



Version 12

Highlighted Enhancements:

Appointment Manager Status Page

Medication Refill Process

Instruction Form Update

Portal Appointment Request

Workflow Coloring

Printing EOB's

New EPCS

2017

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General Enhancements

The program has a **New Look** - literally! We listened to your feedback and designed the new version with a more modern color scheme. (Please see Preferences option below if you would like to turn off this feature).

Expanded Access to Tools Menu - All users are now able to adjust their screen size and set their own preferences.



All users will now have access to the first two items in the Tools menu.

Preferences options will allow you to indicate which signature and stamp you want used on documents. The **Document Sending** section allows you to choose your top three preferred recipients you send documents to in your practice. These are the people that appear at the top of your user list when forwarding a document.

Note: For those users who may find the new look a bit hard on the eye (primarily users who do excessive data entry tasks), the screen may be reverted to the older grayish color scheme by checking "Do not use new color scheme" in the Other section of the Preferences window.

The **Inbox** now shows number of documents in it. If any of the documents are urgent, this information will be in red.

Nicknames- If a patient prefers to go by a nickname, this information may be entered on the **Patient Info** tab from the Patient Activity window. When you enter the nickname into that field and Save, the nickname will now appear on everything except legal documents.

Sending Reminders to your Inbox

If you would like to remind yourself of something in the future, use the new **Calendar** icon in the **Create New Document** window. This can be done from the patient's chart or the document manager. Leaving the Recipient as unspecified does the same thing as selecting yourself. Click on the **Calendar** icon. The reminder will appear in your Inbox on the date you choose. It will be stored and appear in the patient's chart but will not show up in your inbox until the specified date.

Clinical Enhancements

EPCS-New Process for Electronic Prescribing of Controlled Substances

This new way is **quicker** than the previous process as it no longer requires an external website to open. * Requires enrollment, no additional fee. Call HST support to start process.

Medication	Strength	MDI
Robtione	4-1mg	1.0
✓ Vicodin	5-300mg	1.0
✓ Percocet	2.5-325m	1.0
Xanax	0.25mg	1.0
Xarelto	15mg	1.0
Zithromax	500mg	1.0
Zithromax	250mg	1.0

From the Medication list in the patient's chart, put a checkmark next to the medication and click **Refill**. Click **yes**, if you have checked the registry and **yes** again after reviewing the information in the **Electronic Prescribing** window. From the **Signed Controlled Substance** window, enter your system password. Click on **Sign & Send**.

You will receive a pop-up confirmation that the script has been sent for signing to the provider's phone. The provider must review and approve the script within *\$* **gYw6bXg** from their phone. Clicking **Approve** will complete the process.

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Instruction Form Update The Patient instruction form now has much more flexibility with a new option for it to be dynamically generated. Previously, each practice specifically formatted the form by using lines, columns, etc. This new option allows you to establish instruction categories and the instructions in those categories will automatically be alphabetized on the form.

This new optional feature can be turned on by choosing **Tools, EMR Set-Up, Configuration**, check **Auto Generate Instruction Form**.

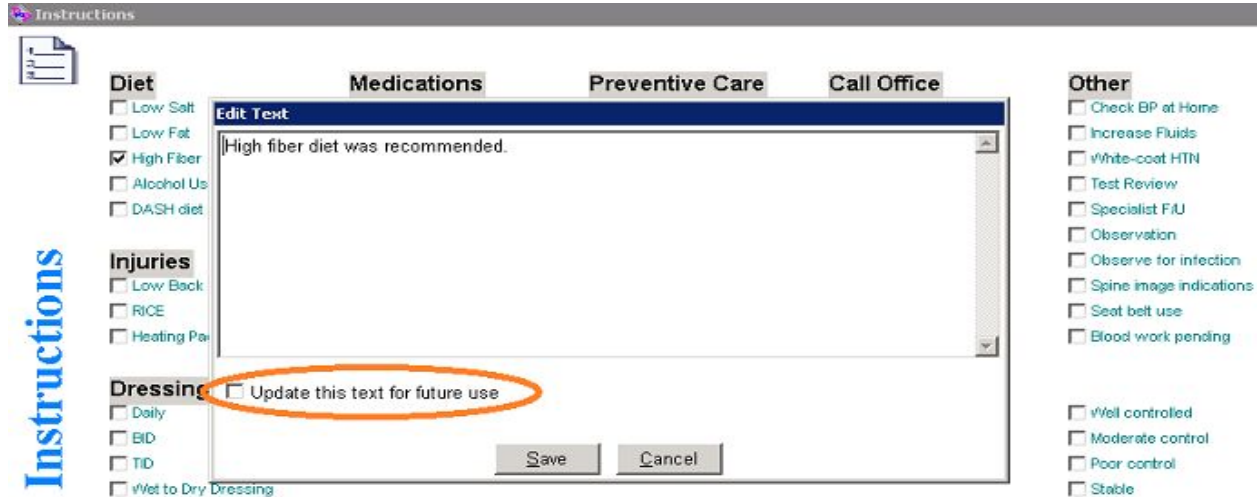
Set-Up: Tables which are pertinent to the Instruction Form:

1. Instruction Category Table: This new table will import the major headings used on your existing instruction form. You may also add new categories. A category is a description and the page number of where to place it (if your instructions form is more than one page). Set up your categories from **Tables, Categories & Sets, Instruction Category**.
2. Patient Instructions Table: This table now allows you to Categorize instructions. Access it from the Main Menu by selecting **Tables, Clinical Tables, Instructions & Comments**.

Q] [; æ d Add an “Other” instruction under each category. Doing so will allow you to easily create extemporaneous patient instructions. To do this, in the Note field, scroll down to the bottom and choose *****Create Instruction*****. From the Add Instruction window, type “Other” in the description field. Change **Description** to “Other”. Change **Category** to whichever category you are adding the Other Instruction to. Check **“Edit text upon selection”** box so that the free form text box opens every time the Other Instruction is chosen.

Note: Unused instructions should be deleted from the Instruction Table. Previously, if you had any “junk” in the Instructions Table, no one ever saw it. With this new feature on, however, every instruction in the table will appear on the form.

This new feature at work: From the patient's chart, click on the **Instructions** icon. This will open the Instructions form. Check the desired instruction. Right-clicking on it will open the **Edit Text** window which will allow you to update or change the instruction for this patient. If you wish to change the instruction for every patient, check "Update this text for future use". This saves it to the table.



Adding instructions on-the-fly: If you select an Other instruction, the **Edit Text** window will automatically open. Checking the box, "Update this text for future use" will create a new entry in the table that will automatically appear on the Instructions form in the future.

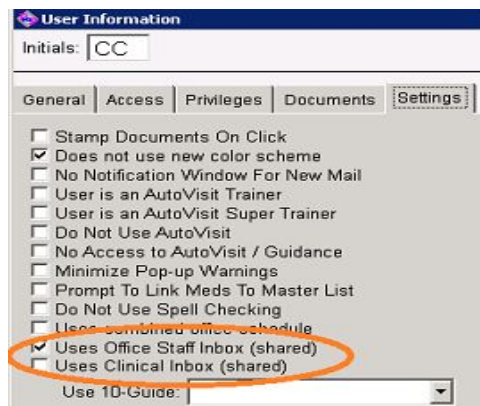
Shared Office Inbox - Every user has an inbox. The program now has the ability for each user to have access to shared inboxes.

There are two new shared inboxes. One is for primarily office staff, the other for clinical staff. To utilize this feature, go to **Tools, EMR Set-Up, Configuration**.

Check the appropriate boxes to use the **General Office** inbox or the **Clinical** inbox.

Now, instead of sending a document to just an individual and having to know if they are scheduled today, etc., you can send it to a shared inbox. The first person who sees it can now handle it. A direct benefit is a faster response to phone messages for clinical staff, filing documents for office staff, etc.

When you receive a document that was sent to the shared inbox versus to you specifically, it will show highlighted in green in your inbox.



To see which users in your practice are included in these group inboxes, go to **Tools, User Access Information**, enter their initials and choose the **Settings** tab.

Full ICD-10 Description in the visit note.

The full ICD-10 description now appears in the visit note instead of any practice given name. This feature gives your documentation more specificity and detail pertaining to the problem. This will improve your documentation for auditing purposes. For example: F33.1. The full description is “Major Depressive disorder, recurrent, moderate” but the practice may prefer to refer to it simply as “Depression”.

It is highly recommended that you use this feature but if you would like to turn it off, go to **Tools, EMR Set-Up, Visit Configuration** and check **Use house Dx Description**.

Order Sets on Encounter Forms - while Order Sets themselves are not a new feature, you are now able to add them to any Encounter form.

Order Sets are created by going to **Tables, Clinical Tables, Order Sets**. Order Sets have a Name/Description which you can locate in the dropdown box or create a new one. Fill in the optional criteria pertinent to the chosen patient population. Click **AutoVisit**. Click the **Add Item** button to add orders to your Order Set. Anything can be in an Order Set- procedures, labs, imaging, etc. Check “**Recommended or Routine**” to have this order show pre-checked by default.

Once an Order Set has been created, you are now able to add it to an Encounter Form. For example, if you would like to add an Order Set to your Procedure Form, right click on the CPT icon. From the Encounter Set-Up page, choose location by **Page** and **Column** then click **Add Item**. In this instance, the system will assume you are adding a procedure to the Procedure Form. Clicking **Cancel** will open the Edit Encounter Item window.



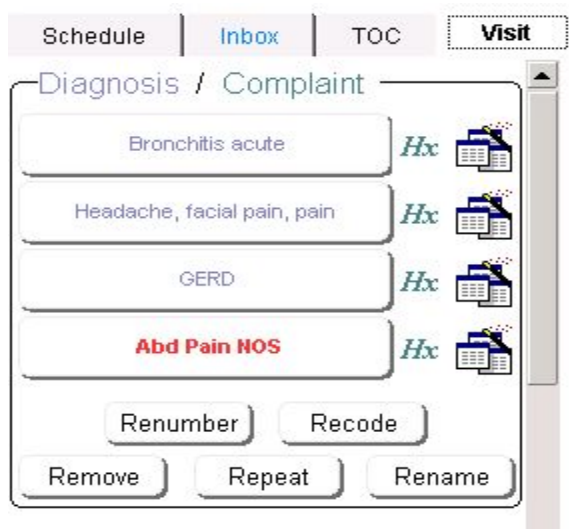
Change **Data Type** to Order Set.
Find the desired Order Set in the **Code** dropdown box.

Saving here will take you back to the **Encounter Set-Up** window. Click **Redraw**.

This Order Set will now appear on Page 2 of the Procedure Form. If you click on the Order Set from there, a pop-up window will allow you to easily choose which items in the set you want.

The process is similar to the AutoVisit process that links actions to a diagnosis.

The **Visit** tab is now scrollable. It also allows you to address up to 19 diagnoses per visit. These can come from either the **Problem List** or the **Diagnosis Encounter** form. Please note: only the first 12 diagnoses will carry over to the claim as that is the maximum number of ICD-10 codes allowed on a claim.



Renumber- Allows you to reorder diagnoses.

Recode- Allows you to change the ICD-10 code. For example, if you would like to be more specific than just knee pain, **Recode** will open the 10-Guide and allow you to choose laterality.

Remove- Take diagnosis off visit.

Rename- Allows you to easily change the description of a diagnosis. For example, if the description from the master ICD-10 list is too long, you can shorten it. This will rename it on your diagnosis table for future use.

Repeat- Allows you to repeat the diagnosis in the visit. This is helpful when dealing with bilateral problems for which there is a bilateral ICD-10 code. In that case, you could choose a code that indicates Left. Clicking Repeat duplicates the code, opens 10 Guide, where you can select Right. The result is, both left and right codes are on the visit with just a few clicks.

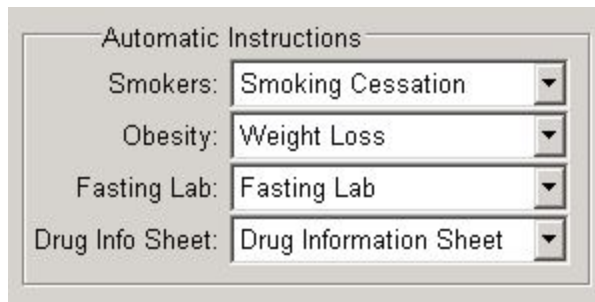
A **Drug Information sheet** can automatically print at the close of the visit if you have prescribed a new medication to the patient. Enable this feature by going to **Tools, EMR Set-Up, Visit Configuration**. In the General section, check **Auto print Drug Info Sheet for new meds**.

Auto Instructions - The program has automatic patient instruction functionality. Adding instructions to the notes will help provider's meet their quality measurements.

Instructions must be on file before enabling this feature. To create instructions, select **Tables, Clinical Tables, Patient Instructions**.

The features may be turned on by selecting the appropriate instructions in **Tools, EMR Set-Up, Visit Configuration**. They allow you to:

- Automatically add an instruction to the visit to address smoking cessation (as determined by the smoking status in the Intake window).
- Automatically add an instruction to the visit to address obesity (for patients with a BMI>=30).
- Automatically add an instruction to the visit reminding the patient to fast if a fasting lab test was ordered.
- Automatic documentation will be added to the visit if you print out a drug information sheet for a newly prescribed medication.



It is recommended that you use the Fasting Lab and Drug Info instructions. Adding the Smoking Cessation and Obesity instructions are more preference-based options. Please keep in mind that these actions produce ~ a ~~copy~~ ~~of~~ ~~the~~ ~~same~~ ~~text~~. If you address these issues, it should be documented in order for it to be counted as part of your quality measure reporting. These options make that automatically happen.

New Name-The Preventive Care labeled button has been renamed “**Exceptions**”. Previously, it was “Unique Profile”. The new name better describes this function as it allows you to make exceptions to the usual preventive care protocol.



Assessment & Plan Form has been reconfigured. On the left, the diagnoses are listed for the current visit. The diagnosis you are currently addressing is in red. On the right, the items checked in Associated Actions are what actions pertain to that particular diagnosis.

Placing Medications on Hold - If a patient is temporarily not taking a medication, then you may place it on hold from the patient's medication table. Right-click on the medication and choose **"Place on Hold"**. The medication will now appear in gray and a message that it was put on hold will appear in the note.

Reactivate the medication by right-clicking on it and choose **Resume**.

Medications Wegmans Brockport

Medication	Strength	MDD	Instructions	Start	End
Percocet	10-325mg		1 tablet orally	02/09/15	
Metformin	500mg	1.0	1 QD	01/22/15	
Lisinopril	5mg		3 tablets oral	09/16/14	
Lipitor	10mg	1.0	1 Tablet QD	08/02/14	
Doxepin	10mg	1.0	1 Capsule QD	07/21/14	
Lipitor	20mg	1.0	1 Tablet QD	05/28/14	
Crestor	5mg	1.0	1 tablet orally	07/12/13	
Naprosyn	375mg	1.0	1 QD PRN	11/25/11	
Percocet	10-325mg	1.0	1 Tablet QD	07/22/11	
Glucophage	500mg	1.0	1 Tablet QD	07/21/11	
Select					
Precose	100mg	1.0	1 QD	01/22/15	09/08/17

In past versions, stopped medications appeared in gray. In this example, the Metformin is on hold and the Precose has been stopped.

Data Entry Forms are now all scrollable. This was done to address the variety of screen sizes utilized. Some windows were too tall to fit well on smaller screens. Users were not able to access **Save** and **Cancel** buttons. Now, the program will make sure those windows are sized appropriately for your screen and will scroll where necessary.

The program will also now remember where you place the window. If you move it down it will open in the same place the next time you open it.

You can move the window to show more or less of it which will either increase or decrease the amount you scroll. Some windows may be sized large enough so the scroll bar completely disappears.



It is recommended that you keep at least the top row of buttons visible as this allows you to click directly on them without clicking **Save**. This saves you a click when moving from window to window by utilizing the automatic save feature.

AutoVisit is also now scrollable. Practices with a large number of items in AutoVisit will find this feature much easier to use.

Medication Refill Process -A significant enhancement has been made to this process.

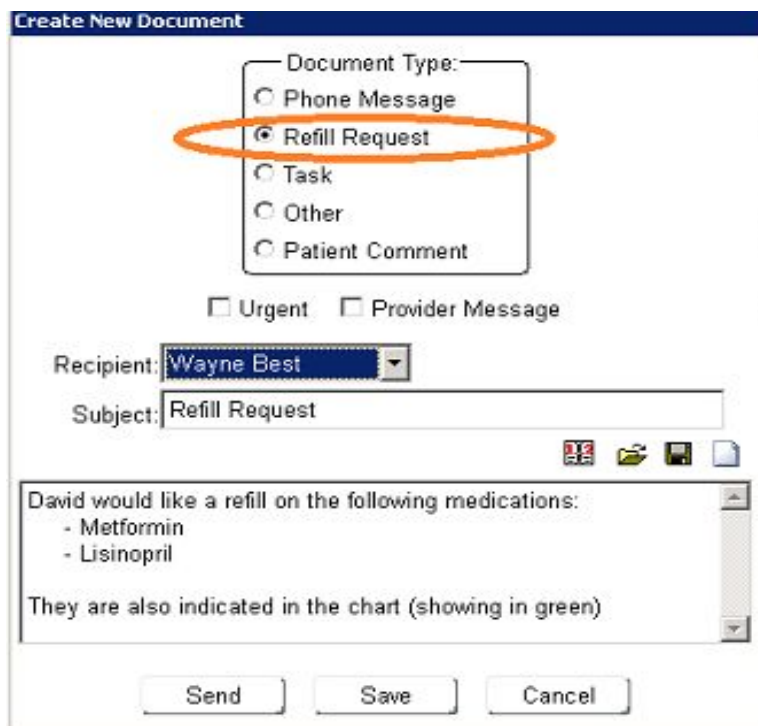
The **Refill** button now has two functions depending on the prescribing rights of the user. If you have prescribing rights (i.e. you are a provider) the **Refill** button refills the meds as in the past.

If you do not have prescribing rights, the Refill button and checkboxes are now used to indicate which medications have been requested for refill.

There are three ways to obtain and process a refill request.

1. Telephone call from patient
2. Patient visit
3. Request via Patient Portal.

1. Telephone refill request taken by office or clinical staff: From the patient's chart or document manager, click on **Add Record** icon. From the Create New Document window, choose **Refill Request** (a new option).



A list of the patient's active medications will appear in a **Select Medication** window. Check the requested medications and click **OK**. This will generate a document as shown. The **Recipient** will default to the patient's regular provider as indicated in the Patient Activity window. You may, of course, click in the textbox to edit or add to the document. Click **Send**.

The requested medications will now appear pre-checked for refill and highlighted in green in the patient's overview and medication windows when the Provider views the chart.

Medication	Strength	MDD	Instructions	Start	End
Xyrem	500mg/ml	1.0	1 Milliliter dai	06/20/17	
<input checked="" type="checkbox"/> Metformin	1,000mg	1.0	1 Tablet daily	06/20/17	
Xanax	0.25mg	1.0	1 Tablet daily	06/07/17	
<input checked="" type="checkbox"/> Lisinopril	10mg	2.0	2 Tablet daily	10/31/12	

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2. Patient requests refill at time of visit: When a request is received by a nurse or front desk staff who does not have prescribing rights, the staff member may indicate which medications have been requested by accessing the patient's medication list. From there, place a checkmark in front of the requested medication. Click **Refill**.

Medication	Strength
Metformin	500mg
<input checked="" type="checkbox"/> Lisinopril	20mg
<input checked="" type="checkbox"/> Lisinopril	40mg
Pacerone	200mg

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In this case, because the user has no prescribing rights, clicking **Refill** will not refill the prescription but it will indicate that the patient has requested a refill. As in the other case, It will now appear pre-checked for refill and highlighted in green in the patient's overview and medication windows when the provider views the chart.

3. Refill request via Patient Portal: A document similar to the one generated by the telephone request will be generated except that it will show as coming from the patient portal. Depending on how your practice is configured, the message may go directly to the provider or go to the staff member who processes incoming portal messages who would then forward it to the provider.

As in the previous cases, medications will now appear pre-checked for refill and highlighted in green in the patient's overview and medication windows when the provider views the chart.

Provider Action:

- Once the provider opens the patient's chart for any reason or opens the refill request in their inbox, the requested medication will show pre-checked and highlighted in green (Figure 1.1). Click Refill to approve the checked medications.
- Uncheck a medication then click **Refill** to deny the request. A prompt will appear to confirm denial. This will turn the medication back to yellow.

Summary: **Approve:** To approve the selected medications, simply click **Refill**. In this case, all of the requested medications will be refilled.

Deny: To deny a refill request, uncheck the medications that you are not approving. Click **Refill**.

You may, of course, approve some selected medications and at the same time, deny one or more selected by keeping or removing the check marks. The system will prompt you to confirm the denied medications after you click **Refill**.

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A YXJWUjcbg'Xi YZ:f'FYz`'bck 'UddYUf 'jb 'JHJWg in the patient's medication list.

The screenshot shows a 'Patient Medication' form. At the top, there are fields for Medication (227616), Description (Percocet), Strength (10-325mg), and Units (Tablet). Below this, there are fields for Per Dose (1.00), Units (Tablet), Route (PO), and Frequency (Uns). The Days Covered field is set to 30, with radio buttons for 1 Month, 3 Month, 10 Days, and Other. The Dispense field is set to 1, and Refills Allowed is 0. There are checkboxes for 'Dispense As Written' and 'Allow Substitution Of Form/Units'. The Provider field is set to Howard Fenderson, MD. At the bottom, there are fields for Started (02/09/15), Stopped (//), and Refilled (//). The Note field is empty, and there is a checkbox for 'Sample Given'.

This feature is based on date the medication was started or the date of last refill and the number of days covered.

NOS Patient Medication- These medications were prescribed by providers outside of the practice. No details such as strength, units, etc. are available. You only know the patient is on this medication. To add it to the patient's medication list, right-click on the **Add Med** button. Provider will default as "Other" (a provider not associated with the practice) and the NOS checkbox will be prefilled.

A NOS medication will show in the note as just the name of the medication, with no other details.

When you click **The Build List** button, the builder will by default, add a medication as NOS. A NOS medication will show in the note as just the name of the med, with no other details.

To turn off this feature in the Build List function, go to **Tools, EMR Set-Up, Configuration**. From the **EMR Configuration** window, check the “**Medication Builder is used for prescribed meds**” box.

Workflow Coloring - Using workflow coloring allows you to see the status of every patient throughout their visit. This new feature may be enabled by going to **Tools, EMR Setup, Configuration**. Check “**Use Workflow Color Schemes**”. Previously, coloring was driven by appointment type.

Workflow Coloring is visible on the **Appointment Status** page and also carries over to the clinical appointment schedule.

Yellow - Triage. The patient is checked-in and awaiting or with the nurse.

Note: After entering the vitals in the Intake window, you may pass the patient off to the provider by clicking **Save** / have the patient remain in triage by clicking **Hold**.

Green- The nurse has completed the intake and the patient is awaiting or with the provider.

Blue-The provider has finished but the nurse has further action. The patient is now awaiting or with the nurse.

Gray- The visit has been closed by the provider. The patient proceeds to the Front Desk.

Brown-Charges have been posted.

At the end of the day, the appointment status should be all gray or if you post charges, all brown.

Manually changing the status or workflow - Clicking the **Nurse Message** icon will show current workflow status along the bottom. You may manually change the status of a patient here.

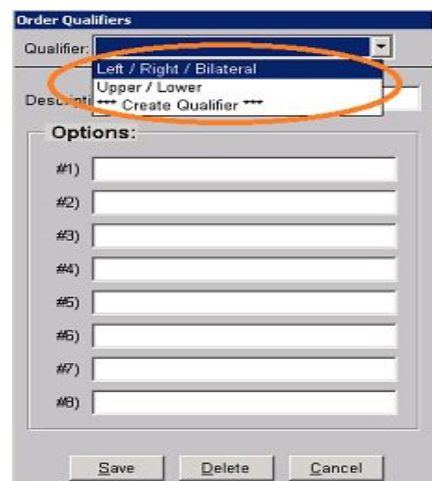
Order Qualifiers- There is now an Order Qualifiers Table. It allows you to create a list of options from which to select when ordering an image requisition. For example, Left/Right/Bilateral. This feature eliminates the need to have multiple orders on file to specify laterality or quadrant (or from having to type or write it in when ordered).

Create an order qualifier in **Tables, Clinical Tables, Order Qualifiers**.

Then link it to the appropriate orders in **Tables, Clinical, Imaging Order Table**. Select an image, then specify the Order Qualifier.

The result is, when you order that image, a pop-up window will appear for you to select the qualifier.

Two Standard order qualifiers are built in (Left/Right/Bilateral and Upper/Lower). You may, however, create your own. Each qualifier may have up to eight options from which to choose.



Check-in Time- This new feature in the Clinical record appointment display section, displays the check-in time.

Right-click on the **Calendar** while viewing the day's schedule from the Clinical tab. This will change the scheduled appointment time to the actual check-in time. It will exclude patients who have not been checked in.

Right-clicking on the calendar again allows you to toggle between the displays.

Time	Room	Type	Name
10:07 am		ACUTE	Howard, Taryn
10:07 am		ACUTE	Richards, Melissa
10:07 am		CPE	Johnson, Brian

Patient Communicator- This module allows you to send three different types of messages to the patient depending on their chosen communication preference in the Patient Info window.

Types of messages:

1. Individual Message
2. Appointment Reminders
3. Preventive Care Message

Messages can be sent in batch (like appointment reminders) or one at a time (like a notification that a lab results are normal).

For example, if you would like to send an individual message to a patient notifying them that their labs were normal, first set-up that message by going to **Tables, Other Tables, Patient Communicator Text**. Choose "Labs Normal" in the text field.

Patient Communicator Text

Text: Labs Normal

Description: Labs Normal

Type: Individual Message

Applies only to a specific set of patients

Text Message:
Your blood work came back. All results are normal. You may view the results on the Patient Portal.

Portal Message:
Your blood work came back. All results are normal. You may view the results on the Patient Portal.

Voice Message:
Your blood work came back. All results are normal. You may view the results on the Patient Portal.

E-Mail Message:
Your blood work came back. All results are normal. You may view the results on the Patient Portal.

Postcard Message:
Your blood work came back. All results are normal. You may view the results on the Patient Portal.

Save Delete Cancel

The message may be sent via five different methods: voice, text, e-mail, portal or postcard. One message may have potentially five variations depending on the method it is being sent. A text message is usually the most concise. Each message is user definable. Text may be added or changed by clicking into the individual text boxes.

To send the message while in the patient's chart, right-click and choose the Patient Communicator. From the list of messages, choose Labs Normal. Doing so will open a message window. This will have the patient's preferred communication method prefilled. You may edit the message before sending.

*This service requires enrollment in a third party communication service. Please contact HST support for further information.

Procedure Comments- Procedures comments are a helpful function which allows you to enter comments into your documentation while you order a procedure. It is not an instruction you are giving to the patient but it allows you to further improve the quality of your visit note by documenting what you did for the patient.

Set-up Procedure Comments by going to **Tables, Clinical Tables, Instructions & Comments**. From the **Patient Instructions** window. In the **Note** dropdown box, you may either select an existing entry or scroll down to the bottom and select **Create Instruction**. Change the **Type** to **Procedure Comment**.

Check "**Edit text upon selection**" if you would not only like the comment to open automatically upon selection but to open automatically in an edit window where you may add or change the verbiage.

Dynamic variables may be used in the verbiage of Instruction Comments. A dynamic variable is one that requires the user to enter at the time the verbiage is used. For example, the verbiage:

An epidural steroid was injected between the 5th and 6th thoracic vertebrae using [get num : cc's used] cc's.

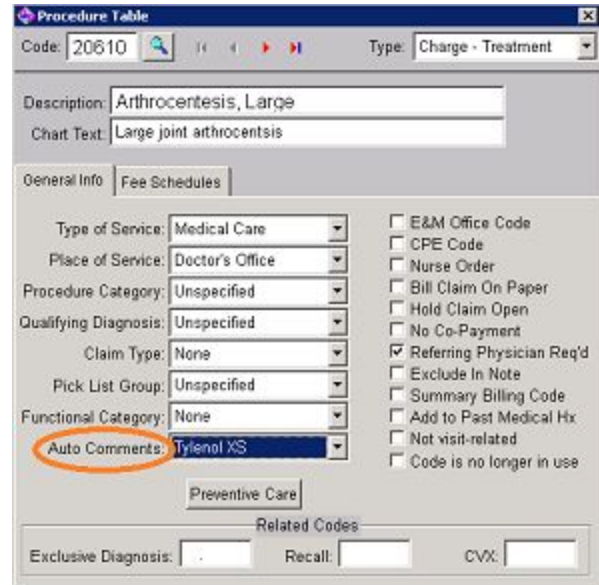
The variable [get num : cc's used] results in a window opening where the user is prompted to enter the numeric value of cc's used.

There are three types of “get” variables:

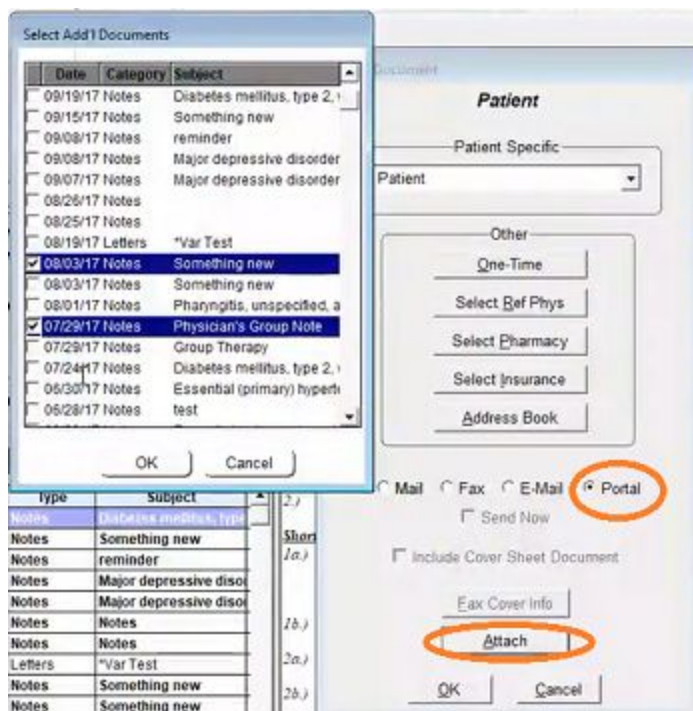
- [get num:...] This type is used to enter a numeric value.
- [get text:...] This type is used to enter a text value.
- [get select:...] This type is used to select from a drop-down box.

The next step is to link the comment to the procedure code. Go to **Tables, Procedures**. Pull up the procedure code and select the comment in the **Auto Comments** drop-down box. The result will be, when a provider selects the procedure in the CPT form, the comment will automatically be selected.

There is an option to have the Procedure Comments listed in their own area of the progress note instead of the Assessment & Plan. If you would like enable this feature, go to **Tools, EMR Set-Up, Visit Configuration** and check “**Exclude procedure comments in A&P**”.

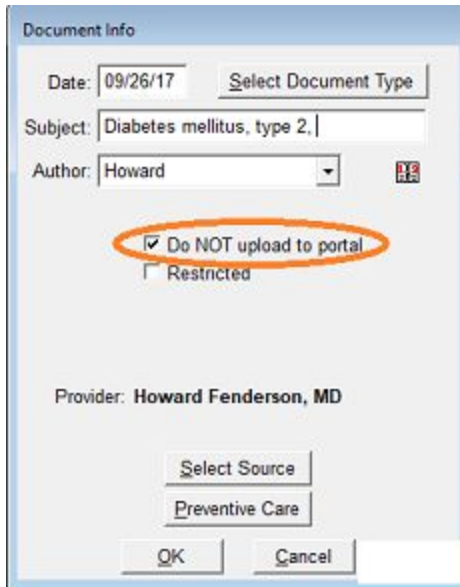


Uploading Documents to the Patient Portal - Any document from the patient’s chart may now be uploaded to the patient portal by opening the document and clicking the **Queue Document** icon. In the Patient Specific field, choose patient.



If the patient is enrolled in the portal, the **Portal** option will be prefilled. Click Ok to send the open document or click the **Attach** button to send additional documents at the same time to the Patient Portal.

There are some documents which you may want to restrict from being uploaded to the portal.



In the Document Info window, you may now indicate a document is never to be uploaded to the portal by checking that box.

Please Note: The User Access table also has a checkbox which indicates who has the ability to upload documents to the patient portal. All providers do, even if it's not checked.

Patient Portal Payments -Payments are now accepted via the Patient Portal. This feature allows you to get paid faster, increase efficiency and accuracy by reducing the volume of phone payments while providing additional convenience to your patients.

Patient selects **Pay My Bill** from the portal menu, confirms the amount of the payment and selects **Pay Now**. The patient then enters their credit card account number, cardholder information and address. Upon submission, the patient will receive a printable on-screen receipt. You will be notified when a patient completes a portal payment.



Online training will be provided when you purchase this feature by our third party payment vendor, TSYS.

Lab Orders on the Patient Portal - This new feature allows lab orders to be automatically uploaded to the patient portal. Now if a patient loses a lab requisition, it can be printed directly from the portal. To enable this feature, you can request HST to turn it on and there also must be scanned provider signatures on file for signed lab requisitions.

*Requisitions auto-expire in six months unless indicated otherwise by the provider.

Appointment Manager Enhancements

A convenient new **Status Page** has been added to the Appointment Manager.

Time	Arrived	Patient	C	E	Provider	Type	Note	Status	Room	Nurse	Insurance	Copay	Charged	Paid
9:00am	1:50pm	Caffrey, Erin			Howard Fenderson, I, OV	OV		provider			Blue Choice	\$25		✓
9:15	1:50pm	Blackwell, David	✓		Howard Fenderson, I, OV	OV	diabetes, sinus pain	triage	3		Blue Choice	\$25		
9:30		Young, Adam			Cathryn Cafarelli, MD CPE	CPE		no-show			Blue Choice	\$25		
10:30		Howard, Taryn			Howard Fenderson, I, ACUTE	ACUTE					No Insurance			
10:45		Richards, Melissa			Howard Fenderson, I, ACUTE	ACUTE		canceled			Blue Choice	\$15	\$20	
11:00am		Johnson, Brian	✓		Cathryn Cafarelli, MD CPE	CPE					Blue Choice	\$15		
1:00pm		Lobell, Amanda			Howard Fenderson, I, ACUTE	ACUTE					Blue Choice			
1:15		Kelleher, David			Howard Fenderson, I, OV	OV					Blue Choice	\$15		
1:30		Albin, Richy			Howard Fenderson, I, OV	OV					Preferred Care	\$15		
1:30		Wheeler, Cathleeln			David Sheffield, PA	OV					Blue Choice	\$25		
1:45		Buske, Sean			David Sheffield, PA	OV					Finger Lakes BC	\$25		
2:00pm		Schaefer, Joshua			Howard Fenderson, I, OV	OV					Blue Choice	\$25		
2:15		Place, Sarah			Howard Fenderson, I, OV	OV					Preferred Care	\$5		
2:30		Brown, Audrey			Howard Fenderson, I, CPE	CPE					Blue Choice	\$25		
3:30		Aaronberg, Jena			Howard Fenderson, I, OV	OV					Blue Choice	\$50		
3:45		Drew, Luke			Howard Fenderson, I, OV	OV					Strong Care			
4:00pm		Edwards, Danielle			Howard Fenderson, I, OV	OV					Blue Choice			
4:15		Zaccaria, Martin			Howard Fenderson, I, OV	OV					Blue Choice	\$5	\$25	
4:30		Hearne, Tara			Howard Fenderson, I, ACUTE	ACUTE					Blue Choice			
4:45		Brady, Christopher			Howard Fenderson, I, ACUTE	ACUTE					No Insurance			

This new tab on the appointment schedule will now show ~~all~~ the patients on the schedule for the day for ^{^c^i^} provider at the location.

It shows everyone who was scheduled, including cancellations and no-shows. These patient's names will still appear on the schedule but will be crossed off instead of removed like they are in the other tabs.

The C and E columns on the status page, give easy access to confirmation and eligibility status.

- A check mark in the **C column** indicates the appointment has been confirmed.
- A computer image in the C column indicates that the patient requested an appointment via the patient portal which has yet to be confirmed. It indicates a tentative appointment the office staff scheduled based on the patient's request. It may or may not be for the specific time requested so it will need some reply from the patient to confirm.
- There are two ways to confirm appointments. If you manually call the patient, right click on the patient's name and **Flag as Confirmed**. This will put a checkmark next to their name in the C column.

- The second way is to use Appointment Reminders via automated text or phone calls. Confirmations will be received from the patient depending on how your practice set-up this feature. For example, the patient who receives a text may text back a “C” to confirm. The patient who receives an automated call may press “1” to confirm. Either action will update the C column with a checkmark and show confirmed.

Colored circles in the **E column** indicate the eligibility status. Individual eligibility status may be updated by right clicking on the patient’s name.

The **Status** column allows you to conveniently track the progress of the patient post check-in. Most practices use status “Triage” in the beginning of the visit. If you use workflow coloring, an appointment will show as yellow in triage status. After the patient’s vitals are entered in the Intake window, the status will switch to “Provider”. This will change the workflow color from yellow to green.

Copay column indicates co-pay amount for office visit.
Charged shows whether a claim has been generated.
Paid indicates if payment was made.

All options in the Appointment right click menu are available on the Appointment Status page.

Eligibility Summary Report and **Eligibility Details Report** are now available from the appointment schedule. Right-click on the patient’s name. From the Eligibility menu, click on either report.

Time	Name	Name
10:00am	CPE Young, Adam	
10:15	" "	
10:30	ACUTE Howard, Taryn	
10:45	ACUTE Richards, Melissa	
11:00am	CPE Johnson, Brian	
11:15	" "	
11:30	" "	
11:45	" "	
12:00pm	OV	
12:15	OV	
12:30	OV	
12:45	OV	
1:00pm	ACUTE Lobell, Amanda	
1:15	OV Kelleher, David	
1:30	OV Wheeler, Cathleen	
1:45	OV Buske, Sean	
2:00pm	OV Schaefer, Joshua	
2:15	OV Place, Sarah	
2:30	CPE Brown, Audrey	
2:45	" "	

The **Summary** report is a condensed version of the details report.

- *You can use it to check to see if PCP is correct
- *View Copay and Deductible information.

The **Details** report has all the information the payer has sent regarding the patient’s eligibility.

- *It gives full benefit description. For example, it may tell you if a referral is required.

Note: The same reports may be accessed from the Insurance Plans tab. Clicking the **Eligibility** button produces the Summary Report. Right-clicking produces the Details Report.

Portal Appointment Request - If you sign up for this feature, you will be able to schedule and confirm appointment requests made via the Patient Portal. The program will send the portal the parameters of the office schedule. It will show open appointments within the next 90 days. The patient can then choose an appointment date and time based on availability.

The office will receive the message from the Patient Portal as usual. Click on the **Earth** icon to receive the external messages. The Appointment Request may be processed by clicking on one of the icons circled below.



1. **Schedule:** Clicking the **Calendar** icon, opens the scheduler which will open to the day requested. The notice of action requested appears in the top right hand corner. If available, click on the requested time in the schedule. **Add Appointment** window will open with the correct patient information. Schedule the appointment.
2. **Flag Message as Complete:** Clicking the **Check Mark** icon indicates the appointment is already scheduled and no further action is needed. This will delete the message from your inbox.
3. **Deny:** Clicking the **Red X** icon sends a message back via the portal that “We were unable to fill your appointment request. Please contact the office at (phone #) to schedule an appointment. We apologize for any inconvenience”.

Please note that all appointments scheduled via the Patient Portal should be confirmed. You may not have scheduled the exact time the patient requested. Upon scheduling completion, you will be directed back to the Document Manager and asked if you would like to send a confirmation message to the patient. Answering yes will send the patient the appointment details. It will also let them know it has been scheduled as a **C** appointment which still needs to be confirmed on their end. The appointment status will show as unconfirmed (computer icon in C column on Appointment Status page). If confirmation is received via the portal or by telephone, right-clicking on the appointment and flagging it as confirmed will change it to a C for confirmed.

Billing Enhancements

Printing EOB's -This version now has the ability to print out an EOB. You no longer need to use EasyPrint with this new built in version!

There are two ways to print out an EOB:

1. To print out a complete EOB: From the main menu, choose **Billing Insurance Payment Entry**. Double-click on the EOB from the **Select EOB** window. The **Print EOB** button is located at the bottom of the **Insurance Payment** window.
2. To print out an EOB for an individual claim: From Patient Activity window, click **Charge**, open the claim, click on the **Remittance** tab. The **Print EOB** button is at the bottom of the **Claim Data** page.

Reordering CPT codes- You now have the ability to reorder CPT codes by right-clicking on the CPT code you would like to move. A pop-up window will allow you to choose to move it up or down on the claim.

Printing Patient Statements- If your practice normally sends electronic statements but you would like to print a batch instead, you may do so by checking a new box in the Patient Statements window. Go to **Billing, Print/Submit Statements, Patient Statements** window and check "**Print Paper Statements**".

New Account Ledger Feature- now a simple double-click on a line item in the Account Ledger will open a window to the appropriate claim. From Patient Activity, Account Ledger, double- click on the line item.

Using a Required Lab -The program now supports the ability to direct a patient to a particular lab. This scenario would generally be based on the patient's insurance. In-network benefits may be payable only if the labs were done at a specified lab.

Linking a particular lab to a patient's chart can be done individually at the patient level or at the insurance level for all patients who carry that insurance. Either way, the end result is that verbiage will print on the requisition stating, "This lab requisition is valid only at _____."

Patient Level- If you know a patient's insurance only allows them to go to a particular lab or you would like to direct a patient to a specific lab, you may indicate this by right-clicking in the Patient Activity window. From this menu, choose Other. Update the lab in the Other Info window. "All Labs" is the default.

The screenshot shows the 'Insurance Plan Table' window. At the top, there are fields for 'Code: BC', 'Carrier: BC', and 'Plan: Blue Choice'. Below this are tabs for 'General Info', 'Billing Info', 'Copay', and 'Other'. The 'Other' tab is selected, showing various fields: 'Payment Option' (Regular, Medicare, HMO, Capitation, Corporate Invoice), 'Transaction Codes' (Payment: BCP, Deductible, Write-Off, Risk: BCR), 'Other Info' (Payer Office, OCNA ID, Medicaid Code, Typology Code), 'Related Organizations' (Affiliated Lab dropdown with options Unspecified, ACM Labs, Rochester Regional Health), 'Prescription Coverage' (Tier Program: None, Days Covered), and 'Eligibility Info' (Payer ID, User Name, Password, Do not use Eligibility Checking checkbox). The 'Affiliated Lab' dropdown is circled in orange.

Insurance Level- When you link a lab to an insurance, it will update all patient records who have this insurance. Go to Tables, Insurance Plans then enter the Code for the insurance. From the Other tab, under Related Organizations, update the Affiliated Lab.

* Ultimately, the program will look at the patient level if different labs are on the patient and insurance level.

Please note: Users are unable to add labs to the Affiliated Labs list. The labs in the drop down box are all labs from which we receive electronic results. Please contact HST support, if you need a lab added to this list.

Patient Payment window has been reformatted. Convenient new features include a Prepayment amount indicator as well as an easy way to post a payment to a large balance account.

The copayment button circled below is there as a reminder and a quick entry button. If the patient's copayment amount is on file, you can just click on this button at time of payment instead of typing it in.

Account #: 24242 Patient: David Blackwell

Previous Balance: 15.00 Pre-Payment

Today's Charges: 0.00

Patient Balance Due: 15.00

Date:	Method:	Check #:	Amount:
09/18/17	Cash		0.00

\$15.00

Date	Claim #	Patient	Balance	Pay Amount
09/18/17	Pre-Pay	David		0.00
08/28/17	163151	David	15.00	0.00

Courtesy Discount

Save Cancel

Checking the Prepayment box will put the payment for the visit on the prepay line by default. This is the first line the lower section.

If patient has multiple open claims, you may easily apply a payment to different claims. The program will apply payments to the oldest balances first. If you want to override this feature, after entering the payment and method in the upper portion of the window, simply click in the line where you want the payment applied in the lower portion and type in the amount.

Entering a payment for the exact amount owed will automatically split the payment between each outstanding line.