient'.
- Reason for Visit: A dropdown menu.
- Symptoms: A text input field.
- Appointment Type: A dropdown menu.
- Appointment Date / Time: A date/time picker showing '08/25/2000' and '01:00 PM'. To its right is a link 'Find Next Available Slot'.
- Appt Time Minute / AM PM: Radio buttons for 00, 15, 30, 45, AM, and PM.
- Check for Conflicts: A checked checkbox.
- Physician ID: A dropdown menu set to 'WCLARK'. Below it is a note: 'Physician ID or select a Roving Physician'.
- Roving Physician: A dropdown menu with a value of '1'.
- Facility: A dropdown menu set to 'Clark Medical Center, Greenspoint'.

At the bottom of the dialog are 'OK' and 'Cancel' buttons. The entire dialog is centered over a Microsoft Internet Explorer window which has a visible address bar showing the URL: 'http://test.physia.com/schedule-p/dlg-add-appointment//WCLARK/3/08-25-2000_01:00_PM'.

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.



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)

 will change to

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

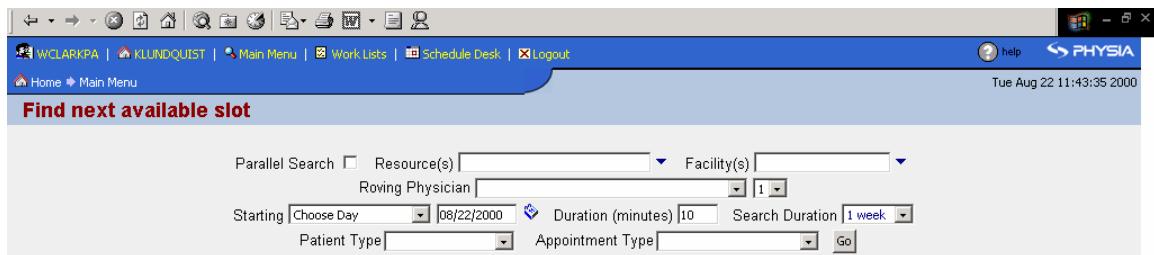
***Facility** = From the Schedule desk this filled will auto fill with the name of the location where the appointment is being scheduled

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)



The screenshot shows a Windows application window titled "Find next available slot". The window has a toolbar at the top with icons for back, forward, search, and file operations. The menu bar includes "Main Menu", "Work Lists", "Schedule Desk", and "Logout". A status bar at the bottom right shows the date and time: "Tue Aug 22 11:43:35 2000". The main search area contains the following fields:

- Parallel Search
- Resource(s)
- Facility(s)
- Roving Physician [1]
- Starting [08/22/2000] Duration (minutes) [1 week]
- Patient Type
- Appointment Type
- Go

A message at the bottom left says "Please enter a search value." and a note at the bottom center says "(Search results are limited to 250 records)".

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.

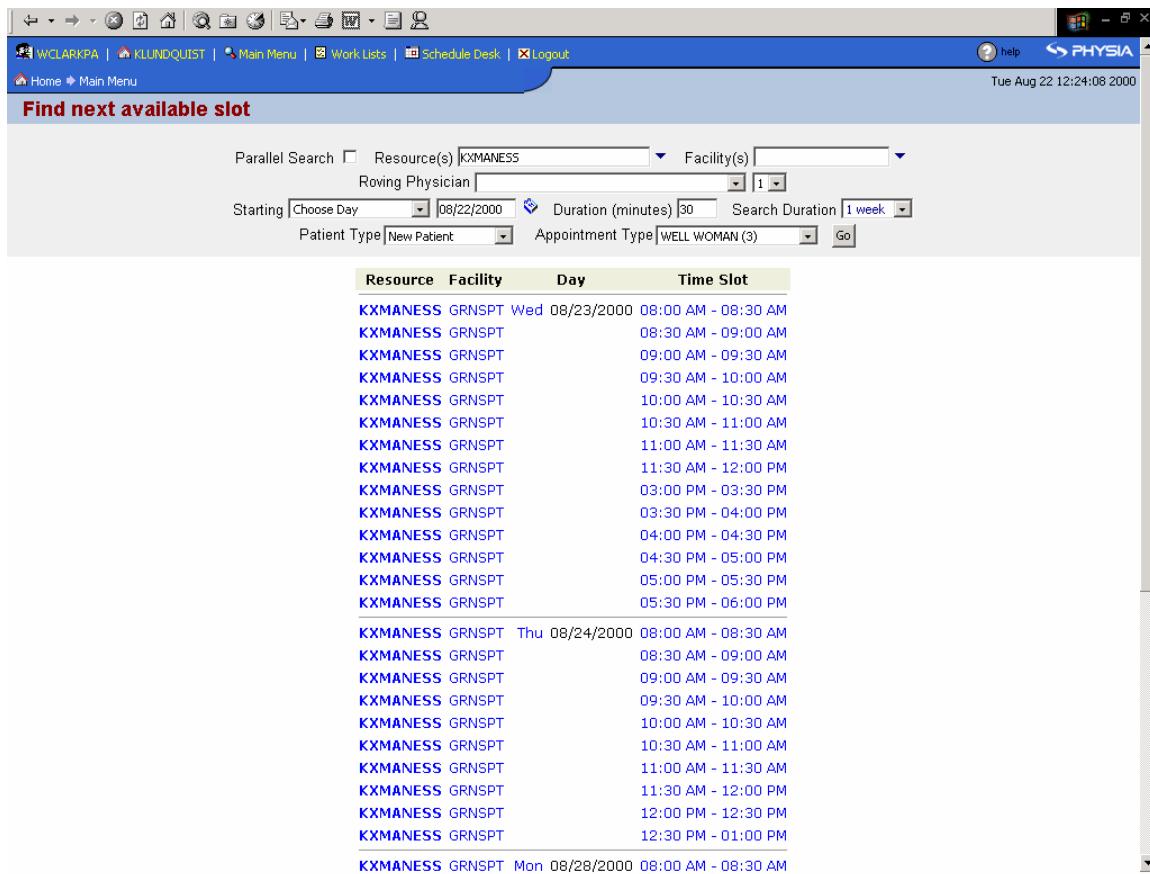
Patient Type – click the ▼ and select the type of patient the appointment is for. Example: is this a new patient , established patient or a temporary patient.

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



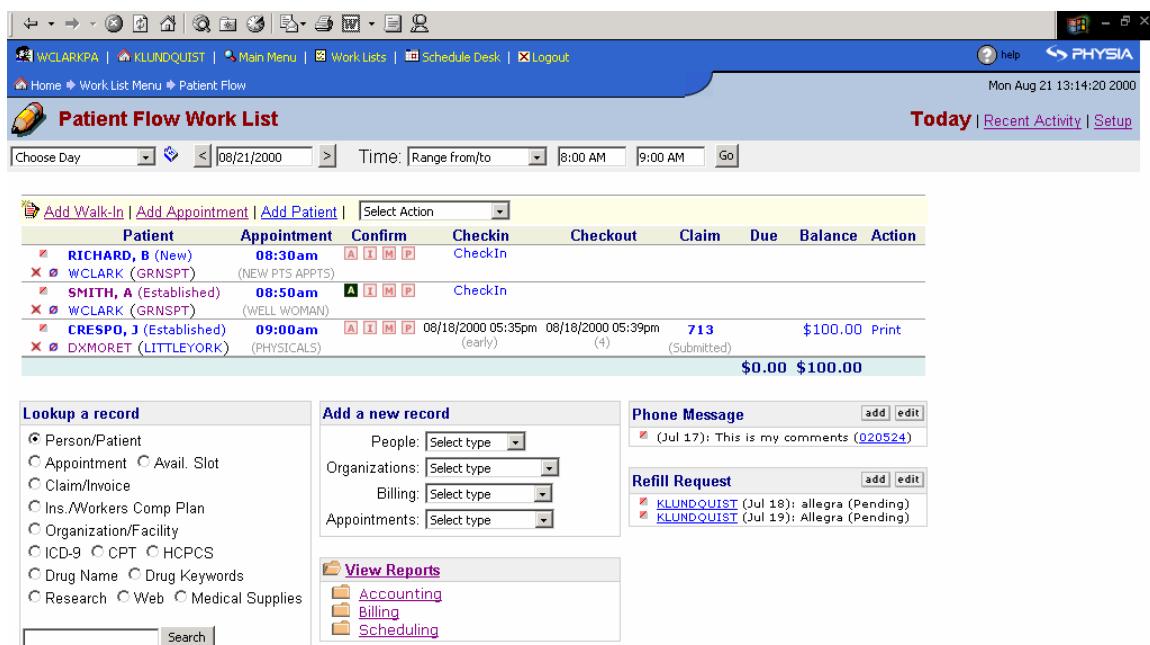
The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. The title bar displays the application name and version. The main window is titled "Find next available slot". The search criteria include "Resource(s)" set to "KXMANESS", "Facility(s)" set to "1", "Roving Physician" dropdown, "Starting Choose Day" set to "08/22/2000", "Duration (minutes)" set to "30", "Search Duration" set to "1 week", "Patient Type" set to "New Patient", and "Appointment Type" set to "WELL WOMAN (3)". The results table lists appointment slots for KXMANESS across three days: Wednesday, Thursday, and Friday. The columns are "Resource", "Facility", "Day", and "Time Slot". The data is as follows:

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.



The screenshot displays the 'Patient Flow Work List' interface. At the top, there's a navigation bar with links for Main Menu, Work Lists, Schedule Desk, Logout, Home, Work List Menu, and Patient Flow. The date is set to Mon Aug 21 13:14:20 2000. Below the navigation is a toolbar with buttons for Add Walk-In, Add Appointment, Add Patient, Select Action, and a date range from 08/21/2000 to 09:00 AM. The main area shows a grid of patient appointments:

Patient	Appointment	Confirm	Checkin	Checkout	Claim	Due	Balance	Action
RICHARD, B (New)	08:30am	A I M P	CheckIn					
WCLARK (GRNSPT)	(NEW PTS APPTS)							
SMITH, A (Established)	08:50am	A I M P	CheckIn					
WCLARK (GRNSPT)	(WELL WOMAN)							
CRESPO, J (Established)	09:00am	A I M P	08/18/2000 05:35pm	08/18/2000 05:39pm	713	\$100.00	Print	
DXMORET (LITTLEYORK)	(PHYSICALS)			(early)	(4)	(Submitted)		

Below the grid, there are three panels: 'Lookup a record' (radio buttons for Person/Patient, Appointment, Claim/Invoice, etc.), 'Add a new record' (dropdowns for People, Organizations, Billing, Appointments), and 'Phone Message' (checkbox for Jul 17 comment). To the right of these are 'Refill Request' (checkboxes for KLUNDQUIST), 'View Reports' (Accounting, Billing, Scheduling), and a search bar. At the bottom is a search panel for finding the next available slot, with fields for Parallel Search, Resource(s), Facility(s), Roving Physician, Starting Date, Duration, and Patient Type.

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: 

- 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**

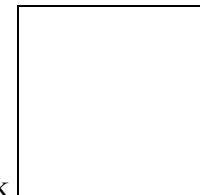
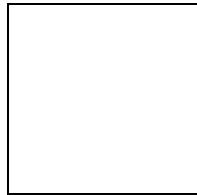
- e. View all appointments for a given date and time:

 Time: 

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

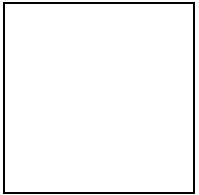
Step 2 The Confirm Appointment dialog appears

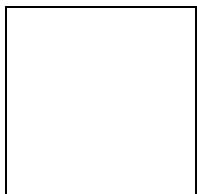
Step 3 Location the Action Field (last field on the dialog)

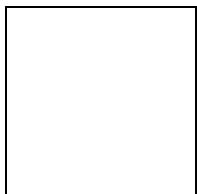
Step 4 Using the mouse click the  next to the appropriate action



**If 'Talked to Patient' or 'Left Message' are marked the  will turn 'green'

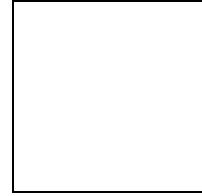
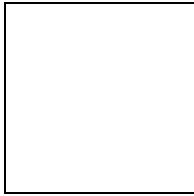
**If 'Unable to Reach' or 'Incorrect Phone Number' are marked the  will turn 'black'



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



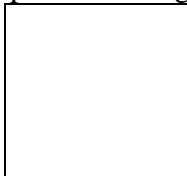
Step 3 Enter the Effective Date for this or click and select the date from the calendar

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

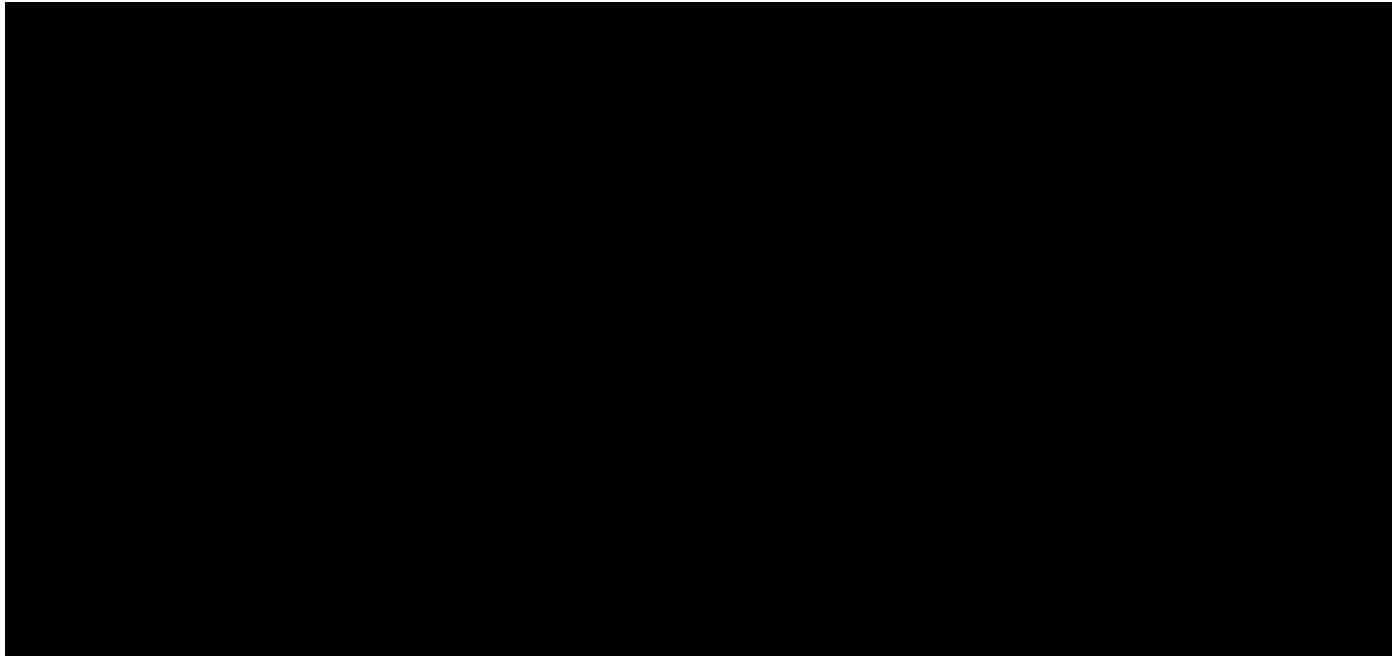


Step 8 Enter the ID of the PCP or click the to search for a Physicians ID

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

II

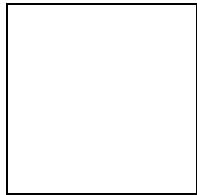
Step 11 Enter the name of the Insurance representative

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

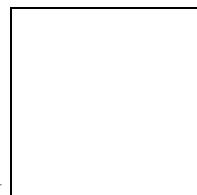
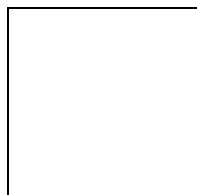
Step 14 Click the next either Complete or Partial depending on the verification status
**If 'Complete' is chosen the 'I' will turn green if 'Partial' is chosen the 'I' will turn black



Step 15 Click when data is complete

Step 16 The system will return the user back to the Patient Flow Work List

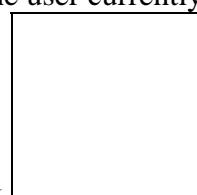
Print Screen Verifying Medical Records



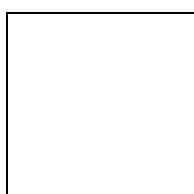
Step 1 To access the Verify Medical Records screen click

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

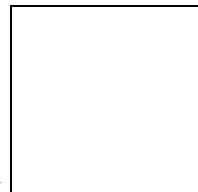
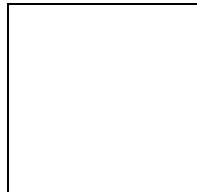


Step 5 Click to accept data entered

**The 'M' will turn green after OK is clicked

Step 6 The system will return the user back to the Patient Flow Work List

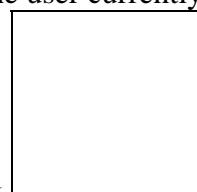
Print Screen Verifying Personal Records



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

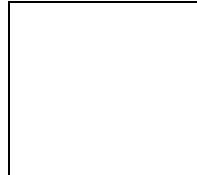
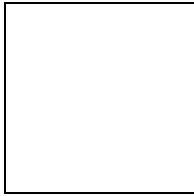


Step 5 Click to accept data entered

**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.

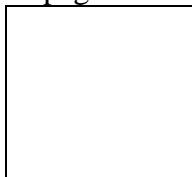
Step 1 Click the word ‘CheckIn’

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:

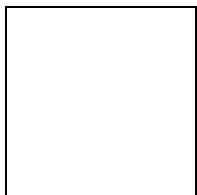
<u>Accounting-</u>	Aged Insurance Receivables Aged Patient Receivables Appointment Charges Claim Status Daily Audit Recap Financial Analysis Report Monthly Audit Recap Procedure Analysis Receipt Analysis Revenue and Collection
<u>Billing-</u>	Claim Status Invoices
<u>Scheduling-</u>	Patient Activity

- 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.

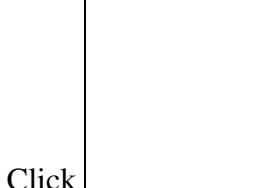
Step 2

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.

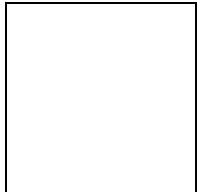
Step 3

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

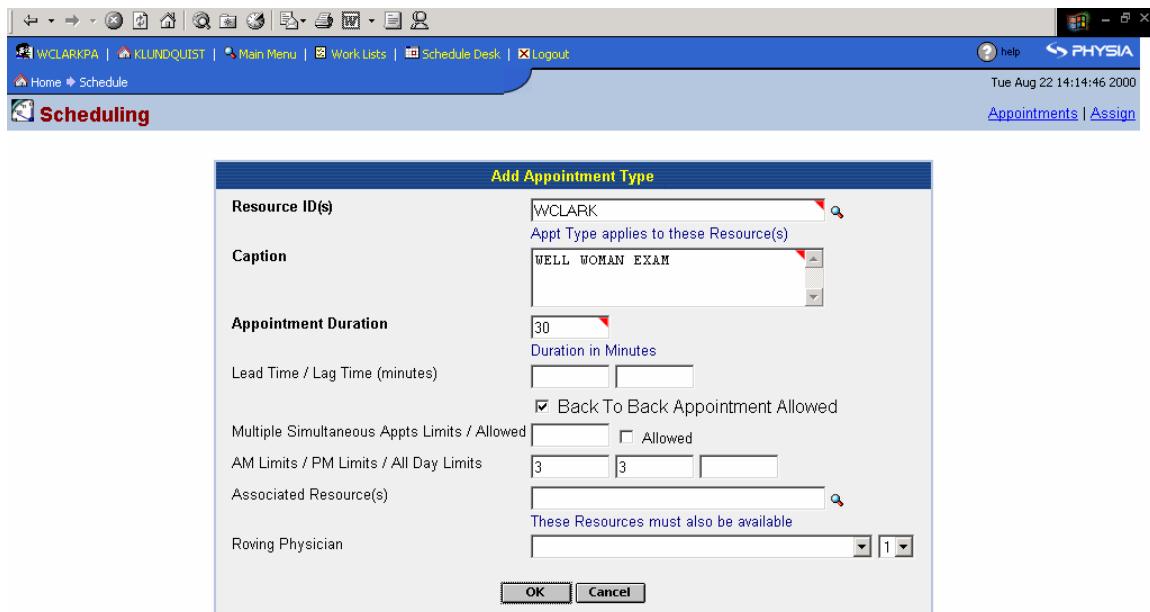
Recent Activity

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 regardless if they occur in the morning or the afternoon.

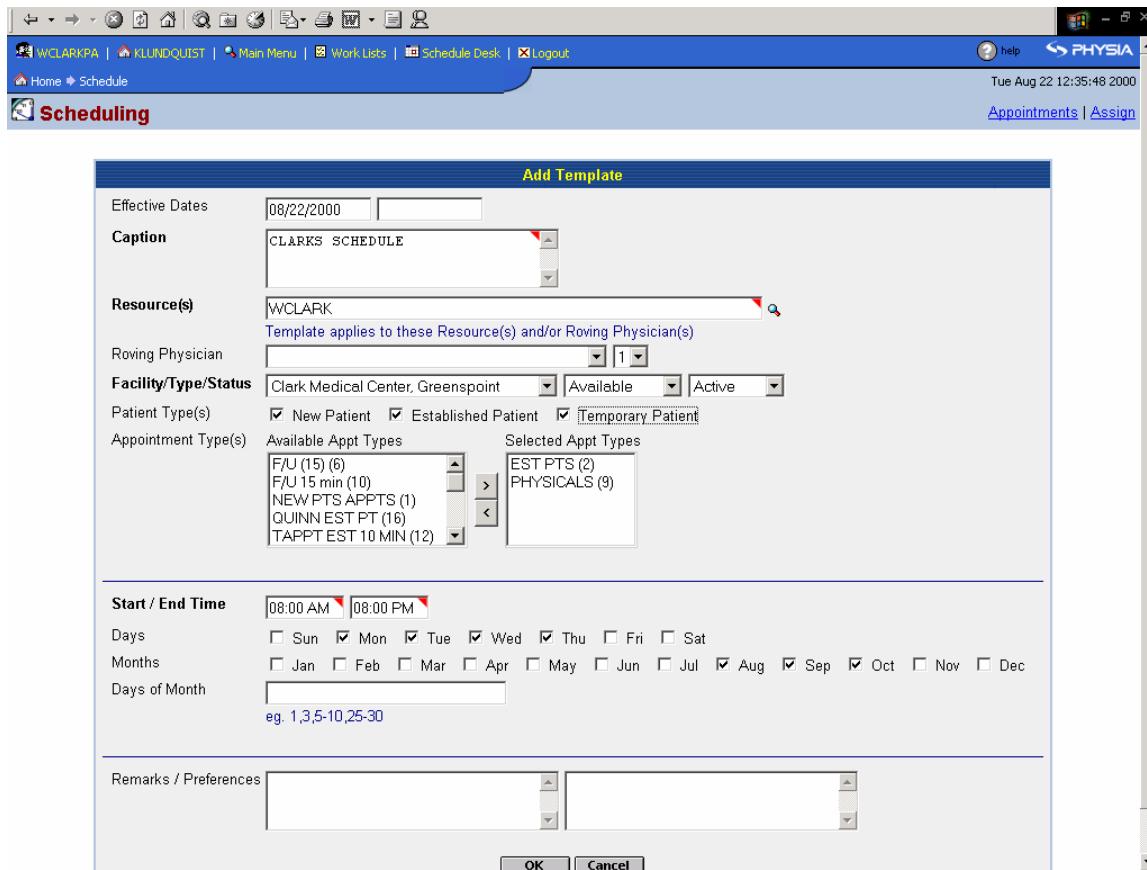
Associated Resource(s)- enter in the Resource ID's required to be on hand for this appointment type. Click the  to search for the ID's if unknown.

Roving Physician-

Click the  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 Physician –

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

The screenshot shows a weekly appointment calendar from Friday, August 25, 2000, to Thursday, August 31, 2000. The calendar is divided into three columns representing different physicians: Dr. John Harland (All Facilities), Dr. William D Clark (Clark Medical Center, Greenspoint), and Karen Haness (Clark Medical Center, Greenspoint). Each column has a 'Choose Action' dropdown menu. The schedule includes various appointment slots with patient names and times. A legend on the right explains color coding for template hours: green for Positive Template Hours, red for Negative Template Hours, and grey for No Template Information. At the bottom, there are summary boxes for Positive (P) and Negative (N) hours.

Day	Physician	Start Time	End Time	Patient Name
Fri 08/25/2000	Dr. John Harland	7:30 AM	8:00 AM	Oliver, G
Fri 08/25/2000	Dr. William D Clark	7:30 AM	8:00 AM	Gonzales, E
Fri 08/25/2000	KAREN HANESS	7:00 AM	8:00 AM	Uhle, S
Fri 08/25/2000	Dr. John Harland	8:00 AM	8:30 AM	Zelen, K [OB]
Fri 08/25/2000	Dr. William D Clark	8:00 AM	8:30 AM	Smith, J
Fri 08/25/2000	KAREN HANESS	8:00 AM	8:30 AM	Brooks, A
Fri 08/25/2000	Dr. John Harland	8:30 AM	9:00 AM	Doty, H
Fri 08/25/2000	Dr. William D Clark	8:30 AM	9:00 AM	Robbins, M
Fri 08/25/2000	KAREN HANESS	8:30 AM	9:00 AM	Ford, K [OB]
Fri 08/25/2000	Dr. John Harland	9:00 AM	9:30 AM	Jones, M
Fri 08/25/2000	Dr. William D Clark	9:00 AM	9:30 AM	Williams, M
Fri 08/25/2000	KAREN HANESS	9:00 AM	9:30 AM	Peters, H
Fri 08/25/2000	Dr. John Harland	9:30 AM	10:00 AM	Evans, V [WL]
Fri 08/25/2000	Dr. William D Clark	9:30 AM	10:00 AM	Lewis, S
Fri 08/25/2000	KAREN HANESS	9:30 AM	10:00 AM	Meadows, G [OB]
Fri 08/25/2000	Dr. John Harland	10:00 AM	10:30 AM	Stevenson, D
Fri 08/25/2000	Dr. William D Clark	10:00 AM	10:30 AM	
Fri 08/25/2000	KAREN HANESS	10:00 AM	10:30 AM	
Fri 08/25/2000	Dr. John Harland	10:30 AM	11:00 AM	
Fri 08/25/2000	Dr. William D Clark	10:30 AM	11:00 AM	
Fri 08/25/2000	KAREN HANESS	10:30 AM	11:00 AM	
Fri 08/25/2000	Dr. John Harland	11:00 AM	11:45 AM	Kline, B
Fri 08/25/2000	Dr. William D Clark	11:00 AM	11:45 AM	
Fri 08/25/2000	KAREN HANESS	11:00 AM	11:45 AM	
Fri 08/25/2000	Dr. John Harland	11:45 AM	12:45 PM	
Fri 08/25/2000	Dr. William D Clark	11:45 AM	12:45 PM	
Fri 08/25/2000	KAREN HANESS	11:45 AM	12:45 PM	
Sat 08/26/2000	Dr. John Harland	7:30 AM	8:00 AM	
Sat 08/26/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Sat 08/26/2000	KAREN HANESS	7:00 AM	8:00 AM	
Sun 08/27/2000	Dr. John Harland	7:30 AM	8:00 AM	
Sun 08/27/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Sun 08/27/2000	KAREN HANESS	7:00 AM	8:00 AM	
Mon 08/28/2000	Dr. John Harland	7:30 AM	8:00 AM	
Mon 08/28/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Mon 08/28/2000	KAREN HANESS	7:00 AM	8:00 AM	
Tue 08/29/2000	Dr. John Harland	7:30 AM	8:00 AM	
Tue 08/29/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Tue 08/29/2000	KAREN HANESS	7:00 AM	8:00 AM	
Wed 08/30/2000	Dr. John Harland	7:30 AM	8:00 AM	
Wed 08/30/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Wed 08/30/2000	KAREN HANESS	7:00 AM	8:00 AM	
Thu 08/31/2000	Dr. John Harland	7:30 AM	8:00 AM	
Thu 08/31/2000	Dr. William D Clark	7:30 AM	8:00 AM	
Thu 08/31/2000	KAREN HANESS	7:00 AM	8:00 AM	

Legend:

- Hour: No Template Information
- Hour: Positive Template Hours
- Hour: Partially Pos. Template Hours
- Hour: Negative Template Hours
- Hour: Partially Neg. Template Hours
- P: Matched Positive Templates
- N: Matched Negative Templates

Parallel Search: Find next available slot
 Resource(s): Facility(s):
 Roving Physician: 1
 Starting: Choose Day: 08/22/2000 Duration (minutes): 10 Search Duration: 1 week
 Patient Type: Appointment Type: Go

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

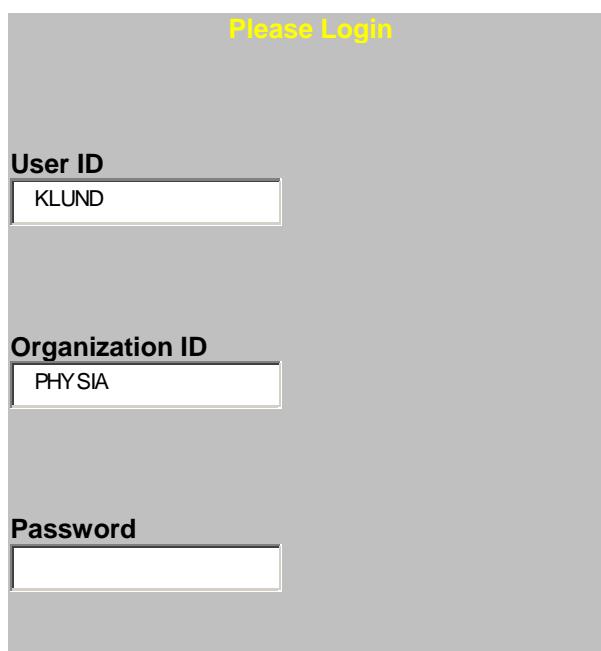
Schedule an appointment for that Patient Profile→Click Add Appointments

Accessed via Home Page

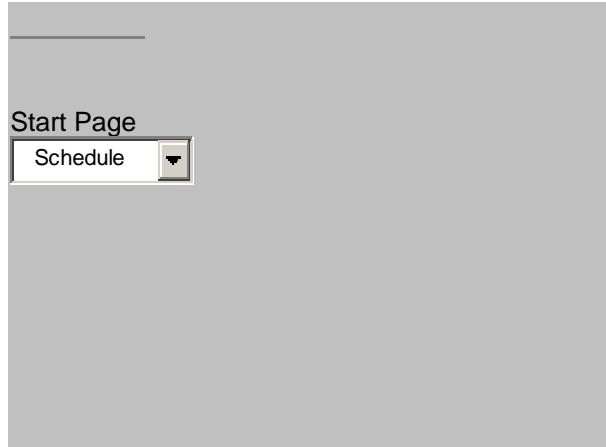
- Schedule Desk Icon
- Add a new Record→Appointments→Select Appointment

Accessed via Login Screen

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

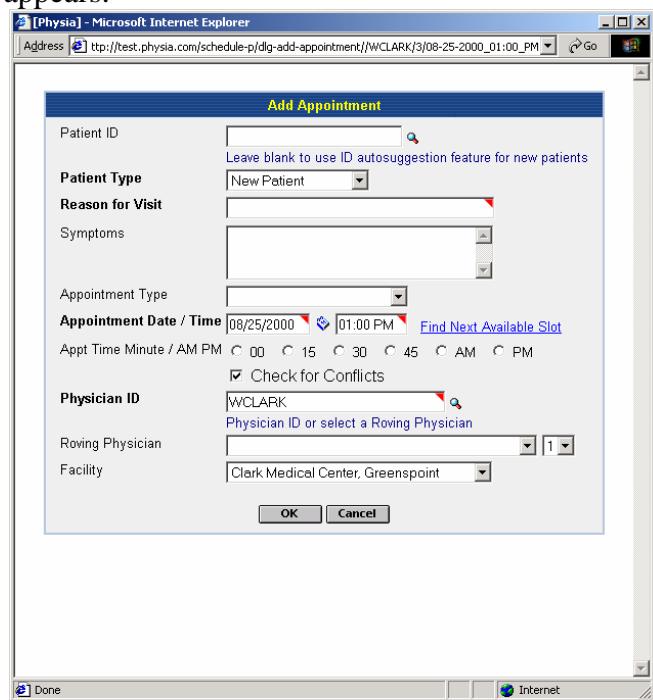


The image shows a login interface with three text input fields. At the top, the text "Please Login" is displayed in yellow. Below it, the first field is labeled "User ID" and contains the value "KLUND". The second field is labeled "Organization ID" and contains the value "PHYSISA". The third field is labeled "Password" and is currently empty.



How to Add an Appointment

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



The screenshot shows the 'Add Appointment' dialog box from the PHYSIA ASPIre Professional v1.0 software, displayed in a Microsoft Internet Explorer window. The dialog box contains the following fields:

- Patient ID: A text input field with a search icon.
- Patient Type: A dropdown menu set to "New Patient".
- Reason for Visit: A dropdown menu.
- Symptoms: A text input field.
- Appointment Type: A dropdown menu.
- Appointment Date / Time: A date/time picker showing "08/25/2000" and "01:00 PM". A link "Find Next Available Slot" is next to the time.
- Appt Time Minute / AM PM: Radio buttons for 00, 15, 30, 45, AM, and PM.
- Check for Conflicts: A checked checkbox.
- Physician ID: A dropdown menu set to "WCLARK".
- Roving Physician: A dropdown menu with a value of "1".
- Facility: A dropdown menu set to "Clark Medical Center, Greenspoint".
- OK and Cancel buttons at the bottom.

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.



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)

 will change to

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

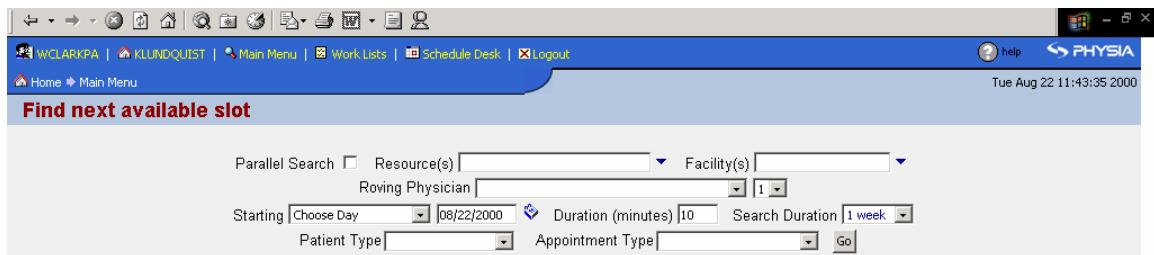
***Facility** = From the Schedule desk this filled will auto fill with the name of the location where the appointment is being scheduled

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)



The screenshot shows a Windows application window titled "Find next available slot". The window has a toolbar at the top with icons for back, forward, search, and file operations. The menu bar includes "Main Menu", "Work Lists", "Schedule Desk", and "Logout". A status bar at the bottom right shows the date and time: "Tue Aug 22 11:43:35 2000". The main search area contains the following fields:

- Parallel Search
- Resource(s)
- Facility(s)
- Roving Physician [1]
- Starting [08/22/2000] Duration (minutes) Search Duration
- Patient Type
- Appointment Type
- Go

A message at the bottom left says "Please enter a search value." and a note at the bottom center says "(Search results are limited to 250 records)".

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.

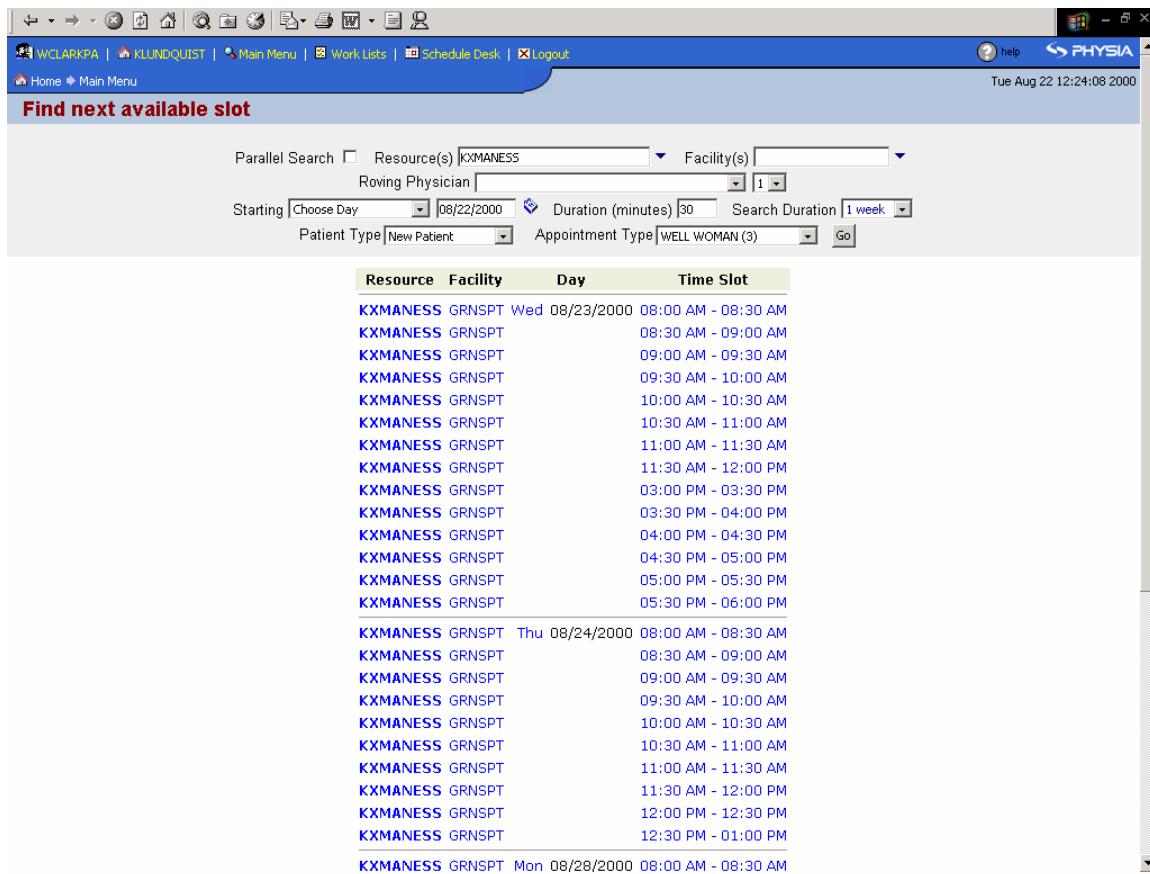
Patient Type – click the ▼ and select the type of patient the appointment is for. Example: is this a new patient , established patient or a temporary patient.

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



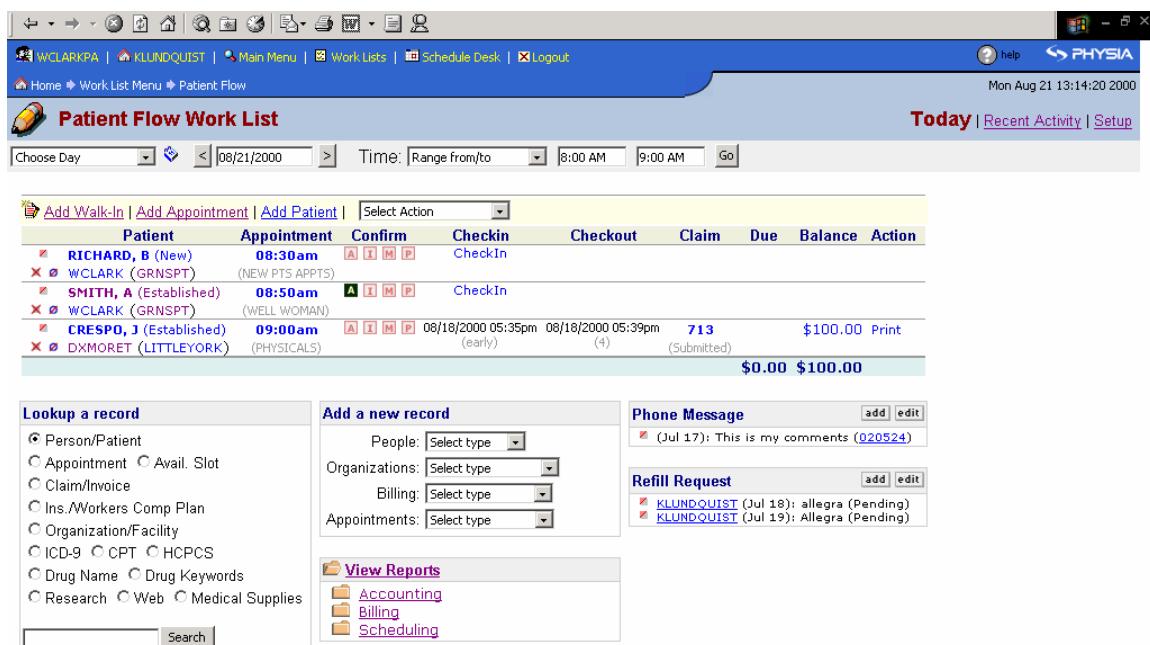
The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. The title bar displays the application name and version. The main window is titled "Find next available slot". The search criteria include "Resource(s)" set to "KXMANESS", "Facility(s)" set to "1", "Roving Physician" dropdown, "Starting Choose Day" set to "08/22/2000", "Duration (minutes)" set to "30", "Search Duration" set to "1 week", "Patient Type" set to "New Patient", and "Appointment Type" set to "WELL WOMAN (3)". The results table lists appointment slots for KXMANESS across three days: Wednesday, Thursday, and Friday. The columns are "Resource", "Facility", "Day", and "Time Slot". The data is as follows:

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.



The screenshot displays the 'Patient Flow Work List' interface. At the top, there's a navigation bar with links for Main Menu, Work Lists, Schedule Desk, Logout, Home, Work List Menu, and Patient Flow. The date is set to Mon Aug 21 13:14:20 2000. Below the navigation is a toolbar with buttons for Add Walk-In, Add Appointment, Add Patient, Select Action, and a date range from 08/21/2000 to 09:00 AM. The main area shows a grid of patient appointments:

Patient	Appointment	Confirm	Checkin	Checkout	Claim	Due	Balance	Action
RICHARD, B (New)	08:30am	A I M P	CheckIn					
WCLARK (GRNSPT)	(NEW PTS APPTS)							
SMITH, A (Established)	08:50am	A I M P	CheckIn					
WCLARK (GRNSPT)	(WELL WOMAN)							
CRESPO, J (Established)	09:00am	A I M P	08/18/2000 05:35pm	08/18/2000 05:39pm	713	\$100.00	Print	
DXMORET (LITTLEYORK)	(PHYSICALS)			(early)	(4)	(Submitted)		

Below the grid, there are three panels: 'Lookup a record' (radio buttons for Person/Patient, Appointment, Claim/Invoice, etc.), 'Add a new record' (dropdowns for People, Organizations, Billing, Appointments), and 'Phone Message' (checkbox for Jul 17 comment). To the right of these are 'Refill Request' (checkboxes for KLUNDQUIST), 'View Reports' (Accounting, Billing, Scheduling), and a search bar. At the bottom is a search panel for finding the next available slot, with fields for Parallel Search, Resource(s), Facility(s), Roving Physician, Starting Date, Duration, and Patient Type.

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: 

- 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**

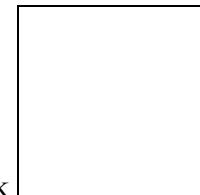
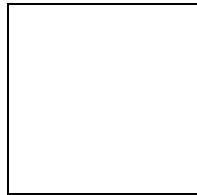
- e. View all appointments for a given date and time:

 Time: 

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

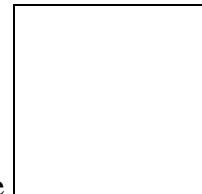


Step 1 To access the Appointment Confirmation screen click

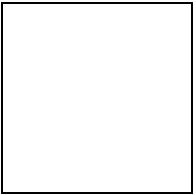
Step 2 The Confirm Appointment dialog appears

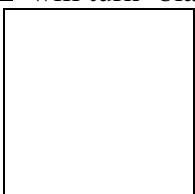
Step 3 Location the Action Field (last field on the dialog)

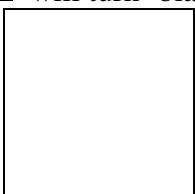
Step 4 Using the mouse click the  next to the appropriate action



**If 'Talked to Patient' or 'Left Message' are marked the  will turn 'green'

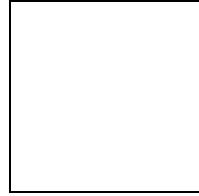
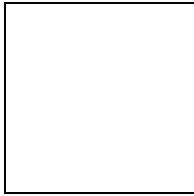
**If 'Unable to Reach' or 'Incorrect Phone Number' are marked the  will turn 'black'



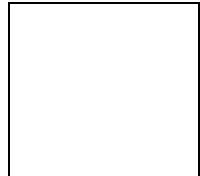
Step 5 Click  to accept the data

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



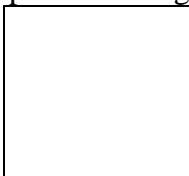
Step 2 The Verify Insurance dialog appears
Step 3 Enter the Effective Date for this or click and select the date from the calendar

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

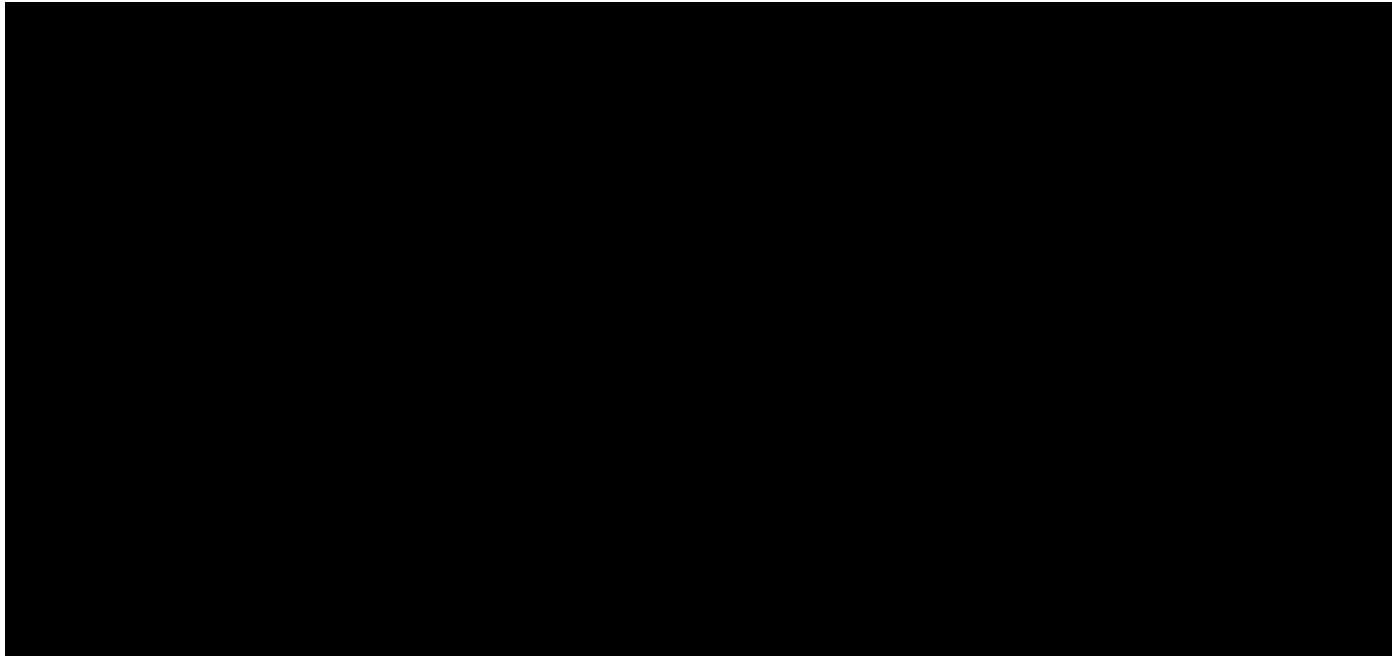


Step 8 Enter the ID of the PCP or click the to search for a Physicians ID

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

II

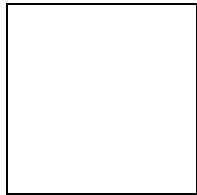
Step 11 Enter the name of the Insurance representative

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

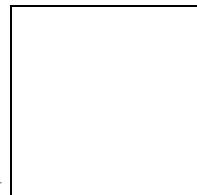
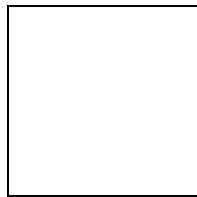
Step 14 Click the next either Complete or Partial depending on the verification status
**If 'Complete' is chosen the 'I' will turn green if 'Partial' is chosen the 'I' will turn black



Step 15 Click when data is complete

Step 16 The system will return the user back to the Patient Flow Work List

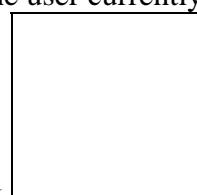
Print Screen Verifying Medical Records



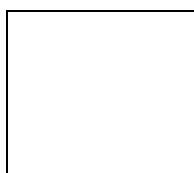
Step 1 To access the Verify Medical Records screen click

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

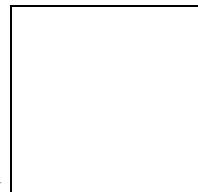
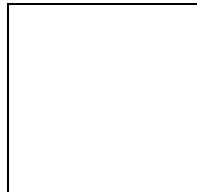


Step 5 Click to accept data entered

**The 'M' will turn green after OK is clicked

Step 6 The system will return the user back to the Patient Flow Work List

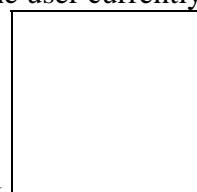
Print Screen Verifying Personal Records



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

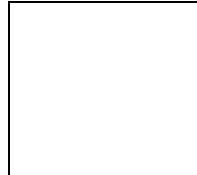
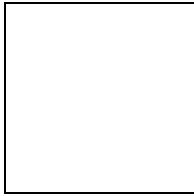


Step 5 Click to accept data entered

**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.

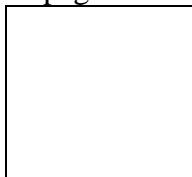
Step 1 Click the word ‘CheckIn’

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:

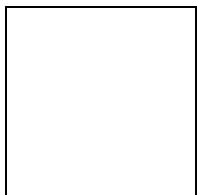
<u>Accounting-</u>	Aged Insurance Receivables Aged Patient Receivables Appointment Charges Claim Status Daily Audit Recap Financial Analysis Report Monthly Audit Recap Procedure Analysis Receipt Analysis Revenue and Collection
<u>Billing-</u>	Claim Status Invoices
<u>Scheduling-</u>	Patient Activity

- 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

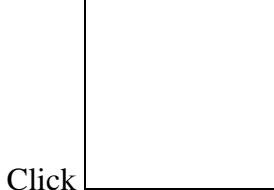
Facilities- Available Facilities are those facilities that are setup in your system.

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

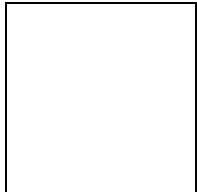
On-Select- the user has the ability to change the starting screen for the following Categories: People, Physician, Organization, Appointments. In order to change the starting place simply click▼ next to the category needing to be changed.

Step 4



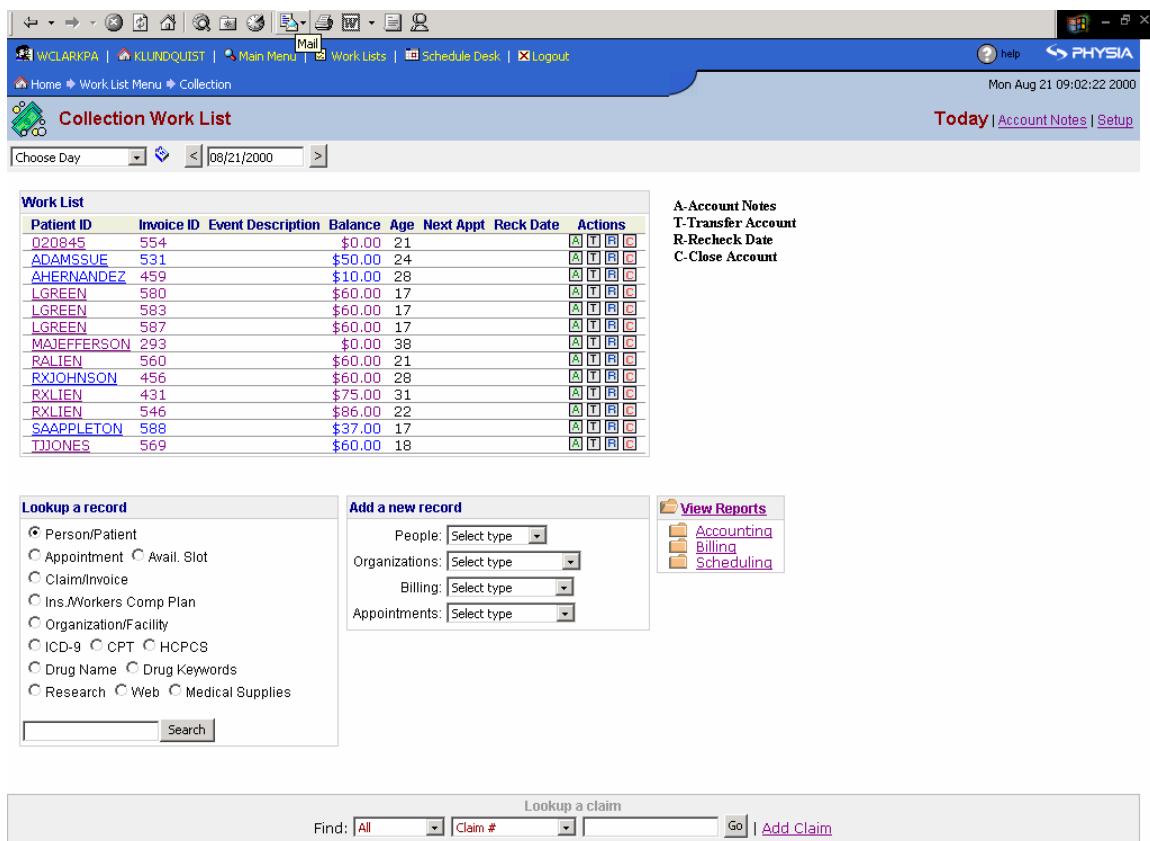
Recent Activity

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

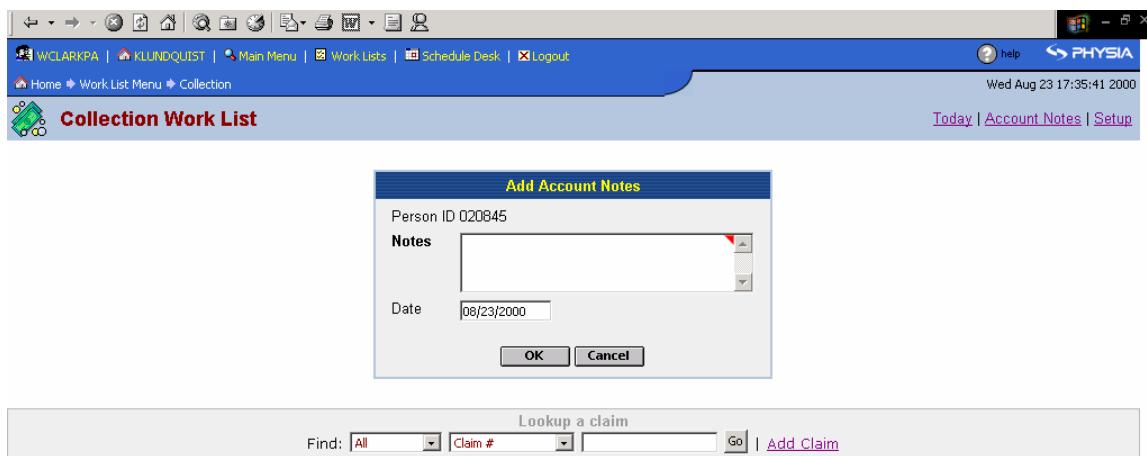
This section will explain the functionality of the Collection Work List, the Account Notes attached to the Patient Account and the Setup of the Work List.



Patient ID	Invoice ID	Event Description	Balance	Age	Next Appt	Reck Date	Actions
020845	554		\$0.00	21			A T R C
ADAMSSUE	531		\$50.00	24			A T R C
AHERNANDEZ	459		\$10.00	28			A T R C
LGREEN	580		\$60.00	17			A T R C
LGREEN	583		\$60.00	17			A T R C
LGREEN	587		\$60.00	17			A T R C
MAJEFFERSON	293		\$0.00	38			A T R C
RALIEN	560		\$60.00	21			A T R C
RXJOHNSON	456		\$60.00	28			A T R C
RXLIEN	431		\$75.00	31			A T R C
RXLIEN	546		\$86.00	22			A T R C
SAAPPLETON	588		\$37.00	17			A T R C
TJONES	569		\$60.00	18			A T R C

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.

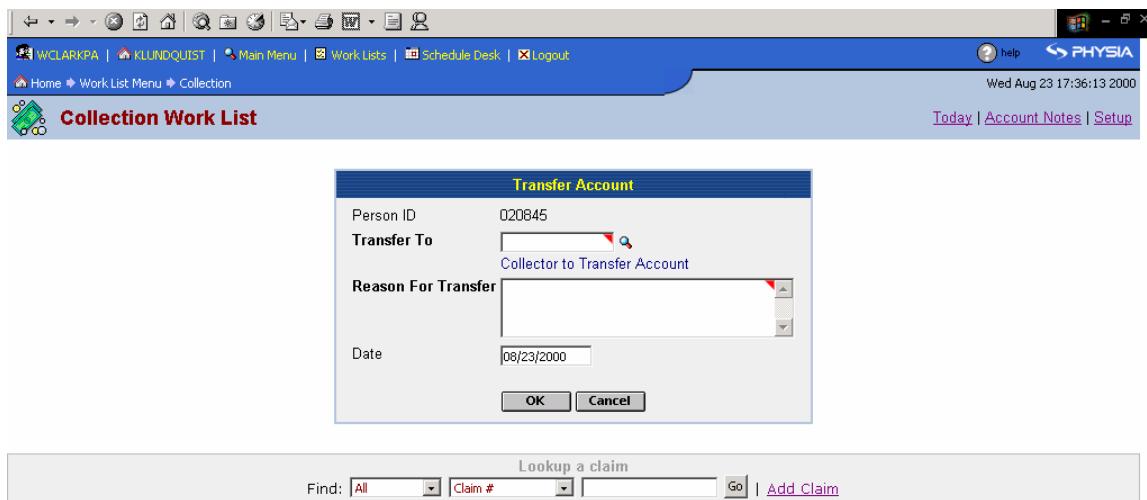
(Print Screen Add Account Notes)



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

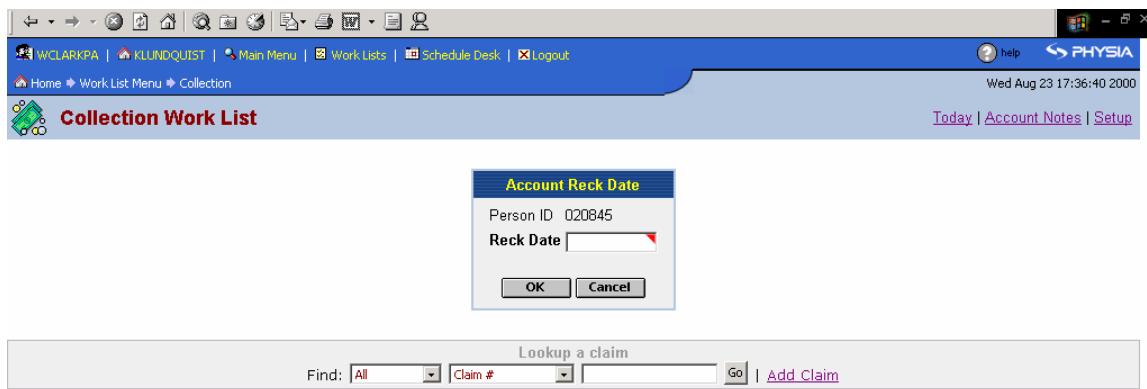
(Print Screen Transfer Account to another person)



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

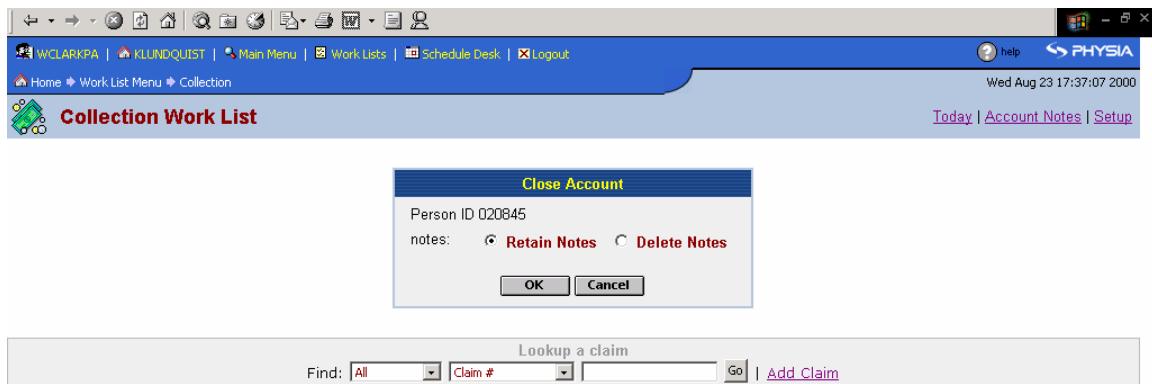
(Print Screen Add Recheck Date for Account)



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

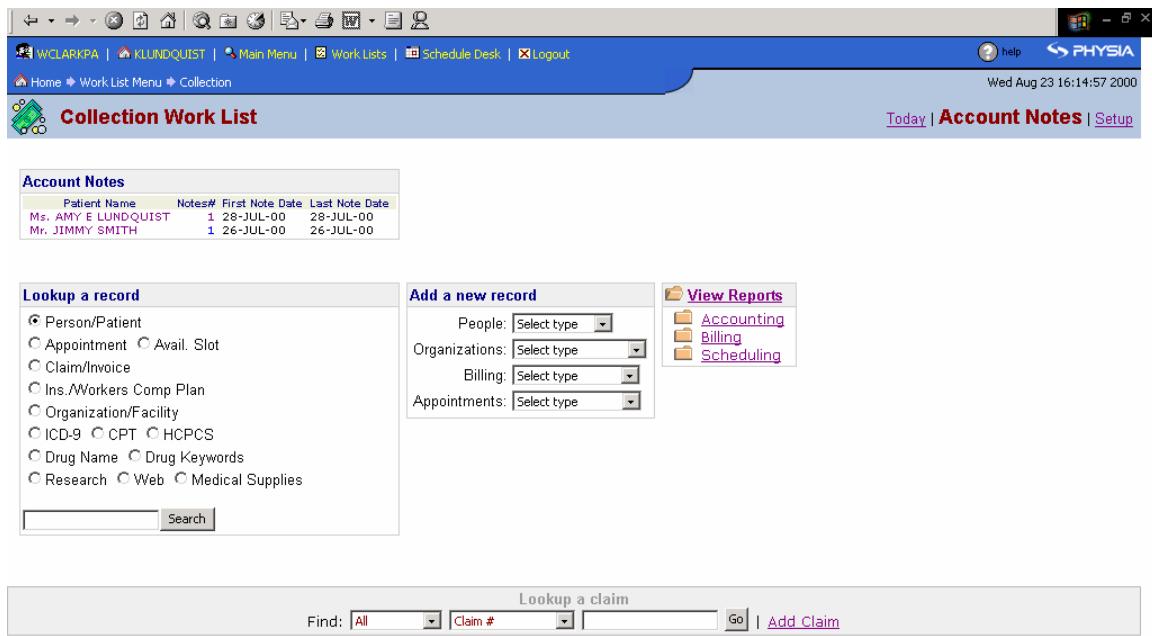
This section allows the user to view and print a variety of reports including the following:

- 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)



The screenshot shows the software's main window with a blue header bar containing the PHYSIA logo and version information. Below the header is a toolbar with various icons. The main content area is titled "Collection Work List". On the left, there is a "Collection Work List" icon and a "Collection Work List" title. In the center, there is a table titled "Account Notes" with columns: Patient Name, Notes#, First Note Date, and Last Note Date. The table contains two rows: Ms. AMY E LUNDQUIST (Notes# 1, First Note Date 28-JUL-00, Last Note Date 28-JUL-00) and Mr. JIMMY SMITH (Notes# 1, First Note Date 26-JUL-00, Last Note Date 26-JUL-00). To the right of the table are three buttons: "Lookup a record", "Add a new record", and "View Reports". The "View Reports" button has three sub-options: Accounting, Billing, and Scheduling. At the bottom of the screen, there is a search bar labeled "Lookup a claim" with fields for "Find:" (set to "All"), "Claim #", and "Go" and "Add Claim" buttons.

Account Notes			
Patient Name	Notes#	First Note Date	Last Note Date
Ms. AMY E LUNDQUIST	1	28-JUL-00	28-JUL-00
Mr. JIMMY SMITH	1	26-JUL-00	26-JUL-00

Lookup a record

Person/Patient
 Appointment Avail. Slot
 Claim/Invoice
 Ins./Workers Comp Plan
 Organization/Facility
 ICD-9 CPT HCPCS
 Drug Name Drug Keywords
 Research Web Medical Supplies

Search

Add a new record

People:
 Organizations:
 Billing:
 Appointments:

View Reports

Lookup a claim

Find: | [Add Claim](#)

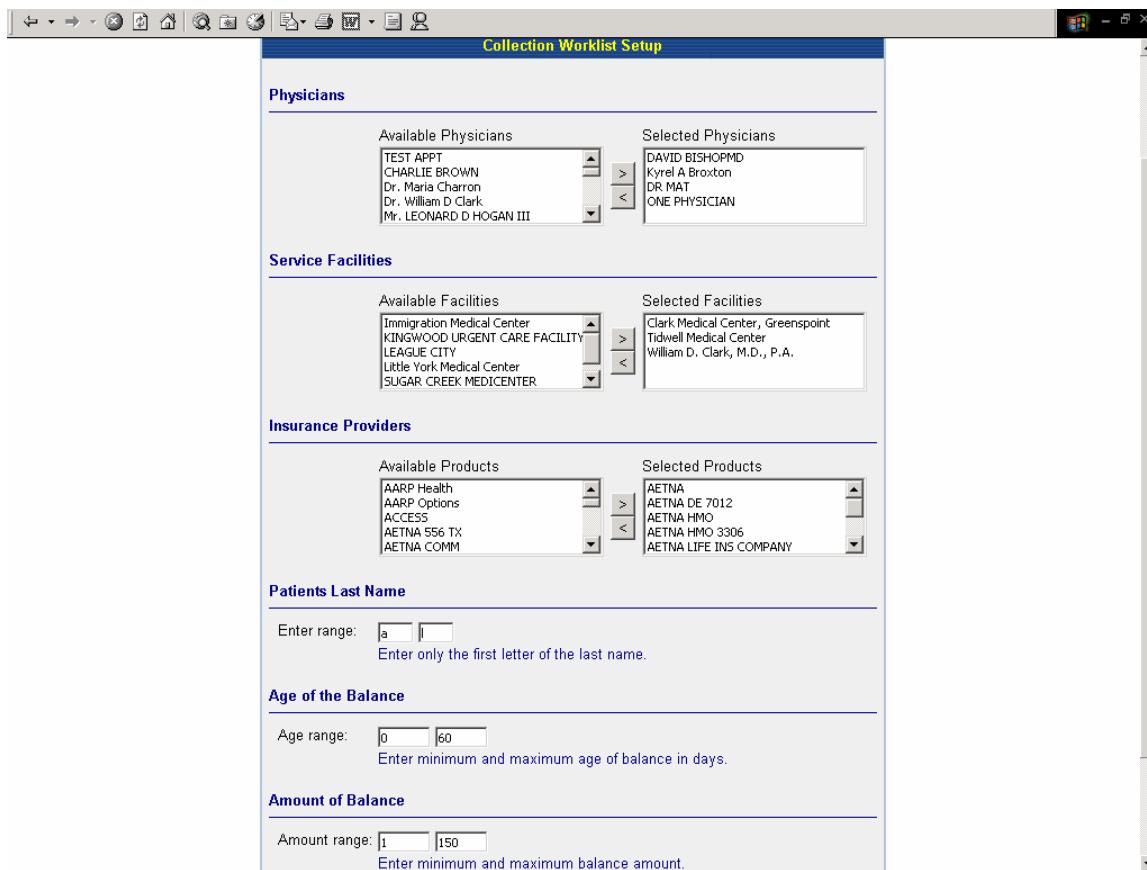
This section provides a listing of all account notes that have been added by the user. The patients name is listed along with the number of notes added to that patient and the date of the first note as well as the date of the last note.

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)



The screenshot displays the "Collection Worklist Setup" dialog box with the following sections and configurations:

- Physicians**: Available Physicians include TEST APPT, CHARLIE BROWN, Dr. Maria Charron, Dr. William D Clark, and Mr. LEONARD D HOGAN III. Selected Physicians include DAVID BISHOP MD, Kyrel A Broxton, DR MAT, and ONE PHYSICIAN.
- Service Facilities**: Available Facilities include Immigration Medical Center, KINGWOOD URGENT CARE FACILITY, LEAGUE CITY, Little York Medical Center, and SUGAR CREEK MEDICENTER. Selected Facilities include Clark Medical Center, Greenspoint, Tidwell Medical Center, and William D. Clark, M.D., P.A.
- Insurance Providers**: Available Products include AARP Health, AARP Options, ACCESS, AETNA 556 TX, and AETNA COMM. Selected Products include AETNA, AETNA DE 7012, AETNA HMO, AETNA HMO 3306, and AETNA LIFE INS COMPANY.
- Patients Last Name**: Enter range: [a] [] . Enter only the first letter of the last name.
- Age of the Balance**: Age range: [0] [60]. Enter minimum and maximum age of balance in days.
- Amount of Balance**: Amount range: [1] [150]. Enter minimum and maximum balance amount.

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  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  to accept information

Check IN Print Screen

Check-In

Batch ID Date	<input type="text" value="08/22/2000"/>				
Patient ID	DXSMITH				
Appointment Time	08/22/2000 09:30 AM				
Check-in Time	08/22/2000 04:14 PM				
Type of Visit	<input type="button" value="Office"/> <input type="button" value="PHYSICALS"/> <input type="button" value="PHYSICAL"/>				
Appointment Type					
Reason for Visit					
Symptoms	<input type="button" value="None"/> <input type="button" value="Accident?"/>				
Accident?	<input type="button" value="None"/> <input type="button" value="Place of Auto Accident (State)"/>				
Primary Payer	<input type="button" value="Primary()"/> <input type="button" value="Deductible Balance"/>				
Contact Phone for Primary Insurance					
Provider Service/Billing	<input type="button" value="KBROXTONMD"/> <input type="button" value="KBROXTONMD"/> <input type="button" value="Org Service/Billing/Pay To"/>				
Org Service/Billing/Pay To	<input type="button" value="Immigration Medical Center"/> <input type="button" value="Clark Medical Center, Greenspoint"/> <input type="button" value="Clark Medical Center, Greenspoint"/>				
<small>Service Org is the org in which services were rendered. Billing org is the org in which the billing should be tracked. Pay To org is the org which should receive payment.</small>					
Referring Physician ID	<input type="button" value="Similar/Current Illness Dates"/>				
Similar/Current Illness Dates	<input type="button" value="Begin/End Disability Dates"/>				
Begin/End Disability Dates	<input type="button" value="Admission/Discharge Hospitalization Dates"/>				
Admission/Discharge Hospitalization Dates					
Prior Authorization Number					
Comments	<input type="button" value="Have you confirmed Personal Information/Insurance Coverage?"/>				
<input type="radio"/> Yes <input type="radio"/> No					

Contact Methods/Addresses [add/edit](#)

- Phone: 916-756-0456 (Home)
- Home: 53 PLANTATION KC-11 CONROE, TX 77356

Health Coverage [add](#) [edit](#)

- Primary (PPO) CIGNA, CIGNA TN, End Date:)
Policy Name: ()
Member Num: 546464654, Co-Pay: \$

Outstanding Balances [add](#) [edit](#)

- Invoice: 566, Bill To: CIGNA
Total Amount: \$60, Balance Remaining: \$45
- Invoice: 568, Bill To: CIGNA
Total Amount: \$65.75, Balance Remaining: \$60
- Invoice: 642, Bill To: CIGNA
Total Amount: \$65.75, Balance Remaining: \$65.75
- Invoice: 711, Bill To: CIGNA
Total Amount: \$65.75, Balance Remaining: \$55.75

Care Providers [add](#) [edit](#)
No records found.

Authorization [add/edit](#)

- Information Release Yes
(Aug 03)
- Signature Source (Aug Authorization form for HCFA Blocks 12 and 13 on file)

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 =  

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



Step 2 Locate PEOPLE Section = 

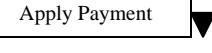
Step 3 Click ‘Lookup Patients’

Step 4 FIND the Patient ID (for explanation on how to ‘find’ see Section III “Search”)

Step 5 Patient Summary page Choose Action=  

*SEE Part B for Entry of Payment

OR

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

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=  

*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)

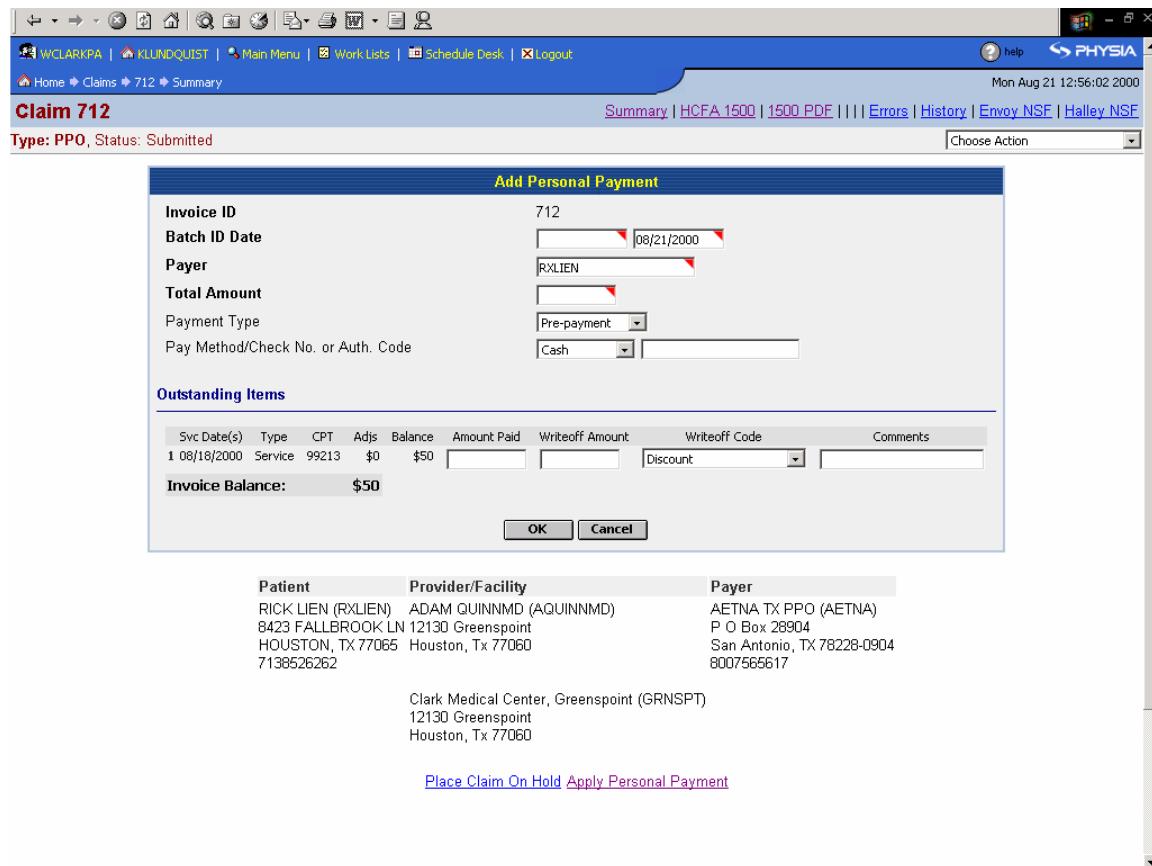
Step 1 From Claim Summary Screen

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.



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. At the top, there's a toolbar with various icons. Below the toolbar, the menu bar includes 'WCLARKPA', 'KLUNDQUIST', 'Main Menu', 'Work Lists', 'Schedule Desk', and 'Logout'. The date 'Mon Aug 21 12:56:02 2000' is displayed. In the center, a blue header bar says 'Claim 712' and 'Type: PPO, Status: Submitted'. Below this, a link bar offers 'Summary | HCFA 1500 | 1500 PDF | Errors | History | Envoy NSF | Halley NSF'. A dropdown menu 'Choose Action' is open. The main window is titled 'Add Personal Payment' and contains the following fields:

Invoice ID	712
Batch ID Date	08/21/2000
Payer	RXLIEN
Total Amount	
Payment Type	Pre-payment
Pay Method/Check No. or Auth. Code	Cash

Below these fields is a section titled 'Outstanding Items' with a table:

Svc Date(s)	Type	CPT	Adj	Balance	Amount Paid	Writeoff Amount	Writeoff Code	Comments
1 08/18/2000	Service	99213	\$0	\$50				
Invoice Balance: \$50								

At the bottom of the dialog box are 'OK' and 'Cancel' buttons.

Below the dialog box, the patient information is displayed:

Patient	Provider/Facility	Payer
RICK LIEN (RXLIEN)	ADAM QUINNMD (AQUINNMD) 8423 FALLBROOK LN 12130 Greenspoint HOUSTON, TX 77066 Houston, Tx 77060 7138526262	AETNA TX PPO (AETNA) P O Box 28904 San Antonio, TX 78228-0904 8007566617

Facility information is also listed:

Clark Medical Center, Greenspoint (GRNSPT)
12130 Greenspoint
Houston, Tx 77060

Links at the bottom include 'Place Claim On Hold' and 'Apply 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	Adj's	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 ▾

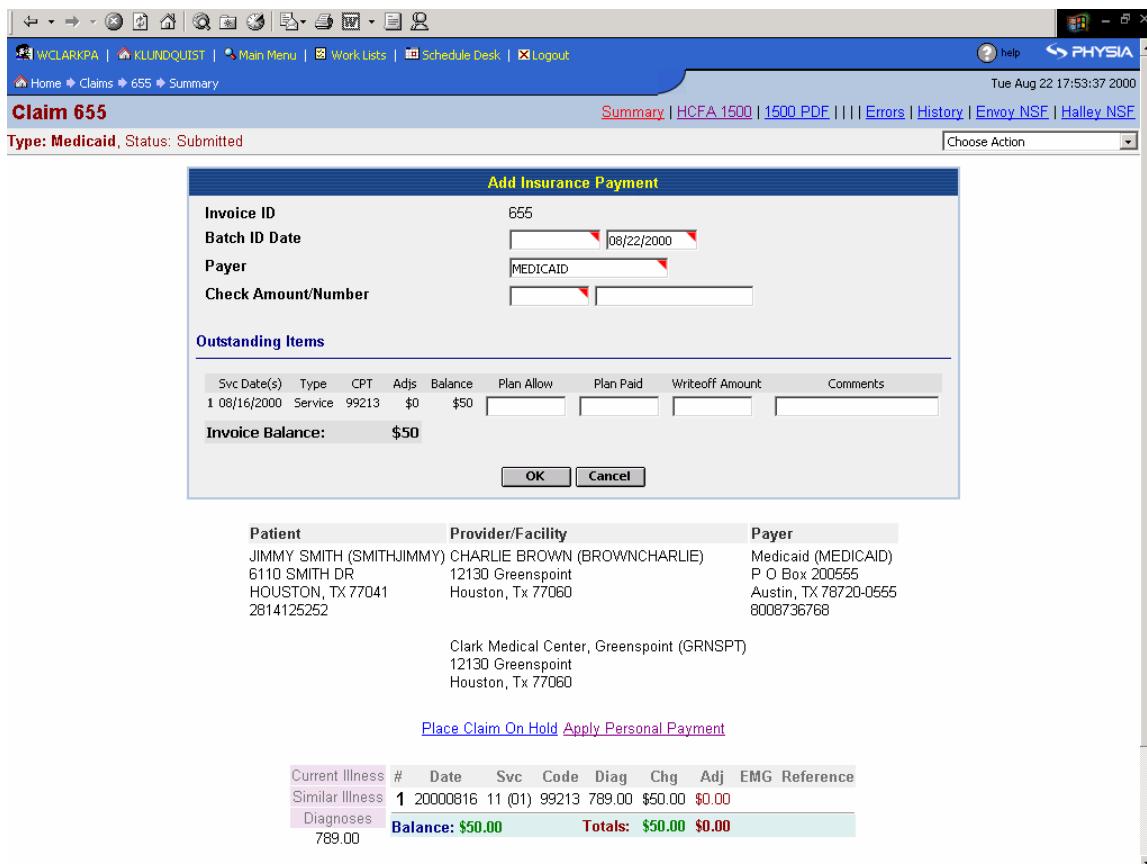
Step 6 Click ID

**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 = ▼ → 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 = ▼

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: ▼

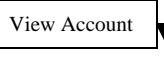
Pay Method / Check No. or Auth Code: ▼

Write off Amount / Code: ▼

Comments:

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

F. Posting of Insurance Payments by Line Item

Main Menu → Billing → Lookup Claims → On Select =  → 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”)

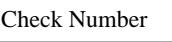
Step 5 On Select = 

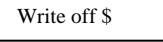
Step 6 Click ID

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:  

Pay Method / Check No. Auth Code:  

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

Comments: 

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

Claim #	Svc Date(s)	Balance	Refund	Refund To ID	Refund To Type	Comments
1 589	08/04/2000	\$6	<input type="text"/>	<input type="text"/>	Person	<input type="text"/>
2 761	08/25/2000	\$35	<input type="text"/>	<input type="text"/>	Person	<input type="text"/>
3 763	08/04/2000	\$6	<input type="text"/>	<input type="text"/>	Person	<input type="text"/>

Patient's Total Balance: \$41 (There is no credit on this patient's balance)

OK Cancel

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

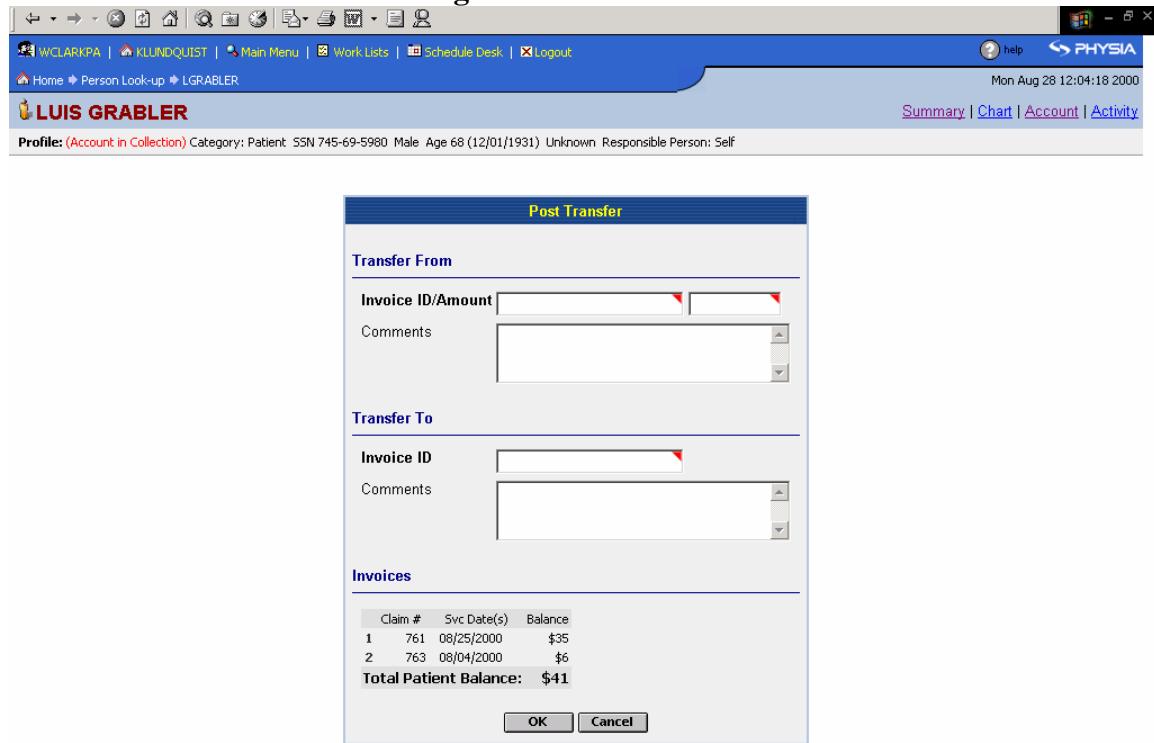
Step 7 Click OK to accept data entered or CANCEL to quit

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



The screenshot shows a Windows application window titled "Post Transfer". The window has three main sections: "Transfer From", "Transfer To", and "Invoices".

Transfer From:
Invoice ID/Amount: [dropdown menu]
Comments: [text area]

Transfer To:
Invoice ID: [dropdown menu]
Comments: [text area]

Invoices:

Claim #	Svc Date(s)	Balance
1	761 08/25/2000	\$35
2	763 08/04/2000	\$6
Total Patient Balance:		\$41

Buttons at the bottom: OK, Cancel

Header bar: WCLARKPA, KLUNDQUIST, Main Menu, Work Lists, Schedule Desk, Logout, Help, PHYSIA, Mon Aug 28 12:04:18 2000, Summary, Chart, Account, Activity.

User profile: LUIS GRABLER, Profile: (Account in Collection) Category: Patient SSN 745-69-5980 Male Age 68 (12/01/1931) Unknown Responsible Person: Self

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

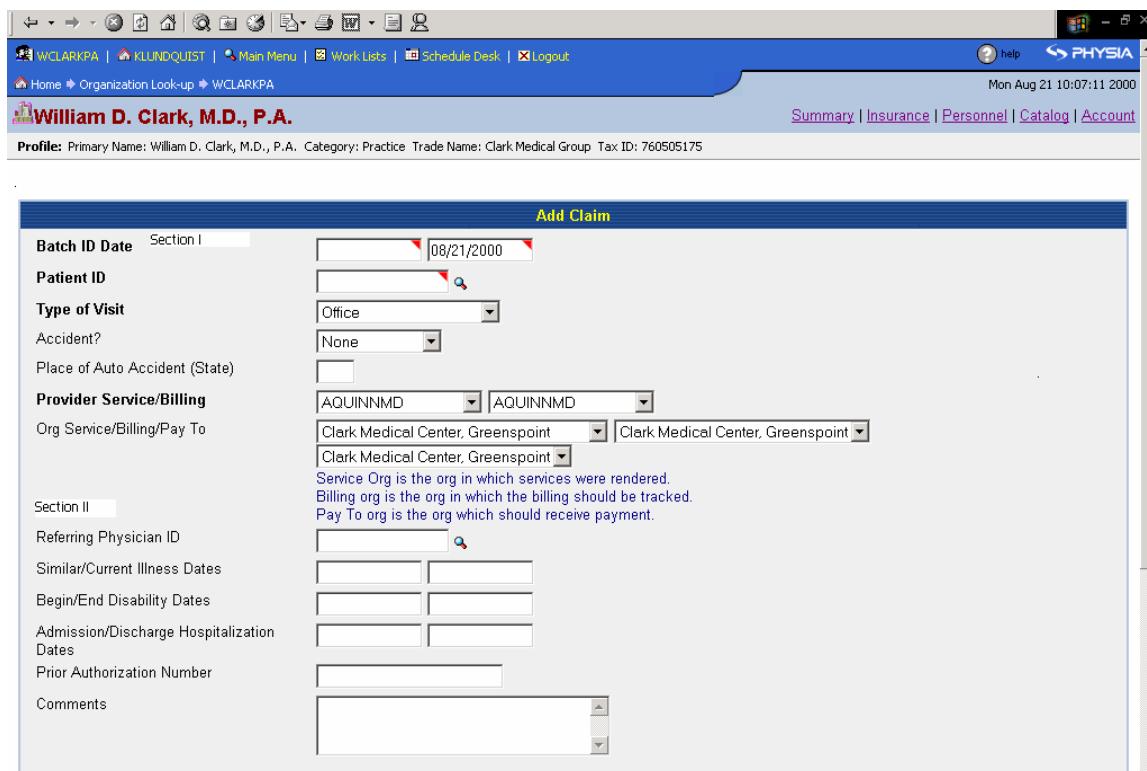
Step 5 Enter any comments applying to that invoice

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

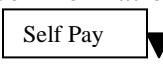
(If user is at Add a Claim search for Patient ID)

***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

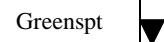
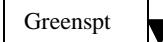
Place of Auto Accident- input state abbreviation if Accident field was marked Auto

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

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

***Provider Service/ Billing-**  

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

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

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-

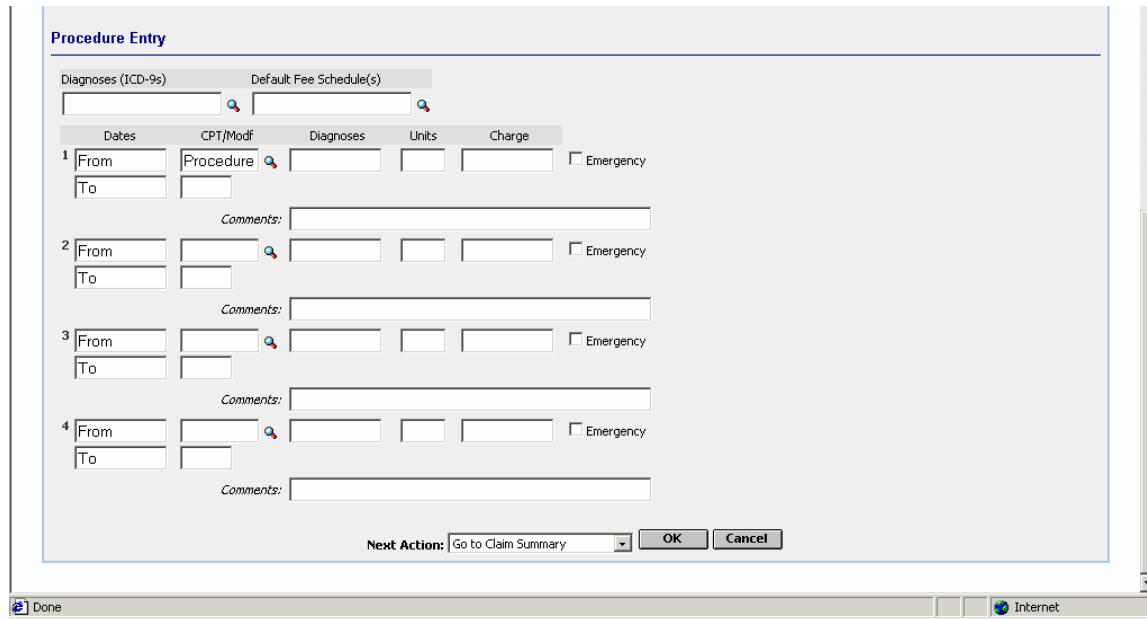
Begin / End Disability Dates- use for Workman compensation claims

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)



The screenshot shows a software interface titled "Procedure Entry". At the top, there are fields for "Diagnoses (ICD-9s)" and "Default Fee Schedule(s)". Below this, there are four sets of input fields for procedures:

- 1**: From [date], Procedure [CPT/Modf], Diagnoses [Diagnoses], Units [Units], Charge [Charge], Emergency [checkbox].
- 2**: From [date], Procedure [CPT/Modf], Diagnoses [Diagnoses], Units [Units], Charge [Charge], Emergency [checkbox].
- 3**: From [date], Procedure [CPT/Modf], Diagnoses [Diagnoses], Units [Units], Charge [Charge], Emergency [checkbox].
- 4**: From [date], Procedure [CPT/Modf], Diagnoses [Diagnoses], Units [Units], Charge [Charge], Emergency [checkbox].

Each set includes a "Comments:" field below the procedure details. At the bottom of the window, there is a "Next Action:" dropdown set to "Go to Claim Summary" and two buttons: "OK" and "Cancel".

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

From/
To

CPT/Modf

Proc/
Modifier

Diagnoses

Ex: 1 or
1,2

Units

of
units

Charge

Leave
Blank

Emerg

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.

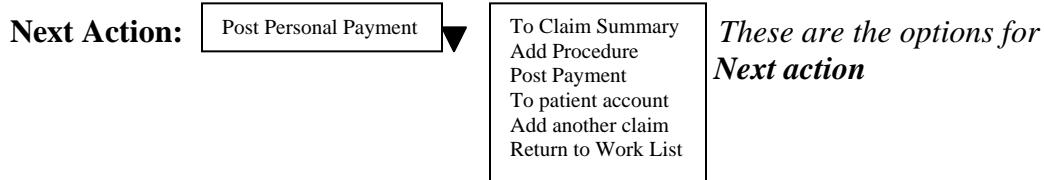
Diagnoses- input the number(s) of the diagnoses that apply to this line item.
(example 789.00,250.00,401.1 enter a 1 or 1,2 or 1,2,3)

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.



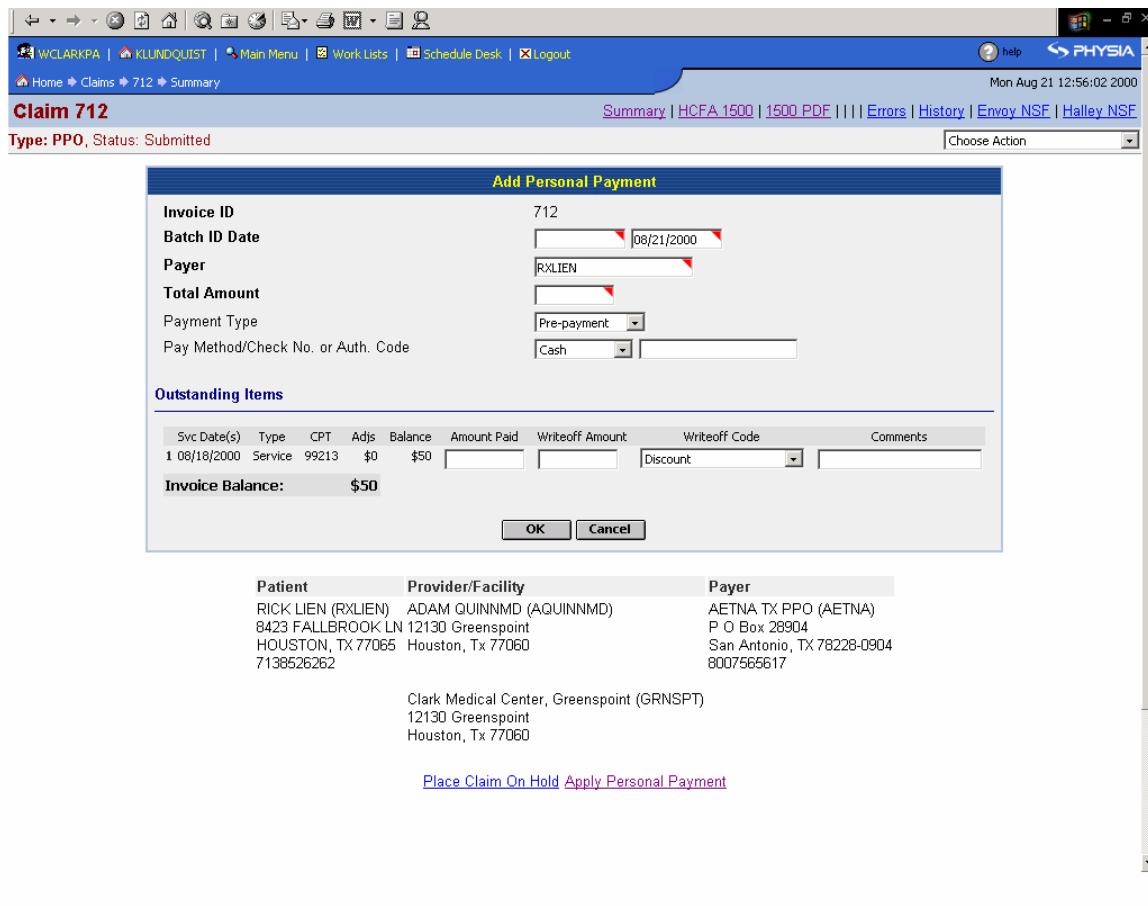
***The system allows for **4** line items to be entered on the first screen. The user has the ability to set the Next Action box to Add another procedure for more line entry.

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.



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. At the top, there's a menu bar with options like Home, Main Menu, Work Lists, Schedule Desk, and Logout. Below the menu is a toolbar with various icons. The main window title is "Claim 712". Underneath the title, it says "Type: PPO, Status: Submitted". A sub-menu bar includes Summary, HCFA 1500, 1500 PDF, Errors, History, Envoy NSF, and Halley NSF. On the right side of the screen, there's a "Choose Action" dropdown. The central part of the screen is a dialog box titled "Add Personal Payment". It contains fields for "Invoice ID" (712), "Batch ID Date" (08/21/2000), "Payer" (RXLIEN), "Total Amount" (dropdown menu), "Payment Type" (Pre-payment), and "Pay Method/Check No. or Auth. Code" (Cash). Below this is a section titled "Outstanding Items" with a table showing a single row: Svc Date(s) 08/18/2000, Type Service, CPT 99213, Adjs \$0, Balance \$50, Amount Paid (empty), Writeoff Amount (empty), Writeoff Code (Discount), and Comments (empty). The "Invoice Balance" is listed as \$50. At the bottom of the dialog are "OK" and "Cancel" buttons. Below the dialog, there's a patient summary table:

Patient	Provider/Facility	Payer
RICK LIEN (RXLIEN)	ADAM QUINNMD (AQUINNMD) 8423 FALLBROOK LN 12130 Greenspoint HOUSTON, TX 77065 Houston, Tx 77060 7138526262	AETNA TX PPO (AETNA) P O Box 28904 San Antonio, TX 78228-0904 8007565617

Below the table, it says "Clark Medical Center, Greenspoint (GRNSPT)
12130 Greenspoint
Houston, Tx 77060". At the bottom of the screen, there are links: Place Claim On Hold, Apply Personal Payment, and a scroll bar on the right.

Batch ID Date 08/01/00

Payer Patient/Person ID

Total Amount \$\$\$\$

Payment Type- Post Payment

Payment Method / Check Number-

*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	Adj's	Bal	Amt Paid	W/O	W/O Code	Comments
08/01	service	99213	0	60	<input type="text" value="10.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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= ▾

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= 

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=

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= 

Click ID

Click Place on Hold

Type in Reason for Claim to be on Hold

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= 

Click ID

Choose Action= 

Type in Reason for Claim to be on Hold

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= 

Click ID

Type in Reason for Claim to be on Hold

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 be 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.



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. At the top, there's a navigation bar with links like 'Main Menu', 'Work Lists', 'Schedule Desk', and 'Logout'. The date 'Tue Aug 22 16:51:45 2000' is also displayed. Below the navigation bar, the title 'Claim 693' is shown, along with links for 'Summary', 'HCFA 1500', '1500 PDF', 'TWCC61 PDF', 'TWCC64 PDF', 'TWCC69 PDF', 'Errors', 'History', 'Envoy NSF', and 'Halley NSF'. A note indicates 'Type: Workers Compensation, Status: Submitted'.

A table below lists actions taken on the claim:

Date	Action	By	Comments
08/18/2000	Submitted	KLUNDQUIST	
08/18/2000	Created claim	KLUNDQUIST	

Below this is another table showing patient, provider/facility, and payer information:

Patient	Provider/Facility	Payer
RONALD SMITH (RSMITH) 17103 IMPERIAL VALLEY DR APT 235 HOUSTON, TX 77060 2819999904	ADAM QUINNMD (AQUINNMD) 12130 Greenspoint Houston, Tx 77060	LINDSEYMOREN (LINDSEYMOREN) LI Ins 9856 Elm St Houston, TX 78954 7138986995
	Clark Medical Center, Greenspoint (GRNSPT) 12130 Greenspoint Houston, Tx 77060	

Below these tables are buttons for 'Place Claim On Hold' and 'Apply Personal Payment'.

A financial summary table follows:

Current Illness	#	Date	Svc	Code	Diag	Chg	Adj	EMG	Reference
Similar Illness	1	20000818	11 (01)	99213	813.53	\$65.75	\$0.00		
Diagnoses						Balance: \$65.75	Totals: \$65.75	\$0.00	
					813.53				

Below the financial summary is an 'IntelliCode Results' section with a link to 'Details' and a note stating 'No discrepancies found'.

At the bottom, a search bar allows users to 'Lookup a claim' by entering a 'Find:' value ('All') and a 'Claim #' (''). There are also 'Go' and 'Add Claim' buttons.

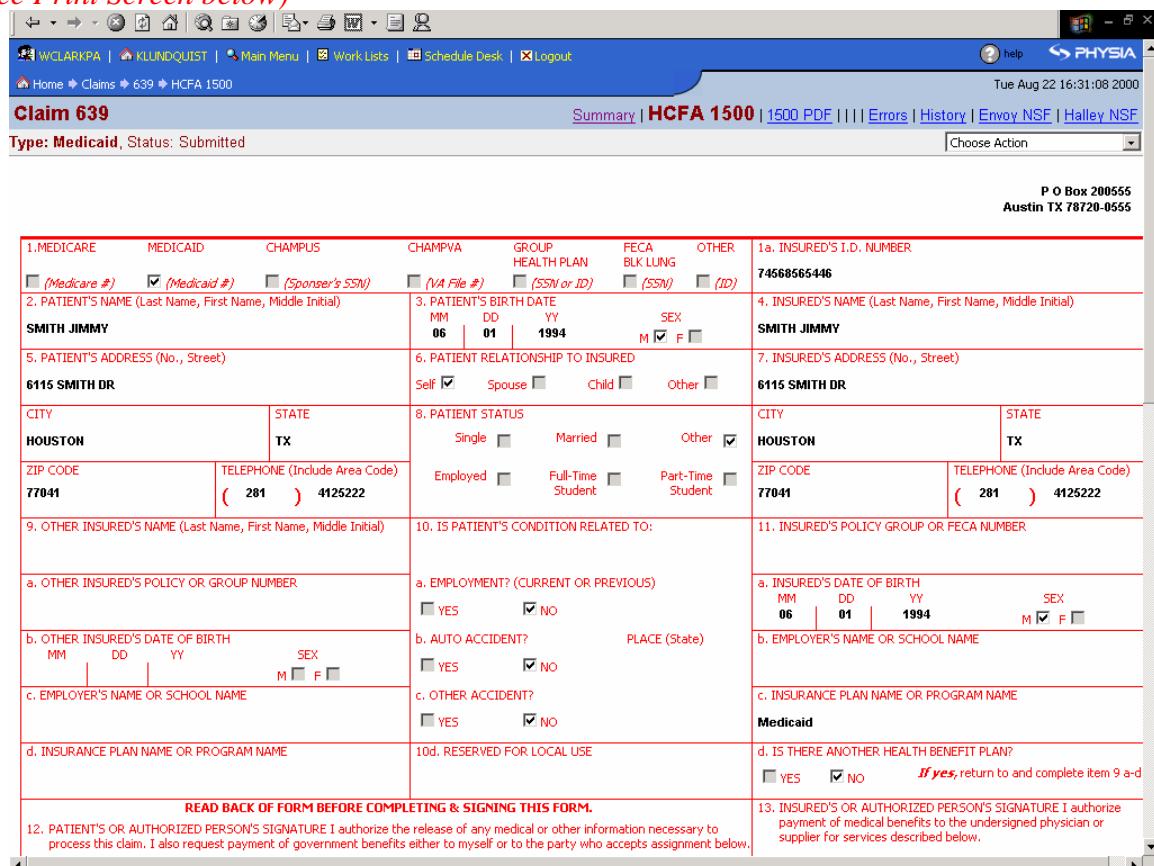
A. Claim Summary:

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)*



The screenshot shows the PHYSIA ASPIre Professional v1.0 software interface. The top menu bar includes 'File', 'Edit', 'View', 'Tools', 'Help', and 'Logout'. The title bar displays 'WCLARKPA | KLUNDQUIST | Main Menu | Work Lists | Schedule Desk | Logout' and the date 'Tue Aug 22 16:31:08 2000'. The main window is titled 'Claim 639' and shows the 'HCFA 1500' tab is selected. The form contains the following fields:

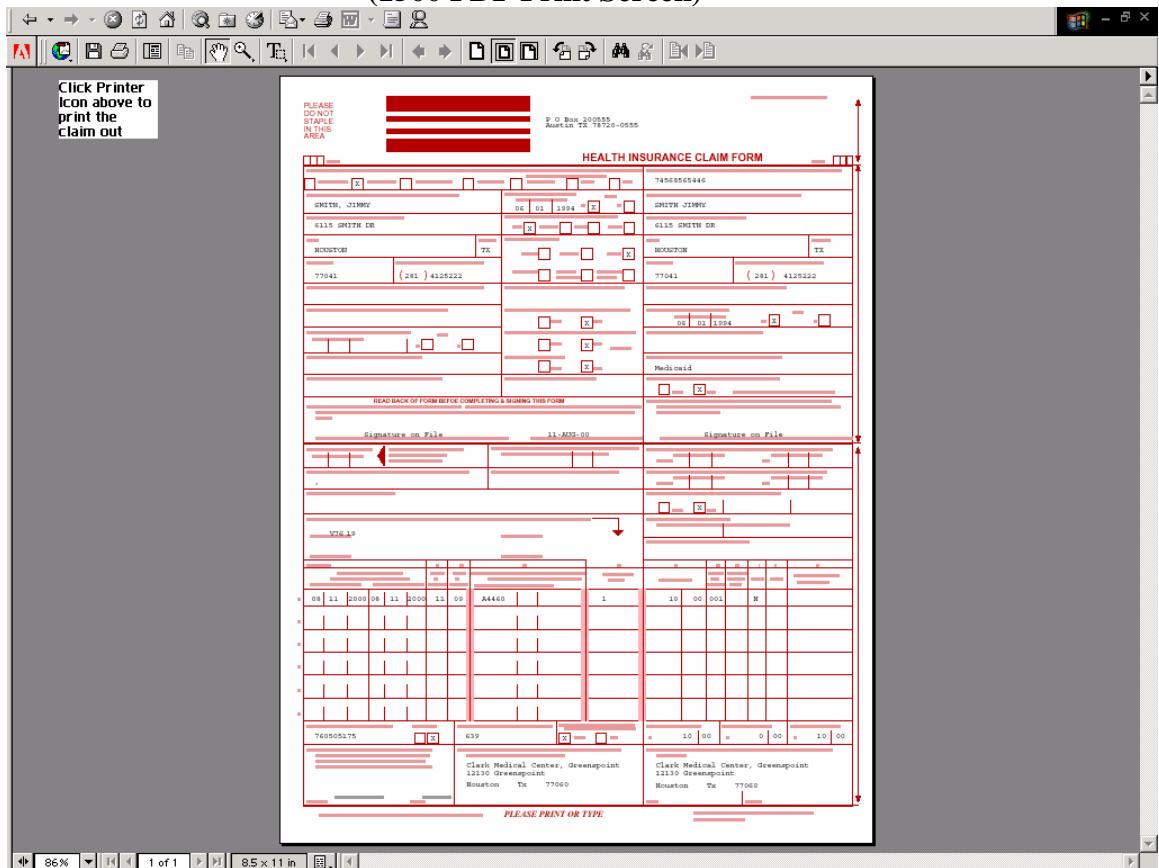
- 1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA OTHER**
- 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)**: SMITH JIMMY
- 3. PATIENT'S BIRTH DATE**: MM DD YY SEX: 06 01 1994 M F
- 4. INSURED'S NAME (Last Name, First Name, Middle Initial)**: SMITH JIMMY
- 5. PATIENT'S ADDRESS (No., Street)**: 6115 SMITH DR
- 6. PATIENT RELATIONSHIP TO INSURED**: Self Spouse Child Other
- 7. INSURED'S ADDRESS (No., Street)**: 6115 SMITH DR
- 8. PATIENT STATUS**: Single Married Other
Employed Full-Time Student Part-Time Student
- CITY STATE**: HOUSTON TX
- ZIP CODE TELEPHONE (Include Area Code)**: 77041 (281) 4125222
- 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)**
- a. OTHER INSURED'S POLICY OR GROUP NUMBER**
- b. OTHER INSURED'S DATE OF BIRTH**: MM DD YY SEX: M F
- c. EMPLOYER'S NAME OR SCHOOL NAME**
- d. INSURANCE PLAN NAME OR PROGRAM NAME**: Medicaid
- 10. IS PATIENT'S CONDITION RELATED TO:**
- a. EMPLOYMENT? (CURRENT OR PREVIOUS)**: YES NO
- b. AUTO ACCIDENT?**: YES NO
- c. OTHER ACCIDENT?**: YES NO
- PLACE (State)**: TX
- 11. INSURED'S POLICY GROUP OR FECA NUMBER**: 74568565446
- a. INSURED'S DATE OF BIRTH**: MM DD YY SEX: 06 01 1994 M F
- b. EMPLOYER'S NAME OR SCHOOL NAME**
- c. INSURANCE PLAN NAME OR PROGRAM NAME**: Medicaid
- d. IS THERE ANOTHER HEALTH BENEFIT PLAN?**: YES NO If yes, return to and complete item 9 a-d
- 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.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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)



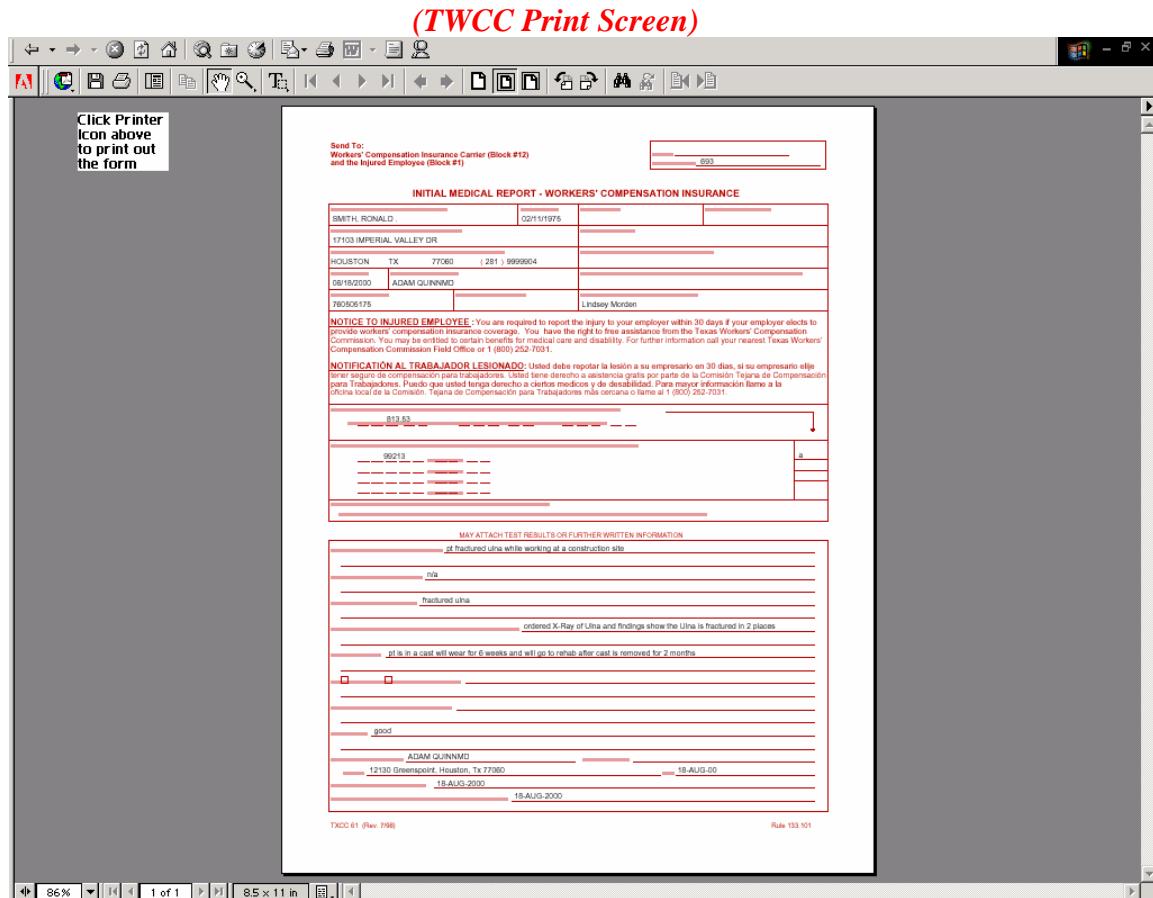
D. History of the claim

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)



Send To:
Workers' Compensation Insurance Carrier (Block #12)
and the Injured Employee (Block #1)

693

INITIAL MEDICAL REPORT - WORKERS' COMPENSATION INSURANCE

SMITH, RONALD	02/11/1975		
17103 IMPERIAL VALLEY DR			
HOUSTON TX 77060	(281) 9999904		
08/18/2000	ADAM QUINNMD		
780506175	Lindsey Morden		

NOTICE TO INJURED EMPLOYEE: You are required to report the injury to your employer within 30 days if your employer elects to provide workers' compensation coverage. You have the right to free assistance from the Texas Workers' Compensation Commission. You may be entitled to certain benefits for medical care and disability. For further information call your nearest Texas Workers' Compensation Commission Field Office or 1 (800) 252-7031.

NOTIFICACIÓN AL TRABAJADOR LESIONADO: Usted debe reportar la lesión a su empleador en 30 días, si su empleador elige tener seguro de compensación para trabajadores. Usted tiene derecho a asistencia gratuita por parte de la Comisión Tejana de Compensación para lesiones laborales. Puede obtener información sobre sus derechos y beneficios de la Comisión Tejana de Compensación llamando a su oficina local de la Comisión Tejana de Compensación para Trabajadores más cercana o llame al 1 (800) 252-7031.

1813 53

99912

MAY ATTACH TEST RESULTS OR FURTHER WRITTEN INFORMATION
pt fractured ulna while working at a construction site
n/a
fractured ulna
ordered X-Ray of Ulna and findings show the Ulna is fractured in 2 places
pt is in a cast will wear for 6 weeks and will go to rehab after cast is removed for 2 months

good
ADAM QUINNMD
12130 Greenspoint, Houston, Tx 77060
18-AUG-2000
18-AUG-2000

TWCC 61 (Rev. 7/98) Rule 153.101

86% 1 of 1 8.5 x 11 in

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

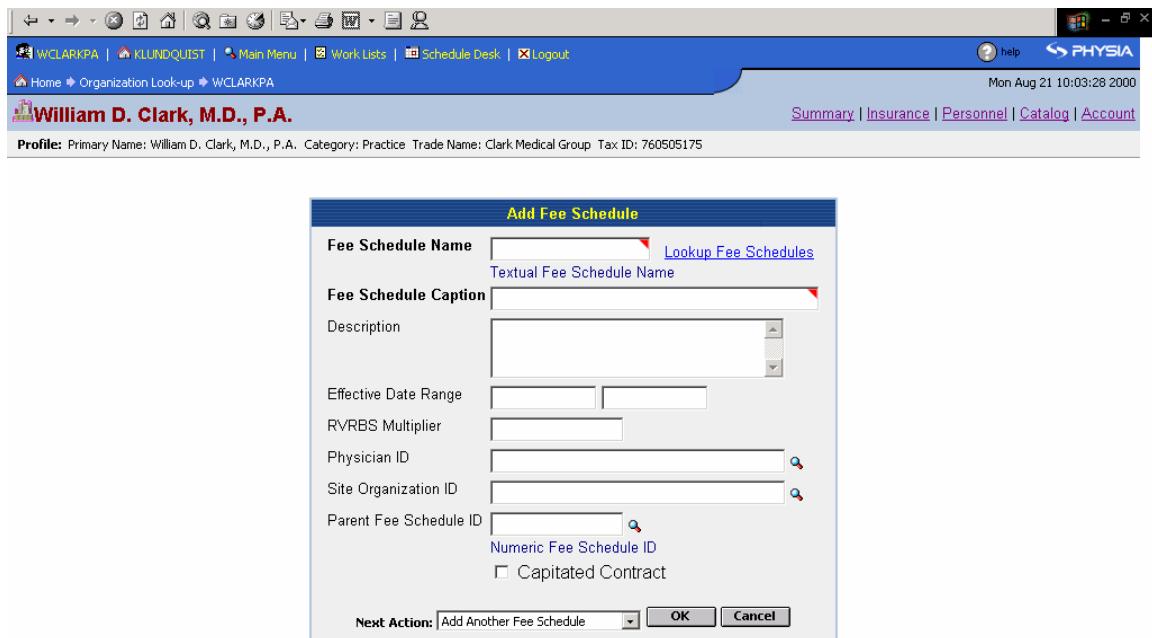
Step 1 Click Main Org Icon (top of the page 1st Icon = )



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 enter effective dates for the Schedule

RVRBS Multiplier enter in the multiplier amount

Physician ID 

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

Site Organization ID



***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:

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

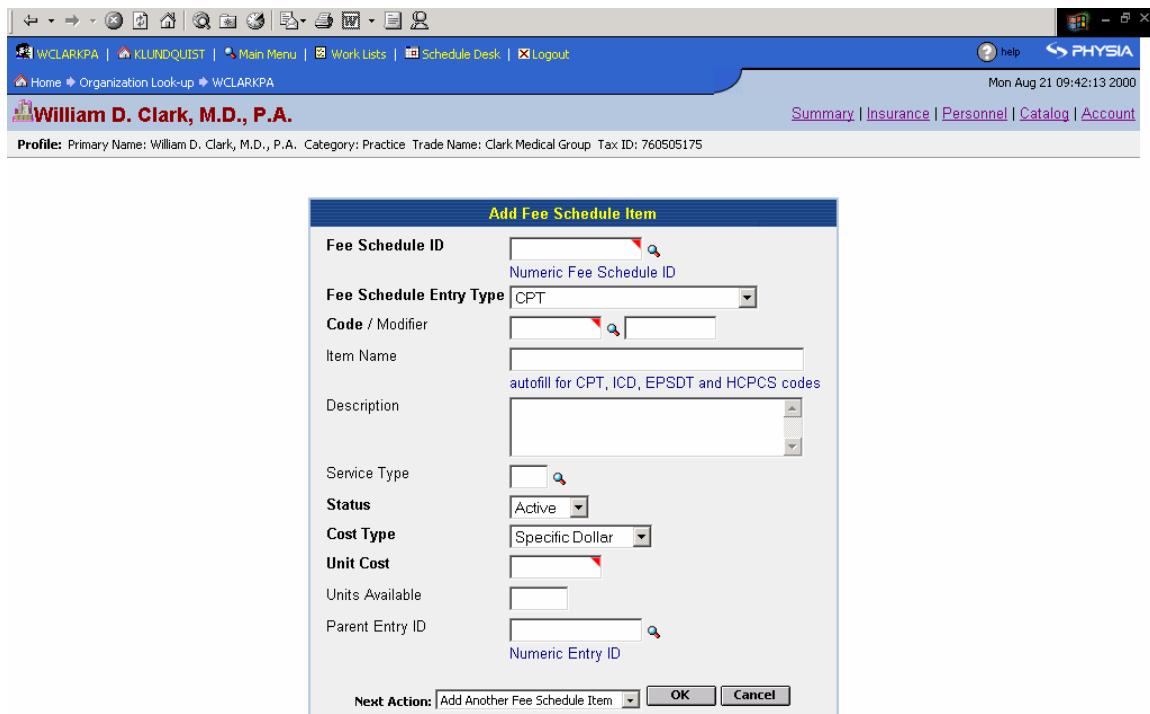
Step 1 Click Main Org Icon (top of the page 1st Icon =)

Step 2 Click Catalog tab on Main Org page

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

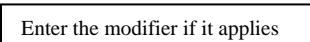
Step 4 Click Add Item

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:  Select the 'type' of code you are entering.
Types include: CPT, HCPCS, EPSDT, MISC.

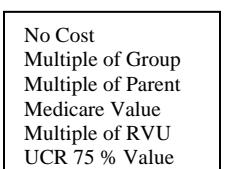
Code / Modifier :   Enter the CPT or HCPCS Enter the modifier if it applies

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:  

- 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

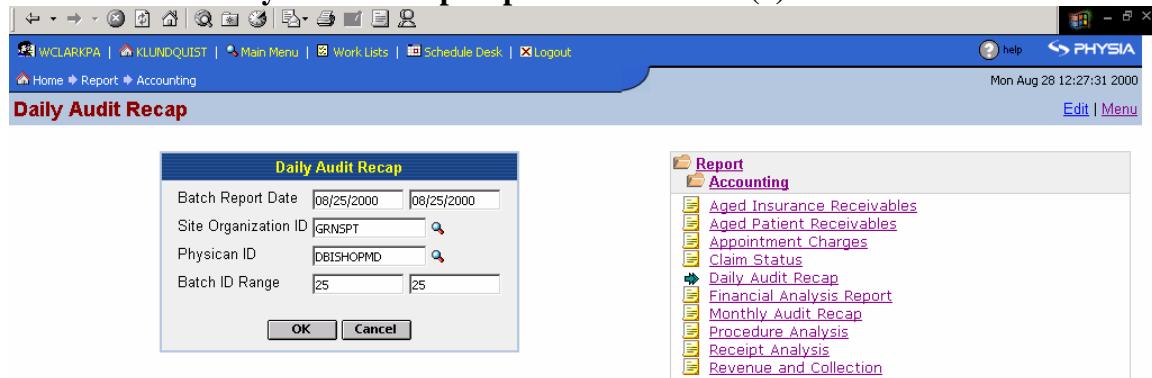
Next Action:

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



The screenshot shows a Windows application window titled "Daily Audit Recap Report Print Screen (2) – Summary Screen". The window has a standard Windows title bar with icons for minimize, maximize, and close. Below the title bar is a blue menu bar with options: WCLARKPA, KLUNDQUIST, Main Menu, Work Lists, Schedule Desk, Logout, Help, and PHYSIA. The main content area is titled "Daily Audit Recap". It displays a summary table with the following data:

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

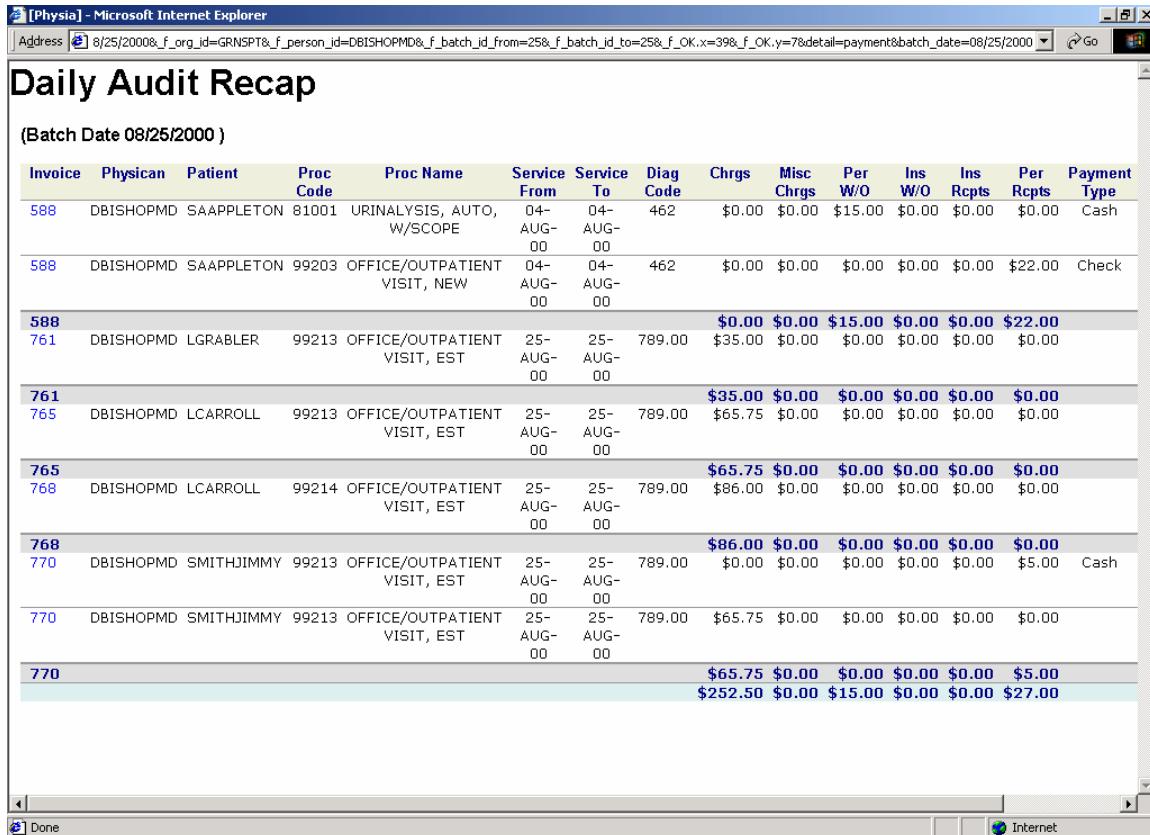
Ttl Rcpts- Summation of the following: Ins Rcpts + Per Rcpts (+/-) Bal Trans (-)Refunds

To access a more detailed account of the charges and receipts simply Click the Batch Date Hyperlink. Example: 08/25/2000 (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



Invoice	Physician	Patient	Proc Code	Proc Name	Service From	Service To	Diag Code	Chrgs	Misc Chrgs	Per W/O	Ins W/O	Ins Rpts	Per Rpts	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								\$86.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00	
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	

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,HCPSC,EPST, 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

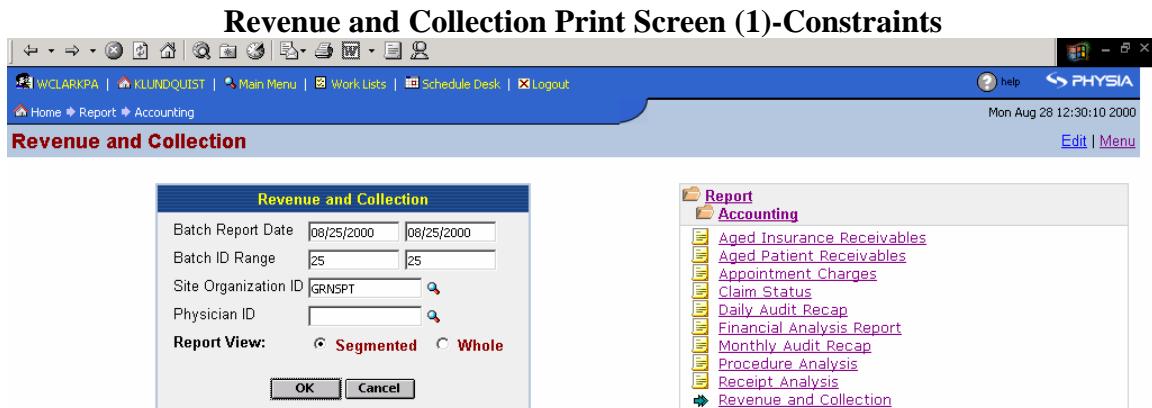
Insurance Receipts- these are the insurance receipts for this line item

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.



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

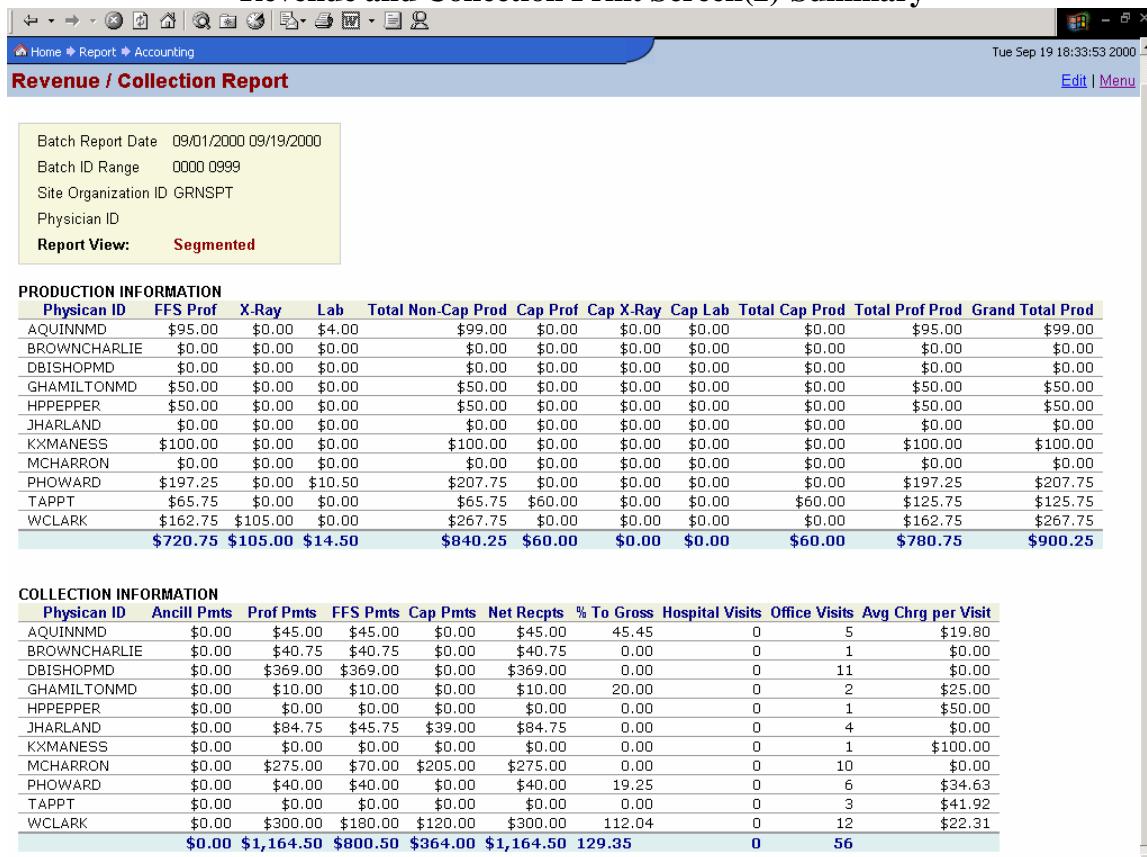
Step 7 Enter the Site ID if necessary or click  to look up the ID if unknown

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



The screenshot shows a Windows application window titled "Revenue and Collection Print Screen(2)-Summary". The window has a toolbar at the top with icons for back, forward, search, and file operations. The menu bar includes "File", "Edit", "View", "Report", "Accounting", and "Help". A status bar at the bottom right shows the date and time: "Tue Sep 19 18:33:53 2000".

Revenue / Collection Report

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

Physician 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

Physician 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

Choose Action Boxes (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

On Select Boxes (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: _____

Enhancement Request: _____

Log for Tracking Calls to Help Desk

Date: _____

Time: _____

Help Desk Contact Name: _____

Help Desk Call Back Time: _____

Bug Number _____

Help Desk Resolution: _____

Date: _____

Time: _____

Help Desk Contact Name: _____

Help Desk Call Back Time: _____

Bug Number _____

Help Desk Resolution: _____

Date: _____

Time: _____

Help Desk Contact Name: _____

Help Desk Call Back Time: _____

Bug Number _____

Help Desk Resolution: _____

Date: _____

Time: _____

Help Desk Contact Name: _____

Help Desk Call Back Time: _____

Bug Number _____

Help Desk Resolution: _____