



Psych Advantage

Version 12 Initial Release Notes (Release Date - 4/20/2018)

Take Course Now! Click to watch an Overview video (published 4/20/2018) of these enhancements in Compulink University.

You'll need the Username associated with your student account to log in.
Ask your manager or Compulink Administrator if you don't have this information.

Enhancements marked with a date in red were ADDED to the Overview OR Breakout courses on that date. If you watched the courses before this date, you may want to do so again for a demonstration of the additional items. Enhancements with (NEW) ARE included in the Advantage Software version release, but are NOT included in the courses.

Items marked (Client Request) were requested by clients, and satisfied with this update.

Service Pack Enhancements: [Click here](#) for a list of Service Pack Enhancements released with incremental updates (0.5, 0.6) between version steps (e.g. V11 to V12). They will be included in the Version Release Notes and the What's New course for the NEXT version step.

Companion Courses Associated with this Version (If viewing in a PDF viewer, click the link below the course to open the mp4 file. If viewing in an Internet browser, highlight the entire link, right click and Open Link in New Tab.)
AdvantageERx: Consent for ERx History (Course ID:SDERX_105) http://lms.compulink-software.com/lms/mp4/sderx_105.mp4
AdvantageERx: Pharmacy List (Course ID:SDERX_100) http://lms.compulink-software.com/lms/mp4/sderx_100.mp4
Ledger: Ledger Table Utility (Course ID:SDL_110) http://lms.compulink-software.com/lms/mp4/sdl_110.mp4
Ledger: Payor Note And RCM Worklist (Course ID:SDL_105) http://lms.compulink-software.com/lms/mp4/sdl_105.mp4
MACRA/MIPS: ACI Transitional Simple List 2017 Report (Course ID:SDQ_175) http://lms.compulink-software.com/lms/mp4/sdq_175.mp4
Patient ToDo/Action Item Update (Course ID:SDPD_105) http://lms.compulink-software.com/lms/mp4/sdpd_105.mp4
Portal Message To Provider Enhancement (Course ID:SDQ_180) http://lms.compulink-software.com/lms/mp4/sdq_180.mp4
Spectacle Pricing Table DME Update (Course ID:SDO_100) http://lms.compulink-software.com/lms/mp4/sdo_100.mp4
Version 12: Appointment Enhancements (Course ID:12_APPT_100)

Companion Courses Associated with this Version

(If viewing in a PDF viewer, click the link below the course to open the mp4 file. If viewing in an Internet browser, highlight the entire link, right click and Open Link in New Tab.)

http://lms.compulink-software.com/lms/mp4/12_appt_100.mp4

Version 12: Customization Enhancements (Course ID:12_CUST_100)

http://lms.compulink-software.com/lms/mp4/12_cust_100.mp4

Version 12: Examination Enhancements (Course ID:12_EHR_100_2)

http://lms.compulink-software.com/lms/mp4/12_ehr_100_2.mp4

Version 12: Function Enhancements (Course ID:12_FUNCT_100)

http://lms.compulink-software.com/lms/mp4/12_func_100.mp4

Version 12: Hot Topics (Course ID:12_HT_100)

http://lms.compulink-software.com/lms/mp4/12_ht_100.mp4

Version 12: Ledger Enhancements (Course ID:12_LEDG_100)

http://lms.compulink-software.com/lms/mp4/12_ledg_100.mp4

Version 12: Look-up Tables Enhancements (Course ID:12_TAB_100)

http://lms.compulink-software.com/lms/mp4/12_tab_100.mp4

Version 12: Patient Area Enhancements (Course ID:12_PAT_100)

http://lms.compulink-software.com/lms/mp4/12_pat_100.mp4

Version 12: Report Enhancements (Course ID:12_RPT_100)

http://lms.compulink-software.com/lms/mp4/12_rpt_100.mp4

Version 12: Utility Enhancements (Course ID:12_PM_100)

http://lms.compulink-software.com/lms/mp4/12_pm_100.mp4

HOT TOPICS

(1/11/2018) General > .ONC 2015 Certification

We are pleased to announce the release of Compulink Advantage Version 12.0.0.1. The ONC 2015 Edition certified CEHRT offers functionality for eligible Providers to meet MIPS ACI and Meaningful Use Stage 3 requirements; qualifying these organizations to receive payments under the ongoing Quality Payment Program (QPP) and Meaningful Use (MU) EHR Incentive Programs. Updating to the 2015 Edition certification means our clients will have flexibility in 2018 for QPP and MIPS reporting; and this release will provide the tools necessary for clients to earn bonus incentive payments recently announced by CMS tied to exclusive use of 2015 Edition CEHRT.

(1/11/2018) General > Meaningful Use Stage 3

- Meaningful Use Stage 3 options are now available in the Advantage software.
- To activate, go to Utility > Look-up Tables > General > Provider: Enter a 3 in the 'MU (ACI) Stage' field.

(2/12/2018) Utility > Health Care Maintenance Rules/Orders > Utility Moved to Patient Exam

- The Health Care Maintenance Rules/Orders Utility options have been moved to the patient exam Utility/Tools menu.
- Diagnosis/Orderset Mapping was renamed to Diagnosis driven Ordersets.

Appointment Enhancements

(1/12/2018) Command (Book/Edit) > Appt Date Added

- The 'Appt Date' will now display on the Add/Edit/Insert Appointment window. (Client Request)

(1/12/2018) Command (Book/Edit) > User Field 1 Label Renamed

- Under the Account Responsible section, the label for User Field 1 was renamed from 'SSN #' to 'Misc'. (Client Request)
- This now matches the label on the patient demographic screen, so it is easier to tell where to enter the SSN on BOTH screens.

(1/12/2018) Command (Print>Selected Resource) > Home & Cell Phone Added to Comments

- Click Print > Selected Resource and choose either Chronologically, Chronologically w/Open slots or Alphabetically; the Home Phone and Cell Phone will now print in the Comments section. (Client Request)
- If both numbers are the same on the patient demographic screen, then only one will print.
- If the Appointment contains any Notes/Comments, those will print AFTER the phone numbers.

Communication Enhancements

(NEW) Patient Portal > New Options Added

- Filter
 - Option to enter a range of dates to use for filtering your data.
- Send Message
 - The patient or authorized representative can communicate health-related information to the Provider's office.
 - Enter a 'Subject' line and a 'Message'.
 - You have the option of attaching a file by clicking on the 'Browse' button.
 - You may also enter a Web Address URL link to a document.
 - Examples: Shared Fitbit or Dropbox links.
 - When the message is received in the office, they will be able to access and view the information you shared via the link.

Customization Enhancements

(1/12/2018) Screen Builder > Existing Icons Changed and New Ones Added

- The following Screen Object icons have been changed:
 - Edit Box
 - Check Box
 - Combo Edit Box
- Three NEW Screen Object icons were added, and are under development.
 - Edit Box (No database connection)
 - Combo Edit Box (No database connection)
 - Check Box (No database connection)

Examination Enhancements

(2/20/2018) Command > MU Command Changed and Menu Updated

- The 'MU' command was changed to 'M' to reflect the use of MACRA, MIPS or Meaningful Use.

Examination Enhancements

- 'MU Dashboard' was renamed to 'ACI and MU Dashboard', and moved to the top of the menu.
- An option for 'Send Cancer Registry CCD' was added to the menu.
 - This will generate an XML file containing pertinent data for the Health Information Exchange or Registry you will be sending Cancer Case data to.
 - Contact Compulink to let them know which Health Information Exchange or Registry you will be sending Cancer Case data to.
 - They will set up a communication protocol with the Registry/receiving party on your behalf, and then assist you with configuration of this protocol on your system.

(2/19/2018) Command (E-Rx)(AdvantageERx) > Medication Stop Date

- You now have the ability to put a Stop Date in the FUTURE on a Medication, and it will pull into the E-Prescribe window for transmitting electronically. If the Stop Date is EQUAL TO or PRIOR TO the current date, it will NOT be eligible for prescribing. (Client Request)

(1/15/2018) Command (E-Rx)(AdvantageERx) > Pharmacy Command Enhancements

- Pharmacy Search window:
 - When you click on the E-Rx command, if the patient does not have a pharmacy, the search window will automatically open for search and selection.
 - The 'City' field was updated to now access the U.S. City List.
 - Type in the City (or part of the City) and click the down arrow to open the table.
 - A list of matching Cities will display with State and Zip; double click to select.
 - This will populate the City, State and Zip fields for your search.
 - The U.S. City List will be sorted by usage; as you select from the list, those entries will begin to appear at the top of the list.
 - The 'Phone' field was added to enable a search by pharmacy phone number.
 - The 'Cross Street' field was added to narrow down the search by the Pharmacy address Cross Street. (Client Request)
 - Only about 5% of the Pharmacies have provided this information, so the search will be limited.
- Default Pharmacies List:
 - Once you add one pharmacy with AdvantageERx, this pharmacy and those subsequently added to patient prescriptions are stored in a default list.
 - The next time you go into a patient who has no pharmacy selected, the default list is presented.
 - If the patient's preferred pharmacy is not in the list, click the X to close the window and then the standard pharmacy search window will open.
 - Your default list will continue to build as you attach new pharmacies to patient prescriptions.

(2/19/2018) Command (E-Rx)(AdvantageERx) > Review Command Enhancements

- When Reviewing a medication, you now have the option to edit the 'Pharmacist Notes'. (Client Request)
- Click 'Edit' and an 'Edit Pharmacy Notes' window will open.
- Enter your information and click Save.

(1/15/2018) Command (E-Rx)(AdvantageERx) > Screen Command Enhancements

- When Screening the medication, if you click 'OK' on the message 'No Screening Contraindications Found!', you will now be taken directly to the E-Rx Required Drug Review screen.
- The 'Review' command was added to the Drug Screening window.

Examination Enhancements

- If contraindications are found during Screening, review them prior to making your decision about prescribing the medication.
- When ready, click the 'Review' command to go directly to the E-Rx Required Drug Review screen.

(1/16/2018) Command (M) > Send CCD To Referral via Direct E-Mail Generates Hash

- The option for 'Send CCD To Referral via Direct E-Mail' was updated to generate a Hash.
- A Hash is an alphanumeric string that's generated according to a file's contents.
 - If the file has been changed in any way, the Hash value changes as well.
 - This option would generally be used by your IT professional in the event of a security concern.
 - If a party might have intercepted the CCD data, you can compare the Hash on a received CCD against the Hash originally generated by the sender.
- To send or compare the Hash, right click on the window and COPY (Control+C), and then PASTE (Control+V) where you want it.
- Re-sending a CCD will generate the same Hash as the original transmission, as long as the medical record has not been altered.

(2/20/2018) Command (M) > View Imported CCD - Viewer Enhancements

- When viewing the Imported CCD Document, the CCD Viewer has two NEW options:
- Validation – Click to validate the CCD that you received for missing or erroneous codes.
- View Hash – Used to view and verify a Hash for the CCD being viewed.
 - A Hash is an alphanumeric string that's generated according to a file's contents.
 - If the file has been changed in any way, the Hash value changes as well.
 - This option would generally be used by your IT professional in the event of a security concern.
 - If a party might have intercepted the CCD data, you can compare the Hash on a received CCD against the Hash originally generated by the sender.
 - When you are the sender of the CCD, you are given an option to save the Hash for your records.
 - Re-sending a CCD will generate the same Hash as the original transmission, as long as the medical record has not been altered.

(1/16/2018) Command (Utility>Health Care Maintenance) > Order Sets

- The following is for ALL Advantage products:
- You now have the option of adding a Medication as Detail (Individual Order) to an Order Set.
 - When the Order Set is added to the exam, the Medication will automatically be added to the grid.
 - You MUST edit the Medication and complete all of the mandatory fields for prescribing.
 - This Medication will then be available in the AdvantageERx E-Prescribe window.

(4/19/2018) Command (Utility>Health Care Maintenance) > Rules (Enhancements)

- Many of the Medication Rules were combined to group the brand name drug with the generic name drug to make one Rule to include both.
- The following Medication Rules were changed to User-owned:
 - Medication – Accuretic
 - Medication – Acebutalol
 - Medication – Acetaminophen
 - Medication – Actos
 - Medication – Dihydroergotamine
 - Medication – Elavil

Examination Enhancements

- Medication – Hydrocodone/Ibuprofen
- Medication – Hydromorphone
- Medication – Ibuprofen
- Medication – Meloxicam
- Medication – Migranal
- Medication – Motrin
- Medication – Oxycodone/APAP
- Medication – Oxycodone/Aspirin
- Medication – Oxycodone/Ibuprofen
- Medication – Percocet
- Medication – Percodan
- Medication – Roxicet
- Medication – Stavzor
- Medication – Thorazine
- Medication – Trihexyphenidyl
- Medication – Tylenol
- Medication – Tylox

(4/19/2018) Command (Utility>Health Care Maintenance) > Rules (New)

- The following NEW Rules were added:
 - Anticonvulsant Hypersensitivity Syndrome – Patient has a documented Allergy to one of the following drugs, and that drug has been prescribed to them:
 - Carbamazepine
 - Carbatrol
 - Dilantin
 - Equetro
 - Lamictal
 - Lamotrigine
 - Luminal
 - Phenobarbital
 - Phenytek
 - Phenytoin
 - Solfoton
 - Tegretol
 - Child/Adolescent MDD: Suicide Risk Assessment HHX – Patient has a past medical record history of depression, but there is no record of a Suicide Risk Assessment.
 - Demographic Verification – Verifies that the Date of Birth, Sex, Race, Ethnicity and Preferred Language fields have been completed.
 - MDD - Suicide Risk Assessment HHX – Patient has a past medical record history of depression, but there is no record of a Suicide Risk Assessment.
 - Stage 2 Hypertension – Looks at Blood Pressure for Systolic \geq 160 or Diastolic \geq 100.
 - Transfer of Care Data Review – Looks for a Transfer of Care Referral, then checks the Audit to see if the Medication, History and Allergies have been reviewed.

(2/21/2018) General > JPG Placeholder

- You now have the option of using a standard bitmap image as a placeholder for JPG files to increase performance. (Client Request)
- Currently this option is available for both TIF and PDF files.

Examination Enhancements

- Go to your Advantage product folder and rename the file jpgicon_large.bmp to jpg_placeholder.bmp.
- In the patient exam, when a JPG file is scanned or imported, the placeholder bitmap will display.
- To view the JPG, right click on the placeholder and select 'View Full Screen'.
- NOTE: This will display for ALL JPG files in your Advantage software, including the patient picture on the demographics.

(4/19/2018) Layouts > Enhancement Made to Existing Compulink-Owned Layout

- The following is for Psych Advantage ONLY:
- PsychiatricInitialEval
 - The Orders tab was added to the layout.

(4/24/2018) Layouts > New Layouts Added

- The following are for Psych Advantage ONLY:
- BioPsychoSocial
 - This layout contains the following tabs: ComplaintMH, MentalStatus, Health Hx2, Addictions, Substance, the NEW Psychsocial, Family, MedicationMH, Therapy, PlanMH and EHR Documents.
 - The OpenOffice document 'ExamBioPsychoSocial' was added as the Complete Doc that will print from the patient exam.
- EAP Intake
 - This layout contains the following tabs: ComplaintMH, MentalStatus, Addictions, the NEW Psychsocial, Family, MedicationMH, Therapy, PlanMH and EHR Documents.
- HiResMHIntake
 - This layout contains the following tabs: HiResCompMH, HiResHistory, HiResPsychPersonal, HiResSubHX, HiResPEMHS and HiResDxPlan.
- Treatment Plan
 - This layout contains the following tabs: The NEW Treatment Plan and EHR Documents.
 - The OpenOffice document 'ExamIndividualServicePlan' was added as the Complete Doc that will print from the patient exam.

(4/25/2018) Look-up Tables > Health History Description Table Items Added

- A NEW Category of 'Childcare' was created, and the following items were added:
 - Can not afford child care
 - family to help with care
 - no childcare needs
- A NEW Category of 'Transportation' was created, and the following items were added:
 - no transportation issues
 - owns a vehicle
 - public transportation available
 - relies on family for transportation
- The following NEW items were added to the Category of 'Living':
 - foster home
 - jail or correctional facility
 - living with relatives
 - private residence

Examination Enhancements

- The following NEW items were added to the Category of 'Family': (Client Request)
 - FHX of depression
 - Fhx of Osteoporosis
 - Family history: Alzheimer's disease
 - Family history: Autoimmune disease
 - Family history: Gallbladder disease
 - Family history: Hepatitis
 - Family history: Liver disease
 - Family history: Senile dementia
 - Family history of dementia
 - Family history of liver transplantation
 - Family history of viral hepatitis C
- They were also added to the GridEdit.

(2/21/2018) Tabs > Enhancements Made to Existing Compulink-Owned Tabs

- The following are for ALL Advantage products:
 - Communication
 - The 'Subject' field will now display in the grid. (Client Request)
 - The 'URL' field was changed to Hide on Empty. If there is no URL attached to the record, the field will NOT display on the screen.
- All tabs that contain the Medications panel.
 - The functionality attached to the Info button was updated.
 - If the Medication that was added does NOT contain an RXCUI (RxNorm Concept Unique Identifier, but DOES contain an NDC (National Drug Code), you may receive the following message: Please Wait while obtaining necessary RxNorm value for Educational Info!
 - The software will use the NDC to find the RXCUI and display the correct MedlinePlus information.
 - The same functionality has been added to the 'Education' command in the AdvantageERx E-Prescribe window; however, you will NOT receive the wait message.
 - New icons were added to increase usability with AdvantageERx.
 - E-Rx – This will open the AdvantageERx E-Prescribe window. It is the same as going to the top of the screen and clicking on the E-Rx command.
 - Cancel Erx – Cancels the electronic transmission of the prescription (provided that the Pharmacy supports the functionality). (Client Request)
 - Rx Fill Status – Currently in development.
 - Erx History Merge – This will search for the patient's Medication History. It is the same as clicking on Utility > E-Rx > History View/Merge.
- PopUpCommunication
 - The following change was made to the PopUp tab, so it will be reflected on ALL tabs that access the Communication.
 - The 'Notes' label was changed to 'Message/Body' to better reflect what is sent to the Patient Portal. (Client Request)
- PopUpMedication
 - The following changes were made to the PopUp tab, so they will be reflected on ALL tabs that access the Medication.
 - A Smart Function will be triggered upon entering the 'Quantity' field. If a Medication with a DEA Schedule # greater than 0 is selected, the background panel will turn yellow.
 - The Pharmacy 'Phone Number' label was added. When a Pharmacy is entered, the

Examination Enhancements

phone number will display next to the NEW label.

- A NEW 'Packaging' icon and field were added. When the icon is clicked, the software will display the packaging options for the Medication selected. (Client Request)

(4/27/2018) Tabs > Enhancements Made to Existing Compulink-Owned Tabs

- The following are for Psych Advantage ONLY:
- Group
 - Therapy/Treatment panel – A NEW printer icon was added. When clicked, it will merge the 'ExamIndividualGroupSessionNote' OpenOffice document.
- Health Hx and HiResHistory
 - Past Medical, Family Medical and Tobacco Use panels – Blue Info buttons were added.
 - Highlight a record in the grid and click the Info button.
 - This will open the MedlinePlus Website directly to information regarding the topic that was highlighted.
 - Upon closing the Website, you will receive a Confirmation window asking if you would like to add it as an Education Resource for the patient.
 - Surgical History panel – A NEW 'Implanted Devices' Tab Add icon was added. When clicked, it will add the NEW 'Implanted Devices' tab to the end of the patient's current layout.
- HiResCPsych and HiResPsychPersonal
 - Personal Psychiatric and Treatment Hx and Family Psychiatric and Treatments Hx panels – Blue Info buttons were added.
- MentalStatus
 - Mental Health Assessment panel – The Tool icon that populates the normal values, was replaced with the Thumb icon.
- Plan
 - Left panel – The 'Psychosocial Stressors GAF' TabAdd button was removed, as it is no longer needed.
- PopUpIndServicePlan
 - NEW Tool icons were added with Smart Functions for calculating the 'Treatment Plan Review Date', based upon the 'Treatment Plan Date'. (Client Request)
 - Enter a 'Treatment Plan Date', then click either 30/60/90 Day TPR.
 - The software will calculate either 30/60/90 days from the 'Treatment Plan Date' and enter that date into the 'Treatment Plan Review Date' field.
- PopUpVitals
 - The following change was made to the PopUp tab, so it will be reflected on ALL tabs that access Vital Signs.
 - A NEW field 'Inhaled O2 Conc.' (Concentration) was added.
- Psych Hx Style 2
 - Family Psychiatric and Treatments Hx panel – The headers on the GridEdit screens were updated.
 - The first screen was changed from 'Psychiatric' to 'Family Psychiatric'.
 - The second screen was changed from 'Hospitalizations/Treatments' to 'Family Hospitalizations/Treatments'.
- ReviewOfSystems and ReviewOfSysStyle2

Examination Enhancements

- Musculoskeletal panel – This panel was added back onto the tabs.
- Session Note and MedicationMH
 - Base panel – A TabAdd button for 'Review of Systems' was added. When clicked, it will add the ReviewOfSystems tab to the end of the patient's layout. (Client Request)
- Service Plan
 - GAF (Global Assessment Of Functioning) was removed, as it is no longer needed. (Client Request)
 - Treatment Plan Information panel – 'Motivation for Treatment' will now display in the grid.
 - Diagnosis/Plan panel – 'Resolved' will now display in the grid. 'PT Informed' title was changed to 'PT/Guardian Informed'.
 - Objectives/Goal Steps panel – Height was increased to display more information.
 - New fields were added for the following: Strengths, Needs, Abilities, Preference and Urgent Needs.
 - Staff Who Entered Data/SignOff's/Other Professionals panel – Height was increased to display more information.
- Therapy
 - Therapy/Treatment panel – The grid was updated to only display records up to the exam date that is currently active on the screen. If you search for an old exam, it will only display records entered UP TO and INCLUDING that date, not anything that was entered AFTER that date. (Client Request)

(1/16/2018) Tabs > New Tab Added

- The following is for ALL Advantage products:
- Implanted Devices
 - This tab was created for ONC Certification, but is NOT required for the office to fill out.
 - If the information is filled out, it will merge onto the CCD (Continuity of Care Document).
 - This criterion is not aimed at surgical specialties, settings, or systems. It is aimed at delivering information to all clinicians so that they can know what devices their patients have, and use that information to deliver safer and more effective care.
 - It includes areas for you to enter the following information:
 - UDI – Unique Device Identifier
 - This is a unique numeric or alphanumeric code that consists of two parts: (1) a Device Identifier (DI) and (2) a Production Identifier (PI).
 - If the item has a barcode, you may scan it into this field (or type the UDI and hit Enter), and it will populate many of the remaining fields for you.
 - Device ID – Device Identifier that makes up part of the UDI
 - Description – This is from the 'GMDN PT Name'
 - Lot Number – The Lot or Batch within which the device was manufactured
 - Serial Number – The Serial Number of the device
 - Expiration – The Expiration date of the device
 - Manufacturer – The Company that manufactured the device
 - Manufactured Date – The date the device was Manufactured
 - Brand Name – The Brand Name of the device
 - Version – Version or Model of the device
 - Contains NRL – Contains natural rubber latex
 - Donor ID – If there was a Donor, the ID of the Donor
 - MRI Safety – Magnetic Resonance Imaging safety information
 - Inactive – Check if no longer Active (If a device is still implanted in the patient, it is considered to be 'Active')

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- Inactive Reason – Reason the device is no longer Active
- Implanted – The date the device was Implanted
- Implant Site – The site on the patient's body where the device was Implanted

(4/26/2018) Tabs > New Tabs Added

- The following are for Psych Advantage ONLY:
- Psychsocial
 - This includes areas for you to enter/view the following information: Physical Health Issues, Housing and Financial, Legal, Education, Transportation, Child Care, Disability, Military Service and Cultural and Spirituality.
 - All entries will be added using the GridEdit icon.
- Treatment Plan
 - This includes areas for you to enter/view the following information: Treatment Plan Information, Strengths, Needs, Abilities, Preference, Urgent Needs, Diagnosis/Plan, Goals, Objectives/Goal Steps, Discharge Criteria, Aftercare Program and Staff Who Entered Data/SignOff's/Other Professionals.

Function Enhancements

(1/17/2018) Insurance Activities > Billing > Display Changes

- The 'Form' and 'EMC' fields were added back to the screen. (Client Request)
 - This will allow you to select an EMC Destination Code and choose an Output of 'List', 'EMC Claim File' or 'Claim Edit Errors Only'.

Ledger Enhancements

(1/18/2018) Charge Window (After Saving) > New Payor Notes Section

- Once a Ledger charge transaction has been saved, editing it displays the Payor Notes section.
- To add a new Payor Note record for this transaction, click the green plus (+) icon.
 - Desc – Enter a description to identify this particular Note.
 - Payor – This is auto-populated if an Insurance carrier attached to the charge has a Last Billed date and Ins Balance. You can also manually select a Payor.
 - Notes – Enter the initial action that is being taken for this issue.
 - You also have the option of right clicking in the field to open the table to enter a list of common notes that you will use in the future.
 - Once you add items to the table, you can double click in the field to display the list of Payor Notes to select from.
 - Status – Free-type, double click in the field, or click the drop-down to select from a list of Status options.
 - You may also right click in the field to open and add to the table.
 - Responsible – This will default to the user who added the Note record. The drop-down list accesses the Login IDs table to select another user.
 - Follow Up – Enter a date for the action to be performed.
 - Resolved – When the issue has been resolved, enter that date here. Double click in the field to enter/remove the date.
 - Save the Note.
- To add a Detail record to the highlighted Note, click the pencil icon.
 - The same editing window is displayed.
 - These attach like a thread to the Note record.
 - The most recent action taken on this issue appears at the top of the Details.
 - Highlight a Detail record to display the Notes in the box to the right.

Ledger Enhancements

- The 'Status' on the Note in the top window takes on the 'Status' of the last action entered in the bottom window.
- Use the 'RCM: Insurance Follow-Up' Worklist to manage these issues.
 - See detailed information on the Worklist under the Ledger Commands section of this course.

(1/17/2018) Charge Window (Expand Screen) > Tab Order Updated on Addt Dx Tab

- The tab order was updated on the Addt Dx tab, so it will now tab through all 24 fields in numerical order. (Client Request)

(1/19/2018) Command (Credit Insurance) > Payment Posted Equals Balance, Option to Post Manually

- When posting a payment to the Insurance, if the amount posted equals the balance, you will now have the option to choose if you would like automatic disbursement. (Client Request)
- If you click No, you will be allowed to select the lines and manually apply the payment.

(1/19/2018) Command (Worklist) > New Worklist Added

- A NEW Worklist called 'RCM: Insurance Follow Up' was added.
 - This is to be used with the NEW Payor Notes functionality.
 - The Worklist will show a list of Todos based on Followup on a Payor Note.
 - You will be prompted to enter both a Start Date and an End Date for the Followup date range, then a Login ID for the Responsible ID (if left blank, it will pull ALL IDs).
 - Information displayed includes the Payor Name, Patient Last Name and First Name, Payor Note Status, Followup Date and Responsible ID.
 - Double click on a patient to be taken to their account. If you are on the Ledger when accessing the Worklist, when you double click on the patient, it will also open the Charge line containing the Payor Note.

Look-up Table Enhancements

(1/31/2018) EHR > Health History > Description Table

- The following were added with a Category of 'Personal': Functional Status and Cognitive Status.

(2/23/2018) EHR > Medication > Several Tables Removed

- The following tables were removed from the menu, as they are no longer referenced when using AdvantageERx (Client Request):
 - Form
 - Route
 - Strength

(NEW) EHR > New Table CDA Viewing Preferences

(ALL) EHR > New Table CDA Viewing Preferences

- This is a NEW table that can be used to customize the information displayed in a Continuity of Care Document per individual user.
- The table is distributed with no entries by default, so ALL users have the standard view of a CCD, until a custom preference is created and assigned to their Login ID record.
- Click 'Add', assign a Name for the Preference (maybe a Provider name) and click Save.
- When highlighted on the Preference Name, you will see a list of the standard CDA sections in the window below.

Look-up Table Enhancements

- Use the 'Detail' commands to customize the Preferences.
 - Detail > Edit – Used to change the Display Order of the sections in the CCD Viewer.
 - Example: if the Provider wants to see the patient's REASON FOR REFERRAL presented first in the viewer, set Display Order to '1'.
 - Detail > Hide – Used to suppress a section in the CCD Viewer.
 - Example: if the 'IMMUNIZATIONS' section is not meaningful to the Provider's scope of practice, this Detail item may be hidden.
 - This option might also be used to suppress specific data elements based on the user's role in the practice.
 - You may want a CCD Viewing Preference for Technicians that does not include all of the sections that a Provider sees.
- Once a Viewing Preference has been created, you will assign it to the user's Login ID record.
 - Edit the Login ID, scroll down to the 'CDA View Preference' field and select the Viewing Preference that you would like to assign to the ID.
 - Save the record and close out of the table.
- The user must log out and back into the software to refresh their profile.
- The next time this user opens a CCD in the viewer, it will display based on their Preference setting.

(2/1/2018) EHR > Treatment > Name Table

- Ketamine Therapy was added with Post Code 96365.

(2/22/2018) Financial > Payors > Names Table

- A NEW 'Print' command was added. (Client Request)
- This will open a Crystal Report window where you select your Options/Parameters for running the report:
 - Show Hidden – 'Y'=Show ONLY Hidden Payors, 'N'=Show ONLY Unhidden Payors, '*'=Show ALL Payors (both Hidden and Unhidden)
 - State – Run for Payors in a specific state
 - Owner – 'C'=Compulink, 'U'=User, or '*'=ALL
- Select your Options and click Begin.
- The report will list the designated Payors in alphabetical order with their corresponding information.

(1/31/2018) General > Appointment > Types Table

- A 'Hide' column was added to the display so you can easily see which Appointment Reasons have been marked as hidden. (Client Request)

(1/31/2018) General > Patient > Communication > Type Table

- A NEW type of 'Shared Health Information' was added.

(2/26/2018) General > Provider Table

- A NEW field 'Clinical Quality Measure "CQM" Year' was added.
 - Enter '2017' for MIPS reporting (Advantage Version 12 and greater is certified for the 2017 CQM criteria).
- A NEW field 'E-Rx History Mode' was added to allow the Provider to select how they want the merge Medication History to work.
 - Manual
 - This will work the same as previous versions.
 - All medications default to Add=No, and gives you the option to manually select which ones you would like to merge.

Look-up Table Enhancements

- Semi-Automatic from Select List
 - This is the default in AdvantageERx.
 - Medications that the Provider has previously prescribed or noted in a patient's record will default to Add=Yes, but may still be toggled to no if they choose prior to merging.
 - All other medications will default to Add=No.
- Fully Automatic from Select List
 - This defaults the same medications to Add=Yes as the Semi-Automatic from Select List option, however, this will be handled automatically when the exam is created/edited, without having to click on Utility > E-Rx > History View/Merge.
 - If the Medication History was not already pulled by the PracticeWatch function, there will be a slight delay when adding the record while the software retrieves the History prior to merging.
 - If a name match from Surescripts is not able to be done to find an NDC, the medication will NOT automatically be added.
- Merge All
 - This will automatically merge ALL medications that are NOT in the patient's record when the exam is created/edited, without having to click on Utility > E-Rx > History View/Merge.
 - If the Medication History was not already pulled by the PracticeWatch function, there will be a slight delay when adding the record while the software retrieves the History prior to merging.
 - If a name match from Surescripts is not able to be done to find an NDC, the medication will NOT automatically be added.
- Several fields were renamed to update to current terminology and reporting functionality.
 - Stimulus Assistance was renamed to MU (ACI) Participation.
 - MU Stage was renamed to MU (ACI) Stage.
 - This is used to generate ACI (Meaningful Use) and CQM data for the Stage of the Medicare/Medicaid incentive programs the Provider is reporting for.
 - Enter '2' for eligible clinicians reporting the 2017 ACI Transition Measures Set (MU Stage 2 for Medicaid).
 - Enter '3' for eligible clinicians reporting the 2017 ACI Full Measures Set (2018 ACI Measures).
 - Meaningful Use Year was renamed to MU (ACI) Year.
 - Enter '2015' – Advantage Version 12 and greater is ONC 2015 CEHRT certified.
 - This field partners with the 'MU (ACI) Stage' field.

(2/26/2018) General > Referral > Sources Table

- The Export option was removed, as all table maintenance can be done in the software.
- An Import option was added for NEW clients that may be importing large amounts of data, or converting data from another system.

Patient Area Enhancements

(2/26/2018) Command (Print>Report) > Letterhead Added to PatientApptFuture

- From the patient demographic screen, click Print > Report and select 'PatientApptFuture'.
- This gives you a list of the patient's future appointments, and it now includes the office letterhead at the top. (Client Request)

(2/26/2018) Command (Referral>History/Eligibility) > Max Visits Field Increased

Patient Area Enhancements

- The 'Max' Visits field was expanded to allow 4 characters. (Client Request)

(4/3/2018) Command (Worklist) > New Worklist Added

- The following is for Psych Advantage ONLY:
- A NEW Worklist called 'Todo/Followup List For Logged In ID Sorted by Action' was added.
 - This is a list of all ToDo records assigned to the current Login ID, sorted by Action.
 - Information displayed includes the following: Acct#, Patient Name, Action and Due Date.

(4/3/2018) Tabs > Enhancement Made to Existing Compulink-Owned Tab

- The following change was made to the Patient tab:
 - Patient Contacts panel – Relationship will now display in the grid.

(2/28/2018) Tabs > Enhancements Made to Existing Compulink-Owned Tabs

- The following are for ALL Advantage products:
- Patient
 - Appointment History panel – When you click on the Printer icon, it will open a Crystal Report with the patient's Future Appointments.
 - Appointment History grid – When you double click on an appointment, it will now take you to the exact Date and Time of that appointment, and NOT to the current Daily Detail screen.
 - Patient Action Items panel – A NEW 'Done' blue check mark icon was added to the header. Highlight an Action Item and click the icon to mark it as Done without having to edit the record. (Client Request)
- PopUpDemographics
 - Two NEW fields were added for 'Preferred Pharmacies': Local and Mail Order.
 - Click the drop-down arrow to access the same Pharmacy Search window that you see in AdvantageERx.
 - Search for and select the Pharmacy.
 - When accessing AdvantageERx from the patient exam, the Local Pharmacy will default into the window.
 - If only a Mail Order Pharmacy is selected, that will default into the window.
 - The 'User 4' and 'User 5' fields were moved down under the 'Mother's Maiden Name' to make room for the new Pharmacy fields, and keep them together with 'E-Rx History Consent' field.

Report Enhancements

(3/1/2018) Electronic Health Record > 2017 ACI Full and Transition Measure Sets

- Advantage Version 12 supports reporting of both the 2017 ACI Full and Transition Measure Sets.
- Under Report > Electronic Health Record, you will find an ACI Summary and ACI Patient List report for each.
- The Measure Set reported is determined by the eligible clinician's Provider table record.
 - MU (ACI) Year = 2015
 - MU (ACI) Stage = 2 (for 2017 Transition Set)
 - MU (ACI) Stage = 3 (for 2017 Full Set)
- Populate ACI Reporting data by running the ACI/MU Dashboard with the corresponding MU Year and Stage; then run the ACI reports using the same parameters.
- Things to consider:
 - The ACI reports mirror what happened in the Dashboard.

Report Enhancements

- To report on an individual clinician's ACI Measure outcomes, you must have created a data set for that clinician in the Dashboard.
- If all of the data sets generated in the Dashboard have the Provider option set to '*' for All, you will not be able to drill down to a specific Provider's outcomes in the ACI reports.
- If the Dashboard data is generated with the Location Group option left BLANK for All, you must choose a specific Provider ID.
- If there are multiple Dashboard operations run for a combination of Location Groups and Provider IDs, these data sets will all be presented in an ACI report run with '*' in these options.

(3/1/2018) Electronic Health Record > Enhancement Made to Existing Report

- ACI Transitional Set Summary MIPS 2017
 - This report was renamed from 'MIPS Score and ACI Summary 2017'.
 - The Option/Parameter to run the report for 'Location Group' was added.
 - This is based on the EHR Location associated with the medical records being evaluated.
 - If you leave the 'Location Group' with '*', you MUST select a 'Provider ID'.
 - You may also select a 'Location Group' AND a 'Provider ID'.
 - This is not a group reporting per say, but allows you to drill down to the details.
 - For example, you may want to run ALL Locations, but remove this Provider's numbers for a specific Location; or maybe you want to know where a Provider is performing better.
 - You may select a 'Location Group' and leave the 'Provider ID' as '*' for ALL.
 - This will look for ALL Provider actions within the Location Group Set.
 - If you have 5 Providers working at certain Locations, you can use this to run the function once, and get the total for all 5 Providers combined as a group.
 - This is useful for practices with Providers reporting in a group setting under a SHARED Tax ID.
 - The Location Group selected MUST have the correct Tax ID assigned at the Location > Detail table level.

(3/6/2018) Electronic Health Record > New Report: ACI Full Set Patient List 2017

- This report locates patients who qualify for the patient population (denominator) for one or more of the 2017 Advancing Care Information Transition Measures. (Client Request)
- It is designed as a companion to the 'ACI Full Set Summary MIPS 2017' report to drill down to the specific patients who are included in the patient population for each ACI Measure.
- Eligible Clinicians participating in the CMS MIPS Quality Payment Program can run this report over any time period for which they have generated reporting data.
- The MU Dashboard/Populate Report Data utility must be run for an individual Provider, Stage 3 and Year 2015 for data to appear on this report.
- This report doesn't include any Measures from the Summary report with 0 numerator and 0 denominator, as there is no patient detail associated with these.
- Options/Parameters for running the report include the following:
 - Provider ID – Identify the Eligible Clinician you specified in the Dashboard to populate data for the reporting period.
 - Location Group – This is based on the EHR Location associated with the medical records being evaluated.
 - Reporting Period Begins on/after and Ends on/before dates – Use dates equal to or earlier/later than the date used to populate report data.
 - Populate Data Threshold – Use data that was generated by the Populate Report Data utility in the MU Dashboard from this date forward.

Report Enhancements

- Threshold Hour Start/End – Use data generated with the Populate Report data utility from/through this Hour (military time).
- Show Measure Description? - Option to include the CMS description in the individual ACI Measure detail.
- Include Qualified Patients?
 - This option defaults to True to include both patients who qualified for the Measure, as well as those who did not.
 - This can be used to compare records when identifying documentation gaps.
 - To locate only those patients whose documentation failed the Measure, change this option to False.
- Select your Options and click Begin.
- The report is organized by Location Group, Provider, then by data set, and within each data set:
 - Measure (Detail depending on qualification level required for the Measure):
 - Patient-Level qualification:
 - List of patients with latest signed exam by Provider in data set period.
 - There will be an indicator for Qualifies or Does Not Qualify.
 - This tells you whether the documentation in the patient's record met the ACI Activity requirements for the Measure.
 - Examination-Level qualification:
 - List of pertinent exams. Each item will show patient and exam.
 - Prescription-Level qualification:
 - List of pertinent Rx. Each will show patient, Rx and exam.
 - You may see the same patient listed multiple times if there was more than one qualifying Rx during the reporting period.
 - Test-Level qualification:
 - List of pertinent Tests. Each will show patient, Test and exam.
 - You may see the same patient listed multiple times if there was more than one qualifying Test during the reporting period.
 - Totals for the Measure
- See the Compulink Advantage Help file for complete details on this NEW report.

(3/6/2018) Electronic Health Record > New Report: ACI Full Set Summary MIPS 2017

- This report presents a quick way for MIPS eligible clinicians to see their ACI Performance, ACI MIPS Score and optional estimate of their composite MIPS score.
- It reports on the CMS ACI 2017 Measures (full set).
- The data presented is based on the clinician's EHR documentation and the report options selected.
 - ACI includes Base, Performance and Bonus categories for the measures and their percentages.
- The MU Dashboard/Populate Report Data utility must be run for Stage 3 and Year 2015 for data to appear on this report.
- Options/Parameters for running the report include the following:
 - Location Group – This is based on the EHR Location associated with the medical records being evaluated.
 - Provider ID – Identify the Eligible Clinician you specified in the Dashboard to populate data for the reporting period.
 - Reporting Period Begins on/after and Ends on/before dates – Use dates equal to or earlier/later than the date used to populate report data.
 - Populate Data Threshold – Use data that was generated by the Populate Report Data utility in the MU Dashboard from this date forward.
 - Threshold Hour Start/End – Use data generated with the Populate Report data utility from/through this Hour (military time).
 - Show Measure Description? - Option to include the CMS description in the individual

Report Enhancements

ACI Measure detail.

- Will attest to – Attestation Measures are factored into your score, based on values selected.
 - Will attest Security Risk Analysis?
 - Will Attest CEHRT for IA?
 - Will attest Public Hlth Reporting?
 - Will attest Immunization Registry?
- Enter your QM MIPS % - Enter your QM MIPS percentage as an option in this report.
 - Defaults to 45%.
 - Used when the 'Show MIPS Composite Score' option below is set to True.
- Show MIPS Composite Score? - Do you want your MIPS Composite Score included with the ACI Measure outcomes?
 - This includes ACI as scored in this report PLUS the Quality Measures (QM) percentage.
- Select your Options and click Begin.
- The report is organized by Location Group and Provider, then by data sets from the Dashboard.
- Graphical Summaries per data set provide a snapshot of your progress: MIPS Composite Percentage, ACI Percentage and ACI Performance Percentage.
- Display for each ACI Measure includes the following:
 - Measure ID, Measure Name, Objective Name and optionally, the description.
 - A Subtotal row for the Numerator and Denominator.
 - A second Subtotal row for some information about ACI scoring of the measure.
 - An alert message will display if you have a Numerator of zero for a Base Measure in a data set. This results in an ACI Score of 0.
- See the Compulink Advantage Help file for complete details on this NEW report.

(3/7/2018) Electronic Health Record > New Report: Erx All Successful Orders

- This report lists successful electronic prescription orders. (Client Request)
- Options/Parameters for running the report include the following:
 - ID (Prescriber) – Prescriber ID on the Rx Order
 - Start/End Date (eRx Order) – Start and End Date range of the Rx Order Dates
 - NPI (provider) – NPI of the Prescriber
 - BY D-Date P-Patient M-Med - These are the regulatory report sorting options that are available to you.
 - D is the eRx Order Date. This is the default order.
 - P is the patient name. If there are 2 patients with the same name, the one with the lowest account number will display first.
 - M is the medication/drug name.
 - Show Signature Block? - Signature line
 - False/No (default) – Listing will begin on the first page, there is NO Signature Block, but there ARE page footers with page numbers.
 - True/Yes – Each NPI/DEA listing starts on a new page and ends with a Signature Block and displays print time but NO page numbers.
 - Ohio Providers – Select 'True', then sign the listing per Ohio code 4729-5-01 definitions including review ERx.
- Select your Options and click Begin.
- The report is organized by Provider NPI, then DEA# (if applicable).
- If you choose to show the Signature Block, each NPI/DEA combination starts on a new page, and ends with a Signature Block to verify review.
- Detail order depends on your Order 'BY' option selected.
- Detail includes: ERx Ordered Date and Time, Account #, Patient Name, Medication (Name, Dose, Units, QTY, Refills and Schedule Number).
- Totals per Provider include: #Patients, #eRx Orders and #Scheduled Rx eRx Orders.

Report Enhancements

(3/8/2018) Electronic Health Record > MEANINGFUL USE > Enhancements Made to Existing Reports

- MU Objectives 2015 Stages 1-2
 - This report was renamed from 'MU Objectives 2015'.
- MU Objectives 2015 Stages 1-2 Patient List
 - This report was renamed from 'MU Objectives 2015 Patient List'.

(3/8/2018) Electronic Health Record > MEANINGFUL USE > New Report: MU Objectives 2015 Stage 3

- Medicaid Providers in certain states are eligible to participate in Meaningful Use Stage 3 for the 2018 calendar year.
- EPs that attest directly to a state's Medicaid EHR Incentive Program may attest to the Measures and Objectives as finalized in the Eligible Professional Medicaid EHR Incentive Program Stage 3 Objectives and Measures per CMS guidelines.
- This report produces attestation data for the following Measures:
 - Protect Electronic Health Information
 - eRx
 - Clinical Decision Support (CDS)
 - Computerized Provider Order Entry (CPOE)
 - Patient Electronic Access
 - Coordination of Care
 - Health Information Exchange
 - Public Health Reporting
- Set the Provider ID up in the Provider table with the following:
 - MU (ACI) Stage = 3
 - MU (ACI) Year = 2015
- The MU Dashboard/Populate Report Data utility must also be run for Stage 3 and Year 2015 for data to appear on this report.
- Options/Parameters for running the report include the following:
 - Location Group – This is based on the EHR Location associated with the medical records being evaluated.
 - Provider ID – Identify the Eligible Provider you specified in the Dashboard to populate data for the reporting period.
 - Reporting Period Begins on/after and Ends on/before dates – Use dates equal to or earlier/later than the date used to populate report data.
 - Populate Data Threshold – Use data that was generated by the Populate Report Data utility in the MU Dashboard from this date forward.
 - Threshold Hour Start/End – Use data generated with the Populate Report data utility from/through this Hour (military time).
 - Show Measure Description? - Option to include the CMS description in the individual MU Objective detail.
- Select your Options and click Begin.
- The report is organized by Location Group and Provider, then by data sets from the Dashboard.
- If the report results show that you failed to meet the minimum percentage on one or more Objectives, run 'MU Objectives 2015 Stage 3 Patient List' report to locate the patients, then review their records.

(3/9/2018) Electronic Health Record > MEANINGFUL USE > New Report: MU Objectives 2015 Stage 3 Patient List

- This report is used to identify patients whose records failed the Meaningful Use documentation

Report Enhancements

- requirement for one or more MU Stage 3 Objectives.
- Designed as a companion to the 'MU Objective 2015 Stage 3' report, you can drill down to the specific patients in the patient population for each Objective.
 - This evaluates data for the Eligible Professional Medicaid EHR Incentive Program Stage 3 Objectives and Measures per CMS guidelines.
 - EPs who are participating in the Medicaid Incentive Program can generate this report over any time period for which they have run the Populate Report Data utility.
 - Options/Parameters for running the report include the following:
 - Provider ID – Identify the Eligible Provider you specified in the Dashboard to populate data for the reporting period.
 - Reporting Period Begins on/after and Ends on/before dates – Use dates equal to or earlier/later than the date used to populate report data.
 - Populate Data Threshold – Use data that was generated by the Populate Report Data utility in the MU Dashboard from this date forward.
 - Threshold Hour Start/End – Use data generated with the Populate Report data utility from/through this Hour (military time).
 - Show Measure Description? - Option to include the CMS description in the detail.
 - Include Qualified Patients?
 - This option defaults to True to include both patients who qualified for the Measure, as well as those who did not.
 - Select your Options and click Begin.
 - The report is organized by Location Group, Provider, then by data set, and within each data set:
 - Measure (Detail depending on qualification level required for the Measure):
 - Patient-Level qualification:
 - List of patients with latest signed exam by Provider in data set period.
 - There will be an indicator for Qualifies or Does Not Qualify.
 - Examination-Level qualification:
 - List of pertinent exams. Each item will show patient and exam.
 - Prescription-Level qualification:
 - List of pertinent Rx. Each will show patient, Rx and exam.
 - Only included if Prescriptions are part of the Measure specifications.
 - Test-Level qualification:
 - List of pertinent Tests. Each will show patient, Test and exam.
 - Only included if the Tests are part of the Measure specifications.
 - Totals for the Measure

(3/9/2018) Financial > .Discontinued Reports

- A few reports have been discontinued, and removed from the Report Menu.
- Information previously gathered on the discontinued reports, may now be found on newer reports that run faster.
- Acct Management Reports
 - A/R Responsible Only – To obtain this information, run the 'Accounts Receivable' report with the Option/Parameter of 'Responsible Only View?' set to True.
 - Credit Balances – To obtain this information, run the 'Accounts Receivable' report with the following Options/Parameters: 'Minimum Account Balance' = -999999 (default) and 'Maximum Account Balance' = -.01.
 - Partial Payment – To obtain this information, run the 'Ins. Receivables by Payor' report with the Option/Parameter of 'Partially Paid Claims ONLY?' set to True.

(3/9/2018) Financial > .Menu Updated

- The Report Menu has been updated, and the --BETA reports will now appear at the top.
- This Menu update can be seen on both the Acct Management and Analysis Report Menus.

Report Enhancements

(3/9/2018) Financial > Acct Management > Enhancements Made to Existing Reports

- Accounts Receivable
 - The Parameter/Option of 'Location Group (Svc Loc) has replaced 'LOC (Service Location)'.
 - It will select information by Ledger Service Location on the original charge, but it groups the output on the report based on Patient Demographic Location.
- Ins. Receivable by Payor
 - This report was renamed from 'Ins. Receivable by Carrier'.
- Missing Insurance Payor
 - This report was renamed from 'Missing Insurance Carrier'.
- QPP (PQR) Compliance 2017
 - The START DATE will now default to the year 2017, and the END DATE will default to the current date. (Client Request)

(3/13/2018) Financial > Analysis > Enhancements Made to Existing Reports

- Capitation One Month
 - This report was renamed from 'Capitation Analysis'.
- Prod. Analysis by Charge
 - The NEW Parameters/Options 'Start CPT Code' and 'End CPT Code' were added. (Client Request)
 - These will allow you to set a range of CPT Codes if desired.
- Reimbursement Detail
 - The report will now display Totals per Carrier, as well as a Grand Total for All Carriers. (Client Request)
- Responsible Adjustments
 - The NEW Parameters/Options 'Minimum Adj. Amount' and 'Maximum Adj. Amount' were added. (Client Request)
 - These will allow you to set a range of Adjustments if desired.
 - The report now includes Refund sub-totals.
- RVU Analysis with Modifiers
 - This report was renamed from 'RVU Analysis'.

Utility Enhancements

(3/14/2018) PracticeWatch Setup > AdvantageERx Changes

- The Pharmacy table update function will now automatically be run by PracticeWatch after hours. You will only see the update run upon launch of the software if PracticeWatch fails to run. (Client Request)
- The 'ERX Eligibility Checking' and 'ERX Send & Download' functions will now be run automatically in the back end of the software, and you will no longer see the functions displayed in the Task list.

(3/14/2018) Quality Reporting, ACI and MU > Populate Report Data > Location Group Added

Utility Enhancements

- You now have the option to populate the report data for a Location Group.
- By default, your Advantage software includes a Location Group for each individual Location ID and one for ALL Locations.
 - Additional combinations that make sense for your functions and reporting needs, can be added under Utility > Look-up Tables > General > Location > Groups.
 - Use different Location Group & Provider ID combinations for alternate views of your ACI data.
 - If you leave the 'Loc. Group' blank (Equivalent to ALL), you MUST select a Provider 'ID'.

(3/14/2018) Quality Reporting, ACI and MU > Utility Renamed

- The Utility 'Quality Reporting, ACI and MU' was renamed from 'Quality Reporting and Meaningful Use'.

(3/14/2018) System Administrator > E-Mail Setup > New Option for Multiple E-Mails

- This connectivity tool is used to configure settings for E-Mail sent from the system.
- Compulink uses Updoox for their Direct E-Mail messaging.
- Previous Versions only allowed for one E-Mail address/record; Version 12 now allows for multiple records.
- You can configure Direct incoming and outgoing messages through another 3rd party vendor.
 - That vendor will provide all of the field values needed to complete the screen.
 - Choose E-Mail Type: Direct – Edge Protocol.

New Features & Enhancements for Previous Version Builds:

[11.1](#) (10/06/2017)

[11.0.9](#) (4/18/2017)

[11.0.8](#) (1/5/2017)

[11.0.7.2](#) (11/28/2016)

[11.0.7.0](#) and [11.0.7.1](#) (9/26/2016)

[11.0.6.4](#) (2/10/2016)

[11.0.6.3](#) (11/07/2015)

[11.0.6.2](#) (11/07/2015)

[11.0.6.1](#) (10/07/2015)

[11.0.6.0](#) (09/03/2015)

[11.0.5.6](#) (08/10/2015)

[11.0.5.5](#) (07/31/2015)

[11.0.5.4](#) (07/02/2015)

[11.0.5.3](#) (06/24/2015)

[11.0.5.2](#) (05/11/2015)

[11.0.5.1](#) (04/15/2015)

[11.0.5.0](#) (03/23/2015)

[11](#) (< 11.0.5.0)