2016 User Meeting Intellect Presentation







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Presented by Celeste Seibert, *Project Manager*

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Topics Covered

INTELLECT PRESENTATION Part 1 Schedule & Registration Features:

- Real-Time Eligibility Verification
- Patient Self Check-In
- NoShow & Cancellation Emails & Letters
- Recall Letters
- Calls, Text & Email Messaging Options
- Patient Survey
- Credit Card options
- Appointment List
- Surgery Tab & Surgery List
- Q&A

Guest Speaker: Medicare

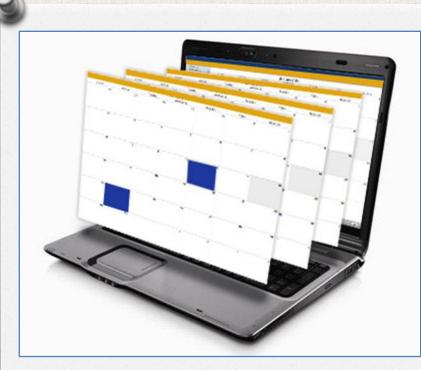
> BREAK

Topics Covered

INTELLECT PRESENTATION Part 2 Charges & Billing Features:

- Charge Posting Options
- Bill Unpaid Copay/Deductible
- Advanced Setup for ICD10
- Charge Review
- View Claim Files
- Posting ERA files
- Management Reports
- Office Task Manager
- New Features coming soon
- Online Resources
- Q&A

Guest Speaker: Krissy Balch, Prime Billing Service





Real-Time Eligibility Verification

X Ap	pointment	Schedule							
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11:15 11:30 11:45	OPEN F/U OPEN LUNCH	BOZO,	NANCY	Reschedule Postpone No Show					Entire day's appointments
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	OPEN			Eligibility)	Selected Patie				Change Healthcare
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	OPEN			Print P	Day's Appoint	ments			02.45
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04:45 05:00	OPEN OPEN OPEN								04:30 OPEN 04:45 OPEN 05:00 OPEN
05:30	OPEN								05:30 OPEN



Real-Time Eligibility Verification

> Ver. Stat :

- Blank when eligibility has not been run or not available.
- Date highlighted in gray when 270 eligibility request file sent.
- Date highlighted in green when 271 eligibility response file received.

> Inquire: Opens Inquire Appointment screen to view patient's Eligibility History.

🗙 Apj	ointmen	t Sched	lule																		
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Eligibility History screen

> Expand the Insurance column to view the Insurance Phone Number.

iquire Appointment		Patient	Info Insur	ance Info	Eligibi	lity Hist	ory N	lotes			
		History:			10000		- COL				
Name: Brown, David 💌		DOS	Insurance	Subscrib	er	Feom	To	Co-Pay		Ded	
Patient Id: 43457		07/22/10	AETNA INC	W157687	2 09	01/09		15	0	0)	
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Also able to access from Add Appointment & Modify Appointment screens.

Eligibility Verification

- ➤ Hide specific types of eligibility verification messages from the *Eligibility History* tab when **Utility** → **Messages** → **Eligibility Remark** <Status> fields is set to 'N'.

For PCM users: Now able to view the Eligibility Verification information from the Appointment List in PCM.

Self Check-In Feature

- For clinics wishing to utilize this feature, Intellect comes equipped with an appointment check in and/or self-schedule option.
- Self Check In allows scheduled patients to check in and walk-in patients to be added to the current day's schedule for specific appointment types, either as first available or restricted by provider.
- > All of this can be accomplished with minimal Staff involvement.
- Check-in can be accomplished through a magnetic stripe card reader, a keyboard or touch-screen monitor in the waiting room.

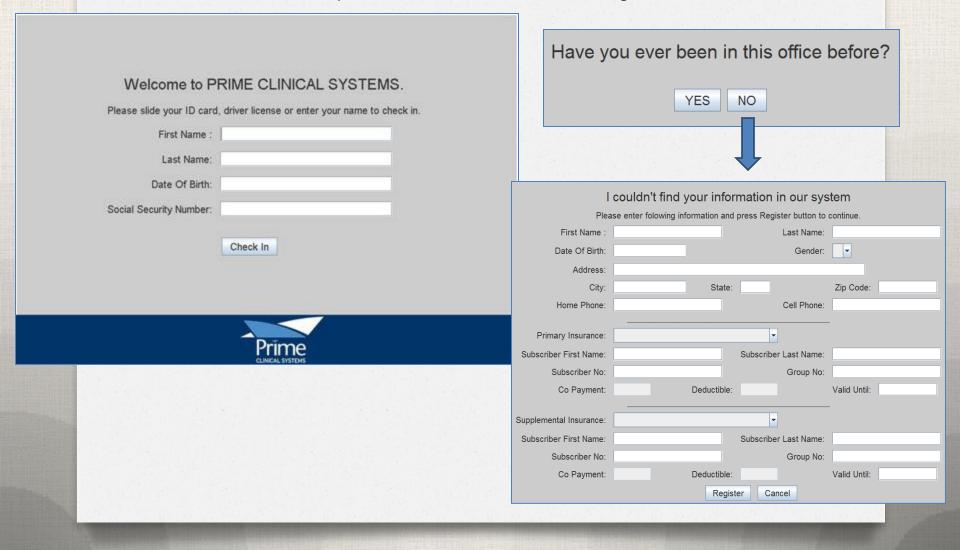
Conditions for Self Check In:

- For walk-in patients, it only schedules for the current day.
- If a patient has a previously scheduled appointment for that day, he/she can only check in.
- Minimal setup required to use this feature.



Self Check-In: Schedule → Appointment → Self Check In

Allows patient to check in from waiting room.



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Self Check-In Feature

Options available:

- Verify demographic/insurance information for existing patients
- Schedule walk-in appointment
- Credit Card payments via Authorize.net for CoPayment and/or Patient Balance.

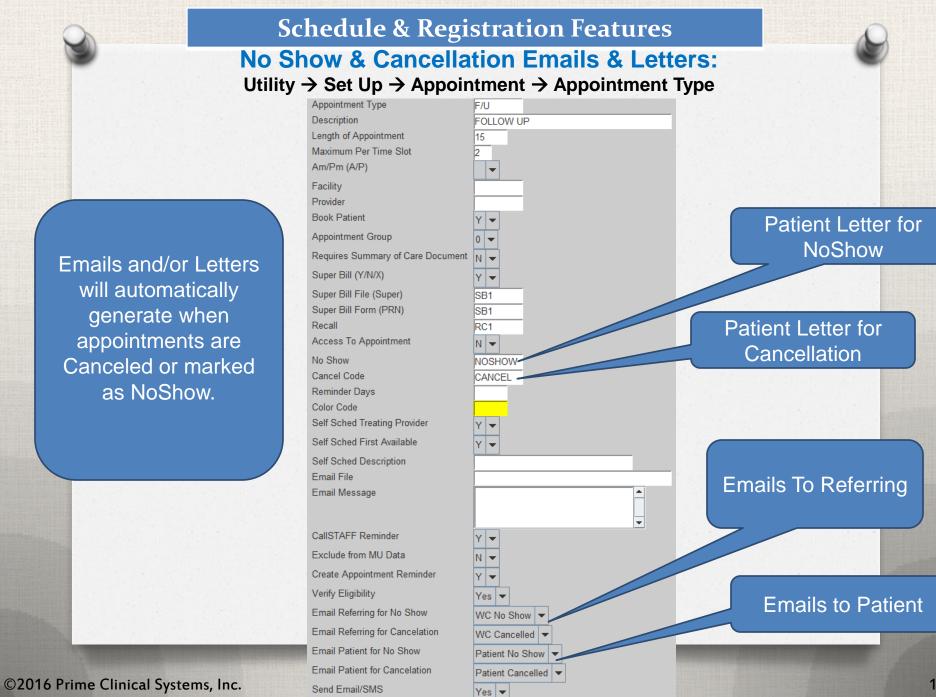
	ate your balance on account is 100.
Do you want to m	nake a payment by credit card now?
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Please S	Slide Your Credit Card
Card No:	
Name On Card:	
Expiration Date:	
CoPayment Due:	0.00
Balance Due:	100.00
Balance Payment:	100.00
	PROCESS CANCEL

Our records indicate your balance on account is 100



No Show & Cancel Appointments

XA	Appointr	nent Schedule														
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No Show & Cancellation Emails Based on Appointment Types

Fields on Appointment Type screen:

- Email Referring for NoShow
- Email Referring for Cancellation
- Email Patient for NoShow
- Email Patient for Cancellation

> Automatically send 2 emails for the encrypted letter and the password.

- > Notification sent when appointment is missed or cancelled:
 - Referring Provider or Attorney for WC
 - Patient

*Email set up required for this feature

To Referring

To Patient





Sample of WC No Show letter emailed to Referring based on Appointment Type.

YOUR PROVIDER'S FULL NAME YOUR PROVIDER'S ADDRESS YOUR PROVIDER'S CITY, STATE & ZIP CODE

PATIENT'S FULL NAME PATIENT'S ADDRESS PATIENT'S CITY, STATE & ZIP CODE

MONTH DD, YYYY

Dear PATIENT'S TITLE & FULL NAME,

We would like to thank you for being a patient in our office. We value all our patients and strive to provide the best medical care possible in the most comfortable setting.

We missed seeing you for a scheduled appointment at APPOINTMENT FACILITY NAME with APPOINTMENT PROVIDER'S FULL NAME.

Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask, if you must change an appointment, please give us at least 24 hours notice. This courtesy makes it possible to give your reserved time to another patient who would like it.

We know that your time is valuable. When your appointment is made, a room is reserved and your records are prepared for your visit. Except in the case of an emergency treatment for another patient, you can expect us to be running on schedule.

Thank you very much for your understanding. Please call us at **CLINIC PHONE NUMBER** should you have any questions.

Sincerely,

PROVIDER'S FULL NAME

CC:

REFERAL COMPANY NAME REFERAL'S FULL NAME

Sample of WC Cancelled letter emailed Referring based on Appointment Type.

YOUR PROVIDER'S FULL NAME YOUR PROVIDER'S ADDRESS YOUR PROVIDER'S CITY, STATE & ZIP CODE

PATIENT'S FULL NAME PATIENT'S ADDRESS PATIENT'S CITY, STATE & ZIP CODE

MONTH DD, YYYY

Dear PATIENT'S TITLE & FULL NAME,

We would like to thank you for being a patient in our office. We value our patients and strive to provide the best medical care possible in the most comfortable setting.

We regret that your cancelled your appointment at **APPOINTMENT FACILITY NAME** with **APPOINTMENT PROVIDER'S FULL NAME**.

Please call our office to reschedule your appointment at CLINIC PHONE NUMBER.

Sincerely,

PROVIDER'S FULL NAME

CC:

REFERAL COMPANY NAME REFERAL'S FULL NAME



Patient No Show & Cancellation Email samples

Sample of Patient No Show letter emailed to Patient based on Appointment Type.

YOUR PROVIDER'S FULL NAME YOUR PROVIDER'S ADDRESS YOUR PROVIDER'S CITY, STATE & ZIP CODE

PATIENT'S FULL NAME PATIENT'S ADDRESS PATIENT'S CITY, STATE & ZIP CODE

MONTH DD, YYYY

Dear PATIENT'S TITLE & FULL NAME,

We missed seeing you for a scheduled appointment at APPOINTMENT FACILITY with APPOINTMENT PROVIDER'S FULL NAME.

Our goal is to offer the best possible care to our patients, we are concerned when you are unable to keep your appointment. Please call us at **CLINIC PHONE NUMBER** to reschedule the appointment for a date and time that will work for you.

We understand circumstances may arise which make it impossible for you to keep the appointment. Should this happen in the future, please call us as soon as you know the appointment will be missed. The earlier you let us know, the more likely we may offer your scheduled appointment time to another patient.

We hope to hear from you soon.

Sincerely,

PROVIDER'S FULL NAME

Sample of Patient Cancelled letter emailed Patient based on Appointment Type.

YOUR PROVIDER'S FULL NAME YOUR PROVIDER'S ADDRESS YOUR PROVIDER'S CITY, STATE & ZIP CODE

PATIENT'S FULL NAME PATIENT'S ADDRESS PATIENT'S CITY, STATE & ZIP CODE

MONTH DD, YYYY

Dear PATIENT'S TITLE & FULL NAME,

We missed seeing you for a scheduled appointment at **APPOINTMENT FACILITY NAME** with **APPOINTMENT PROVIDER'S FULL NAME**.

Our goal is to offer the best possible care to our patients, we are concerned when cancel your appointment. Please call our office at **CLINIC PHONE NUMBER** to reschedule the appointment for a date and time that will work for you.

We hope to hear from you soon.

Sincerely,

PROVIDER'S FULL NAME



Track Sent Emails: Misc → View Sent Items

X Sent Items:						
Clinic	UserName	Subject	▲ To	Date	Comment	Status
1	Prime Clinical	Appointment Reminder	yaroshughetnail.com	03-09-2011 08:58 AM		SENT
1	Prime Clinical	Appointment Reminder	violet servera@lermert	03-10-2011 11:27 AM		SENT
1	Prime Clinical		tamith@hotmail.com	01-15-2015 10:32 AM		ERROR:EMail was no
1	Prime Clinical	Appointment Reminder	tanih@laterail.com	03-30-2015 09:42 AM		ERROR:EMail was no
1	Prime Clinical	Appointment Reminder	tamith@hetmail.com	03-30-2015 09:42 AM		ERROR:EMail was no
1	Prime Clinical	Appointment Reminder	tamith photosail.com	03-30-2015 09:42 AM		ERROR:EMail was no
1	Prime Clinical	Appointment Reminder	tanih@tatail.com	03-30-2015 09:42 AM		ERROR:EMail was no
1	Prime Clinical	Appointment Reminder	tamith@hetmail.com	03-30-2015 09:42 AM		ERROR:EMail was no
1	Prime Clinical	Appointment Reminder	tamith@hotmail.com	03-30-2015 09:43 AM		ERROR:EMail was no
1	Prime Clinical	Appointment Reminder	tayreardice@yahao.c	03-09-2011 08:57 AM		SENT
1	Prime Clinical	Appointment Reminder	kamim@slogisbal.com	03-09-2011 08:53 AM		SENT
1	PHYSICIANS R US	Financial	susses primedinical	07-23-2010 08:53 AM		SENT
1	Prime Clinical	Appointment Reminder	sussessing provide parallels	03-09-2011 08:56 AM		SENT
1	Prime Clinical	Appointment Reminder	steri riveda@formorito	03-10-2011 11:29 AM		SENT
1	Physicians R Us	Appointment Reminder	stephanies[primedini	01-18-2011 05:13 PM		SENT
1	PHYSICIANS R US	Financial	stephanie@primedini	03-28-2013 01:38 PM		ERROR:null
1	PHYSICIANS R US	Financial	stephanie@primaclini	07-22-2010 03:31 PM		SENT
1	PHYSICIANS R US	Thanks to Referring	stephenies primedini	07-22-2010 03:32 PM		SENT
1	PHYSICIANS R US	Financial	stephanie@primedini	07-22-2010 03:45 PM		SENT
1	PHYSICIANS R US	Financial	stephanie@primaclini	07-23-2010 08:53 AM		SENT
1	PHYSICIANS R US	Thanks to Referring	stephaniesprimedini	07-23-2010 08:53 AM		SENT

NEW FEATURE: Happy Birthday/New Year Email Notices

- Send a birthday greeting to patients on or before their birthday.
- Send a New Year's greeting to all patients at the beginning of the year.
- Limit the emails to only patients seen within a specific timeframe such as 2 years.
- Contact PCS support to setup automated emails with custom images and text.

Tech Injection MD 2029 Western Avenue Pasadena, CA 91105 (626) 445-1328 Support 2 prime clinical.com

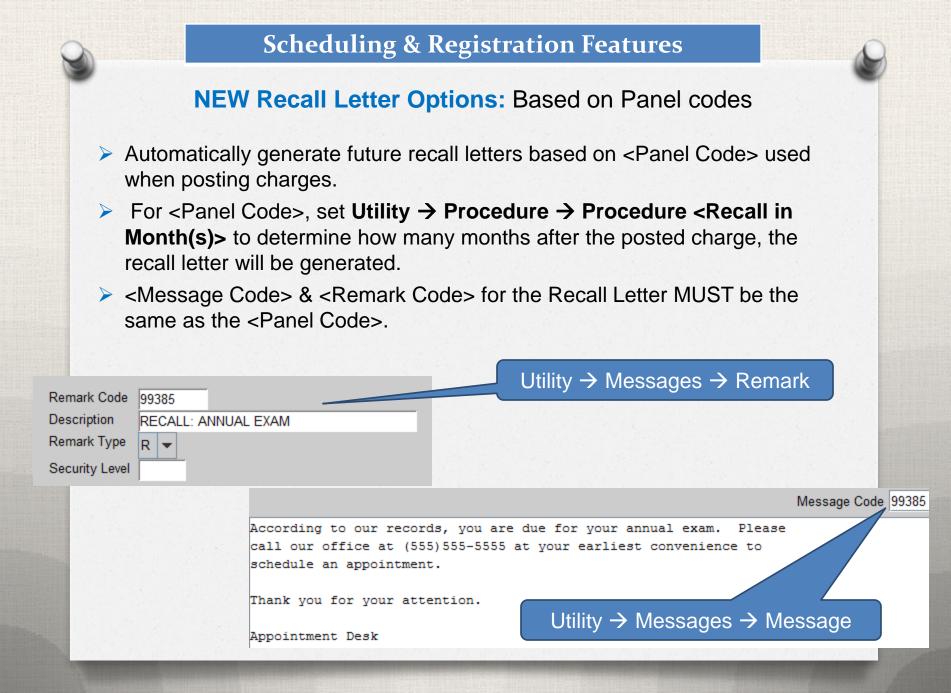


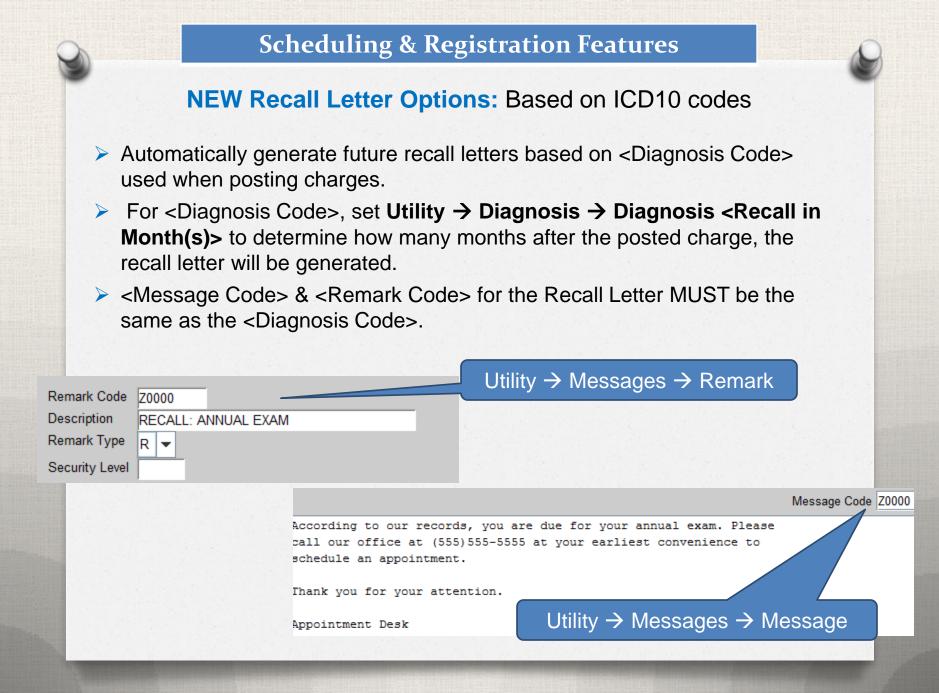
Happy Birthday, Hamidl

Health is the greatest gift, contentment the greatest wealth, faithfulness the best relationship. (Buddha)

We hope you have a wonderful day, and we wish you a happy and healthy year!







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Phone Calls, Text & Email Messaging options

- Appointment Reminders via phone, email and/or text message with confirmation option.
- Send appointment information via email or text when scheduling new appointments.
- Generate Message for patients with scheduled appointments
- Additional Text to Voice call options for:
 - Recall Letters
 - News Letters
 - Aging Reports

REQUIREMENTS:

- Utility → Set Up → Appointment → Appointment Type <CallSTAFF Reminder> & <Send Email/SMS> determine which appointments generate reminders.
- Third Party Vendor Twilio needed for ALL 'Text-to-Voice'/phone call options and Text Message Appointment Reminders with confirmation.
- Email Setup required for ALL Email options and Text Messaging <u>without</u> confirmation.



Messaging Feature: Doctor running late?

No Problem! Automatically Email, TEXT or Call the patient!

<u>R</u> egistration	<u>Charges</u> <u>Payment</u> <u>A</u>	count <u>L</u> edger <u>D</u> ate	e <u>B</u> illing <u>M</u> ana	gement <u>U</u> tility <u>S</u> chedule M <u>i</u> sc Supp <u>o</u> r	t <u>H</u> elp M <u>e</u> ssenger Cli <u>n</u> ical <u>E</u> xit	
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11:45 AM OPEN		No Show				
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12:15 PM LUNCH 12:30 PM LUNCH		Delete	-			
12:45 PM LUNCH		Cancel		Day's Appointm	ente	
01:00 PM OPEN		Inquire				
01:15 PM OPEN						
01:30 PM OPEN		Search				
01:45 PM OPEN		Eligibility 🕨				
02:00 PM OPEN		Ligibility /			UZ.UU PMIOPEN	
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02:30 PM OPEN		Drint Doctor	's Appointments		02:30 PM OPEN	
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03:45 PM OPEN		Waiting List			03:45 PM OPEN	
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Messaging Feature: Patient Alert

Select Email, Text Message OR Phone Call for the custom message.

۲		×
Patient Alert		
'Subject' used for Email only. Limited number of characters for Text Message. Unlimited for	Doctor: Patient: From: 12:15 PM To: 11:59 PM Text Message Email Doctor is running late. Message: The doctor is running late. Please show up for your appointment one-hour later. Thank you, Physicians R Us Phone Call Pre-Recorded Message Text To Speech	You may pre- record a standard custom message (MP3 format) or type in the text that will be read. Third Party Vendor <i>Twilio</i> is needed for <u>all</u>
Emails	If you bring in 3 or more viable patient referrals, you'll receive a gift certificate to Starbucks from us! Thank you, Physicians R Us Send Cancel	phone call recordings.

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Recalls: Voice Message (via Twilio)

X Print GOP_RECALL

It's quick, easy & cost effective!

Instead of sending recall letters, send a voice message instead!

Twilio is needed

Selection Criteria	
Account From	
Account To	
From Date	05/01/2016
To Date	05/01/2016
Print Type	Text To Voice 🔻
Remark Code	NOSHOW
Print CI	ear E <u>x</u> it

Send News Letters Text to Voice Message (via Twilio)

Send News Letter	Send News Letter
Date From 01/01/2015 To Date 12/31/2015 DOB From Example: Text to DOB To Voice Message. Age To Day Of Birth	Date From 01/01/2015 To Date 12/31/2015 DOB From / / DOB To
Month Of Birth ZipCode Gender Employer Code Facility Code Category Insurance Code Referring Code Treating Provider Billing Provider Billing Provider CPT Code Diagnosis Code Insurance Category Send To Voice Message Text	Month Of Birth January ZipCode Gender Employer Code Facility Code Category Insurance Code Referring Code Treating Provider Billing Provider Billing Provider CPT Code Diagnosis Code Insurance Category Send To Patient Patie
File Name Subject Message Please join us on Saturday 2/7/2016 from 9am to 4pm for our flu shot clinic. We also have other screenings and services available such as Bone Density, Physical Threrapy, Blood Pressure and more. <	Voice Message File Name Subject Message Voice Message OR Text to Voice Message. Requires Twilio!





Call Log

Call History

Requ	ests To Call	:						
ID	Date	Time	User		Reason		Message	
81	05/15/13	09:47	81	Recall Pri	int		Recall	
62	05/14/13	08:13	75	Report Ag	ging		Dear,%{PA_TITLE} %{PA_LAST_NAME} A recent review of our medical records indicate that you	
61	05/14/13	08:10	75	Report Ac	ging		Dear%{PA_TITLE} %{PA_LAST_NAME} A recent review of our medical records indicate that you	
59	05/14/13	07:50	81	APPOINT	MENT		MESSAGE	
58	05/14/13	07:49	81	APPOINT	MENT		MESSAGE	
57	05/14/13	07 [.] 47	81	APPOINT	MENT		MESSAGE	
Statu	s:							
	Na	ame		Account	Phone No.	App. Date	Status	
XXX, X	X		5	530	(626) 716-2033		completed	
rr, ee	e		1	762	(343) 545-6666		failed	
TRA	N, WON T		6	502	(626) 716-2033		completed	
Shan	nasi, Mary		1	11	(626) 857-1134		completed	
LAME	BERT, JUD)Y	1	1453	(626) 716-2033		completed	



FREDRICKSON COMP, REGI... 1

315

843

100

3772

51200

230

(626) 716-2033

(626) 716-2033

(626) 444-4444

(626) 616-0351

(222) 222-2222

(626) 716-2033

4343788814

completed

completed

completed

completed

completed

failed

JENSON, ROB

DRANACHE, LUCY M

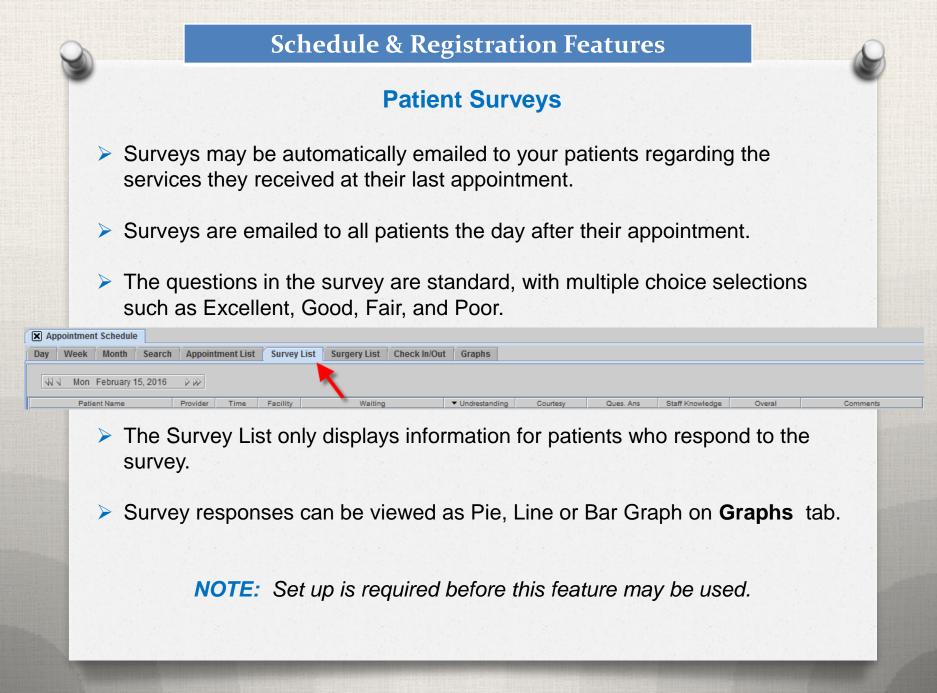
DILLARD, WILLIAM L

ARASH, BEHZADIAN M

ADKINS, LAURIE

Doe, Roy

Select the **Call Status** icon and review the status of: Appointment Reminders, Recalls, Aging Report & Newsletter Calls.





Sample: Email & Survey

Dr. john doe md

hamid office 3675 E HUNTINGTON DR #A PASADENA, CA 91107-5648 Phone: (626) 449-1705



Our main goal is to provide you with high quality compassionate medical care. We know how important your visit is with us, and we would like you to get everything you expect from your time here. Your feedback is very important to us and we appreciate you taking a moment to help us enhance our service by filling out our short survey.

Dear Mr. hamid amjadi,



Sample survey:

We appreciate you taking a moment to help us enhance our service by taking this survey.

1) Did you have a prescheduled appointment? [©] Yes [©] No

2) How long did you have to wait before you were seen? © Less than 15 Minutes © 15 to 30 Minutes © 30 to 45 Minutes © Over 45 Minutes

3) How would you rate the courtesy you were shown by our staff? © Excellent © Good © Fair © Poor

4) How would you rate the way your questions were answered? © Excellent © Good

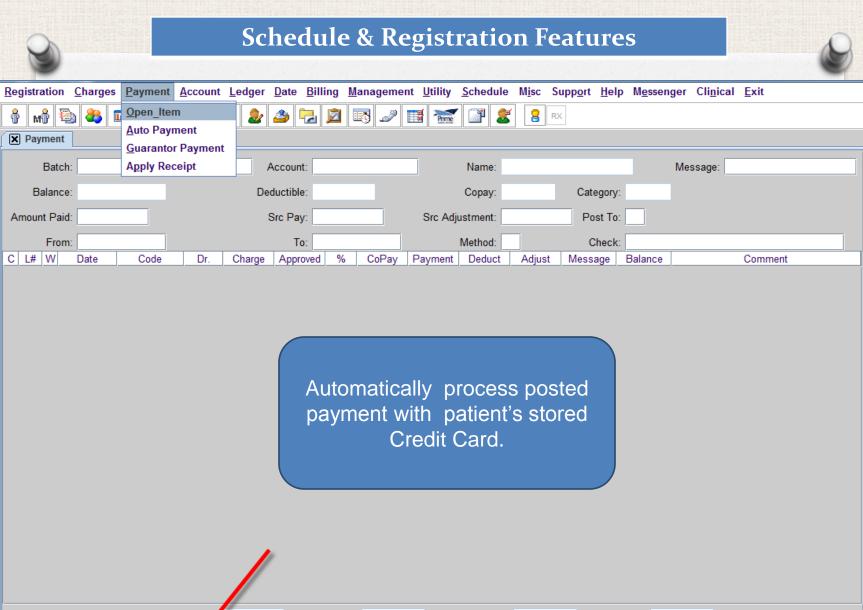
- © Fair
- Poor

Encrypt Patient Credit Card Information: Registration → Credit Card

- Patients often pay with a CREDIT CARD...Now
- Store encrypted credit card information.
- > MUST be using Authorize.net for credit card authorization.

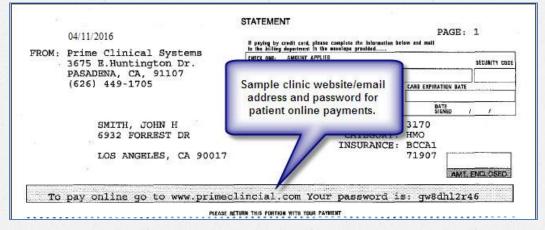
Regist	ration	<u>C</u> ha	irges <u>P</u> ay	yment	
<u>R</u> egula	Г	≯	28 📼		
<u>W</u> orke	F	►			
Labels	;	≯			
R <u>e</u> gist	ration	≯			
Author	rization	≯			
Doc. A	rchive				
Patien	t ID Card	1			
<u>V</u> oice	Recorde	er j		_	
<u>C</u> redit	Card	►	<u>A</u> dd		
			<u>M</u> odify		
			<u>D</u> elete		
			<u>V</u> iew		
			Search		
			<u>S</u> earch		
A COLUMN TWO IS NOT					

X Add CREDIT_CARD	
Patient Account No	1006
Credit Card Number	5787
Expiration Date	02/01/2018
First Name On The Card	FIRSTNAME
Last Name On The Card	LASTNAME
Address	BILLING ADDRESS
Zip Code	91205
City	GLENDALE
State	CA
<< BACK NEXT :	>> Add Clear Exit



Processing Credit Card Payments

- When using Authorize.net for Credit Card Payments, payments can be processed through:
 - Add Receipt screen
 - Self Check-in
 - Patient Portal: Payment instructions on statement.



NOTE: For these options, the credit card payment is <u>processed</u> immediately, but the payments will need to be <u>posted</u> to the patient accounts through the **Payment** \rightarrow **Apply Receipt** screen (automatically post all entries) OR manually for individual accounts through the **Payment** \rightarrow **Open Item** screen.

Additional setup is required to implement these options.

Appointment List

OnSTAFF Intellect 15.10).15 Clin	ic No: 1 Cli	nic Name: TRA	INING DATAB	ASE Clinic I	Date: 12/01/2015	OprNo: 15 BillMet	thod: D							
Registration <u>Charges</u>	Payme	nt <u>A</u> ccount	t <u>L</u> edger <u>D</u>	ate <u>B</u> illing	<u>Manageme</u>	nt <u>U</u> tility <u>S</u> che	dule M <u>i</u> sc Sup	p <u>o</u> rt <u>H</u> el	p M <u>e</u> ssenger (Cli <u>n</u> ical <u>E</u> xi	t				
+ m + + + + + + + + + + + + + + + + + +															
X Appointment Schedule															
Day Week Month Search Appointment List Survey List Surgery List Check In/Out Graphs															
Image: Second state of the second s															
BLANK, NAME		09:15 AM 15			05/21/195				insurance	ver. otat	Flione	Subscriber#	COFay	Ded.	APPT COMMENT
NESTHESIA, PATIENT		09:30 AM 45	5 O	Canceled	02/05/185	Inquire		MEDICAR	RE		(866) 931	465432132434	0	0	
MITH, JANET	1	10:15 AM 15	5 NMC	Left Message	12/12/197	Print •	Registration		ACTORS GUILD		(818) 954	999999999			WC PT
OE, PAUL	1	10:30 AM 15	5 <mark>0</mark>	Rescheduled	07/19/198		-								
OE, JANE	1	10:45 AM 15	5 <mark>0</mark>	No Answer	12/31/198	RX 🕨	SuperBill		OSS/SHIELD			XMJ24154326188	5	100	
						Export •	Patient's Appointments								
						Receipt	Patient's Instruc Label	ction							
						Post Charges	Doctor's Appoin	tments							
						Post Super Bill									
							_								

- > Confirmation: Status updated automatically for reminder call, email and/or text.
- > Ver Status: Date highlighted in green when eligibility response received.
- Posted charges highlighted in blue
- Print: Registration, SuperBill, Patient's Appointments or Doctor's Appointments.
- > Add Receipt
- > Post Charges: Enter charges for specific patient on Charges \rightarrow Charge screen.
- > **Post Super Bill**: Enter charges from onscreen Superbill.
- **RX:** Write RX (Only with Intellect Stand Alone)

Surgery Tab on Modify Appointment screen

💿 Appointment

- Modify Appointment Patient Info Insurance Info Eligibility History Notes Surgery Status: -Updated By Admission: Name: ADAMS, ARTHUR 👻 Pre Op: Patient: Rest Patient Id: 1003 Lab: Auth No: H&P Type: SURG Ŧ Auth: Ins: P1: AETNA 💌 Length: 120 Message: Ŧ CIrnc * Note Facility: Pasadena Medica-O Diagnosis Billing Provider: BING MD(BING) Ŧ Dia. Comments: Description Code Earlier Appt: N 💌 Procedure Ŧ Confirmation: Pro. Qty: Mod. Description Code Pre-Operation Appointment Save **T** Print Post Appointment History: Provider Time Date Date Sch... Who S Length Comment Date Chng Who Chng Status Туре BING 08:00 AM 02/17/16 Added SURG 02/17/16 100 120 10:00 AM BING 11/11/15 Added SURG 11/11/15 100 120 MXS 03:15 PM 09/25/15 Added BOTOX 09/25/15 100 15 02:00 PM 15 MXS. 09/11/15 Added BOTOX 09/11/15 100 MXS. 02:00 PM 08/28/15 Added BOTOX 08/28/15 100 15 BING 09:15 AM 08/20/15 Added FU 08/20/15 100 15 comments BING 09:00 AM 08/17/15 Added FU 08/17/15 100 15 <u>M</u>odify Modify Patient E⊻it
- Track date forms completed & Received
- Enter notes
- Track ICD-10 & CPT >codes for surgery
- Print forms for patients
- Post charges
- Enter Auth No to >attach encounter

-

Add

Add

Qtv Modifier

Surgery List

Shows appointments when Surgery tab is updated.

Context Menu options:

- Inquire: view Appointment screen
- Print: Registration, Super Bill, Patient's Appointments or Doctor's Appointments
- Receipt
- Post Charges: posts Diagnosis & Procedure from Surgery tab.
- Post Super Bill: post charges from onscreen Super Bill

X Appointment Schedule									
Day Week Month Search Appointment List Survey List S	Surgery List Check In/Out Graphs								
√√ √ Tue April 12, 2016 ▷ i>									
Patient Name Sex DOB Dr. Time Length Fac		Note							
JONES, TOMMY X 02/14/2016 1 03:00 PM 60 PHYSI									
SMITH, LARRY M M 01/23/1988 1 01:00 PM 120 ST JOS									
	Inquire								
	Print Registration								
	RX SuperBill								
	Patient's Appointments								
	Export Patient's Instruction								
	Receipt Label								
	Post Charges Doctor's Appointments								
	Post Super Bill								



Time for Questions!

Guest Speaker

Medicare



15 Minute Break





38

Intellect Options for Post Charges

- Charge → Charge menu
- Appointment Schedule:
 - Appointment List Tab
 - Post Charges
 - Post Super Bill
 - Surgery List Tab
 - Post Charges
 - Post Super Bill
 - Appointment Window "SURGERY" Tab

NOTE: Post Super Bill option requires setup of diagnosis & procedure codes for onscreen Superbill.

Schedule & Registration Features

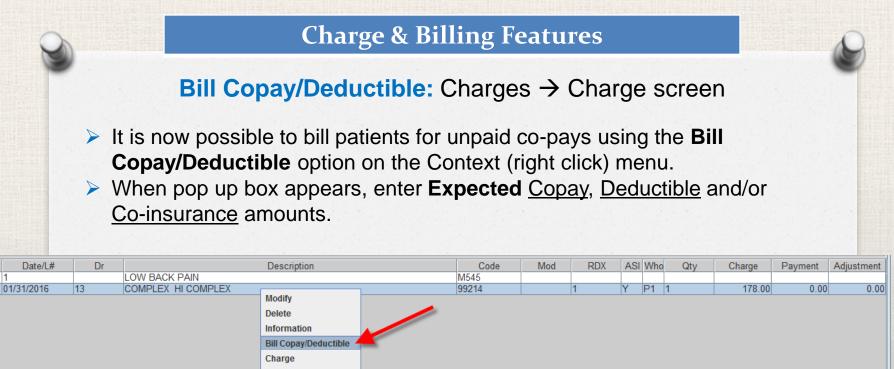
Post Super Bill from Appointment List

× App	pointment Scl	nedul	e															
Day	Week Mo	onth	Sea	rch	Ap	opointmen	t List 🦷	Survey	List	Surgery List	Check In/Out	Graph	IS					
- NA	🛛 Tue Apri	l 12, :	2016			Ŵ												
	tient Name	Pro				Confirmati.	. DOB		nt Phone	Cell Phone	Insurance	1	Ver. Stat	Phone	Subscriber #	Co	Ded.	Comment
	, NAME	1	09:	15	0	Confirm	05/21/1.		543									APPT COMME
	HESIA, PATI	1		45	0	Canceled	02/05/1.		456		MEDICARE				4654321324	0	0	
	JANET	1	10:			Left Mes				(555) 555	SCREEN ACTOR	S G		(818)	9999999999			WC PT
DOE, P		1	10:	15	0	Resche	07/19/1.											
DOE, J/		1	10:		0	No Ans	12/31/1.				BLUE CROSS/SH	IEL			XMJ2415432		100	
	LARRY M	1		120			01/23/1.				AETNA			(800)	555555555	30		SURGICAL PR
ONES	, TOMMY X	1	03:	60	0	[Inquire	U.C.C.C.	⁻ 55		MEDI-CAL				1545678787	0	0	
							Print											
							RX											
							Export											
							Receipt											
							Post Cha	rges										
							Post Sup	er Bill										
1																		

Schedule & Registration Features

Post Super Bill screen

Superbill Post					23
Demographics					
Account: 1 Name: FI	RST, FIRST M	DOB: 09/13/1935 Category: HMO]		
Insurance: 1 Ins. Name: KE	TNA CASUALTY	Who: P1 Copay: 15	EN#: Encounter Desc.:		
Diagnosis Procedure			Select Encounter	r#	
Ch	ange resp	onsible	from drop down		
	party.				
Office Charges		Laboratory	Injections		
99202 NP EXPANDED	D M	81002 URINE DIPSTICK D M	J1000 J1000-Description	D	М
99203 NP DETAILED	D M		J1060 J1060-Description	D	М
99204 99204	D M	Superbill based on	G0008 ADMINISTRATION OF INFLUENZA VIRUS VACCINE	D	М
- TEST THE PROCEDURE DESCRIOPTION		Appointment Provider or	90732 PNEUMOVAX	D	М
99205 HOSPITAL VISIT	D M	Appointment Type.	J0696 ROCEPHIN	D	М
99211 OFFICE/OUTPATIENT VISIT, EST - OFFICE/OUTPATIENT VISIT,	D M		90718 ADULT TD	D	М
99212 OFFICE VISIT, EST PT 1/1	D M	#1: Check boxes to	- ADULT TD - ADMIN FEE		
- OFFICE VISIT, EST PT 1/1 - OFFICE VISIT, EST PT 1/1		select from Diagnosis	J1885 J1885-Description	D	М
99213 OFFICE VISIT PT, COMPLEX	D M	list. Blank boxes allow	86580 PPD	D	м
99214 OV EXTENDED	D M	entry of unlisted codes.	Extra1	D	м
99215 OV EXTENDED	D M		Extra2	D	м
99243 LEVEL 3 OV	D M	#2: Check boxes to	Other	D	м
99244 Consultation, level4	D M	select from Procedure			
- CONSULTATION, LEVEL4		list then press 'D' to			
		select related diagnosis			
Procedure		code. Press 'M' to select			
93000 EKG	D M				
94640 NEBULIZER	D M	modifier(s).			
		Bill UB0. Post Cancel			



	Medication Diagnosis	
	Tax Commit All Commit Charge	Expected Co-Pay: 5.00
	Scrub Cancel	Expected Deductible: 0.00
		Expected Co-Insurance 0.00
		OK Cancel

Print Unpaid Co-payment/Deductible on Statement TODAY!

Patient Statement prints Co-payment / Deductible Due.

- Charge amount and total balance remain unchanged.
- Insurance is still responsible for the outstanding charge.

-			STATEMEN	IT			
02/	15/2016						3: 1
367 PAS	ANIZATION NA 5 E.Huntingt ADENA, CA 91	ton Dr.	If paying by o to the billing CHECK ONE: VISA MO	AMOUNT APPLIED]
(62	26) 449-1705		PRINT CARDH	older name		CARD EXPIRATION D	DATE
			CARDHOLDER STENATURE (D		CCOUNT NO		1 1
	DOE, JANE 1204 WHITT TOMS RIVER	FIER AVE R, NJ 08753-6	5963	1	CATEGORY INSURANCE		
		PLEASE	return this portio	N WITH YOUR PAYMENT	AMT. EN	CLOSED	
DATE	DOCTOR	DESCRIPT	TION	CHARGE	PAYMENT	ADJUSTMENT	BALANCE
10/02/14 01/31/16		PREVIOUS BA Co-payment/I Co-payment/I	Deductibl	5.00 5.00			0.00 5.00 5.00
REMARKS You	ur account is	s 90 days pas	st due. 1	Further de	elay in p	ayment will	L
res	sult in colle	ection action	1. Your in	nsurance h	las been !	billed.	
	REGARDLESS 0	F ANY INSURANCE COVERAGE,	THE TOTAL BALANCE	due is the legal obi	LIGATION OF THE PAT	IENT.	
	5.00		0.0		5.00	10.00	
	CURRENT	OVER 30 DAYS	OVER 60 DAY	S OVER 90 I	DAYS A	MOUNT DUE	

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Unpaid Copay/Deductible: Ledger → Open Item or Accounting

- <Charge> highlighted in red on Open Item Ledger only when Expected Co-Pay, Deductible and/or Co-insurance unpaid.
- Context menu option View CoPay/Deductible Due will display unpaid amounts.
- Amounts entered either at the time the charges were posted or on Charges → Modify screen.

	С	DOS	Prov.	Desc	ription	EN#	POS	Mess	Code	Mod.	RDX	ASI		Rdr.	Charge	Payment	Ded	Adjustment	Balance	Oper	R
				ABDOMINAL PAIN	Modify				789.00												
	05/0	8/2014	1	INITIAL OV/GYN	-	()		99204		1	Y	P1		181.50		0.00		181.50	15	N
	4.0.10	0/0044	10	ABDOMINAL PAIN	Remark				789.00		4	V	-		407.50		0.00		407.50	45	
	10/0	2/2014	13	INFANT (UNDER 1 YR)	Payment History		D		99381		1	Y	P1	SMICH	137.50		0.00		137.50	15	N
	01/2	1/2016	12	LOW BACK PAIN COMPLEX HI COMPLE	Start from The beginning		C		M545 99214		1	Y	D1	SMICH	178.00		0.00		178.00	15	N
ŀ	01/3	1/2010	15		Add Remark	P	<i>,</i>		33214		1	I		SIVIICH	110.00		0.00		170.00	15	IN
					View Remark																
					View CoPay/Deductible D	ue 🖌			0)					×						3
					view cor ajibedacable b	uc										_					
																			0.00		
		-								Expec	ted Co-	-Pav:		5.00							
																			100		
																			100		
		11.1								Expecte	d Dedu	ictibl	e:	0.00							
														0.00							
		100								Expected	Co-Ins	surar	ice	0.00					100		
		1111										0	ĸ								
		Contra Laboration																			



Unpaid Copay/Deductible: Charges → Modify [Information]

🗙 Charg	geModify																
		Account:	: 1133 Na	me: DOE, J	ANE			Balanc	:e: <mark>497.00</mark>) From	n: 01/31/20	16	Т	Го: <mark>01/3</mark> 1	1/2016		
From Date	e T	o Date	Conversion	Unit Value	Percent	Days Unit	Category*	Status	Cost	Billing Prv	Panel Co	de Bato	ch	revenu	ie SE	З	Apply To All*
01/31/201	16 0	1/31/2016	0.00	0.00	100.00	1.00	PPO	С	0.00	13	99214	0			0		
Billing Dat	te* S	ec. Bill Date	* Payment Date	Time From	Time To	Pay Plan*	Primary*	Secondary*	Tertiary*	Who*	Copay D	ue Ded	uct D	ue Co-Ins	Due Ap	oproved	Save
							BCBSNJ			P1	5.00	0.0)	0.00	17	78.00	
C Type	Date	e Dr		Desc	ription		EN#	POS	Code	Mod.	PDV	ASI 14	lbo	Ddr	Charg	ge Payme	nt Adjustment
D			LOW BACK PAIN						M545								
P	01/31/20)16 13	COMPLEX HI CO	MPLEX			0	0	99214		1	Y P	1 SN	MICH	178.00	0.00	0.00

Able to modify the Expected/Unpaid amounts AFTER charges posted.
 Unpaid amounts will appear on the patient Statement.

Add	Modify	Display	Options	
Djagnosis <u>R</u> emark	Apply Changes	Information Payment History	Check RDX Exit	



Posting Patient Payments: Charges → Charge screen

- NEW OPTION: Post patient payments quickly to multiple lines using 'J' to jump while posting charges.
 - Distribute payment & discount proportionally to all lines for CASH patients.
 - Apply payment to selected charge lines where patient is responsible, such as purchased products or administrative fees.

and the second second	····· / 1	Marca 1000	rend Della and and	$ \rightarrow $	<u>/~_/</u> ~_/Co.	بدي∿7/	,, ₁₋₁ , ÂDX -	لم الرب	1111	soul	ך⁄י €	rd Faryn, ∠nt [™]]	, _ajustri⊾, ∠/
1	\sim	Unspecified abdom	ninal pain		R109 M	1	The second se						Y
09/15/2016	MXS	EST PT EXPANDE	D VISIT		99213		1	Y	P1	1	180.00	0.00	0.00
09/15/2016	MXS	VENIPUNTURE			36454		1	Y	P1	1	25.00	0.00	0.00
09/15/2016	MXS	COSMETIC PROD	UCT		PRODUCT		1	Y	G	1	35.00	0.00	0.00
J		CLEANSER											
9/15/2016	MXS	COSMETIC PROD	UCT		PRODUCT		1	Y	G	1	27.00	0.00	0.00
		SUNSCREEN SPR	F 100										
pos	s [J] to st the ment.	Paym Meth Comm	ine: 4 ent: 62.00 od : P Proport % : ent:	ional distribution	ок	Adjustr Mes	sage: Who: P1						
Co-Pay O.I	00	Deductib									Total Adjustme	ent 0.00	
Add Option	s				Post Op	ions							
Resume	C <u>h</u> arg	e <u>R</u> emark	M <u>e</u> dication	Djagnosis	Tax <u>C</u> omm	it All	Commit Char <u>a</u> e		Scrub	Cancel	Receipt	🗌 Bill 🔲 UE	304

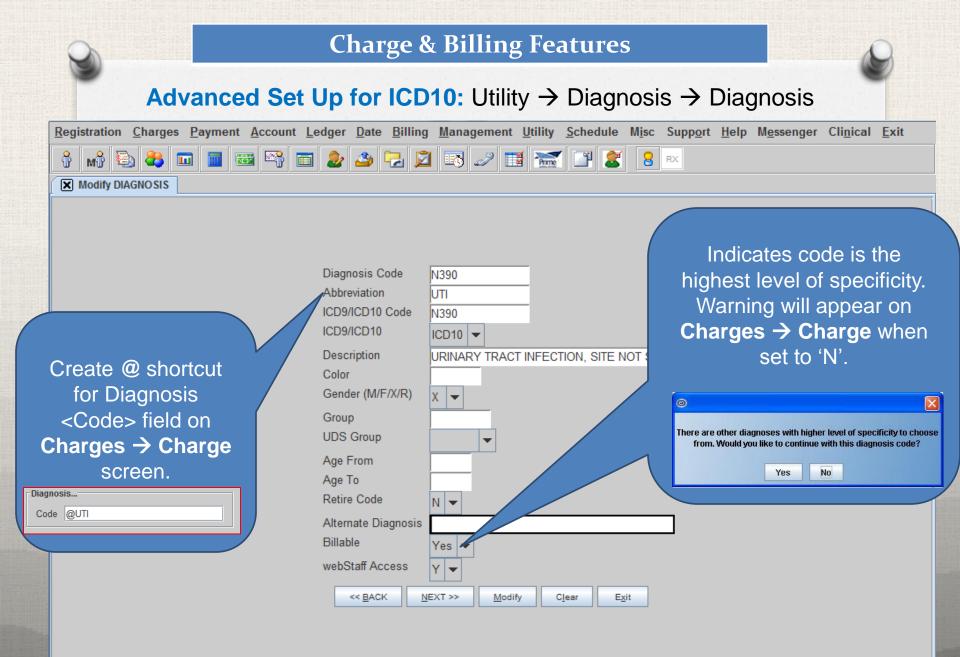
Advanced Set Up for ICD10

- > Utility → Diagnosis → Diagnosis:
 - Create Abbreviation shortcuts for similar diagnosis codes.
 - Track billable ICD10 codes.
- > Utility \rightarrow Diagnosis \rightarrow Crosswalk:
 - Customize codes that appear on Crosswalk Lookup.

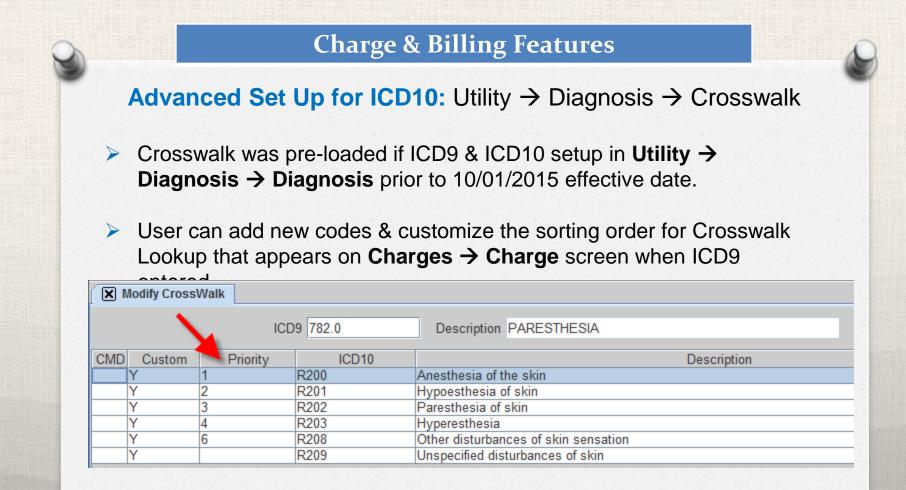
Have you updated your Super Bill(s) with ICD-10 codes?

- Send updated Superbill in Microsoft Word format to Prime Clinical Systems.
- A proposal/authorization will be sent for approval to client prior to programming.
- ✓ If using forms in PCM, you have free reign to update anytime!

NOTE: Update release 16.10.11 contains 1700+ new ICD10 codes for 2017!



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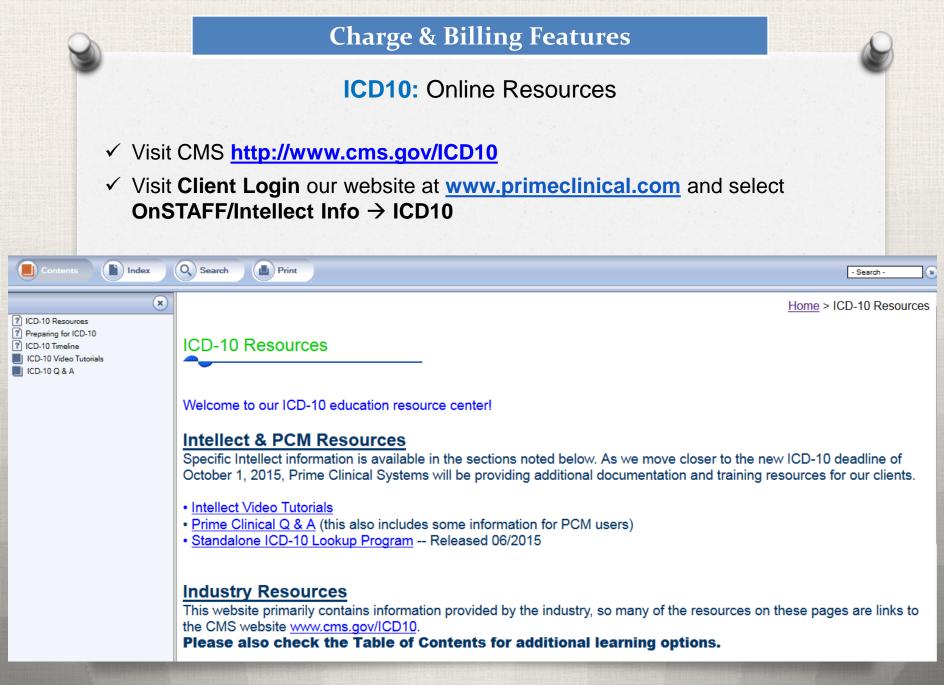


- If Priority is 0 (zero) or blank, diagnosis code will be omitted from displayed listed.
- Entering numbers greater than zero will determine the sorting order.

0

Advanced Set Up for ICD10: Charge → Charge screen

🗙 Charge											
Public Info											
Batch		ACN	Name	Category	Provider	Billing Prv	Ref Prv	Facility	EN#	Check#	Visit No.
0	0	1133	DOE, JANE	PPO	13	13	SMICH	0	0		
Diagnosis Code 782.1 Charge	0										
Panel Dr	Billing Pr	v From/Da	ate To	RDX Insu	urance		Who Code	Mod ASI Q	TY Charge		
	Dining i i	11011/200			P1, BLUE CROSS	SHIELD OF NJ	Who code		in onarge		
C Date/L /	≢ Dr			D Please select ICD10 R200 R201 R202 R203 R208	the appropriate ICC Anesthesia of the e Hypoesthesia of ski Hyperesthesia Other disturbances	skin kin n s of skin sensation	Description	ielect ICD9	8	Charge	Payment Adjustm
	Co-Pay Add Options	De	ductible	Patient Por	tion	Total Charge Post Options		al Payment	Total Adj	ustment	
	Resume	C <u>h</u> arge	Remark	Medication	Diagnosis Tax			ge Scrub	Cancel Re	ceipt 🗌 Bill 🗌	UB04
	Resulte	OTtalla	<u>Treman</u>	meanoation	2,381,0313		- commit onar			oolbr Dill	0004





Charges → Charge Review : Review/Edit Imported Charges

Edit Charge Review

- Charge Review is a feature originally designed for clients who post charge data in Patient Chart Manager (PCM) which is imported into Intellect.
- This option can also be used to review charges posted in Intellect if <Import Source> is All Charges.
- This option allows clients to review the claims on screen and then change the responsibility to either put the claims on hold or release them for billing.
- Most clients who import charges have the Who column (responsibility) set to Y when imported so they may review the claims before billing.

From Date	04/12/2016	6		
To Date	04/12/2016	6		
Date Selection	Entry Date	÷		•
Who	P All Prima	ary	Ins	
Billed/Unbilled	Unbilled •	-		
Import Source	Imported c	har	ges	;
Sort By	Insurance	-		
Facility				
Provider				
Category				
Primary Insurance				
Secondary Insurance				
Operator Code				
			_	

Clear

Exit

Edit

Charge Review continued

Review claims imported from PCM prior to billing insurances

- Easily change 'Who' column to insurance or patient responsibility
- Leave or put claims on hold until confirmed
- Attach encounters to claims
- Scrub claims
- Make corrections
- Submit claims electronically

Never lose track of imported charges or charges put on hold!

Charge Review continued

The multi-line table allows users to view all charges, including those entered in Intellect or imported from an outside source such as PCM, as requested on the Edit Charge Review screen.

ccount	1007		Na	ame	DOE, JANI	E D									
lome	(925)123-4567		Er	np Name	Good Eats			Referring	JOHN X DO	DE,	MD	Facility	,	COMMUNIT	TY HOSPITAL
OB	08/01/1970		Ca	ategory	wc			Guarantor	DOE, JANE	ΞD		Guar F	hone	(925)123-45	67
)iag	M545		Di	ag				Diag				Diag			
rimary	STATE COMP I	NS FUND	Pł	none				Sub#	3333333333			Claim		1234567	
ov From	01/01/2012		Co	ov To				Grp#				AdjNar	ne/Phone	SAM SLAD	E, Mr./(925) 1
econdary			Pł	none				Sub#				Claim			
ov From				ov To				Grp#				-	ne/Phone	1	
		1 1			_					I	1				
Acc			Billing.	DOS	Code	Mod		scription		W	. Ins	Charge		Adjustm	Balance
1007	DOE, JANE D		MXS	10/02/201			TEST PROCEDU				STAT	90.00	0.00		
			MXS	10/02/201			TEST PROCEDU				STAT	0.00	0.00		0.00
			BING	10/02/201			EST PT OV LEVE				STAT	150.00	0.00		150.00
			MXS	01/28/201			EST PT OV LEVE	:L 4			STAT	100.00	0.00		100.00 =
		MXS	MXS	01/28/201	16 26055		office visit			P1	STAT	0.00	0.00		0.00
4000		141/0		00/04/00/	5 00044		FOT DT OVULEV	-			DOOA	340.00	0.00		340.00
1008	DOE, FRED		MXS MXS	09/01/201			EST PT OV LEVE office visit	:L 4			BCCA BCCA	0.00	0.00		0.00
		IVIAS	IVIAS	09/01/20	15 20055		onice visit			PT	BUCA	0.00	0.00		0.00
1012	test, patient	BING	BING	05/01/201	E 00214		TEST PROCEDU			D1	BCCA	0.00	0.00		0.00
1012	test, patient		BING	10/02/201			TEST PROCEDU				BCCA	90.00	-90.00		0.00
			BING	10/10/201			TEST PROCEDU				BCCA	90.00	-60.00		30.00
		DING	DING	10/10/20	5 55215		ILSI PROCEDO			FI	DOCK	180.00	-150.00		30.00
1023	DUCK. DON	FAMILY	FAMILY	V 04/16/201	5 9921/		EST PT OV LEVE	1.4		D1	MCAL	125.00	0.00		125.00
1023	book, bok		BING	05/01/201			TEST PROCEDU				MCAL	85.00	0.00		85.00
		Dirto	Dirto	05/01/20	0 00210		120111002D0				NIO/ LE	210.00	0.00		210.00
1041	SMITH, MARY	BING	BING	09/01/201	15 99214		EST PT OV LEVE	14		P1	BCCA	0.00	0.00		0.00
1041			BING	09/01/201			office visit				BCCA	0.00			
			BING	09/15/201			EST PT OV LEVE	4			BCCA	0.00			
-1	Tag Options														
	Transfer to Insu	ance	т	ransfer to <u>P</u> at	ient	Pu	t on <u>H</u> old	Scrub	Crea	iteXN	/IL Su	ıbmit I	Print Claim	Print UB	Form
	High	light Opti	ons												
		Diagnosis	1	arge Info		quirement	Encounter	Patient	Facility		Provider	Referring	Insura		

Charge Review continued

> Tag Options:

- Action will be applied to all Tagged line items.
- Must press [T] next to line items to tag.
- Press [A] to tag ALL lines or [N] to untag ALL lines.

to <u>I</u> nsurance	Transfer to P	Put	on <u>H</u> old	Scrub	Creat	eXML S	Submit Pr	rint Claim
> High	light Opti	ons:						
-		be applied to	the hiahli	ahted lir	ne item.			
				J				
	Allows cor	rections to be	made be	fore usi	ng Tag (Dotions.		
•	Allows cor	rections to be	made be	fore usi	ng Tag C	Options.		
Highlight Optic		rections to be	made be	fore usi	ng Tag (Options.		
		Claim Requirement	made be	fore usin	ng Tag C	Options.	Referring	Insurance
Highlight Optio	ns						Referring	Insurance
Highlight Optio	ns						Referring	Insurance



Charge Review continued

Tag Options

🗙 Charge F	Review												
Account	1041		Na	ime s	SMITH, MA	RY							
Home	(626) 555-1111		En	np Name	SouthWest	t Hospital	l	Referring			Facility	Pasade	na Medical Clinic
DOB	11/21/1967		Са	itegory I	MSP			Guarantor	SMITH, MA	ARY	Guar Phone	(626) 55	55-1111
Diag	789.00		Dia	ag 7	753.9			Diag	724.1		Diag	945.35	
Primary	BLUE CROSS		Ph	ione				Sub#	XLU354810)555	Claim		
Cov From	01/01/2015		Co	iv To				Grp#	G65411		AdjName/Ph	none /	
Secondary	NORIDIAN MED	ICARE	Ph	ione (866) 749-4	301		Sub#	A65464646	54	Claim		
Cov From	01/01/2015		Co	iv To				Grp#			AdjName/Ph	none /	
Acc	Name	Dr E	Billing	DOS	Code	Mod		Description		W., Ins	Charge Payr	ment Adjustr	n Balance
1007	DOE, JANE D		IXS	10/02/201			TEST PROCED			P1 STAT	90.00		.00 90.00 -
			IXS	10/02/201			TEST PROCED			P1 STAT	0.00		.00 0.00
			ING	10/02/201			EST PT OV LE	VEL 4		P1 STAT	150.00	0.00 0	.00 150.00
			IXS	01/28/201			EST PT OV						
		MXS N	IXS	01/28/201	6 26055		office visit	• Pres		togind		o itomo	$ar(\Lambda)$ to
1000		MAYO A	NO.	09/01/201	5 00044		EST PT OV	• Pres	SILO	i lag indi	ividual lin	ie items	
1008	DOE, FRED		1XS 1XS	09/01/201			office visit	Λ pct	LL line	20			
		IVIAS IN	172	09/01/201	5 20055		onice visit	0					
1012	test, patient	BING E	ING	05/01/201	5 99214		TEST PRO	 Whe 	n Tag (Option s	elected if	t will be	applied
1012	rest, patient		ING	10/02/201			TEST PRO						
			ING	10/10/201			TEST PRO	to AL	.L high	lighted I	ines.		
									Ŭ	Ŭ			
1023	DUCK, DON	FAMILY F	AMIL	Y 04/16/201	5 99214		EST PT OV LE	VLL 4			123.00	0.00	.00 123.00
		BING E	ING	05/01/201	5 99213		TEST PROCED	URE		P1 MCAL	85.00	0.00 0	.00 85.00
											210.00	0.00 0	.00 210.00
1041	SMITH, MARY		ING	09/01/201			EST PT OV LE	VEL 4		P1 BCCA	0.00		.00 0.00
			ING	09/01/201			office visit			P1 BCCA	0.00		.00 0.00
		BING E	ING	09/15/201	5 99214		EST PT OV LE	VEL 4		P1 BCCA	0.00	0.00 0	.00 0.00 💌
Т	ag Options												
	Transfer to Insu	rance	Т	ransfer to <u>P</u> ati	ent	Pu	it on <u>H</u> old	Scrub	Crea	teXML Su	ibmit Print Cl	laim Prin	t UB Form
	High	light Optio	ns										
		Diagnosis	Cha	arge Info	Claim Red	quirement	Encounter	Patient	Facility	Provider	Referring	Insurance	
		Contract of the local division of the									and a second		



Charge Review continued

X Charge Review

		_															
Acc	ount	1007		Na	ime D	OE, JANE	ED										
Hom	ne	(925)123-4567		Er	np Name G	ood Eats			R	Referring	JOHN X D	OE, N	٨D	Facility	/	COMMUNIT	Y HOSPITAL
DOE	3	08/01/1970		Ca	ategory V	/C			G	Guarantor	DOE, JAN	IE D		Guar F	hone	(925)123-45	67
Diag	9	M545		Dia	ag				D	Diag				Diag			
Prin	nary	STATE COMP I	NS FUND	Ph	ione				S	Sub#	33333333	3		Claim		1234567	
Cov	From	01/01/2012		Co	ov To				G	Grp#				AdjNar	ne/Phone	SAM SLAD	E, Mr./(925) 111-
Sec	ondary			Ph	ione				S	Sub#				Claim			
Cov	From			Co	ov To				G	Grp#				AdjNar	ne/Phone	1	
	A = =	News	De	Dilling	DOS	Code	Mad		Deer	al anti-san		W	la a	Charac	Deversent	Adiustas	Delegas
	Acc 1007	Name DOE, JANE D		Billing MXS	10/02/2015	Code	Mod	TEST PROCE		ription			Ins STAT	Charge 90.00	Payment 0.00		Balance 90.00
	1007	DOL, WHILE D		MXS	10/02/2015			TEST PROCE					STAT	0.00	0.00		0.00
				BING	10/02/2015			EST PT OV L	LEVEL 4	4			STAT	150.00	0.00	0.00	150.00
			MXS	MXS	01/28/2016	99214		EST PT OV L	LEVEL 4	4		P1	STAT	100.00	0.00	0.00	100.00
			MXS	MXS	01/28/2016	26055		office visit				P1	STAT	0.00	0.00	0.00	0.00
								-						340.00	0.00	0.00	340.00
	1012	test, patient	BING	BING	10/02/2015	99213		TEST PROC	۲			X	CA	90.00	-90.00	0.00	0.00
			BING	BING	10/10/2015	99213		TEST PROC	_			-	DA	90.00	-60.00	0.00	30.00
										_				180.00	-150.00	0.00	30.00
	1041	SMITH, MARY	BING	BING	09/01/2015	99214		EST PT OV	Trans	fer to: F	1 Primary 1	-	CA	0.00	0.00	0.00	0.00
			BING	BING	09/01/2015	26055		office visit		F	1 Primary 1		CA	0.00	0.00	0.00	0.00
			BING	BING	09/15/2015	99214		EST PT OV		014	1 Secondary	/1	CA	0.00	0.00	0.00	0.00
			BING	BING	09/15/2015	26055		office visit			1 Tertiary 1		L CA	0.00	0.00	0.00	0.00
										P	2 Primary 2			0.00	0.00		0.00
	1042	JOHNSON,		MXS	09/08/2015			EST PT OV L	LEVEL 4	A	2 Secondary	/2	AET	0.00	0.00		0.00
			MXS	MXS	09/08/2015	26055		office visit			2 Tertiary 2		AET	0.00	0.00		0.00
											3 Primary 3			0.00	0.00		0.00
	1045	BURNETT, J		123	01/10/2016			APPENDECT		s	3 Secondary	/3 🔽		2100.00	0.00		2100.00
			123	123	01/13/2016	99213		TEST PROCE	EDURE			PT	CIGN	0.00	0.00	0.00	0.00
	Т	ag Options	-														
		Transfer to <u>I</u> nsur	ance	т	ransfer to <u>P</u> atie	nt	Pu	it on <u>H</u> old		Scrub	Cre	ateXM	L Si	ıbmit I	Print Claim	Print UB	Form
		High	light Opti	ons													
			Diagnosis	Cha	arge Info	Claim Red	quirement	Encounte	er i	Patient	Facility	F	Provider	Referring	Insura	nce	
Constants.	100000		SAMPLE PARTY		The second second	Classic and	man-self.			Contractory	14051		1110121000	MILLION AND AND AND AND AND AND AND AND AND AN			And in case of the local division of the loc



Account Home

DOB

Diag Primary

Cov From Secondary Cov From

Acc

1007

X Charge Review

Charge & Billing Features

1					Cł	narg	e Re	view	con	tinı	ued						
rge F	Review																
t	1007		N	lame	DOE, JANE	E D											
	(925)123-456	7	E	mp Name	Good Eats			F	Referring	JOH	IN X DOE	Ξ, Ν	/ID	Facility	/	COMMUNIT	TY HOSPITAL
	08/01/1970		С	ategory	WC			(Guarantor	DOE	E, JANE I	D		Guar F	hone	(925)123-45	567
	M545		D	iag				[Diag					Diag			
1	STATE COM	P INS FUN	ID P	hone				5	Sub#	333	333333			Claim		1234567	
m	01/01/2012		С	ov To				(Grp#					AdjNar	ne/Phone	SAM SLAD)E, Mr./(925) 111-
ary			P	hone				5	Sub#					Claim			
m			С	ov To				(Grp#					AdjNar	ne/Phone	/	
Acc 07	Name DOE, JANE	D MXS	Billing	DOS	Code 15 99213	Mod	TEST PRO		cription		W		Ins STAT	Charge 90.00	Payment 0.00		Balance 90.00
	-	MXS BING MYC From Date 10/02/2015 RDX 1	10/0	10/02/20	15 99214 15 99214 16 00014 Category* wc Sec. Bill Da		TEST PRO EST PT OV Facility P Time From Modify	/ LEVEL	4	MXS	P		STAT STAT Assign Y Sec. In:	0.00 150.00 100.00 ment* surance*	10	0.00	0.00 150.00 100.00 0.00 340.00 0.00 30.00 0.00
	ag Options Transfer to <u>I</u> H	nsurance lighlight Op		Transfer to <u>P</u> a	tient	P	ut on <u>H</u> old		<u>S</u> crub		Create	×MI	L Si	ıbmit	Print Claim	Print UB	Form

Diagnosis

Charge Info

Claim Requirement

Encounter

Patient

Facility

Provider

Referring

Insurance



Charge Review continued

Charge Review

Account	1007	Name	DOE, JANE D				
Home	(925)123-4567	Emp Name	Good Eats	Referring	JOHN X DOE, MD	Facility	COMMUNITY HOSPITAL
DOB	08/01/1970	Category	WC	Guarantor	DOE, JANE D	Guar Phone	(925)123-4567
Diag	M545	Diag		Diag		Diag	
Primary	STATE COMP INS FUND	Phone		Sub#	33333333	Claim	1234567
Cov From	01/01/2012	Cov To		Grp#		AdjName/Phone	SAM SLADE, Mr./(925) 111-
Secondary		Phone		Sub#		Claim	
Cov From		Cov To		Grp#		AdjName/Phone	/

Acc	Name	Dr	Billing	DOS	Co	de Mod		Description	W	. Ins	Charge	Payment	Adjustm	Balance
1007	DOE, JANE D	MXS	MXS			3	TEST PRO	CEDURE	P1	STAT	90.00	0.00	0.00	90.00 🔺
		MXS	MXS	10/02/2015	9921	Transfer to	Insurance	EDURE	P1	STAT	0.00	0.00	0.00	0.00
		BING	BING	10/02/2015	9921	Transfer to	Dationt	LEVEL 4	P1	STAT	150.00	0.00	0.00	150.00
		MXS	MXS	01/28/2016	9921			LEVEL 4	P1	STAT	100.00	0.00	0.00	100.00 =
		MXS	MXS	01/28/2016	260	Put On Hold			P1	STAT	0.00	0.00	0.00	0.00
						Scrub					340.00	0.00	0.00	340.00
1008	DOE, FRED	MXS	MXS	09/01/2015		Submit Clai	m	LEVEL 4				2.00	0.00	0.00
		MXS	MXS	09/01/2015	260							00	0.00	0.00
						Print Claim				NEW	option	00	0.00	0.00
1012	test, patient	BING	BING	05/01/2015		Print UB for	m	EDURE				100	0.00	0.00
		BING	BING	10/02/2015		Collection X	ML	EDURE	on	ly ava	ailable	in 🚾	0.00	0.00
		BING	BING	10/10/2015	9921			EDURE				100	0.00	30.00
						Diagnosis			C	ontex	t meni	J. 00	0.00	30.00
1023	DUCK, DON			04/16/2015		Charge Info			l I			00	0.00	125.00
		BING	BING	05/01/2015	992	Add Charge		PEDURE				0.00	0.00	85.00
						Claim Requi					210.00	0.00	0.00	210.00
1041	SMITH, MARY		BING	09/01/2015			irement	LEVEL 4		BCCA	0.00	0.00		0.00
		BING	BING	09/01/2015		Encounter				BCCA	0.00	0.00		0.00
		BING	BING	09/15/2015	9921	Patient		LEVEL 4	P1	BCCA	0.00	0.00	0.00	0.00
Та	g Options					Facility								
	Transfer to Insu	irance	Tra	ansfer to <u>P</u> atien	ıt	Provider		Scrub	CreateXN	1L Su	ıbmit F	Print Claim	Print UB	Form
	Hia	hlight Opt	ions			Referring								
						Insurance								
		Diagnosis	Cha	rge Info	Claim	Requirement	Encou	nter Patient Facili	ity	Provider	Referring	Insurar	ice	

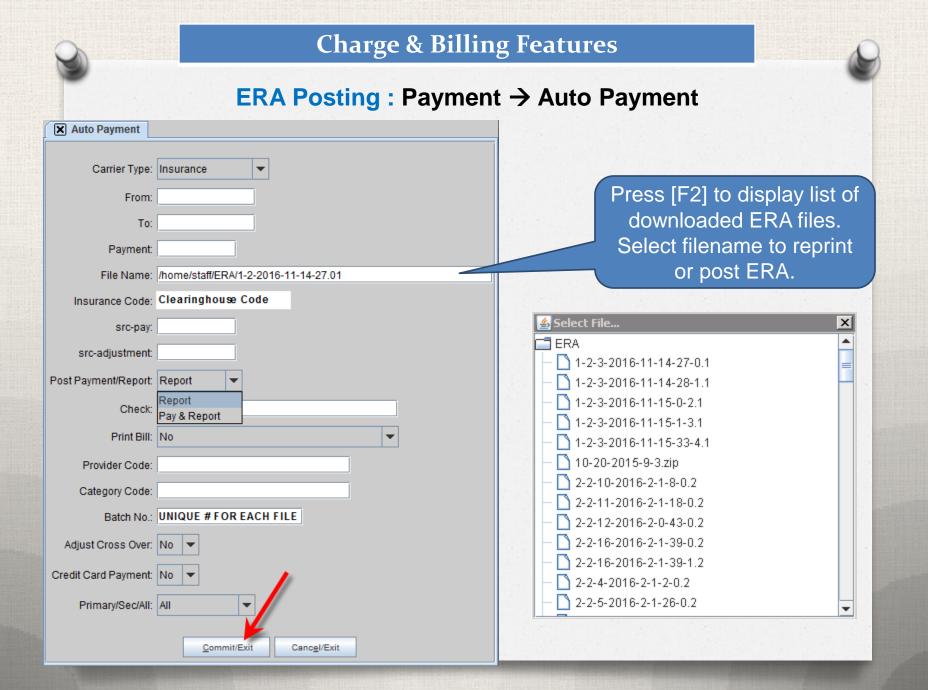
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View Claim Files

- Easy to Track list is in descending date order by calendar date for files generated in the last 90 days.
- > **INS** indicates to which clearinghouse electronic claims were sent.
- Control No. which indentifies the electronic claims file will appear on reports from the clearinghouse & *Electronic Billing Report* generated when claims submitted.

<u>B</u> illing	<u>M</u> anageme									
Insuran	ice 🕨 🕨		View CLAIM_FILES							
<u>S</u> tatem	ent 🕨	CMD	Date	Operator	INS	Control No	Count	Amount	Reject	Status
Tele Co	om 🕨		02/10/2016			0	1	180.00		Claims were sent to the printer.
_			02/10/2016			0	1	400.00		Claims were sent to the printer.
<u>Follow</u>	Up 🕨 🕨		02/09/2016		MCAR	54915	8	1860.00		
Marker			02/09/2016			0	5	273.44		Statements were sent to the printer.
Worker	•		02/09/2016		ENS	54918	2	3225.00		
<u>C</u> ompa	nv 🕨		02/09/2016			0	1	975.00		Claims were sent to the printer.
Compa	''y '		02/08/2016		MCAR	54909	11	3665.00		
OSHPD)		02/08/2016		ENS	54912	1	525.00		
-			02/08/2016			0	29	2065.39		Statements were sent to the printer.
<u>V</u> iew C	laim Files		Sec. is	and the second	1.0	NOT NOT THE OWNER			5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	



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ERA Posting : Automated Payment Journal

- SAVE PAPER! Print to 'PDF' then view file onscreen or save PDF.
- Press [Ctrl][J] OR select Job Manager ic
- Highlight print job then click on PDF file listed in Task Log to view.

Print Automatic Payment		×				
Printer properties:		🕌 OnSTAFF Job Manager				_ 🗆 >
_ [Name	 Submission Date 	Status	Error Message	Locat
Printer:	PDF 🔽	Auto Payment	02/17/16 11:35:58:445	COMPLETED		Serve
		SCHEDÜLED: GOP Insurance	02/17/16 02:14:25:748	COMPLETED		Serve
Number of Copies:	1	SCHEDULED: GOP Insurance	02/17/16 02:14:21:505	COMPLETED		Serve
		SCHEDULED: AUTO_PAYMENT	02/17/16 02:14:16:279	COMPLETED		Serve
		SCHEDULED: GOP ELECTRONIC B	02/17/16 02:14:15:187	COMPLETED		Serve
Fax/EMail :		SCHEDULED: GOP ELECTRONIC B	02/17/16 02:14:10:39	ERROR	Record not found !!!	Serve
		SCHEDULED: LOAD FORMS & FO.	. 02/17/16 02:14:04:828	COMPLETED		Serve
		SCHEDULED: AGE_CALCULATE	02/17/16 02:13:17:108	COMPLETED		Serve
Fax Number(s) ("," separated):		SCHEDULED: AGE ACCOUNTS	02/17/16 02:11:12:277	COMPLETED		Serve
The dealer and the second seco		SCHEDULED: ZipCode9	02/17/16 02:11:12:214	COMPLETED		Serve
EMail Address(es) ("," separated):		SCHEDULED: Backup	02/17/16 02:10:07:240	COMPLETED		Serve
O Drinten		SCHEDULED: DBExport	02/17/16 02:00:13:643	COMPLETED		Serve
Secondry Printer:	TRANSMIT	SCHEDULED : DAILY	02/17/16 02:00:13:534	COMPLETED		Serve
		SCHEDULED : About	02/17/16 02:00:12:380	COMPLETED		Serve
		OnSTAFF Scheduler	02/17/16 02:00:11:491	COMPLETED		Serve
Print	Cancel	SCHEDULED: GOP Insurance		COMPLETED		Serve
		SCHEDULED: GOP Insurance		COMPLETED		Serve
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and the second se		SCHEDULED: GOP ELECTRONIC B		COMPLETED		Serve
		SCHEDULED: GOP ELECTRONIC B			Record not found !!!	Serve
		SCHEDULED: LOAD FORMS & FO		COMPLETED		Serve
		SCHEDULED: AGE_CALCULATE				Serve
		SCHEDULED: AGE ACCOUNTS	02/16/16 02:11:39:682			Serve
		SCHEDULED: ZipCode9		COMPLETED		Serve
		Task log	004CMC 00.40.04.040		1	Canal
		Auto Payment starts.				
		Auto Payment starts pro	ocessing file: \hom	e\staff\ERA	\1-2-3-2016-11-14-27-0.1	
		Auto Payment starts up	-		-	
and so the second se		Auto Payment starts pr.	inting report'.			
		Auto Payment report sa				=
		E:/home/staff/reports/s	autopayment_1-2-17-	2016-11-36-	1-97.pdf	-
016 Prime Clinical Syster	ns, Inc.				The Contract of the Party of th	

62

Ledger → Open Item (or Accounting) → Display: View Patient

OpenItem	View WORKER	Testing .	inter a	Annu - Do Room	Sec. 1	×
Account 1007 Name DOE, JANE D	Definite Association			ObertNumber		
Home (925)123-4567	Patient s Account No.			Chart Number		
DOB 08/01/1970	Last Name Prefix	DOE		First Name Middle Initial	JANE	
		Miss 💌			D	
Primary STATE COMP INS FUND	Address	1234 TEST LANE		Zip Code	94583	
Second	City			State	~	
Pre A/R 0.00	Phone 1	(925)123-4567				
Patient 150.00	Phone 2	(925) 333-2222		Cell Phone Carrier	Verizon 💌	
Group1 150.00	Emergency Contact	JIM DOE		Emergency Phone	(925) 111-2222	-
	Fax	(925) 333-2323		Email		
Balance 823.50	Gender (M/F/U)	F 💌		Social Security No.	333-33-3333	
Group1 363.50	DOB	08/01/1970		Marital Status (S/M/D)	S 🔻	
C DOS Prov. Descriptic 10/02/2015 MXS EXAM	Ethnicity		-	Race		-
10/02/2015 MAS EXAM 10/02/2015 BLUE CROSS	DL#	N42343231		Language	English 💌	
10/01/2016 WORKERS C	Acct#	1142343231			English	
Low back pai				Туре		
10/02/2015 BING EST PT OV LE				Туре		
10/01/2016 WORKERS C Low back pai	Category			Type Referral		
10/02/2015 MXS EST PT EXPA				STP Dr.		
10/02/2015 MXS VENIPUNTUF				Interpreter	KIM JOHNSON	
Abdominal P:	Dhanatt	(925) 111-4433		Preferred Communication Method		
01/25/2016 BING EST PT EXPA 01/25/2016 BING VENIPUNTUF					Phone-Cell 🔻	
Assault by pa	manning	YES 💌		Registration Form	REGISTRATION 🔻	
01/28/2016 MXS EST PT OV LE		DOI 8/1/2013	▲			
01/28/2016 MXS TEST ADD'L (RECORDS RECEIVED 12/1				
Pain in thorac		<u> </u>				
08/08/2016 BING EST PT EXPA Pain in thorac			<< <u>B</u> ACK	NEXT >> Clear Exit		
Varicose vein						
10/03/2016 BING EST PT EXPA	N 7 0	99213		P1 REF123 180.00	0.00	180.00 100 N
10/03/2016 BING VENIPUNTUR	RE 7 0	36454	1 Y	P1 REF123 25.00	0.00	25.00 100 N
Modify	Ledger Remark	View Patient View Patie	nt Insurance F	Payment History Add Remark	View Remark	

Management Reports: New Options

➤ Analysis → Utilization Reports:

- Procedure/Modifier Utilization by Clinic
- Procedure/Modifier Utilization by Provider
- For Workers Comp:
 - Applicant Attorney Report
 - Claimant Attorney Report
 - Board Report
 - DEU (Disability Evaluation Unit) Report
 - Defense Attorney Report

Detail Report:

- Benchmarking Report
- PQRS (Physician Quality Report System): Export to EXCEL only.
 - Available report criteria: Provider, Billing Provider, From Date/To, Gender, Category, Age From/To, Code C, Facility, Referring, Department, Who, Date Selection, Modifier, Zip Code.
 - Includes Tax ID, NPI, Subscriber ID#, Patient Name, Account Number, Gender, DOB, DOS, Primary Insurance, Secondary Insurance, ICD10, CPT & Modifier, POS.

Management Report: Procedure/Modifier Utilization by Clinic

PROCEDURE UTILIZATION REPORT

PRIME CLINICAL SYSTEMS 123 MAIN STR. pasadena, CA 91107 (626) 716-2033 From : 07/01/2015 To:07/08/2015

Page: 1

Report prepared on: Mon Sep 14 10:03:25 By: 9999

Code	Description	Occurrence	8	Patient	Count	Vis:	it	Charge	Expected	Payment	Adjustment	Average
1	PANEL DESC	1	5.00		1		1	0.00	0.00	0.00	0.00	69
11-110	OFFICE/OUTPATIENT VISIT,	2	10.00		2		2	22.24	22.24	0.00	0.00	13
12	OFFICE VISIT, EST PT 1/1	1	5.00		1		1	242.00	242.00	0.00	0.00	-63
99	OFFICE/OUTPATIENT VISIT,	1	5.00		1		1	11.12	11.12	0.00	0.00	-53
+99211	OFFICE/OUTPATIENT VISIT,	1	5.00		1		2	11.12	11.12	0.00	0.00	-61
+99211-123	20FFICE/OUTPATIENT VISIT,	1	5.00		1		2	11.12		0.00	0.00	67
99212	OFFICE VISIT W/COPAY	1	5.00		1		1	362.30	289.84	0.00	0.00	-64
99213	OFFICE VISIT PT, COMPLEX	4	20.00		1		2	80.00	64.00	0.00	0.00	70
* 99214	OV EXTENDED	5	25.00		5		6	650.00	620.00	0.00	0.00	48
₱99214-80	OV EXTENDED	1	5.00		1		6	30.00	30.00	0.00	0.00	69
99215	OV EXTENDED	1	5.00		1		1	936.05	748.84	0.00	0.00	-47
99253	INITIAL INPT CONSULT	1	5.00		1		1	330.00	330.00	0.00	0.00	75
		20						2685.95	2369.16	0.00	0.00	
)ecur	rence			->	20
												13
												16
						(Charg	je			->	2685.95
												2369.16
						1	Payme	ent			->	0.00
						1	4djus	stment			->	0.00

Management Report: Applicant Attorney

APPLICANT ATTORNEY UTILIZATION REPORT

CLINIC NAME 123 MAIN STR. pasadena, CA 91107 (626) 716-2033 From : 08/31/2014 To:08/31/2014

Page: 1							Repor	t prepared o	on: Wed Apr 2	29 11:53:33	Ву: 9999
Code	Description	Occurrence	ę.	Patient	Count	Visit	Charge	Expected	Payment	Adjustment	Average
1 AA AP APP UNKNOWN	First M Last, DR APPLICANTATTYFIRST W APPL Parmida m Amjadi, DOCTOR APP J APPLICANT, M.D APPLICANT ATTORNEY	2 1 2	1.50 0.75 0.38 0.75 96.62		1 2 1 2 228	1 2 1 2 236	272.62 108.50 31.95 50.00 24155.15	172.24 0.00 8096.24	0.00 0.00 0.00 0.00 717.30	22.24 0.00 0.00 0.00 230.07	181 241 241 241 241 251
		266					24618.22	8268.48	717.30	252.31	
	Occurrence> Patient Count> Visits> Charge> Expected> Payment> Adjustment>							-> -> -> -> -> ->	266 233 241 24618.22 8268.48 717.30 252.31		



BENCHMARKING REPORT

Charge & Billing Features

0

Management Reports: Benchmarking

Track the cost effectiveness of procedures performed by each provider based on the supplies used for each panel code billed.

Bonchmarking Donort

	L SYSTEMS	Benchmarking Report						
Page 1 CODE	DESCRIPTION	SUPPLY	CHARGE	COST	OTY		ay 17, 2016 ADJUSTMENT	11:57 AM BALANCE
36556	Under Insertion of Central			196.50 1970.00 9.30 30.00 44.20 88.40 19.70 40.00 80.00 25.00 34.90 38.00 30.02 0.00	2.00 2.00 2.00 8.00 8.00 8.00 8.00 2.00 2			
SUB TOTAL	->		3647.52	2606.02	50.00	1020.00	150.01	2477.51
64561	Transforaminal placement	<pre>(10) Gauze Sponges, 4 x 10cc Syringe, L/L Adson Dressing Forceps Fenestrated OR Towel Medicine Cups, 2 oz. Needle, 27ga x 1 1/4 Tray Webster Needle Holder</pre>		44.00 9.00 189.00 25.00 10.10 4.99 80.00 20.50 0.00	10.00 1.00 5.00 1.00 1.00 1.00 2.00 0.00			
SUB TOTAL	->		501.00	382.59	22.00	400.01	10.00	90.99
CODEC	EVENT TESTING	tray		120.00	24.00		, was not out out out out out out out out out	The first way and the first way the pile way way
SUB TOTAL	->		8008.00	120.00	24.00	723.00	0.00	7285.00
GRAND TOTAL	->		12156.52	3108.61		2143.01		

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Management Reports: Benchmarking

➤ Add the list of supplies & their cost to Utility → Procedure → Supply screen based on <Panel Code> for each provider.

	Provider Code MX	S N	lame MICHAEL SCO	TT M.D.		From Date 01/0	1/2016 To Date				
CMD	Panel Code	CPT	 Supply 	Quantity	Cost	From Date	To Date				
	36556	36556	CSR Wrap	1	98.25	01/01/2016	12/31/2016				
	36556	36556	ChloraPrep One-S	1	985.00	01/01/2016	12/31/2016				
	36556	36556	Dressing Change	1	9.15	01/01/2016	12/31/2016				
	36556	36556	Face Mask	1	15.00	01/01/2016	12/31/2016				
	36556	36556	Gauze Dressing,	4	22.10	01/01/2016	12/31/2016				
	36556	36556	Gauze Dressing,	4	44.20	01/01/2016	12/31/2016				
	36556	36556	Isopropyl Alcohol		9.85	01/01/2016	12/31/2016				
	36556	36556	Non-Adhering Dre	4	20.00	01/01/2016	12/31/2016				
	36556	36556	Non-Adhering Spli	4	40.00	01/01/2016	12/31/2016				
	36556	36556	Powder-Free Wall	1	12.50	01/01/2016	12/31/2016				
	36556	36556	Roll Medical Tape	1	17.45	01/01/2016	12/31/2016				
	36556	36556	Transparent Dres	1	19.00	01/01/2016	12/31/2016				
	36556	36556	Tray	1	15.01	01/01/2016	12/31/2206				

X Add Supply



Management Reports: Email reports with Financial Information

- To meet HIPAA requirements, documents will be emailed as an encrypted PDF attachment and a separate email will be send with the password to open the file.
- Standard email message with attachment: 'We have attached a report for your review; the information in the report has been encrypted. The password to open the attachment will be send in a separate email.'

Exact text for customized message should be emailed to <u>support@primeclinical.com</u>.

NOTE: Email configuration will need to be set up in Intellect.



Management Reports: Export to PCM

For PCM users only —Export Intellect Reports to PCM

- > Any Intellect report may be exported to PCM for storage.
- Exported in PDF format.
- Set up is needed to use this feature:
 - Printer setup for PCM Chart
 - Add account in Intellect with <Last Name> set to 'INTELLECT_REPORTS'.
 - Create chart in PCM.

Effective version 16.02.22:

- NEW <Save as Chart> option for any print
- Prints hardcopy <u>AND</u> save to chart.

Generate Report in Intellect & select Printer '**PCM Chart**'.

PDF file will be saved to PCM chart with last name '**INTELLECT_REPORTS**'.

🕌 Print Financial	×
Printer properties:	
Printer:	PCM Chart
Number o	of Copies: 1
Fax/EMail :	
Fax Number(s) ("," sepa	arated):
EMail Address(es) ("," s	separated):
Secondry Printer:	TRANSMIT
	Print Cancel



Management Reports: Export to PCM (continued)

- Exports to PCM chart for INTELLECT_REPORTS.
- Reports filed under chart tab 'Int_rpt'.
- Doc Date defaults to date the report was generated.
- Doc Type defaults to Intellect report name.

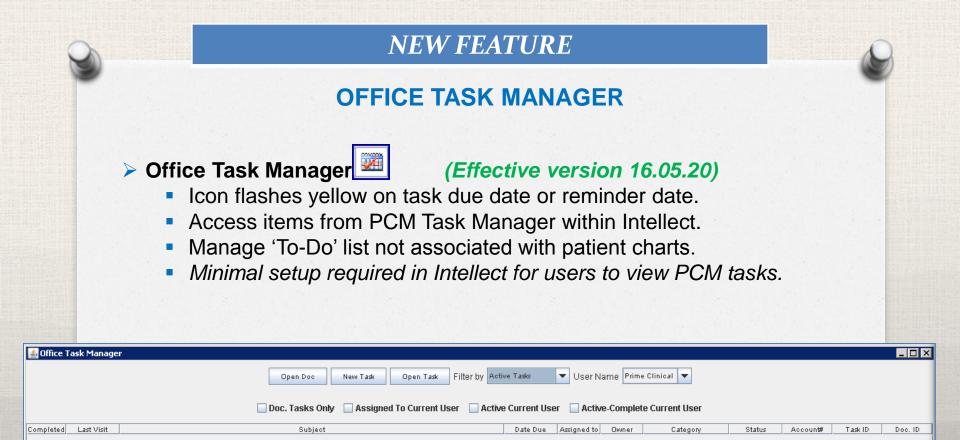
Last Name		First Name	D.O.B.	SSNum	MR	CL
INTELLECT_REPOR	RTS	INTELLECT	2000-01-01		70365	5
4	22.5					
All Pages Int rpt Di	com					
All Pages Int_rpt Di	com					
			Author O		Commont	
All Pages Int_rpt Div Doc Date	com Doc Type Journal		Author-Si Scan-Nos		Comment	



Management Reports: Cover Page

- NEW OPTION: <First Page> field on Utility → Set Up → Printer → Report Setup allows user to determine whether or not cover page with report criteria will print for each type of report.
 - <Printer Class> is usually HP
 - If <First Page> is set to 'N', then the first page will NOT print.
 - If <First Page> is left blank or set to 'Y', the first page WILL print.

	Modify REPORTS														
							Printer Class	s HP							
CMD		Description	Tray	CON.	LS.	FF.	LENGTH	WIDTH	CODE	PRI.	COPY	Duplex	Where	Printer Type 🚄	First Page
	RECEIPT_PA	RECEIPT_PAYME	T0		null		62	80					S	pcl	N
	RECEIPT FA	RECEIPT_FACILITY	T0		null		62	80					S	pcl	Y
		RECEIPT_COLLEC	T0		10		60	80					S	pcl	Y
	RECEIPT RE	Receipt Report	T1	cfa	nf		70	170					S	pcl	Y



- View list of tasks using Filters, User Name & check boxes.
- Add New Task
- Open Task

For PCM Users: Tasks for eRx & Meaningful Use functions can only be performed through PCM.

NEW FEATURE

OFFICE TASK MANAGER

Subject			Account#	Name
	Date Due 03/19/2016 😭	Time Due 04:43 PM	Category	▼ High Priority
Notes				
-Assign the Task to Ot	ther User(s)		Owner	
Assign the Task to Ot			Owner Task Owner : Prime Clinica	1
 Task not assigned Assign To 			Task Owner : Prime Clinica	1
 Task not assigned Assign To Shared Task 				1
 Task not assigned Assign To Shared Task Status 			Task Owner : Prime Clinica	I
 Task not assigned Assign To Shared Task Status Reminder 			Task Owner : Prime Clinica	
 Task not assigned Assign To Shared Task Status Reminder Start Reminder 			Task Owner : Prime Clinica	
 Task not assigned Assign To Shared Task Status Reminder 		from today's date/time	Task Owner : Prime Clinica Completed Owner Reminder Start Reminder O Start Reminder O	I

NEW FEATURE

OFFICE TASK MANAGER

➤ Utility → Set Up → Appointment → Appointment Type <Add Task>: Set Office Task Manager to appear automatically when scheduling

appointmen	Email Releming for No Show	News	
	Email Referring for Cancelation	None Manual	f
	Email Patient for No Show	Lab Orders - Quest	=
	Email Patient for Cancelation	Radiology Orders (MEDICATION FAVORITES)	H
	Send Survey	Lab Orders - LabCorp	
	Send Email/SMS	Referral Requests Work Status	-
	Add Task 🚽 🛶 🕨	None	-

- **None:** disables feature when using Patient Self Check-In.
- Manual: Automatically display Office Task screen for new task when Add Appointment screen closed. Defaults <Notes> to appointment type specific message or <Comments> for scheduled appointment.
- For PCM users only: Automatically assign tasks from PCM Treatment Plans.



Features Available on 16.10.11 Release

- Calls through Twilio: Messages may now include <Co Payment> and <Deductible Met> amounts from patient's insurance screen.
- Electronic Billing Reports to Email: New option to receive Electronic Billing Report printouts via email.
- > Automated Tasks: New option to allow start times to be set for EACH

task.

С	TaskName	Туре	Priority	Par	S	Time	Description	
	TASK_AUTOPAYMENT	Daily	0			8	AUTO_PAY	1
	TASK_AGING	Daily	10			12:00 AM	AGING	H
	TASK_APP_REMINDER	Year	10	V		02:00 PM	APPOINTME	
	TASK_ANALYSIS	Daily	16	V		12:00 AM	ANALYSIS	=
	TASK_STATEMENT1	Daily	61			12:00 AM	Group Of Pa	
	TASK_APP_DAILY_LIST_X	Daily	62	V			PRINT APP	-

HIE Request: For PCM users only. New Context Menu option on Full Day Schedule allows Intellect to query the hospital database via HIE communication to pull information for a given patient, display the report information, and save the file to PCM inbox.



How do <u>you</u> stay up-to-date on the latest features in Intellect?



- Client Login for <u>www.primeclinical.com</u>
- ➢ Intellect Webinars: (Training Plans → Continuing Education)
 - ✓ Live Webinars
 - ✓ Recorded Webinars
 - ✓ Calendar for Upcoming Webinars
- Intellect Video Tutorials
- Help Menu options: (OnSTAFF/Intellect Info -> Documentation on website.)
 - ✓ Online Documentation
 - ✓ News (for Newsletters & Client Emails)
 - ✓ Release Notes
- Attend a User Meeting

Logout

Guest Speaker Krissy Balch, Director of Revenue Cycle Prime Billing Services, LLC



Time for Questions!



Thank you for attending our 2016 User Meeting – Intellect Presentation!

Your feedback is important to making our User Meeting successful, please take a few minutes to complete the survey and kindly drop them at the registration table located in the Lobby.

