SuccessEHS Release Notes 7.40

Table of Contents

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.
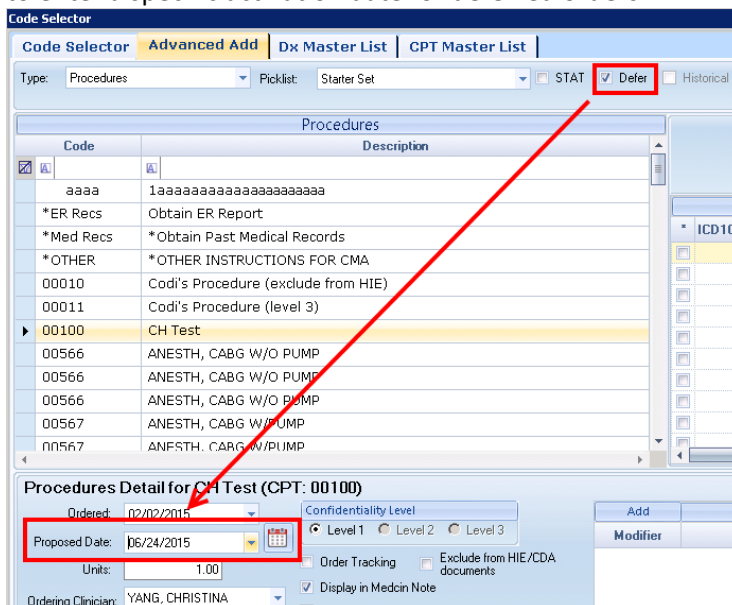
Selecting (checking) the **Defer** checkbox for an order enables the **Proposed Date** field. Users may enter the appropriate date in mm/dd/yyyy format or select a date from the drop-down calendar. Users may also click the

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.

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.

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:

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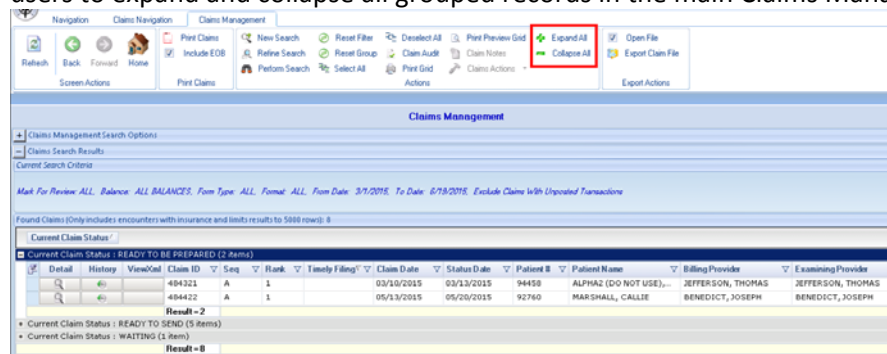
Selecting **Expand All** or **Collapse All** when column grouping is in effect will expand or collapse all of the appropriate columns respectively.

New Claim Detail Feature
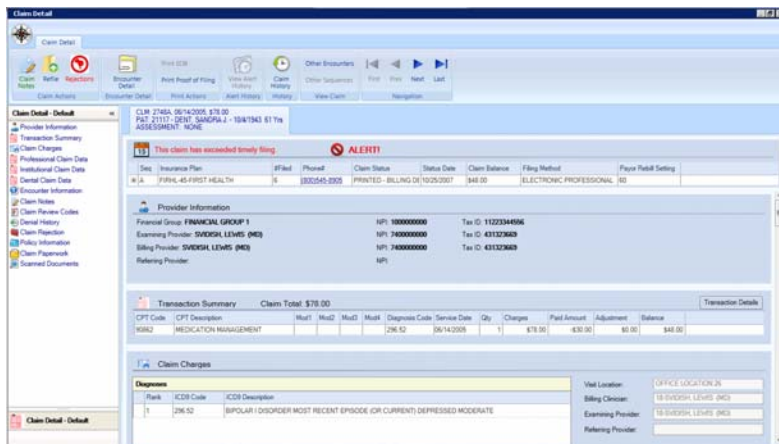
Project #EHS-20251

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 **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:

Patient Header Tab

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.

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.

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

Provider Information

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

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**).

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.

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

the appropriate code.

- 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.

- 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** 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

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

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

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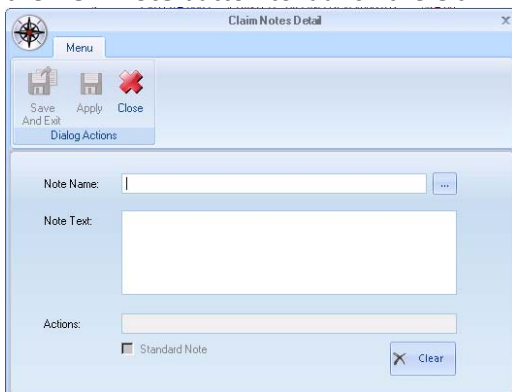
The **Encounter Information** section displays guarantor information, billing and examining clinicians, location, PCP and referral information (including referral and authorization numbers), confidential visit status, and global period status. This section is view-only.

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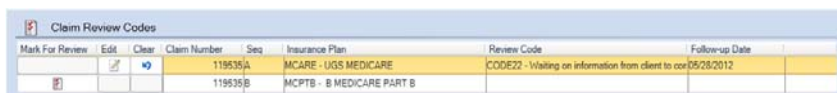
The **Claim Notes** section allows users to view standard notes attached to the claim or add a new note by clicking the **New Note** button to launch the **Claim Notes Detail** dialog box.

Users can edit existing claim notes by clicking the [icon] button in the **Edit** column for the appropriate claim to edit the claim note, or click [icon] 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] 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 ![edit icon] in the **Edit** column for the appropriate claim to edit the review code, or click ![clear icon] 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

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

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

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

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

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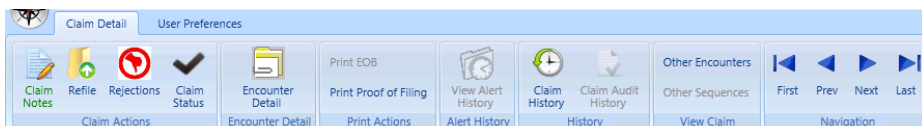
The following actions are available from the Claim Detail menu ribbon.

- **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.)
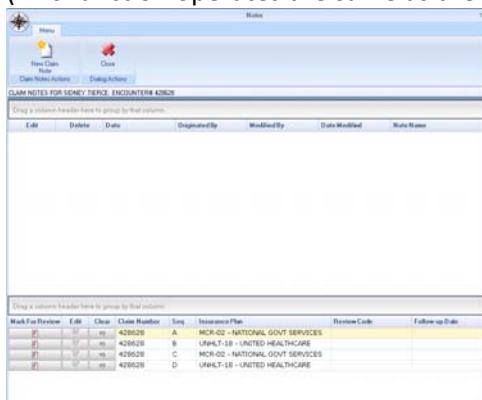
- **Refile** – Launches the **Refile Claims for Patient** dialog box, where users can refile one or more claims.
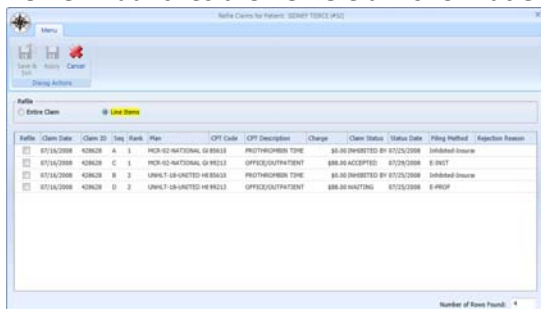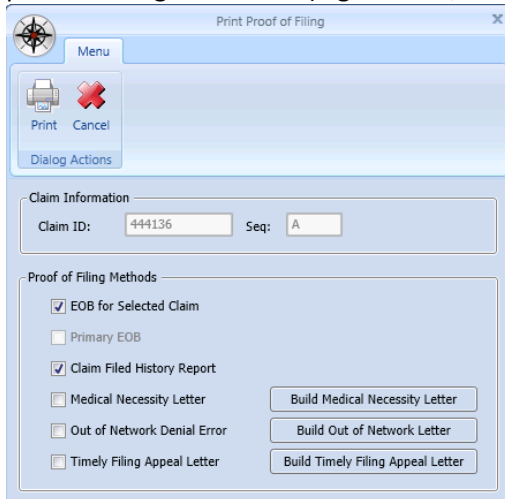
- **Rejections** – Launches the **Add/View Claims Rejections** dialog box, where users can add a rejection code or view current rejection codes.

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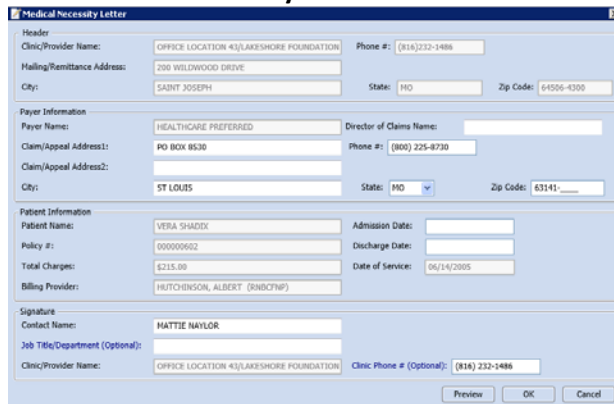
- **Print Proof of Filing** – Displays the **Print Proof of Filing** dialog box, where users can select and print the proof of filing for a claim (e.g. an EOB, Claim Filed History Report, or appeal letter).

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

− **Build Medical Necessity Letter**

− **Build Out of Network Letter**

– **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.

- **Other Sequences** – Allows users to access different sequences in the claim via the **Other Sequences** window.
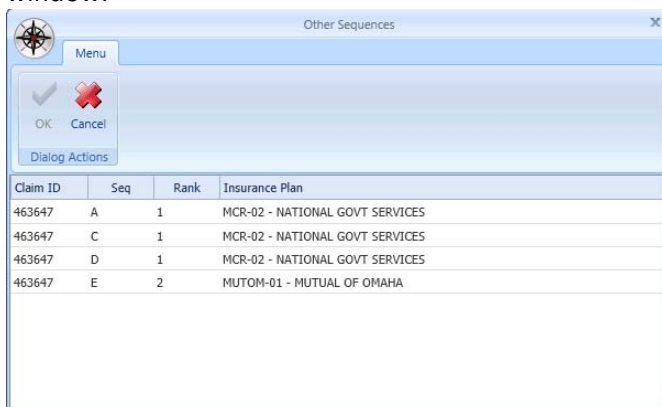
- **First / Prev / Next / Last** – Users may click the navigation buttons to move to other claims in the appropriate worklist table.

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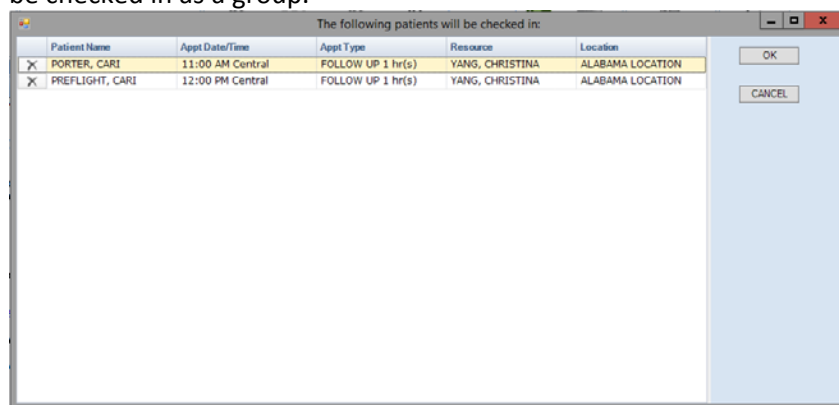
To remove a patient from multi-patient check-in, click for the appropriate patient.

3. 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.
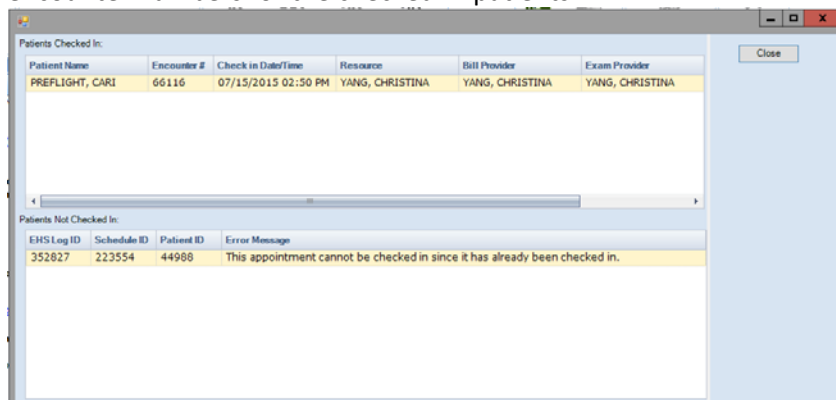
Patients that could not be checked in will display in the **Patients Not Checked In** table with a corresponding error message.

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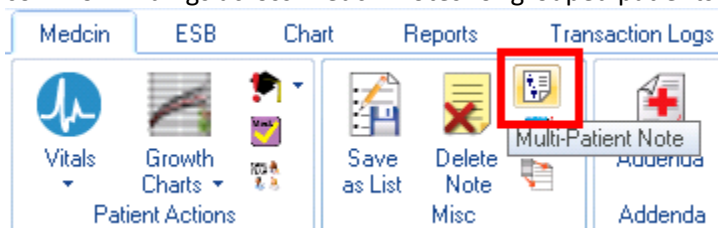
Clicking **Multi-Patient Note** on a patient's Medcin record will display a **Copy Note** dialog box with all patients that were checked in using therapy check-in only.

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:

• Default	• Additional Physical Exam Findings	• Additional Treatment Plan
• Chief Complaint	• Counseling/Education	• 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 <u>cannot</u> 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.
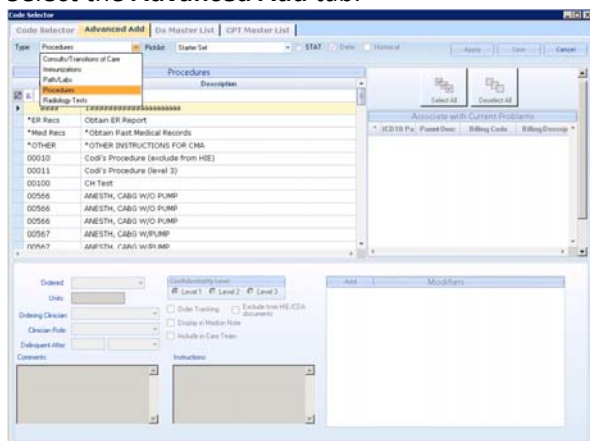
4. Select the appropriate order **Type** from the drop-down list and select the appropriate order. The **Defer** checkbox will be automatically enabled (checked).

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

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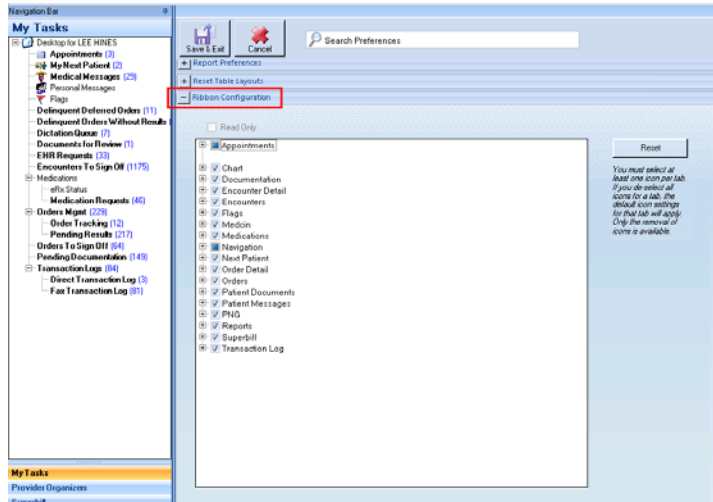
1. To configure a menu ribbon, click [+] to expand the appropriate menu ribbon tree.
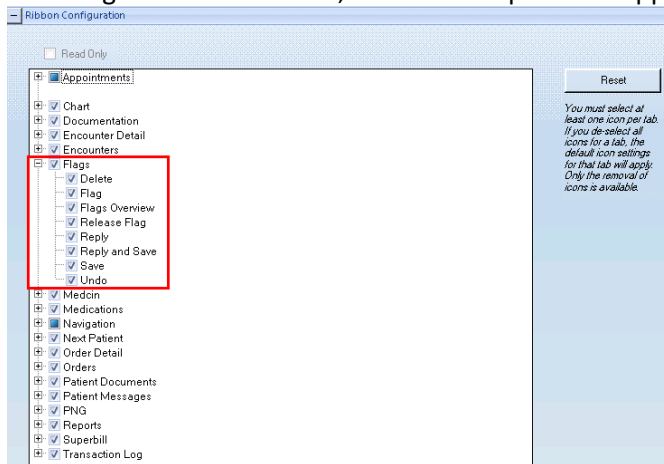

2. Select (check) the appropriate icon names to enable the icons on the ribbon. Deselect an icon checkbox to remove the icon from the ribbon.

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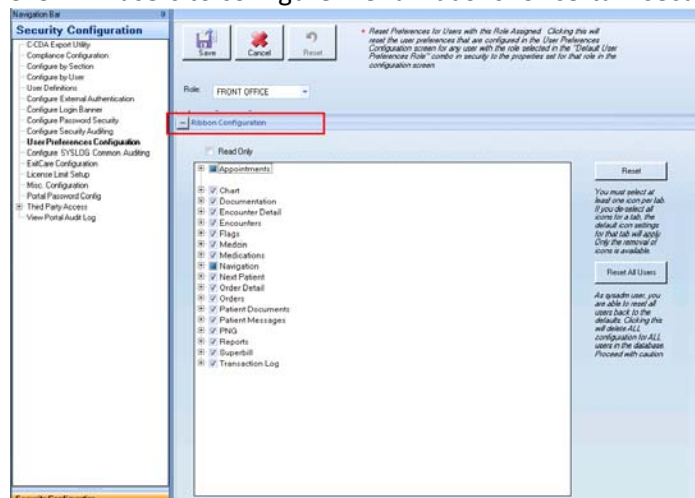
1. To configure menu ribbons for all users under a particular security role, select the appropriate **Role** from the drop-down list and select/deselect the appropriate checkboxes for the various menu ribbons.

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.

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.

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.

eSuperbill

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.

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.

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**.

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.

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.

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

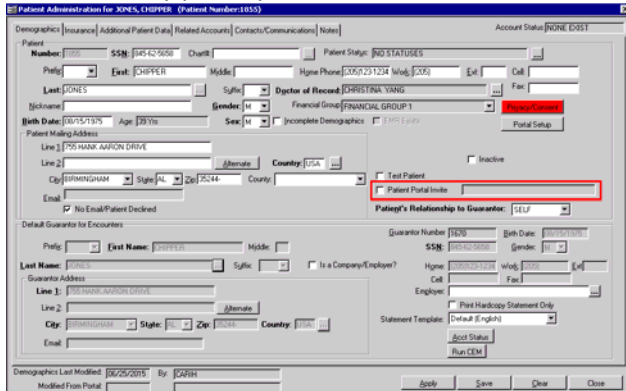Strata is viewable under the relevant parent populations on the **CQM** tab:

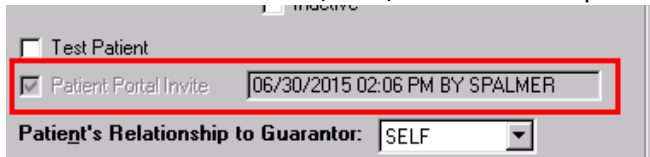# New Patient Portal Invite Option for View/Download/Transmit Measure (Stages 1 and 2)

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.

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.

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**.

Med Details, Notes Field Renamed

Project #EHS-22405

The **Notes** field on the **Med Details** tab in **Medications.NET** has been renamed **Pharmacist Notes (not meant for patient use)**.

Medications Summary, Problems/Vitals Tabs Removed

Project #EHS-21752

The **Problems** and **Vitals** tabs on the **Medications Summary** window have been removed.

Patient A/R

Statement Batch Details, New Columns Added

Project #BHML3-1940

Aging Level and **Last Statement Date** columns have been added to the **Statement Batch Details** screen in the **Patient A/R** module.

These columns have been migrated from the **Statement Selected Accounts Report** in the legacy **Billing** module.

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.

  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.

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**.

- **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.

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
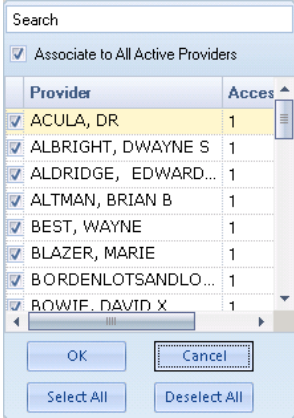
Project #EHS-21992

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

User Grid

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

Column	Functionality
Associate Provider	Click the **Associate Provider** button to assign the user to one or more active providers via the pop-up window: 1. Select (check) the appropriate checkbox(es) of the provider(s) to whom the user should be associated. • 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. 2. Click **OK** to associate the selected providers.
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:
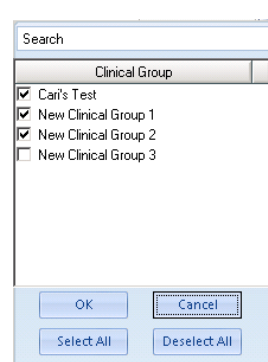
1. Select (check) the appropriate checkbox(es) of the clinical group(s) to whom the user should be associated.

   To select all records, click **Select All**. To deselect all records, click **Deselect All**.

2. Click **OK** to asociate 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.
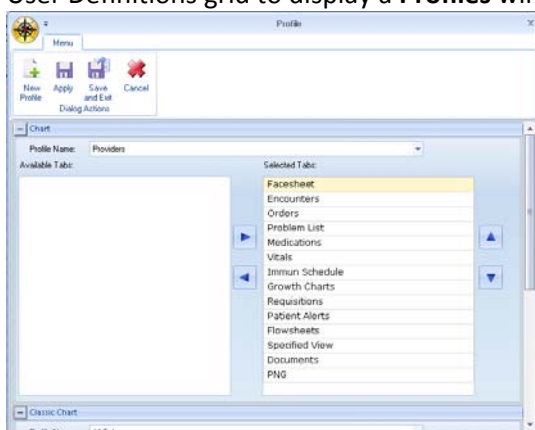
To create a new chart profile:

1. Click **New Profile** in the menu ribbon. A **New Profile** dialog box displays.
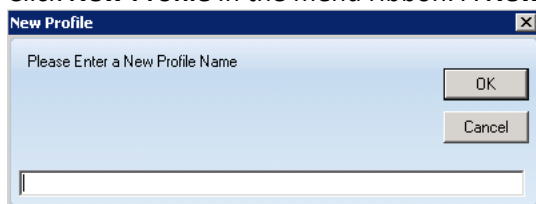
2. Enter the name for the new profile and click **OK**. The name displays in the **Profile Name** field.
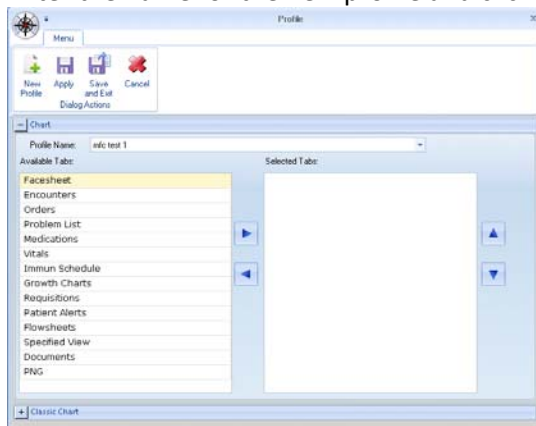
3. In the **Chart** and **Classic Chart** sections, select the appropriate chart tab name(s) in the **Available Tabs** column and click ▶ to move it to the **Selected Tabs** column.

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.
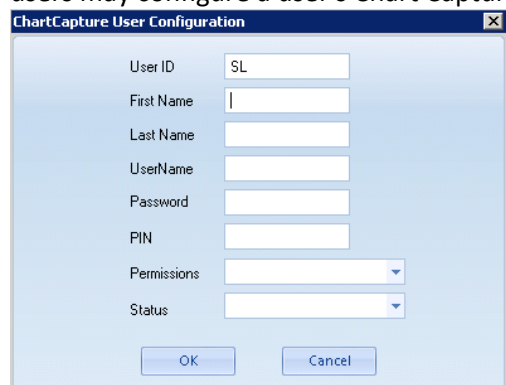
Scheduling

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.

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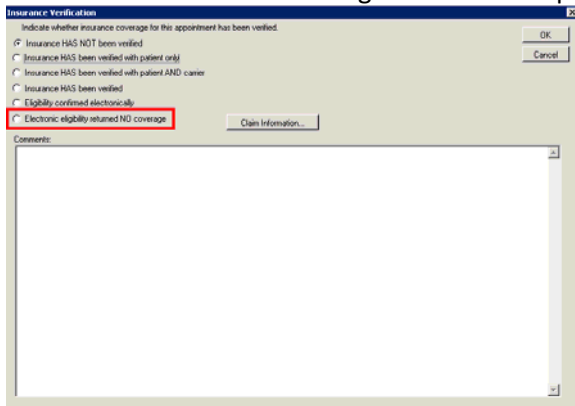
If the system is set up to automatically send appointment reminders, it will select the appropriate checkbox(es) and enter the date the reminder was sent in the appropriate **Date Sent** field(s).

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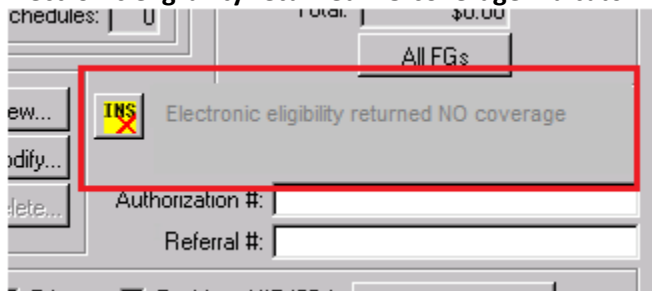
When this option is selected, the **No Coverage** icon will display on the **Patient Appointment** screen with an **Electronic eligibility returned NO coverage** indicator.

The No Coverage icon will also display on the appointment line in the **Appointment Book**.
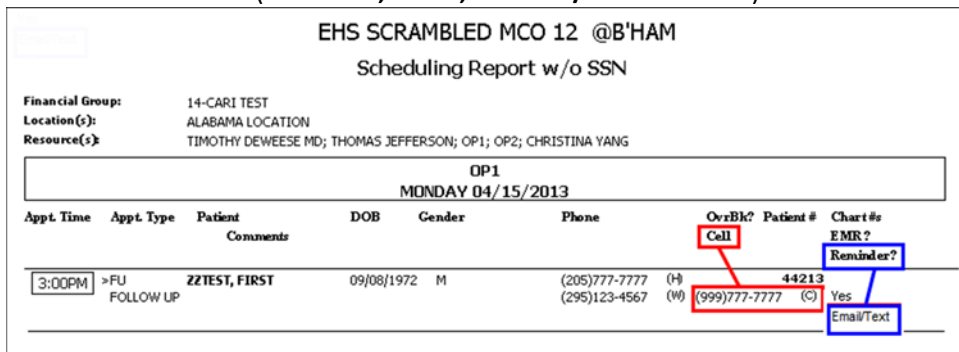
Reports, Cell Number and Patient Reminder Fields Added to Scheduling Reports

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).

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.

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.

System Administration Console
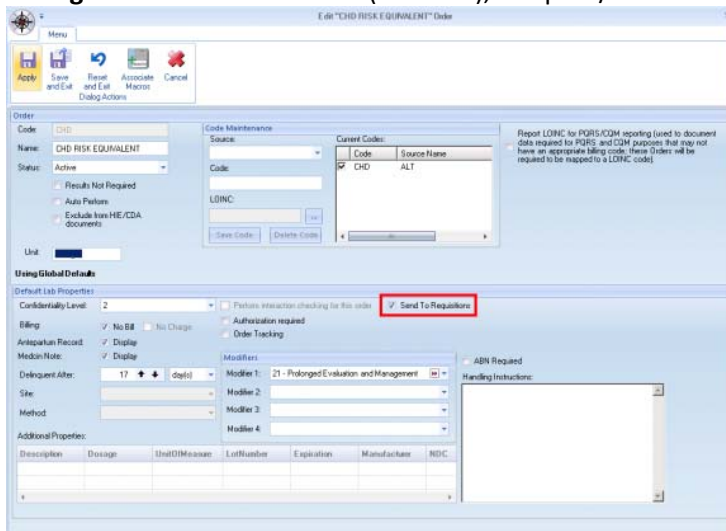
Enhancements to Requisitions

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**.
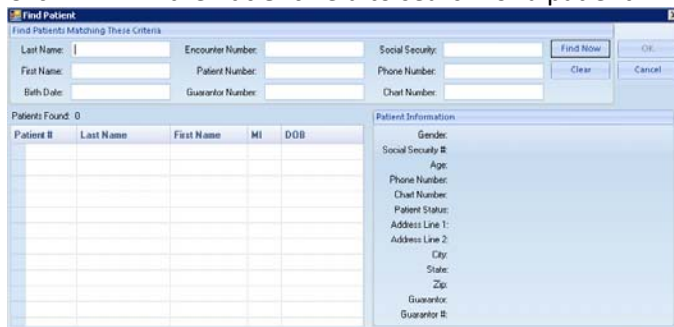
Interface Utilities, New Requisition Search Screen

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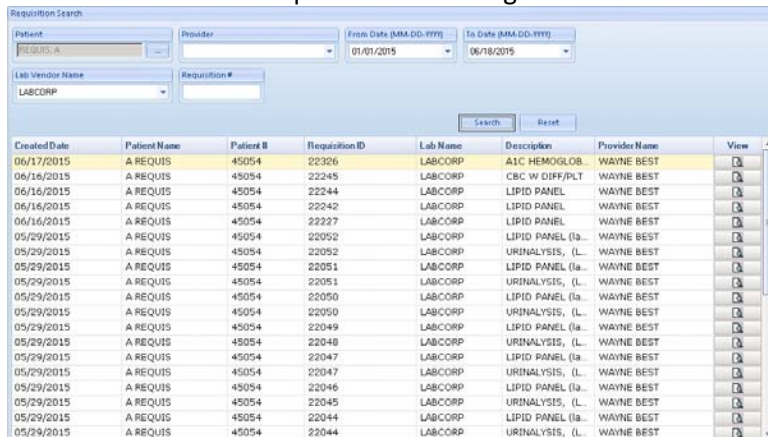
To perform a requisition search:

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

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 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.

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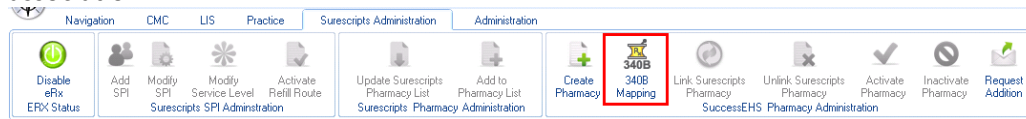
To associate a 340B code to one or more pharmacies:

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

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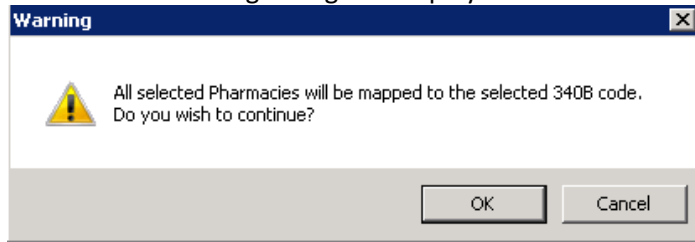
Click **OK** to map the code to the pharmacies, or **Cancel** to cancel mapping.
Click **Save and Exit** to save your changes and close the dialog box.

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

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

Users may click [image] 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).