



New Features

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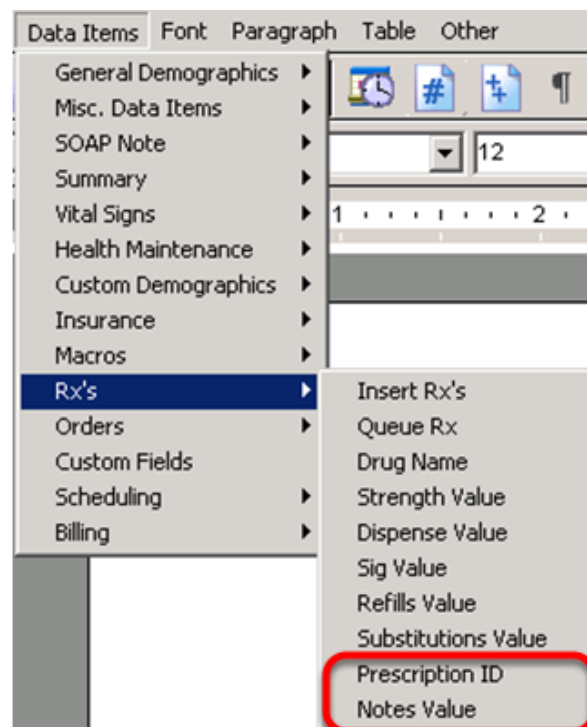
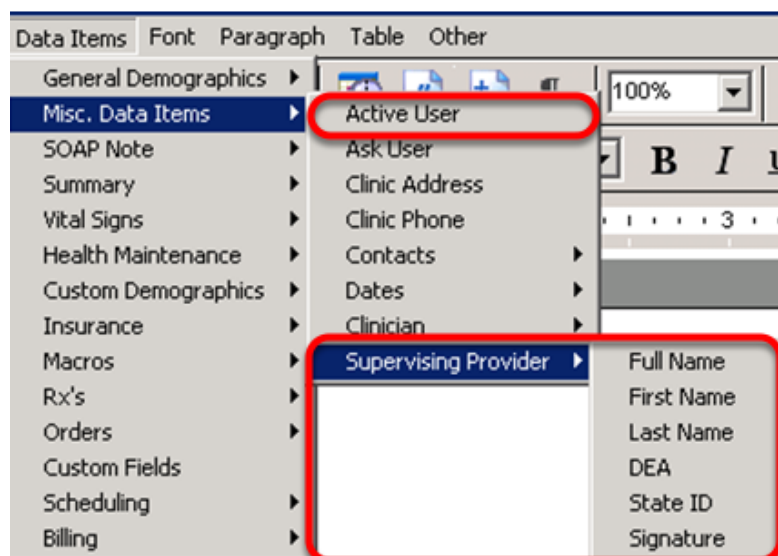


New Features Available in 2012.0.8077



Additional Data Items to Document Designer

New Data Items



Document Designer now has additional data items that can be included on any design.

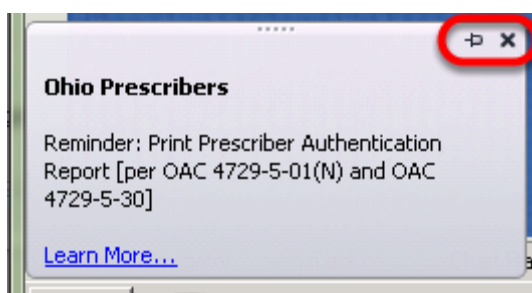
- **Active User:** The name of the user who prints the design.
- **Supervising Provider:** The name, DEA, State ID, and/or signature of the clinician designated as a supervising provider.
- **Prescription ID:** A unique number assigned to all prescriptions printed, faxed, or ePrescribed through Rx Manager.
- **Notes Value:** The area where pharmacy notes that are included on a prescription, are located.



Changes for Prescribers

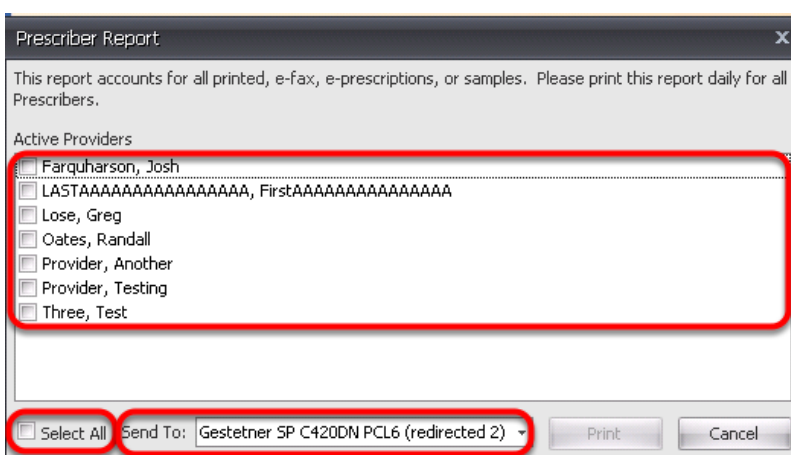
Many additional features have been included to meet the prescribing requirements of the Ohio State Board of Pharmacy. Prescribers in all states, however, can make use of several of the added features.

Smartflow Report Reminder



A Smartflow reminder will now appear every time an Ohio user logs into SOAPware, reminding them to print a Prescriber Authentication Report. This display shows up in the lower left hand corner containing a link to online lessons for Ohio users. The reminder may be pinned opened or closed, otherwise it fades away after a few seconds.

Prescriber Report Window



- Users have the ability to create the Authentication Report for active providers selected from this window.
- Users may choose to print a report for every provider on the list by placing a check mark next



to Select All.

- Users can also select which printer to send the report to whenever they print.

Prescriber Authentication Report

Prescriber Authentication Report for Randall Oates

Time Frame of Report (Begin Date/Time: 5/21/2013 8:29:38 AM)

Time Frame of Report (End Date/Time: 5/24/2013 10:19:06 AM)

*** This report accounts for all printed, e-fax, e-prescriptions, or samples for this prescriber and Date/Time period ***

Patient	Prescription	Type	Status	Refill(s)	User	Notes
Smith, Sam	Azithromycin (Zithromax or Z-pak): 250 mg (tablet) SIG- 2 each the first day, then 1 daily once a day orally #6 Substitutions Allowed Refills- 0 Notes- "Z-pak"	Non-Controlled	Printed	0	Group, Trainers	
Jackson, Jack	Xanax: 0.5 mg (tablet) SIG- 1 each 3 times a day orally #30 Substitutions Allowed Refills- 0 Notes-	Controlled	Printed	0	Group, Trainers	
Terry, Test	Lisinopril (Prinivil, Zestril): 5 mg (tablet) SIG- 1 each once a day orally #30 Substitutions Allowed Refills- 0 Notes-	Non-Controlled	Printed	0	Group, Trainers	
Terry, Test	Micardis: 20 mg (tablet) SIG- 1 each once a day orally #30 Substitutions- Refills- 0 Notes-	Non-Controlled	Printed	0	Group, Trainers	
Smith, Sam	Xanax: 0.25 mg (tablet) SIG- 1 each 3 times a day orally #30 Substitutions Allowed Refills- 0 Notes-	Controlled	Printed	0	Group, Trainers	

SOAPware now includes a feature for creating a Prescriber Authentication Report for each provider in a clinic. This report contains a list of all prescriptions that were printed, faxed, or ePrescribed through Rx Manager by a particular provider.



Reprint Prescriber Authentication Report

SOAPware 2012 - Patient: - User: Mid-Level Prescriber - Provider: Josh D. Farquharson, M.D.

SOAPware Billing Secure Edit Tools View Help

Audit Log

Start Date: 5/7/2013 12:00 AM End Date: 6/3/2013 11:59 PM User Name: Location: IP Address: Section: Authentication_Report_Pri Patient: +

☐ Include Inactive Users

Drag a column header here to group by that column

Date Time	User Name	Location	IP Addr...	Action/Section	Patient	Description
6/3/2013 9:19:53 AM	Mid-Level Presc...	RC (192.168.38...		Authentication_Report_Printed		Provider: Josh D. Farquharson, ...
5/31/2013 11:45:40 AM	Mid-Level Presc...	RC (192.168.38...		Authentication_Report_Printed		Provider: Josh D. Farquharson, ...
5/31/2013 11:44:50 AM	Mid-Level Presc...	RC (192.168.38...		Authentication_Report_Printed		Provider: Randall Oates
5/24/2013 1:26:23 PM	Mid-Level Presc...	RC (192.168.38...		Authentication_Report_Printed		Provider: Josh D. Farquharson, ...
5/23/2013 4:03:16 PM	Mid-Level Presc...	RC (192.168.38...		Authentication_Report_Printed		Provider: Josh D. Farquharson, ...
5/23/2013 3:44:01 PM	Mid-Level Presc...	RC (192.168.38...		Authentication_Report_Printed		Provider: Josh D. Farquharson, ...
5/23/2013 1:38:31 PM	Josh Farquhars...	RC (192.168.38...		Authentication_Report_Printed		Provider: Josh D. Farquharson, ...

Send To: Gestetner SP C420DN PCL6 (redirected 2)

Users can also view a list of previous reports and reprint from the audit log.



Transaction ID for Every Prescription Submitted

Rx Manager

Rx Pad

Medications

History

Patient - Refill Requests

Drag a column header here to group by that column

	Status					
	Response	Details	Notes	Pharmacy	Prescription ID	Rem
	Provider					
Zithro...	Sent	250 mg (tablet) SIG- 2 each the first day, then 1 daily once a day orally #6 Substitutions Allowed Refills- 0 Notes- "Z-pak"		Ph# - Fax# -	33	
AM	Unknown					
	Randall Oates					
'M	Sent	0.25 mg (tablet) SIG- 1 each 3 times a day orally #30 Substitutions Allowed Refills- 0 Notes-		Ph# - Fax# -	37	
	Unknown					
	Randall Oates					

SOAPware now generates a unique ID for every prescription that is submitted through Rx Manager. This will include medications that were given as samples and every other medication that was printed, faxed, or ePrescribed through Rx Manager. The ID number is recorded under the History tab of Rx Manager.

New Constraints on Prescription SIG and Notes

Rx	Misc
Xanax: 0.25 mg (tablet)	Pending
one tab orally 3 one tab orally 3 times a dayone tab orally 3 times a daytimeone tab ora...	
#30 DAW - Y 0	Randall Oates
Do not fill until 6/15/13	Invalid Sig Length to Large (140 char max)
	Coverage Details

Rx Manger will now prevent sending prescriptions with a SIG longer than 140 characters or with Notes longer than 210 characters.



New Options for Substitution Wording

The screenshot shows the 'Options' dialog box with the 'Headers' tab selected. The left sidebar lists various options, with 'Structured Rx' highlighted. The main area contains several sections:

- Visible only when empty. Headers:** A list of headers with checkboxes and text input fields.

Header	Wording
Instructions Header	Instructions-
Dispense Header	Dispense-
Refills Header	Refills-
Substitutions Header	Substitutions-
Indication Header	Related Dxs-
Start Date Header	Start Date-
End Date Header	End Date-
Note Header	Notes-
- Rx Layout:** Radio buttons for 'Single Line' (selected) and '4 - Lines', and a checked checkbox for 'Separate with blank lines'.
- Substitutions:** Two text input fields: 'Substitutions Allowed Wording' (highlighted with a red circle) containing 'DAW - N', and 'Substitutions Not Allowed Wording' containing 'DAW - Y'.

A 'Close' button is located at the bottom right.

In previous versions of SOAPware, users could only change the wording for Substitutions *Not* Allowed. Now users have the option to change the wording for Substitutions Allowed as well.



Add Comments to Adjustments in Patient Ledger

This new feature allows users to include a comment with details for adjustments taken within the patient account Ledger tab.

Add Comment to Adjustment

Apply Adjustment

Code

100

Description

Professional Courtesy

Comments

Testing new comment feature for adjustments for

Amount

\$10.00

Advanced Code Search

Charges for Schmoe, Joe J.

☐ Show Zero Balance Charges

DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
9/9/2010	Randall Oates, MD	99212	Office Visit Limited/10mn.	\$120.00	\$10.00	\$110.00	\$10.00
10/28/2010	Randall Oates, MD	99213	OFFICE/OUTPATIENT VISI...	\$135.00	\$30.00	\$105.00	\$0.00
6/17/2011	Randall Oates, MD	99202	OFFICE/OUTPATIENT VISI...	\$160.00	\$25.63	\$134.37	\$0.00

\$415.00

\$65.63

\$349.37

\$10.00

Save

Cancel

Auser can type a comment when applying an adjustment, up to 255 characters.



Display Comments in Adjustment Detail

Posted ▲

4/1/2010

4/30/2010

5/6/2010

5/10/2010

5/10/2010

5/18/2010

6/22/2010

7/26/2010

7/26/2010

8/10/2010

8/10/2010

9/8/2010

9/9/2010

9/9/2010

9/20/2010

9/20/2010

10/28/2010

10/28/2010

10/28/2010

1/14/2011

6/17/2011

12/27/2012

4/18/2013

5/28/2013

Adjustment Detail

Adjustment

Date	Code	Description	Comments	Amount
5/28/2013	100	Professional Courtesy	Testing new comment feature for adjustments	\$10.00

Note

Applied Charges

Date	Patient	Provider	Code	Description	Charge	Applied
9/9/2010	Joe J Schmoie	Randall Oates, MD	99212	Office Visit Limited/10mn.	\$120.00	\$10.00

Close

10/28/2010	10/28/2...	Randall Oate...	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00
10/28/2010			Co-Pay	Credit Card:				\$30.00		
1/14/2011			Ins Pymt	Arkansas Medical...						
6/17/2011	6/17/2011	Randall Oate...	99202	OFFICE/OUTPAT...	\$160.00	1.0	\$160.00	\$25.63		\$134.37
12/27/2012	12/27/2...	Randall Oates	G8700	Rehab not indicat...		1.0				\$0.00
4/18/2013			Ins Pymt	Medicare Pymt: 3...				\$25.63		
5/28/2013			100	Professional Cour...					\$10.00	

To view adjustment details from the patient ledger, double click on the adjustment line and the Adjustment Detail dialog will open.



Claims Manager Enhancements-Additional Filtering for Managing Claims

In addition to filtering by posted date, additional filtering options have been added in the Claims Manager.



New Filtering Options

Claims Manager

Find Claim By Number

Working Submitted All

Filter Posted Date to

Posted	Submi...	Claim ▲	Physician	Primary	Secondary	...	Patient
2/21/2013	2/21/2013	1143	Oates, Randall	Farmers Insurance	Medicare	P	Turner, Mollie
2/21/2013	4/11/2013	1144	Oates, Randall	Aetna	(Custom)	E	Abrahamson, Alex
2/21/2013	3/8/2013	1145	Oates, Randall	Arkansas Medicaid	(Blanks)	E	Berry, Terry
2/27/2013	3/8/2013	1146	Oates, Randall	Aetna	(Non blanks)	P	Clark, Jack
2/27/2013	2/27/2013	1147	Oates, Randall	Aetna	AARP	P	Clark, Jack
3/1/2013	3/8/2013	1148	Oates, Randall	BCBS AR	Aetna	P	Winters, Somer
2/14/2013	3/8/2013	1149	Oates, Randall	Medicare	Arkansas Firstsource	P	Roberts, Bobby
3/5/2013	3/12/2013	1150	Oates, Randall	Cigna	Arkansas Medicaid	E	Edmond, Emily
3/8/2013	4/11/2013	1151	Oates, Randall	Arkansas Medicaid	BCBS AR	E	Kidd, Billy
3/12/2013	3/18/2013	1152	Oates, Randall	Medicare	Blue Shield IN	E	Stevens, Sam
3/13/2013	3/15/2013	1153	Oates, Randall	Arkansas Medicaid	Champus	E	Winkle, Perry
3/13/2013	4/1/2013	1154	Oates, Randall	BCBS AR	Cigna	P	Winters, Somer
3/14/2013	4/11/2013	1155	Oates, Randall	Farmers Insurance	Farmers Insurance	P	Rosenburgerson, F
3/15/2013	4/10/2013	1157	Oates, Randall	Arkansas Firstsource	Humana Gold Choice	P	Perry, Barry
3/18/2013	3/18/2013	1158	Oates, Randall	Arkansas Medicaid	Met Advantage	E	Winkle, Perry
3/18/2013	4/1/2013	1159	Oates, Randall	Arkansas Medicaid	AARP	E	Winkle, Perry
3/18/2013	4/1/2013	1160	Oates, Randall	Medicare	AARP	E	Winkle, Perry
3/18/2013	4/1/2013	1161	Oates, Randall	Arkansas Medicaid	Aetna	P	Roberts, Bobby
3/18/2013	3/18/2013	1162	Oates, Randall	Farmers Insurance	E	P	Carey, Jerry
3/18/2013	3/18/2013	1163	Oates, Randall	Farmers Insurance	E	P	Turner, Mollie
3/18/2013	4/1/2013	1164	Oates, Randall	Farmers Insurance	E	P	Turner, Mollie
3/18/2013	4/1/2013	1165	Oates, Randall	AARP	E		Samson, Sam
3/18/2013	4/11/2013	1166	Oates, Randall	AARP	P		Samson, Sam
3/19/2013	4/1/2013	1167	Oates, Randall	BCBS AR	E	P	Winters, Somer
3/26/2013	4/1/2013	1168	Oates, Randall	BCBS AR	E	P	Winters, Somer
3/26/2013	4/1/2013	1169	Oates, Randall	Arkansas Firstsource	E		Hale, Gayle
3/26/2013	3/26/2013	1170	Oates, Randall	Arkansas Firstsource	E		Hale, Gayle
3/26/2013	3/26/2013	1171	Oates, Randall	Arkansas Firstsource	E		Hale, Gayle
3/26/2013	3/26/2013	1172	Oates, Randall	Arkansas Firstsource	E		Hale, Gayle
3/26/2013	4/11/2013	1173	Oates, Randall	Farmers Insurance	P	P	Turner, Mollie
3/26/2013	3/26/2013	1174	Oates, Randall	Arkansas Firstsource	E		Hale, Gayle
3/26/2013	3/26/2013	1175	Oates, Randall	Arkansas Firstsource	E		Hale, Gayle
3/27/2013	4/1/2013	1176	Oates, Randall	Arkansas Medicaid	P	E	Winkle, Perry
3/28/2013	3/28/2013	1177	Oates, Randall	Arkansas Firstsource	E		Perry, Barry
3/28/2013	4/16/2013	1178	Oates, Randall	Arkansas Firstsource	E		Perry, Barry

1. Hover over the column headers to activate the funnel icon.
2. Click on the icon to drop down filter options, and click on an option. One or more columns can be filtered at a time.



Filtering Results

Claims Manager

Find Claim By Number

q

WorkingSubmittedAll

Filter Posted Date10/1/2012to5/28/2013

Posted	Submi...	Claim ▲	Physician	Primary	...	Secondary	...	Patient
10/15/2...	10/23/2...	1053	Oates, Randall	Medicare	E	AARP	P	Terry, Gary
10/16/2...	3/8/2013	1057	Oates, Randall	Medicare	P	Arkansas Medicaid	P	Winters, Somer
10/16/2...	10/31/2...	1058	Oates, Randall	Medicare	P	Arkansas Medicaid	E	Winters, Somer
10/16/2...	10/31/2...	1059	Oates, Randall	Medicare	E	Arkansas Medicaid	P	Winters, Somer
11/5/2012	11/6/2012	1071	Oates, Randall	Medicare	E	Arkansas Medicaid	E	Rosenburg, Barry
11/9/2012	12/6/2012	1079	Oates, Randall	Medicare	E			Stevens, Sam
11/29/2...	12/27/2...	1080	Oates, Randall	Medicare	E			Stevens, Sam
1/10/2013	3/8/2013	1110	Oates, Randall	Medicare	E			Reynolds, Ronnie
1/10/2013	3/8/2013	1112	Oates, Randall	Medicare	E	Arkansas Medicaid	E	Lane, Penny
2/14/2013	2/15/2013	1136	Oates, Randall	Medicare	E	Aetna	E	Rosenburg, Barry
2/14/2013	3/8/2013	1149	Oates, Randall	Medicare	E	Aetna	P	Roberts, Bobby
3/12/2013	3/18/2013	1152	Oates, Randall	Medicare	E			Stevens, Sam
3/18/2013	4/1/2013	1160	Oates, Randall	Medicare	E	Aetna	P	Roberts, Bobby
4/16/2013	1/1/0001	1198	Test, Tammy	Medicare	E	Aetna	P	Roberts, Bobby

The screenshot above is an example of the results from filtering by posted date 10/1/2012 to 5/28/2013 for all Medicare claims that were submitted during that time frame.



Multiple Filtering Results

Working Submitted All

Filter Posted Date 12/1/2012 to 5/30/2013 Y

Posted	Submi...	Claim	Physician	Primary	...	Secondary	...	Pa
1/16/2013	5/1/2013	1060	Oates, Randall	BCBS AR	E	Humana	P	Bar
12/19/2...	5/1/2013	1033	Oates, Randall	BCBS AR	E	Aetna	P	Jim
12/18/2...	2/6/2013	1027	Oates, Randall	BCBS AR	E	Arkansas Medicaid	P	Tur
4/5/2013	5/2/2013	1079	Oates, Randall	BCBS AR	E	Arkansas Medicaid	P	Tur
12/18/2...	4/9/2013	1029	Oates, Randall	BCBS AR	E	Arkansas Medicaid	P	Tur
2/6/2013	4/4/2013	1064	Oates, Randall	BCBS AR	P	Met Advantage	P	Ra
2/27/2013	5/2/2013	1066	Oates, Randall	BCBS AR	P	Met Advantage	P	Ra
12/20/2...	4/4/2013	1042	Oates, Randall	BCBS AR	E	Aetna	P	Bar
4/9/2013	4/9/2013	1080	Oates, Randall	BCBS AR	E	Cigna	P	Bo
4/4/2013	4/9/2013	1075	Oates, Randall	BCBS AR	E			Oa
12/20/2...	2/6/2013	1044	Oates, Randall	BCBS AR	E	Aetna	P	Flo
4/3/2013	5/2/2013	1082	Oates, Randall	BCBS AR	E	Cigna	P	Ra
12/21/2...	2/6/2013	1048	Oates, Randall	BCBS AR	E	Cigna	P	Ra
4/9/2013	4/11/2013	1084	Oates, Randall	BCBS AR	E	Cigna	P	Ra
4/10/2013	5/2/2013	1085	Oates, Randall	BCBS AR	E	Humana	P	Bar
4/11/2013	4/11/2013	1087	Oates, Randall	BCBS AR	E	Aetna	P	Cro
12/13/2...	12/13/2...	1017	Oates, Randall	BCBS AR	E	Arkansas Medicaid	P	Tur
12/27/2...	4/4/2013	1050	Oates, Randall	BCBS AR	E	Aetna	P	Jim
12/27/2...	1/2/2013	1053	Oates, Randall	BCBS AR	E	Humana	P	Bar
12/28/2...	5/2/2013	1056	Oates, Randall	BCBS AR	P	Arkansas Medicaid	P	Tur
12/28/2...	4/4/2013	1057	Oates, Randall	BCBS AR	P	Humana	P	Bar
4/3/2013	5/1/2013	1072	Oates, Randall	BCBS AR	P			Oa
4/3/2013	5/2/2013	1071	Oates, Randall	BCBS AR	E			Oa
4/3/2013	5/2/2013	1068	Oates, Randall	BCBS AR	E			Oa
4/3/2013	4/4/2013	1067	Oates, Randall	BCBS AR	E			Oa
4/3/2013	4/9/2013	1073	Oates, Randall	BCBS AR	P			Oa
1/16/2013	4/4/2013	1061	Oates, Randall	BCBS AR	E	Aetna	P	Jim
4/3/2013	4/4/2013	1069	Oates, Randall	BCBS AR	P			Oa
4/4/2013	4/9/2013	1078	Oates, Randall	BCBS AR	E	Cigna	P	Co

Total Claims Submitted: 58 Total Amount Submitted: \$21,421.81

The screenshot above displays the results of filtering by Date Range, Physician and Payer.



Provider and Patient Name Order

Claims Manager

Find Claim By Number

1182

Working

Submitted


All

Filter Posted Date

3/28/2013

to

5/28/2013



Posted	Submi...	Claim	Physician	Primary	...	Secondary	...	Patient	▲
4/24/2013	4/24/2013	1188	Oates, Randall	Champus	E	Met Advantage	E	Daniels, Jr, Daniel	
4/26/2013	4/26/2013	1189	Test, Tammy	Met Advantage	E	Champus	E	Daniels, Jr, Daniel	
5/20/2013	5/24/2013	1199	Test, Tammy	Aetna	E	Shelter	P	Fields, Strawberry	
5/8/2013	1/1/0001	1193	Test, Tammy	Blue Shield IN	E	Arkansas Firstsource	E	Harrison, Harry	
5/24/2013	1/1/0001	1201	Oates, Randall	AARP	E	Arkansas Firstsource	E	James, Jimmy	
4/19/2013	4/19/2013	1187	Test, Tammy	Aetna	E			Jameson, James	
4/26/2013	4/26/2013	1190	Test, Tammy	Arkansas Medicaid	E	Humana Gold Choice	E	Kidd, Billy	
4/26/2013	4/26/2013	1191	Test, Tammy	Aetna	E			Lawrence, Joe	
4/18/2013	1/1/0001	1186	Test, Tammy	Arkansas Firstsource	E	Medicare	E	Penny, Jaycee	
3/28/2013	4/16/2013	1178	Oates, Randall	Arkansas Firstsource	E			Perry, Barry	
3/28/2013	3/28/2013	1177	Oates, Randall	Arkansas Firstsource	E			Perry, Barry	
4/16/2013	1/1/0001	1198	Test, Tammy	Medicare	E	Aetna	P	Roberts, Bobby	
5/14/2013	5/14/2013	1197	Test, Tammy	Humana Gold Choice	E	AARP	E	Schmoe, Joe	
4/2/2013	4/10/2013	1183	Test, Tammy	Aetna	E	Medicare	P	Tester, Lester	
5/2/2013	5/2/2013	1192	Test, Tammy	Aetna	E	Medicare	E	Tester, Lester	
5/14/2013	5/14/2013	1196	Test, Tammy	Aetna	E	Medicare	E	Tester, Lester	
5/8/2013	5/8/2013	1194	Test, Tammy	Farmers Insurance	E	Medicare	E	Turner, Mollie	
3/29/2013	4/11/2013	1184	Test, Tammy	Farmers Insurance	E	Medicare	E	Turner, Mollie	
3/29/2013	4/1/2013	1180	Test, Tammy	Farmers Insurance	E	Medicare	P	Turner, Mollie	
5/14/2013	5/14/2013	1195	Test, Tammy	Arkansas Firstsource	E			Williams, Lillian	
3/28/2013	3/28/2013	1179	Oates, Randall	Arkansas Medicaid	E	AARP	E	Winkle, Perry	
4/11/2013	4/11/2013	1185	Test, Tammy	BCBS AR	E	Medicare	E	Winters, Somer	
3/29/2013	3/29/2013	1181	Test, Tammy	BCBS AR	E	Medicare	P	Winters, Somer	

In previous versions, the Claims Manager listed provider and patient by first name, last name. The order is now changed to list provider and patients by last name, first name.



New Scrubbing Rule for Invalid State Format in the Claims Manager

A new scrubbing rule will reject claims with an invalid state format entered in Patient Demographics, Insurance Demographics, or Insurance Company setup.

Invalid State Format

Roberts, Bobby B.

Roberts, Bobby B.

Date of Birth 5/25/1933 Age 80 Sex Male

Address 456 Elm St Any City, AR 72703-1234

Home (456) 789-7897 Work (479) 545-4545 Cell (479) 555-5555

Email

Schedule Demographics Insurance Custom Flags/Notes Ledger

Patient Information

Title First Middle Last

SSN Birth Date Age

123-45-6789 5/25/1933 80

Marital Status Gender

Divorced Male

Race Ethnicity Language

Unknown Unknown X Unknown

Address

Street

456 Elm St

City State Zip

Any City AR 72703-1234

Contact Information

Home Phone Work Phone Cell Phone

(456) 789-7897 (479) 545-4545 (479) 555-5555

Invalid State Formats can cause rejections by payers. States should be two digits with all capital letters as shown in the screenshot above. When state is edited in Patient Demographics, the insured information in the Insurance tab will need to be changed as well.



Scrub Error

▲ Pending

Po...	Claim	Physician	Patient	Primary	...	Secondary	...	Amount	File With
4/16/2013	1198	Test, Tammy	Roberts, Bobby	Medicare	E	Aetna	P	\$135.00	Primary
4/18/2013	1186	Test, Tammy	Penny, Jaycee	Arkansas Firsts...	E	Medicare	E	\$120.00	Primary
5/24/2013	1201	Oates, Randall	James, Jimmy	AARP	E	Arkansas Firsts...	E	\$120.00	Primary

Total Claims Pending: 3 Total Amount

✓ Ready To Submit

Scrub Errors

The patient is missing part or all of their demographics: Invalid State

OK

Should a user include too many digits or not capitalize all letters for a state, a Scrub Error pop up box will notify the user when the state format is invalid and needs to be corrected.



Include Credit Balance Statements in Batch Statement Processing

Include Patients with Credit Balance in Statement Processing Options

The screenshot shows the 'Statement Report Options' dialog box. It has several sections: 'Search Options' with fields for Minimum Balance (\$0.00), Group, Patient, Guarantor, and Date (with radio buttons for Date of Service and Posted Date); 'Search Guarantor Last Name Range' with Start and End fields; 'Additional Options' with a Remit To dropdown (set to Statements), a Notes text area, and three checkboxes: 'Do not show tax id.' (unchecked), 'Do not show pending insurance items.' (checked), and 'Include Credit Balances' (checked and circled in red). There is also a 'Top Margin (in 100th of inch)' field set to 100. At the bottom, there are checkboxes for 'Submit Via Clearinghouse' and 'Testing', and 'OK' and 'Cancel' buttons.

Place a check mark in the box next to **Include Credit Balances** when processing batch statements. If this option is selected, you will generate and print patient statements with credit balances.



Insurance Payment Posting Date Entered and Check Date Fields Renamed

In the previous release, we added the option to back date patient and insurance payments, in order to run a payment summary for a specific date, and balance your deposit for that day. This current release has changed labeling for the Check Information fields, and on the Remit Report.

Check Information

NPI	PaytoNPI	Check Number	546546
Check Date	5/19/2013	Date Entered	5/25/2013
		Check Amount	\$60.23
		Remaining	\$60.23

- **Check Date:** Date check was generated
- **Date Entered:** Can be back-dated to the day check was deposited



Remit Report

Remit Report

Payer

Medicare

PO Box 1122
Some City, AR 72203

4793781111

GroupProfessional
Groups, Inc.
456 Test St
Springdale, AR
727641234
4795551234

NPI: PaytoNPI

Check Number: 546546

Check Date: 5/19/2013

Date Entered: 5/25/2013

Check Amount: 60.23

Remaining: 0.00

Patient Name Somer Winters**Account**

45

Begin	End	Proc	Billed	Allowed	Deduct	Coin	CoPay	Late	Other	Adjust	Prov Paid	Rem
2/23/2012	2/23/2012	99212	120.00	0.00	0.00	0.00	0.00	0.00		0.00	60.23	
			120.00	0.00	0.00	0.00	0.00	0.00		0.00	60.23	

Remit Report headers have been renamed to match the check information fields.



CLIA Defaults Updated

Select codes within **Tools > Billing Maintenance > CPT or HCPCS Maintenance** that have a check mark to include the CLIA number, will automatically include the CLIA number on a claim when charged in a visit/encounter. The CLIA number that is pulled will be determined by the Lab Facility that is shown on the More Info-Misc Details tab.

CLIA Default when Posting a Billing Statement from a Chart

Description	CPT	Diagnosis	Facility
× OFFICE/OUTPATIENT VISIT EST	99213	Fatigue	Shady Acres
× GENERAL HEALTH PANEL	80050	Fatigue	Shady Acres

When posting the Billing Statement from the patient chart that includes a lab charge, the Facility that will default in the More Info-Misc Details tab will be the facility selected prior to posting the billing statement to patient account.

For related lessons, please see:

- [Change Service Facility for charges outside main clinic](#)
- [Misc Details Tab-Lab Facility](#)



CLIA Default when Manually Entering Charges

Patient Visit for 5/30/2013 10:48 AM

Charges From 5/30/2013 10:48 AM More Info

Edit Claim Details

Owner: Randall Oates

Facility: SOAPware Clinic

Type:

- ☐ Employment
- ☐ Auto Accident
- ☐ Other Accident
- ☒ None

State:

Special Program Codes:

- Outpatient Hospital
- Remit Payment To
- Shady Acres
- Statements
- Hobbit Healthcare
- My Clinic
- SOAPware Clinic

Special Program:

Delay Reason:

Manually entering lab fees in the New Charges tab will automatically default to the CLIA number associated with the Facility selected in More Info-Facility prior to adding the charge. When the Facility is changed before adding charges, the Lab Facility will be populated with the same one selected at the top of More Info. If the facility is changed after charges are added, you will need to manually change the Lab Facility in Misc Details tab.

***Note:** For charges created outside the main facility (physical address indicated in [Manage Groups](#)), those facilities will still have to be selected in **Providers > Service Facility**, and the lab will need to be added in the **Misc Details** tab, as in previous versions.

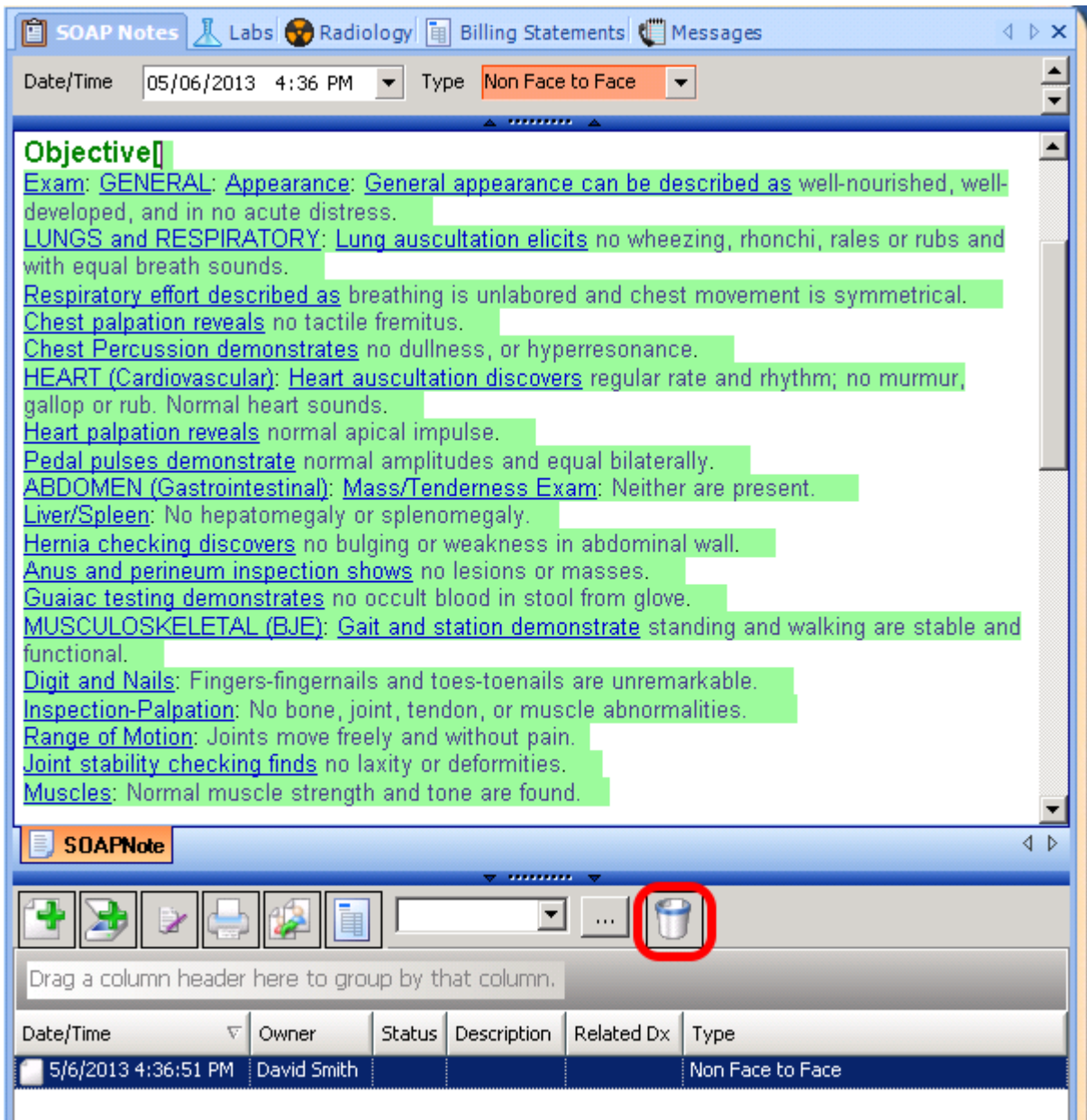


New Features Available in 2012.0.7115



Location Change for the Remove Documents Button in Docutainers

Docutainer Remove Documents Button Has Been Moved



In 2012.0.7115, the Remove Documents button has now been moved to be located at the end of the mini-toolbar (see above screenshot). In previous versions, this button was located next to the Sign Off button.



This change is included in the following chart sections:

- Advance Directives
- Billing Statements
- Demographics
- Insurance
- Custom
- CCR
- Correpondence In
- Correspondence Out
- EKG
- HIPAADisclosures
- History & Physicals
- Labs
- Misc.
- Pathology
- Printed Encounters
- Radiology
- Drawings
- Messages
- SOAP Notes
- Financial
- Growth Charts
- Unfiled

This change is also included in the following areas within SOAPware:

- Tools > List Options
- Docutainers > Unsigned
- Data Explorer



Flow Sheets Changes



Flow Sheets Date Search

Summary Vital Signs Demographics **Flow Sheets** Drawings

Show All ☐ Start Date 4/19/2010 End Date 4/19/2013

	Graph	09/26/2010 4:31 AM	09/26/2011 4:31 AM	03/26/2013 4:32 AM
DtaP	<input type="checkbox"/>			DTAP
Polio vaccine	<input type="checkbox"/>			Polio
HIB	<input type="checkbox"/>		HIB	
MMR	<input type="checkbox"/>			MMR
Varicella vaccine	<input type="checkbox"/>			
Tdap Booster	<input type="checkbox"/>	Tdap		Tdap
Influenza Vaccine	<input type="checkbox"/>	flu 0.25 ml IM	flu 0.25 ml IM	
Menactra	<input type="checkbox"/>	Menactra		
HAV	<input type="checkbox"/>	HAV		

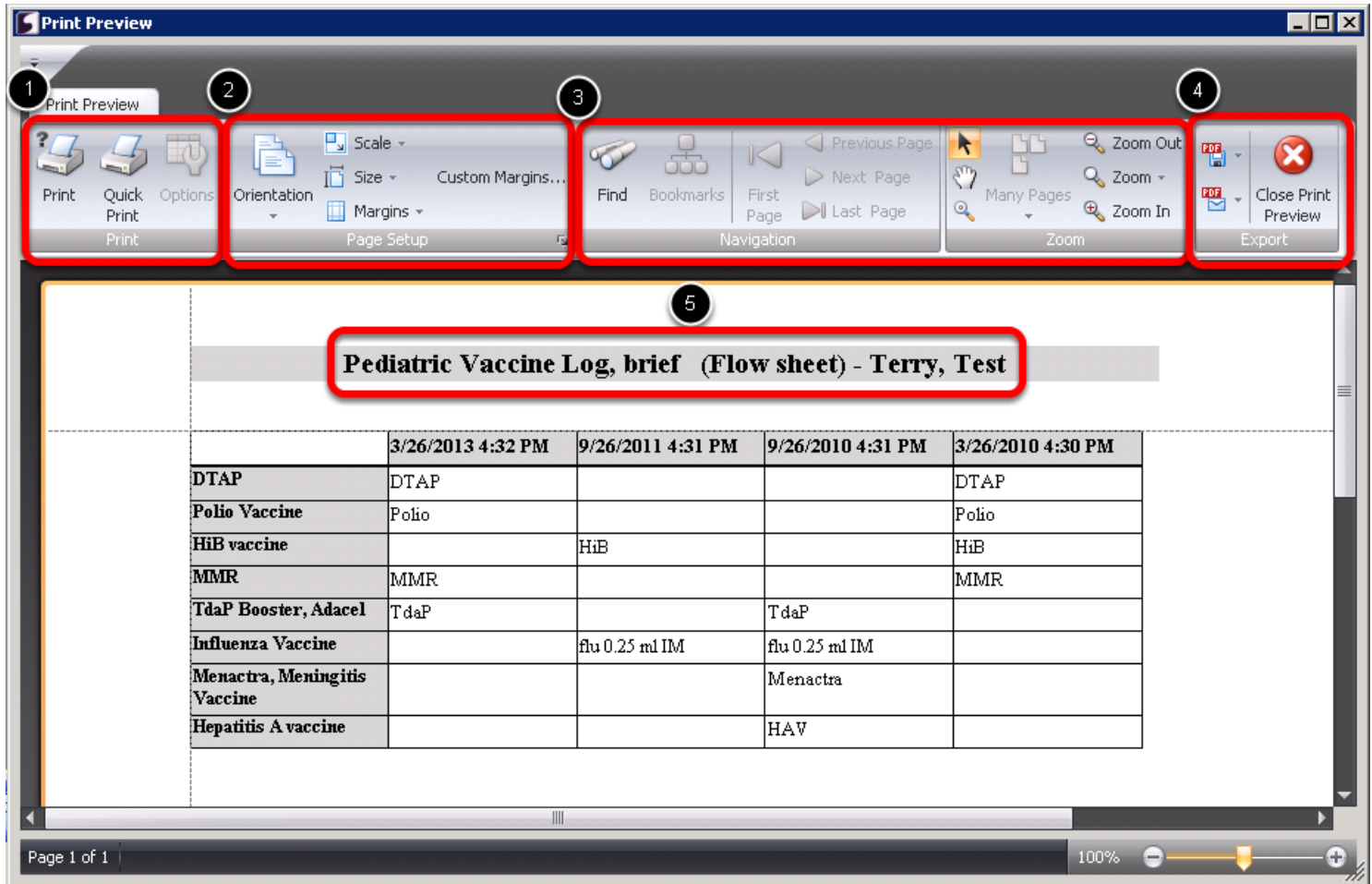
Drag a column header here to group by that column.

Date	Name	Owner	Status
4/19/2013 9:13:51 AM	Pediatric Vaccine Log, brief (Flow sheet)		

In the flow sheets section users now have the option of viewing all results (by checking the Show All box) or filtering results by a customized date range. In addition, the chosen date range will be reflected when the flow sheet is printed.



Flow Sheets Print Preview



When printing from the flow sheets section users will now see a print preview window with many new features.

1. **Print:** Options that allow users to select which printer to send to.
2. **Page Setup:** Options including landscape and portrait orientations and the ability to adjust scale, size, and margins.
3. **Navigation and Zoom:** Buttons to quickly view various pages of a multi-page flow sheet or to zoom in and out for a better view.
4. **Export:** Options which allow for changing the file format and emailing; file types include PDF, HTML, MHT, XLS, XLSX, CSV, Text, and Image files.
5. **Header:** There is now a header for printed flow sheets which contains the docutainer name and the patient's name.



Vital Signs Changes

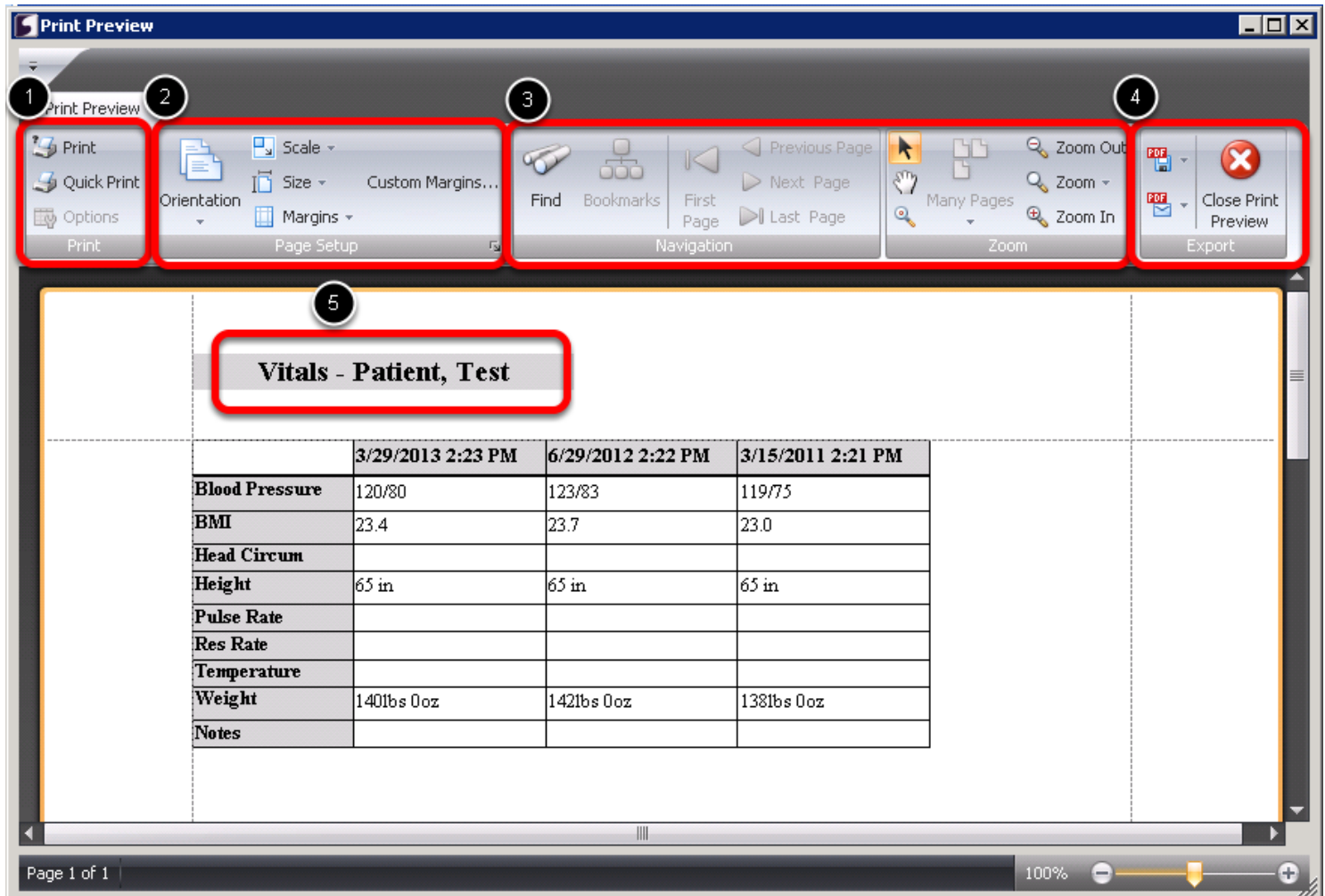
Vital Signs Date Search

	Graph	3/15/2011 2:21:26 PM	6/29/2012 2:22:25 PM	3/29/2013 2:23:31 PM
Blood Pressure	<input type="checkbox"/>	119/75	123/83	120/80
BMI	<input type="checkbox"/>	23.0	23.7	23.4
Head Circum	<input type="checkbox"/>			
Height	<input type="checkbox"/>	65 in	65 in	65 in
Pulse Rate	<input type="checkbox"/>			
Res Rate	<input type="checkbox"/>			
Temperature	<input type="checkbox"/>			
Weight	<input type="checkbox"/>	138lbs 0oz	142lbs 0oz	140lbs 0oz
Notes				

Users now have the option of viewing all vital sign readings (by checking the Show All box) or filtering by a customized date range. In addition, the chosen date range will be reflected when the vital signs are printed.



Vital Signs Print Preview



When printing from the vital signs section users will now see a print preview which includes many new features.

1. **Print:** Options that allow for users to select which printer to send to.
2. **Page Setup:** Ability to choose landscape or portrait orientation and adjust scale, size, and margins.
3. **Navigation and Zoom:** Buttons to quickly view various pages or to zoom in an out for a better view.
4. **Export:** Options that allow users to save or e-mail as a different file type; format options include PDF, HTML, MHT, XLS, XLSX, CSV, Text, and Image files.
5. **Header:** Printed vital signs now include a header with the section name and the patient's name.



Custom Patient Reporting: Patient Email Address Report

Including Patient Email Address with Custom Patient Reports

The screenshot shows the 'Custom Patient Report' window. The 'Demographic Info' section is expanded, showing various filters for patient selection. The 'Include Patient Email' checkbox is checked and highlighted with a red rectangle. Below the demographic section are sections for 'Scheduling Info', 'Insurance Policy Info', and 'Billing Info'. At the bottom, there is a 'Unique Patients Only' checkbox and 'View Report' and 'Close' buttons.

Demographic Info	
Last Name	X A X Z
Birth Date	From To
Age	X 65 To
Marital Status	
Gender	
Race	
Ethnicity	
Language	
City	
State	
Zip	From To
Primary Provider	Show All
Referring Provider	
PCP	
Preferred Pharmacy	
Guarantor	...
Financial Class	
Student Status	
Include Patient Email	<input checked="" type="checkbox"/>
Scheduling Info	
Insurance Policy Info	
Billing Info	
Unique Patients Only	
View Report Close	

In 2012.0.7115, users will now be able to create a custom patient report that includes the patient's email address as recorded in their Demographics section.



As seen in the screenshot above, the "Include Patient Email" box can be checked before generating a report. When this box is checked, the report that is generated will contain a column that lists the email address for all patients included in the report (as long as their email address has been recorded in the appropriate Demographics field).

Print Preview of Custom Report

Print Preview

Print Quick Print Options Scale Size Margins Custom Margins... Find Bookmarks First Page Previous Page Next Page Last Page Many Pages Zoom Out Zoom Zoom In Export To E-Mail As Close Print Preview

Custom Report

Parameter	Value
Last Name From	A
Last Name To	Z
Age From	65

Account Number	First Name	Last Name	Address	City	State	Zip Code	Home Phone	Email	Age
11	Abby	Abraham	15678 Hemingway Place	Tontitown	AR	72770	4794445555	abby_arcrc.com	68
107	Deborah	Boone	2000 S. Colson Blvd	Las Vegas	NV	89104			65

1. The patient email address can be viewed within the Print Preview window.
2. The user can also export the report to one of the following file types: PDF, HTML, MHT, RTF, XLS, XLSX, CSV, Text, Image.



Meaningful Use Dashboard Export with Patient Detail

Exporting the Meaningful Use Report

The screenshot shows the SOAPware interface with the 'Export' button highlighted in a red box and labeled with a circled '1'. An 'Export' dialog box is open, showing options for 'Without patient detail' and 'With patient detail', with 'With patient detail' selected and labeled with a circled '2'. The dialog also shows 'XLS' as the file type and 'Export' and 'Cancel' buttons, with the 'Export' button labeled with a circled '3'. A red arrow labeled '10' points to the 'Export' button in the dialog box. The background shows a table of Meaningful Use measures and a trends graph.

Name	%	N / D
Active Medication List	26	4 / 15
Clinical Summaries	7	2 / 27
CPOE for Medication Orders	0	0 / 1
ePrescribing	0	0 / 1
Medication Allergy List	20	3 / 15
Medication Reconciliation	0	0 / 0
Patient Electronic Access	0	0 / 15
Patient Reminders	0	0 / 1
Problem List	26	4 / 15
Smoking Status	21	3 / 14
Transition of Care Summary	0	0 / 0
Vital Signs	21	3 / 14
Clinical Lab Test Results	100	5 / 5
Demographics	80	12 / 15
Electronic Copy of Health Information	100	1 / 1
Patient Education	13	2 / 15

In 2012.0.7115, users will now have the ability to export a copy of their Meaningful Use statistics and include a new patient detail report. This highly requested feature will allow users to view the patient information and details for all patients included in the numerator and denominator for each Meaningful Use measure.

After clicking the Export button, users will now have the option to export a copy of the Meaningful Use statistics "with patient detail" or "without patient detail".

This new feature has also added several Export options:

- Without patient detail: The user will have the option to export the report as one of the following File Types: XLS, CSV, PDF, or HTML.
- With patient detail: The user will have the option to export the report as one of the following File Types: XLS, CSV.



**Note: It is recommended that all providers export a copy of the Meaningful Use statistics on the final day of their reporting period. This report should be stored with the providers Meaningful Use documentation in case of an audit.*

MU Statistics Export Without Patient Detail

Report Date Range:	1/1/2013 - 4/1/2013
Provider:	Randall Oates

Meaningful Use Measure	Numerator	Denominator	Percentage
Active Medication List	4	15	26.7
Clinical Lab Test Results	5	5	100
Clinical Summaries	2	27	7.4
CPOE for Medication Orders	0	1	0
Demographics	12	15	80.0
Electronic Copy of Health Information	1	1	100
ePrescribing	0	1	0
Medication Allergy List	3	15	20.0
Medication Reconciliation	0	0	0
Patient Education	2	15	13.3
Patient Electronic Access	0	15	0
Patient Reminders	0	1	0
Problem List	4	15	26.7
Smoking Status	3	14	21.4
Transition of Care Summary	0	0	0
Vital Signs	3	14	21.4

The above image is an example of an exported MU Statistics Summary report that does not include patient detail. This report will include the selected report date range, provider name, and a list of each MU measure with the corresponding numerator, denominator and percentage.



MU Statistics Export With Patient Detail

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	Measure	N	D	%	Last	First	Chart #	DOB	Phone	Street	City	ST	Zip	Email	Sex	Race
3	Active Medication List	0	1	0	Barry	Larry		6/19/1980	(479) 555-6666	777 Oak St	Some City	AR	72764		M	Unknown
4	Active Medication List	0	1	0	Cooper	Alexandra		6/15/1975		145 Any St	Anytown	AR	72704		F	White
5	Active Medication List	0	1	0	Eidson	Jennifer	EIDJE000	2/5/1975	(702) 666-5954	6225 Autumn Creek Dr.	Las Vegas	NV	89130		F	
6	Active Medication List	0	1	0	Green	Heather	HG123456	9/16/1994	(479) 655-5555	151 W College Ave	Any Town	AR	72703-2121		F	Unknown
7	Active Medication List	0	1	0	Marina	Adam	MARAR000	10/18/1987	(702) 327-5402	1900 Columbia Crest Ct.	LAS VEGAS	NV	89117		M	

The above image is an example of an exported MU Statistics report that includes patient detail. This report will include a Summary report, as well as a Patient Detail report. The Summary report and Patient Detail report are exported as separate files.

1. **Summary Report:** The summary report includes the selected report date range, provider name, and a list of each MU measure with the corresponding numerator, denominator and percentage.
2. **Patient Detail Report:** The patient detail report includes a list of Meaningful Use measures along with the patient information for patients included in the numerator or the denominator for that measure. The patient detail information includes the following items: numerator, denominator, %, Last name, First name, Chart #, DOB, Phone, Street, City, ST, Zip, Email, Sex, Race, Ethnicity, Language, Last Encounter date and time, Primary Insurance.



NQF 0041 - New Flu Vaccine Codes Added

New Flu Vaccine Codes to Increase Numerator

In 2012.0.7115, six new flu vaccine codes have been added to the list of codes that will increase the numerator calculation. These six flu vaccine codes are as follows:

- **Q2034:** Afluria vacc, split virus vaccin, IM
- **Q2035:** Afluria vacc, 3 yrs & >, IM
- **Q2036:** Flulaval vacc, 3 yrs & >, IM
- **Q2037:** Fluvirin vacc, 3 yrs & >, IM
- **Q2038:** Fluzone vacc, 3 yrs & >, IM
- **Q2039:** FLU VACCINE, 3 YRS & >, IM

For details on the documentaiton requirements, as well as the numerator and denominator calculation for this measure, please see: [NQF 0041 - Preventative Care and Screening: Influenza Immunization for Patients > 50 Years Old.](#)



Owner will Default to Active Provider for Manual Entry

When manually entering charges from the New Charges tab, the Owner and Facility will now default to the Active Provider and the Facility information in Manage Groups

Owner Information for Manual Charge Entry

The screenshot shows the SOAPware PM interface with the 'New Charges' tab selected. The 'Edit Claim Details' window is open, displaying the following information:

- Owner:** Randall Oates (highlighted with a red box)
- Facility:** Family Clinic
- Type:** ☒ None
- Special Program Codes:** Special Program: <None>, Delay Reason: <None>
- Primary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Secondary:** ☒ Release of Information Signature, ☐ Signature Executed For Patient, Benefits Assignment: Yes
- Providers:** Rendering Provider: (highlighted with a red box), Referring Provider: Iam, Sam R., Jr., Primary Care Provider: (blank)

A red arrow points to the 'Providers' tab in the bottom navigation bar.

Manually posting visits in previous versions of SOAPware PM required clicking on More Info and adding the Owner and Facility for each visit. This will now default to automatically populate the Owner with the [Active Provider](#).

If the Rendering Provider of service is anyone other than the Active Provider, you can override this by clicking on the Providers tab and selecting that provider from the drop down list. NP or PA that provide service, but bill under the Owner/Primary Physician would be one example.

If the Owner/Active Provider is the Rendering Provider, leave this field blank.



Facility will Default to Active Facility Selected in Scheduler

When manually entering charges from the New Charges tab, the Facility will now default to the Active Facility. (Facility selected in Scheduler Workspace when the visit is created by user)



Facility Information for Manual Charge Entry

The screenshot displays the SOAPware PM interface. On the left, a calendar for March 2013 shows the 28th as the selected date. Below the calendar, a list of providers includes 'Randall Oates' and 'Tammy Test'. The main window shows a patient record for 'Perry, Barry O.' with details such as Date of Birth (6/20/1965), Age (47), Sex (Male), and Status (Single). The 'Balances' section shows a total of \$3,479.80. The 'Charges' section is active, showing a charge for 'Patient Visit for 3/28/2013 10:22 AM'. A 'More Info' button is highlighted with a red circle and the number 2. The 'Edit Claim Details' window is open, showing the 'Facility' dropdown menu set to 'Professional Group', which is highlighted with a red circle and the number 3. The 'Owner' dropdown is set to 'Randall Oates'.

Manually posting visits in previous versions of SOAPware PM required clicking on More Info and adding the Owner and Facility for each visit. The Facility will now automatically populate with the Active Facility selected in the Scheduler. For single facility users, the work flow should not change. If visits or charges are created for facilities outside the main facility (physical address indicated in [Manage Groups](#)), those facilities will still have to be selected in Providers tab->Service Facility.

1. Select Active Facility in Scheduler.
2. New Charges->More Info button is not alerting user that information is missing.
3. Claim Details->Facility is automatically populated with Active Facility.



Entry for Multiple Facility Billing

1. Professional Group

Perry, Barry O.

Account 27
Chart PE123

Date of Birth 6/20/1965 Age 47 Sex Male Status Single

Address 111 Oak St Any City, AR 72764

Home (479) 555-5555 Work (479) 555-6666 Cell (479) 555-7777

Email

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$679.80	\$2,800.00	\$3,479.80
Totals	\$679.80	\$2,800.00	\$3,479.80

Unapplied Co-Pay \$0.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

2. More Info

3. Providers

Owner Randall Oates Facility Professional Group

Type

☐ Employment State

☐ Auto Accident

☐ Other Accident

☒ None

Special Program Codes

Special Program

Delay Reason <None>

Primary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment Yes

Secondary

☒ Release of Information Signature

☐ Signature Executed For Patient

Benefits Assignment Yes

Providers

Rendering Provider

Referring Provider Jam, Sam R., Jr.

Primary Care Provider

Supervising Provider

Service Facility Outpatient Hospital

Manually posting visits in previous versions of SOAPware PM required clicking on More Info and adding the Owner and Facility for each visit. The Facility will now automatically populate with the Active Facility selected in the Scheduler by user when creating the visit.

If visits/charges are created for facilities outside the main facility (physical address indicated in [Manage Groups](#)), those facilities will still have to be selected in Providers tab->Service Facility, as in previous versions.

1. Select Active Facility in Scheduler. If creating visits for a facility other than the Active Facility, this can be overridden when creating the visit.

2. To override Active Facility, click More Info

3. Click Providers tab and select the Service Facility from the drop down list.



Note: If lab fees are included in the visit, and a clinic CLIA number is required by payers, click on the Misc Details tab and select the facility in the [Lab section](#)



CLIA Number Assigned to Lab Charges

Select Lab Fees and choose to automatically include CLIA numbers on claims without having to add Facility Lab for each visit.



Selected Procedure Codes will include CLIA Number on Claim

CPT Code Maintenance

Code Details

CPT Lookup: 80061 Short Description Lookup: LIPID PANEL ☐ Inactive

Medium Description: LIPID PANEL

Long Description: Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)

☒ Use Custom Descriptions NDC Number: ☒ Include CLIA Number

Custom Short Description:

Custom Medium Description:

Custom Long Description:

Code List

☒ Standard View ☐ Full View ☒ Hide Inactive Codes

Code	Description	NDC	CLIA	Effective	Modified	Deactivation
80047	METABOLIC PANEL IONIZED CA		<input checked="" type="checkbox"/>	2/3/2010	2/21/2013	
80048	METABOLIC PANEL TOTAL CA		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80050	GENERAL HEALTH PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80051	ELECTROLYTE PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/5/2013	
80053	COMPREHEN METABOLIC PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80055	OBSTETRIC PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80061	LIPID PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/21/2013	
80069	RENAL FUNCTION PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80074	ACUTE HEPATITIS PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80076	HEPATIC FUNCTION PANEL		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80100	DRUG SCREEN, QUALITATE/MULTI		<input checked="" type="checkbox"/>	2/3/2010	3/13/2013	
80101	DRUG SCREEN, SINGLE		<input type="checkbox"/>	2/3/2010		
80102	DRUG CONFIRMATION		<input type="checkbox"/>	2/3/2010		
80103	DRUG ANALYSIS, TISSUE PREP		<input type="checkbox"/>	2/3/2010		
80104	DRUG SCRIN 1+ CLASS NONCHROMO		<input type="checkbox"/>	3/11/2011	3/11/2011	
80150	ASSAY OF AMIKACIN		<input type="checkbox"/>	2/3/2010		

CPT copyright 2012 American Medical Association. All rights reserved.

Save Close

In previous versions of SOAPware, each visit that included lab fees required users to click on the More Info button, the Misc Details tab, and selecting a Facility from the drop down list in the Lab section. This release allows users to select lab codes from the CPT Maintenance and choose to



include the CLIA Number on claims anytime that code is charged, and the correct facility is selected for the visit. The CLIA number will be pulled from the facility indicated in the visit.

Go to Tools->Billing Maintenance->CPT Maintenance.

1. Type Code or Description.
2. Place a check mark in the box to Include CLIA Number.
3. Save. Repeat for each code.

Note: For charges/claims created prior to assigning the CLIA number, the Rebuild process will not default the facility in the Misc. Details tab. You will have to manually add that info.



CLIA will automatically pull from Active Facility

The screenshot displays the SOAPware interface with the 'Edit Claim Details' window open. The patient is Perry, Barry O., and the account is 27. The 'Facility' dropdown is set to 'Professional Group' (1). The 'Misc Details' tab is selected (2). The 'Lab' dropdown is set to 'Professional Group' (3). The 'Charges' are \$0.00. The 'Original Reference Number' is LOOP 2300 / 2330B REF with F8. The 'Accept Assignment' is set to 'Yes'.

The CLIA number pulled into the claim file will be determined by the **Active Facility** currently opened in the scheduler at the time the user is creating the visit. For single facility users, your work flow should not change. The CLIA number assigned to the Active facility in Manage Facilities will automatically populate the Lab section in Misc Details tab after adding a code selected to **Include CLIA number**.

1. Select Active Facility in Scheduler.
2. More Info->Facility will default to Active Facility.
3. Active Facility will auto populate Lab in Misc. Details, and add the CLIA number on claim if selected codes are included in visit.

For scheduling and billing multiple facilities with multiple CLIA numbers, or charges created outside the main facility (physical address indicated in [Manage Groups](#)), those facilities will still have to be selected in **Providers tab->Service Facility**, and the lab will need to be added in **Misc**



Details tab, if selected codes are included in the visit, as in previous versions.

For additional details, please refer to our online manual:

1. [Select Service Facility in More Info->Provider tab](#)
2. [Add Facility in More Info->Misc Details tab](#)



NDC Number Assigned to CPT® Code

Select procedure codes to assign the NDC Number. This will automatically include NDC on claims when the code is charged.



Associate NDC codes to CPT codes to include on claims

CPT Code Maintenance

Code Details

CPT Lookup: 90672 Short Description Lookup: FLU VACCINE 4 VALENT NASAL ☐ Inactive

Medium Description:

Long Description:

☐ Use Custom Descriptions NDC Number: NDC12345678 ☐ Include CLIA Number

Custom Short Description:

Custom Medium Description:

Custom Long Description:

Code List

☒ Standard View ☐ Full View ☒ Hide Inactive Codes

Code	Description	NDC	CLIA	Effective	Modified	Deactivation
90663	FLU VACC PANDEMIC		<input type="checkbox"/>	2/3/2010		
90664	FLU VACC PANDEMIC INTRANASAL	NDC12345678	<input type="checkbox"/>	12/29/2012	3/14/2013	
90665	LYME DISEASE VACCINE, IM		<input type="checkbox"/>	2/3/2010		
90669	PNEUMOCOCCAL VACC, PED <5.		<input type="checkbox"/>	1/10/2011	1/10/2011	
90670	PNEUMOCOCCAL VACC, 13 VAL IM		<input type="checkbox"/>	1/10/2011	1/10/2011	
90672	FLU VACCINE 4 VALENT NASAL	NDC12345678	<input checked="" type="checkbox"/>	12/29/2012	3/14/2013	
90675	RABIES VACCINE, IM		<input type="checkbox"/>	2/3/2010		
90676	RABIES VACCINE, ID		<input type="checkbox"/>	2/3/2010		
90680	ROTOVIRUS VACC 3 DOSE, ORAL		<input type="checkbox"/>	2/3/2010		
90681	ROTOVIRUS VACC 2 DOSE ORAL		<input type="checkbox"/>	2/3/2010		
90690	TYPHOID VACCINE, ORAL		<input type="checkbox"/>	2/3/2010		
90691	TYPHOID VACCINE, IM		<input type="checkbox"/>	2/3/2010		
90692	TYPHOID VACCINE, H-P, SC/ID		<input type="checkbox"/>	2/3/2010		
90693	TYPHOID VACCINE, AKD, SC		<input type="checkbox"/>	2/3/2010		
90696	DTAP-IPV VACC 4-6 YR IM		<input type="checkbox"/>	2/3/2010		
90698	DTAP-HIB-IP VACCINE, IM		<input type="checkbox"/>	2/3/2010		

CPT copyright 2012 American Medical Association. All rights reserved.

Close

In previous versions of SOAPware, filing claims with procedure codes needing a NDC meant users had to go to Charge Details, Click on the Drug tab, and manually enter the NDC code for each procedure that required one. This new feature allows users to select procedure codes from



the CPT Maintenance and assign the NDC number to that code. When the code is charged, the NDC number will automatically populate the Drug Code field for electronic filing, and the Supplemental field for CMS 1500 paper claims.

The Drug Quantity and Drug Units will have to be manually entered.

Go to Tools->Billing Maintenance->CPT Maintenance.

1. Type Code or Description.
2. Type the NDC number.
3. Save. Repeat for each code.



NDC Number Assigned to HCPCS Code

Select procedure codes to assign the NDC Number. This will automatically include NDC on claims when the code is charged.

Associate NDC codes to HCPCS codes to include on claims

HCPCS Code Maintenance

Code Details

HCPCS Lookup: J2175
Short Description Lookup: Meperidine hydrochl /100 MG
Long Description: INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
NDC Number: 12345-6789-10
Save

Code List

Standard View Full View Hide Inactive Codes

Code	Description	NDC	Added	Effective	Deactivation
J2001	Lidocaine injection		2/3/2010	2/3/2010	
J2010	Lincomycin injection		2/3/2010	2/3/2010	
J2020	Linezolid injection		2/3/2010	2/3/2010	
J2060	Lorazepam injection		2/3/2010	2/3/2010	
J2150	Mannitol injection		2/3/2010	2/3/2010	
J2170	Mecasermin injection		2/3/2010	2/3/2010	
J2175	Meperidine hydrochl /100 MG	12345-678...	2/3/2010	2/3/2010	
J2180	Meperidine/promethazine inj		2/3/2010	2/3/2010	
J2185	Meropenem		2/3/2010	2/3/2010	
J2210	Methylergonovin maleate inj		2/3/2010	2/3/2010	
J2212	Methylnaltrexone injection		12/29/2012	12/29/2012	

Close

In previous versions of SOAPware, filing claims with HCPCS codes needing NDC meant users had to go to Charge Details, Click on the Drug tab, and manually enter the NDC code for each procedure that required one. This new feature allows users to select procedure codes from the



HCPCS Maintenance and assign the NDC number to that code. When the code is charged, the NDC number will automatically populate the Drug Code field for electronic filing, and the Supplemental field for CMS 1500 paper claims.

The Drug Quantity and Drug Units will have to be manually entered.

Go to Tools->Billing Maintenance->HCPCS Maintenance.

1. Type Code or Description.
2. Type the NDC number.
3. Save. Repeat for each code.



Patient Account Chart Rack is Wider and Adjustable

Patient Chart Rack is re-sizeable and has been widened when accessed from the SOAPware Scheduler so the Date of Birth is easily visible.

Accessing Patient Account Chart Rack from Scheduler

Chart Rack

Search

Tester, Lester B.

Type

Name

*

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

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#

Name	Chart Number	Account Number	SSN	Birth Date	Provider
Terry, Gary G.		375	111-22-3333	03/30/1940	Randall Oates
Terry, Test	TEST01	174	123-45-6789	09/21/1932	**None**
TEST, PATIENT Q.	TEST000	365	222-22-2222	12/01/1971	David Smith
Tester, Lester B.	LTE5454	15	111-22-3333	03/31/1970	Randall Oates, MD
Testing, Changes	01234	313	123-45-6789	04/03/1964	Test Five
Turner, Mollie R.	MT1234	26	123-45-6789	01/13/2004	Randall Oates

Provider

All Providers

Total Active Patients: 286

Select

Cancel

In previous versions of SOAPware, the patient Chart Rack was not re-sizeable when accessed from the Scheduler workspace, and wasn't wide enough to see the Birth Date column for some of the patients with longer names.

The PatientAccount Chart Rack is now widened and the birth date column is visible. If a patient name is extremely long cutting off the DOB column, the chart rack can be adjusted by hovering your mouse over the corners or edges of the window and dragging your mouse to expand.



Enhanced Ledger View

Easily distinguish payments and adjustment with the enhanced color coded transactions in the Patient account Ledger tab



View Patient Ledger

Farrell, Darrell D.

Farrell, Darrell D. Account 24 Chart

Date of Birth 5/17/1977 Age 35 Sex Male Status Single

Address 555 Kings st Fayetteville, AR 72703

Home (479) 555-5444 Work (479) 555-6666 Cell (479) 555-5555

Email df@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$1,046.00	\$3,454.75	\$4,500.75
Totals	\$1,046.00	\$3,454.75	\$4,500.75

☐ Self Pay Co-Pay \$30.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm...	Chrg Bal	Balance
1/29/2013	1/29/2013	Randall Oates	99214	OFFICE/OUTPATIENT V...	\$181.25	1.0	\$181.25			\$181.25	\$181.25
1/28/2013	1/14/2013	Randall Oates	99214	OFFICE/OUTPATIENT V...	\$181.25	1.0	\$181.25			\$181.25	\$362.50
10/19/2012			Ins Pymt	Met Advantage Pymt: 8...				\$30.00			
10/19/2012			Ins Pymt	Missouri Medicaid Pymt...				\$48.00			
4/15/2012			Ins Pymt	Medicare Pymt: 87987				\$100.00			
4/15/2012			Ins Adj	Insurance Adjustment					\$15.00		
5/30/2012	5/30/2012	Randall Oates	99212	Office Visit Limited/10mn.	\$150.00	1.0	\$150.00	\$70.00	\$15.00	\$185.00	\$177.50
1/6/2012	1/6/2012	Tammy Test	99212	Office Visit Limited/10mn.	\$150.00	1.0	\$150.00	\$70.00		\$80.00	\$1,827.50
1/4/2012	1/4/2012	Randall Oates,...	99215	OFFICE/OUTPATIENT V...	\$218.75	2.0	\$437.50			\$437.50	\$2,265.00
11/11/2011			Ins Pymt	Blue Shield IN Pymt: 12...				\$100.00			
10/6/2011	10/28/2...	Randall Oates,...	99212	Office Visit Limited/10mn.	\$120.00	1.0	\$120.00	\$100.00		\$20.00	\$2,285.00
7/14/2011			Pymt	Credit Card:				\$135.00			
7/14/2011	7/14/2011	Randall Oates,...	99213	OFFICE/OUTPATIENT V...	\$135.00	1.0	\$135.00	\$135.00		\$0.00	\$2,285.00
4/13/2011			Ins Adj	Insurance Adjustment							
4/13/2011			Ins Pymt	Arkansas Firstsource Py...				\$2.00			
4/5/2011	4/5/2011	Randall Oates,...	99212	Office Visit Limited/10mn.	\$120.00	1.0	\$120.00	\$2.00		\$118.00	\$2,403.00
3/31/2011	10/28/2...	Randall Oates,...	99212	Office Visit Limited/10mn.	\$120.00	1.0	\$120.00			\$120.00	\$2,523.00
3/31/2011			Pymt	Credit Card:				\$10.00			
2/1/2011			Co-Pay	Credit Card:				\$20.00			
12/27/2010			Ins Pymt	Aetna Pymt: 4654654				\$120.00			
12/27/2010			Ins Pymt	Humana Pymt: 13213123				\$130.00			
12/9/2010			Pymt	Credit Card: 321321313				\$79.00			
12/2/2010	12/2/2010	Randall Oates,...	99214	OFFICE/OUTPATIENT V...	\$145.00	1.0	\$145.00				
12/1/2010	12/1/2010	Randall Oates,...	99212	Office Visit Limited/10mn.	\$120.00	1.0	\$120.00				
12/1/2010	11/2/2010	Randall Oates,...	99213	OFFICE/OUTPATIENT V...	\$135.00	1.0	\$135.00				
11/2/2010	11/2/2010	Randall Oates,...	99212	Office Visit Limited/10mn.	\$120.00	1.0	\$120.00				
10/28/2010	10/28/2...	Randall Oates,...	99212	Office Visit Limited/10mn.	\$120.00	1.0	\$120.00				
					\$4,203.00		\$5,771.75	\$1,256.00	\$15.00	\$4,500.75	\$4,500.75

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

Charges

DOS	Proc	Billed	Paid
6/13/2010	99214	\$145.00	\$40.00
6/13/2010	72110	\$90.00	\$0.00
6/14/2010	99212	\$120.00	\$40.00
6/14/2010	71030	\$130.00	\$50.00

1. Patient and Insurance payments are green shaded for easily viewing payments at a glance. Custom and Insurance adjustments are blue.
2. Payment Type column has been enhanced to include co-pay, pre-pay, or payment.



3. Hover mouse over Payment or Adjustment line items for 2 seconds to display tool tip listing all charges to which the payment was applied. Double click on the line item to view details.



Escape key Closes Patient Account and Patient Flags pop up

Exit patient account and Patient Flags pop up alert without clicking your mouse to close. Simply press Esc key on the the keyboard to exit.



Close Patient Account using Esc key on keyboard

Turner, Mollie R.

Turner, Mollie R. Account 26 Chart MT1234

Date of Birth 1/13/2004 Age 9 Sex Female Status Single

Address 987 Seventh St Springdale, AR 72764

Home (479) 555-5555 Work (479) 555-6666 Cell (479) 555-7777

Email mt@email.com

\$ Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$170.00	\$2,442.25	\$2,612.25
Totals	\$170.00	\$2,442.25	\$2,612.25

☐ Self Pay Co-Pay \$30.00

Schedule Demographics Insurance Custom Flags/Notes Ledger Family Claims Statements New Charges

Unapplied Co-Pay \$0.00 Unapplied Pre-Pay \$100.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustme...	Chrg Bal	Balance
3/18/2013	3/18/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$120.00
3/18/2013	3/18/2013	Randall Oates	99201	New Pt 10mn	\$150.00	1.0	\$150.00			\$150.00	\$270.00
3/18/2013	1/1/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00	\$30.00		\$90.00	\$360.00
3/18/2013			Co-Pay	Credit Card:				\$30.00			
2/25/2013			Ins Adj	Insurance Adjust...					\$25.00		
2/21/2013	2/21/2013	Randall Oates	99214	OFFICE/OUTPAT...	\$145.00	1.0	\$145.00			\$145.00	\$505.00
2/21/2013	1/31/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$625.00
1/31/2013			Pre-Pay	Credit Card:				\$400.00			
1/31/2013	1/31/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$760.00
1/31/2013	1/31/2013	Randall Oates	71020	CHEST X-RAY	\$100.00	5.0	\$500.00			\$500.00	\$1,260.00
1/28/2013			Co-Pay	Cash:				\$30.00			
1/28/2013	1/28/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00	\$30.00		\$105.00	\$1,365.00
1/28/2013	1/28/2013	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$1,485.00
1/24/2013	1/24/2013	Randall Oates	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,620.00
1/24/2013	1/24/2013	Randall Oates	71020	CHEST X-RAY	\$100.00	1.0	\$100.00			\$100.00	\$1,720.00
1/7/2013	10/22/2...	Tammy Trent	99213	OFFICE/OUTPAT...	\$135.00	1.0	\$135.00			\$135.00	\$1,855.00
1/7/2013	11/1/2012	Randall Oates	99212	Office Visit Limite...	\$120.00	1.0	\$120.00			\$120.00	\$1,975.00
10/31/2012			Ins Pymt	Blue Shield IN Py...				\$50.00			
10/29/2012			700	Transfer credit b...					\$20.00		
10/29/2012	10/29/2...	Randall Oates	99214	OFFICE/OUTPAT...	\$181.25	1.0	\$181.25		\$20.00	\$161.25	\$2,136.25
10/22/2012			Ins Pymt	Met Advantage ...				\$30.00			
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$30.00		\$120.00	\$2,256.25
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$2,256.25
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00			\$150.00	\$2,406.25
10/22/2012	10/22/2...	Randall Oates	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$90.00		\$60.00	\$2,466.25
9/10/2012	9/10/2012	Tammy Trent	99212	Office Visit Limite...	\$150.00	1.0	\$150.00	\$150.00		\$0.00	\$2,466.25
7/25/2012			Co-Pay	Credit Card:				\$20.00			
					\$13,230.25		\$13,790.25	\$11,318.00	(\$140.00)	\$2,612.25	\$2,612.25

Print Receipt Create Claim Add Adjustment Add Charge Add Payment

Close out of the Patient account by pressing Esc on the keyboard, eliminating the need to use the mouse and click to exit.



Close Patient Flags Pop Up Alert using the Esc key on the keyboard

Patient Flags!

Date Created	Category	Message	Created By
3/22/2013	In Collections	This account needs to be written off to c...	Tammy Trent

The background interface shows the patient profile for **Turner, Mollie R.** with the following details:

- Date of Birth:** 1/13/2004
- Age:** 9
- Sex:** Female
- Status:** Single
- Address:** 987 Seventh St Springdale, AR 72764
- Phone:** (479) 555-7777
- Facility:** Family Clinic

Close out of the Patient Flags alert by pressing Esc on the keyboard, eliminating the need to use the mouse and click to exit.



Claims Search

Quickly find a claim within the Claims Manager **Working**, **Submitted** or **All** tabs by Claim Number. Also view Total Claims in each section and Total Amount for those claims.



Search for Claim On Hold, Pending or Ready to Submit by Claim Number. View Total Claims in each section or tab, and Total Amount of claims

Claims Manager

Find Claim By Number 1

Working Submitted All

On Hold

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Hold Notes
3/8/2013	1151	Randall Oates	Billy Kidd	Arkansas Me...	E	Humana Gold ...	E	\$0.00	Primary	Original	On Hold	
3/15/2013	1157	Randall Oates	Barry Perry	Arkansas Firs...	E			\$120.00	Primary	Original	On Hold	
3/18/2013	1159	Randall Oates	Perry Winkle	Arkansas Me...	E	AARP	E	\$120.00	Primary	Original	On Hold	
3/18/2013	1166	Randall Oates	Sam Samson	AARP	P			\$120.00	Primary	Original	On Hold	The Pay To is missing part or all of their in...
3/26/2013	1173	Randall Oates	Mollie Turner	Farmers Insu...	P	Medicare	P	\$20.00	Primary	Original	On Hold	The Pay To is missing part or all of their in...

Total Claims On Hold: 5 Total Amount On Hold: \$380.00 2 Rebuild

Pending

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
3/13/2013	1154	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$300.00	Primary	Original	Pending Scrub	Rebuilt on 3/27/2013 :
3/14/2013	1155	Randall Oates	Rosemary Cat...	Farmers Insur...	E	Aetna	P	\$180.00	Primary	Original	Pending Scrub	Rebuilt on 3/27/2013 :

Total Claims Pending: 2 Total Amount Pending: \$480.00 Scrub

Ready To Submit

Posted	Claim	Physician	Patient	Primary	PRT	Secondary	SRT	Amount	File With	Submission	Status	Claim Notes
3/18/2013	1160	Randall Oates	Bobby Roberts	Medicare	E	Aetna	P	\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1161	Randall Oates	Jerry Carey	Arkansas Medical	E			\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1164	Randall Oates	Mollie Turner	Farmers Insura	E	Medicare	P	\$120.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/18/2013	1165	Randall Oates	Sam Samson	AARP	E			\$135.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :
3/19/2013	1167	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$135.00	Primary	Original	Ready	
3/26/2013	1168	Randall Oates	Somer Winters	BCBS AR	E	Medicare	P	\$160.00	Primary	Original	Ready	
3/26/2013	1169	Randall Oates	Gayle Hale	Arkansas Firsts...	E			\$175.00	Primary	Original	Ready	Rebuilt on 3/27/2013 :

Total Claims Ready to Submit: 7 Total Amount Ready to Submit: \$965.00 Generate Electronic Print Claims Submit Selected

1. Locate a claim On Hold, Pending Scrub or Ready to submit by typing the claim number into the **Find Claim By Number** field.
2. View total claims in each section or Tab, and total amount of claims.





Search for Claim in Submitted and All tabs by Claim Number and Post Date

Claims Manager

Find Claim By Number

Working Submitted **All**

Filter Posted Date 12/1/2012 to 3/27/2013 

 Rebuild Selected

Posted	Submitted	Claim	Physician	Primary	PRT	Secondary	SRT	Patient	Amount	File With	Submission	Status
1/28/2013	3/8/2013	1123	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$145.00	Primary	Original	Submitted
1/29/2013	2/6/2013	1124	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$135.00	Primary	Original	Submitted
1/29/2013	1/29/2013	1125	Randall Oates	Arkansas Medicaid	E	Aetna	P	Mark Clark	\$575.00	Primary	Original	Submitted
1/29/2013	2/15/2013	1127	Randall Oates	Arkansas Firstsource	E	Aetna	P	Mark Clark	\$745.00	Primary	Original	Submitted
1/29/2013	1/29/2013	1126	Randall Oates	BCBS AR	E	Arkansas Firstso...	E	Mary Merriman	\$720.00	Primary	Original	Submitted
1/29/2013	2/13/2013	1128	Randall Oates	Arkansas Firstsource	E	Medicare	P	Darrell Farrell	\$181.25	Primary	Original	Submitted
1/31/2013	2/13/2013	1129	Randall Oates	AARP	E			Sam Samson	\$120.00	Primary	Original	Submitted
1/31/2013	2/13/2013	1130	Randall Oates	Arkansas Firstsource	E	Cigna	P	James Wu	\$181.25	Primary	Original	Submitted
1/31/2013	2/13/2013	1132	Randall Oates	Aetna	E			Lester Tester	\$135.00	Primary	Original	Submitted
1/31/2013	2/13/2013	1131	Randall Oates	Aetna	E	Arkansas Firstso...	E	George Gorman	\$120.00	Primary	Original	Submitted
1/31/2013	3/8/2013	1133	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$635.00	Primary	Original	Submitted
1/31/2013	3/8/2013	1142	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$120.00	Primary	Original	Submitted
2/6/2013	2/13/2013	1134	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$20.00	Primary	Original	Submitted
2/12/2013	2/13/2013	1135	Randall Oates	Arkansas Firstsource	E			Barry Perry	\$150.00	Primary	Original	Submitted
2/14/2013	2/15/2013	1136	Randall Oates	Medicare	E	Aetna	E	Barry Rosenberg	\$120.00	Primary	Original	Submitted
2/14/2013	2/14/2013	1137	Tammy Trent	BCBS AR	E	Medicare	P	Somer Winters	\$175.00	Primary	Original	Submitted
2/14/2013	2/14/2013	1138	Randall Oates	Aetna	E	Shelter	P	Strawberry Fields	\$280.00	Primary	Original	Submitted
2/14/2013	2/15/2013	1139	Randall Oates	Arkansas Firstsource	E	Aetna	P	Jerry Penny	\$140.00	Primary	Original	Submitted
2/14/2013	3/8/2013	1149	Randall Oates	Medicare	E	Aetna	P	Bobby Roberts	\$145.00	Primary	Original	Submitted
2/21/2013	2/21/2013	1141	Randall Oates	Arkansas Firstsource	E			Joe Green	\$120.00	Primary	Original	Submitted
2/21/2013	2/21/2013	1143	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$145.00	Primary	Original	Submitted
2/21/2013	3/8/2013	1144	Randall Oates	Aetna	E	Golden Rule	E	Alexandria Abrahamson	\$120.00	Primary	Original	Submitted
2/21/2013	3/8/2013	1145	Randall Oates	Arkansas Medicaid	E	Arkansas Firstso...	E	Terry Berry	\$145.00	Primary	Original	Submitted
2/27/2013	3/8/2013	1146	Randall Oates	Aetna	P	Medicare	P	Jack Clark	\$135.00	Secondary	Original	Submitted
2/27/2013	2/27/2013	1147	Randall Oates	Aetna	E	Medicare	P	Jack Clark	\$405.00	Primary	Original	Submitted
3/1/2013	3/8/2013	1148	Randall Oates	BCBS AR	E	Medicare	P	Somer Winters	\$9,000.00	Primary	Original	Submitted
3/5/2013	3/12/2013	1150	Randall Oates	Cigna	E	BCBS AR	E	Emily Edmond	\$135.00	Primary	Original	Submitted
3/12/2013	3/18/2013	1152	Randall Oates	Medicare	E			Sam Stevens	\$120.00	Primary	Original	Submitted
3/13/2013	3/15/2013	1153	Randall Oates	Arkansas Medicaid	E	AARP	E	Perry Winkle	\$525.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1158	Randall Oates	Arkansas Medicaid	E	AARP	E	Perry Winkle	\$175.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1162	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$120.00	Primary	Original	Submitted
3/18/2013	3/18/2013	1163	Randall Oates	Farmers Insurance	E	Medicare	P	Mollie Turner	\$150.00	Primary	Original	Submitted
3/26/2013	3/26/2013	1170	Randall Oates	Arkansas Firstsource	E			Gayle Hale	\$175.00	Primary	Original	Submitted

Total Claims Submitted: 73 Total Amount Submitted: \$22,366.50

To search for claims that have been submitted to payers, click the Submitted tab in the Claims Manager. (Claims in Submitted tab have been uploaded to payers, but not processed. Any claim created will be in the All tab, regardless of status).



1. Type the claim number into **Find Claim by Number** field.
2. Select date range the for the claim Posted Date.
3. Click the filter button.



Pay Date for Personal Payments and Insurance Payments are editable

When entering a patient payment taken as co-pay, pre-pay or personal payment, the date received can be back dated. Insurance remits can be back dated to the date the check is deposited, as well. Payments display as Date Entered on Payment Summary and payment details in Ledger



Change Pay Date/Date of Receipt for Patient Payments

Make Payment

Payer Details

X Winkle, Perry B.
Account # 91 Chart # 91 DOB 3/31/1970 Age 42
199 Elm St
Springdale AR 72764

Comments

Payment Details

Payment Type: Co-Pay
Facility: Shady Acres
Pay Date: 3/15/2013
Pay Method:
Reference:
Amount:
Remaining:
Wednesday, March 27, 2013
March, 2013
Sun Mon Tue Wed Thu Fri Sat
24 25 26 27 28 1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27

Apply Co-Pay

Add Dependent: No Dependents
Add Patient

Patient	Co-Pay Amt	Unapplied Co-Pay
Winkle, Perry B.	\$0.00	\$0.00

Clear Applied Print Receipt After Saving Save Cancel

In previous versions of SOAPware, when entering patient payments for prior dates of service, the Pay Date would display current date entered as the actual pay date in the Charge Details/Payments/Adjustments, as well as the Payment Summary reporting. Users can now select a prior Pay Date to display the date payment was received.



Payments display date received in charge Details

Charge Details

Service From: 3/15/2013 Service To: 3/15/2013 Provider: Randall Oates Code: 99213 Description: OFFICE/OUTPATIENT VISI... Unit: 1.0 Charge: \$135.00

Diagnosis Codes: Add Code
DX: 789.00 Description: Abdominal pain, unspecified site

Modifiers: Add Code

Omit from Claim: ☐

Notes

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Ambulance Contract Dialysis DME Drug

Pick-Up Address
Street: <None>
Street 2: <None>
City: <None>
State:
Zip Code: <None>

Drop-Off
Street: <None>

Ambulance Certification
Admitted to a hospital: ☒ Do Not Send ☐ No ☐ Yes
Moved by stretcher: ☒ Do Not Send ☐ No ☐ Yes
Unconscious or in shock: ☒ Do Not Send ☐ No ☐ Yes
Transported in an emergency situation: ☒ Do Not Send ☐ No ☐ Yes
Physically restrained: ☒ Do Not Send ☐ No ☐ Yes
Visible Hemorrhaging: ☒ Do Not Send ☐ No ☐ Yes

Amounts Details
Payments/Adjustments
Date: 3/15/2013 Name/Description: Winkle, Perry B. Amount: \$30.00

Totals
Charges: \$135.00
Pay/Adjust: \$30.00
Balance: \$105.00

Quick Misc Details
Facility: Shady Acres
EPSDT:
☐ Emergency
☐ Family Plan
Supplemental:

Save Cancel

Double click on charge line in ledger to display payment details.



Payment Summary Reporting

Payment Summary for 3/15/2013

Date Run: 3/28/2013
All Users

Credit Card

Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
Posted	3/15/2013	3/27/2013	Payment	Winkle, Perry B.	91	*****1234	\$30.00

Credit Card Total

Total Unapplied	\$0.00
Total Nonposted	\$0.00
Total Posted	\$30.00
Total	\$30.00

Report Totals

Total Unapplied	\$0.00
Total Nonposted	\$0.00
Total Posted	\$30.00
Total	\$30.00

Generate Payment Summary for the payment date, and payment will be included in report. Payment Summary reflects Date Entered as date indicated in Make Payment, to help balance your payments for that date.

Note: The payment will still be included on the **End of Day** report for the **Date Posted**. If the Date Posted is in a different month than the Check Date/Date Entered, the ledger and month end reporting will be reported by the Post date. The Payment Posting date cannot be changed.



Change Date Entered for Insurance Payment Posting

The screenshot shows a dialog box titled 'Insurance Payment Posting' with a close button (X) in the top right corner. The dialog contains several fields: 'NPI' with a dropdown menu showing 'PaytoNPI'; 'Production Date' with a dropdown menu showing '5/1/2013'; 'Check Number' with a text field containing '8789879879'; 'Check Date' with a dropdown menu showing '5/10/2013' (this field is highlighted with a red rectangle); 'Check Amount' with a text field containing '\$231.12'; and 'Remaining' with a text field containing '\$231.12'.

When applying insurance remits that are deposited on a specific day, but not entered into Insurance Payment Posting until a later date, the Check Date can be back dated to the date of deposit so it will print on the Payment Summary for that date, allowing for balancing out the days deposits. This example is a remit deposited on 5/10/2013, but not entered and applied to visits until 5/10/2013.



Payment Summary for Remit Posting

Payment Summary for 5/10/2013

Date Run: 5/16/2013
All Users

Credit Card

Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
Posted	5/10/2013	5/14/2013	Payment	Clark, Jack	60		\$20.00

Credit Card Total

Total Unapplied	\$0.00
Total Nonposted	\$0.00
Total Posted	\$20.00
Total	\$20.00

Medicare

Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
Posted	5/10/2013	5/15/2013	Payment	Farrell, Darrell D.	24	8789879879	\$20.00
Posted	5/10/2013	5/15/2013	Payment	Barry, Larry	44	8789879879	\$120.11
Posted	5/10/2013	5/15/2013	Payment	Winkle, Perry P.	91	8789879879	\$91.01

Medicare Total

Total Unapplied	\$0.00
Total Nonposted	\$0.00
Total Posted	\$231.12
Total	\$231.12

Report Totals

Total Unapplied	\$0.00
Total Nonposted	\$0.00
Total Posted	\$251.12
Total	\$251.12

The Check date summary can be created by entering the Date Entered in the Start Date and End Date fields and checking the Exclude Posted Only box. This will allow you to balance to the payments deposited for that date, and will not include the payments that were posted on that date, but entered on a previous date.



Note: The payment will still be included on the **End of Day** report for the **Date Posted**, and if the Date Posted is in a different month than the Check Date, the ledger and month end reporting will be reported by the Post date. The Payment Posting date cannot be changed.



New Features Available in 2012.0.5044

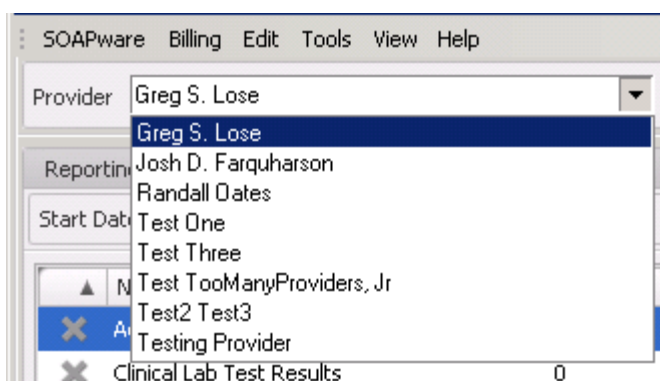


Meaningful Use Updates

The following updates have been made to Meaningful Use and the Meaningful Use Dashboard in 2012.0.5044.

Meaningful Use Dashboard Updates

Provider Drop-Down

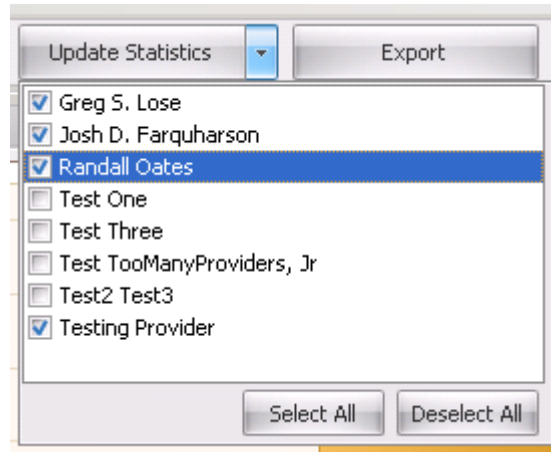


In prior versions of SOAPware, the Provider drop-down menu was used to select the provider that the user wished to update statistics for and to view statistics for the selected provider.

In 2012.0.5044+, the Provider drop-down menu will simply allow the user to switch between providers for viewing the Reporting Period Snapshot information. It will no longer be used to select a single provider (or All Providers) for which the user wishes to update statistics.



Update Statistics for Individual Providers, Multiple Selected Providers or All Providers



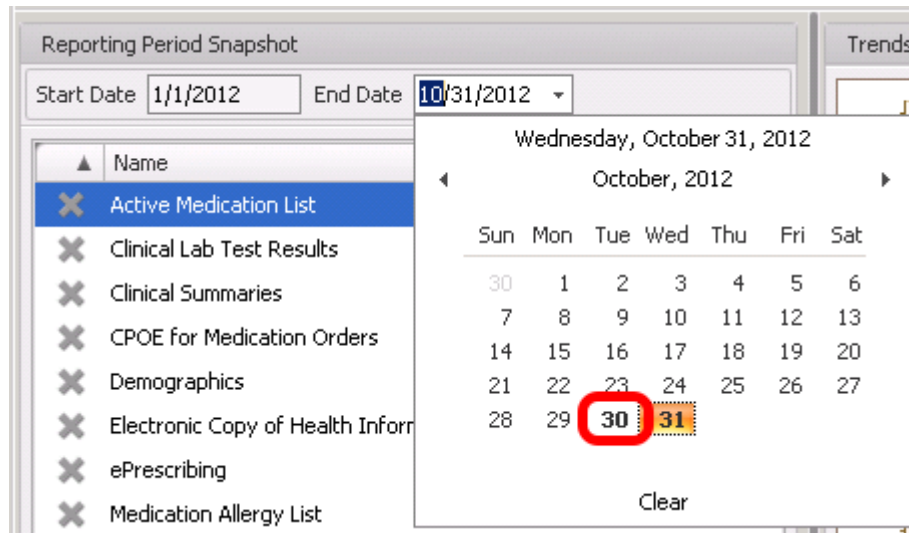
In 2012.0.5044+, the Update Statistics button now contains a drop-down menu with the list of active providers. This dialog allows the user to select the providers that they wish to update statistics for. The user can select one individual provider, multiple providers or all providers within the drop-down menu.

After the desired providers have been selected, the user can simply click the main Update Statistics button to run a snapshot for the selected providers.

In addition, the update statistics drop-down menu will remember the last settings as selected by the user. This way, if the user returns the next day to run a snapshot, their settings will be remembered and the user can simply click the Update Statistics button to proceed.



Snapshot Calendar Dates Bolded



In 2012.0.5044+, the dates that reporting period snapshots have been run will now be bolded.

For example, if the clinic ran a snapshot one week ago that they would like to review today, simply click the End Date drop-down menu and using the calendar click on the bold date. The bold date indicates that a snapshot was previously run on that date.

Other Meaningful Use Updates

Easier Entry of Patient Preferred Language

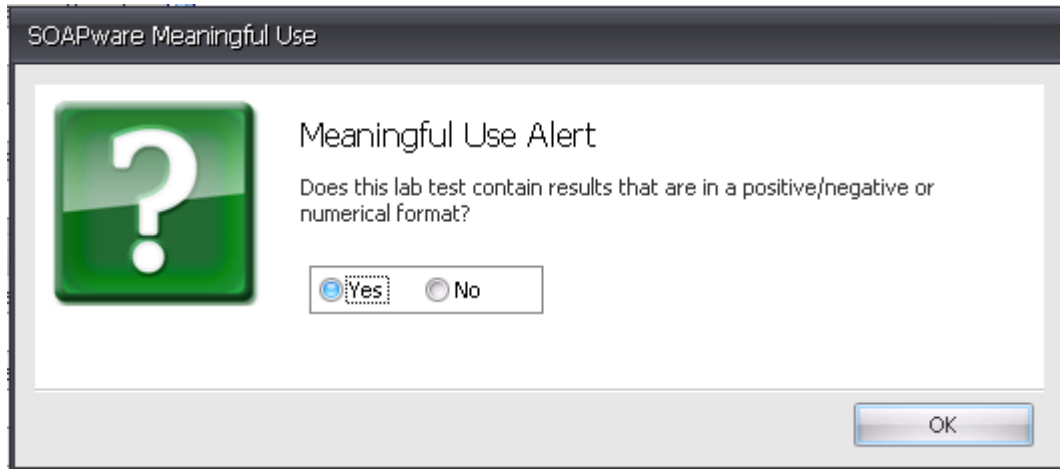


In previous versions of SOAPware, the patients preferred language had to be chosen using the Language drop-down menu located in the patient's Demographics chart section.

In 2012.0.5044+, the patients language can now be chosen by tabbing into the field and simply beginning to type the appropriate language. Once the first letter of the language has been typed, SOAPware will choose a related language from the clinics QuickAccess list and populate it into the chart. This entry method will be more efficient for users who prefer to enter the Demographic data by using the keyboard instead of the mouse.



Modification to Clinic Lab Test Results MU Alert



When a document is scanned into the Labs chart section, users will be prompted with a Meaningful Use alert. In previous versions of SOAPware, users were asked to enter the number of individual lab results that are in a positive/negative or numerical format. In 2012.0.5044+, users will now be prompted with a more simple alert asking them to indicate if the lab contains results that are in a positive/negative or numerator format by selecting the Yes or No radio button.

The users will only be prompted with this alert if a lab is scanned or imported into the Labs chart section.



Clinical Quality Measures Updates

NQF 0038 - Childhood Immunization Status

This clinical quality measure has been updated and is available in 2012.0.5044. Please see the following link for documentation information: [NQF 0038](#).

NQF 0024 - Weight Assessment and Counseling for Children and Adolescents

This clinical quality measure has been updated to export 9 population criteria and is available in 2012.0.5044. Please see the following link for documentation information: [NQF 0024](#).

NQF 0070 - Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction

This clinical quality measure has been updated to include the current/active CPT codes and is available in 2012.0.5044. Please see the following link for documentation information: [NQF 0070](#).

NQF 0081 - Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

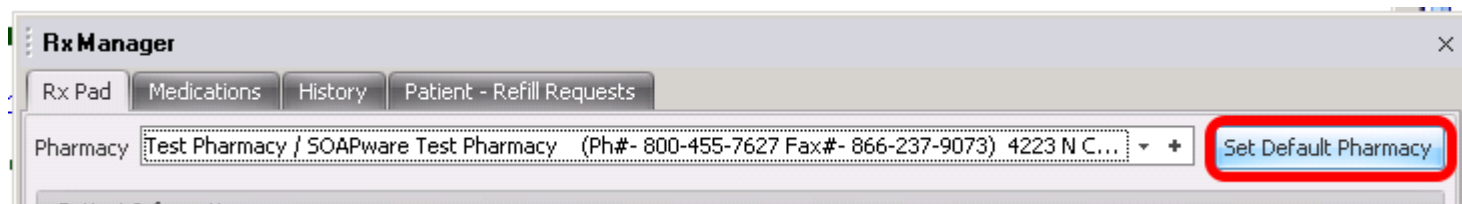
This clinical quality measure has been updated to include the current/active CPT codes and is available in 2012.0.5044. Please see the following link for documentation information: [NQF 0081](#).



Rx Manager Changes

The following changes have been made to the Rx Manager in 2012.0.5044.

Setting the Patient's Default Pharmacy in Rx Manager



A new and highly requested feature allowing a SOAPware user to set the patient's default pharmacy directly from the Rx Manager has been added in 2012.0.5044.

Within the Rx Manager, users will now see a Set Default Pharmacy button. Once the user has selected the desired pharmacy using the drop-down menu, the Set Default Pharmacy button can be clicked. This will update the patient's Preferred Pharmacy in their Demographics section to the newly designated default pharmacy.



Selecting a Pharmacy for an Individual Medication

Actions	Rx	Misc		Alter
<input checked="" type="checkbox"/> 	Diovan HCT(Valsartan/HCTZ): 12.5 mg-80 mg (tablet) 1 tab(s) once a day orally Unknown #30 Tablet(s) Substitutions Allowed 3	Pending SOAPware Test Pharmacy David Smith Valid Script Coverage Details	12/19/2012 Remove Rx Brand Prescription	
<input checked="" type="checkbox"/> 	Flomax: 0.4 mg (capsule) 1 cap(s) once a day orally Unknown #30 Capsule(s) Substitutions Allowed 0	Pending SOAPware Test Pharmacy Pharmacy HARPS PHARMACY 177 HARPS PHARMACY 355 MEDICAP PHARMACY #8221 Sam's Club Pharmacy 8209 SOAPware SOAPware Test Pharmacy TARGET PHARMACY #1470	12/19/2012 Remove Rx description	

Retrieve Eligibility Info Submit

Another new and highly requested feature now allows SOAPware users to select and submit individual medications to separate pharmacies.

Within the Rx Manager, users can now select a unique pharmacy for each individual medication that is listed within the Rx Pad by using the drop down menu. SOAPware will submit the medications to the unique pharmacy that has been selected for each medication once the Submit button has been clicked.

***Note:** If the users selects a new default pharmacy for the patients using the Pharmacy drop-down menu located at the top of the Rx Manager window, this will reset all medications to use the newly selected default pharmacy.



New Features Available in 2012.0.3063

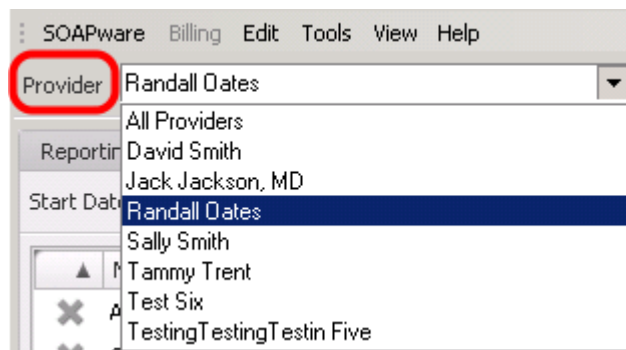


Meaningful Use & CMS Quality Reporting Dashboard Changes

The following changes have been made to the Meaningful Use and CMS Quality Reporting dashboard in 2012.0.3063.

Meaningful Use Dashboard

Provider Drop-Down



The label for the provider selection has been changed to simply "Provider". In prior versions, this label was named "Display for Provider".

Year-to-Date Reporting Period



Users are now able to calculate Meaningful Use statistics based on either a 90 day or Year to Date reporting period.

- Users who are in their first year of Meaningful Use attestation should select the 90 Days button.
- Users who are in their second year of Meaningful Use attestation should select the Year to Date button to view statistics for January 1st to the current date.



Reporting Period Snapshot Date

Reporting Period Snapshot

Start Date 1/1/2012 End Date 9/20/2012

Thursday, September 20, 2012

September, 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22

Clear

This label, in prior versions of SOAPware, was named "Snapshot". The label name was changed to "Reporting Period Snapshot" to better describe the function of the selected date.

In addition, the Start Date is now displayed for the selected reporting period. The Start Date field is not editable. When a user selects an End Date, the dashboard will automatically calculate the Start Date for the reporting period.

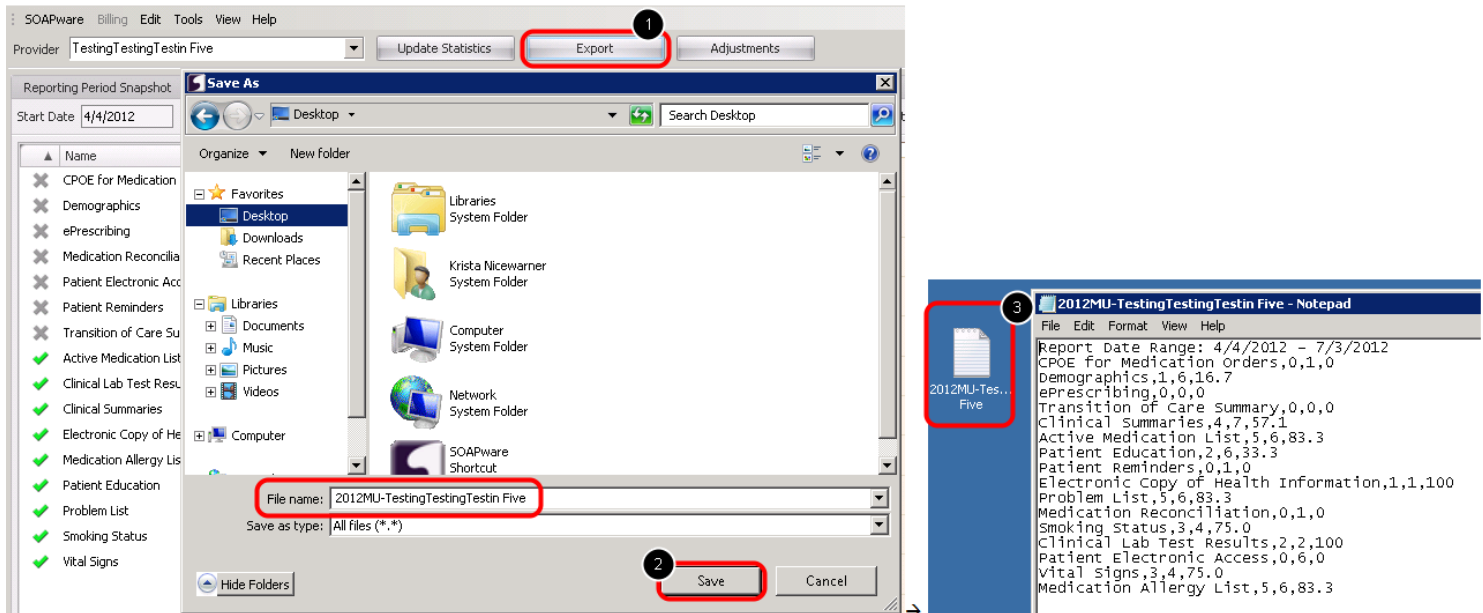
The Start Date will be calculated based on the Provider's Reporting Period selection (90 days or Year to Date):

- **90 Days:** The Start Date is 90 days prior to the End Date. The End Date is the current date.
- **Year to Date:** The Start Date is January 1st of the current year. The End Date is the current date.

***Note:** Statistics can only be updated when an End Date of the current date is selected. To view statistics that were calculated on previous date, the user can click the calendar button and select the date.



Exporting Meaningful Use Statistics



The File name for the statistics export has now been set to default to the End Date year and the Providers name. Therefore if the provider's reporting period end date was in 2012, the file name would default to: 2012ProvidersName.

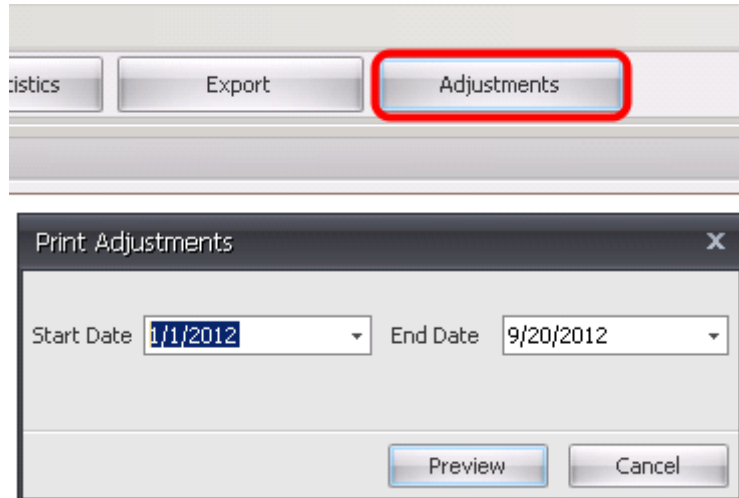
It is recommended that the provider export a copy of the final meaningful use statistics that will be used during attestation. To export the provider's meaningful use statistics for the selected reporting period:

1. Click the **Export** button.
2. Select the location for the file to be exported, verify the File name, then click **Save**.
3. Locate the saved file and double-click on it to open it.

The text file will display the provider's reporting period date range, objective name, numerator, denominator and percentage met. This file can be saved with the provider's meaningful use records in case of a future audit.



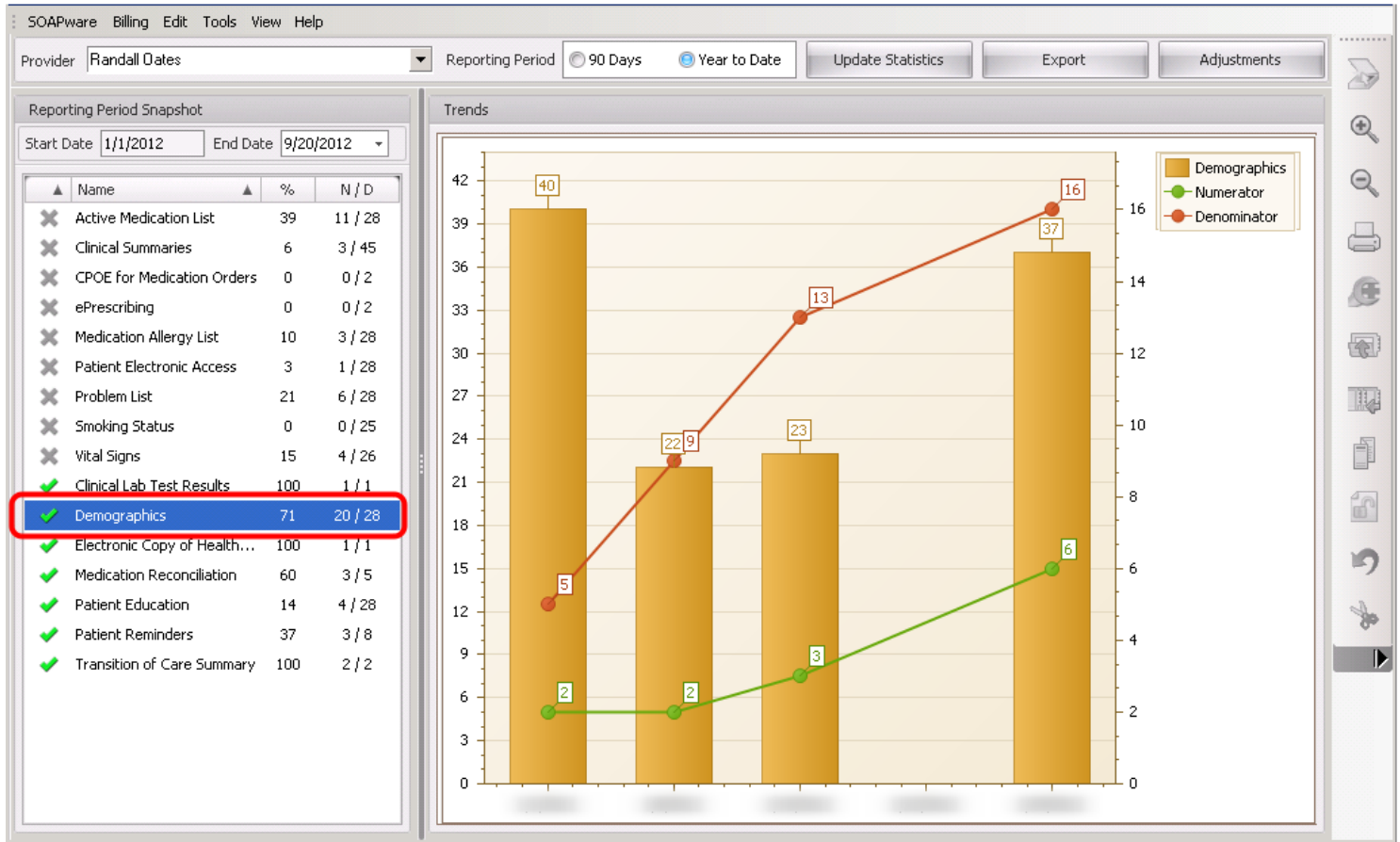
Printing Adjustments



Printing the provider's adjustments has now become easier. When the Adjustments button is clicked, the user is now presented with the Print Adjustments dialog where the Start Date and End Date for the adjustments report can be selected. By default, the Start Date and End Date will be populated with the provider's selected reporting period (90 day or Year to Date). After verifying the dates for the report, the user can preview the report prior to printing by clicking the Preview button.



Trend Display



In previous versions of SOAPware, the Trends section of the Meaningful Use Dashboard contained a Trend For, Start Date and End Date selection. Users reported that these Date selections were confusing to office staff since they only affected the trend graph and did not affect the Meaningful Use statistics that were being reported.

Based on this user feedback, SOAPware has removed the Trend For, Start Date and End Date fields for the Trends area. In this release, to view a trend graph simply update the providers statistics based on a 90 day or Year to Date reporting period, then highlight the objective that you wish to view a trend graph for. For example, to view the trend for the Demographics objective, we will highlight Demographics in the left hand menu. Once highlighted, our trend will display on the right.

CMS Quality Reporting Dashboard



Exporting Clinical Quality Measures

CMS Quality Measure	Export
NQF 0001 - Asthma Assessment	Export
NQF 0002 - Appropriate Testing for Children with Pharyngitis	Export
NQF 0004 - Initiation and Engagement of Alcohol and	Export
NQF 0012 - Prenatal Care: Screening for Human Imm	Export
NQF 0013 - Hypertension: Blood Pressure Managemen	Export
NQF 0014 - Prenatal Care: Anti-D Immune Globulin	Export
NQF 0018 - Controlling High Blood Pressure	Export
NQF 0024 - Weight Assessment and Counseling for C	Export
NQF 0027 - Smoking and Tobacco Use Cessation, Medicat	Export

Reporting Period

Custom: 1/ 1/2012 to 9/20/2012

Create Cancel

When exporting Clinical Quality Measure reports, the user is now presented with a Reporting Period dialog that allows the user to select a custom reporting period for the report. Simply select a Start and End date for the report, then click the Create button.



Rx Manager Formulary Eligibility Changes

Surescripts has outlined several new requirements for checking patient formulary eligibility from the Rx Manager. To certify with these requirements, SOAPware has created a dialog in the Rx Manager that will check for the new Surescripts requirements prior to retrieving Rx formulary eligibility.

This new feature will check the provider and patient information to ensure that they meet the required character minimum and maximum constraints that are defined by Surescripts. If there are any fields that need to be corrected or verified prior to checking the patient's formulary eligibility, the user will be presented with this new dialog. The dialog will notify the user of the fields that must be corrected or verified prior to retrieving the patient's formulary eligibility information.

Provider Requirements

Field	Character Minimum	Character Maximum
Provider Last Name	1	20
Provider First Name	1	20
Provider Middle Name	0	10
Provider Suffix	0	5
Provider NPI	1	10
Provider Address 1	1	55
Provider Address 2	0	55
Provider City	2	30
Provider State	2	2
Provider Zip Code	3	9

The table above lists the **provider** character minimum and maximum constraints that are required to check patient formulary eligibility. This information can be entered or corrected for the provider by going to **Tools > Provider Manager**.



Patient Requirements

Field	Character Minimum	Character Maximum
Patient Last Name	1	50
Patient First Name	1	35
Patient Middle Initial	0	25
Patient Suffix	0	20
Patient Address 1	1	55
Patient Address 2	0	55
Patient City	2	30
Patient State	2	2
Patient Zip Code	3	9
Patient Date of Birth	Date	Date
Patient Gender	Gender Seleted	Gender Seleted

The table above lists the **patient** character minimum and maximum constraints that are required to check patient formulary eligibility. This information can be entered or corrected for the patient by opening the chart and going to the **Demographics** tab.



Retrieving Eligibility in Rx Manager

Rx Eligibility Alert

SOAPware has found item(s) that need to be corrected prior to retrieving Rx eligibility. Some required demographic information is either missing or has exceeded the maximum character length for Rx eligibility requests. Please review the information displayed below.

Provider Demographics

Invalid Data! 1

Street 1

Patient Demographics

Shortened Data! 2

Field	Current Value
Street 1	2645 MULBERRY LANE 2645 MULBERRY LA
City	TOLEDOTOLEDOTOLEDOTOLEDOTOLEDOT
Middle Name	123456789111111111122222222233333333

Invalid Data: To correct the invalid information, click the Cancel button and modify the demographics as needed. After correcting the invalid information, return to this window to retrieve Rx eligibility.

Shortened Data: If there are items that have exceeded the maximum character length for Rx eligibility requests, the values will be displayed above. These values will be shortened upon submission. Click the Retrieve Eligibility button to request eligibility based on the shortened value.

Retrieve Eligibility Cancel

When retrieving Rx Eligibility by clicking the Retrieve Eligibility Info button, SOAPware will review the patient demographics and provider information. If there are items that need to be corrected prior to retrieving Rx eligibility, the above dialog will appear. This alert means that some required demographic information is either missing or has exceeded the maximum character length for Rx eligibility requests.

1. **Invalid Data:** To correct the invalid information, click the Cancel button and modify the information for the patient or provider as needed. After correcting the invalid information, return to this window to retrieve Rx eligibility.



2. **Shortened Data:** If there are items that have exceeded the maximum character length for Rx eligibility requests, the values will be displayed above. These values will be shortened upon submission. Click the Retrieve Eligibility button to request eligibility based on the shortened value.

Formulary Eligibility Display

Rx Manager

Pharmacy: SOAPwar / SOAPware (Ph#- Fax#- 866-237-9073)

Patient Information

Allergies

Active Benefits

- Health Benefit Plan Coverage: PLANA
- Plan Date: 08/01/2010-12/31/2099
- Plan ID: 1234
- Group Number: DD1
- Coverage List ID: 201
- Formulary List ID: 201
- Copay ID: 201

Actions

Actions	Rx	Misc
<input checked="" type="checkbox"/>	Diovan (Valsartan): 80 mg (tablet) 1 tab(s) once a day orally	Pending 7/19/2012
<input checked="" type="checkbox"/>	#30 Substitutions Not Allowed 12	SOAPware Remove Rx
<input checked="" type="checkbox"/>		Randall Oates, M.D. Brand Prescription
<input checked="" type="checkbox"/>		Valid Script Coverage Details

Retrieve Eligibility Info Submit

Once Rx eligibility has been retrieved for the selected patient, the information will display within the Rx Manager (as shown in the screenshot above).



Bulk Formulary Eligibility Download Changes

Surescripts has outlined several new requirements for checking patient formulary eligibility from the Rx Manager. To certify with these requirements, SOAPware has redesigned the Bulk Eligibility Retrieval window to check for the new Surescripts requirements prior to retrieving Rx formulary eligibility.

The new Rx eligibility feature will check the provider and patient information to ensure that they meet the required character minimum and maximum constraints that are defined by Surescripts. If there are any fields that need to be corrected or verified prior to checking the patient's formulary eligibility, this new feature will notify and allow the user to make the necessary corrections.

Provider Requirements

Field	Character Minimum	Character Maximum
Provider Last Name	1	20
Provider First Name	1	20
Provider Middle Name	0	10
Provider Suffix	0	5
Provider NPI	1	10
Provider Address 1	1	55
Provider Address 2	0	55
Provider City	2	30
Provider State	2	2
Provider Zip Code	3	9

The table above lists the **provider** character minimum and maximum constraints that are required to check patient formulary eligibility. This information can be entered or corrected for the provider by going to **Tools > Provider Manager**.



Patient Requirements

Field	Character Minimum	Character Maximum
Patient Last Name	1	50
Patient First Name	1	35
Patient Middle Initial	0	25
Patient Suffix	0	20
Patient Address 1	1	55
Patient Address 2	0	55
Patient City	2	30
Patient State	2	2
Patient Zip Code	3	9
Patient Date of Birth	Date	Date
Patient Gender	Gender Seleted	Gender Seleted

The table above lists the **patient** character minimum and maximum constraints that are required to check patient formulary eligibility. This information can be entered or corrected for the patient from within the Bulk Rx Eligibility window or by going to the patient's Demographics tab.



Retrieve Formulary Eligibility in Bulk through Scheduler

Retrieve Rx Eligibility

Bulk Rx Eligibility

Needs Attention (2)

Processed (3)

All (5)

Processed: The patient's Rx eligibility has been successfully processed. The patient's Rx eligibility details can be viewed in the chart on the Rx Manager.

↓

Paltrow, Bruce

SOAPware Demographic Info

First: Bruce MI: K Last: Paltrow

Suffix: Female DOB: 2/1/1945 15

Street1: 2645 Mulberry Lane

Street2:

City: State: OH Zip Code: 43605

↓

Bach, Hiram

SOAPware Demographic Info

First: Hiram MI: A Last: Bach

Suffix: Male DOB: 12/15/1963 15

Street1: 729 Lobster Dr

Street2:

City: Woods Hole State: Mas Zip Code: 02543

✓

Paltrow, Mary

✓

Schnur, Dorothy

✓

Steinberg, Timothy

Retrieve All

Close

Rx formulary eligibility can be retrieved in bulk from the Scheduler workspace. When the Bulk Rx Eligibility window is opened, SOAPware will begin processing Rx formulary eligibility for all patients listed on the schedule for the current date.

After processing, each patient will be displayed along with the result that was received. The results will be display in three tabs:



- Needs Attention
- Processed
- All

Needs Attention Tab

Retrieve Rx Eligibility

Bulk Rx Eligibility

Needs Attention (2) →

Processed (3)

All (5)

Invalid Data: Some required demographic information is missing on the patient. Please click the Edit button to correct the missing data then click the Retrieve Eligibility button to process the corrected information.

Paltrow, Bruce

SOAPware Demographic Info

First: MI: Last:

Suffix: Gender: DOB:

Street1:

Street2:

City: **1** State: Zip Code:

Bach, Hiram

SOAPware Demographic Info

First: MI: Last:

Suffix: Gender: DOB:

Street1:

Street2:

City: State: **2** Zip Code:

The Needs Attention tab will display patients that need to be corrected or reviewed prior to retrieving their Rx eligibility. There are 3 types of results that will be displayed in this tab:

1. **Red Exclamation icon:** Indicates that there is some required demographics information missing on the patient. This information must be entered prior to retrieving eligibility.
2. **Yellow Exclamation icon:** Indicates that some of the required demographic information has



exceeded the maximum character length for Rx eligibility requests. The information can still be submitted for eligibility, but will be truncated when processed. Rx eligibility can be retrieved based on the truncated information by clicking the Retrieve Eligibility button.

3. **Red X icon:** Indicates that an error occurred while attempting to retrieve eligibility on the patient. To view the error details, the user may hover the mouse over the error icon.

Processed Tab

The screenshot shows the 'Bulk Rx Eligibility' interface. On the left, there are three tabs: 'Needs Attention' (2), 'Processed' (3), and 'All' (5). The 'Processed' tab is highlighted with a red box and an arrow pointing to the right. Below the tabs, a green box contains the text: 'Processed: The patient's Rx eligibility has been successfully processed. The patient's Rx eligibility details can be viewed in the chart on the Rx Manager.' On the right, there is a list of three patients, each with a green checkmark icon and a green bar containing their name: 'Paltrow, Mary', 'Schnur, Dorothy', and 'Steinberg, Timothy'.

The Processed tab will display the list of patients whose eligibility has been successfully retrieved.



All Tab

Retrieve Rx Eligibility

Bulk Rx Eligibility

Needs Attention (2)
Processed (3)
All (5) →

Shortened Data: Some required demographic information has exceeded the maximum character length for Rx eligibility requests. This information will be truncated in order to retrieve eligibility. Click the Retrieve Eligibility button to process the request based on the truncated demographic information.

Paltrow, Bruce

SOAPware Demographic Info

First: MI: Last:
Suffix: Gender: DOB:
Street1:
Street2:
City: State: Zip Code:

Bach, Hiram

SOAPware Demographic Info

First: MI: Last:
Suffix: Gender: DOB:
Street1:
Street2:
City: State: Zip Code:

Paltrow, Mary

The All tab will display all patients who are on the schedule for the current date and the status of their eligibility retrieval.

The all tab displays patients with the following color coded status:

- **Red:** Requires that information be corrected prior to retrieving eligibility.
- **Yellow:** Requires that information be reviewed prior to retrieving eligibility.
- **Green:** Indicates that eligibility has been successfully retrieved.
- **White:** Indicates an error occurred while processing eligibility.

Hover over each patient's name to view a description of the status.



Viewing Rx Formulary Eligibility

Rx Manager

Rx Pad Medications History Patient - Refill Requests

Pharmacy SOAPwar / SOAPware (Ph#- Fax#- 866-237-9073)

Patient Information

Allergies

RXHUBPBM Notes

Active Benefits
Health Benefit Plan Coverage: PLANA
Plan Date: 08/01/2010-12/31/2099
Plan ID: 1234
Group Number: DD1
Coverage List ID: 201
Formulary List ID: 201
Coplay ID: 201

Add Rx Update Summary Interactions Show Header

Actions	Rx	Misc
<input checked="" type="checkbox"/>	Diovan (Valsartan): 80 mg (tablet) 1 tab(s) once a day orally	Pending 7/19/2012
<input type="checkbox"/>	#30 Substitutions Not Allowed 12	SOAPware Remove Rx
<input type="checkbox"/>		Randall Oates, M.D. Brand Prescription
<input type="checkbox"/>		Valid Script
<input type="checkbox"/>		Coverage Details

Retrieve Eligibility Info Submit

Once Rx eligibility has been retrieved for the selected patient, the information will be displayed within the Rx Manager (as shown in the screenshot above).



Add Description to NOC codes

New changes have been added to the Charge level for documentation of NOC NDC Codes.



Additional Description for NOC Codes (Loop 2400 Segment SV101-7)

Winters, Somer F.

Account 45
Chart 11111

Balance

Personal Insurance Totals

Winters, Somer F.
Date of Birth 4/19/19...
Address 2700 Edison
Home (479) 555-4444
Email somerwinters@...

Schedule Demographics Insurance

New Visit

Patient Visit for 10/11/2012 2:41 PM

Charges From 10/11/2012 2:41 PM

Omit	Posted	Provider	Code
<input type="checkbox"/>	X	10/11/2012 Randall O...	99212
<input type="checkbox"/>	X	10/11/2012 Randall O...	J3301

Primary

Policy Medicare

Route Paper

Paper Fill Fewest Pages

Follow Up Action Submit to Insurance

Doctor Comments

Charge Details

Service From	Service To	Provider	Code	Description	Unit	Charge
10/11/2012	10/11/2012	Randall Oates	J3301	Triamcinolone acet inj NOS	1.0	\$50.00

Diagnosis Codes

DX	Description
X 696.1	Acrodermatitis continua (Hallopeau)

Modifiers

Code	Description
------	-------------

Omit from Claim

Notes

Ambulance Contract Dialysis DME Drug

File Information Misc Details Providers Referral / Authorization Supplemental Information Supporting Documentation

Hospice

Rendering Provider is Hospice Employee

Do Not Send No Yes

Labs

Lab

Referring Lab

Charge Breakdown

Tax

Additional Description

KENALOG N412345678900 QT4 BMME

Notes

Note <None>

Type <None>

Spinal Manipulation

Last X-Ray <None>

Amounts Details

Payments/Adjustments

Date	Name/Description	Amount
------	------------------	--------

Totals

Charges \$0.00

Pay/Adjust \$0.00

Balance \$0.00

Quick Misc Details

Facility

Family Clinic

EPSTD

Emergency

Family Plan

Supplemental

Save Cancel

Add Payment

Additional Description - The 5010 professional claim transaction (837P) requires that when a non-specific or Not Otherwise Classified (NOC) procedure code is used (in the 2400/SV101-2), then a description is required in the 2400/SV101-7.

Here's the link to the NOC codes list from CMS:



<http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Downloads/CMSNOCCodes.zip>

Here's the main link--once here you can scroll to the bottom to get to the zip file that has all the codes: <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/FFSEditing.html>



Post a Superbill/Billing Statement from Patient Chart



Post a Superbill/Billing Statement from Chart

SOAPware 2012 - Patient: Winters, Somer F. - User: Tammy Trent - Provider: Randall Oates

SOAPware Chart Billing Docuainers Edit Tools View Help

Summary Vital Signs Demographics Billing Statements

Date: 09/20/2012 9:52 AM

Posted On: N/A Owner: Randall Oates Facility: Family Clinic

Description: OFFICE/OUTPATIENT VISIT, EST. CPT: 99214 Diagnosis: Abdominal discomf... Modifiers:

Assessment: Misc. Info

Abdominal discomfort #789.00
Fatigue and Malaise #780.79

Post Superbill

The superbill was successfully posted.

OK

SOAP Notes

Date/Time: 09/20/2012 9:46 AM Type: Face to Face

Owner: Randall Oates

Objective

Exam: GENERAL: Appearance: General appearance can be described as well-nourished, well-developed, and in no acute distress.

Assessment

Abdominal discomfort ICD#789.00
Fatigue and Malaise ICD#780.79

Plan

OFFICE/OUTPATIENT VISIT, EST. #99214 Related Dx: [Abdominal discomfort, Fatigue and Malaise] Modifiers: Date of Service From: 9/20/2012 Date of Service To: 9/20/2012 Days/Units: Actions:

Medications

Follow Up

Return if problems develop or worsens.
Schedule: Randall Oates

SMARText Quick Access

Select	Order	ICD	Description
<input checked="" type="checkbox"/>	1	789.00	Abdominal discor
<input checked="" type="checkbox"/>	2	780.79	Fatigue and Mala

SOAPNote

Drag a column header here to group by that column.

Date/Time	Owner	Status	Description
9/20/2012 9:46:58 AM	Randall Oates		Abdominal discomfort ICD#789.00
8/27/2012 9:45:17 AM	Randall Oates		Low Back Pain ICD#724.2
8/21/2012 9:33:54 AM	Randall Oates		Abdominal discomfort ICD#789.00
1/17/2012 5:17:09 PM	Randall Oates		Neck pain or cervicalgia ICD#723.1
1/4/2012 8:47:21 PM	Randall Oates		Abdominal discomfort ICD#789.00

Chart Navigator Tasks Chart Rack Docuplates Available Document Designs

11111 Age-27 4/19/1985
Winters, Somer F.

Comments

1. An encounter/visit should already be documented in the SOAP note section of the Patient Chart. The date of service will default to the encounter date unless you change the date in the sub-items in the Structured Plan item.
2. Structured SMARText items must be used in the Plan and Assessment fields as shown in the screenshot.
3. Click to view **Billing Statement**.
4. Click the **Post Superbill** icon.
5. Dialog will display with message The superbill was successfully posted. Click **OK**.



Open Patient Account in Billing using Task Manager

Patient	Description	Notes	Priority	Action/Status	Due Date	Assigned To
Winters, Somer F.	Superbill Posted to Billing		High		09/20/2012	Tammy S. Trent
Denver, Michael	Superbill Posted to Billing		High		09/14/2012	Tammy S. Trent
Edmond, Emily E.	Superbill Posted to Billing		High		09/10/2012	Tammy S. Trent
Wu, James M.	Superbill Posted to Billing		High		08/29/2012	Tammy S. Trent
Winkle, Perry P.	Superbill Posted to Billing		High		08/27/2012	Tammy S. Trent

If a user has been assigned as the [Superbill Task User](#) in Provider Manager, that user can access the list of Posted Superbills to complete the billing workflow from the Task Manager.

Go to SOAPware in the main menu and click on Tasks to open the Task Manager.

1. Use the drop down option to select user.
2. Use the drop down option to Show Assigned Tasks.
3. Double Click on Patient name to open the patient account.

You can also open the patient account by following the next step.



Open Patient Account in Billing using Chart Rack

The screenshot shows the 'Chart Rack' window. At the top, there is a search bar with the text 'Winters, Somer F.' and a dropdown menu set to 'Name'. A red circle with the number '1' is around the search bar. Below the search bar is a list of patients. The patient 'Winters, Somer F.' is highlighted in blue. At the bottom of the window, there is a 'Provider' dropdown set to 'All Providers' and a 'Total Active Patients: 285' label. A red circle with the number '2' is around the 'Select' button.

Name	Chart Number	Account Number	SSN	Birth Date	Pr
Winkle, Perry P.	91	91	112-33-4556	02/01/1960	Ra
Winters, Somer F.	11111	45	111-22-3333	04/19/1985	Ra

Go to the Billing menu, then click Patient Account

1. Search Chart Rack for Patient Account. This example shows search by Name. Begin Typing patient last name until the patient is visible in the list of patients.
2. Click to highlight Patient from the Chart Rack list and then Click Select. Patient account will open.



View Posted charges in New Charges Tab

Winters, Somer F.

Winters, Somer F. Account 45 Chart 11111

Date of Birth 4/19/1985 Age 27 Sex Female Status Single

Address 2700 Edison Springdale, AR 72703-1234

Home (479) 555-4444 Work (479) 555-7777 Cell (479) 555-5555

Email somerwinters@email.com

Balances

	Personal	Insurance	Totals
Family	\$0.00	\$0.00	\$0.00
Patient	\$913.00	\$3,536.00	\$4,449.00
Totals	\$913.00	\$3,536.00	\$4,449.00

☐ Self Pay Co-Pay \$0.00

New Charges

Unapplied Co-Pay \$0.00 Apply Co-Pay

Unapplied Pre-Pay \$0.00 Apply Pre-Pay

Patient Visit for 9/20/2012 9:52 AM

Charges From 9/20/2012 9:52 AM

Omit	Posted	Provider	Code	Modifi...	Description	DX	Charge	Unit	Tota...	Co-Ins	Pay...	Adju...	Balance
<input checked="" type="checkbox"/>	9/20/2012	Randall O...	99214		OFFICE/OUTPATIENT VI...	789.00, 780.79	\$145...	1.0	\$145...	\$0.00	\$0.00	\$0.00	\$145.00

Primary Secondary

Policy Medicare Arkansas Medicaid

Route Paper Electronic Paper Electronic

Paper Fill Fewest Pages Maintain Order Fewest Pages Maintain Order

Follow Up Action Submit to Insurance Incomplete Print Receipt After Post Post

Doctor Comments Claim Comments

Add Payment

Patient account will open to the New Charges Tab when a Superbill has been posted to Billing. The upper section displays Patient demographic details and Personal/Family account balances.



The Center section lists Visit details as documented in the SOAP note section of the patient chart. Charges are added for the Procedure Codes and can be edited by Double Clicking on the line of the charge as described in the Edit/Update Charges lesson. Payments, Adjustments and Additional Charges can be added manually, as needed.

The bottom section allows the user to:

1. Verify **Insurance policy** information for patient
2. **Set follow up action** for the claim. If insurance information is entered in the Patient Demographics, this will default to Submit to Insurance.
3. Select Routing for claim-**Paper** or **Electronic**. This will default to option selected in the Insurance Company setup for the selected insurance.
4. Check as **Incomplete**, allowing the user to close out of the account and come back later to finish the check out process.
5. **Print a Receipt** when the visit is posted to the ledger.
6. Displays **Doctor Comments** typed in Billing Statement Tab.
7. Type free text **Comments** pertaining to the claim (informational only)
8. Add personal **Payment** to account
9. **Post** transactions to Patients Ledger



Interface Changes

SOAPwareXchange changes

SOAPwareXchange can now output to 3 different interfaces, and has outbox settings for each. This will allow demograpgics and/or superbills to go to multiple systems interfacing with SOAPware.

SOAPwareXchange now imports an NPI if included at the end of Contacts (CONT) segment.

The Patient Loader Utility now has logging of what patients are uploaded into SOAPware.

SOAPwareXchangeHL7 changes

The SOAPwareXchangeHL7 Demographics interface now will import the provider and chart number from ADT messages.

The SOAPwareXchangeHL7 Radiology interface will now generate a report header with patient demographics for processed reports.

The SOAPwareXchangeHL7 Pathology interface will now generate a report header with patient demographics for processed reports.

SOAPwareXchangeHL7 now has controls to set a default task action status for normal and abnormal results under Settings.

SOAPwareXchangeHL7 will no longer attempt to process providers not marked as the ordering provider in incoming messages.

Welch Allyn

Welch Allyn support has been restored to SOAPware to allow for Vital Signs integration with compatible Welch Allyn devices.



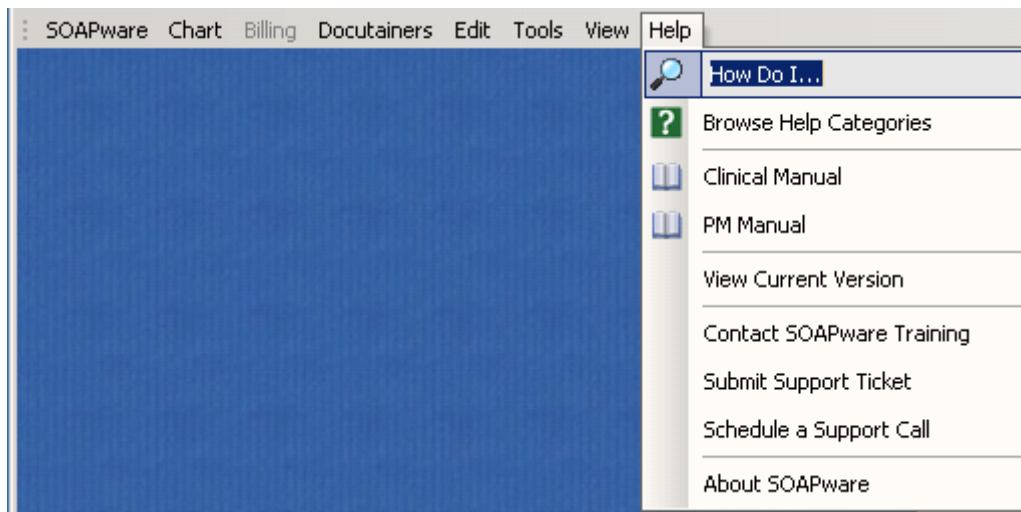
New Features Available in 2012.0.1025



New Activity & Workflow Based Training Resources

SOAPware has created some exciting new activity based and workflow training resources that will be available for all customers. This lesson will give users a high level overview of the new feature and training resources that will be available in the next release.

New Help Menu Training Resources

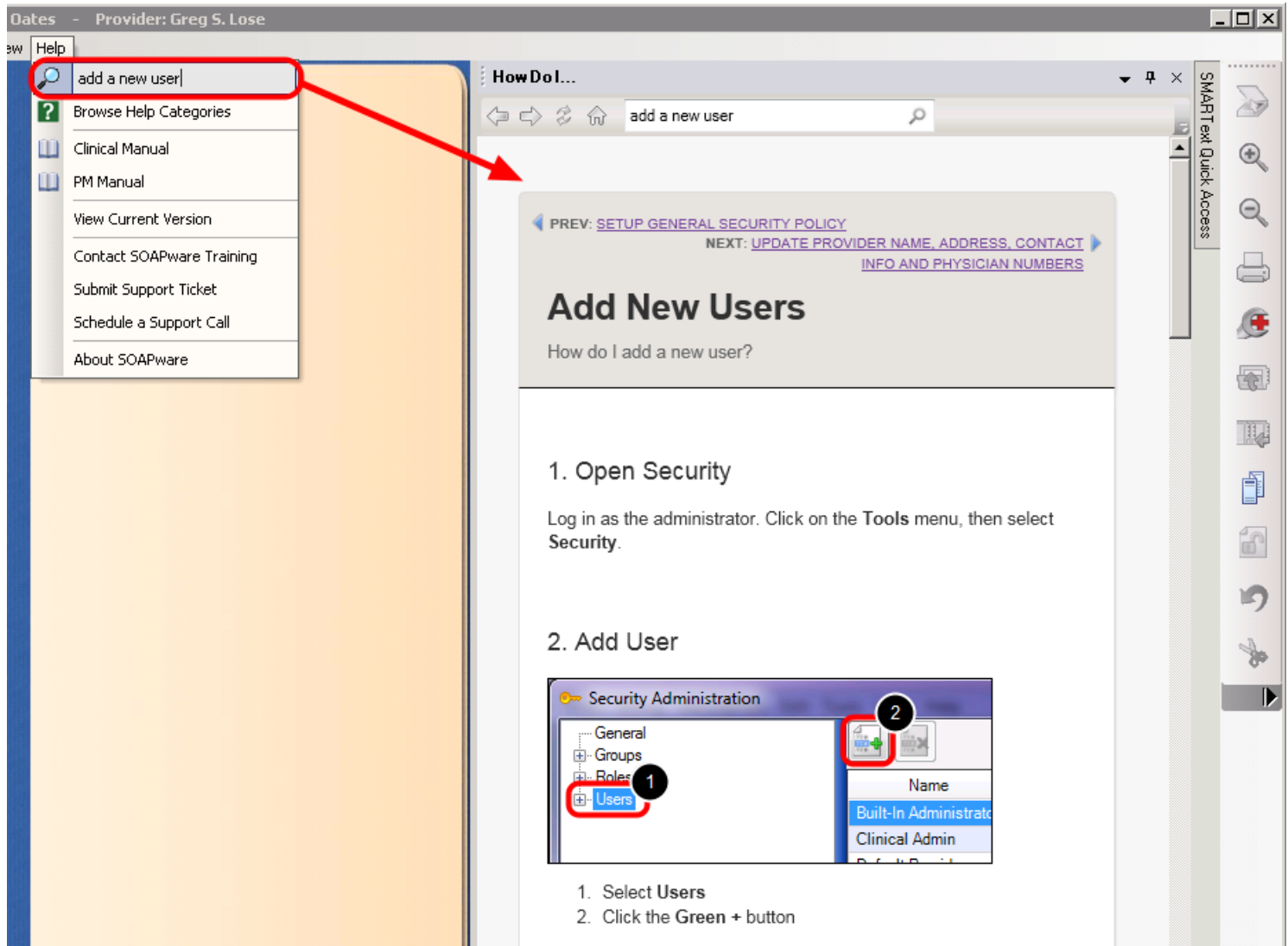


The new activity and workflow based training resources are now available through the SOAPware Help menu. These new help resources have been developed to allow users to find simple steps to completing some of the common workflow activities within SOAPware.

The help menu resources include instructional lessons that can be viewed through an easy to access docked tab inside of SOAPware. The instructional lessons include simple, step-by-step workflow instructions and short video tutorials.



Search for Help Topics Using the New "How Do I..." Search

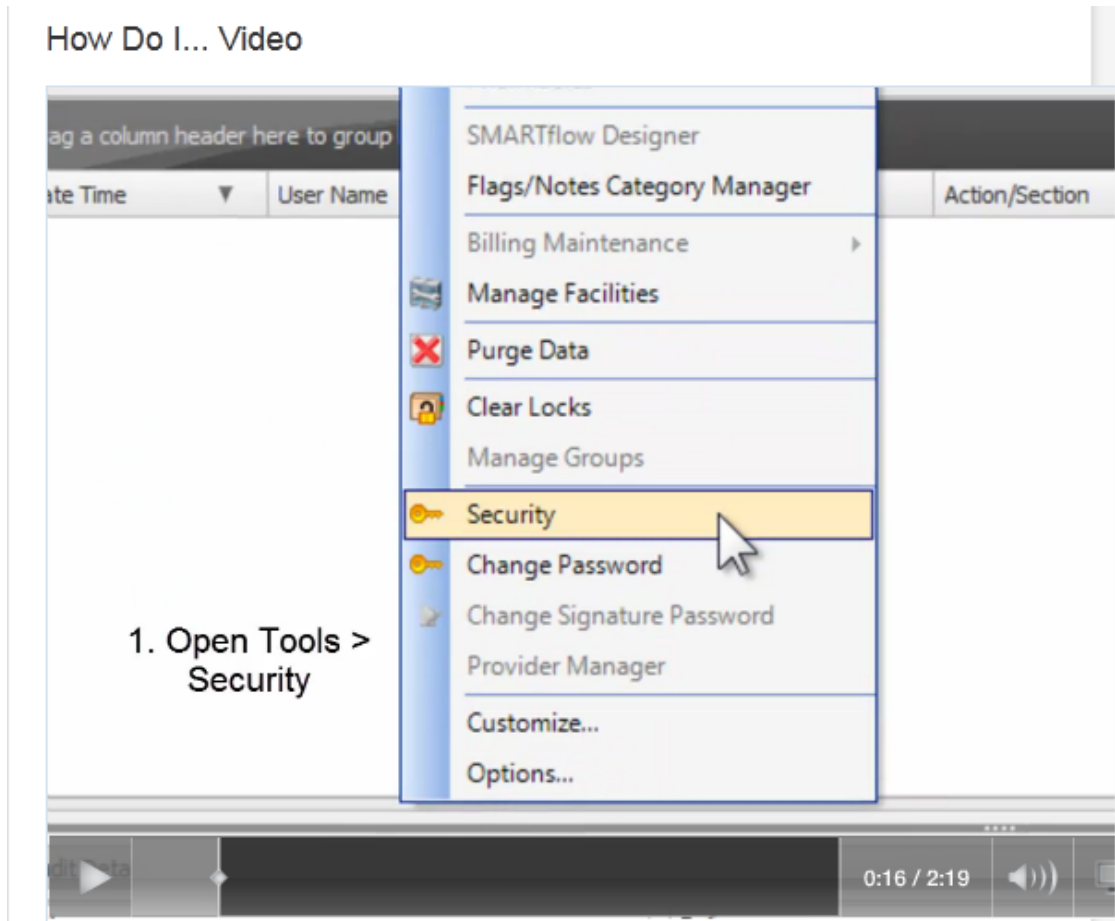


The new search dialog, available in the Help menu, will allow the user to type in a keyword or topic and perform a search of the new activity and workflow based training lessons.

Searching using the new "How Do I..." training resources within the Help menu will display the lessons within a docked tab inside of SOAPware. This allows users the capability to view the step-by-step instructions while working alongside them in SOAPware.



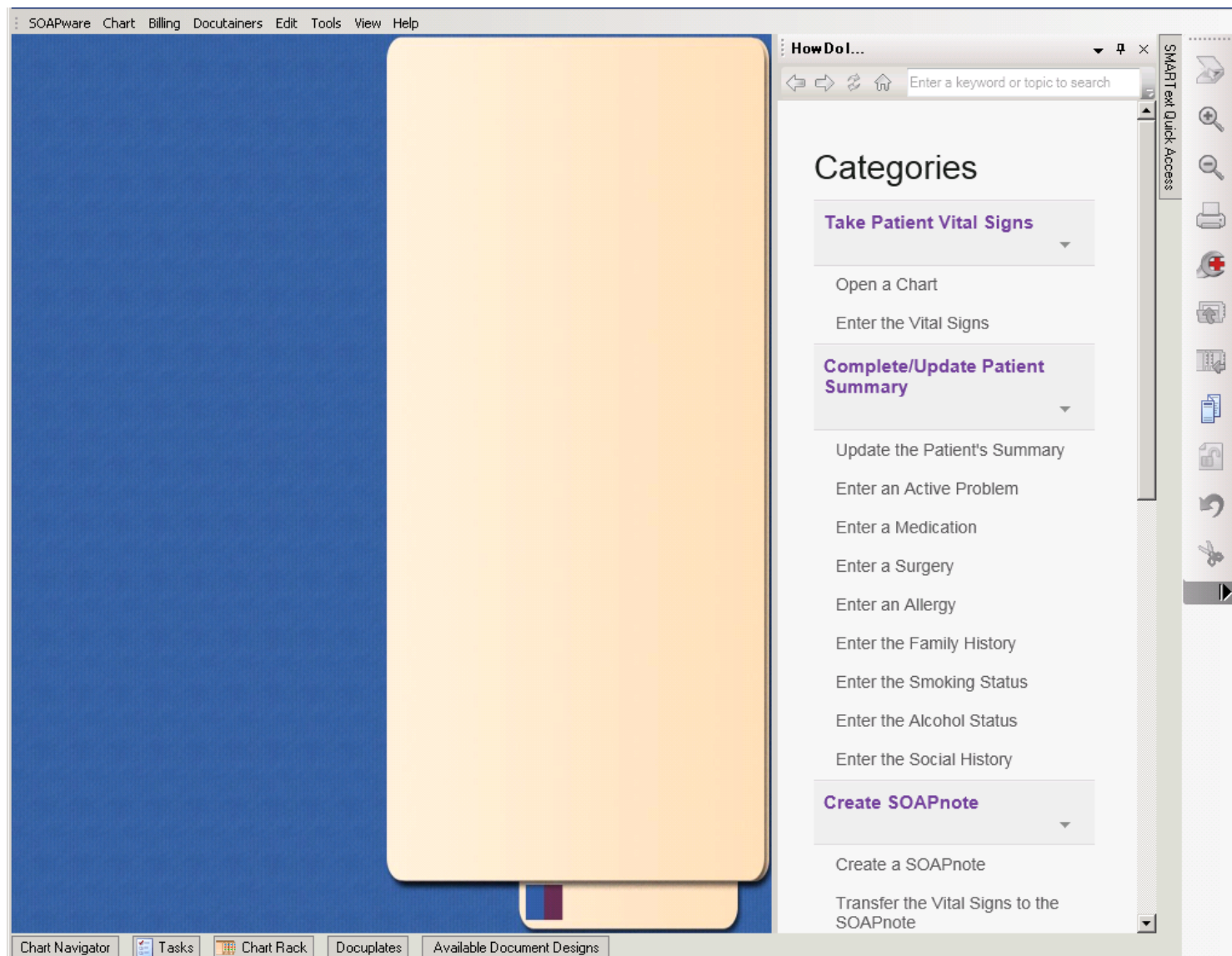
New "How Do I..." Video Tutorials



Many of the new instructional training lessons include short video tutorials. The videos can be viewed inside the docked tab and can be paused or resized to full screen for easier viewing.



New Workflow Based Training Exercises



In addition, the new Help menu training resources include role and patient visit workflow training exercises. The role and patient visit based workflow exercises present the user with step-by-step, activity based lessons that are organized based on the staff members role or on the workflow of a typical patient visit.



New Features Available in 2012.0.1019



SOAPwareXchange Automatic Creation of Tasks Related to SOAPnotes (Phreesia Integration)

Available in 2012.0.1019

SOAPwareXchange can create SOAPnotes in SOAPware. Phreesia is one interface that utilizes this functionality. Now, when SOAPwareXchange creates a SOAPnote, an associated task is also created for this SOAPnote and assigned to the provider listed in the file SOAPwareXchange imports.

SOAPnote Task Created

Edit Task

Description: New Encounter Created via SOAPwareXchange

Owner: Test Five

Assigned To: Test Five

Due: 6/ 5/2012

Reminder: / / : :

Priority: High

Action/Status: Needs Review

Type: Document

Notes: Encounter

Save Cancel

When SOAPwareXchange processes a file that creates a SOAPnote, then an associated task is created as well. . The task will contain the following information:

- **Description:** New Encounter Created via SOAPwareXchange
- **Owner:** <This will be the provider mapped in the PhysicianID field of the file imported through SOAPwareXchange>
- **Assigned To:** <This will be the provider mapped in the PhysicianID field of the file imported through SOAPwareXchange >
- **Due:** <The Date the file is processed>
- **Reminder:** <Empty>
- **Priority:** High
- **Action/Status:** Needs Review
- **Type:** Document



- **Notes:** Encounter

As written above, the task is assigned to the provider listed in the PhysicianID field of the SOAPwareXchange file.



New Features Available in 2012.0.331



Edit Billing Information-Eligibility Request Info-Group NPI or Individual NPI

Edit Billing/Pay To Information for Payer-Additional IDs, Eligibility Request Info

The screenshot shows the 'Edit Billing Information' dialog box, which is divided into two main sections: 'Insurance Payment To' (top) and 'Provider Information' (bottom). The 'Insurance Payment To' section is further divided into 'Paper' and 'Electronic' sub-sections. The 'Paper' sub-section includes fields for Name, Street, Street 2, City, State, Zip, Phone, Entity Type (Person/Non Person), Tax ID (EIN/SSN), NPI, and Legacy ID. The 'Electronic' sub-section includes fields for Submitter ID, Location #, Provider Commercial #, UPIN, State License, Pay-To Address (Street, Street 2, City, State, Zip), and Eligibility Request Info (Receiver ID, Eligibility NPI). The 'Provider Information' section is also divided into 'Paper' and 'Electronic' sub-sections. The 'Paper' sub-section includes a Legacy ID field. The 'Electronic' sub-section includes fields for Location #, Provider Commercial #, UPIN, State License, and Taxonomy. At the bottom right, there are 'Save' and 'Cancel' buttons. Numbered callouts (8-17) highlight specific fields and controls throughout the form.

Insurance Payment To

☒ Override Group Values **8**

Name Professional Groups, Inc.

Street 456 Test St

Street 2

City Springdale **State** AR

Zip 72764-1234

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Tax ID **9** ☒ EIN ☐ SSN 70-1111111

Paper

NPI PaytoNPI

Legacy ID **10**

Electronic

Submitter ID Mutually Defined - ZZ V2AB

Location #

Provider Commercial # **11**

UPIN +

State License +

Pay-To Address **12**

Street POB 1234

Street 2

City Springdale **State** AR

Zip 72765-1234

Eligibility Request Info **13**

Receiver ID

Eligibility NPI ☒ Group NPI **14** ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID **15**

Electronic

Location #

Provider Commercial #

UPIN **16** +

State License +

Taxonomy

17 **Save** **Cancel**

Edit Billing Information dialog is used to identify Billing/Pay To information (top portion) and Rendering Provider of service (bottom portion). This information will be included on all claims submitted to this Insurance Company.



8. Insurance Payment To: This section is populated with data used when setting up Manage Groups. Verify that this is the correct Pay To information. To edit information or add additional IDs required for this payer, click to place a check mark in the Override Group Values box.

9. Tax ID: If the Pay To provider is an individual and payments are reported to his Social Security number, Click SSN and type social security (**Block 25**)

10. Legacy ID for paper claims: When filing paper claims, if payer requires a Billing legacy number in addition to the Billing NPI, select legacy qualifier from the drop down list and enter the legacy ID.

11. Electronic Claims-Additional IDs: Add additional ID numbers, if required for selected payer.

12. Pay-To Address: If Pay-To address is different than Billing Provider street address, enter that information here.

13. Eligibility Request Info: Some payers require a Tax ID or a legacy ID to be sent with an eligibility request. If a payer does not require one, this section can be left blank.

14. Select to check eligibility using the Group/Billing NPI or the Individual/Rendering provider NPI

Below is a list of some that do require either a Legacy ID or a Tax ID as shown in step 13:

Payers requiring Legacy ID

- BCBS of Arkansas
- BCBS Michigan
- California Medicaid
- Maine Medicaid
- Mercy Health Plan of Arizona
- Ohio Medicaid
- University Family Care of Maricopa
- Wisconsin Medicaid Well Woman Program

Payers requiring Tax ID

- AFTRA
- American Postal Workers Union
- American Republic Insurance
- Amerigroup, Carefirst BCBS
- Cariten Healthcare
- Cariten Senior Healthcare
- Fallon Health Plan
- Keystone Mercy Health
- Kaiser Foundation Health Plan of Northwest



- Lovelace Health Plan
- Mayo Management Services
- Mega Life
- Midwest National Life
- Physicians Mutual Insurance
- Preferred Health Systems
- Significa Benefit Services
- Texas CHIP
- Trustmark Insurance
- Writers Guild

15. **Provider Information:** This section is populated with data used when setting up **Provider Manager** . If this insurance requires a Rendering Provider Legacy number in addition to the NPI, use the drop down arrow to select an identifier for the ID and then type the ID into the field. (**Block 24j**)

16. **Electronic:** Enter any additional IDs to be included on electronic claims , if required by this payer for Rendering Provider.

17. Click **Save**.



Include Taxonomy code in addition to Legacy ID for electronic claims*

Edit Billing/Pay To Information for Payer-Additional IDs

The screenshot shows the 'Edit Billing Information' dialog box, which is divided into two main sections: 'Insurance Payment To' (top) and 'Provider Information' (bottom). The 'Insurance Payment To' section is further divided into 'Paper' and 'Electronic' sub-sections. The 'Paper' sub-section includes fields for Name, Street, Street 2, City, State, Zip, Phone, Entity Type (Person/Non Person), Tax ID (EIN/SSN), NPI, and Legacy ID. The 'Electronic' sub-section includes fields for Submitter ID, Location #, Provider Commercial #, UPIN, State License, Pay-To Address (Street, Street 2, City, State, Zip), Eligibility Request Info (Receiver ID, Eligibility NPI), and Taxonomy. The 'Provider Information' section is also divided into 'Paper' and 'Electronic' sub-sections. The 'Paper' sub-section includes a Legacy ID field. The 'Electronic' sub-section includes fields for Location #, Provider Commercial #, UPIN, State License, and Taxonomy. The 'Taxonomy' field in the 'Provider Information' section is highlighted with a red box. Numbered callouts (8-17) point to various fields and buttons: 8 points to 'Override Group Values', 9 to 'Tax ID', 10 to 'Legacy ID', 11 to 'Provider Commercial #', 12 to 'Pay-To Address', 13 to 'Eligibility Request Info', 14 to 'Eligibility NPI', 15 to 'Legacy ID' in the 'Provider Information' section, 16 to 'UPIN', and 17 to the 'Save' button.

Insurance Payment To

☒ Override Group Values (8)

Name Professional Groups, Inc.

Street 456 Test St

Street 2

City Springdale **State** AR

Zip 72764-1234

Phone (479)555-1234

Entity Type ☐ Person ☒ Non Person

Tax ID (9) ☒ EIN ☐ SSN 70-1111111

Paper

NPI PaytoNPI

Legacy ID (10)

Electronic

Submitter ID Mutually Defined - ZZ V2AB

Location #

Provider Commercial # (11)

UPIN +

State License +

Pay-To Address (12)

Street POB 1234

Street 2

City Springdale **State** AR

Zip 72765-1234

Eligibility Request Info (13)

Receiver ID

Eligibility NPI (14) ☒ Group NPI ☐ Rendering Provider NPI

Provider Information

Paper

Legacy ID (15)

Electronic

Location #

Provider Commercial #

UPIN (16) +

State License +

Taxonomy (17)

Save **Cancel**

Edit Billing Information dialog is used to identify Billing/Pay To information (top portion) and Rendering Provider of service (bottom portion). This information will be included on all claims submitted to this Insurance Company.



8. Insurance Payment To: This section is populated with data used when setting up Manage Groups. Verify that this is the correct Pay To information. To edit information or add additional IDs required for this payer, click to place a check mark in the Override Group Values box.

9. Tax ID: If the Pay To provider is an individual and payments are reported to his Social Security number, Click SSN and type social security (**Block 25**)

10. Legacy ID for paper claims: When filing paper claims, if payer requires a Billing legacy number in addition to the Billing NPI, select legacy qualifier from the drop down list and enter the legacy ID.

11. Electronic Claims-Additional IDs: Add additional ID numbers, if required for selected payer.

12. Pay-To Address: If Pay-To address is different than Billing Provider street address, enter that information here.

13. Eligibility Request Info: Some payers require a Tax ID or a legacy ID to be sent with an eligibility request. If a payer does not require one, this section can be left blank.

14. Select to check eligibility using the Group/Billing NPI or the Individual/Rendering provider NPI

Below is a list of some that do require either a Legacy ID or a Tax ID as shown in step 13:

Payers requiring Legacy ID

- BCBS of Arkansas
- BCBS Michigan
- California Medicaid
- Maine Medicaid
- Mercy Health Plan of Arizona
- Ohio Medicaid
- University Family Care of Maricopa
- Wisconsin Medicaid Well Woman Program

Payers requiring Tax ID

- AFTRA
- American Postal Workers Union
- American Republic Insurance
- Amerigroup, Carefirst BCBS
- Cariten Healthcare
- Cariten Senior Healthcare
- Fallon Health Plan
- Keystone Mercy Health
- Kaiser Foundation Health Plan of Northwest



- Lovelace Health Plan
- Mayo Management Services
- Mega Life
- Midwest National Life
- Physicians Mutual Insurance
- Preferred Health Systems
- Significa Benefit Services
- Texas CHIP
- Trustmark Insurance
- Writers Guild

15. **Provider Information:** This section is populated with data used when setting up **Provider Manager** . If this insurance requires a Rendering Provider Legacy number in addition to the NPI, use the drop down arrow to select an identifier for the ID and then type the ID into the field. (**Block 24j**)

16. **Electronic:** Enter any additional IDs to be included on electronic claims , if required by this payer for Rendering Provider.

17. Click **Save**.



Adding text to Block 19 on CMS 1500 claim*

Billing -> Patient Account -> New Charges Tab -> More Info

or

Billing->Patient Account->Claims tab->Select claim from list->More Info

The More Info dialog consists of several tabs for additional visit information needed by payers to process claims. Many specialties require specific dates, certification numbers, etc. Additional information can be added by clicking on the appropriate tabs. The information entered here will be at the claim level and will apply to all charges within the claim.

For charge level only information, you can add information in the Charge Details by double clicking on a specific charge in New Charges tab or when editing charges in the patient Claims tab.



More Info Misc Details-Reserved for Local Use (CMS 1500 Block 19)

Edit Claim Details

Owner: Facility:

Type	Special Program Codes	Primary	Secondary
<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident <input checked="" type="checkbox"/> None	Special Program: <input type="text" value="01 - EPSDT or CHAP - Obsole"/> Delay Reason: <input type="text" value="<None>"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>	<input checked="" type="checkbox"/> Release of Information Signature <input type="checkbox"/> Signature Executed For Patient Benefits Assignment: <input type="text" value="Yes"/>

Paper Claim Info

Reserved For Local Use (Box 19)

Medicaid Resubmission Number

Note

Text:
Type:

Lab

☐ Outside Lab Charges:
Lab:
☐ Homebound

Original Reference Number

Number	Policy Id
LOOP 2300 / 2330B REF with F8	

EPSDT

Code:
Code (2):

Accept Assignment:

Please refer to the most current instructions from the applicable public or private payer regarding the use of this field. Some payers ask for certain identifiers in this field. If identifiers are reported in this field, enter the appropriate qualifiers describing the identifier. Do not enter a space, hyphen, or other separator between the qualifier code and the number.



More Info Misc Details-Medicaid Resubmission Number (CMS 1500 Block 22)

Edit: Claim Details

Owner: Facility:

Type

☐ Employment
☐ Auto Accident
☐ Other Accident
☒ None

Special Program Codes

Special Program:
Delay Reason:

Primary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Secondary

☒ Release of Information Signature
☐ Signature Executed For Patient
Benefits Assignment:

Paper Claim Info

Reserved For Local Use (Box 19)
Medicaid Resubmission Number

Note

Text:
Type:

Lab

☐ Outside Lab Charges:
Lab:
☐ Homebound

Original Reference Number

Number	Policy Id
LOOP 2300 / 2330B REF with F8	

EPSDT

Code:
Code (2):

Accept Assignment:

Enter Medicaid Resubmission number to appear in block 22 on CMS 1500 claim form.