



Product Release Document

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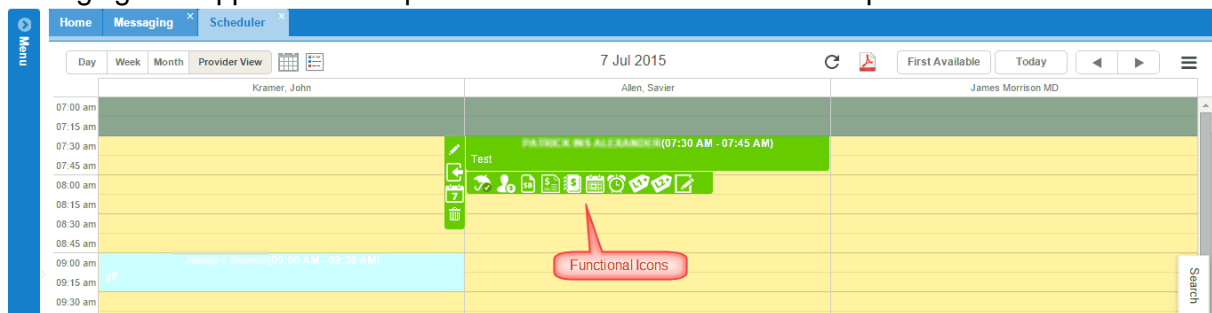
Part

I

1 NEW FEATURES

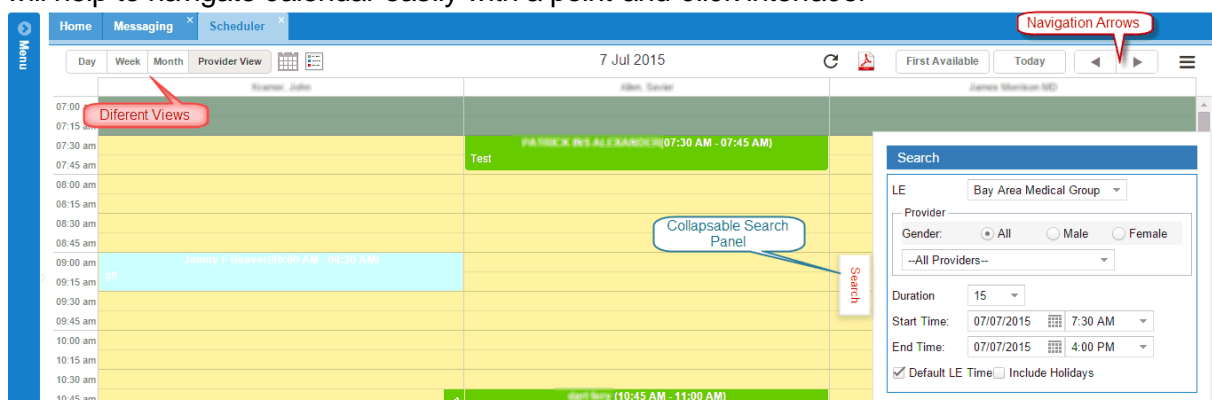
1.1 Appointment Scheduler

As part of our new User Interface (UI) module upgrades, we have come up with an improved scheduler page. With the improved UI, users have the ability to quickly add and manage Appointments, Eligibility Verification, Payment, Super-Bill, Financial Summary, Ledger, Schedule History, Recalls, Labels & Notes. Intuitive drag-and-drop interface allows the end users to quickly manage appointments in different views: Day, Week, Month, Year, Provider View etc. Managing web appointment requests have also become much simpler with the new UI.



Users can manage appointments in a full-featured calendar with colors indicating appointment status. Click your mouse pointer over any blank cells on the calendar grid to add an appointment. You can drag and drop appointments with your mouse effortlessly to reschedule an appointment or change the duration of an appointment.

To simplify the navigation through the calendar, navigation buttons are provided on the right side of the Scheduler screen. A collapsible search anchor is added on the Right side of the screen for additional search options. Different Views like Week, Day, Month & Provider View will help to navigate calendar easily with a point-and-click interface.



Part



2 ENHANCEMENTS

2.1 Inter Office Messages

Messages can be marked as 'Read' on the Inter Office messaging screen.

The screenshot shows the 'Messaging' tab in the software interface. On the left, there's a sidebar with 'To-Do' and 'Inter Office' icons. The main area displays a message from 'TEST, JUAN' dated '07/07/2015 2:30 AM'. The message content includes 'PRD TEST', 'Assigned By: admin', 'Assigned To: admin', 'Patient/Subject: TEST, JUAN', and 'Task: PRD TEST'. A yellow button labeled 'Mark As Complete' and a 'Forward' button are visible at the top right of the message area.

Users now have the ability to delete older messages.

This screenshot shows a different message from 'admin' dated 'Sat 07/04/2015 04:53 AM'. The message content includes 'test', 'psdemo', and 'to Admin'. A yellow button labeled 'Delete' and a 'Reply' button are visible at the top right. The right sidebar shows 'Patient Details' (Name: sAM TEST [1871], Address: Test Address, Phone, Email, Provider Name), 'Inter Office Notes from admin', and 'Message History' (Waiting For Response From: From: Sent Date: 04-JUL-15 To: Resp Pending).

2.2 EMR CQM

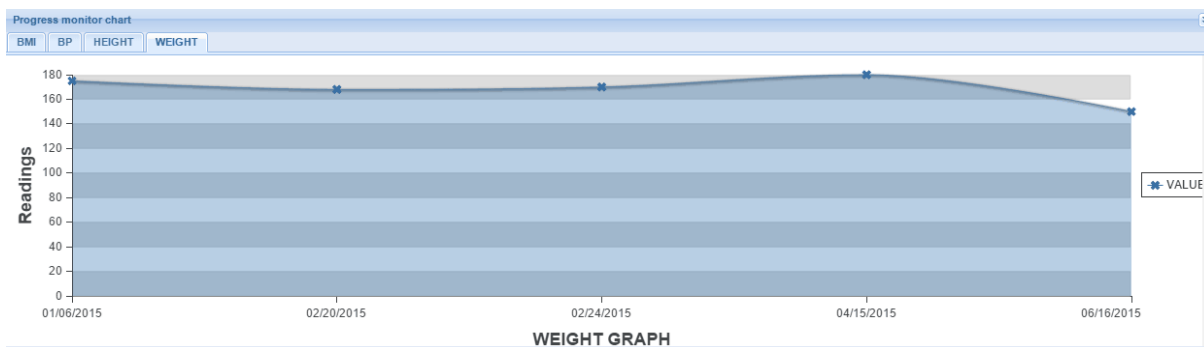
The following additional CQM's are added in the CQM report.

NQF0022 and NQF0060

NQF 0022	Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. Percentage of patients who were ordered at least one high-risk medication.
NQF 0419	Documentation of Current Medications in the Medical Record	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. Percentage of patients who were ordered at least two different high-risk medications.
NQF 0060	Hemoglobin A1c Test for Pediatric Patients	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.
		Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period

2.3 Progress Monitor/Flowsheet

Graphical representation (Line Chart plotting) of Progress Monitor and Flow-sheet data is available with the current release.



2.4 Current Medi

All active Current Medications recorded in the Prescription Writer will now be displayed in the Narration.

2.5 EMR Charts

Providers now have the ability to reopen completed charts from the system's front end screen. Users can also change - Provider / DOS/ Service Location of a Pending Chart without creating or copying a New Chart.

2.6 EMR DOC

Document Manager will now support Open Office Document types.

2.7 Mass Posting

New Feature of auto populating paid amount is added in the Mass posting screen which will bring the un-applied amount to the paid column comparing with the remaining amount.

Mass Posting

Acct. Date From: To: Calculate Date As: --Select--

Pymt Date From: To: Calculate Date As: --Select--

Patient: C

Legal Entity: ALL

Include Insurance Lines: ☐

Auto Populate Paid Amount: ☒

Search Close

#	Payment #	Payment Date	Entry Date	Acct. Date	Amount	Applied	Unapplied	CM
1	14-4299	05/05/2010	05/07/2010	05/07/2010	50.00	0.00	50.00	

#	CPT	R.Code	DOS From	DOS To	Claim#	Charge	Rem.	Deductible Amt.	Adj.	Reason	With Hold	Balance	Next Action	Acct. Date	Reverse	Notes
1	99211		06/01/2015	06/05/2015		49.50	49.50	50.00	0.00	ADJ SFS	0.00	0.00	PAID_CLOSE	05/07/2010		
2	20600		06/05/2015	06/10/2015		120.00	120.00	0.50	0.00	ADJ SFS	0.00	119.50	--Select--	05/07/2010		

Total: Deductible Amt.: 50.00 Adj.: 0.00 With Hold: 0.00 Balance: 119.50

Post Reset Cancel

2.8 Patient Statement

Users have the ability to exclude Reason Codes and Aging Details from printing on Patient Statements. Check the box 'Do not Print Reason Codes' filter on the Patient Statement generation screen to prevent the codes from printing on the statement.

Generate Patient Statement(s)

Parameters

Legal Entity: ALL
 Last Name: [Text Field]
 First Name: [Text Field] Clear
 Due Amount To: [Text Field]
 Appt Date To: [Text Field] mm/dd/yyyy
 Patient LName Between: Select
 As on Date: 07/06/2015
 DOS Range: [Radio Button]
 Aging Bucket: [Radio Button]
 Last Run Date: [Radio Button]
 Message: [Text Area]
 Do Not Print Reasons Codes: [Check Box]
 Do Not Print Aging: [Check Box]
 Generate Patient Statement(s) Button: Generate
 Close Button: Close

If the user wishes to exclude the Patient Aging from printing on the statement, the check box 'Do not Print Aging' should be checked during the statement generation. By default both options will be left unchecked on the Patient Statement screen.

Last Patient Payment Date, INS Paid Total is added in the patient statement CSV format.

2.9 Collection Manager

New filter 'All' added in the Filter by Options to list both Denial Categories & Claims Over Payer Response Limit without having to toggle the filters to list both the claim categories.

DOS, LCD and LFD Aging now have the option to filter with date ranges.

Collection Manager

Denial Category: [Text Field] C
 LE: ALL
 Rendering Provider: ALL
 Patient: [Text Field] C
 Case Type: ALL
 Filter by: All, Denials, Claims over Payer Response Limit
 Aged Between: DOS, LCD, LFD
 Due From: [Text Field]
 Collector Name: [Text Field]
 Amt: [Text Field]
 Insurance: ALL
 Collection Status: New
 Collection Sub Status: ALL
 Show Reminders: [Check Box]
 Search Button: Search
 Close Button: Close

2.10 PSTS# in Payment Entry

System can auto generate PSTS # when a new payment is added. The system will prefix the PSTS # with 'I' for Insurance payments and 'P' for Patient payments.

The PSTS# auto generation can be turned on or off from the Billing Options screen under the Advanced Setup Menu.

Payment Entry

Legal Entity: [Text Field]
 Acct. Date: 07/06/2015
 Payment Type: COPAY
 Payment Date: [Text Field]
 Status: NEW
 Provider: [Text Field]
 Entry Date: 07/06/2015
 Collected by: BILLING OFFICE
 Payor Entity: PATIENT
 Payor Name: [Text Field]
 Payor Code: [Text Field]
 Reference #: [Text Field]
 Total Amount: [Text Field]
 Transfer Amt: [Text Field]
 Amount Applied: [Text Field]
 Refund Amount: [Text Field]
 Amount Unapplied: [Text Field]
 Refund Status: --Select--
 Comment: [Text Area]
 PSTS#: P-0720151041
 Default Adjustment Code: ADJ SFS
 Pay Method: CASH
 Amount: [Text Field]
 Last Processed By: [Text Field]
 Entered By: [Text Field]
 Copay DOS: [Text Field] Add Row
 Save Button: Save
 Save & Apply Button: Save & Apply
 Save & Print Button: Save & Print
 Close Button: Close

2.11 Reference# in refund page

For the ease of tracking refunds made with a Reference Number, Reference# field has been added to the Refund Payment screen.

2.12 Accounting date

Enhancement in the Payment Posting screen now gives user the ability to modify the Accounting Date. This feature gives flexibility to post payments that fall under the closed date without affecting the closed month reports. Accounting Date for payments that fall in the closed month period will default the current date on the Payment Posting screen as opposed to the closed month date, which was how it used to post prior to this release.

#	CPT	R/Code	DOS From	DOS To	Claim#	Charge	Rem	Allowed	Paid To Co-Pay	To Ded.	To Co-Ins.	Adj.	Reason	With Hold Balance	Next Action ?	Acct.Date	COB	Rev.	Notes
Case #	32432-48653		Co-pay: 25.0	ACCEPT_INSURANCE	Balance: 0.00														
													PR.INS: AETNA	SE.INS: BLUE CROSS BLUE SHIELD	TR.INS: CBCA ADMINISTRATORS		Deductible: 0.0	ACCEPT_INSURANCE	Balance: 0.
3	99204		07/02/2013	07/02/2013	L5-71241	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-Select-	▼	0.00	0.00	-Select-	▼
1	36415		07/02/2013	07/02/2013	L5-71241	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-Select-	▼	0.00	0.00	-Select-	▼
2	99000		07/02/2013	07/02/2013	L5-71241	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-Select-	▼	0.00	0.00	-Select-	▼
5	81002		07/02/2013	07/02/2013	L5-71241	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-Select-	▼	0.00	0.00	-Select-	▼
4	76856		07/02/2013	07/02/2013	L5-71241	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-Select-	▼	0.00	0.00	-Select-	▼

2.13 Case Switch

Users can switch 'Case' even if patient payments have been applied to the encounter.

2.14 Patient Address for POS 12

For Relay Health Clearing House, certain payers require the patient's address to be populated in the service facility address when POS selected on the claim is 12(Patient Home). The program has been modified for the edit.

2.15 ERA

COB secondary payer name and payer id is displayed on the Primary ERA information.

19 - (Processed as Primary, Forwarded to Additional Payer(s)) -> UNITEDHEALTHCARE (SUPPLEMENTAL) [PayerID-00082]										ICN#: 2842887170880		
✓ Claims#:	1-2890	Total Claim Charge Amt.:		129.00	Paid Amt.:		66.27	Pat Responsibility:		16.58	XX:1770617540	
Code	M1	M2	M3	M4	Date	Billed	Allowed	Amt. Paid	Units Adj. Amt.	Pat. Responsibility	Remark Code	Line Status
97140	GP				03/16/2012	45.00	26.76	21.41	1 [CO-45]	15.38 [CO-59]	2.86 [PR-2]	5.35
97035	GP				03/16/2012	20.00	11.83	9.46	1 [CO-45]	7.17 [CO-59]	1.00 [PR-2]	2.37
97110	GP				03/16/2012	50.00	31.73	25.38	1 [CO-45]	18.27		6.35

2.16 Scheduler-Tags

The Following lists of New tags are added to letter Master :

- Date Of Injury
- SSN
- Employer Name
- Employer Fax
- Employer Email.

2.17 Reports

2.17.1 Billing Dashboard Report (H4)

AR% is added to the aging section in the Dash Board Report.

Aging as of Today	Amount	Value
Current	5,923.93	5.36 %
31-60	290.50	0.26 %
61-90	1,003.77	0.91 %
91-120	1,113.40	1.01 %
121-150	3,931.72	3.56 %
151-180	566.00	0.51 %
181 & >	97,746.23	88.4 %

2.17.2 CQM

An option to export CQM Report to pdf is now available with this release.

2.17.3 Productivity by Ref. Provider (E5)

The Report- 'Referring Provider Wise Encounter Details' is renamed as 'Productivity by Referring Providers'.

2.17.4 Summary - Encounter Line Activities Report (I8)

Following Changes are made to the Report # I8. Summary - Encounter Line Activities Report.

1. Revenue code added to the result.
2. Line status filter to changed to multi select.

2.17.5 Top Procedures/Diagnoses Count By Provider By POS (J18)

Accounting Date & DOS range filter are added to the Report # J18 'Top Procedures/Diagnoses Count By Provider By POS' Report.

2.17.6 On Account Payment Report (I5)

Two new filters are added in the "On Account Payment Report".

- Legal Entity Filter
- Provider Filter

On Account Payment Report

Parameters

Acct. Date From: [] To: [] Calculate Date As: --Select--

Payment Date From: [] To: [] Calculate Date As: --Select--

Payor Entity: --Select-- Payor Name: [] C

PSTS#: [] Check #: [] Legal Entity: ALL

User: ALL Sort Results By: Amount Unapplied Provider: ALL

☐ Include Refund ☐ Include Zero Payment

Search Close

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2.17.7 A/R Aging Summary Report (D6)

Percentage wise aging has been added in the "A/R Aging Summary Report".

A/R Aging Summary Report

Parameters

Provider: ALL

Search Close

A/R Type	Current	31-60	61-90	91-120	121-150	151-180	>180	Total Balance	Total Balance (%)
PATIENT	3,200.58	169.50	530.54	0.00	269.38	562.00	4,949.55	9,681.55	8.73 %
PATIENT (%)	33.06 %	1.75 %	5.48 %	0.00 %	2.78 %	5.80 %	51.12 %	100.00 %	
IN_COLLECTION	0.00	0.00	0.00	0.00	49.50	0.00	3,044.53	3,094.03	2.79 %
IN_COLLECTION (%)	0.00 %	0.00 %	0.00 %	0.00 %	1.60 %	0.00 %	98.40 %	100.00 %	

2.17.8 Posting Detailed Report (I6)

Added Patient Address, DOB, Phone and SL to the excel version of posting detailed report.

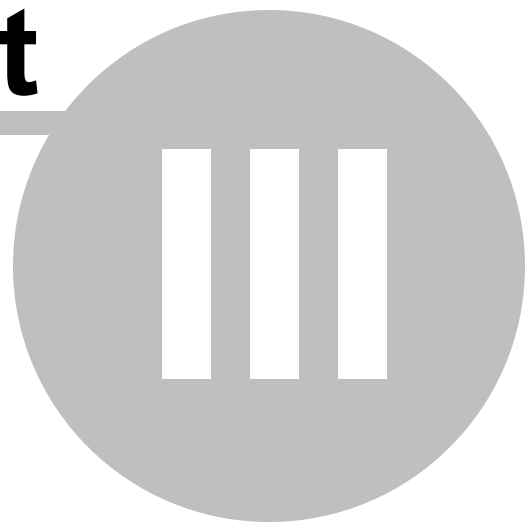
2.17.9 Appointment Reminder Report (A9)

New data columns - Provider Name, Provider Phone #, Patient Phone #, Patient Email address added to the "Appointment Reminder Report".

2.17.10 Patient Examination Summary Report (A5)

Included Patient's MR# in the report.

Part



3 BUG FIXES

1. Certain pop-up reports were not closing even after the user logs out of the application. This is resolved.
2. Resolved the issue where the chart creation time was not reflecting the Practice's Time Zone in the EMR narration footer.
3. Flow-sheets were not getting removed from the combo box when all the items under a flow-sheet are inactive. This is resolved.
4. In EHR face Sheet, "Show in Red" was not working after the new UI release. This has been resolved.
5. EMR Level-2's with apostrophe's cannot be edited. This has been fixed.
6. Export to Excel option is not working in Libero office. This has been fixed.