

SuccessEHS Release Notes 7.40

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All Modules

Clinical Console Icon Updated Across Modules

Project #EHS-22160

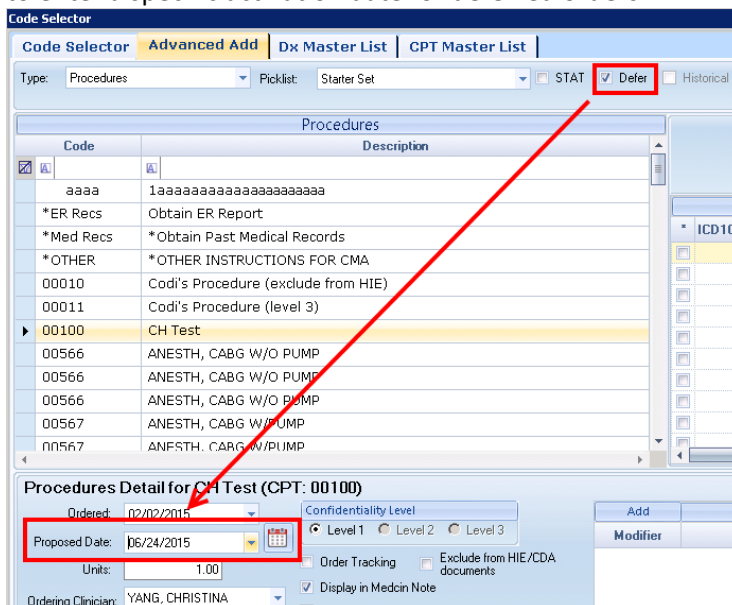
The briefcase icon representing the Clinical Console module has been updated to the compass icon. In addition, the pop-up label now reads **Clinical Console**.




Code Selector, New Proposed Date for Deferred Orders

Project #EHS-21739

A **Proposed Date** field has been added to the **Advanced Add** tab on the **Code Selector** window to enable users to enter a specific activation date for deferred orders.



Selecting (checking) the **Defer** checkbox for an order enables the **Proposed Date** field. Users may enter the appropriate date in mm/dd/yyyy format or select a date from the drop-down calendar. Users may also click the **Appointments** button to the right of the field () to view any future appointments for the patient.

Note - Proposed Date is not a required field. Users may defer an order without entering a proposed date.

Last 10 Patients Option Added to Find Patient Window

Project #EHS-22144

A **Last 10 Patients** button has been added to the **Find Patient** window in the **Patient Administration**, **Scheduling**, **Charge Entry**, **Receivables**, **Inquiry**, **Check In**, and **Clinical Console** modules.

The left screenshot shows the 'Find Patient' window with the 'Find Patients That Match These Criteria' section. The 'Last 10 Patients' button is highlighted in a red box. The right screenshot shows the 'Find Patient' window with the 'Find Patients Matching These Criteria' section. The 'Last 10 Patients' button is highlighted in a red box.

Clicking the button displays a list of the last ten patients accessed from the **Find Patient** window by the specific user. The user may select the appropriate patient and click **OK** to pull up that patient's record.

The left screenshot shows the 'Last 10 Patients' window with a list of patients. The right screenshot shows the 'Last 10 Patients' window with a list of patients.

Last Name	First Name	Patient #	Birth Date
BALLENGER	DOROTHY	34228	20-Apr-1948
BEASLEY	BETH	95673	19-Jun-1976
HARRISON	ISAAC	2494	31-May-1990
JACKSON	MILTON	71830	19-Jul-1976
MARSHALL	CLAYTON	94941	08-Sep-2008
MARSHALL	BARBARA	37272	21-Jan-1970
SMITH	MARTY	95675	26-May-1952
SMITH	MISTY	40676	06-Dec-1979
SMITHEY	MORRIS	77049	20-Jan-1982
ZZBILLIE	TEST	95216	01-Oct-2013

Patient #	First Name	Last Name	Birth Date
44242	AARON	AARONSON	07/07/1977
44199	AAMY	AARONSON	06/13/2012
43139	CALLIE	HARDWICK	06/04/1991
1995	JANE	JOHNSON	09/29/1967
10062	ANDREW	MARSH	07/26/1968
640	KATHERINE	MARSHALL	11/20/1962
21210	CLEMENTINE	MARSHALL	11/14/1995
45072	LESLIE	MARSHALL	01/07/1977
100	ELIZABETH	WALIA	08/11/1951
45093	JACKIE	WATERS	08/01/1956

Claims Console

Claims Management, Code Search Restrictions Available

Project #EHS-22142

Users may now restrict claim searches on the **Claims Management** screen to claims containing only certain CPT or ICD codes.

The following search options have been added:

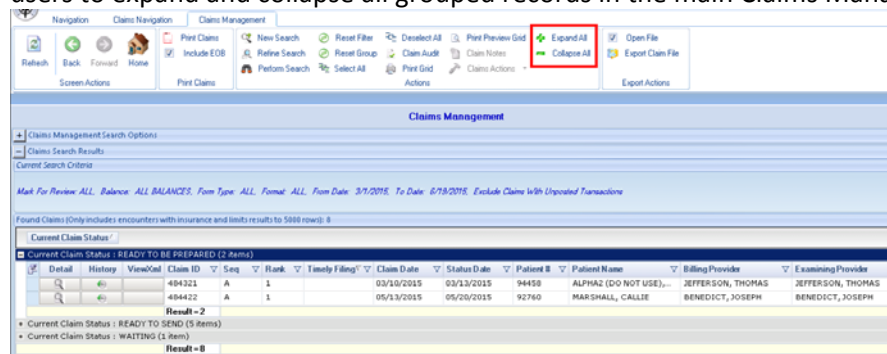
The top screenshot shows the 'Procedure (CPT) Codes' section with a red box highlighting the search options. The bottom screenshot shows the 'Diagnosis (ICD) Codes' section with a red box highlighting the search options.

- **Procedure (CPT) Codes section**
 - **Include claims with the following procedure(s)** (default selection) – Selecting this option searches for claims that include those CPT codes added to the search table.
 - **Include claims with ONLY the selected procedure(s)** – Selecting this option searches for claims that include CPT codes added to the search table, and no other CPT codes on the claims.
- **Diagnosis (ICD) Codes section**
 - **Include claims with the following ICD code(s)** – (default selection) – Selecting this option searches for claims that include those ICD codes added to the search table.
 - **Include claims with ONLY the selected ICD code(s)** – Selecting this option searches for claims that include ICD codes added to the search table, and no other ICD codes on the claims.

Claims Management, New Expand/Collapse All Buttons

Project #EHS-22122

Expand All and **Collapse All** buttons have been added to the **Claims Management** menu ribbon that enable users to expand and collapse all grouped records in the main Claims Management grid.



Selecting **Expand All** or **Collapse All** when column grouping is in effect will expand or collapse all of the appropriate columns respectively.

New Claim Detail Feature


Project #EHS-20251

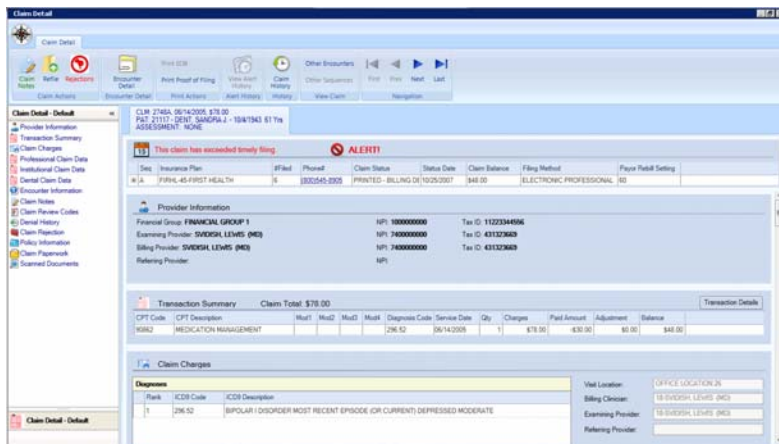
A **Claim Detail** feature has been added in **Claims Console** and to the management reports in **System Administration Console** that allows users to view comprehensive claim information and perform any necessary claim actions from a single screen.

Accessing the Claim Detail Screen

The **Claim Detail** feature can be accessed from the following screens in Claims Console:

- **Claims Management**
- **Rejected Claims Productivity Report**
- **Claim Notes Productivity Report**
- **Claim Review Code Productivity Report**
- **Refile Productivity Report**

Clicking  in the appropriate **Detail** column for a specific claim on the appropriate screen displays the **Claim Detail** screen.



The screenshot shows the 'Claim Detail' screen with a left-hand navigation pane and a main content area. The main area displays an alert: 'This claim has exceeded timely filing'. Below this, there is a table with columns: Seq, Insurance Plan, IFiled, Phone#, Claim Status, Status Date, Claim Balance, Filing Method, and Payor Rebill Setting. The table shows one row for 'MCR-02-NATIONAL GOVT SERVICES'. Below the table, there is a section for 'Provider Information' with fields for Financial Group, NPI, Tax ID, and others. Further down, there is a 'Transaction Summary' section with a table showing CPT Code, Description, Mod1, Mod2, Mod3, Mod4, Diagnosis Code, Service Date, Qty, Charges, Paid Amount, Adjustment, and Balance. The bottom section is 'Claim Charges' with a table showing Rank, ICD9 Code, ICD9 Description, and other details.

The **Claim Detail** screen displays comprehensive information about the specific claim. Users can select the appropriate heading in the **Claim Detail** task list to view specific information:

- Claim Detail - Default** <<
- Provider Information
 - Transaction Summary
 - Claim Charges
 - Professional Claim Data
 - Institutional Claim Data
 - Dental Claim Data
 - Encounter Information
 - Claim Notes
 - Claim Review Codes
 - Denial History
 - Claim Rejection
 - Policy Information
 - Claim Paperwork
 - Scanned Documents

Patient Header Tab



CLM: 463647B, 10/31/2008, \$172.00 PAT: 3 - HORNBUCKLE, MYRA M. - 9/14/1943								
Seq	Insurance Plan	IFiled	Phone#	Claim Status	Status Date	Balance	Filing Method	Payor Rebill Setting
A	MCR-02-NATIONAL GOVT SERVICES	1	(877)309-4290	ACCEPTED	11/10/2008	\$27.80	ELECTRONIC INSTITUTIONAL	30
B	MUTOM-01-MUTUAL OF OMAHA	1	(800)775-1000	READY TO BE PREPAID 02/06/2012		\$27.80	HARDCOPY PROFESSIONAL	30
C	MCR-02-NATIONAL GOVT SERVICES	0	(877)309-4290	INHIBITED BY INSURA	11/05/2008	\$27.80	INHIBITED-INSURANCE PLAN	30
D	MCR-02-NATIONAL GOVT SERVICES	0	(877)309-4290	INHIBITED BY FEE SCH	11/05/2008	\$27.80	INHIBITED-FEE SCHEDULE	30
E	MUTOM-01-MUTUAL OF OMAHA	0	(800)775-1000	INHIBITED BY INSURA	11/05/2008	\$27.80	INHIBITED-INSURANCE PLAN	30

The **Patient Header** tab displays information on the claim and all sequences, including all relevant carriers, claim statuses, filing methods, and rebill settings.

The patient header tab will display household assessment poverty levels (if **Household Assessments** is activated in the database). If no poverty level exists, **NONE** will display.



The screenshot shows the 'Patient Header' tab with patient information: CLM: 175438A, 04/19/2012, \$55.00; PAT: 18295, HERRINGTON, A N. - 6/18/1975; ASSESSMENT: F. Below this, there is a green box with a calendar icon and the text 'Number of day(s) to Timely Filing: 365'.

Users can click  at the beginning of each sequence row to display address and website information for the appropriate payer. They may click  next to the address to display other contact information related to that

address.

Seq	Insurance Plan	#Filed	Phone#	Claim Status	Status Date	Balance	Filing Method	Payor Rebill Setting
A	MCR-02-NATIONAL GOVT SERVICES	1	(877)309-4290	ACCEPTED	11/10/2008	\$27.80	ELECTRONIC INSTITUTIONAL	30
Address				Website				
PO BOX 2019, MILWAUKEE, WI 53212-2019								

Alerts will display at the top of the table if the claim is nearing or has exceeded timely filing limits.

CLM: 146949A, 07/18/2011, \$160.00
PAT: 21057 - BOWLAND, RHETT D. - 12/30/1958
ASSESSMENT: NONE

15 Number of day(s) to Timely Filing: 71 **ALERT!**

CLM: 166627A, 01/06/2012, \$600.00
PAT: 33242 - ADAMITIS, ORVILLE W. - 9/16/1950
ASSESSMENT: NONE

15 This claim has exceeded timely filing. **ALERT!**

Provider Information

Provider Information		
Financial Group: FINANCIAL GROUP 1	NPI: 1000000000	Tax ID: 000002055
Examining Provider: MCCALLISTER, DIALYSIS (FNP)	NPI: 1600000000	Tax ID: 431323669
Billing Provider: MCCALLISTER, DIALYSIS (FNP)	NPI: 1600000000	Tax ID: 431323669
Referring Provider:	NPI:	

The **Provider Information** section displays information on financial group, billing, examining, and referring providers, including NPI and Tax ID numbers. This section is view-only.

Transaction Summary

Transaction Summary											Claim Total: \$105.00		Transaction Details	
CPT Code	Mod1	Mod2	Mod3	Mod4	Diagnosis Code	Service Date	Qty	Charges	Paid Amount	Adjustment	Balance			
99213	25				782.3, 786.05	02/27/2012	1	\$50.00	\$0.00	\$0.00	\$50.00			
91003	QW				782.3, 786.05	02/27/2012	1	\$20.00	\$0.00	\$0.00	\$20.00			
94760					782.3, 786.05	02/27/2012	1	\$5.00	\$0.00	\$0.00	\$5.00			

The **Transaction Summary** section displays the ICD9 and CPT codes and modifiers, service date, quantity, charges, payments, adjustments, and balances.

Users may click the **Transaction Detail** button to display the transaction details for the claim (similar to **Charge Entry**).

Transaction Details														Transaction Summary		
Responsible	Rev?	Code	Description	Revenue Code	Date	Qty	Coins	Copies	FC	Fee	Split	Prnts	Adpt	Balance	Reference Num	
TOTAL										\$105.00			\$0.00	\$0.00	\$105.00	
UGS MEDICA		99213	OFFICE/OUTPAT	5021	02/27/2012	1	\$0.00	\$0.00	M	\$50.00	\$50.00			\$50.00		
UGS MEDICA		91003	URNALYSIS	4007	02/27/2012	1	\$0.00	\$0.00	M	\$20.00	\$20.00			\$20.00		
UGS MEDICA		94760	MEASURE BLOC	5021	02/27/2012	1	\$0.00	\$0.00	M	\$5.00	\$5.00			\$5.00		
16																

Users may enter adjustment codes and adjustment group codes directly in the **Transaction Details** section.

- Users may click in the appropriate row in the **Adj Code** column and enter the appropriate adjustment code manually.

Transaction Details										Transaction Summary		
Yr	Trans	Adj	Balance	Reference Number	Batch #	Post Date	Adj Code	Adj Group	Provider Name	Service Location	Rev By	Notes
			-150.00									
				\$88.00		12/07/2012			ANDREWS, JULIE ANN	OFFICE LOC 1		
			-150.00	-962.00-PREFLO01								
				\$0.00-PREFLO01								
			-150.00	-962.00-PREFLO01								
				\$0.00-PREFLO01								

Users may also double-click the field to display the **Find Adjustment Reason** dialog box and search for

the appropriate code.

The 'Find Adjustment Reasons' dialog box displays a list of reasons for adjustment. The 'Reason Code' field is empty, and the 'Description' field is also empty. The 'Found Reasons: 315' section shows a list of reasons with their respective codes and descriptions. The first reason is 'Deductible Amount' with code '1'. Other reasons include 'The diagnosis is inconsistent with the patient's gender', 'Payment made to patient/insured/responsible party/employer', 'Predetermination: anticipated payment upon completion of service', 'Major Medical Adjustment', 'Provider promotional discount (e.g., Senior citizen discount)', 'Managed care withholding', 'Tax withholding', 'Patient payment option/election not in effect', 'The related or qualifying claim/service was not identified on this claim', 'Rent/purchase guidelines were not met. Note: Refer to the 635 H...', 'Claim/service not covered by this payer/contractor. You must see...', and 'The diagnosis is inconsistent with the procedure. Note: Refer to t...'.

- Users may click in the appropriate row in the **Adj Group** column and enter the appropriate group code manually, or select from the drop-down list.

The 'Transaction Details' table shows a list of transactions. The columns include 'Amts', 'Adjct', 'Balance', 'Reference Number', 'Batch #', 'Post Date', 'Adj Code', 'Adj Group', 'Provider Name', 'Service Location', 'Rev By', and 'Notes'. The 'Adj Group' column is highlighted with a red box, and a drop-down menu is open, showing options: 'CD', 'CR', 'DA', 'PL', and 'PR'.

- After entering the appropriate information, users may click the **Save** button (💾) to accept the changes, or the **Undo** button (↶) to reverse the changes if needed. Click the **Transaction Summary** button to return to the summary view.

Claim Charges

The 'Claim Charges' form displays information for a claim. The 'Diagnoses' section shows a table with columns: 'Rank', 'ICD9 Code', and 'ICD9 Description'. The first row is '1', '272.4', 'OTHER AND UNSPECIFIED HYPERLIPIDEMIA'. The second row is '2', '401.1', 'BENIGN ESSENTIAL HYPERTENSION'. The 'Visit Location' is 'OFFICE LOCATION 48'. The 'Billing Clinician' is '2-COREY, EDWARD L (MD)'. The 'Examining Provider' is '2-COREY, EDWARD L (MD)'. The 'Referring Provider' is empty. The 'Hold Claim' checkbox is unchecked. The 'Procedures' section shows a table with columns: 'Row #', 'CPT', 'M1', 'CPT Description', 'Department', 'Revenue Code', 'From Date', 'To Date', 'Qty', 'Unit Price', 'Charge', 'Diag', 'Coins', and 'Copey'. The first row is '1', '99214', 'OFFICE/OUTPATIENT VISIT', 'MEDICAL & BE', '521', '09/10/2008', '09/10/2008', '1', '133.00', '133.00', '12', '0.00'. The 'TOTAL' row shows '133.00' for 'Charge' and '133.00' for 'Diag'.

The **Claim Charges** section displays all information recorded on the **Charges** tab in **Charge Entry** for the particular claim. Users can add or modify information directly in this section (e.g. add diagnosis and procedure codes, add modifiers, rank/re-rank diagnosis codes, etc.). All additions/modifications will save to the main **Charges** tab for the claim.

Professional Claim Data

Professional Claim Data				
Clinic-Specific Data				
Billing Clinic:	2-PINKHAM, GARLAND		Examining Clinician:	2-PINKHAM, GARLAND
Referral Source:	BEAUCHAMP, ESTATE OF WALTER K			
Date of Current:	05/14/2012	Type:	PREGNANCY (LMP)	
Same or Similar Symptom Date:	05/09/2012	Internal Control No.		
MSP Insurance Type:	13-Medicare Secondary End-Stage Renal Dis.			
Condition Related To				
<input type="checkbox"/> Home Accident		<input type="checkbox"/> Employment		State: VA
<input checked="" type="checkbox"/> Treatment Due To Disease		<input checked="" type="checkbox"/> Automobile Accident		
<input checked="" type="checkbox"/> Other Accident		Accident Hour:		03
Medicare Dates				
Type	Date	Type	From Date	To Date
CONSULTATION SURGERY DATE	05/07/2012	DATES UNABLE TO WORK	04/04/1977	05/07/2012
DATE DOCUMENT SENT	05/01/2012	DISABILITY DATES: LONG TERM	04/09/2012	05/07/2012
DATE LAST SEEN BY REFERRING DOCTOR	04/30/2012	DISABILITY DATES: PARTIAL	05/09/2012	05/11/2012
DATE OF FIRST CONTACT	05/09/2012	DISABILITY DATES: PERMITOTAL	05/07/2012	05/14/2012
INITIAL TREATMENT DATE	05/09/2012	HOSPITALIZATION DATE	05/07/2012	05/09/2012
LAST SEEN DATE	05/06/2012			
LEFT EYE SURGERY DATE	05/01/2012			
Outside Services				
<input type="radio"/> None <input type="radio"/> Outside lab <input type="radio"/> Mammography <input type="radio"/> Purchased Services Amount: _____ Location: _____ Provider: _____				
Miscellaneous				
Documentation Ind:	22	Type:	19	Delay Reason:
<input checked="" type="checkbox"/> Family Planning		<input checked="" type="checkbox"/> Recipient is Pregnant		<input checked="" type="checkbox"/> EPSTD Related
<input checked="" type="checkbox"/> Certified Emergency		<input type="checkbox"/> Managed Care Referral		<input type="checkbox"/> EPSTD Referral
Claim Remarks:	GGGGGGGGGGG//////////33			Condition Codes

The **Professional Claim Data** section displays all information recorded in the **Prof Data** tab in **Charge Entry** for the claim. Users can add or modify information directly in this section; all additions/modifications will save to the main **Prof Data** tab for the claim.

Institutional Claim Data

Institutional Claim Data			
Institutional			
FL 2: Misc:	212/mf/wAAA	FL 4: DR Type:	22
FL 6: Statement Covers Period: From:	05/08/2012	Through:	05/15/2012
FL 12: Admission Date:	05/07/2012	FL 13: Hour:	01 01 00-01 59 AM
FL 14: Admission Type:			
FL 16: Discharge Hour:	05 05 00-05 59 AM		
FL 15: Admission Source:	2	CLINIC REFERRAL	
FL 17: Patient Status:	41	EXPIRED IN A MEDICAL FACILITY (SUCH AS)	
FL 69: Admitting Diagnosis:	002.3	PARATYPHOID FEVER C	
FL 72: Emergency Diagnosis:	003.24	SALMONELLA OSTEOMYELITIS	
Number of Days (UB0-92 Only - Not Available on UB04)			
FL 7: Covered Days:		FL 9: Coinsurance Days:	222
FL 8: Non-Covered Days:		FL 10: Lifetime Reserve Days:	
Claim Remarks: GGGGGGGGGGGG//////////33			

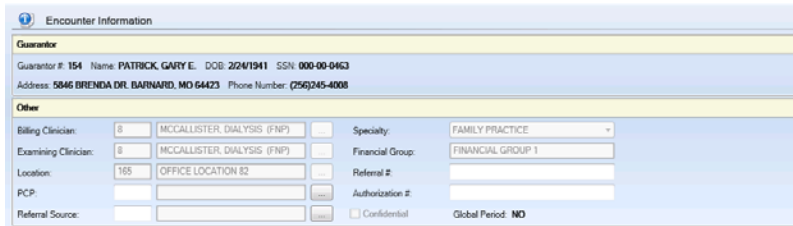
The **Institutional Claim Data** section displays all information recorded in the **Inst Data** tab in **Charge Entry** for the claim. Users can add or modify information directly in this section; all additions/modifications will save to the main **Inst Data** tab for the claim.

Dental Claim Data

Dental Claim Data			Tooth Status							
Claim-Specific Data Billing Clinician: 2 PERSONAL, GAVILAND Examining Clinician: 2 PERSONAL, GAVILAND Referral Source: BEAUCHAMP, ESTATE OF WALTER K Date of Current: 05/14/2012 Type: PREGNANCY (M)			Condition Related To <input type="checkbox"/> Home Accident <input checked="" type="checkbox"/> Treatment Due To Disease <input checked="" type="checkbox"/> Other Accident <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Automobile Accident State: Accident Hour: 03							
Internal Control Data										
Tooth Numbers and Surfaces <table border="1"> <thead> <tr> <th>CPT Code</th> <th>Tooth Number</th> <th>Surface</th> </tr> </thead> <tbody> <tr> <td>1-39213</td> <td>A</td> <td>BUCCAL</td> </tr> </tbody> </table>			CPT Code	Tooth Number	Surface	1-39213	A	BUCCAL		
CPT Code	Tooth Number	Surface								
1-39213	A	BUCCAL								
Additional Dental Information <table border="1"> <thead> <tr> <th>CPT Code</th> <th>Oral Cavity</th> <th>Prosthesis</th> </tr> </thead> <tbody> <tr> <td>99213</td> <td>Entire Oral Cavity</td> <td>Initial Replacement</td> </tr> </tbody> </table>			CPT Code	Oral Cavity	Prosthesis	99213	Entire Oral Cavity	Initial Replacement		
CPT Code	Oral Cavity	Prosthesis								
99213	Entire Oral Cavity	Initial Replacement								
Outside Services <input checked="" type="checkbox"/> None <input type="checkbox"/> Outside Lab Location: Amount:										
Miscellaneous Documentation Ind: 22 Type: 19 Delay Reason: 3 <input checked="" type="checkbox"/> EPDST Related <input type="checkbox"/> Managed Care Referral <input checked="" type="checkbox"/> Certified Emergency Claim Remarks:			Missing To Be Extracted							

The **Dental Claim Data** section displays all information recorded in the **Dental Data** tab in **Charge Entry** for the claim. Users can add or modify information directly in this section; all additions/modifications will save to the main **Dental Data** tab for the claim.

Encounter Information

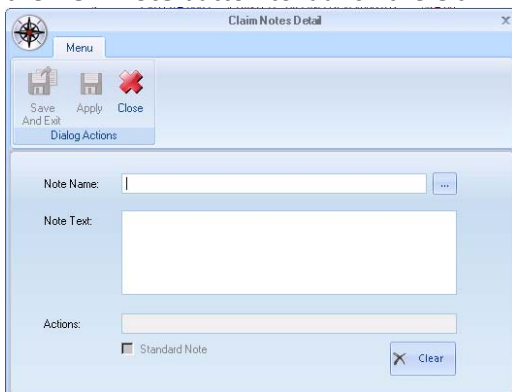




The **Encounter Information** section displays guarantor information, billing and examining clinicians, location, PCP and referral information (including referral and authorization numbers), confidential visit status, and global period status. This section is view-only.

Claim Notes

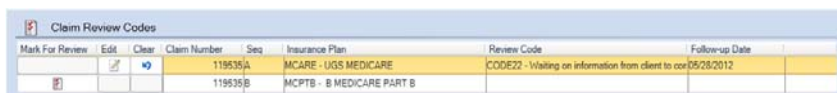



The **Claim Notes** section allows users to view standard notes attached to the claim or add a new note by clicking the **New Note** button to launch the **Claim Notes Detail** dialog box.





Users can edit existing claim notes by clicking the  button in the **Edit** column for the appropriate claim to edit the claim note, or click  in the **Delete** column to delete the note. (Please note that users can only edit/delete claim notes that they created; they may not edit/delete another user's claim notes.)

Claim Review Codes



The **Claim Review Codes** section allows users to mark claims for review by clicking the  icon in the **Mark for Review** column for the appropriate claim. This displays a **Claim Review Reason Code** dialog box, where the user

can enter the appropriate reason code.

Users can click  in the **Edit** column for the appropriate claim to edit the review code, or click  in the **Clear** column to remove the mark for review status.

Insurance Information

The **Insurance Information** section includes plan rankings, names and plan codes; plan and policy statuses; group and policy IDs; policyholder information; copay and effective date information, etc.

- Click **Modify** to access the **Add and Remove Policies for Encounter** dialog box and edit the insurance information as needed.
- Click **Detail** to access the **Insurance Details** screen and view expanded insurance details.
- Click **View 270/271** to view any eligibility requests/responses (if present).
- Select the appropriate insurance policy and click **Eligibility** to access the **Single Patient Request** screen on the **Patient Eligibility and Benefits Interface** window to make an eligibility request for the patient.

Claim History

TCN	Claim ID	Seq	Rank	Status Date	Status	Current Status	Amount	Method	Batch ID	Filed To
44995	463647	B	2	03/31/2011	CLAIM BATCH DELETE CLAIM CROSSOVER		\$172.00 H-PROF		55692	
	463647	B	2	09/21/2010	CLAIM BATCH DELETE CLAIM CROSSOVER		\$172.00 H-PROF		55361	
	463647	B	2	11/24/2008	CLAIM CROSSOVER CLAIM CROSSOVER		\$172.00 H-PROF		-5	
43133	463647	A	1	11/10/2008	ACCEPTED	ACCEPTED	\$139.00 E-INST		54024	NGS
43133	463647	A	1	11/10/2008	ACKNOWLEDGED	ACCEPTED	\$139.00 E-INST		54024	NGS
43133	463647	A	1	11/06/2008	SENT	ACCEPTED	\$139.00 E-INST		54024	NGS
43133	463647	A	1	11/06/2008	READY TO SEND	ACCEPTED	\$139.00 E-INST		54024	NGS
	463647	A	1	11/05/2008	READY TO BE PREPARED	ACCEPTED	\$139.00 E-INST		-5	NGS

The **Claim History** section includes historical information about claim status, amount, filing methods, past reversals, past rejections, etc. This section is view-only.

Policy Information

<

The **Policy Information** section displays information about insurance policies on the encounter. Users may add, remove, and re-rank policies for the encounter in the section similar to the **Add and Remove Policies for Encounter** window.

Users may also click the **Policy Detail** icon to access the **Insurance Details** screen and view expanded insurance details, as well as the **View 270/271** icon to view any eligibility requests/responses (if present). Users may also edit insurance details in the **Insurance Details** screen.

Scanned Documents

View	Date	Title
	02/20/2012	check in image save - HIPAA
	02/20/2012	Check in test - PROCEDURE
	02/20/2012	Test Scan
	02/20/2012	Lave - DRIVER'S LICENSE
	02/20/2012	PATIENT PICTURE


The **Scanned Documents** section displays a list of all documents scanned in **Patient Administration** or **Check-In** for the patient. Users may click in the **View** column for the appropriate document to view the scanned image.


Claim Paperwork

Delete	Transmission Code	Prof Report Type	Inst Report Type	Attachment Control Number
	E-Mail	Treatment Diagnosis	Treatment Diagnosis	123AB

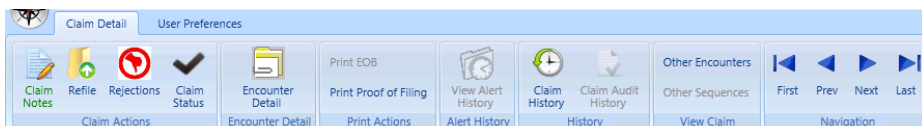
The **Claim Paperwork** section displays notices regarding any paperwork attached to the claim that is sent to the payer. Users may add notices to the payer or delete existing notices, similar to the **Claim Paperwork** dialog box in **Charge Entry**.

Claim Rejection

Claim Rejection							
Resolve	Claim ID	Seq	Reject Date	Insurance Plan	Resolved Date	Rejection Code	Rejection Reason
	463647	B	02/08/2012	MUTOM-01-MUTUAL OF		A049	A049 - SUBSCRIBER CITY IS INVALID

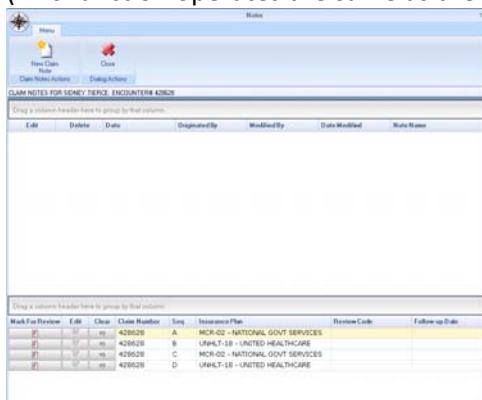
The **Claim Rejection** section displays any rejections on the claim. Users may click the  button in the **Resolve** column to resolve a specific rejection on the claim.

Claim Detail Menu Ribbon

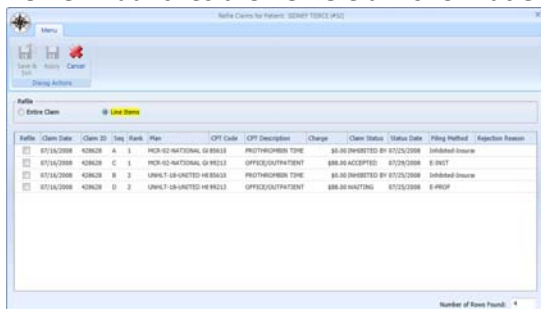


The following actions are available from the Claim Detail menu ribbon.

- **Claim Notes** – Displays the **Notes** dialog box, where users can view notes attached to the claim, add a new note, mark claims for review, or clear Review Codes. The **Claim Note** text on this button will display in **green** if there is an existing claim note.
(This function operates the same as the **Claim Notes** section in the **Claim Detail** task list.)



- **Refile** – Launches the **Refile Claims for Patient** dialog box, where users can refile one or more claims.

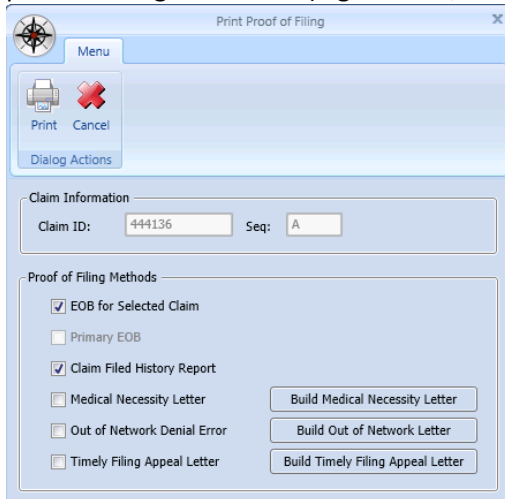


- **Rejections** – Launches the **Add/View Claims Rejections** dialog box, where users can add a rejection code or view current rejection codes.

- **Encounter Detail** – Launches the **Encounter Detail** screen for the encounter associated with the claim.

- **Print EOB** – Displays the **Print EOB** dialog box, where users can print the EOB for a claim.

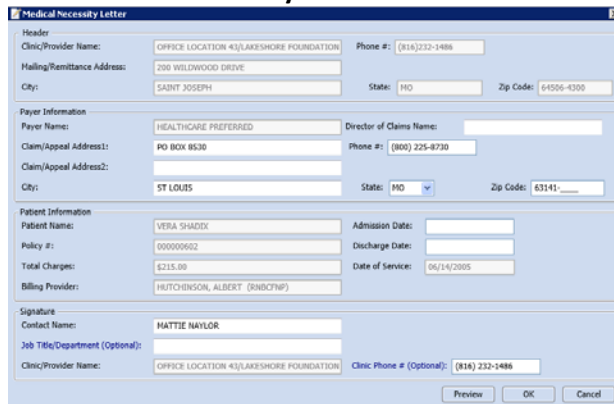
- **Print Proof of Filing** – Displays the **Print Proof of Filing** dialog box, where users can select and print the proof of filing for a claim (e.g. an EOB, Claim Filed History Report, or appeal letter).



The **Print Proof of Filing** dialog box features a menu bar with a compass icon and a 'Menu' button. Below this is a 'Dialog Actions' section with 'Print' and 'Cancel' buttons. The main area is divided into two sections: 'Claim Information' and 'Proof of Filing Methods'. The 'Claim Information' section contains fields for 'Claim ID' (444136) and 'Seq' (A). The 'Proof of Filing Methods' section includes several checkboxes: 'EOB for Selected Claim' (checked), 'Primary EOB' (unchecked), 'Claim Filed History Report' (checked), 'Medical Necessity Letter' (unchecked), 'Out of Network Denial Error' (unchecked), and 'Timely Filing Appeal Letter' (unchecked). To the right of these checkboxes are three buttons: 'Build Medical Necessity Letter', 'Build Out of Network Letter', and 'Build Timely Filing Appeal Letter'.

Users can generate an appeal letter by selecting the appropriate letter button. Selections include:

– Build Medical Necessity Letter



The **Medical Necessity Letter** form is divided into several sections. The 'Header' section includes 'Clinic/Provider Name' (OFFICE LOCATION 43/LAKESHORE FOUNDATION), 'Phone #' (816) 232-1486, 'Mailing/Remittance Address' (200 WILLOWOOD DRIVE, SAINT JOSEPH, MO, 64506-4300). The 'Payer Information' section includes 'Payer Name' (HEALTHCARE PREFERRED), 'Director of Claims Name' (blank), 'Claim/Appeal Address1' (PO BOX 8530), 'Phone #' (800) 225-8730, 'Claim/Appeal Address2' (blank), 'City' (ST LOUIS, MO), and 'Zip Code' (63141). The 'Patient Information' section includes 'Patient Name' (VERA SHADEX), 'Admission Date' (blank), 'Policy #' (00000062), 'Discharge Date' (blank), 'Total Charges' (\$215.00), 'Date of Service' (06/14/2005), and 'Billing Provider' (HUTCHINSON, ALBERT (DNDCNMP)). The 'Signature' section includes 'Contact Name' (HATTIE NAVLOR), 'Job Title/Department (Optional)' (blank), 'Clinic/Provider Name' (OFFICE LOCATION 43/LAKESHORE FOUNDATION), and 'Clinic Phone # (Optional)' (816) 232-1486. At the bottom are 'Preview', 'OK', and 'Cancel' buttons.

– Build Out of Network Letter



The **Out of Network Denial Error Letter** form is divided into several sections. The 'Header' section includes 'Clinic/Provider Name' (OFFICE LOCATION 83/HCTAGGART, BILLY S (DO), 'Phone #' (785) 889-3122, 'Mailing/Remittance Address' (718 84TH ST SO, WATHENA, KS, 66070). The 'Payer Information' section includes 'Payer Name' (AETNA), 'Claim/Appeal Address' (PO BOX 981106, EL PASO, TX, 79998-1106). The 'Patient Information' section includes 'Patient Name' (DOROTHY J. POWERS), 'DOB' (3/13/1956), 'Policy #' (000001612), 'Date of Service' (09/03/2008), 'Total Billed Amount' (\$355.80), and 'ICN/Claim #' (blank). The 'Signature' section includes 'Contact Name' (HATTIE NAVLOR), 'Job Title/Department (Optional)' (blank), 'Clinic/Provider Name' (OFFICE LOCATION 83/HCTAGGART, BILLY S (DO), and 'Clinic Phone # (Optional)' (785) 889-3122. At the bottom are 'Preview', 'OK', and 'Cancel' buttons.

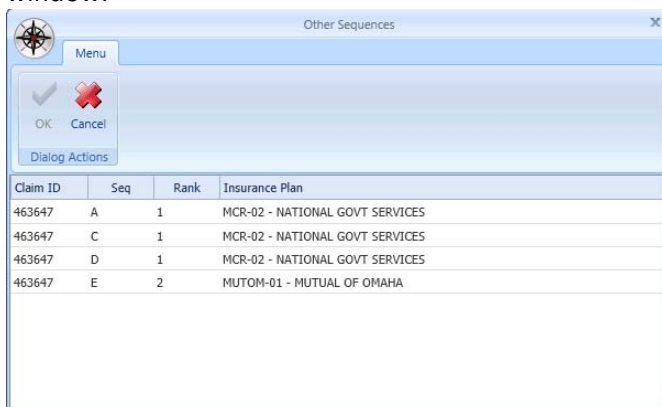
– Build Timely Filing Appeal Letter

After entering the appropriate contact information, users can click **Preview** to view the finished letter, and click **OK** to generate the letter.

- **View Alert History** – Displays a list of every time a user was alerted in **Charge Entry** that the claim is at least two-thirds of the way to the **Timely Filing Limit** (as defined in the **Insurance Plans** table in **System Administration**).
- **Other Encounters** – Allows users to access claims from other encounters via the **Other Encounters** window.

Claim ID	Claim Date	Primary Insurance	Balance	Visit Location	Provider	Financial Group
473299		MCR-02-NATIONAL GOVT SE	0.00	OFFICE LOCATION 82	MCALLISTER, DIALYSIS	FINANCIAL GROUP 1
465196	10/31/2008	MCR-03-WPS MEDICARE	0.00	OFFICE LOCATION 82	MCALLISTER, DIALYSIS	FINANCIAL GROUP 1
390716	3/24/2008	BCBS-11-BCBS OF KANSAS C	0.00	OFFICE LOCATION 82	SPECIAL, OWEN B	FINANCIAL GROUP 1
311530	8/8/2007	BCBS-11-BCBS OF KANSAS C	0.00	OFFICE LOCATION 82	SPECIAL, OWEN B	FINANCIAL GROUP 1
229089	12/30/2006	BCBS-11-BCBS OF KANSAS C	0.00	OFFICE LOCATION 26	SPECIAL, OWEN B	FINANCIAL GROUP 1
205402	10/27/2006	BCBS-11-BCBS OF KANSAS C	0.00	OFFICE LOCATION 82	WAITES, STANLEY	FINANCIAL GROUP 1
117648	3/14/2006	BCBS-11-BCBS OF KANSAS C	0.00	OFFICE LOCATION 82	WAITES, STANLEY	FINANCIAL GROUP 1
112972	3/2/2006	PRIVATE PAY	0.00	OFFICE LOCATION 82	WAITES, STANLEY	FINANCIAL GROUP 1
49940	10/10/2005	BCBS-11-BCBS OF KANSAS C	0.00	OFFICE LOCATION 82	WAITES, STANLEY	FINANCIAL GROUP 1
35695	9/6/2005	BCBS-11-BCBS OF KANSAS C	0.00	OFFICE LOCATION 82	WAITES, STANLEY	FINANCIAL GROUP 1

- **Other Sequences** – Allows users to access different sequences in the claim via the **Other Sequences** window.



- **First / Prev / Next / Last** – Users may click the navigation buttons to move to other claims in the appropriate worklist table.

Clinical Console

Appointments Icon Added to Chart Menu Ribbon

Project #EHS-22056

An **Appointments** icon has been added to the **Chart Actions** section on the **Chart** menu ribbon in Clinical Console.



Clicking the Appointments icon will navigate the user to the main **Appointments** screen in Clinical Console.

ExitCare Q2 2015 Updates

Project #EHS-22905

The Q2 2015 ExitCare content update has been completed.

Immunizations, New Alabama “Blue Form”

Project #BHML3-954

The new Alabama immunization "blue form" has been added to the system.

Menu Ribbon, Tab Order Updated

Project #EHS-23167

The order of the tabs in the Clinical Console menu ribbon has been updated. The tabs will display in the following order, reading left to right:

Navigation > Appts > Next Patient > Chart > ESB > Medications > Encounters > Orders > Patient Messages > Flags > Medcin > Documentation > Reports > Transaction Logs

Multiple External Website Nodes Available for Greenway Community

Project #EHS-21735

To support the Greenway Community solution, clients may add multiple website nodes under the **External Websites** section in the **My Tasks** pane in Clinical Console. Contact Greenway Support to enable this feature.

New Multi-Patient Check-In and Medcin Notes

Project #EHS-22145

New options have been added to Clinical Console to coordinate check-in and Medcin note documentation for group therapy sessions.

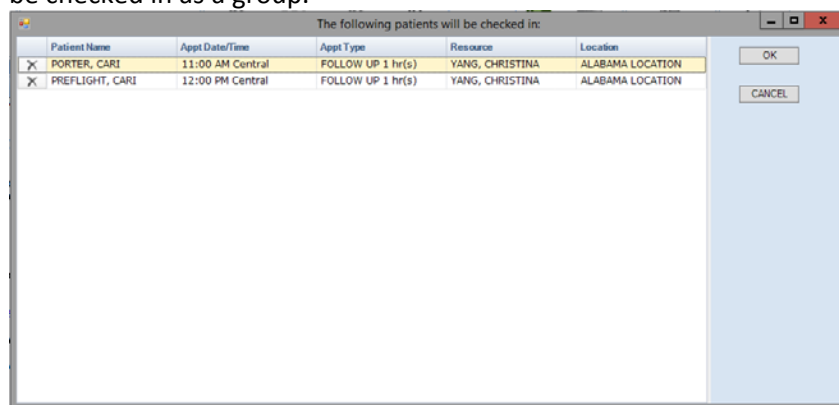
Multi-Patient Check-In

A **Multi-Patient Check-In** option has been added to the **Appointments** menu ribbon to enable group check-in.



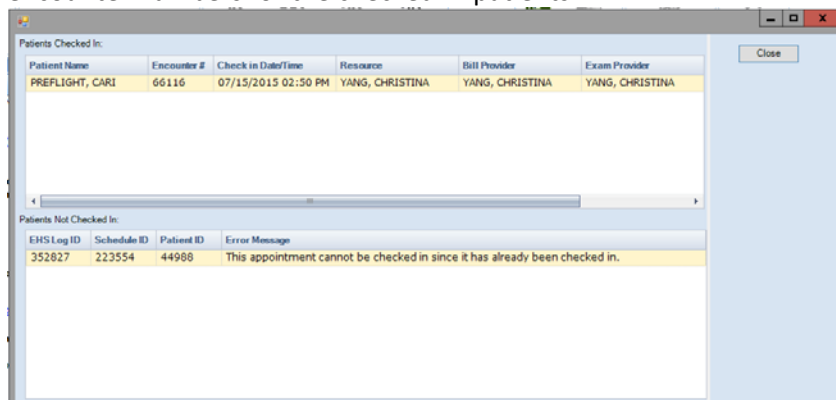
To check in a group of patients:

1. Select the appropriate patients on the **Appointments** screen by pressing the **CTRL** key and selecting the appropriate records.
2. Click **Multi-Patient Check-In** in the **Appointments** ribbon. A dialog box displays listing the patients that will be checked in as a group.



To remove a patient from multi-patient check-in, click  for the appropriate patient.

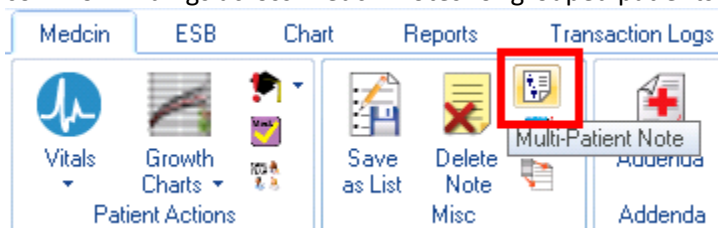
- Click **OK** to check the patients in, or **Cancel** to cancel the group check-in. A dialog box displays with the encounter numbers for the checked-in patients.



Patients that could not be checked in will display in the **Patients Not Checked In** table with a corresponding error message.

Multi-Patient Note

A **Multi-Patient Note** option has been added to the **Medcin** menu ribbon that enables users to copy certain common findings across Medcin notes for grouped patients.



Clicking **Multi-Patient Note** on a patient's Medcin record will display a **Copy Note** dialog box with all patients that were checked in using therapy check-in only.



Users may select the appropriate findings and click the **Copy note to selected patients** button to copy the information across notes.

Only the following finding types can be copied across notes:

<ul style="list-style-type: none"> Default 	<ul style="list-style-type: none"> Additional Physical Exam Findings 	<ul style="list-style-type: none"> Additional Treatment Plan
<ul style="list-style-type: none"> Chief Complaint 	<ul style="list-style-type: none"> Counseling/Education 	<ul style="list-style-type: none"> History of present illness

• Notes	• Objective	• Other
• Physical findings	• Plan (except medications)	• Practice Management
• Previous therapy	• Reason for Visit	• Referred here
• Review of symptoms	• Rule out	• Subjective
• Therapy	• Other Information	

Caution - Copying notes cannot be undone in bulk — users must delete all copied information in the Medcin notes individually for each patient.

Order Detail, Comments Read-Only for Radiology Test Results

Project #EHS-21737

Comments generated by a radiology test interface in the **Comments** and **Result Comments** fields on the **Order Detail** screen for **Radiology Test** order types will automatically be locked as read-only within the field. Users will not be able to edit or add to the **Comments** field.

Order Detail, Print Order Reports Function Added

Project #EHS-22050

The **Print Order Reports** function on the **Reports** menu ribbon has also been added to the menu ribbon in the **Order Details** window.

Clicking the **Print Order Reports** icon will display the following list of available order reports for printing:

- **All Immunizations (Basic)**
- **All Immunizations (Detailed)**
- **All Orders for Selected Encounter**
- **Consults/Transitions of Care for Selected Encounter**
- **Path Labs for Selected Encounter**
- **Procedures for Selected Encounter**
- **Radiology Tests for Selected Encounter**
- **Selected Orders for Encounter**

- **Selected Lab Report Result**
- **Requisition**
- **Full Requisition Report**
- **Labels**
- **ABN Waiver Form** – This option will display if the **Enable Lab ABN Waiver Printing** is enabled on the **Chart** tab on the **Configure SuccessEHS** screen in the **System Administration Console**.

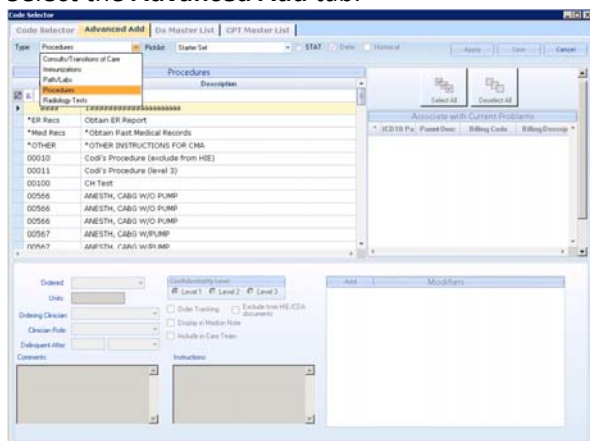
Patient Alerts, Deferring Orders Without New Encounter

Project #EHS-22176

Users now have the ability to defer an order directly in **Patient Alerts** without first creating an encounter.

To auto-defer an order from Patient Alerts:

1. Select the appropriate patient record.
2. Click the **Code Selector** icon in the appropriate menu ribbon to display the **Code Selector** window.
3. Select the **Advanced Add** tab.



4. Select the appropriate order **Type** from the drop-down list and select the appropriate order. The **Defer** checkbox will be automatically enabled (checked).

Note - Only the following order types may be auto-deferred in Patient Alerts: Consults/Transitions of Care, Immunizations, Path/Labs, Procedures, and Radiology Tests.

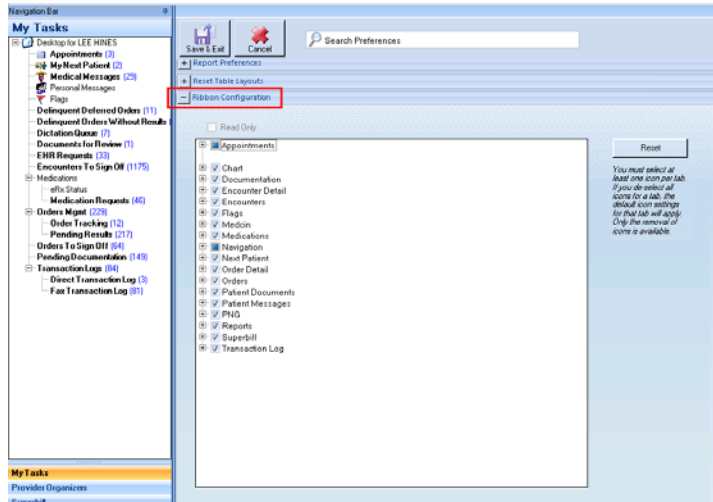
5. Click **Apply** or **Save** to save your changes. The order will display in the **Deferred Orders** table in **Patient Alerts**.


Ribbon Configuration for Clinical Console Users

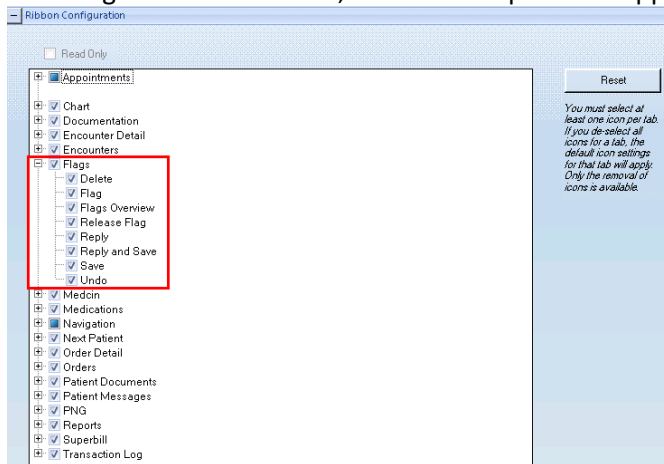
Project #EHS-21645

Users have the ability to customize the menu ribbons in **Clinical Console** by adding or removing the various icons available.

A **Ribbon Configuration** section has been added to the **User Preferences** screen to enable users to configure the various menu ribbons.



1. To configure a menu ribbon, click  to expand the appropriate menu ribbon tree.



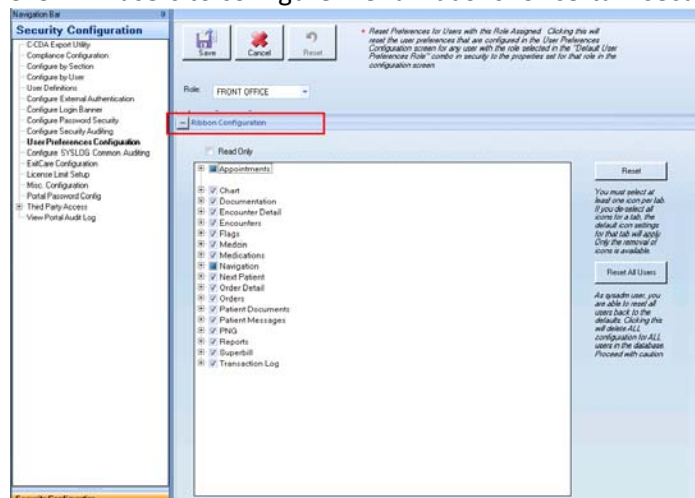
2. Select (check) the appropriate icon names to enable the icons on the ribbon. Deselect an icon checkbox to remove the icon from the ribbon.

Note - You must select at least one icon per ribbon. If you deselect all icons in a ribbon, the default settings (all icons enabled) will apply.

3. Click **Reset** to reset the ribbon configurations to their default settings.
4. Click **Save and Exit** to save your changes and close the **Ribbon Configuration** section, or **Cancel** to cancel your changes.

SYSADM Ribbon Configuration per Role

The **Ribbon Configuration** section in the **User Preferences Configuration** screen in the **Security Console** enables SYSADM users to configure menu ribbons for certain security roles.



1. To configure menu ribbons for all users under a particular security role, select the appropriate **Role** from the drop-down list and select/deselect the appropriate checkboxes for the various menu ribbons.

Note - You must select at least one icon per ribbon. If you deselect all icons in a ribbon, the default settings (all icons enabled) will apply.

2. To remove an entire menu ribbon, deselect the checkbox for the parent menu ribbon.
3. Click **Reset** to reset the ribbon configurations to their default settings.
4. (SYSADM users only) Click **Reset All Users** to reset the users under the selected role to their default settings.
5. Click **Save** to save your changes.

Note - Security settings configured by SYSADM users will always take precedence over the settings configured by an individual user.

SNOMED Updates March 2015

Project #EHS-21996

The SNOMED mapping updates for ICD9 and ICD10 codes for March 2015 have been completed.

STAT Designation Available for Consult Orders

Project #EHS-21741

Consults/Transitions of Care orders that are added via the **Advanced Add** tab on the **Code Selector** window may now be marked as STAT orders. The **STAT** checkbox will enable for Consult/Transition of Care order types.

Code Selector

Code Selector | **Advanced Add** | Dx Master List | CPT Master List

Type: Consults/Transitions of Care Picklist: Starter Set ☒ **STAT** ☒ Defer ☐ Historical

Code	Description
ALLERGY,	OTTEY, BISHOP NORBERT
ANESTHESI	BURKETT, GRAYDON
CARDIOLOG	BECHTEL, VALENTIN
CARDIOLOG	DAUGHTRY, JAMES (ED)*
CARDIOLOG	EDDY, DONNIE

A **STAT** checkbox has been added to the **Consult/Transition of Care Details** tab on the **Order Detail** window for consults that indicates the order is a STAT order. Users may deselect (uncheck) the checkbox to remove the STAT designation.

Consult/Transition of Care Detail for PALMER, SELENIA - Patient Number: 605

BURKETT, GRAYDON

Ordered: 07/02/2015 Status: ORDERED

Performed: [Level 1] [Level 2] [Level 3]

Ordering Clinician: CLARK, MOISSE H

Clinician Role: [Level 1] [Level 2] [Level 3]

Discharge Date: [Date] Signed By: [User] Date: [Date]

No Attachments

Last Modified: 7/2/2015 10:46 AM

☒ Order Tracking ☐ Show All Components

☒ Include in Case Team

Comments: [Text Area]

Result Comments: [Text Area]

Goals: [Text Area]

Instructions: [Text Area]

Provider Signature: [Text Area]

Consult/Transition of Care Details

Name: BURKETT, GRAYDON

Specialty: ALLERGY/IMMUNOLOGY

SNOMED Code: 1606000

SNOMED Description: Patient referred for medical consultation specialty

Office Name: [Text Area]

Street Address: 1001 N 10TH AVENUE NW

Address 2: [Text Area]

City, State, Zip: BOONVILLE, IL 62609

Phone: (618) 549-0000

Fax: (618) 549-0000

Email: [Text Area]

Type: Outbound Consult

☒ STAT

Transition/Referral Reason: [Text Area]

Consult/Transition of Care Report SNOMED Mapping (for ICD Stage 3 CDM purposes only)

SNOMED Code: [Text Area]

Dictation

Dictations in Chart Write to General and Progress Notes Tabs

Project #BHML3-1915

Dictations received by M-Modal or Nuance and stored in the patient's chart will display on both the **General** and **Progress Notes** tabs in the Documentation section.

Notes Window Displays in eSuperbill

Project #EHS-18199

The standard **Notes** window will now display in the eSuperbill when a patient's record is accessed if the patient has account and/or collection notes.

Originated Date	Originated By	Note Type	Note Text	Actions	Modified Date	Modified By
10/22/2008	KS	Patient	This patient is hard-of-hearing so speak loudly and clearly.		10/22/2008	KS
10/22/2008	KS	Patient	hcdhfh		10/22/2008	KS

Users may click the **Close** button to close the Notes window and open the patient record.

An **eSuperbill** option has been added to the **Standard Notes** window in the **System Administration Console** and the **Patient Notes Entry** window in **Patient Administration** to enable the **Notes** window to display.

Standard Note

Menu: New Standard Note, Apply, Save, Save & Exit, Close, Audit

Note Name: | Status: ACTIVE

Note Text: | Note Type: Account, Claims, Collections, Insurance Plan, Patient

Show Notes in These Modules:

- ☐ Charge Entry
- ☐ Chart
- ☐ Check-In
- ☐ Inquiry
- ☐ Patient Administration
- ☐ Receivables
- ☐ Scheduling
- ☒ Superbill

Created: | Modified: |

Patient Notes Entry

Note Name: NO REFILLS WAS SEEING DOCTOR

Note Text: No refills for this patient until they see the doctor.

Show Note in These Modules:

- ☐ Charge Entry
- ☐ Chart
- ☐ Check-In
- ☐ Inquiry
- ☐ Patient Administration
- ☐ Receivables
- ☐ Scheduling
- ☒ Superbill

Actions: |

Meaningful Use / PQRS / CQM

Controlled Substances Reporting Option for e-Prescribing (Stage 2)

Project #EHS-22359

The reporting option for **Meaningful Use Stage 2 Core Measure 2: e-Prescribing** has been updated to include the option of reporting controlled substances for the appropriate providers.

A sub-measure has been added to the **e-Prescribing** measure in the **MU Config** section on the **Meaningful Use/PQRS Config** screen in **Clinic Configuration**.

Provider	Stage	Reporting Period	Start Date
ALBERT PRESKITT	Stage 2	2013	01/01/2013

Measure	Type	Target %						
<input checked="" type="checkbox"/> e-Prescribing	Core	> 80%						
<table border="1"> <thead> <tr> <th>Sub Measure</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Do not include controlled sub...</td> <td>> 50%</td> </tr> <tr> <td><input checked="" type="checkbox"/> Include controlled substances</td> <td>> 50%</td> </tr> </tbody> </table>			Sub Measure	Target %	<input type="checkbox"/> Do not include controlled sub...	> 50%	<input checked="" type="checkbox"/> Include controlled substances	> 50%
Sub Measure	Target %							
<input type="checkbox"/> Do not include controlled sub...	> 50%							
<input checked="" type="checkbox"/> Include controlled substances	> 50%							
<input checked="" type="checkbox"/> Medication Reconciliation	Core	> 50%						
<input checked="" type="checkbox"/> Patient Education	Core	> 10%						

Users may select (check) one of the following options for e-Prescribing reporting:

- **Do not include controlled substances**
- **Include controlled substances**

Note - Only one of the sub-measure checkboxes can be selected.

The measure name on the **Report Results** grid and in the header bar on the **Measure Details** pop-up in the **Incentive Programs** window will display **e-Prescribing (Include Controlled Substances)** or **e-Prescribing (Exclude Controlled Substances)** depending on the provider's configuration.

Provider	Stage	Reporting Period	Compliance
ALBERT PRESKITT	Stage 2	1/1/2013 - 12/31/2013	0 / 16

Compliant	Measure	Type	Score	Act
<input checked="" type="checkbox"/>	Clinical Decision Support	Core	0 / 0	0.00
<input checked="" type="checkbox"/>	Clinical Summaries	Core	0 / 0	0.00
<input checked="" type="checkbox"/>	CPOE	Core	0 / 0	0.00
<input checked="" type="checkbox"/>	Demographics	Core	0 / 0	0.00
<input checked="" type="checkbox"/>	e-Prescribing (Include controlled substances)	Core	0 / 0	0.00
<input checked="" type="checkbox"/>	Medication Reconciliation	Core	0 / 0	0.00

e-Prescribing (Include controlled substances) Measure Details

Items in the grid below all fall in the denominator for this query.

Checked rows also fall in the numerator.

Print

The measure description will state the following for measures configured to include controlled substances:

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.

Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed, including controlled substances, during the EHR reporting period.

Measure Details

Section: 170.314(b)(3)

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Numerator Definition: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.

Denominator Definition: Number of prescriptions written for drugs requiring a prescription in order to be dispensed, including controlled substances, during the EHR reporting period.

For measures excluding controlled substances, the standard measure description will display.

Incentive Programs, Age Strata Added to CQM Measures

Project #EHS-22585

The following stratification data has been added to the following measures on the **CQM** tab on the **Incentive Programs** window:

eMeasure 74: Primary Caries Prevention Intervention as Offered by Primary Care Providers Including Dentists

- **Stratum 1:** age 0-5
- **Stratum 2:** age 6-12
- **Stratum 3:** age 13-20

eMeasure 126: Use of Appropriate Medications for Asthma

- **Stratum 1:** age 5-11
- **Stratum 2:** age 12-18
- **Stratum 3:** age 19-50
- **Stratum 4:** age 51-64

eMeasure 153: Chlamydia Screening for Women

- **Stratum 1:** age 16-20
- **Stratum 2:** age 21-24

eMeasure 155: Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents

- **Stratum 1:** age 3-11
- **Stratum 2:** age 12-17

Strata is viewable under the relevant parent populations on the **CQM** tab:

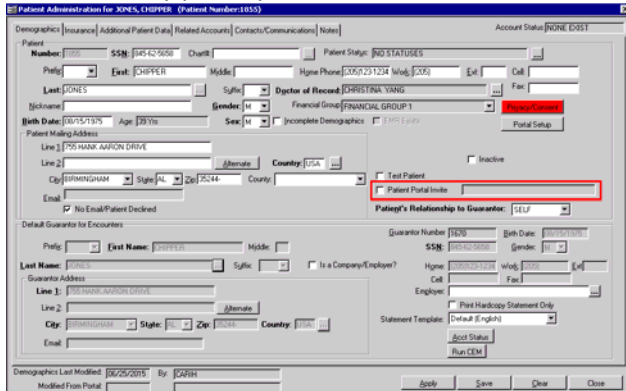
Incentive Programs					
Meaningful Use PQRS CQM					
MEASURE #	NQF #	Measure	Population	Denominator	Denominator Exclusion
eMeasure 74	N/A	Primary Caries Prevention Intervention as Offered by Primary Care Pro	0	0	0
POPULATION 1 / DENOMINATOR 1 / NUMERATOR 1					
Description					
Patients Aged 0 - 5		Total Population	Total Denominator	Total Numerator	Total Exclusion
Patients Aged 6 - 12		0	0	0	0
Patients Aged 13 - 20		0	0	0	0
POPULATION 1 / DENOMINATOR 1 / NUMERATOR 1					
			0	0	0

New Patient Portal Invite Option for View/Download/Transmit Measure (Stages 1 and 2)

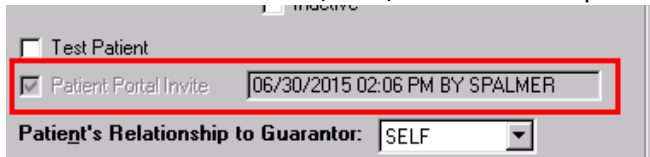
Project #EHS-21563

A new option for documenting numerator credit for the **Timely Access** subtask of the **View, Download, and Transmit** core measure in Stages 1 and 2 of Meaningful Use has been added to the system.

A **Patient Portal Invite** option has been added to the **Demographics** tab in **Patient Administration** that enables users to verify participation in the **Patient Portal** without requiring the patient to sign up for a portal account.

The screenshot shows the 'Patient Administration' window for patient JONES, CHOPPER. The 'Demographics' tab is active. In the 'Patient' section, the 'Patient Portal Invite' checkbox is checked and highlighted with a red rectangle. Below it, the 'Patient's Relationship to Guarantor' dropdown menu is set to 'SELF'. The 'Test Patient' checkbox is unchecked. The 'Guarantor' section shows the guarantor's name as JONES, CHOPPER and their relationship as 'SELF'.

Users may select (check) the checkbox to indicate that they have informed the patient about the **Patient Portal** and provided information regarding setting up a Portal account to access electronic copies of his/her personal health information. A date/time/username stamp will display after the checkbox is selected.

This is a close-up of the 'Patient Portal Invite' checkbox. The checkbox is checked, and a date/time/username stamp '06/30/2015 02:06 PM BY SPALMER' is displayed next to it. The 'Patient's Relationship to Guarantor' dropdown menu is set to 'SELF'.

Note - The Patient Portal Invite checkbox cannot be deselected (unchecked) once it has been selected.

Patients with existing Portal accounts will have the date/time their initial Portal account was created automatically populate in the **Patient Portal Invite** field. This information will be taken from the **Created** field on the **Portal User Administration** window.

Medcin

Medications/Allergies No Longer Removable from Medcin Note

Project #EHS-21812

Medications and allergies may no longer be deleted from the **Delete Note** window in **Medcin**. These items may only be deleted directly from **Medications.NET**.

Medications.NET

340B Messages No Longer Feed to eRx Notes or Med Notes

Project #EHS-21928

The 340B codes in eRx messages will no longer display in either the **Notes** segment of eRx messages or the **Notes** field in **Medications.NET**.

Patient Administration

PCMH Updates for Patient Administration Data

Project #EHS-18695

The following updates have been made to the **Patient Administration** module to capture additional data for PCMH reporting:

- **Additional Patient Data tab – Disabled, Retired, Student, and Unemployed** statuses have been added to the **Patient** and **Spouse** drop-down lists in the **Employment** section.

Patient Administration for PARSON, CHARLOTTE (Patient Number: 100)

Demographics | Insurance | Additional Patient Data | Related Accounts

Information Required for Claims:

Marital: [Dropdown] 1st Visit: 12/23/20

Student: NOT IN SCHOOL Date of Death: [Dropdown]

Employment:

Patient: [Dropdown] Preliminary Cause of Death: [Dropdown]

Spouse: [Dropdown]

Referral: [Dropdown]

Primary Care: [Dropdown]

Preferred Language: ENGLISH

Housing Status: HOME FSS SHFI TFR

These statuses have also been added to the **Demographics** screen on the **Patient Portal**.

- **No Email/Patient Declined** – A **No Email/Patient Declined** option has been added to the **Email Address** field on the **Privacy/Consent Information** and **New Patient Express** windows, and on the main **Demographics** tab.

Privacy/Consent Information for PARSON, CHARLOTTE

Menu: Privacy Settings, Privacy History, HIPAA Notices, Authorizations, Close

Privacy Restrictions: Privacy Policy: [Signed] 04/13/2012, Consent Form: [Signed], Given By: [Dropdown]

Privacy Policy has been acknowledged via Patient Portal. 11/1/2013 10:16:06 AM by Portal User: CAPGRAB

HIE Consent: HIE, Signed, Date Signed, Option, Consent File

Email Preferences: Email Address: [Text], Email Type: [Dropdown], Receive Emails: [Dropdown], POC Modified: [Dropdown], Portal Modified: [Dropdown], App: [Dropdown]

☒ No Email/Patient Declined

New Patient Express

Minimum Patient Information: Patient Number: 95701, Birth Date: [Text], Patient's Last Name: [Text], Suffix: [Dropdown], Gender: [Dropdown], First Name: [Text], MI: [Text], Doctor of Record: [Text], SSN: [Text], Location: [Text]

Guarantor Details: Relationship To Guarantor: SELF, Guarantor #: [Text], Guarantor's Last Name: [Text], Suffix: [Dropdown], Guar. Employer: [Text], First Name: [Text], MI: [Text], Account Status: NONE EXIST

Additional Patient Information: Home Phone: [Text], Cell: [Text], Add Line 1: [Text], Patient Employer: [Text], Work Phone: [Text], Fax: [Text], Add Line 2: [Text], Patient Status: NONE EXIST, Ext: [Text], Chart #: [Text], City: [Text], Email Address: [Text], Location: [Text], State: [Text], Zip: [Text]

☒ No Email/Patient Declined

Insurance Details: [Table with columns: FC, Type, Rank, Code, Plan Name, Zip, Policy #, Grp Name, Grp #, Holder, Relation]

Patient Administration for WALIA, ELIZABETH (Patient Number: 100)

Demographics | Insurance | Additional Patient Data | Related Accounts | Contacts/Communications | Notes

Patient: Number: 100, SSN: 421-38-2717, Chart #: 9243, Patient Status: NO S, Prefix: [Dropdown], First: ELIZABETH, Middle: C, Home Phone: (000)841-6160, Last: WALIA, Suffix: [Dropdown], Doctor of Record: MULTIPLE EX, Nickname: [Text], Gender: F, Financial Group: FINANCIAL GR, Birth Date: 08/11/1951, Age: 63 Yrs, Sex: F, Incomplete Demographics: [Checked]

Patient Mailing Address: Line 1: 6430 RANSOM ROAD, Line 2: [Text], Alternate: [Text], Country: USA, City: HOOVER, State: AL, Zip: 35216, County: [Text], Email: [Text], Direct Address: [Text]

☒ No Email/Patient Declined

Selecting (checking) this option will indicate that the patient either has no email address or declined to provide an email address. This option will be disabled for patients with an existing email address in the system.

The **No Email/Patient Declined** indicator will display in the **Communication Info** pop-up on the **Patient Data** window in **Clinical Console**.

The screenshot shows the 'Patient Data' window with tabs for Demographics, Additional Patient Data, Notes, and Pediatric Details. The Demographics tab is active, showing patient information for Charlotte V. Parson, Patient Number 100. A red box highlights the 'Email (No Email/Patient Declined)' indicator in the Communication Info section.

- **System Administration Console, Configure SuccessEHS – Require Employment Status and Require Email Address** options have been added to the **Patient Administration** section of the **Configure SuccessEHS** screen in the **System Administration Console** to require employment and email address input.

The screenshot shows the 'Configure SuccessEHS: Patient Administration' screen. The left sidebar lists various configuration categories, with 'Patient Administration' selected. The main area shows configuration options for switches, new patient entry, default search criteria, and additional patient demographic information. The 'Require Employment Status' and 'Require Email Address' options are highlighted with a red box.

When enabled, users will receive a prompt if they attempt to save a patient's data without entering the employment status or email address (or indicating that the patient declined to provide an email address).

Scanning

Scanning Updates

Project #EHS-20844, EHS-22105

The SuccessEHS platform now supports Windows 2012 scanning and 64-bit scanning. In addition, the TigerView functionality has been changed to a static virtual channel to support 64-bit scanning.

The current virtual channel drivers for scanning, signature pads, and TigerView have been updated in 7.40 to support 64-bit RDP clients and Windows Server 2012. Clients that use this functionality will need to uninstall their existing virtual channel drivers and install the new one(s) upon upgrade to v7.40.

The v7.40 upgrade will require your practice to re-install the following components if you use Scanning, Signature Pads or TigerView.

- SuccessScanning
- SuccessSigPad
- SuccessTigerView

Security Console

New User Definitions Screen

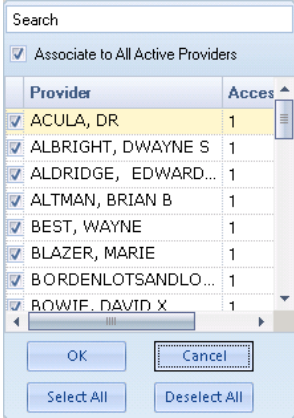
Project #EHS-21992

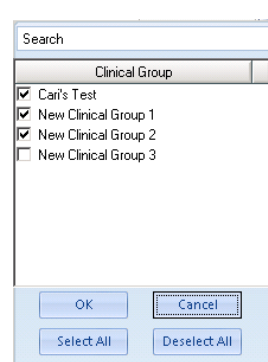
The **User Definitions** functionality in **Classic Security** has been moved to its own screen in the **Security Console** and updated.

Associate Profile	User Name	User ID	Profile	Default Provider	Chart Config. Level	User is a Provider	Assoc. User ID to Profile
	A123	A123	Classic 2	DEWEESE, TIMOTHY	3		
	A1C TEST	A1C	All Tabs	DEWEESE, TIMOTHY	1		
	A2 LISAS	A2	All Tabs	DEWEESE, TIMOTHY	3		
	AAA1MSB	AAA1MSB	Case Test	ALBRIGHT, DWYNE S	1		
	AAA2MSB	AAA2MSB	All Tabs	ALBRIGHT, DWYNE S	1		
	AAABOT	AAABOT	All Tabs	DEWEESE, TIMOTHY	3		
	AAABOT	AAABOT	All Tabs	DEWEESE, TIMOTHY	3		
	ADAM	ADAM	Direct	LUY, DON	3		
	ALBEN TERRY	BEROWN	Providers	PURYEAR, TIMOTHY	1		
	ALBEN TERRY	KDOUCET	All Tabs	ALDRIDGE, EDWARD S	1		
	ALP	ALP	All Tabs	FREL, BILLYRAY	3		
	ALEXAL	ALEXAL	All Tabs	WALTON, SAM	3		
	ALI	ALI	All Tabs	DEWEESE, TIMOTHY	3		
	ALIA SYED-LISAS USER	ALIA	All Tabs	DEWEESE, TIMOTHY	3		
	ALICIA ANDERSON	ALICIA	All Tabs	ROBERTS, DARRELL	3		
	ALICIA BISHOP	ABISHOP	All Tabs	LITTLE, CHICKEN	3		
	ALISA SYED USER	ALISAS	All Tabs	DEWEESE, TIMOTHY	3		
	AMVR	AMVR	All Tabs	ALTHAM, BRIAN B	3		
	ANGIE HOBBS	ANGIE	All Tabs	HOBBS, ANGIE	1		
	ANGIE HOBBS	ANGIEH	All Tabs	HOBBS, ANGIE	3		HOBBS, ANGIE
	ANIR	ANIR	All Tabs	ALDRIDGE, EDWARD S	1		
	ANTHONY JOHNSON	JOHNSON	All Tabs	BRUCE, TORANEE	3		
	ANTHELMIT	ANTH	All Tabs	DUCK, DONALD	3		DUCK, DONALD
	APRILR	APRILR	All Tabs	ALTHAM, BRIAN B	3		ALTHAM, BRIAN B
	ARTHURL	ARTHURL	All Tabs	ADULA, OR	3		
	ATEST	ATEST	All Tabs	WINSON, MILTON	3		
	AUSTIN GUNN	EHSRACHE					
	AWTOD	AWTOD	All Tabs	ADULA, OR	3		
	BAMACARI	BAMACARI	All Tabs	YANG, CHRISTINA	3		
	BARBARA HESTLEY	ASMITH	Direct	ALBRIGHT, DWYNE S	1		
	BARBARA HESTLEY	CNE	Providers	GILLIAN, DANIEL H	1		
	BARBARA HESTLEY	EHSEBJ	All Tabs	OWENBY, ROONEY	1		
	BATMAN	BATMAN	All Tabs	ADULA, OR	3		

User Grid

The main grid on the **User Definitions** screen contains the following information/functionality:

Column	Functionality
Associate Provider	<p>Click the Associate Provider button to assign the user to one or more active providers via the pop-up window:</p>  <p>1. Select (check) the appropriate checkbox(es) of the provider(s) to whom the user should be associated.</p> <ul style="list-style-type: none"> To select all records, click Select All. To deselect all records, click Deselect All. To associate the user to all active providers, select the Associate to All Active Providers checkbox. <p>2. Click OK to associate the selected providers.</p>
User Name	Displays the name of the user.
User ID	Displays the person's user ID.
Profile	Select the appropriate new Chart profile from the drop-down field.
Default Provider	Select the appropriate default provider for the user from the drop-down field.
Chart Confid. Level	Select the appropriate Chart confidentiality level for the user from the drop-down field.
User is a Provider	Select (check) this checkbox to indicate that the user is a provider.
Assoc. User ID to Provider	Select the appropriate provider to assign the user ID to from the drop-down field.
Allow Sign-Off Privileges	Select (check) the checkbox to enable the user to sign off patient charts.
Hide Progress Notes	Select (check) the checkbox to hide the provider's progress notes from the user.
Clinical Groups	Click the Clinical Groups button to assign the user to one or more clinical groups via the pop-up window:



1. Select (check) the appropriate checkbox(es) of the clinical group(s) to whom the user should be associated.

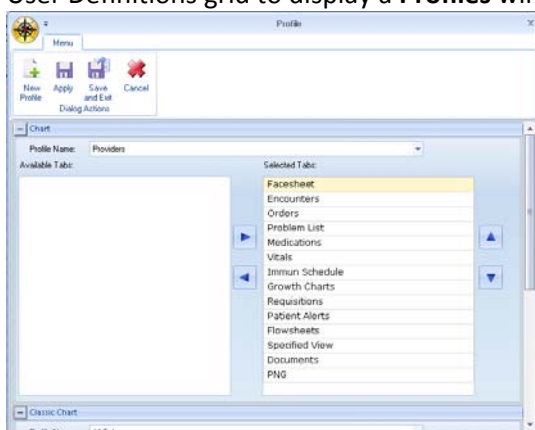
To select all records, click **Select All**. To deselect all records, click **Deselect All**.
2. Click **OK** to associate the selected groups.

The table view may be modified as follows:

If this...	Do this...
You want to group the screen by column header.	Select a column header and drag it to the " Drag a column header here to group by that column " region immediately above the columns.
You want to rearrange columns in the table.	Click on the appropriate column header and drag it to the desired position on screen.
You want to widen or shorten columns in the table.	Drag the column headers to the desired width.

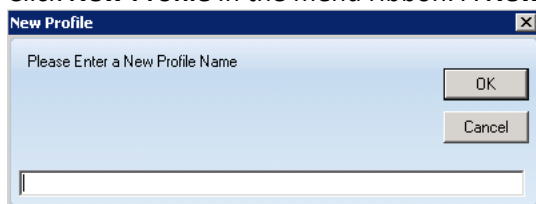
Chart Profiles

Chart profiles enable SYSADM users to configure which chart tabs will display for a user or groups of users. SYSADM users may configure profiles for both **Chart** and **Classic Chart** by clicking the **Profiles** button above the User Definitions grid to display a **Profiles** window.

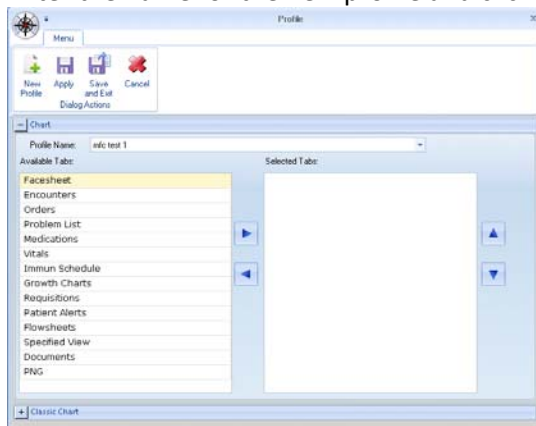






To create a new chart profile:

1. Click **New Profile** in the menu ribbon. A **New Profile** dialog box displays.



2. Enter the name for the new profile and click **OK**. The name displays in the **Profile Name** field.

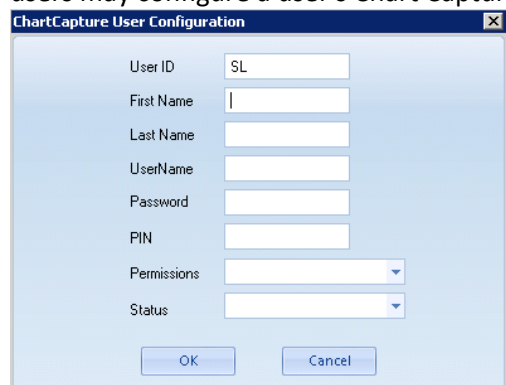


3. In the **Chart** and **Classic Chart** sections, select the appropriate chart tab name(s) in the **Available Tabs** column and click  to move it to the **Selected Tabs** column.
4. To remove a chart tab, select the item in the **Selected Tabs** column and click  to return it to the **Available Tabs** column.
5. Click  and  to re-order the items in the **Selected Tabs** column.
6. Click **Apply** to save your changes and keep the window open, or **Save and Exit** to save your changes and close the window.

The profile will display as a selection in the **Profile** column on the main **User Definitions** window.

Chart Capture

Clicking the **Chart Capture** button displays the standard **Chart Capture User Configuration** window. SYSADM users may configure a user's Chart Capture profile per normal.



Scheduling

Future Appointments Sorts By Date/Time

Project #EHS-22123

Appointments displayed for a patient on the **Future Appointments** window in **Scheduling** will now automatically sort by the **Appt Date/Time** column in ascending order.

Future appointments for patient MARSH, BESSIE (Patient #: 43139)

Appt Date/Time	Provider	Appt Type	Location	Comments	Reason
07/14/2015 8:00 AM	FERNANDO ARZOL	NEW PATIENT	IMMEDIATE TEST		
07/24/2015 11:00 AM	LEWIS A C F ABDU	EST PATIENT	DELAWARE LOCA		
08/07/2015 11:00 AM	LEWIS A C F ABDU	FOLLOW UP	DELAWARE LOCA		

Patient Appointment, New Appointment Reminder Indicators

Project #EHS-22147

Appointment Reminder Sent Via Email and **Appointment Reminder Sent Via Text** checkboxes have been added to the **Patient Appointment** window in **Scheduling** to indicate that the patient has been sent an appointment reminder by email and/or text message.

Patient Appointment * Created by LWAGNER 06/23/2015 9:11 AM * Last modified by LWAGNER 06/23/2015 9:53 AM

Individual appointment Group appointments

Patient Information
Last Name: WHITE Suffix: Chart #: Patient Details
First Name: RAVEN MI: Chart Location: Partial
Patient Number: 44955 Last Patient Birth Date: 02/20/1990 Appointment History
SSN: 765767600 Age: 25 YRS Rel Src: No Shows: 2
Confirm Method: Cancellations: 0
This appointment has not been confirmed. Rescheduled: 1

Insurance Details
Rank: Code Plan Name Policy # Holder Copay Exp. Date 270/271
1 48 BLUE CROSS 34343434/WHITE, R
New... Insurance RAS NOT Been Verified
Modify... Authorization #
Cancel... Referral #

Appointment Detail
Reason for Visit: NONE Appointment Date: 6/25/2015 Private Exclusion HED/CA: Century Appointment
Find Available Schedule Multiple Follow Ups Appointment Group:
Resources: Appointment Types: Start Time: 11:00 AM Duration: 15 MIN % Effort: 10 Lapses: Locations: Allow Multiple Locations
WAGNER, LAURA FOLLOW UP
Comments: RULE TRACING IS ON
Appointment Reminder Sent Via Email: Date Sent: 6/24/2015 9:57 AM
Appointment Reminder Sent Via Text: Date Sent: 6/24/2015 4:09 PM
OVERBOOKED BY LWAGNER ON 06/23/2015 09:53 AM

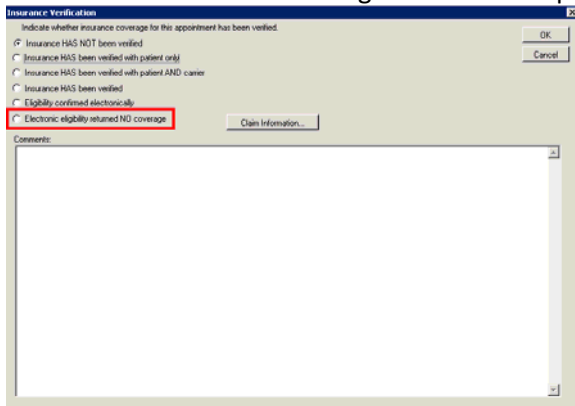
If the system is set up to automatically send appointment reminders, it will select the appropriate checkbox(es) and enter the date the reminder was sent in the appropriate **Date Sent** field(s).

Patient Appointment, New Eligibility Status – Returned No Insurance Coverage

Project #EHS-22148

An **Electronic eligibility returned no coverage** option has been added to the **Insurance Verification** screen on the **Patient Appointment** window in **Scheduling** to indicate that the electronic eligibility check for the patient

returned no insurance coverage in the 271 response.



Insurance Verification

Indicate whether insurance coverage for this appointment has been verified.

☒ Insurance HAS NOT been verified

☐ Insurance HAS been verified with patient only

☐ Insurance HAS been verified with patient AND carrier

☐ Insurance HAS been verified

☐ Eligibly confirmed electronically

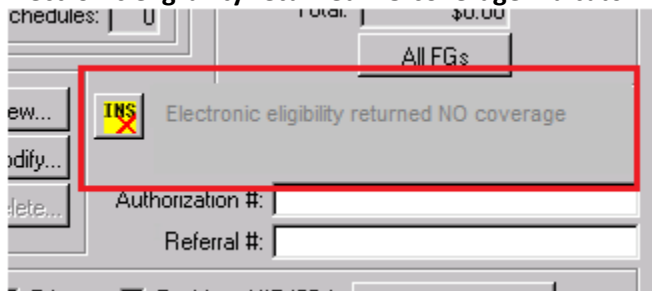
☐ Electronic eligibility returned NO coverage

OK Cancel

Obtain Information...

Comments:

When this option is selected, the **No Coverage** icon will display on the **Patient Appointment** screen with an **Electronic eligibility returned NO coverage** indicator.



Electronic eligibility returned NO coverage

Authorization #:

Referral #:

The No Coverage icon will also display on the appointment line in the **Appointment Book**.

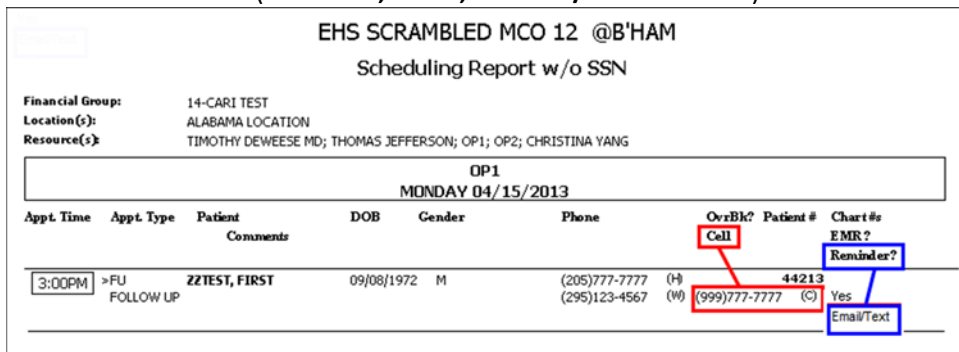


INS [No Coverage Icon] 15] GRIMES, R. - FU

Reports, Cell Number and Patient Reminder Fields Added to Scheduling Reports

Project #EHS-22146

Cell and Reminder fields have been added to the **Scheduling Report**, **Scheduling Report Without SSN**, and **Scheduling Sign-In Report** that display the patient's cell phone number (if entered) and whether the patients was sent a reminder (via a **Text**, **Email**, or **Email/Text** indicator).



EHS SCRAMBLED MCO 12 @B'HAM

Scheduling Report w/o SSN

Financial Group: 14-CARI TEST

Location(s): ALABAMA LOCATION

Resource(s): TIMOTHY DEWEESE MD; THOMAS JEFFERSON; OP1; OP2; CHRISTINA YANG

OP1

MONDAY 04/15/2013

Appt. Time	Appt. Type	Patient	DOB	Gender	Phone	OvrBk?	Patient #	Chart #s
3:00PM	>FU FOLLOW UP	ZZTEST, FIRST	09/08/1972	M	(205)777-7777 (H) (295)123-4567 (W)	Cell	44213	EMR?
							(999)777-7777 (C)	Reminder?
								Email/Text

System Administration

Procedure Codes and Standard Fees, New Revenue Code Column for Alternative Procedure Codes

Project #EHS-22143

A **Revenue Code** column has been added to the **Alternative Procedure Codes** table on the **Procedure Codes and Standard Fees** window in **System Administration** that enables users to set up revenue codes for the alternative procedure codes.

The screenshot shows the 'Procedure Codes' window. The 'Alternative Procedure Codes' table is visible, with columns: Location, Alternative Code, Mod 1, Mod 2, Revenue Code, Effective Date, and Expiration Date. The 'Revenue Code' column is highlighted with a red box. Below the table, the 'Type of Service' section shows 'DIAGNOSTIC LABORATORY' selected, and a list of service codes including 'MEDICARE PART A'.

When adding an alternative procedure code, users may click the appropriate field in the **Revenue Code** column to display a **Find Revenue Codes** dialog box. Users may search for and select the appropriate code to add from the list.

The 'Find Revenue Codes' dialog box is shown. It has search fields for 'Revenue Code' and 'Description', a 'Status' dropdown set to 'ACTIVE', and buttons for 'Find Now', 'Clear', 'OK', and 'Cancel'. Below the search fields, the 'Found Codes' table lists several codes:

Status	Code	Description
ACTIVE	001	TOTAL CHARGES MUST BE FINAL ENTRY ON ALL BILLS
ACTIVE	100	ALL INCLUSIVE ROOM AND BOARD PLUS ANCILLARY
ACTIVE	101	ALL INCLUSIVE ROOM AND BOARD
ACTIVE	110	GENERAL CLASSIFICATION
ACTIVE	111	MEDICAL/SURGICAL/GYN
ACTIVE	112	OB
ACTIVE	113	PEDIATRIC
ACTIVE	114	PSYCHIATRIC
ACTIVE	115	HOSPICE
ACTIVE	116	DETOXIFICATION

System Administration Console

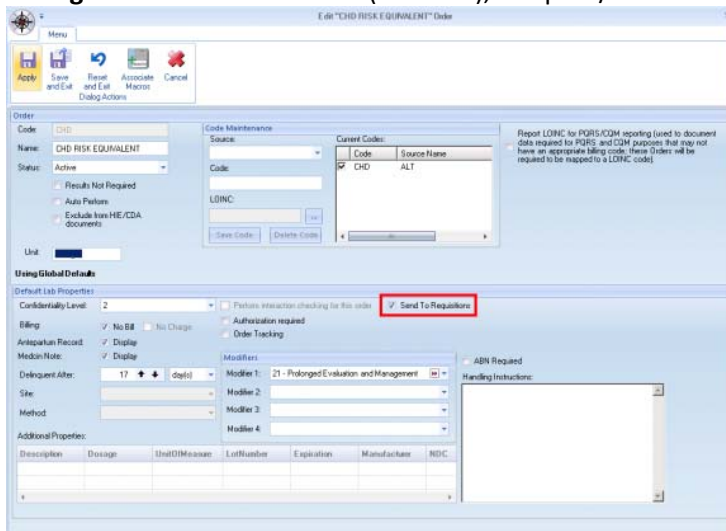
Enhancements to Requisitions

Project #EHS-21578

The following enhancements have been made for the processing of lab requisitions in **Chart**.

Clinic Configuration, New Send to Requisitions Option for Path/Labs

A **Send to Requisitions** option has been added to all **Edit Path/Lab** windows in the **Starter Set Builder** in **Clinic Configuration**. When enabled (checked), the path/lab will automatically be sent to the **Requisitions** tab in **Chart**.




This option is enabled by default. Users may disable (uncheck) the option to prevent the appropriate path/lab from being sent to **Requisitions**.

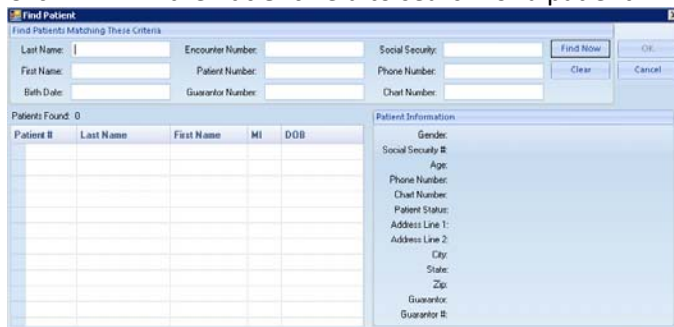
Interface Utilities, New Requisition Search Screen

A **Requisition Search** screen has been added to **Interface Utilities** that enables users to search the history of any lab requisition.



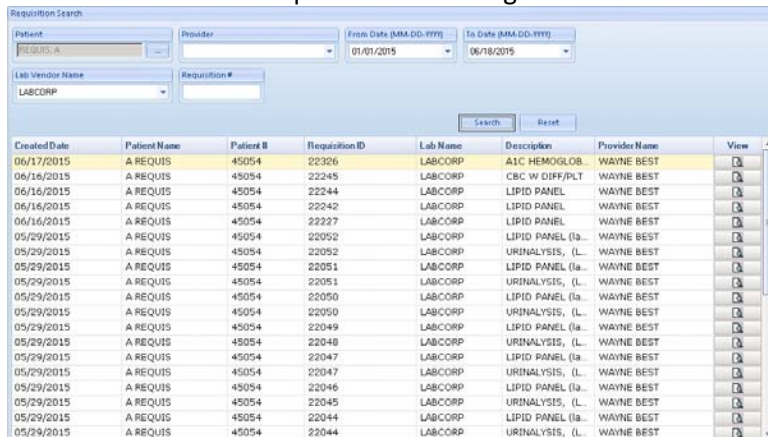
To perform a requisition search:

1. Click  in the **Patient** field to search for a patient. The **Find Patient** window displays.



The **Find Patient** window is a modal dialog for searching patients. It contains several input fields for search criteria: Last Name, First Name, Birth Date, Encounter Number, Patient Number, Guarantor Number, Social Security, Phone Number, and Chart Number. There are buttons for 'Find Now', 'Clear', and 'Cancel'. Below the search fields, it shows 'Patients Found: 0' and a table with columns: Patient ID, Last Name, First Name, MI, and DOB. To the right of the table is a 'Patient Information' section with fields for Gender, Social Security #, Age, Phone Number, Chart Number, Patient Status, Address Line 1, Address Line 2, City, State, Zip, Guarantor, and Guarantor ID.

2. Enter the appropriate search criteria in the fields in the **Requisition Search** section. You may search by the following:
 - **Provider**
 - **From Date and To Date**
 - **Lab Vendor Name**
 - **Requisition #**
3. Click **Search**. A list of requisitions matching the entered criteria displays.



The **Requisition Search** window is a modal dialog for searching requisitions. It contains input fields for Patient (with a dropdown), Provider (with a dropdown), From Date (MM-DD-YYYY), To Date (MM-DD-YYYY), Lab Vendor Name (with a dropdown), and Requisition # (with a dropdown). There are buttons for 'Search' and 'Reset'. Below the search fields is a table with columns: Created Date, Patient Name, Patient ID, Requisition ID, Lab Name, Description, Provider Name, and View. The table contains 20 rows of data.

Created Date	Patient Name	Patient ID	Requisition ID	Lab Name	Description	Provider Name	View
06/17/2015	A REQUIS	45054	22326	LABCORP	A1C HEMOGLOB...	WAYNE BEST	
06/16/2015	A REQUIS	45054	22245	LABCORP	CBC W DIFF/PLT	WAYNE BEST	
06/16/2015	A REQUIS	45054	22244	LABCORP	LIPID PANEL	WAYNE BEST	
06/16/2015	A REQUIS	45054	22242	LABCORP	LIPID PANEL	WAYNE BEST	
06/16/2015	A REQUIS	45054	22227	LABCORP	LIPID PANEL	WAYNE BEST	
05/29/2015	A REQUIS	45054	22052	LABCORP	LIPID PANEL (la...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22052	LABCORP	URINALYSIS, (L...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22051	LABCORP	LIPID PANEL (la...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22051	LABCORP	URINALYSIS, (L...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22050	LABCORP	LIPID PANEL (la...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22050	LABCORP	URINALYSIS, (L...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22049	LABCORP	LIPID PANEL (la...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22048	LABCORP	URINALYSIS, (L...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22047	LABCORP	LIPID PANEL (la...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22047	LABCORP	URINALYSIS, (L...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22046	LABCORP	LIPID PANEL (la...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22045	LABCORP	URINALYSIS, (L...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22044	LABCORP	LIPID PANEL (la...	WAYNE BEST	
05/29/2015	A REQUIS	45054	22044	LABCORP	URINALYSIS, (L...	WAYNE BEST	

The following information is available for viewing:

- **Date/Time Processed**
- **Patient Name**
- **Patient ID**
- **Req ID**
- **Lab Vendor**
- **Test Name**
- **Provider Name**

- **View** – Click the appropriate **View** icon to open the **Result Report** window and view the requisition report.

ALABAMA LOCATION
3200 BAMA DRIVE, TUSCALOOSA, AL 35403-0000

Requisition # 22326 LIS Accession Status

Ordered Date/Time 06/16/2015 3:56 pm Collection Date/Time 06/17/2015 4:00 pm Specimen Recv Reported Date/Time

Patient Name REULIS, A Gender F DOB 01/01/1990 Age 25 Yrs

Patient ID 49254 Patient Address 114 ST. BIRMINGHAM, AL 35243 Patient Telephone #s (937) (444) 444-4444 (937)

Physician NPI 912229960 Physician Name WAHNE WEST Phone (205) 871-3033 Fax (205) 871-3032

Test Name	Specimen Source / Condition	Order Result Comments
ALL HEMOGLOBIN TEST		
Lab Test Code: 001453		
Lab Test Code: 001453		
Lab Test Code: 001453		
A1C (HMOUSE) **Hgb**	%	4.7 DEF

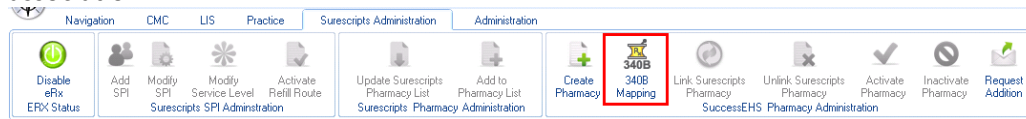
4. Click **Reset** to clear the grid and perform a new search.

Interface Utilities, Option to Map 340B Codes to Pharmacies

Project #EHS-21731

Users may associate 340B codes to pharmacies listed on the **SuccessEHS Pharmacy Administration** screen in **Interface Utilities** in the **System Administration Console**.

A **340B Mapping** button has been added to the **Surescripts Administration** menu ribbon to enable pharmacy association.



To associate a 340B code to one or more pharmacies:

1. Click the **340B Mapping** button. A **340B Mapping** dialog box displays.

340B Mapping

Save Save and Exit Cancel Select All

340B Code

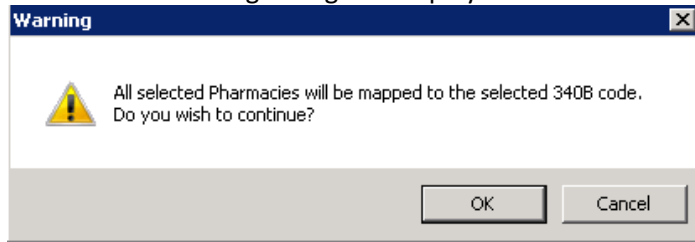
Find Pharmacies That Match These Criteria

Name City State Zip Phone

Pharmacy Type	340B	Pharmacy Name	Address Line 1	City	State	Zip
Retail	<input checked="" type="checkbox"/>	ACIPCO MEDICAL GROU.	3200 16TH ST., NORTH	BHAM	AL	35207-4202
Retail	<input type="checkbox"/>	LAST CHANCE PHARMACY	123 MAIN STREET	LAST CHANCE	CO	80757-1111
Retail	<input type="checkbox"/>	MANDY TEST PHARM	166 LEE AVE	VIDALIA	LA	71373-
Retail	<input type="checkbox"/>	PHARMACY 104	123 STREET	ST. JOSEPH	MO	64505-
Retail	<input type="checkbox"/>	PHARMACY 108	123 STREET	CHILLICOTHE	MO	64601-
Retail	<input type="checkbox"/>	PHARMACY 110	123 STREET	BETHANY	MO	64424-
Retail	<input type="checkbox"/>	PHARMACY 111	123 STREET	PRINCETON	MO	64673-
Retail	<input type="checkbox"/>	PHARMACY 113	123 STREET	TRENTON	MO	64683-
Retail	<input type="checkbox"/>	PHARMACY 116	123 STREET	KANSAS CITY	MO	64118-
Retail	<input type="checkbox"/>	PHARMACY 119	123 STREET	ST JOSEPH	MO	64506-
Retail	<input type="checkbox"/>	PHARMACY 131	123 STREET	KEARNEY	MO	64060-
Retail	<input type="checkbox"/>	PHARMACY 132	123 STREET	CARROLLTON	MO	64633-1972
Retail	<input type="checkbox"/>	PHARMACY 135	123 STREET	TARKIO	MO	64491-
Retail	<input type="checkbox"/>	PHARMACY 138	123 STREET	SAVANNAH	MO	64495-1726
Retail	<input type="checkbox"/>	PHARMACY 140	123 STREET	HAWAIIA	KS	66434-
Retail	<input type="checkbox"/>	PHARMACY 142	123 STREET	ST JOSEPH	MO	64506-
Retail	<input type="checkbox"/>	PHARMACY 143	123 STREET	ST JOSEPH	MO	64506-
Retail	<input type="checkbox"/>	PHARMACY 144	123 STREET	LAMON	IA	50140-
Retail	<input type="checkbox"/>	PHARMACY 145	123 STREET	CHILLICOTHE	MO	64601-

2. Select the appropriate **340B Code** from the drop-down list.
3. Enter the appropriate pharmacy search criteria in the **Find Pharmacies That Match These Criteria** section and click **Search**. A list of pharmacies matching the entered criteria displays.
4. Select (check) the **340B** checkbox for the pharmacies to which you wish to associate the 340B code.

5. Click **Save**. A warning dialog box displays.



Click **OK** to map the code to the pharmacies, or **Cancel** to cancel mapping.
Click **Save and Exit** to save your changes and close the dialog box.

6. Pharmacies associated to a 340B code will display an asterisk in the (new) **340B Code** column on the main screen.

Active Pharmacies			Inactive Pharmacies		
Edit	Delete	Status	NCPDP Id	340B Code	Pharmacy Name
					PHARMACY 103
				*	PHARMACY 104
					PHARMACY 106
					PHARMACY 107
				*	PHARMACY 108
					PHARMACY 109
					PHARMACY 11
					PHARMACY 110
					PHARMACY 111
					PHARMACY 112
				*	PHARMACY 113
			2632710		PHARMACY 114
					PHARMACY 115
					PHARMACY 116
					PHARMACY 117

The **340B Code** column has also been added to the main **Pharmacy Lookup** window and the main **eRx Summary** window.

Pharmacy Lookup

OK Cancel New Miss

Find Pharmacies That Match These Criteria

Name: _____ Type: All Search
City: _____ State: _____ Zip: _____ Phone: _____ Clear

Pharmacy Type	eflx	Pharmacy Name	Address 1	City	State	Zip	Phone	340B	as
Retail	<input type="checkbox"/>	ACICPO MED.	3200 16TH S.	BHAM	AL	35207-42	(999)999-99		999/999-99
Mail Order	<input type="checkbox"/>	EXPRESS PHA.	320 WEST B.	TALLADEGA	AL	35160	(888)888-88		999/999-99
Mail Order	<input type="checkbox"/>	JACKSON PHA.	P O BOX 1264	MANNILA	AR	72442	(999)999-99		999/999-99
Mail Order	<input type="checkbox"/>	KM PHARMACY	476843 ISH.	BIRMINGHAM	AL	35205	(345)353-45		999/999-99
Retail	<input checked="" type="checkbox"/>	LAST CHANCE..	123 MAIN S.	LAST CHANCE	CO	80757-11	(999)999-99		999/999-99
Retail	<input type="checkbox"/>	MANDY TEST..	166 LEE AVE	VIDALIA	LA	71737	(205)555-55		999/999-99
Retail	<input type="checkbox"/>	PHARMACY 104	123 STREET	ST. JOSEPH	MO	64506	999-999-999	*	999-999-999
Retail	<input type="checkbox"/>	PHARMACY 108	123 STREET	CHILLICOthe	MO	64601	999-999-999	*	999-999-999
Retail	<input type="checkbox"/>	PHARMACY 110	123 STREET	BETHANY	MO	64424	999-999-999	*	999-999-999
Retail	<input type="checkbox"/>	PHARMACY 111	123 STREET	PRINCETON	MO	64673	999-999-999	*	999-999-999
Retail	<input type="checkbox"/>	PHARMACY 113	123 STREET	TRENTON	MO	64683	999-999-999	*	999-999-999
Retail	<input type="checkbox"/>	PHARMACY 116	123 STREET	KANSAS CITY	MO	64118	999-999-999	*	999-999-999

☐ Update PBM

eRx Summary

By selecting Send, you are acknowledging and confirming any manual needs ready for eRxs (labeled green and have * in Manual column) are not scheduled drugs and are permissible for eRxs.

Send Cancel


Patient Information

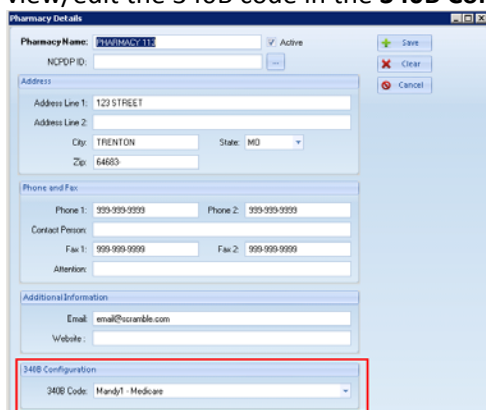
Name: HANCOCK, CRYSTAL A. DOB: 7/12/1962
Address: 1307 HWY 83 SOUTH, BRAYMER, MO 64824 Sex: F
Phone Number: (209)861-5091 Cell Number:

Emergency Address	Pharmacy Phone	Associated Dr.	340B

Status Information for Selected Medication:

☒ eRfx Ready
☐ Print Ready

Users may click  in the **Edit** column for a pharmacy to display the **Pharmacy Details** dialog box and view/edit the 340B code in the **340B Configuration** section.



Providers, Email Address Field Expanded

Project #EHS-22150

The **Email** address field on the **Provider Details** tab in the **Providers** table has been expanded to a 200-character limit.

Referrals, Mixed Case Entry for Direct Mail Address

Project #EHS-22070

The **Direct Mail Address** field in the **Referral Detail** window now accepts both upper- and lowercase letters in email addresses (as opposed to uppercase only).