New Flexible Grids for Claim Generation

Medisoft Version v16 (vv16) introduces new user interface windows to better address different insurance filing requirements. This new layout gives you the flexibility to easily configure your setup to address various requirements when generating both print and electronic claims.

The new implementation provides a flexible environment that you can quickly customize to reflect your claim processing needs by setting up different grid entries for insurance carriers, providers, your practice, or your data requirements (NPI, legacy, etc.) that you can apply and, if needed, quickly modify. These changes support creating as many custom scenarios that you need to successfully file claims.

This new method streamlines and consolidates tabs on key windows such as the Insurance Carrier, Provider, and Referring Provider and moves labs and facilities from the Address tab to Facility tab. Also, the Practice Information window features a new tab, Statement Pay-To, which is used for Bill Flash reports.

The key element of this improvement is the implementation of Practice, Provider, Referring Provider, and Facility IDs grids. The settings and selections that you make on these grids, along with settings on the Insurance Carrier window, are used for claim generation. These settings are highly flexible, providing greater breadth and depth to address your particular office's billing needs. The inherent flexibility in this implementation means that you can enter limitless scenarios for any combination of insurance companies, insurance categories, facilities, referring providers, providers, and your practice to address different carrier filing requirements.

Another important change for electronic claims involves the logic of group and individual filing moving from the EDI Receivers window to the Provider window. You now bundle claims by creating provider filing rules using the Group or Individual buttons on the Provider IDs grid instead of sending via a group EDI receiver or an individual EDI receiver; however, if a carrier requires further refinement, you can create/use multiple submitter IDs to separately batch by submitter ID.

NOTE: Any custom report, either created or modified, in a version of Medisoft prior to vv16, such as the CMS 1500, will not pull some data if the field in question was impacted by the new fields on the various IDs grids. The level of customization that went into creating the original report will determine if you should modify the report to reflect the new fields in Medisoft vv16 or re-create your custom CMS 1500 form using the CMS 1500 form included with Medisoft vv16. For more information on where fields now pull for printed claims using the CMS 1500 form, see Clickable CMS 1500. The UB-04 form was also modified. For more information on where fields now pull for printed claims using the CMS 1500, see Clickable UB-04 Form. For more information on the rules engine, data conversion when upgrading to Medisoft v16, and settings on the Practice, Provider, Referring Providers, Insurance Carriers, and Facilities window, see Medisoft Claims Generation FAQs.

New Electronic Claims, Eligibility Verification and ERA Processing

Medisoft v16 introduces a new, integrated electronic claims solution, the Revenue Management feature. This solution is offered in two forms: Revenue Management Advanced and Revenue Management Direct. Revenue Management Advanced uses the RelayHealth clearinghouse for electronic claims processing and eligibility verification. With Medisoft v16, there is no cost for this software option though there are clearinghouse charges. For more information on pricing, contact your local value added reseller or Medisoft sales at 800-333-4747.

Revenue Management Direct provides pre-configured connectivity to the most popular direct payers and also supports adding connections to other payers or clearinghouses. This solution is available as an annual subscription with additional fees per direct connection. For more information on pricing, contact your local value added reseller or Medisoft sales at 800-333-4747.

With either option, Revenue Management provides a flexible tool that lets you manage your claims processing environment and, if necessary, make changes without completely replacing your EDI software.

Revenue Management differs from other EDI solutions by virtue of its design; it is an integrated component of Medisoft which means that the company that produces your practice management solution also produces your EDI solution—a complete revenue management solution that seamlessly updates claim status and date sent while also providing ERA (electronic remittance advice) posting and eligibility verification.

Revenue Management provides value and robust support by offering claims submissions for many types of providers and facilities including physicians, therapists, surgery centers, rural health, imaging centers, DME providers, dialysis centers, etc. You can send Part B claims to virtually any payer via the RelayHealth clearinghouse or direct connections. It even supports Part A along with ERA and eligibility verification.

Additional System Requirements
The Revenue Management feature is engineered to run on the same platform as Medisoft and does not require additional memory or a different CPU. Depending on the types of payers/clearinghouses that you connect to, you will need a modem and phone line, an internet connection, broadband, a web browser, etc. Review your clearinghouse/payer's requirements.

What Does Revenue Management Replace
When you complete the Medisoft v16 installation, Revenue Management will replace several Medisoft components including the Claims Manager EDI module, all other existing EDI direct modules (can be converted to Revenue Management), the ERA application, and the Eligibility Verification engine. After installation, you will complete an online registration before your 30 day trial expires and, if necessary, complete any annual subscription agreements.

What EDI Migrations Path Are Available
If you currently use a direct module
Convert to Revenue Management Advanced with enrollment in RelayHealth.
--OR--
Convert to Revenue Management Direct to continue to connect directly to payer(s).

If you currently use Claims Manager
Convert to Revenue Management Advanced with enrollment in RelayHealth.

If you currently use a competitive clearinghouse such as Phoenix
Convert to Revenue Management Advanced with enrollment in RelayHealth.
--OR--
Work with your value added reseller to create direct connection to competitive clearinghouse.

If you currently use RelayHealth
Convert to Revenue Management Advanced—easy choice since you are already enrolled with RelayHealth.

How Do I Install Revenue Management
Installing Revenue Management is simple and is part of the Medisoft v16 installation. It does not require any separate installation activities.

How do I Launch Revenue Management
Launch Revenue Management from the Activities menu, Revenue Management menu, Revenue Management command. Launch Revenue Management reports from the same menu. You can verify eligibility using mostly the same process as earlier releases (you will need to apply security to your practice and create at least one user)—the verification engine now uses Revenue Management. Menu items for obsolete features available in Medisoft 15, such as options on the Services menu (Claims Manager and Eligibility Verification) and on the Activities or Tools menu (Electronic Remittance and Claims Manager), no longer appear on the menus. Electronic Claims are now generated from the Revenue Management menu on the Activities menu.

Does Revenue Management Offer Any Additional Features or Solutions
Both versions of Revenue Management provide (on an additional yearly subscription basis) claim editing and ANSI validation. Reducing your rejections before they are sent by checking for pre-existing errors means that your business will be paid faster for the services it renders, and your claims processing staff will save time not having to rework and re-file rejected claims.

Before sending and receiving notice of a rejected claim, validate the claim's data formatting and validity using system rules. These rules include Medicare requirements along with common billing scenarios. You can also, based on your own business environment, define and apply you own claim check rules using a drag-and-drop rules editor.

An important part of the claim editing feature is the speed and ease in which claims are corrected in Medisoft. The claims analysis quickly guides you in correcting claim issues, and with a few simple steps you can avoid having a claim rejected.

Depending on your practice needs, you can add several other features to Revenue Management including additional software plug-ins that add custom data fields for:
- Part A Rehab (CORF / ORF)
- Dialysis
- KidMed (Medicaid EPSDT)
- Medicare DME with CMN's
- Rural Health
- General Purpose UB-04
- Medicaid Programs
- Ambulance

For more information on pricing for these additional features, contact your local value added reseller or Medisoft sales at 800-333-4747.

How Does It Work?
Revenue Management seamlessly fits your established workflow. After you enter charges and create claims, the Revenue Management feature retrieves the claim data that you plan on submitting from the Medisoft database and creates electronic claim files and transmits the files to the payers. You can also receive and view reports and complete ERA activities such as posting primary, secondary, or tertiary payments along with updating claim status for crossover claims.

An important feature of Revenue Management is claim tracking and history. The feature supports sending and receiving claim status transactions which gives you insight into your claim processing payment timeline. Revenue Management also saves claim information including when it was edited or sent and acknowledgments/payments received.

You can also quickly view and print reports associated with the claim and, if needed, quickly send a claim status inquiry.

When the Revenue Management feature receives an ERA 835 file, you have several options. The application translates the file before posting it, allowing you to review the report and print or export it. Then you can quickly post the file and select a posting date along with a payment code. And if needed at a later date, you can review the posting report that details the specific posting data.

When you receive an 835 remittance payment file from a payer or clearinghouse, the Revenue Management feature interprets the file and prepares it for posting in Medisoft. A preview of the remittance is displayed so you can review the payment information and print or export a copy. When you are ready to post the payment, just choose the posting date and payment code (use the payer's code or assign your own), and the payments and adjustments are posted in seconds. After posting is complete, a posting report is generated to show exactly what was entered in your system.

Eligibility verification is a simple process and uses mostly the same established methods in Medisoft to check a patient's status. The Revenue Management feature then checks with the payer's records to check the patient's coverage.

The Revenue Management feature manages the connection to payers by selecting the appropriate connection method to a clearinghouse/payer. Most require claims to be submitted using a defined method such as a broadband connection, a dial-up connection, a web site, ftp, etc., and the feature calls the needed tool such as hyperterminal, web browser, ftp application, etc.) for each payer. In some cases, you would still login to your payer's web site and perform the file transfer. But in some cases for certain payers, Revenue Management can completely automate the claims submittal process. For each claim file, the Revenue Management feature creates an ANSI 4010A1 native format file, configured to the payer's specifications.

Along with sending claims, the feature also processes all received reports. You can quickly preview, print, and post to Medisoft.

What Do I Need to Complete Before Sending Claims
Before using the Revenue Management feature for new connections, you must enroll with the clearinghouse or direct payer and receive submitter numbers for the RelayHealth clearinghouse (Revenue Management Advanced) or direct payers (Revenue Management Direct). You will also need to set up the RelayHealth clearinghouse or direct payers in Revenue Management; the software includes preconfigured support for many popular clearinghouses and direct payers.

You will also need to register your software and, if necessary, complete your annual subscription once your trial period ends.

NOTE: Revenue Management supports payers that accept a HIPAA-compliant ANSI 837 claim file.

For More Information
After installing Revenue Management, view the online help located in the Program Files\Medisoft\Bin\RCM folder. Double-click help.exe to launch the system and view the help videos.

New Enhanced Data Flow between Medisoft v16 and Medisoft Clinical

Medisoft v16 provides enhanced data flow to Medisoft Clinical. Key updates are now updated in Medisoft Clinical from the patient message including data fields like phone number, email address, new insurance carriers, and new referring providers.

The enhanced communication is mostly transparent to users and takes place in background. You will be able to use new controls on Communications Manager to determine if you transmit and receive appointment status updates.

Communications Manager also deploys new controls for sending enhanced library resources to Medisoft Clinical including provider, facility, procedures, and diagnosis updates.

Medisoft v16 now transfers more data to Medisoft Clinical via the Communications Manager in an updated A04 and A08 patient message. The updated message now sends (one-way from Medisoft v16) the cell phone and email address fields.

New insurance address data and one telephone number is also sent. When a new insurance record is created in Medisoft v16, the Communications Manager will send the data to Medisoft Clinical in an updated appointment or patient message. The information maps to the Insurance Maintenance table in Medisoft Clinical with the new insurance telephone number mapping to in Medisoft Clinical in the Work Phone field.

NOTE: This feature only sends new insurance information from Medisoft v16. You will need to manually add any updates to the insurance records in both systems. Also, the insurance fax number and contact fields are not supported in Medisoft Clinical.

When a referring provider's information is added or updated on a patient's record, Communications Manager will send the data to Medisoft Clinical. The data is added in Medisoft Clinical to the Referring Sources Maintenance table and to the Patient table.

WARNING: When referring provider data is received in Medisoft Clinical, the Type field is set to Physician. However, the next time an appointment message is sent with the referring provider's information, the Type field is cleared (blanked out). If the Type field value is not manually reset to Physician in Medisoft Clinical, reports that use this field (for instance the AS/PR Referrals report) would not report accurate data.

Medisoft v16 also introduces a new library interface system for transmitting facility, diagnosis, and procedure codes to Medisoft Clinical. This feature lets you synchronize your data after initial setup of Medisoft v16 or after receiving updated ICD-9 or CPT codes.

TIP: The initial transfer of CPT and diagnosis codes can take several hours or more. Consider completing this activity when the system is not in high demand or utilized, for instance at the close of business. You can also use this feature in conjunction with the automatic provider mapping feature to send provider updates depending on the structure of your existing provider ID mappings between Medisoft and Medisoft Clinical.

You can send updates as often as needed or on an annual basis; when you decide to send these types of updates, will most likely depend on the frequency of updates received and whether it is more convenient to send the updates via Communications Manager or by modifying the records in both systems. To send

the updates from Communications Manager, you will need to click the Configuration button and on the Medisoft Clinical connection line, click Edit. Then, depending on the type of updates you want to send, you will select a combination of the Send Providers box, Send Facilities box, Send Procedure Codes box, or Send Diagnosis Codes box. When the data is sent to Medisoft Clinical, the boxes you selected are cleared, and the system displays when the update occurred.

TIP: Before using this feature to send updates to Medisoft Clinical, verify that the Medisoft Clinical Inbound DemShed feature is not running. On the desktop, click the Exit button on the Connect-DemSch In window if it is open. Also, verify that the Medisoft Clinical Outbound BillCode feature is not running. On the desktop, click the Exit button on the Connect-BillCode and Sch Out window if it is open.

When facility records are added or updated in Medisoft v16 (only records with the Type of Facility or Lab) and these changes are sent via the Communications Manager to Medisoft Clinical, the data is added in the Medisoft Clinical Facilities Maintenance table.

NOTE: When a facility is marked as Inactive in Medisoft v16, this status is not transferred to Medisoft Clinical. If you change the status of the facility in Medisoft Clinical and then at a later date, update the status in Medisoft v16, the updated status is not transferred. You will need to update the status in Medisoft Clinical. Also the Phone field does not map to Medisoft Clinical.

Medisoft Clinical accepts initial diagnosis and procedure codes from Medisoft v16 along with new codes that are transmitted when you send updates. Medisoft Clinical does not accept updates to existing codes other than the Inactive setting. If you change a code to Inactive, this setting will transfer during an update (no description changes supported for existing codes). Reactivating a code, however, in Medisoft v16 will not transfer. Also deleting a code in Medisoft v16, will not change a code to inactive in Medisoft Clinical. When using the automatic provider mapping update feature in conjunction with the Send Providers box, provider records are added or updated in Medisoft v16, and these changes are sent via Communications Manager to Medisoft Clinical. The data is added in the Medisoft Clinical Provider Maintenance table, and an Inactive status will transfer. If you mark a provider as inactive in Medisoft v16, this setting transfers to Medisoft Clinical.

WARNING: Do not use the automatic provider mapping feature before reviewing appropriate situations for use, which are documented in the <u>Automatic Provider Mapping</u> topic. Your existing provider ID mapping between Medisoft and Medisoft Clinical determines if you should use this feature. Using this feature, if your provider ID mappings do not meet certain conditions, can jeopardize accuracy of appointments sent from Medisoft to Medisoft Clinical, the provider associated with a patient, and possibly the provider assigned to charges coming in from Medisoft Clinical to Medisoft. Also, before using this feature, back up your data.

The automatic provider mapping feature also replaces the DemSch and Billing cross reference file mappings with new logic that converts Medisoft provider codes that are greater than three characters to a three character code in Medisoft Clinical. This feature manages provider matching/mapping between the systems.

If you want to use this feature to automatically transmit provider updates, you will need to select the Automatic Provider Mapping box and Send Provider box in Communications Manager.

NOTE: If you are installing Medisoft Clinical for the first time, the Automatic Provider Mapping box is selected by default. Select the Send Providers box to automatically synchronize your providers in Medisoft and Medisoft Clinical.

When a provider is transferred to Medisoft Clinical, the application applies new logic to convert Medisoft provider codes that are greater than three characters to a three character code in Medisoft Clinical. The system will also avoid duplication of an existing provider by creating a new provider code in Medisoft Clinical.

For more information, see Automatic Provider Mapping.

If you add or update an appointment note in Office Hours, the note is sent to Medisoft Clinical. Notes are only sent from Office Hours to Medisoft Clinical (one way transmission). When an updated appointment note is sent, it will replace the previously received note. View the appointment notes in Medisoft Clinical by clicking the Dashboard button or in the Clinical schedule.

Along with updating appointments, Medisoft v16 and Medisoft Clinical now support sending and receiving appointment status updates. This is a bi-directional data exchange. Changes from Office Hours to Medisoft Clinical appear in the Scheduler and Physician Dashboard. Changes move from Medisoft Clinical to Medisoft v16 (Office Hours) when appointment status is changed from the Timing button or from the Scheduler. Appointment status updates will transfer via Communication Manager if the Send and Receive appointment status updates box is selected (click the Configuration button and on the Medisoft Clinical connection line, click Edit).

NOTE: Appointment Status is not sent or received in either direction for repeating appointments.
The following three tables outline how appointment status changes/updates between the applications. If you use this feature, you will need to set up the appointment statuses in Medisoft Clinical to match the appointment statuses that Medisoft v16 sends. When setting up your appointment statuses in Medisoft Clinical, you will need to:

- Set up an appointment that has either **CA** or **Cancelled** in the description.
- Set up an appointment that has **In** for the description.
- Set up an appointment that has **Out** in the description.
- Set up an appointment that has either **NS** or **No Show** in the description.

The description can contain other phrases, for instance **Patient In**.

Medisoft v16 Status to Medisoft Clinical Status in the Scheduler

Medisoft v16 Appointment Status (Office Hours)	Result in Medisoft Clinical
Unconfirmed	Does not change status.
Confirmed	Does not change status.
Missed	**NS** (No Show)
Cancelled	Removes the appointment from the schedule.
Rescheduled	Removes the appointments from the schedule and adds new appointment.
Checked In	**In** (Patient in Practice)
Being Seen	**In** (Patient in Practice)
Checked Out	**Out** (Checked Out)

Medisoft Clinical to Medisoft v16 Triggered from the Scheduler

Medisoft Clinical Appointment Status	Result in Medisoft v16 (Office Hours)
CA (Cancelled)	Cancelled in Office Hours and removed from the Office Hours schedule.
NS (No Show)	**Missed**
IN (Patient in Practice)	**Checked In**
OUT (Checked Out)	**Checked Out**
DI (Drop In), **LA** (Late Arrival), **LU** (Lunch)	Does not change appointment status in Office Hours.

Medisoft Clinical to Medisoft v16 Triggered from the Timing Button

Medisoft Clinical Appointment Status	Result in Medisoft v16 (Office Hours)
IN, **From the Check In**, **In Exam Room**, **Provider Starts**, **Provider Finishes** check boxes	**Checked In** **Exceptions:** • If the appointment status is already Checked In, then the message is ignored—keeps the initial time stamp set in Office Hours accurate for reporting and analysis. • If the appointment status is **Being Seen**, **In** appointment status messages are ignored.
OUT (Checked Out)	**Checked Out**

Eligibility

Medisoft v16 introduces new eligibility data entry and processing logic that gives you greater control and the ability to manage you Payers IDs (the enhanced payer ID management also applies to insurance payer IDs, not just those used for eligibility verification). The flexible implementation lets you define when you check for updates and gives you the ability to update a Payer ID, which reduces potential downtime and increases your ability to address eligibility verification issues.

A key element of this change is enhanced system performance--eligibility does not automatically check for updates, avoiding kicking off an unintentional update cycle. Also when you installed Medisoft v16, the application included an initial payer ID data set which also avoided a longer delay between the time you install the software and the time you use it. And when you do check for updates, the new logic only pulls updated/changed information, saving you more time.

Adding to the performance enhancement is the new Payer ID lookup window which deploys enhanced search filters with the ability to add, edit, and delete a record (user-supplied Payer IDs) with no template editing required.

Payer IDs supplied by initial installation of Medisoft and subsequent updates are now labeled as System, which in turns provides a simple way to filter the Payer ID window. Payer IDs that you enter are labeled User which also provides a quick filter option.

System supplied payer IDs are read only—you cannot edit or delete them. You can, however, edit and delete entries you create (user), and the new logic will deploy a user-defined payer ID before a system ID. The new logic does not allow duplication of user-supplied Payer IDs; however, you create a duplicate of a system supplied payer ID as a user-supplied ID, which means you can edit it on the fly and make timely updates if needed.

Medisoft v16 also streamlines eligibility security and access by making eligibility security assignments part of insurance—that means that the rights you assign (add, edit, delete) for insurance are the same for eligibility.

With the new security addition, your settings/available records match the logged in user.

For more information on this feature, see Payer ID Lookup Window and Eligibility Verification Overview.

New Enhanced DVD Install for Medisoft Clinical

Medisoft v16 drastically improves the ease of installing Medisoft Clinical. The new, DVD-based installation contains all you need to install Medisoft v16 Client Server and Medisoft Clinical—all on one disc. Using the new type of media reduces the amount of application discs since Medisoft v16 and Medisoft Clinical are on the same disc and reduces the installation time and your involvement by deploying greater automation in the setup of Medisoft Clinical.

The number of screens that need user intervention (select a path, directory, file, etc.) is greatly reduced. The new installation was re-engineered to enhance the flow and ease for installing Medisoft v16 Client Server, the Medisoft Clinical server and database, and the Medisoft Clinical client.

The standard Medisoft v16 installation was also re-engineered. Though this install is still CD-based, the new installation improves the install process and provides a more robust platform for future enhancements.

New Interface

Medisoft v16 introduces a completely new and updated look. The user interface retains the logic, structure, and order of previous releases, but implements new colors, icons, window controls, etc. to enhance the user experience. The new design, influenced by the user interface changes that Microsoft introduced with Office 11, uses new icons on the toolbar and menu commands. The updated colors along with the new image and sizing of icons provide improved navigation and movement through the user interface. Importantly, none of the keyboard hotkey shortcuts (for instance in the Transaction Entry window press F2 to open the Multilink window) changed or the location of functions.

NOTE: the shortcuts available from the menu in Office Hours have changed. To access a window from the menu, click the ALT key and click the underlined letter in the menu title, for instance clicking ALT + F would display the File menu. To select an option from a displayed menu, press the underlined key, for instance press O to display the Open Practice window. For more information on Office Hours menu shortcut changes, see the topic, Office Hours Menu Shortcuts.

For more information, see Navigating in Medisoft and Medisoft Toolbar.

Streamlined Security for Medisoft Reports

Medisoft Reports and Medisoft Reports Professional now use the standard Medisoft security model. You do not need to create or maintain users specific to the reports feature only (Medisoft Reports user); the application uses your existing or newly created Medisoft users instead. You can now assign and limit access to the Medisoft reports engine and specific reports (Advanced and Network Professional) using the new Medisoft Reports Permissions window (click File and select Reports Permission) based on user level. For more information, see the topic Medisoft Reports Permissions Window.

NOTE: Permissions for most statements and other reports using the .MRE format, however, are set in the Medisoft Security Permissions window.

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