New Features

New Features

3   New Features Available in 2012.0.5044

4   New Features Available in 2012.0.3063

5   New Features Available in 2012.0.1025

6   New Features Available in 2012.0.1019

7   New Features Available in 2012.0.331

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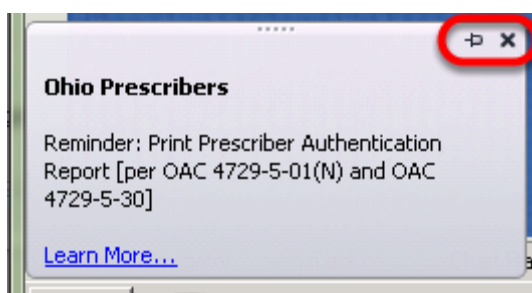
Prescriber Report Window
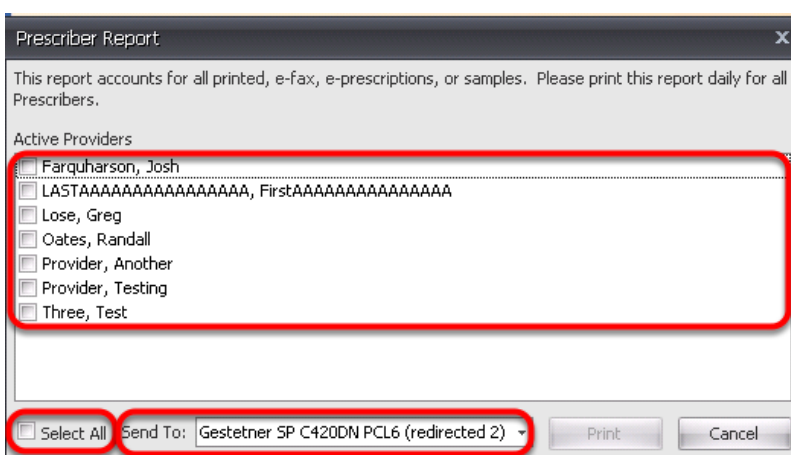
- Users have the ability to create the Authentication Report for active providers selected from this window.
- Users may choose to print a report for every provider on the list by placing a check mark next

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

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

Transaction ID for Every Prescription Submitted

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 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

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

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

Display Comments in Adjustment Detail

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.

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

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

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

Provider and Patient Name Order

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

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

Invalid State Format

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

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

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

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

Remit Report

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

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

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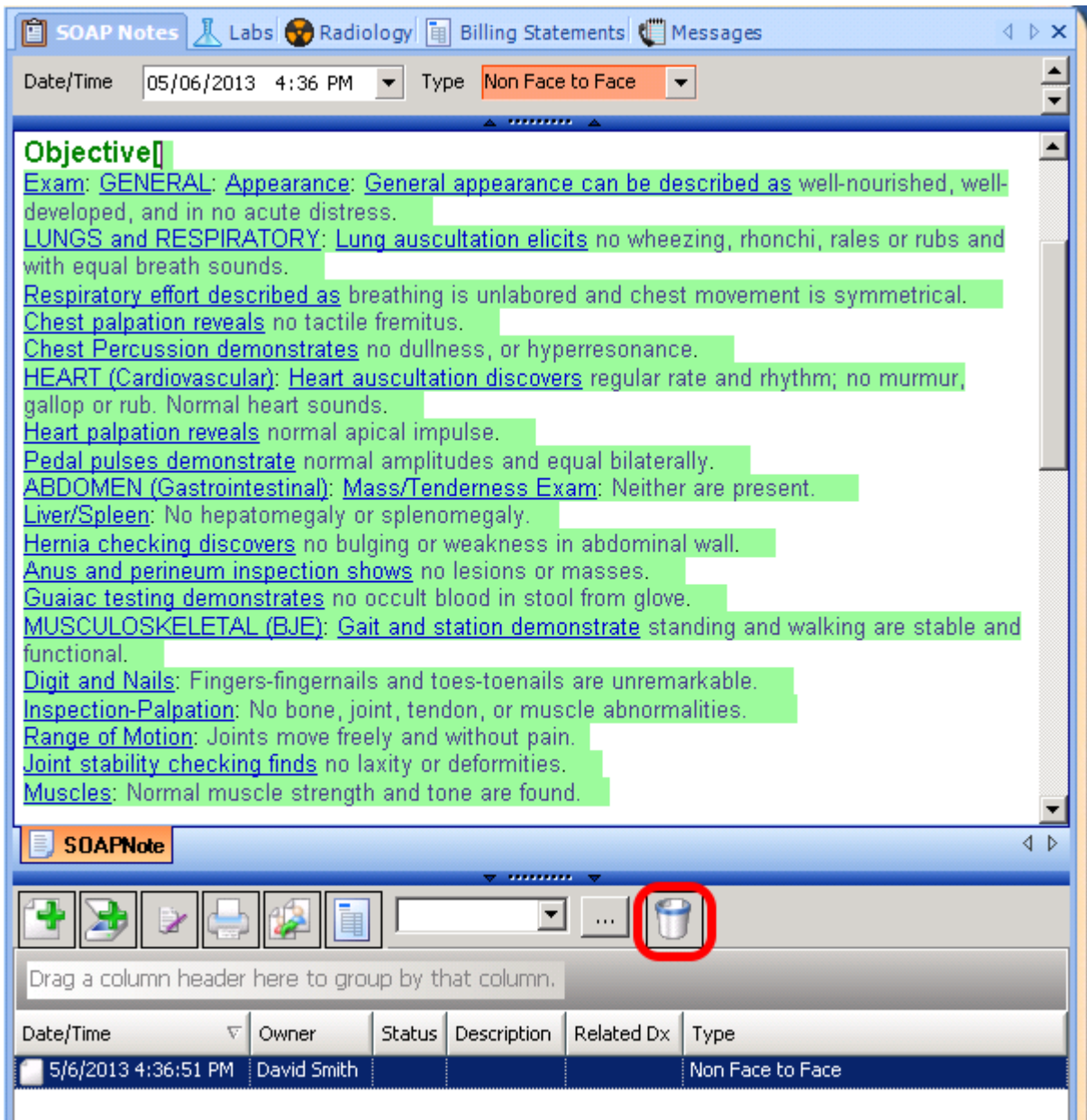
In 2012.0.7115, the Remove Documents button has now been moved to be located at the end of the mini-toolbar (see above screenshot). In previous versions, this button was located next to the Sign Off button.

This change is included in the following chart sections:

- Advance Directives
- Billing Statements
- Demographics
- Insurance
- Custom
- CCR
- Correcpondence In
- Correspondence Out
- EKG
- HIPAA Disclosures
- 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

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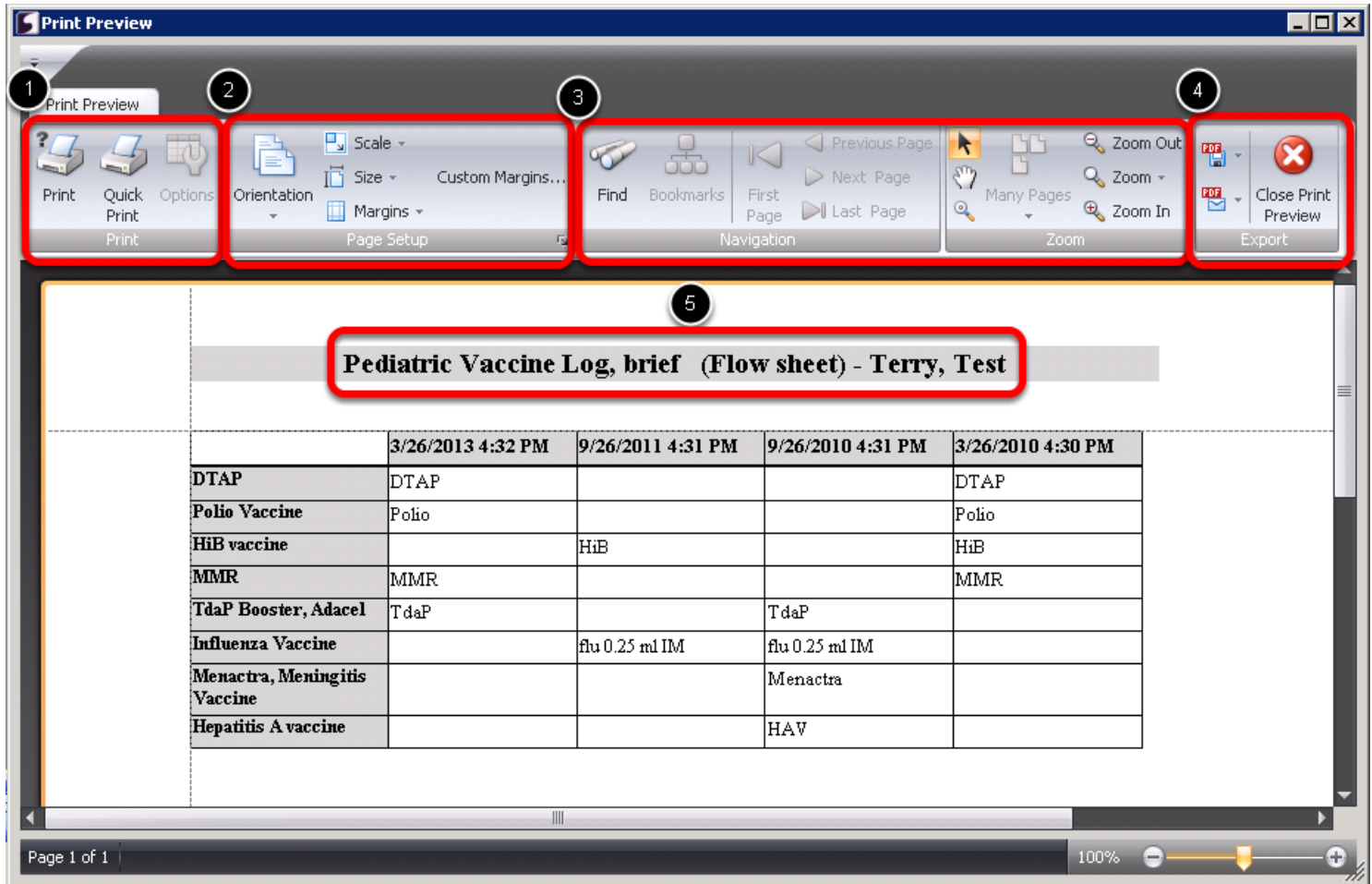
When printing from the flow sheets section users will now see a print preview window with many new features.

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

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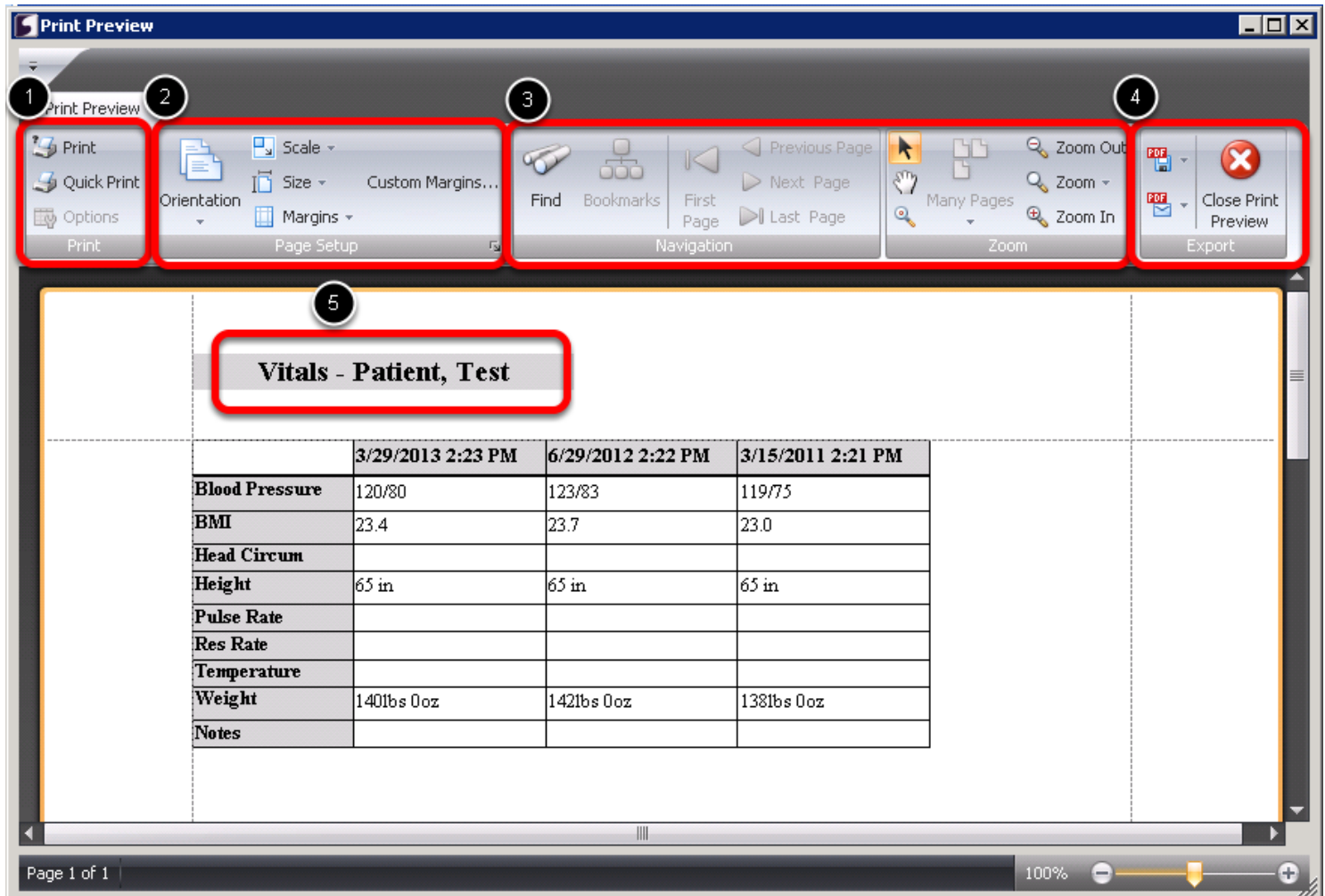
When printing from the vital signs section users will now see a print preview which includes many new features.

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

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

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

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.

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

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

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

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

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 CLIAnumbers on claims without having to add Facility Lab for each visit.

Selected Procedure Codes will include CLIA Number on Claim

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 CLIANumber on claims anytime that code is charged, and the correct facility is selected for the visit. The CLIAnumber 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 CLIANumber.
3. Save. Repeat for each code.

Note: For charges/claims created prior to assigning the CLIAnumber, 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 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   [Save]

Code List

◉ Standard View ○ Full View   ☑ Hide Inactive Codes

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

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

In previous versions of SOAPware, the patient Chart Rack was not re-sizable 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 Patient Account 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

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

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

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

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: 1163

Working | Submitted | All

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

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 Rosenburg	$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

Rebuild Selected

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

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.

$ Charge Details   X

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

Diagnosis Codes   [Add Code]   **Modifiers**   [Add Code]   ☐ Omit from Claim

DX	Description
× 789.00	Abdominal pain, unspecified site ▲ ▼

Code ▲	Description

Notes

Tabs: File Information | Misc Details | Providers | Referral / Authorization | Supplemental Information | Supporting Documentation

Sub-tabs: **Ambulance** | Contract | Dialysis | DME | Drug

Pick-Up Address

Street	<None>
Street 2	<None>
City	<None>
State	▾
Zip Code	<None>

Ambulance Certification

	Do Not Send	No	Yes
Admitted to a hospital	◉ Do Not Send	○ No	○ Yes
Moved by stretcher	◉ Do Not Send	○ No	○ Yes
Unconsious 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

Drop-Off

Street	<None>

Amounts Details

Payments/Adjustments

Date ▲	Name/Description	Amount
3/15/2013	Winkle, Perry B.	$30.00
		$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

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 an 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.

Meainigful Use Dashboard Updates

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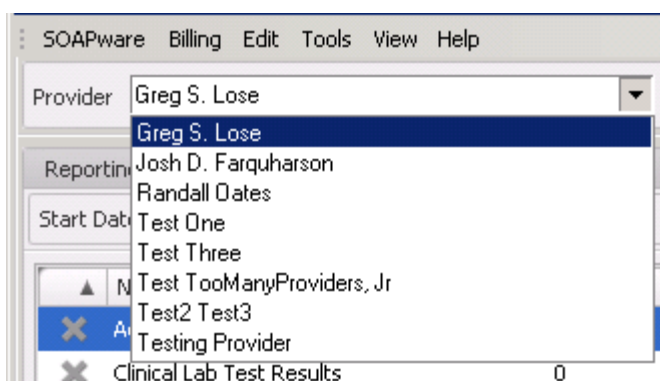
In prior versions of SOAPware, the Provider drop-down menu was used to select the provider that the user wished to update statistics for and to view statistics for the selected provider.

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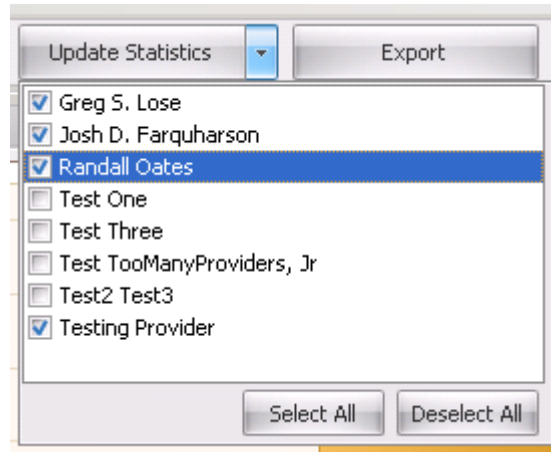
In 2012.0.5044+, the Update Statistics button now contains a drop-down menu with the list of active providers. This dialog allows the user to select the providers that they wish to update statistics for. The user can select one individual provider, multiple providers or all providers within the drop-down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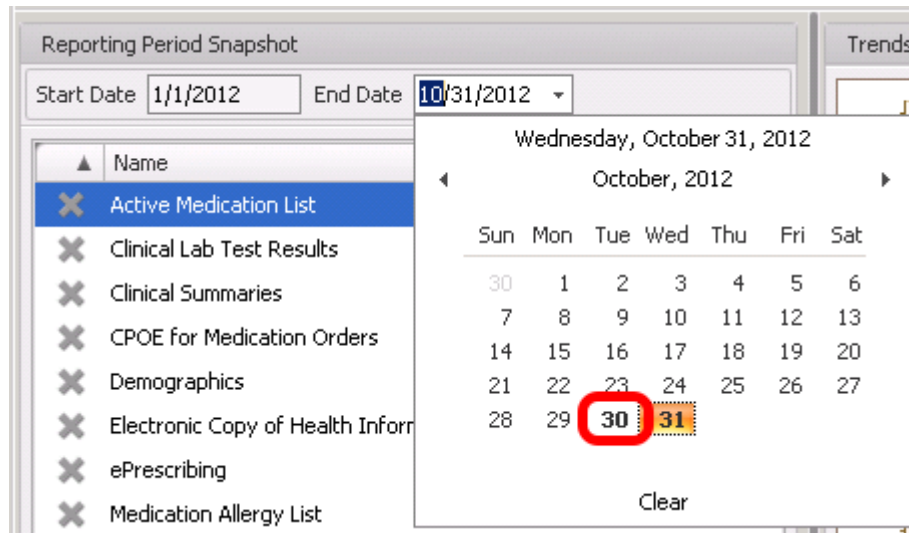
In 2012.0.5044+, the dates that reporting period snapshots have been run will now be bolded.

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 perferred 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 Quick Access 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
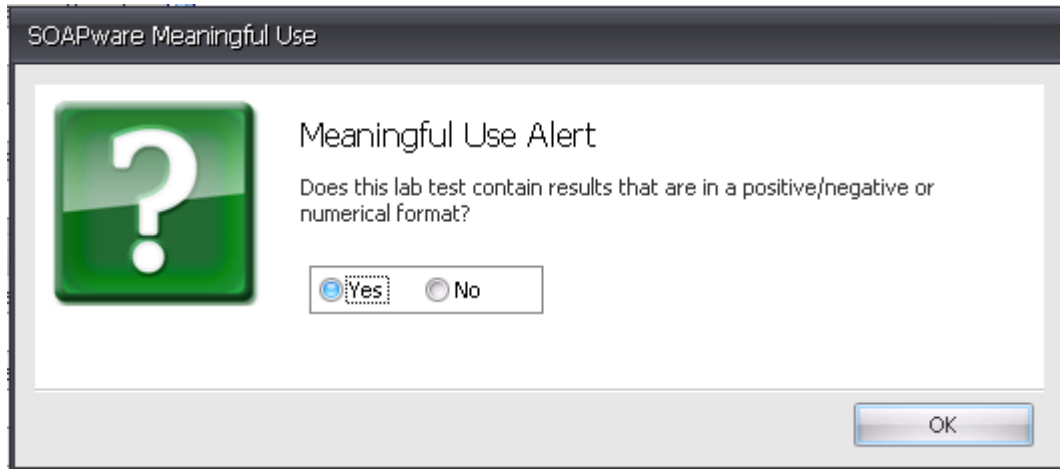
When a document is scanned into the Labs chart section, users will be prompted with a Meaningful Use alert. In previous versions of SOAPware, users were asked to enter the number of individual lab results that are in a positive/negative or numerical format. In 2012.0.5044+, users will now be promted 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 promted 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
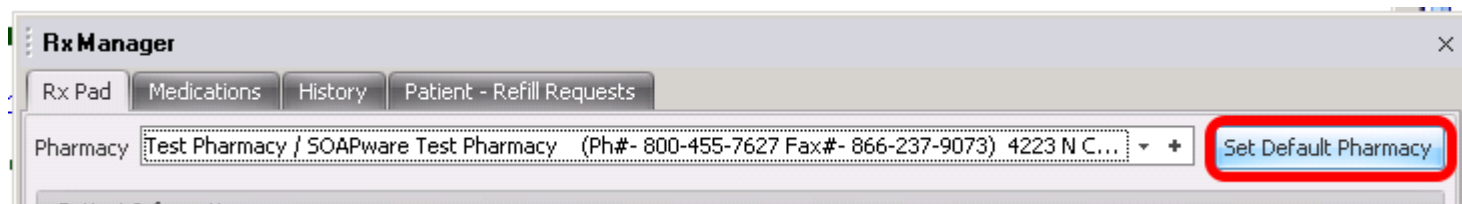
Anew and highly requested feature allowing a SOAPware user to set the patient's default pharmacy directly from the Rx Manager has been added in 2012.0.5044.

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

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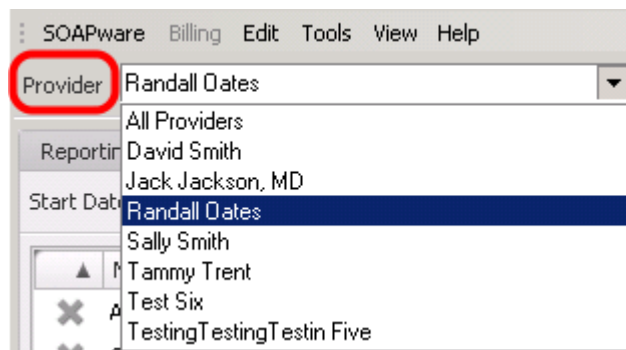
The label for the provider selection has been changed to simply "Provider". In prior versions, this label was named "Display for Provider".

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

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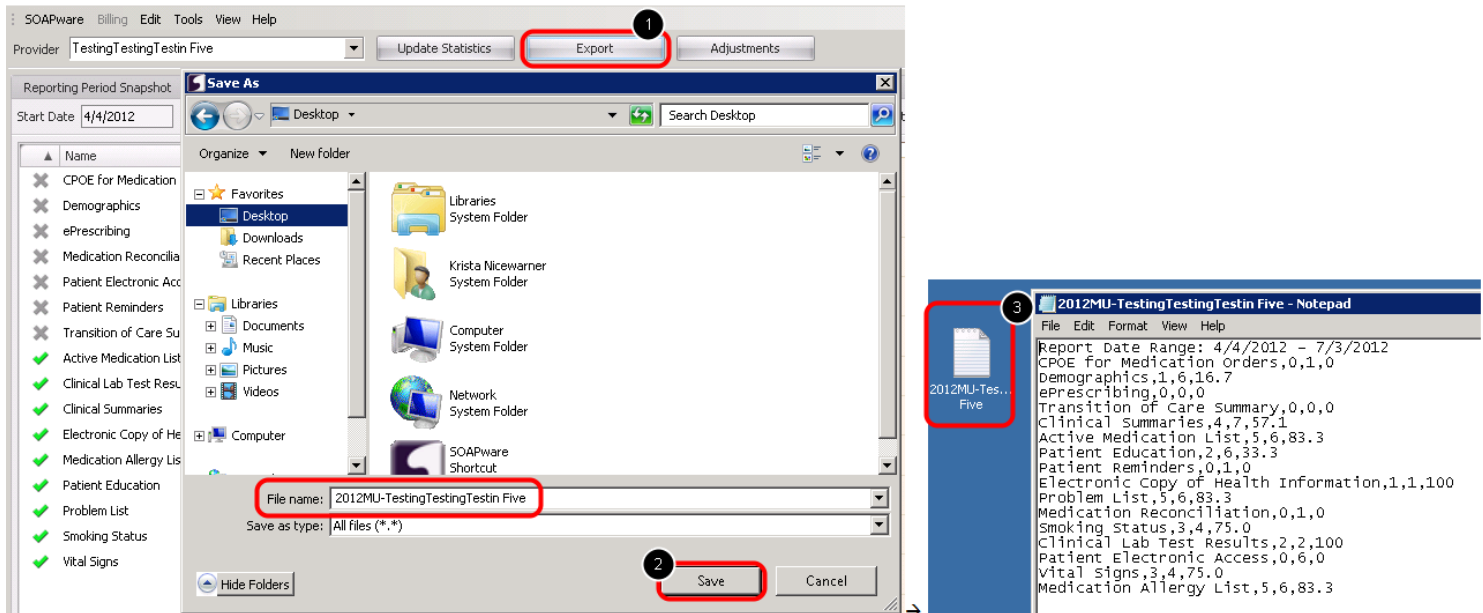
The File name for the statistics export has now been set to default to the End Date year and the Providers name. Therefore if the provider's reporting period end date was in 2012, the file name would default to: 2012ProvidersName.

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
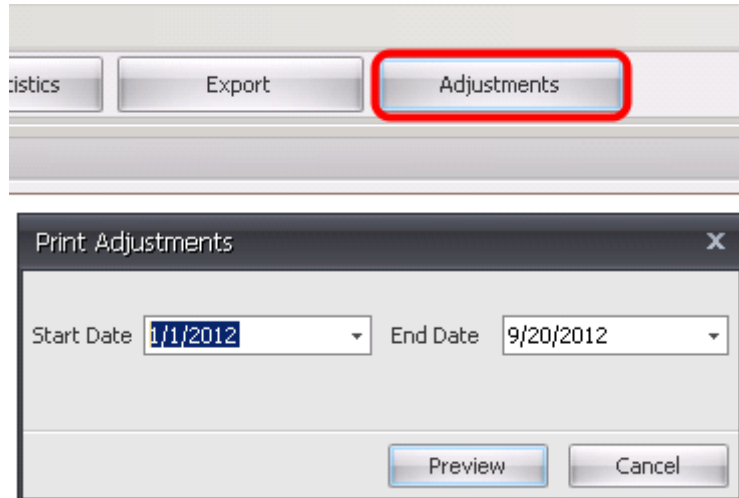
Printing the provider's adjustments has now become easier. When the Adjustments button is clicked, the user is now presented with the Print Adjustments dialog where the Start Date and End Date for the adjustments report can be selected. By default, the Start Date and End Date will be populated with the 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
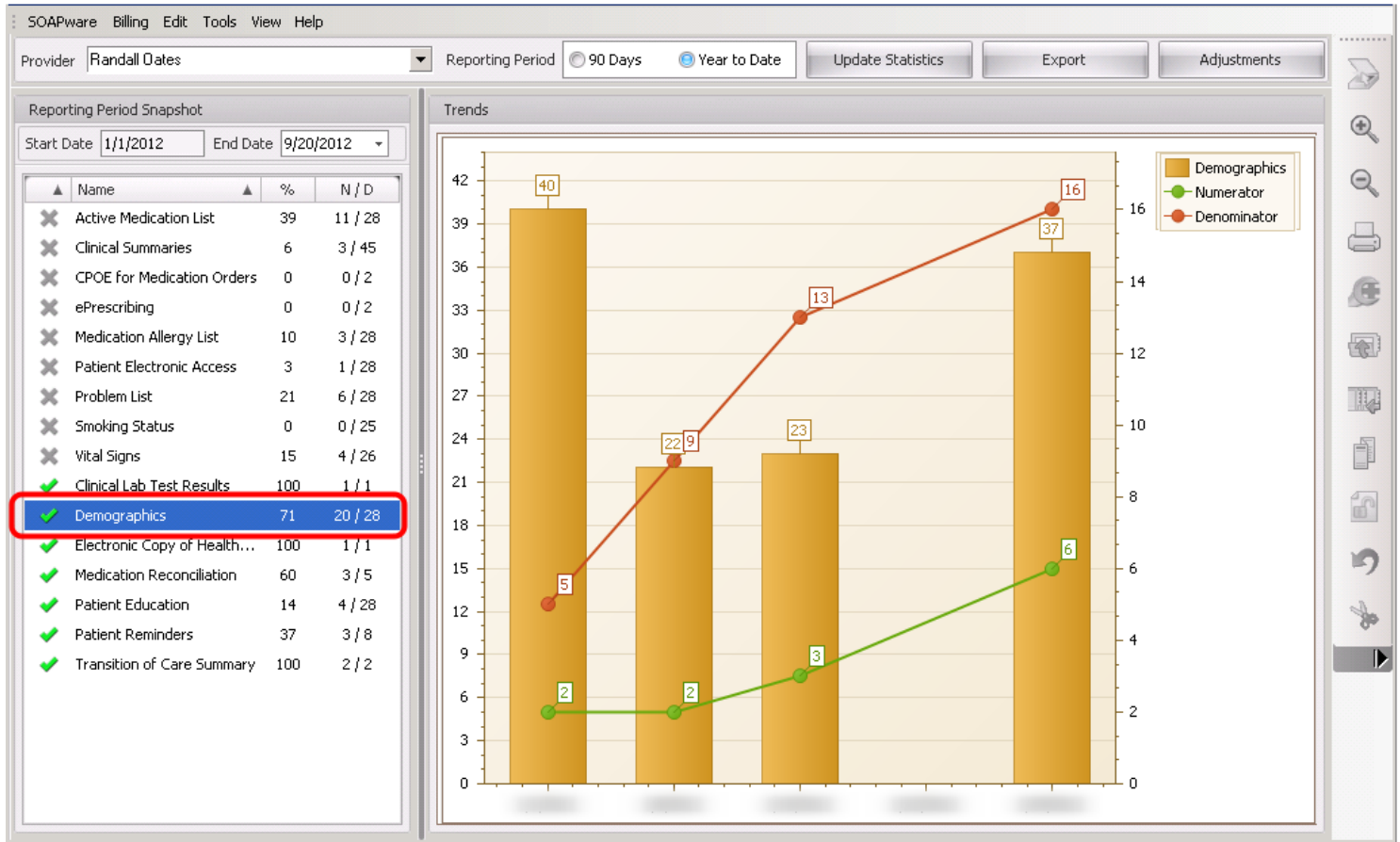
In previous versions of SOAPware, the Trends section of the Meaningful Use Dashboard contained a Trend For, Start Date and End Date selection. Users reported that these Date selections were confusing to office staff since they only affected the trend graph and did not affect the Meaningful Use statistics 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

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

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

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

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

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

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

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)

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

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 <u>Plan</u> and <u>Assessment</u> 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

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

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.

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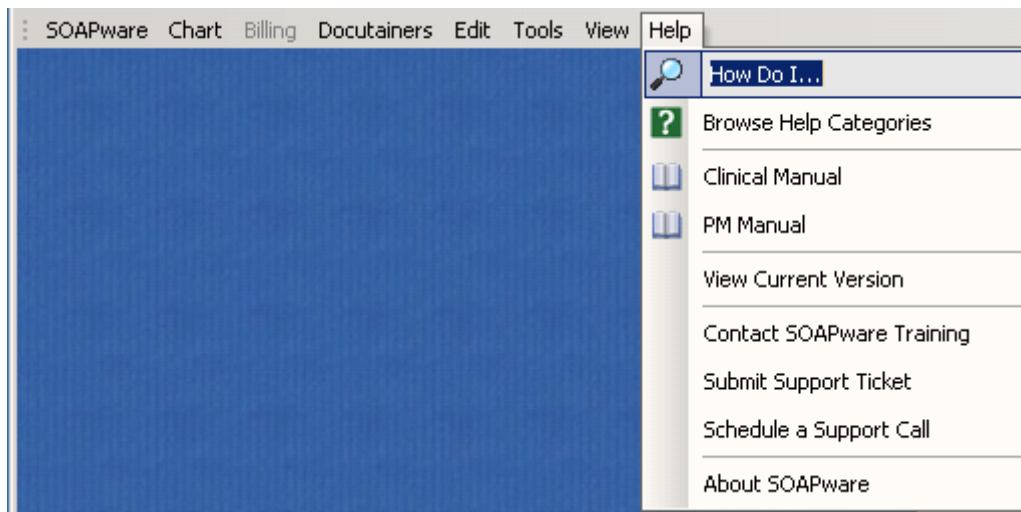
The new activity and workflow based training resources are now available through the SOAPware Help menu. These new help resources have been developed to allow users to find simple steps to completing some of the common workflow activities within SOAPware.

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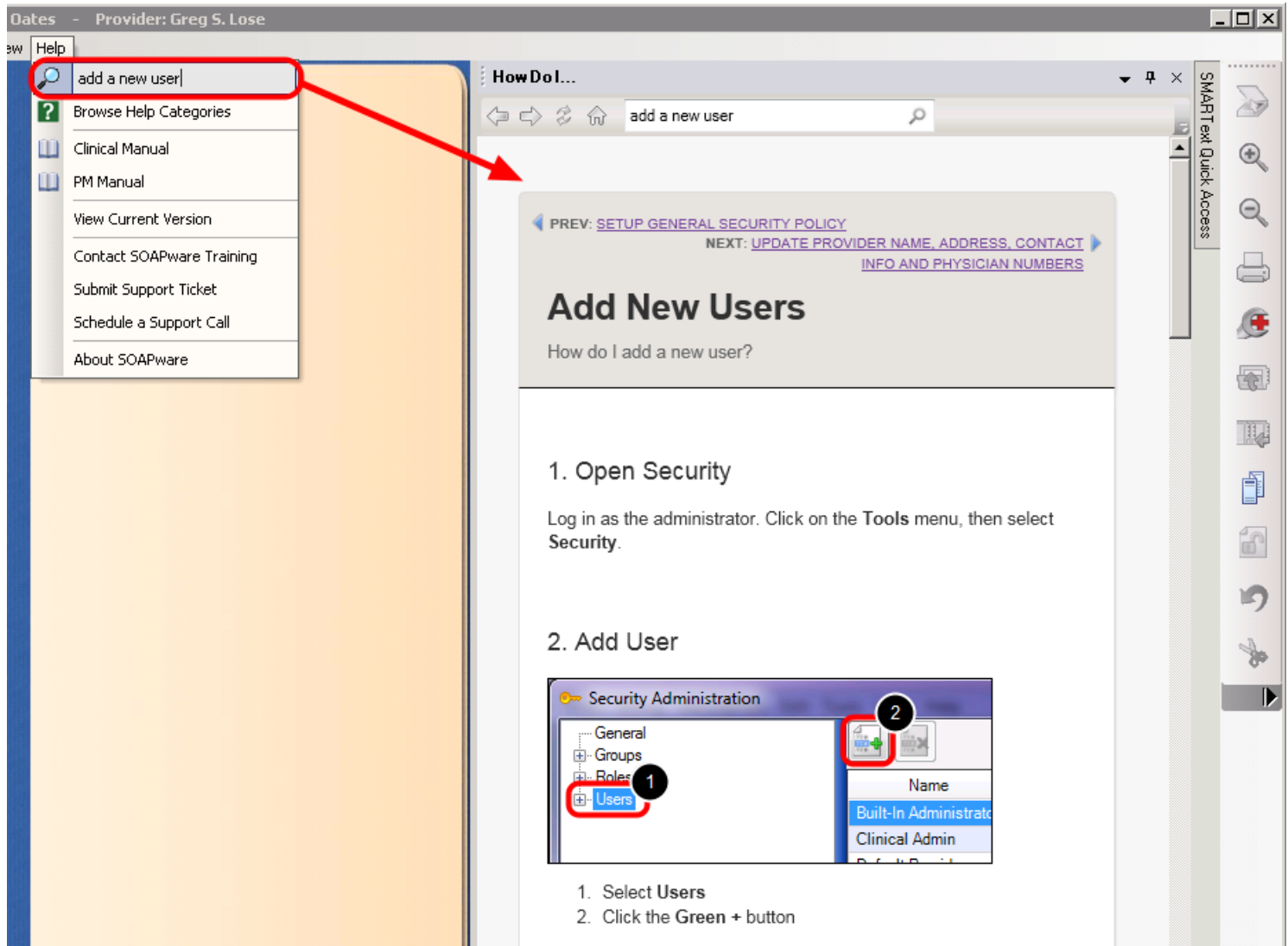
The new search dialog, available in the Help menu, will allow the user to type in a keyword or topic and perform a search of the new activity and workflow based training lessons.

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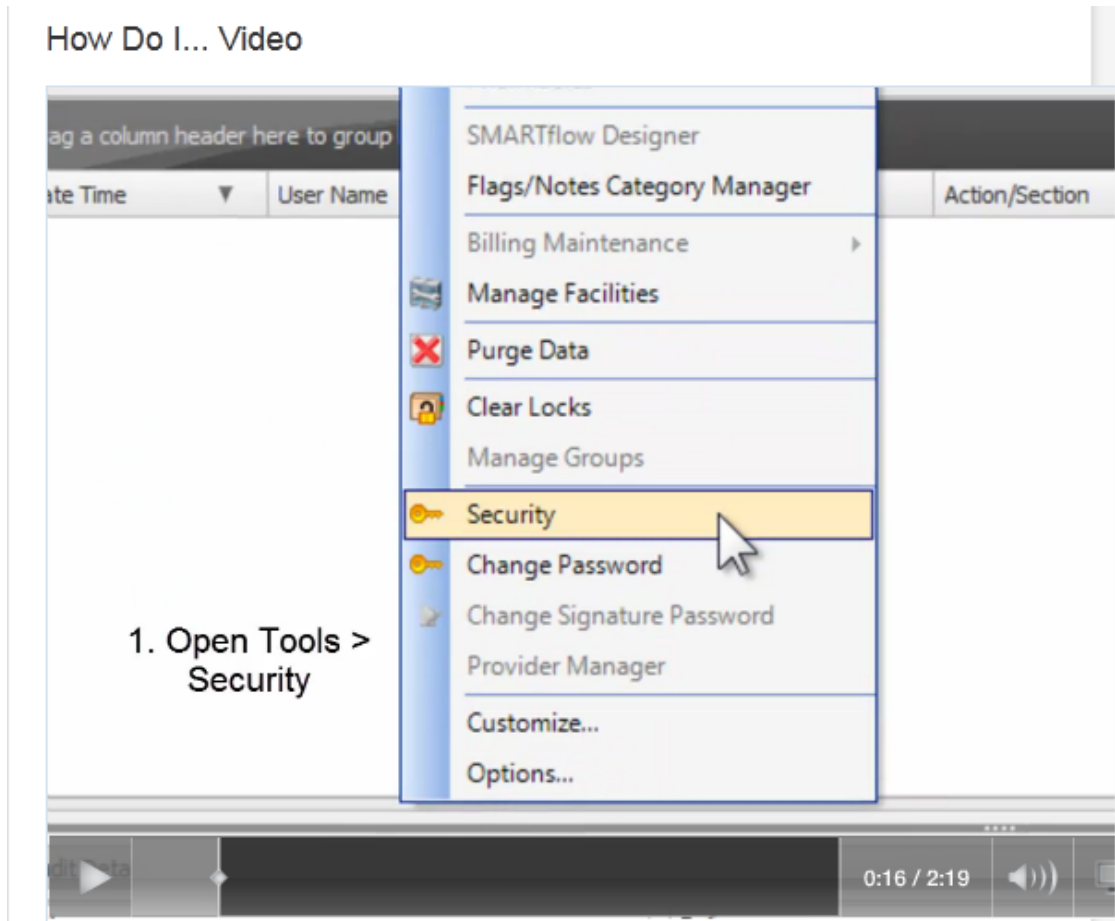
Many of the new instructional training lessons include short video tutorials. The videos can be viewed inside the docked tab and can be paused or resized to full screen for easier viewing.

New Workflow Based Training Exercises
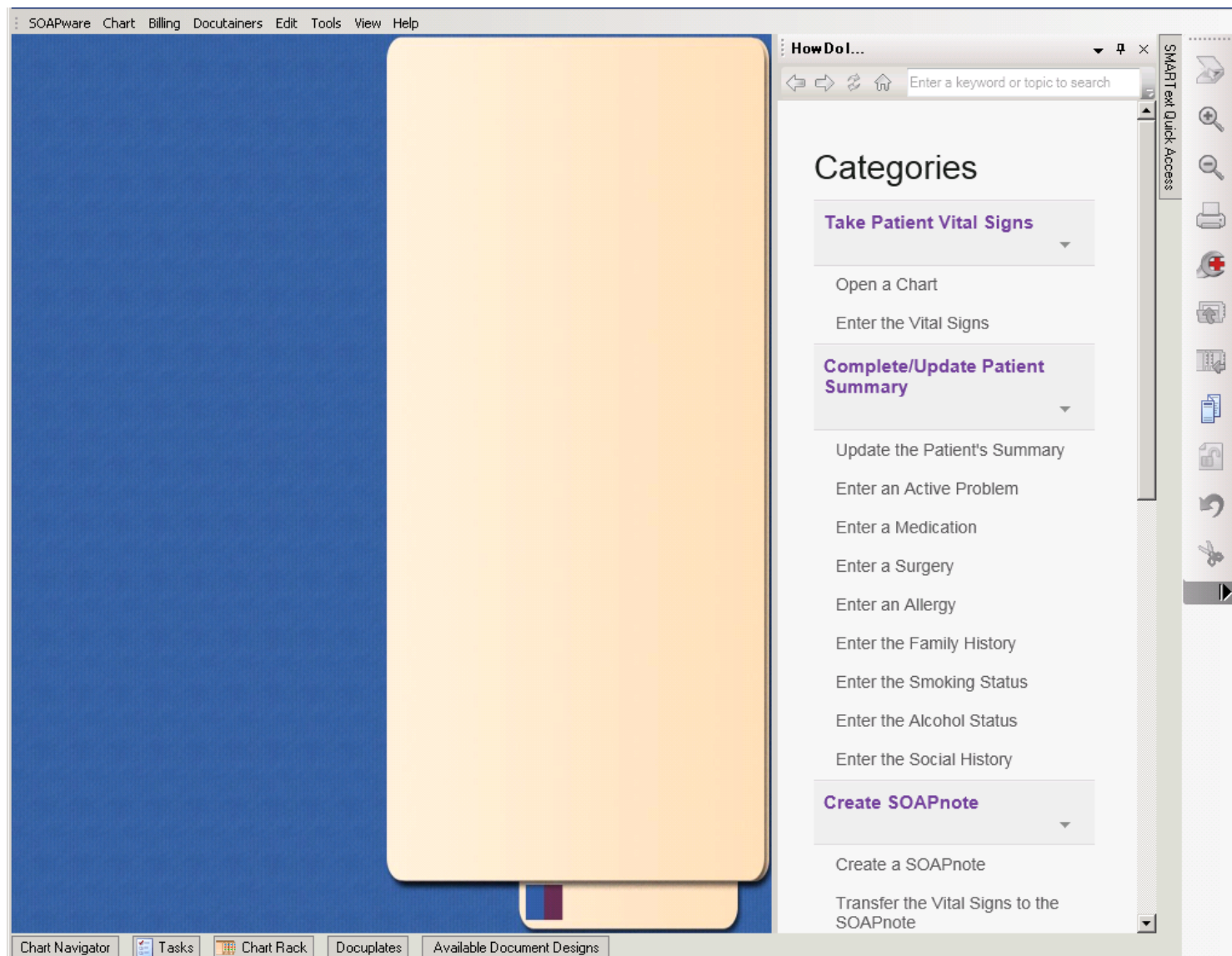

In addition, the new Help menu training resources include role and patient visit workflow training exercises. The role and patient visit based workflow exercises present the user with step-by-step, activity based lessons that are organized based on the staff members role or on the workflow of a typical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

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

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

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 <u>Manage Groups</u>. 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
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- California Medicaid
- Maine Medicaid
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- Wisconsin Medicaid Well Woman Program

Payers requiring Tax ID
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- 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)

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)

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