Product Release V17

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Part I

1 PracticeSuite STAGE II - EHR Version 17.0.0

PracticeSuite EHR Version 17.0.0 was certified for Meaningful Use Stage 2 on December 18th 2014.

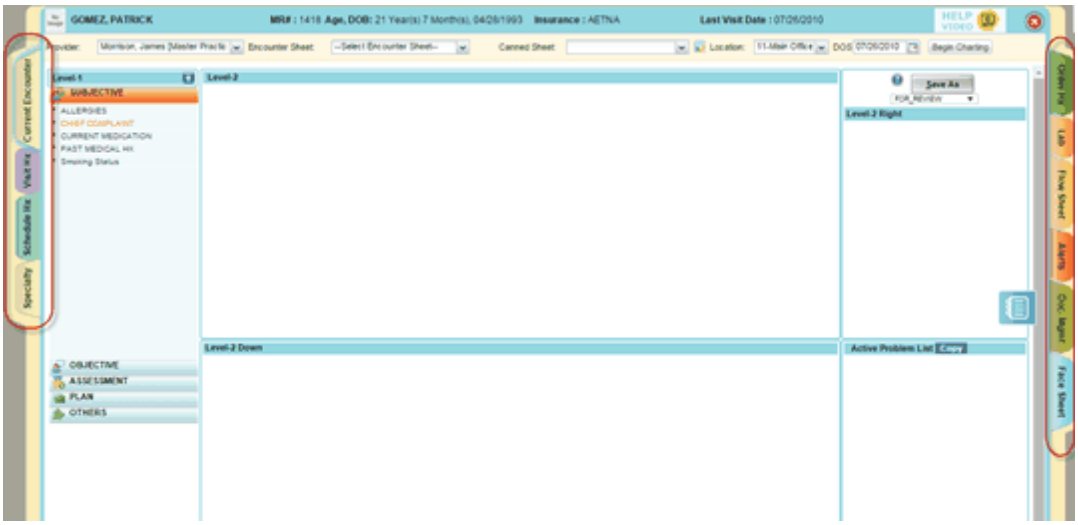
This Complete EHR is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. Please see certification information in the below Table.

Vendor Name:	PracticeSuite, Inc.
Certified EHR Name:	PracticeSuite
Certified EHR Version:	EHR-17.0.0
InfoGard Certification #:	**IG-2412-14-0086**
Certification Date:	December 18, 2014
Classification:	Complete EHR
Practice Setting:	Ambulatory
Requirements Edition:	2014
Certification Criteria:	§170.314: (a)(1 - 15); (b)(1 - 5, 7); (c)(1 - 3); (d)(1 -9); (e)(1 - 3); (f)(1 - 3); (g)(2 - 4)
Clinical Quality Measures:	CMS68 v3, CMS69 v2, CMS117 v2, CMS123 v2, CMS127 v2, CMS138 v2, CMS139 v2, CMS147 v2, CMS165 v2, CMS166 v3
Additional SW Required:	N/A

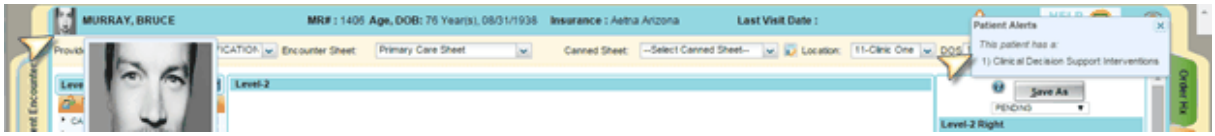
This certification does not represent an endorsement by the U.S. Department of Health and Human Services. Reliability and usability are among the most important components we have focused on this new version of EHR.

The EHR Front-End has been migrated in to the newer HTML5 feature rich framework while maintaining our unique design. We have highlighted some of the notable functional and UI changes below.

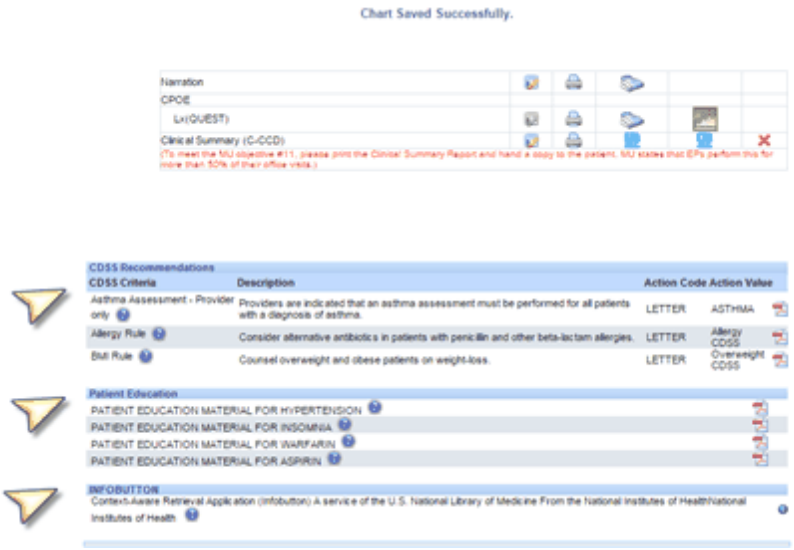
1. The tabs have been placed vertically in the new design. The encounter related tabs are placed to the left and the other tabs are placed to the right of the screen. This new design has been implemented to give a look and feel of the conventional paper chart and in addition, to give the users more room for viewing or for charting.



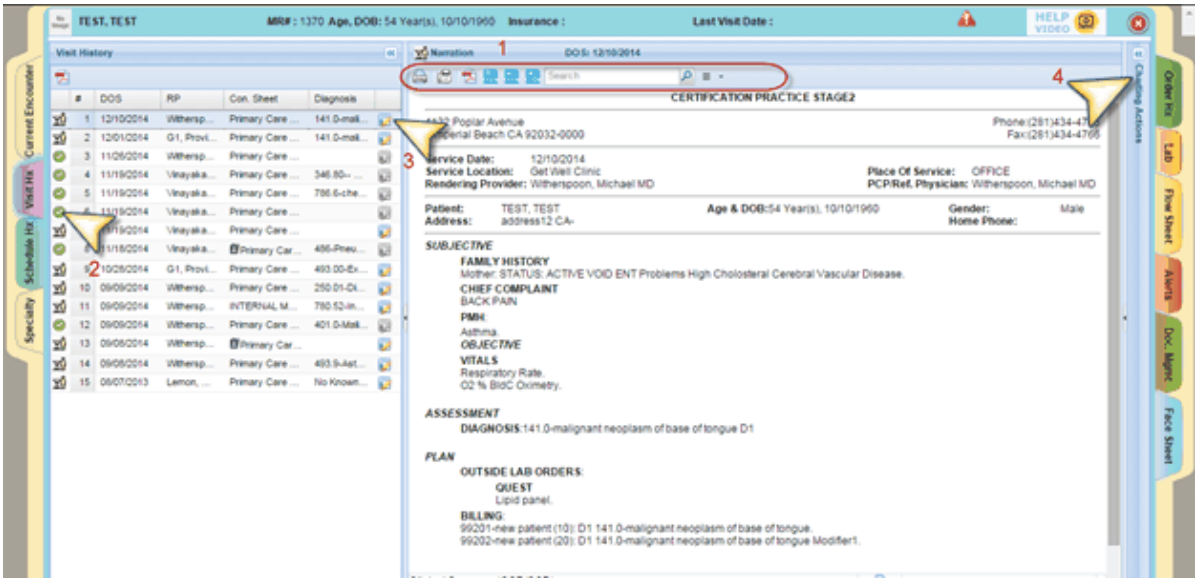
2. A thumbnail of the patient image is placed on the EHR header. Hovering the mouse pointer over the thumbnail displays the full patient image. Click on the patient image to open the picture in an editable mode. The CDSS alerts and other billing alerts appear minimized and placed at the top right hand corner of the screen with an option to navigate to the detailed view of the alerts.



3. The charting save confirmation page now provides added functionality. In addition to the display and print narration options - CDSS Recommendations, Patient Education and INFOBUTTON have been included on the page.



4. The “Visit Hx” screen has undergone a major UI improvement. Buttons, Icons and Tabs are organized keeping in mind their usability.



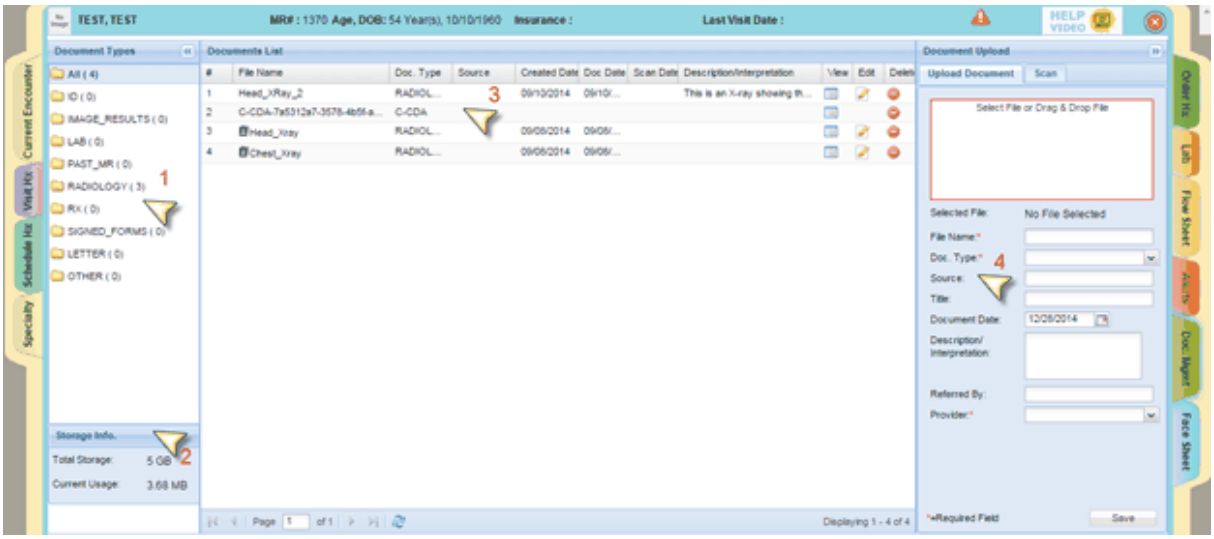
Icons are placed at the top to print, fax and copy the narration. Icons to View, Download and Transmit CCD have also been added to the top part of the screen. Search function added to search specific text in the narration. Options to add Addendum/Update/Amendment are provided through a drop down menu.

i. Complete, Pending, Ready for Exam charts are easily identifiable with their icons. You have the ability to collapse the Visit History list by clicking on the << arrow to give more room to view the narration.

ii. Incomplete charts can be edited by clicking on the edit option.

iii. A notable section in this visit Hx screen is the introduction of a section called “Charting Actions”. Orders, Clinical Summary, CDSS Recommendations, Patient Education materials related to a visit can be accessed from this section. This section is provided with an expandable/collapsible option.

5. Document Management screen has undergone a major overhaul.



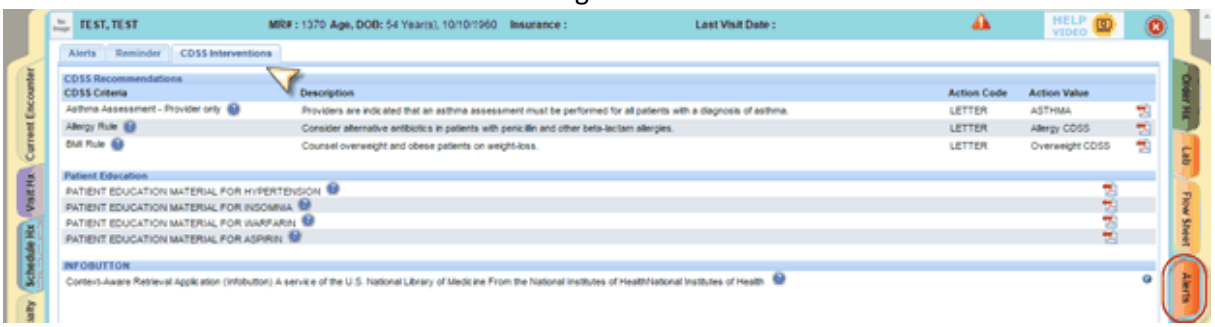
a) A new grouping section displays the Document Types and the document count for each type. Clicking on the document type will list the documents to the right pane. This helps the users to filter and locate documents easier and faster.

b) Storage information such as “Total Storage” and “Current Usage” is now displayed.

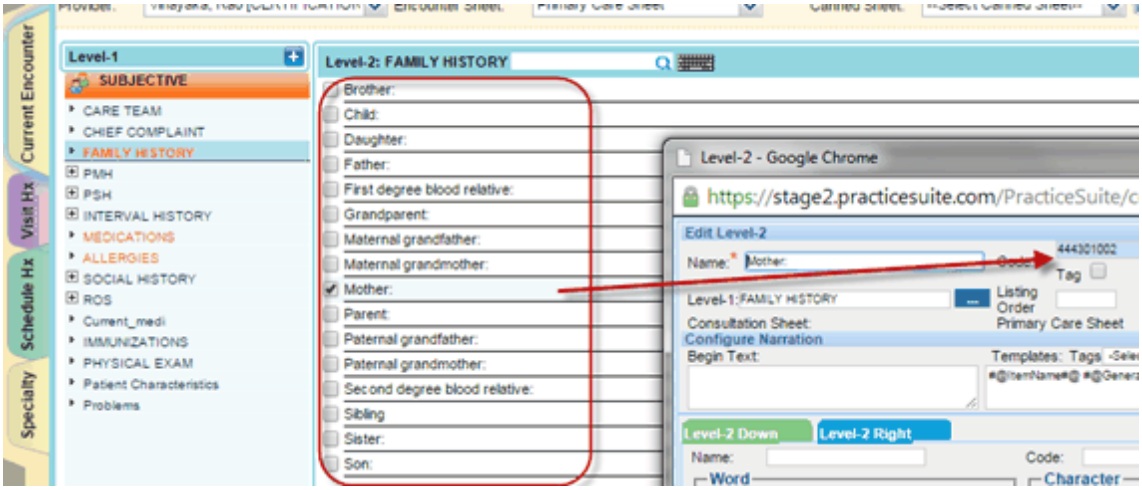
c) The listing or default ordering of the documents remains unchanged from previous versions.

d) The upload section is now a tabbed interface with one for “Upload Document” and a separate tab for “Scan”. A significant technological change in the upload functionality is the replacing of the applet based file upload with the HTML5 technology, thus eliminating the need for any additional plug ins to be installed for the upload feature to function.

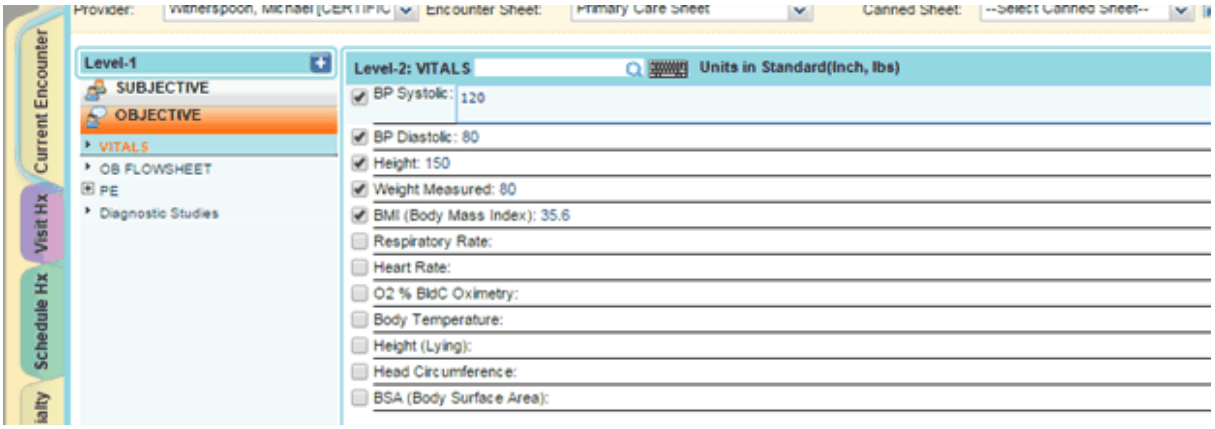
6. A new tab called “CDSS Interventions” is added under the “Alert” section which displays the consolidated CDSS Recommendations along with Patient Education and Infobutton.



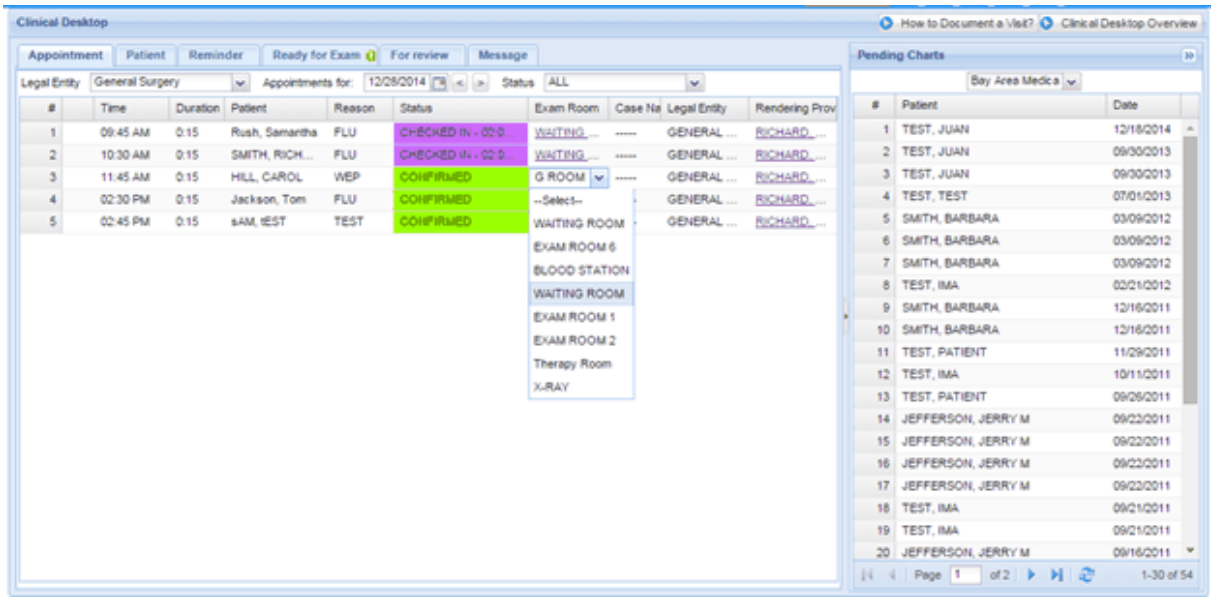
7. As part of requirement of the Stage 2 Meaningful Use we have incorporated the feature for recording information on the patient’s first degree relative and the family history as a structured data. The Level-2 Family History is pre-populated with structured first degree relative information and hence, this ensures the meaningful use related to family history is recorded correctly.



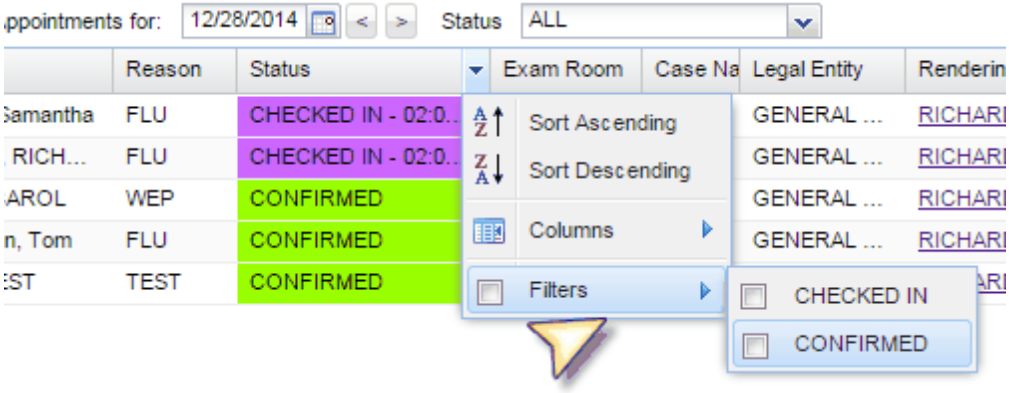
8. Vitals data is restricted to numeric value entries only. Units displayed at the top.



9. The enhanced Clinical Desktop main screen provides flexibility in performing certain functions that previously were complicated or had to be accomplished from a different screen. Users can now perform some important functions without navigating to a different screen. For example, the users can now change the “Exam Room” and “Rendering Provider” from the Clinical Desktop main screen by clicking on the cell and selecting the new value from the drop down. Also, the pending charts count is now displayed at the bottom of the table.



Each column in the table has an additional filter element that can be used for filtering of the columns based on the values in the table.



10. The meaningful use report:
Some objective in the menu set in Stage 1 have been moved to the core set for Stage 2 and are now required for all providers. There are also some new Stage 2 core and menu objectives. The listing order of the objectives has been modified according to the new requirement. Users can not only view the numerator and denominator count but they can also pull the list of patients that falls under each objective's numerator and denominator.

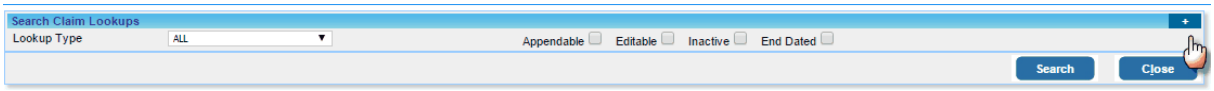
Part II

2 NEW FEATURES

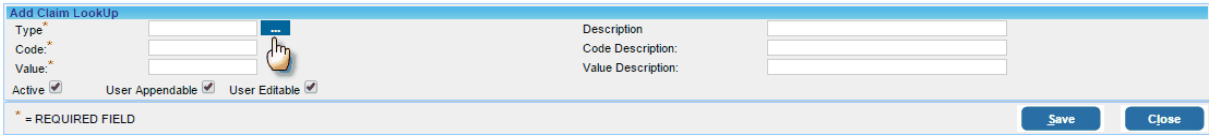
2.1 Payment Type

Users have the ability to add Custom Payment Type and define the Payment Type for the new look up as - Insurance, Co insurance, Co pay or Deductible.

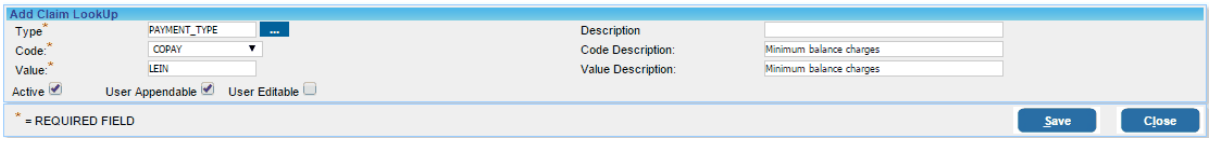
This can be done by Navigating towards CLAIM LOOK UPS under Billing Setup. Click on Claim Look ups and search claim look ups screen will open up as shown below.



Click on the + icon to add a new Look up value.

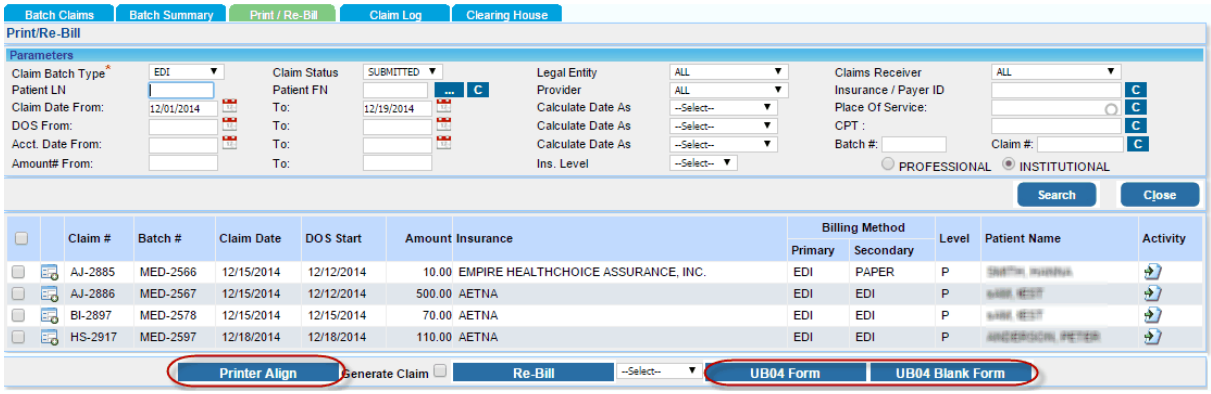


Select the Look up Type as “Payment Type”. Next, select one of the system defined Payment Types for the new added user defined type. Type & enter all the required fields. Selecting the existing payment type will make the new added type behave the same as the selected payment type.

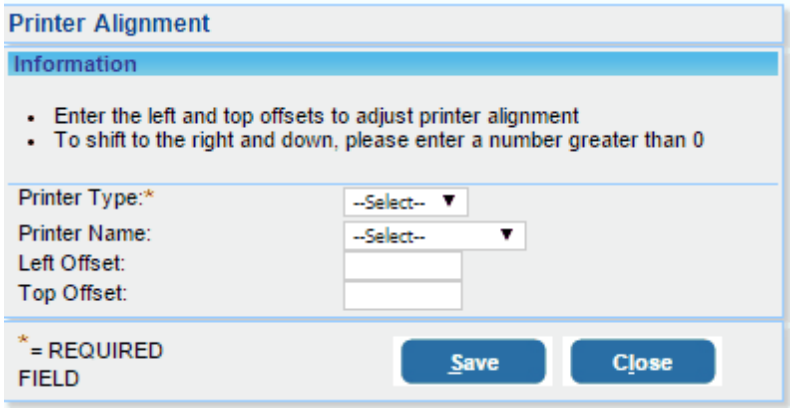


2.2 UB04 Form

Custom printer alignment facility is now available for UB-04 forms.

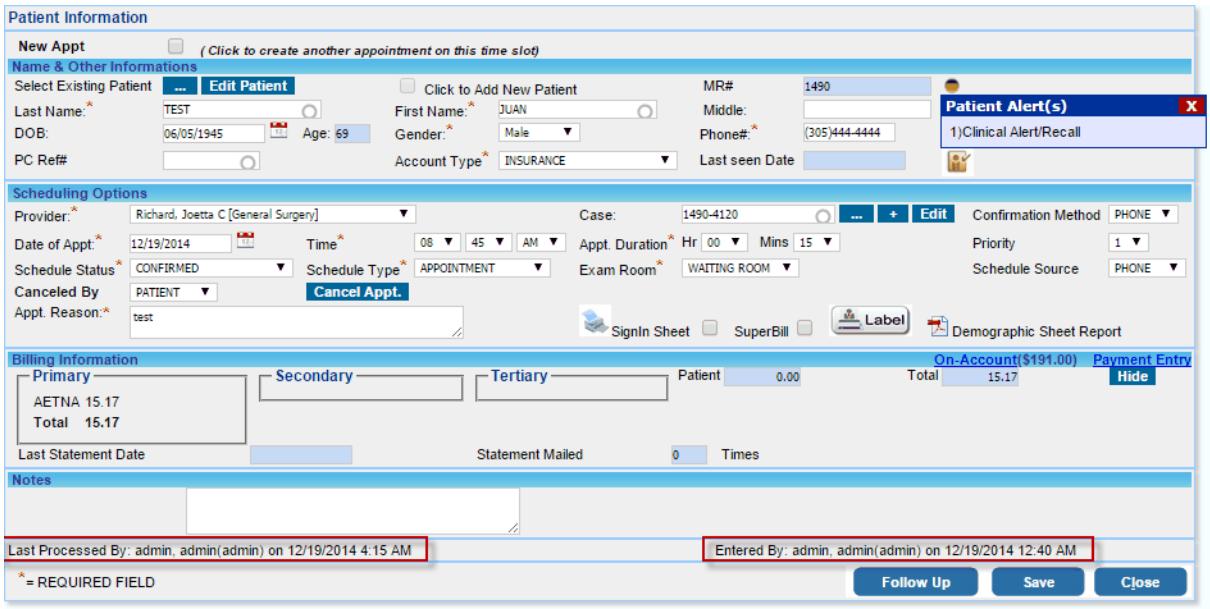


Click on the Printer Align Button to open the claim form alignment setup screen. Enter the values as required in the fields & hit Save option to align the printer for accurate printing of UB04 claim forms.



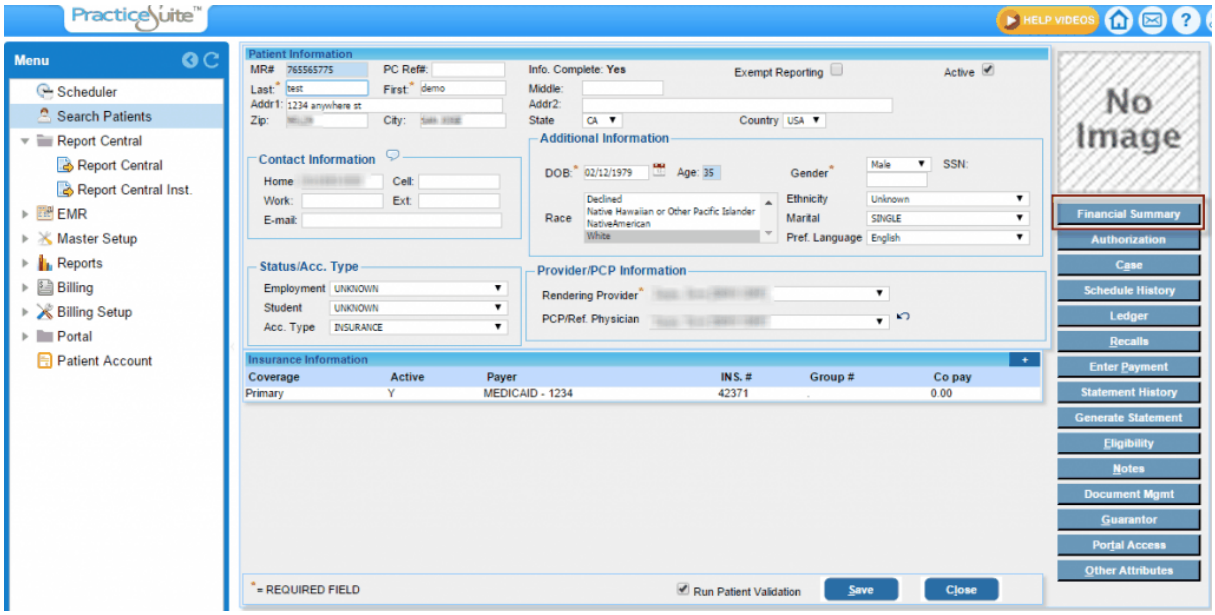
2.3 Scheduler

'Entered by' and 'Last Processed by' user information is displayed on the Appointment screen.



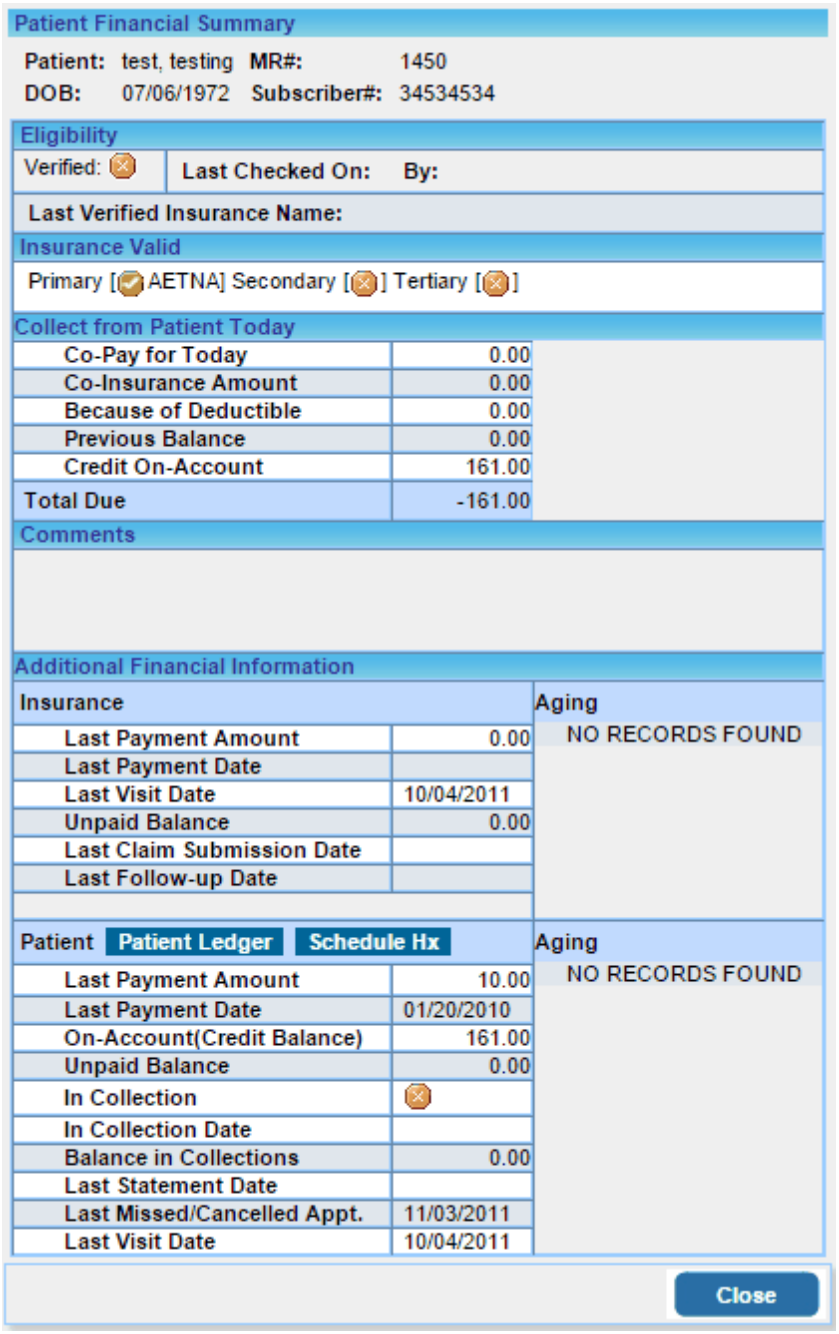
2.4 Patient Financial Summary Report

Financial Summary Report generation option is included in the Patient Information screen.



Patient Financial Summary delivers only the key healthcare-specific metrics you need for a more complete picture of patients insurance benefits and financial summary. This synthesized financial report can help you improve increasing the collection right at the point of service.

Key elements of the patient's insurance benefits are provided so you can collect co-pay and deductible amounts upfront.



Patient Financial Summary

Patient: test, testing MR#: 1450
DOB: 07/06/1972 Subscriber#: 34534534

Eligibility

Verified:	Last Checked On:	By:

Last Verified Insurance Name:

Insurance Valid

Primary [AETNA] Secondary [ ] Tertiary [ ]

Collect from Patient Today

Co-Pay for Today	0.00
Co-Insurance Amount	0.00
Because of Deductible	0.00
Previous Balance	0.00
Credit On-Account	161.00
Total Due	-161.00

Comments

Additional Financial Information

Insurance		Aging
Last Payment Amount	0.00	NO RECORDS FOUND
Last Payment Date		
Last Visit Date	10/04/2011	
Unpaid Balance	0.00	
Last Claim Submission Date		
Last Follow-up Date		

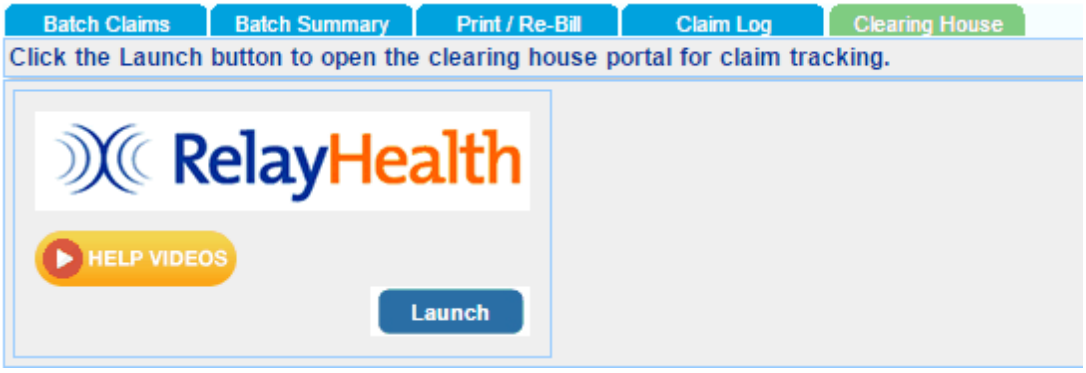
Patient Patient Ledger Schedule Hx		Aging
Last Payment Amount	10.00	NO RECORDS FOUND
Last Payment Date	01/20/2010	
On-Account(Credit Balance)	161.00	
Unpaid Balance	0.00	
In Collection		
In Collection Date		
Balance in Collections	0.00	
Last Statement Date		
Last Missed/Cancelled Appt.	11/03/2011	
Last Visit Date	10/04/2011	

Close

2.5 Relay Health

PracticeSuite is now integrated with Relay Health Clearinghouse for Claim Submissions, Eligibility verification & for receiving ERA Files.

Relay Health's Support & Audit Tool is a comprehensive easy use system which offers several business advantages. It provides the transparent use of processing & delivering transmission files, claims, remittance files and reports. There is a help video in the Clearinghouse tab which provides tutorial on claims tracking and other functions within Relay Health.



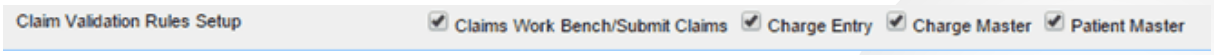
2.6 Claim validation

PracticeSuite provides a Claims validation engine to validate all the necessary data elements on a claim for ensuring a clean claim submission to the Clearinghouse/Payer. PracticeSuite system internally validates the claim(s) against a set of pre-defined rules based on Clearing House / Plan specific requirements. Claims not meeting the requirements are reported with a validation message for correction before the batch is generated. This powerful feature reduces any chance of data entry errors. The rules engine flags messages based on the error level as - errors, warnings, alerts & simple validation messages.

Claim validations are triggered in the following modules within the system

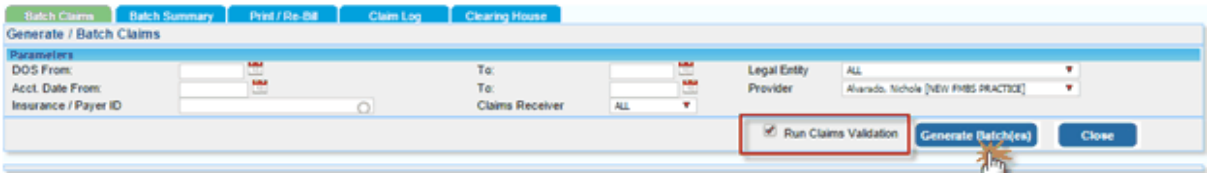
a.) Claim work Bench /submit claims
b.) Charge Entry
c.) Charge Master
d.) Patient Master

Users can also configure the modules where the validation engine needs to run to check for errors. This can be setup from the Claims Validations Rules Setup section on the Practice Options screen. Any module that does not require a validation check can be left unchecked in the check box next to the module name.

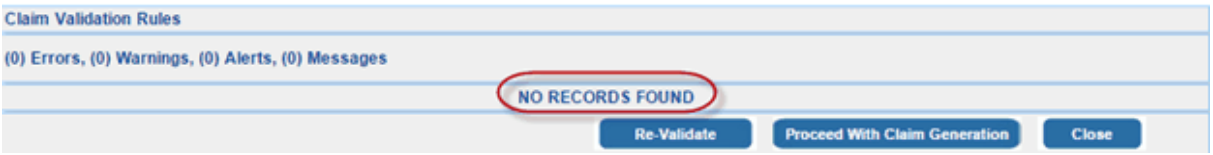


i. Running Claim Validation in Claim work Bench

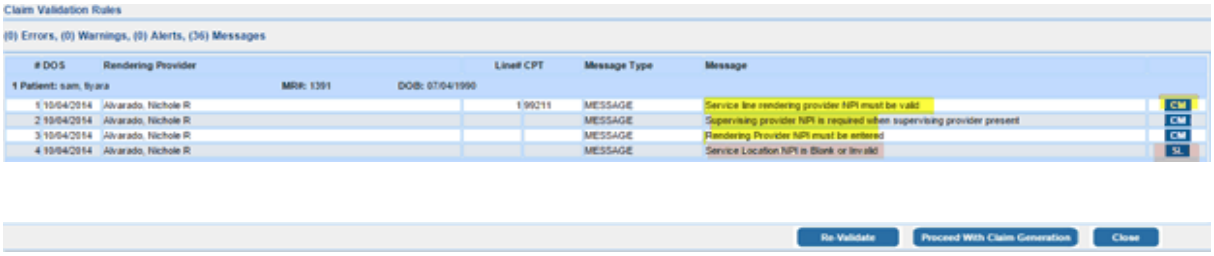
On the "Batch Claims" screen a new check box named – 'Run Claims Validation' is added to trigger the validation while the claims are being generated. This check box is always checked by default.



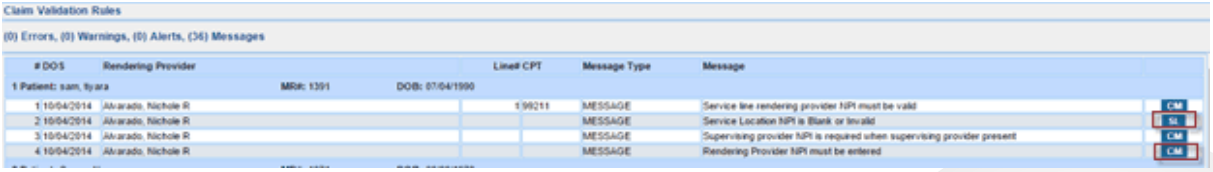
Click on Generate Batches and Validation screen will open up after validating all the claim specific requirements and will acknowledge with errors, warning, alerts & validation messages if any. If there are no claim errors, the validation screen will display the 'No Records Found' message and you can continue with the normal claims generation process.



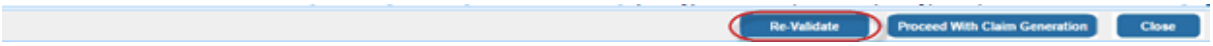
If there are any validation errors - the system will display the message/ warning on the screen.



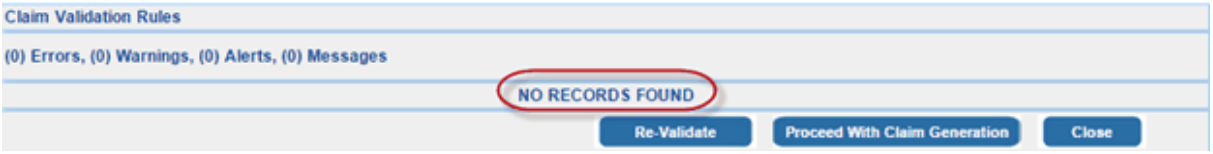
The errors flagged on the validation screen can be corrected by going into the relevant screen. A shortcut is placed next to the error and clicking on it directs the user to the relevant screen to make the necessary corrections.



After making corrections, the claim(s) can be re-validated by clicking on the Re-Validate button.



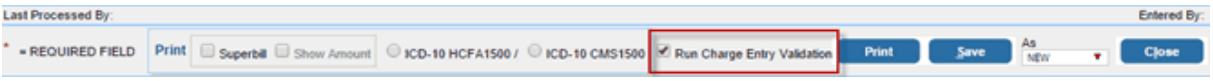
Once all the errors are resolved, it is recommended to re-validate again to ensure zero errors. No Records Found message indicates that the claims have passed all necessary validations and are good for submission.



Continue with the normal claim generation/submission processes.

i. Running Claim Validation in Charge Entry

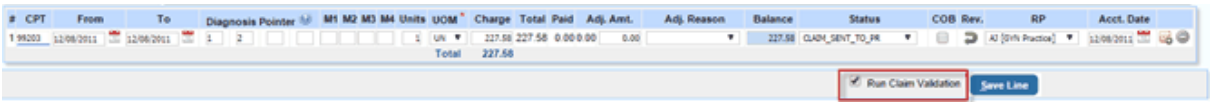
'Run Charge Entry Validation' check box is added at the bottom of the Charge Entry screen to validate claims at the time of claims entry.



Once you have entered all the charge information and hit **Save**, the claims validation engine will be triggered and check for any errors on the claim before the charge is saved. If any errors are detected by the validation engine, the relevant error/warning message(s) is displayed on the Charge Entry screen. The charge gets saved, if no errors are found.

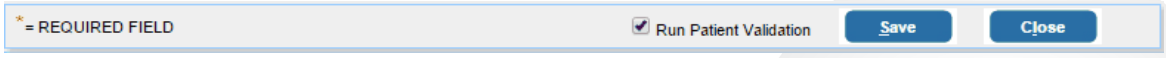
i. Running Claim validation in Charge Master

"Run Claim Validation" is added to the bottom of the Charge Master/Edit Charges screen to validate the claim information being saved from the screen. The system will acknowledge with errors, warning, alerts & validation messages if any and save if there are no errors.



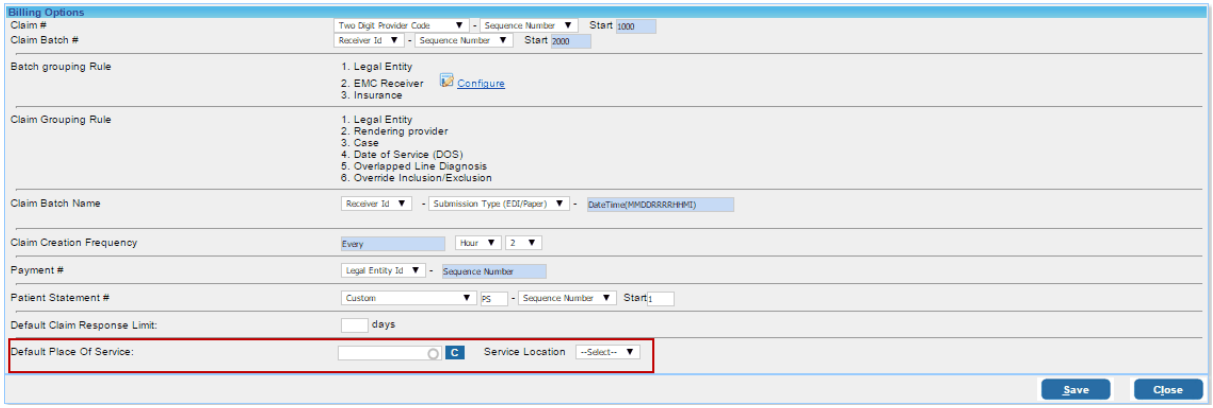
ii. Running Claim validation in Patient Master

Patient information required for a successful claims processing is also validated at the Patient Information screen. The 'Run Patient Validation' option can be used for this purpose and saves the patient if the required information is entered for the patient or flags validation errors and does not save if there are any validation errors.

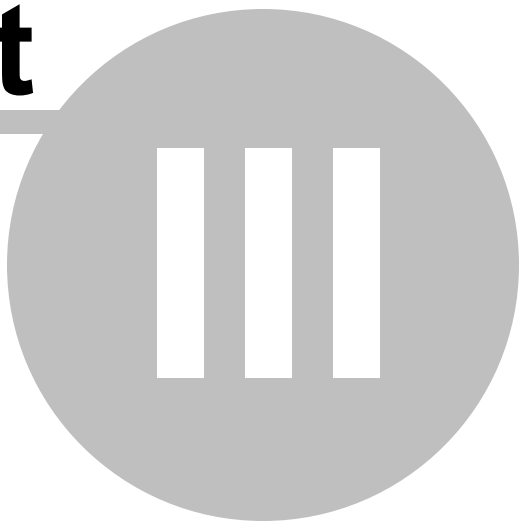


2.7 Default Service Location

Users can now set the default service location and POS code form the billing options. When a charge is created from Charge Entry or Charge master the system will default the service location and POS code specified in the billing option screen.



Part



3 ENHANCEMENTS

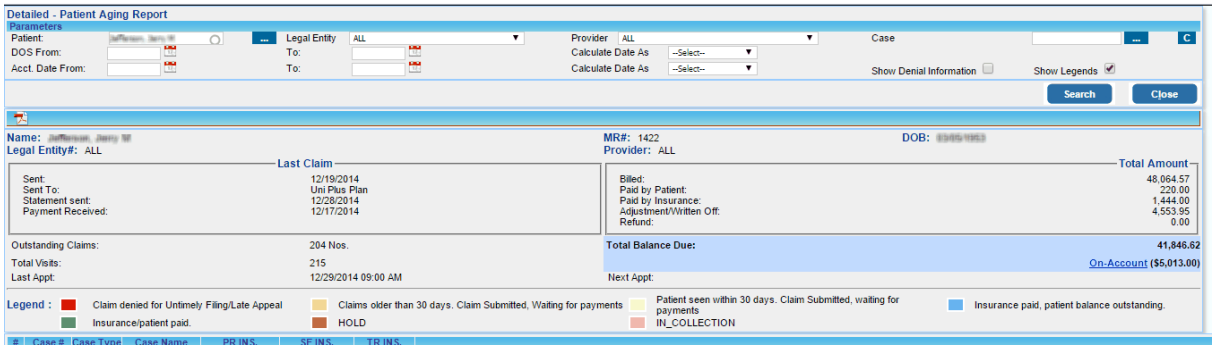
3.1 Patient Ledger

Different AR Classifications in the Ledger is shown in different color. A Legends is included that signify the category.

To show the AR classifications with respect to the Legends, Select the check box for Show Legends and click on Search.

Below are the classifications,

- Claim denied for untimely filing / Late appeal
- Insurance /Patient paid
- Claims older than 30 days. Claim Submitted, Waiting for payments
- HOLD
- Patient seen within 30 days. Claim Submitted, waiting for payments
- IN_COLLECTION
- Insurance paid, patient balance outstanding.

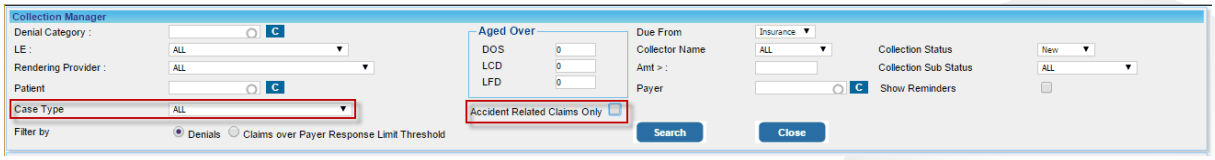


Also Included "Show Denial Information" check box to show line sub status and payer remarks.

3.2 Collection Manager

New search filter "Case Type" & "Accident Related Claims Only" are added in the Collection Manager Screen.

New parameters – 'Case Type' and 'Accident Related Claims Only' are added on the Collections Manager search filter options for listing claims for specific Case Type or to list Accident claims



3.3 Box #17a

A new field - State License # added in Referring Provider setup screen. Box 17A in HCFA/CMS is mapped to this new field on Referring Provider..

INSTRUCTIONS 17a: The Other ID number of the referring, ordering, or supervising provider is reported in 17a in the shaded area. The qualifier indicating what the number represents is reported in the qualifier field to the immediate right of 17a.

The **NUCC** defines the following qualifiers used in **5010A1**:
0B State License Number
1G Provider UPIN Number
G2 Provider Commercial Number
LU Location Number (This qualifier is used for Supervising Provider only.)

DESCRIPTION: The non-NPI ID number of the referring, ordering, or supervising provider is the unique identifier of the professional or provider designated taxonomy code.

FIELD SPECIFICATION: This field allows for the entry of 2 characters in the qualifier field and 17 characters in the Other ID# field.

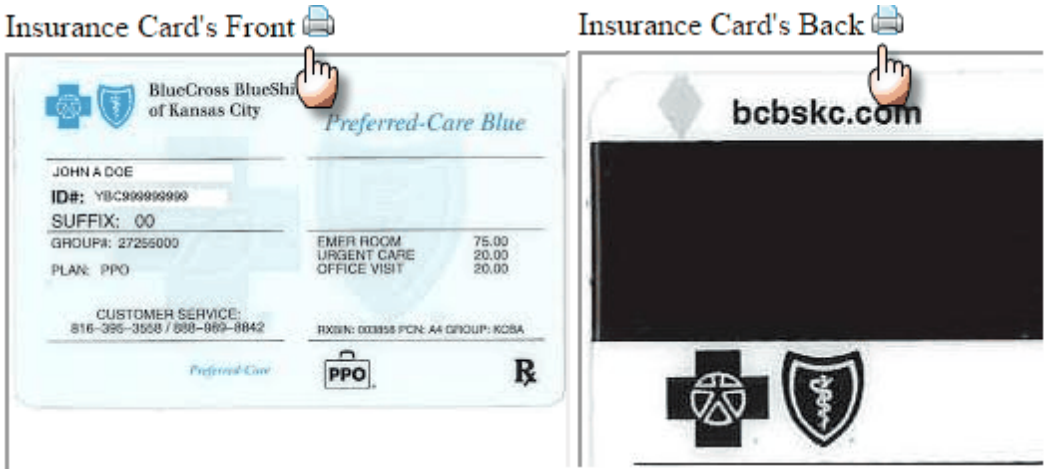
3.4 Medicaid Re-Submission Code

Changed the label "Medicaid Resub. Code" to "Resubmisson Code" and "Medicaid orig. ref. Code:" to "Original Ref. #:" on the Encounter tab in Charge Master/Edit Charges.

Enter the appropriate code to indicate whether a re-submission of a denied claim, an adjustment of a paid claim, or a void of a paid claim. Enter the Claim Reference Number (CRN) of the denied claim being resubmitted or the paid claim being adjusted or voided in the field labeled "Original Ref #."

3.5 Printing Insurance Card

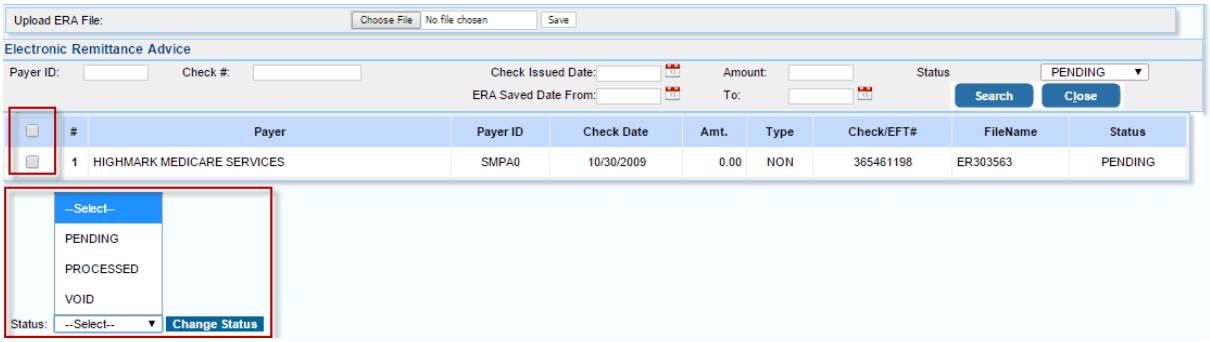
Print option added to Patient Insurance Screen to print the patient's insurance card.



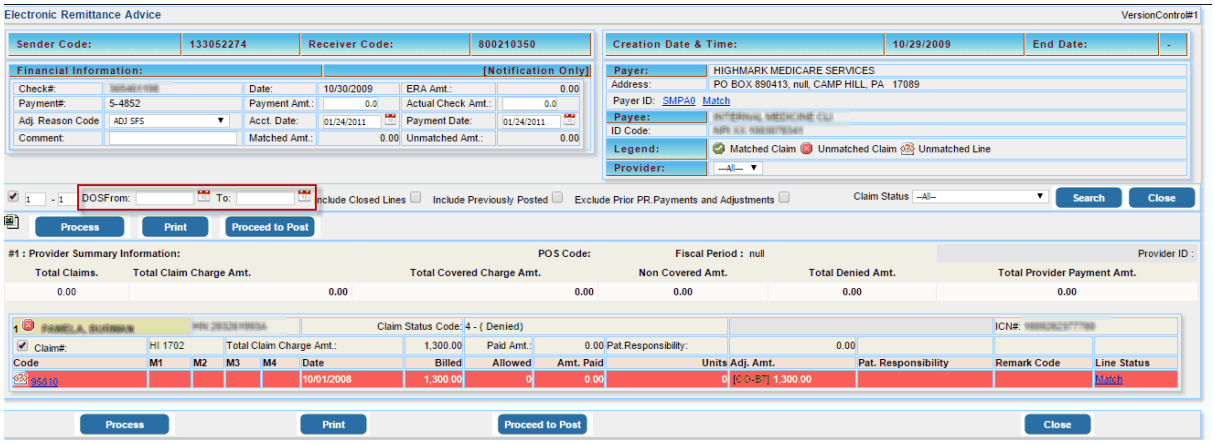
3.6 ERA

Change status of multiple ERA's at one go

Users now have the ability to change the status of multiple ERA's in one step. Select the ERA's and choose the appropriate status from the drop down combo box and hit on Change status button to change the status of all or the selected ERA's.

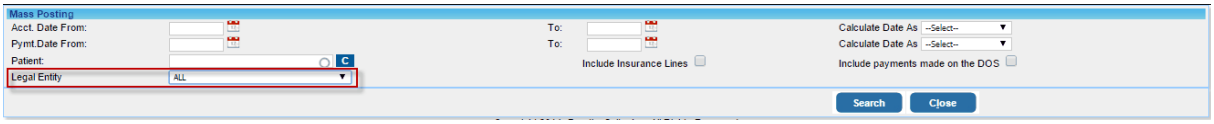


A new DOS filter is added so that users can now filter claims in an ERA based on Date of Service.



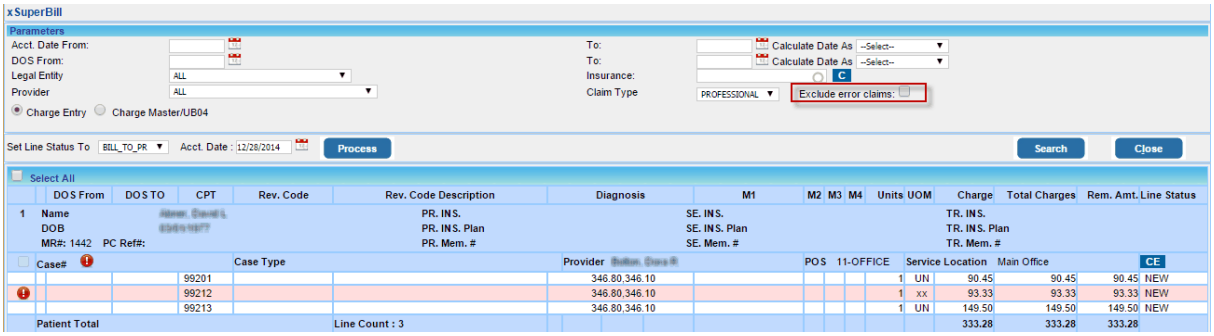
3.7 Mass Posting

Filter the payments for mass postings based on legal entity.
A new "Legal Entity" filter is added to the Mass Posting screen for users to list claims for the selected Legal Entity.



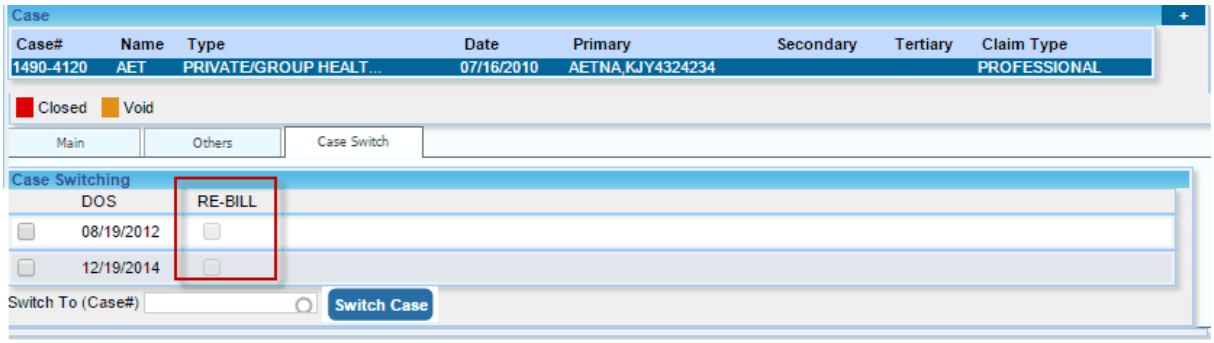
3.8 x-SuperBill

A new check box "Exclude error claims" added to the X-Superbill screen to hide claims with error(s). Selecting the filter will list only claims without any errors.



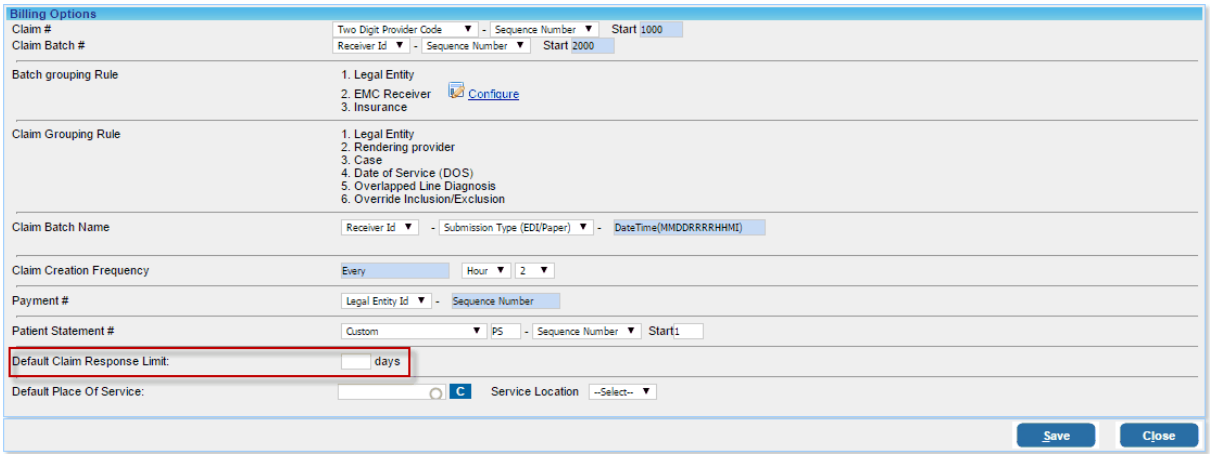
3.9 Case Switch

Case Switch function now includes an option to re-bill the selected claims from the same screen.



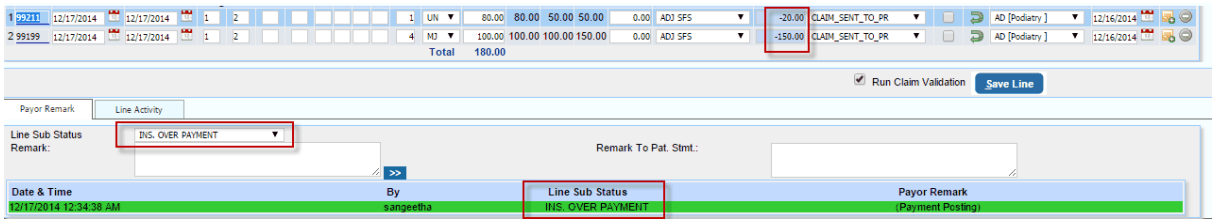
3.10 Billing Options

A new field named "Default Claim Response Limit" added to the Billing Options screen. When adding a new insurance, the value entered in the above field will make it auto populate to the Claim Response Limit field.

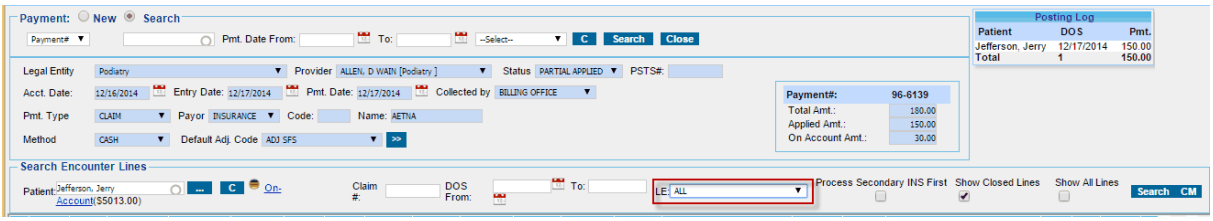


3.11 Payment Posting

- **If an over payment is entered, the system will automatically change the Line Sub Status on the Payment Posting screen to INS_OVER_PAYMENT.**

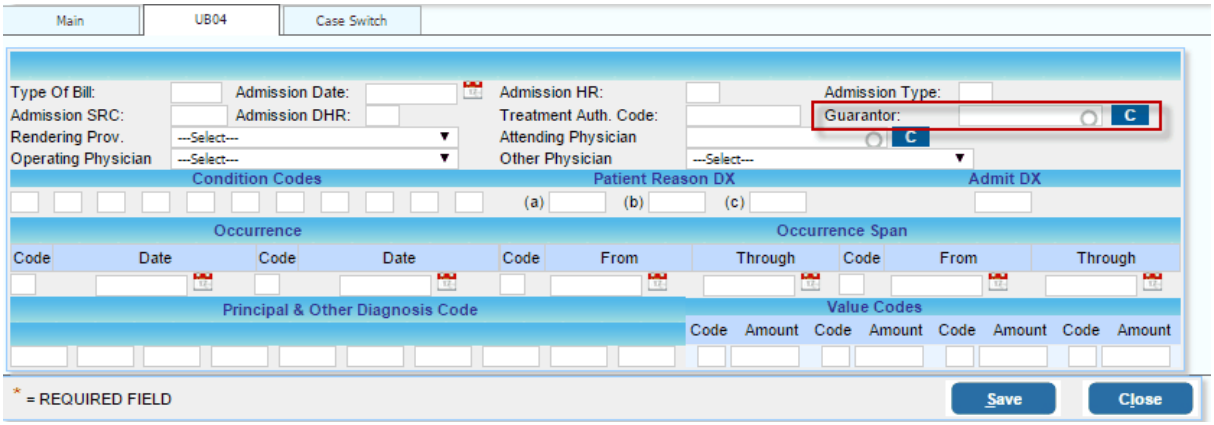


- **A new Legal Entity search filter has been added to the Payment Posting screen under the "Search Encounter Lines" section.**



3.12 UB04

Guarantor field added to the UB04 Case screen

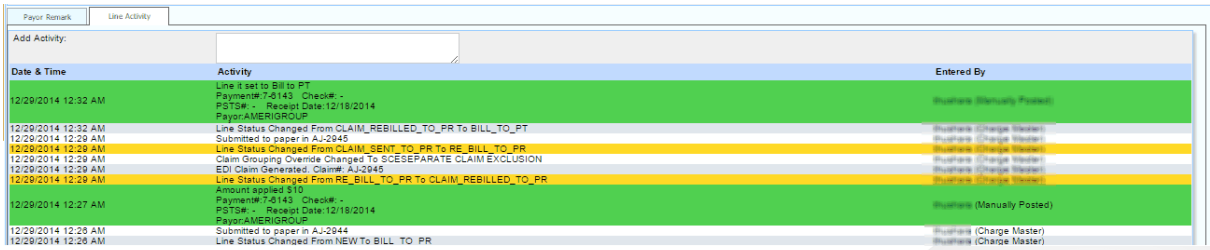


3.13 Email Updation

Users with invalid or incomplete email address will receive a prompt to update their Email address on successful login. Updating the correct email address will be helpful to users to self reset their user password. The users can utilize the Forgot Password option to have the system trigger a new temporary password to the email.

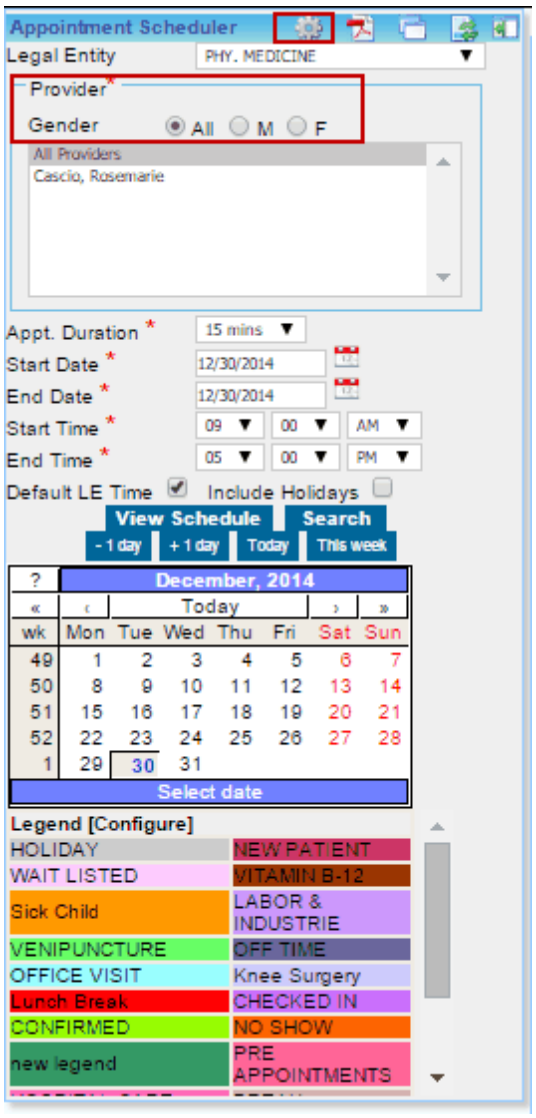
3.14 Charge Master- Line Activity

The Line activities in the Charge Master are displayed in the Descending order. For better Visibility the denials are shown in light red color, Payments are shown in green and follow-up/ resubmission charges are in yellow color.

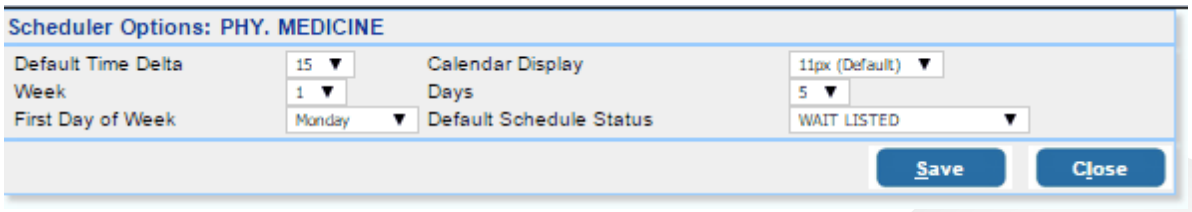


3.15 Scheduler

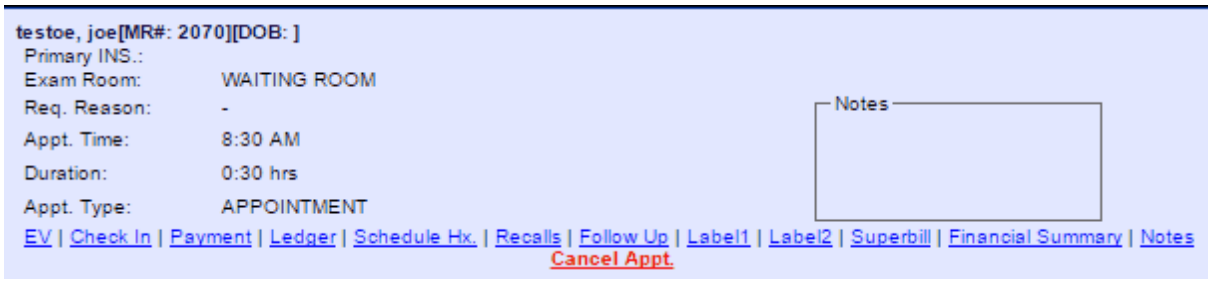
In Appointment Scheduler window, now providers can be filtered based on Gender. Even the scheduler option screen can now be accessed from the Left Panel itself by clicking on the settings icon.



A new option to adjust Calender font size and cell height is also provided.



Appointment Time is included in the scheduler bubble which will help the users to identify the appointment start time easily.



Part IV

4 REPORT UPDATES

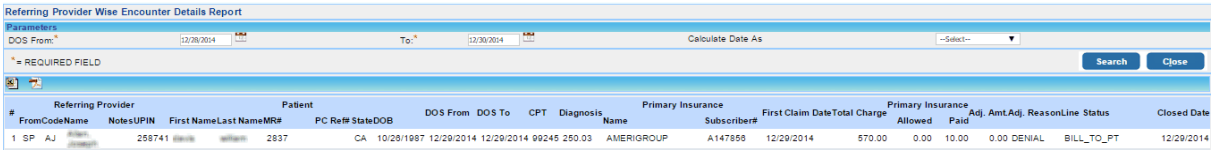
4.1 New Reports

4.1.1 Appointments- Charges Reconciliation Report (B6)

A new report named Appointments-Charges Reconciliation report added to B. Super Bill Section on the Report Central. This report gives the status of the charges created from Charge Entry/ Charge Master (Edit Charges)/ an external system against each appointment and providing their billed status.

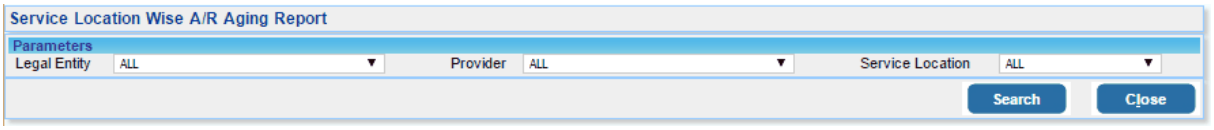
4.1.2 Referring Provider Wise Encounter Details Report (E5)

The report provides the Referring Provider selected on the Claim Encounter and the Claim Line information.



4.1.3 Service Location Wise A/R Aging Report (D13)

A new report for A/R aging based on Service Location is added to Report Central. The report has filters for Legal Entity and Provider for report generation.



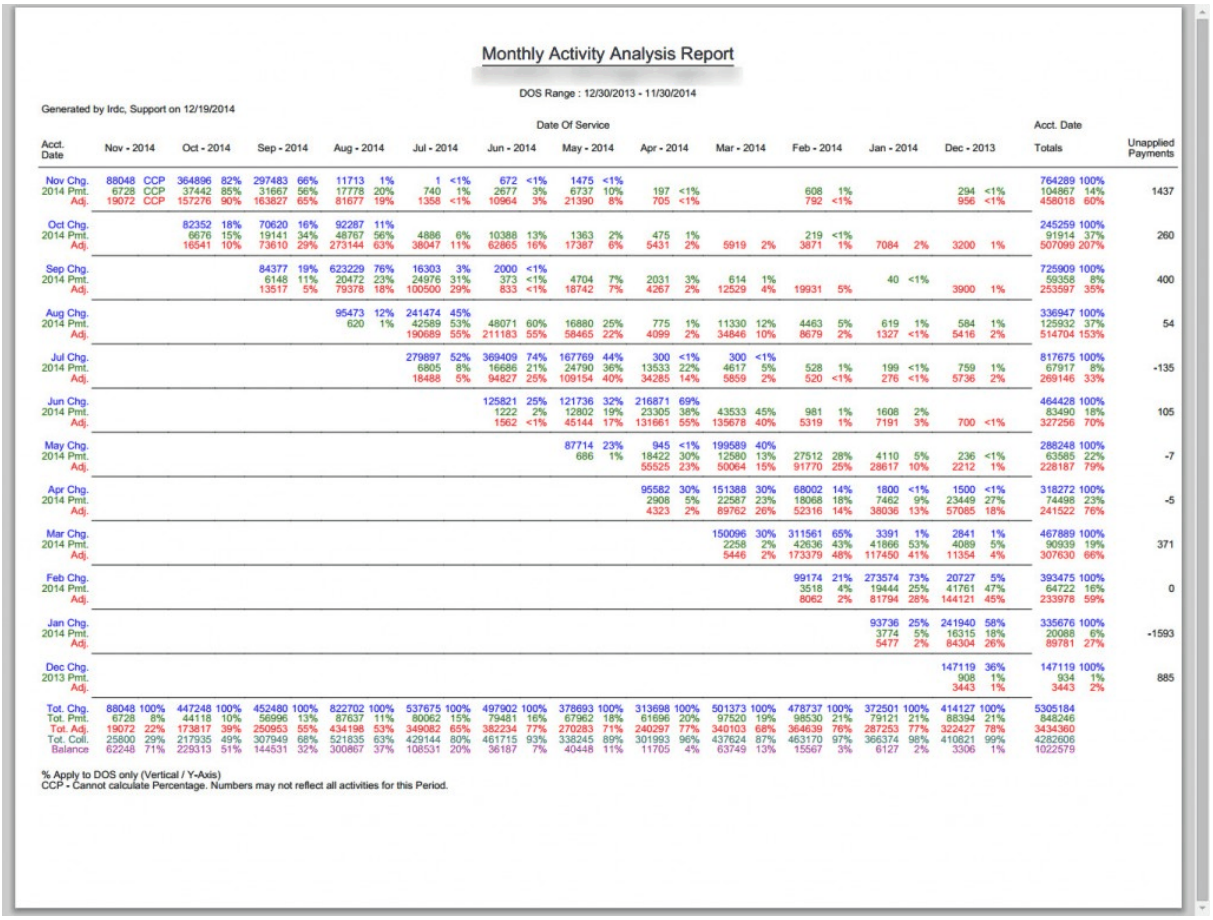
4.2 Report Enhancements

4.2.1 Summary - Insurance Balance and Aging by Patient (D4)

A new column "Patient Last Payment Date" added to the Summary-Insurance Balance and Aging by Patient Report. The field shows the last patient payment posted date for the patients on the report.

4.2.2 Monthly Activity Analysis Report (J7)

The Charges, Payments and Adjustments are displayed on the report in a different color for better visibility.



Monthly Activity Analysis Report

DOS Range : 12/30/2013 - 11/30/2014

Generated by Irdc, Support on 12/19/2014

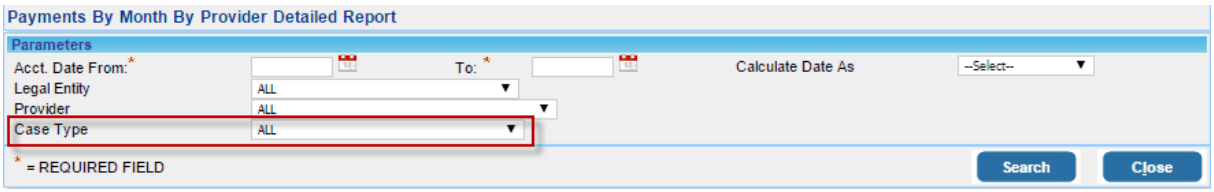
Date Of Service

Acct. Date	Nov - 2014	Oct - 2014	Sep - 2014	Aug - 2014	Jul - 2014	Jun - 2014	May - 2014	Apr - 2014	Mar - 2014	Feb - 2014	Jan - 2014	Dec - 2013	Acct. Date Totals	Unapplied Payments
Nov Chg.	88048 CCP	364896 82%	297483 66%	11713 1%	1 <1%	672 <1%	1475 <1%						764289 100%	
2014 Pmt.	6728 CCP	37442 85%	31667 56%	17778 20%	740 1%	2677 3%	6737 10%	197 <1%		608 1%		294 <1%	104867 14%	1437
Adj.	19072 CCP	157276 90%	163827 65%	81677 19%	1358 <1%	10964 3%	21390 8%	705 <1%		792 <1%		956 <1%	458018 60%	
Oct Chg.		82352 18%	70620 16%	92287 11%									245259 100%	
2014 Pmt.		6676 15%	19141 34%	48767 56%	4886 6%	10388 13%	1363 2%	475 1%		219 <1%			91914 37%	260
Adj.		16541 10%	73610 29%	273144 63%	38047 11%	62865 16%	17387 6%	5431 2%	5919 2%	3871 1%	7084 2%	3200 1%	507099 207%	
Sep Chg.			84377 19%	623229 76%	16303 3%	2000 <1%							725909 100%	
2014 Pmt.			6148 11%	20472 23%	24976 31%	373 <1%	4704 7%	2031 3%	614 1%		40 <1%		59358 8%	400
Adj.			13517 5%	79378 18%	100500 29%	833 <1%	18742 7%	4267 2%	12529 4%	19931 5%		3900 1%	253597 35%	
Aug Chg.				95473 12%	241474 45%								336947 100%	
2014 Pmt.				620 1%	42589 53%	48071 60%	16880 25%	775 1%	11330 12%	4463 5%	619 1%	584 1%	125932 37%	54
Adj.					190689 55%	211183 55%	58465 22%	4099 2%	34846 10%	8679 2%	1327 <1%	5416 2%	514704 153%	
Jul Chg.					279897 52%	369409 74%	167769 44%	300 <1%	300 <1%				817675 100%	
2014 Pmt.					6805 8%	16686 21%	24790 36%	13533 22%	4617 5%	528 1%	199 <1%	759 1%	67917 8%	-135
Adj.					18488 5%	94827 25%	109154 40%	34285 14%	5859 2%	520 <1%	276 <1%	5736 2%	269146 33%	
Jun Chg.						125821 25%	121736 32%	216871 69%					464428 100%	
2014 Pmt.						1222 2%	12802 19%	23305 38%	43533 45%	981 1%	1608 2%		83490 18%	105
Adj.						1562 <1%	45144 17%	131661 55%	135678 40%	5319 1%	7191 3%	700 <1%	327256 70%	
May Chg.							87714 23%	945 <1%	199589 40%				288248 100%	
2014 Pmt.							686 1%	18422 30%	12580 13%	27512 28%	4110 5%	236 <1%	63585 22%	-7
Adj.								55525 23%	50064 15%	91770 25%	28617 10%	2212 1%	228187 79%	
Apr Chg.								95582 30%	151388 30%	68002 14%	1800 <1%	1500 <1%	318272 100%	
2014 Pmt.								2908 5%	22587 23%	18068 18%	7462 9%	23449 27%	74498 23%	-5
Adj.								4323 2%	89762 26%	52316 14%	38036 13%	57085 18%	241522 76%	
Mar Chg.									150096 30%	311561 65%	3391 1%	2841 1%	467889 100%	
2014 Pmt.									2258 2%	42636 43%	41866 53%	4089 5%	90939 19%	371
Adj.									5446 2%	173379 48%	117450 41%	11354 4%	307630 66%	
Feb Chg.										99174 21%	273574 73%	20727 5%	393475 100%	
2014 Pmt.										3518 4%	19444 25%	41761 47%	64722 16%	0
Adj.										8062 2%	81794 28%	144121 45%	233978 59%	
Jan Chg.											93736 25%	241940 58%	335676 100%	
2014 Pmt.											3774 5%	16315 18%	20088 6%	-1593
Adj.											5477 2%	84304 26%	89781 27%	
Dec Chg.												147119 36%	147119 100%	
2013 Pmt.												908 1%	934 1%	885
Adj.												3443 1%	3443 2%	
Tot. Chg.	88048 100%	447248 100%	452480 100%	822702 100%	537675 100%	497902 100%	378693 100%	313698 100%	501373 100%	478737 100%	372501 100%	414127 100%	5305184	
Tot. Pmt.	6728 8%	44118 10%	56996 13%	87637 11%	80062 15%	79481 16%	67962 18%	61696 20%	97520 19%	98530 21%	79121 21%	88394 21%	848246	
Tot. Adj.	19072 22%	173817 39%	250953 55%	434198 53%	349082 65%	382234 77%	270283 71%	240297 77%	340103 68%	364639 76%	287253 77%	322427 78%	3434360	
Tot. Coll.	25800 29%	217935 49%	307949 68%	521835 63%	429144 80%	461715 93%	338245 89%	301993 96%	437624 87%	463170 97%	366374 98%	410821 99%	4282606	
Balance	62248 71%	229313 51%	144531 32%	300867 37%	108531 20%	36187 7%	40448 11%	11705 4%	63749 13%	15567 3%	6127 2%	3306 1%	1022579	

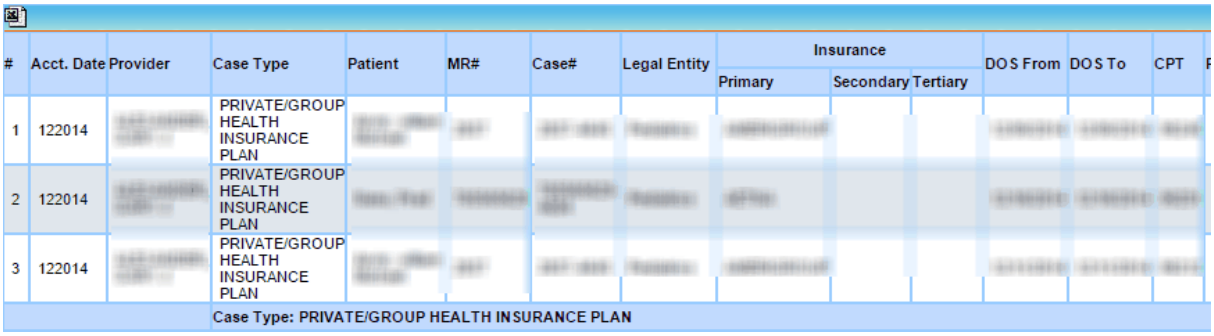
% Apply to DOS only (Vertical / Y-Axis)
CCP - Cannot calculate Percentage. Numbers may not reflect all activities for this Period.

4.2.3 Payments by Month by Provider Report (I20)

A new search filter - 'Case Type' added to the Payments by Month by Provider Report.



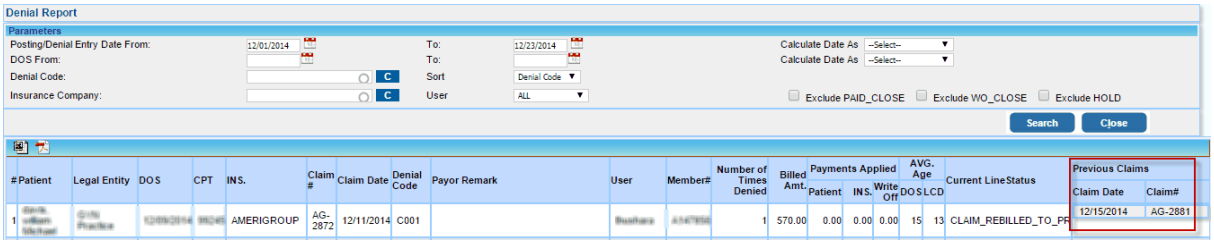
The report results are also grouped by Case Type.



#	Acct. Date	Provider	Case Type	Patient	MR#	Case#	Legal Entity	Insurance			DOS From	DOS To	CPT
								Primary	Secondary	Tertiary			
1	122014		PRIVATE/GROUP HEALTH INSURANCE PLAN										
2	122014		PRIVATE/GROUP HEALTH INSURANCE PLAN										
3	122014		PRIVATE/GROUP HEALTH INSURANCE PLAN										
			Case Type: PRIVATE/GROUP HEALTH INSURANCE PLAN										

4.2.4 Denial Report (G2)

Two new columns added to the Denial report - "Previous Claim Date & Previous Claim#" The fields provide the previous claim batched date and the previous submitted claim #.



4.2.5 Patient Statement (C2)

- **"Last Visit date" field added in the CSV format of the statement output file.**

AU	AV	AW	AX	AY	AZ
61-90	91-120	>=121	Co-Insura	Last Visit Date	PC Ref#
0	0	177.58	0		
0	0	30	0		
0	0	0	0	12/17/2014	

- **"PC Ref#" has been added in the CSV format of patient Statements.**

AU	AV	AW	AX	AY	AZ
61-90	91-120	>=121	Co-Insura	Last Visit Date	PC Ref#
0	0	177.58	0		
0	0	30	0		
0	0	0	0	12/17/2014	

- **Patient Statements are now sorted by Date of Service.**

4.2.6 Generate Patients In Collections List (C10)

SSN# & the Secondary Insurance Name added in the CSV format of the report.

4.2.7 Generate Patient Pre-Collection Letter (C4)

The following additional tags have been made available for the Patient Pre-Collections Letter.

- Patient Total Due
- Patient Last Name
- Guarantor Name
- Guarantor Address.

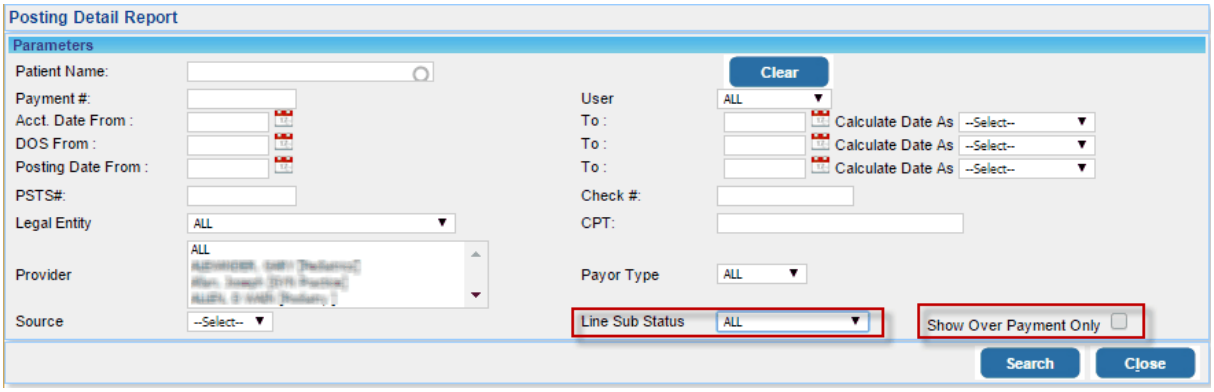
4.2.8 Financial Summary By Type of Service Report (I17)

Renamed the report - "Financial Summary By TOS" to "Financial Summary By Type of Service Report"

4.2.9 Posting Detail Report (I6)

A new search filter "Line Sub status" added to the Posting Details Report to filter claims using the Line Sub Status.

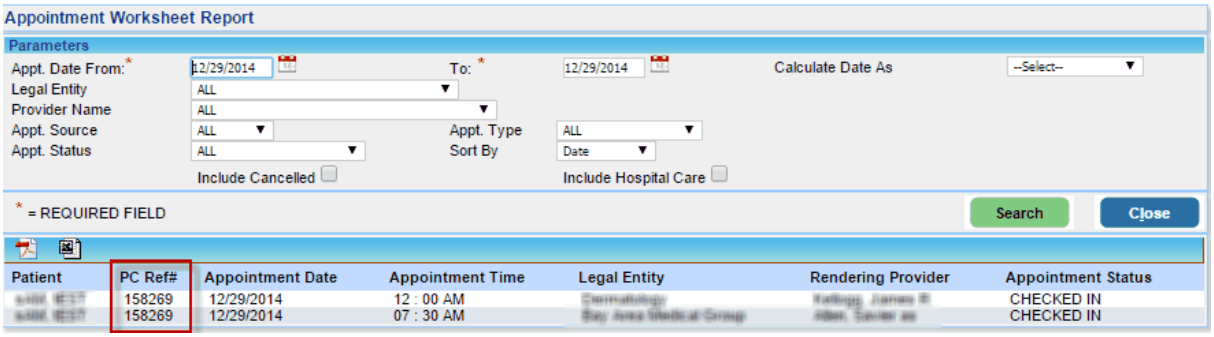
A check box – 'Show Over payment Only' is added to the report filters for displaying claims that have over payments posted for a selected date range.



4.2.10 Appointment Worksheet Report (A2)

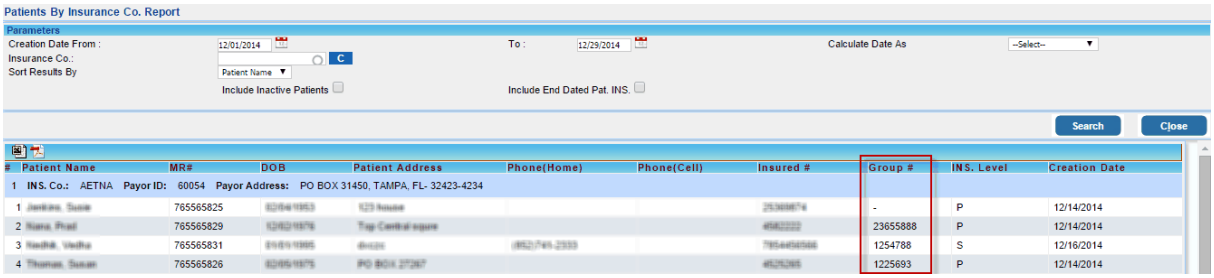
PC Ref # field added to the Appointment Worksheet Report results.

.



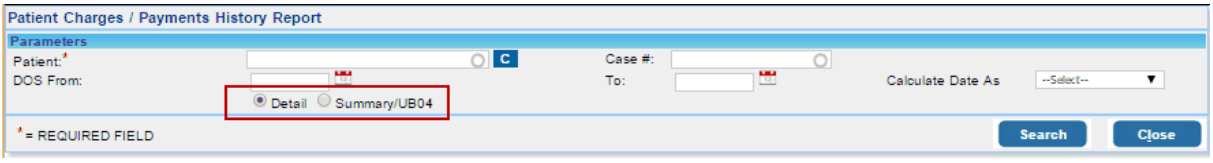
4.2.11 Patient By Insurance Co. Report (E2)

A new column named "Group #" added to the report results.



4.2.12 Patient Charges / Payments History Report (C7)

Created a summary report of this report.Provided radio buttons to switch between detailed and summary report types.



Part V

5 BUG FIXES

- The order of the CPTs in Summary Encounter Line Activity Report is made consistent with that in Charge Master.
- The comments entered in the Payment were not displaying on the Payment Receipt. This is resolved.
- Unable to open the Guarantor and Other Attributes screens using the latest version of Chrome browser. This is now resolved.
- When a case is created by Auto Case functionality, previously only professional claims were set by default. This is corrected and now the system will check the default case type specified in the practice option.