

Version 11.0.6.1 Changes

General changes:

1. The Software License Expiration message now displays the directions for how you can download a License Update from the System Admin menu.

Report changes:

1. Report > Appointment > Daily > Missing Charges.
 - New option: Appointment Status.
 - You can now choose to run the report for appointments with a specific status like "K" for Kept, or "N" for No Show.
 - New option: Posted # Days or more after Appt.
 - The original report looked ahead through 10 calendar days of ledger activity for charges with a Date of Service that matched the Appointment Date.
 - This new option allows you to select the number of days at which the report begins to look ahead (Appointment Days + Wait Days or later) that you would like it to search for charges posted.
 - New option: Match on ID, Dept & Loc?
 - If set to False, it will pull patients based on the Date of Service and Appointment date match only.
 - If set to True, the charges must also match the Appt Provider ID, Appt Department, and Appt Location selected in the top of the report window.
2. Report > Financial > Acct Management > ~BETA A-R SNAPSHOT.
 - This Beta report gives a rapid overview of Accounts Receivable balance by Location, showing accounts with non-zero balance as of the A-R Date.
 - Please email feedback to betareportfeedback@compulinkadvantage.com.
3. Report > Financial > Analysis > AdvantageRCM Fee Calculation.
 - RCM stands for Revenue Cycle Management, Compulink's billing service offering.
 - This new report identifies RCM-eligible payments which are used to determine your monthly RCM fees.
 - See the Advantage Help file for full details on AdvantageRCM and this report.

Utility changes:

1. Renamed "Table and Convert Utilities" to "Miscellaneous Database Utilities."
 - Renamed "Misc. Utility" to "Other Misc. Utilities."
2. Utility > Customize Screen/Table Structure/Rules > Smart Function Editor > Exam.
 - A new parameter was created for the "SelectEncounterFavorite" Smart Function.
 - You can now specify a location/keyword to look for in the diagnosis in order to drill down your options for selecting a diagnosis.
 - Example: ('%cluster', '', 'Episodic') would specify to only bring up Encounter Favorites with the word "cluster" in the name of the Encounter Favorite, "" is for no laterality specification, and the word "episodic" in the diagnosis.
 - If you wanted to specify laterality for other examples, you could have: ('%foot', 'R', 'fracture')
 - When you select the Encounter Favorite, the software will look at the diagnoses attached to it in the table, and display only the ones that have that keyword in them.

Table changes:

1. Utility > Look-up Tables > General > Providers.
 - The Provider's Meaningful Use information will now display on the report when printing from this table.
2. Utility > Look-up Tables > Financial > Payors > Names. (This can be seen in eyemd NOW with a test.flg)
 - Once a week, the software will check to see if the last Payor update you performed is up to date by comparing it to record on the Compulink server.

- If it is NOT up to date, it will prompt a message on login of the software for users who are set up with ins bill=Y in the Login IDs table.
 - This message will pop up until the Payor tables are updated.
3. Utility > Look-up Tables > Financial > Payors > Compulink Update.
 - You can now perform the Compulink Payor/Claim Edits update while multiple users are logged into the software.
 - Only the person doing the update will need to exit and relaunch the Advantage software to complete the update process.
 - For everyone else, the next time they change patients, or do anything that refreshes their screen, the updated information will be there.
 4. Utility > Look-up Tables > EHR > Image > Bitmap Detail.
 - These are new changes that will function with the Visual Documentation Engine.
 - Parameter \$QTY.
 - The \$QTY parameter will now work when adding Assessments.
 - The parameter is entered into the "Auto Assign Fields/Values" field, and can be grouped together with other items.
 - Example: \$Assessment=\$QTY+COLOR+SCALE+TYPE+" located on the "+SIDE+LOCATION+". "
 - When adding this Bitmap to the image in the VDE, it will automatically assign the Assessment to the Diagnosis on the Plan tab.
 - In the example, the Assessment is the Quantity, Color, Scale, Type, "located on the", Side, and Location.
 - New conditional separators for Assessment.
 - Example: \$Assessment="Looks like a " + LENGTH + ^x^ + WIDTH + {located on the } + LOCATION + [.]
 - Text between " and " will always show.
 - Text between { and } will only show if the item after it contains a value (LOCATION).
 - Text between [and] will only show if the item before it contains a value (LOCATION).
 - Text between ^ and ^ will only show if the item before AND after it contains a value (LENGTH, WIDTH).
 5. New parameters to be used in several Exam tables.
 - The new parameter can be used in the following Exam tables: Test, Treatment, Order, and Surgery.
 - \$SELECT(Doctor,Name,ID) and \$SELECT(Doctor,Name,Name).
 - The parameter is entered into the Default Fields sections to allow you to access the Provider table from a specified field.
 - You select the Provider, and it will populate the specified field with either the Provider ID, or the full Name.
 - Exam Surgery table example: Surgeon=\$SELECT(Doctor,Name,Name)
 - Go to VDE in the patient exam and add a Bitmap that has the example Surgery as an attached Order.
 - Highlight the Surgery on the right and you will see the fields listed below.
 - Click the ... next to the Surgeon Name and it will access the Provider table; select a Provider.
 - Save the record.
 - Go to the Plan tab and look at the area where the Surgery was added and you will see the Provider name you selected listed as the Surgeon.

Ledger changes:

1. Claim Screen will display more than 4 diagnoses.
 - You may add up to 24 diagnoses in the patient exam.
 - When posting to the Ledger, up to 24 diagnoses will display in the Claim Screen.
 - In the Add/Edit/Insert Charge screen, the dropdowns for the Diagnosis fields AND the Diag field in the Carriers section will display the list of up to 24 diagnoses to choose from.
2. Automatic ICD-10 Claim Set creation.
 - When posting charges to the Ledger for the first time in ICD-10 mode, the software will display the following prompt:
"Select YES to flip ICD codes from ICD-9 to ICD-10 or vice versa!"

- If you select NO, the software will copy all of the previous Claim information to a new Claim Set for the current date; including the ICD-9 codes.
- If you select YES, you will be prompted to select the ICD-10 codes that you would like to use for the new claim set.
- All of the information will be copied from the previous claim set (referral, facility, etc), but the codes will now be in ICD-10 format.
- This will save your staff time and clicks when updating the patient claim information to ICD-10.

Exam changes:

1. Encounter Favorites.
 - New checkbox to select Assessments.
 - Select an Encounter Favorite in the exam.
 - A "Select Assessment" window opens for you to check the assessments that you would like to be included when the diagnosis is added to the Plan tab.
 - Check all that apply and click OK.
 - If there is only one choice in the table, it will automatically default that assessment onto the diagnosis when it is added to the plan tab.
2. Visual Documentation Engine (VDE).
 - Single click.
 - Single left click on an object that has a Base Image attached, and it will open the VDE.
 - You still have the option of right clicking and selecting "Draw on Image."
 - If the object does not have a Base Image attached to it, the normal menu will display.
 - An example would be an image that you imported into the software.
 - Drop Here command.
 - You are now able to drop a bitmap on top of an already shaded region.
 - Check the "Region" option on the menu, then add your bitmap to the region of the body.
 - Right click in the newly shaded region area, highlight "Drop here" and select the bitmap that you would like to drop on top of the shaded region.
 - Change the bitmap label on the fly.
 - When adding a bitmap to an image, the "Select Code" window opens and you will see the "Bitmap Reference" field.
 - You can type additional text in this field and when saved, it will display as the label on the image.
 - Supplemental Order search.
 - When adding a bitmap to an image, the "Select Code" window opens and has a button for Supplemental Orders.
 - This will open the "Add Supplemental Order" window.
 - There is a dropdown for selecting the Order Type, like Treatment, Surgery, Test, etc.
 - Once you select the Type, go to the "Order List" search field and key in the full description, or a partial description of the Order you are searching for.
 - As you type in the field, the software will automatically narrow down the list of choices in the window to match what you are typing.
 - This search feature is NOT case sensitive, or position sensitive.
 - A simple example would be, if you type "DogB", the software will find "Brown Dog" and "Dog is Brown" on your list.
 - Highlight your choice and click the Check, or double click to select, and it will add it to the Order Details in the Select Code window.
3. Adding diagnoses.
 - When adding diagnoses in the exam, you may add up to 24.
 - The first 9 will be numbered 1-9, and the rest will be numbered 9 (to show no specific order).
 - When posting from the exam to the ledger, all 24 diagnoses will be copied over to the claim screen.

ICD-10 Functionality:

1. At the ledger, prompt for correct code if you have entered ICD-9 codes when it should be ICD-10 codes (and vice versa).
 - Enter an ICD-9 code and tab or click out of the field.

- If the code should be ICD-10 (based upon the ICDSTART Date in the Payor table), the software will automatically bring up the "Select Diagnosis" window with the corresponding ICD-10 code(s) that you should select from.
 - The same process happens if you have entered an ICD-10 code, and the Payor is NOT ICD-10 ready.
 - The "Select Diagnosis" window will display the corresponding ICD-9 code.
2. ICD Flip button at ledger.
- A new "ICD Flip" button was added to the charge window at the ledger.
 - This button can be used to update your ICD-9 codes to ICD-10, or convert your ICD-10 codes back to ICD-9 when the Payor is NOT ICD-10 ready.
 - Clicking the "Copy" button first will create a copy of the Claim Set to preserve the original diagnoses that were entered.
 - Once you have the new Claim set, you can use the "ICD Flip" button to change the diagnoses to the new format (ICD-9 or ICD-10).
 - You will see the following message:
 - "Select YES to flip ICD codes from ICD-9 to ICD-10 or vice versa!"
 - Selecting No will close the message window and make no change.
 - Selecting Yes will either automatically change the diagnosis, or open a "Select Diagnosis" window for you to choose the correct corresponding diagnosis.
 - If there is more than one diagnosis, after selecting the first one, it will automatically bring up the "Select Diagnosis" window to update the next one.
 - Warning message:
 - If the Payor is NOT ICD-10 ready, and you try to flip the diagnoses to ICD-10, you will receive a warning message.
 - "Primary Payor not ready for ICD-10! Would you like to continue anyway?"
 - If the Payor IS ICD-10 ready, and you try to flip the diagnoses to ICD-9, you will receive a warning message:
 - "Primary Payor ready for ICD-10! Would you like to continue anyway for Secondary/Tertiary billing?"

Client Requests that were Satisfied with this Version

1. New report to display the RCM available revenue.
NEW FEATURE: Report > Financial > Analysis > AdvantageRCM Fee Calculation.
 - RCM stands for Revenue Cycle Management, Compulink's billing service offering.
 - This new report identifies RCM-eligible payments which are used to determine your monthly RCM fees.
 - See the Advantage Help file for full details on AdvantageRCM and this report.
2. Warning message or force of conversion at Ledger posting to point out each diagnosis where ICD-9/ICD-10 code cannot be used for this Date of Service.
NEW FEATURE: At the ledger, prompt for correct code if you have entered ICD-9 codes when it should be ICD-10 codes (and vice versa).
 - Enter an ICD-9 code and tab or click out of the field.
 - If the code should be ICD-10, the software will automatically bring up the "Select Diagnosis" window with the corresponding ICD-10 code(s) that you should select from.
 - The same process happens if you have entered an ICD-10 code, and the Payor is NOT ICD-10 ready.
 - The "Select Diagnosis" window will display the corresponding ICD-9 code.
3. Message that comes up when the license expires should be updated with the new steps required to refresh the license.
NEW FEATURE: The Software License Expiration message now displays the directions for how you can download a License Update from the System Admin menu.
4. Better functionality in the Ledger with claims that were posted with ICD-10, but the Payor is not ICD-10 ready. Need to update diagnoses and re-bill.
NEW FEATURE: ICD Flip button at ledger.
 - A new "ICD Flip" button was added to the charge window at the ledger.
 - This button can be used to update your ICD-9 codes to ICD-10, or convert your ICD-10 codes back to ICD-9 when the Payor is NOT ICD-10 ready.
5. Adding more diagnoses.
NEW FEATURE: When adding diagnoses in the exam, you may add up to 24.
 - The first 9 will be numbered 1-9, and the rest will be numbered 9 (to show no specific order).
 - When posting from the exam to the ledger, all 24 diagnoses will be copied over to the claim screen.
6. Report > Appointment > Daily > Missing Charges. Client would like the Missing Charges Report to look at the Ledger ID for a match with the Appt ID.
NEW FEATURE: New option: Match on ID, Dept & Loc?
 - If set to False, it will pull patients based on the Date of Service and Appointment date match only.
 - If set to True, the charges must also match the Appt Provider ID, Appt Department, and Appt Location selected in the top of the report window.
7. Report > Appointment > Daily > Missing Charges - Client would like to enter the amount of days to look for instead of the default 10 days that is set in the report.
NEW FEATURE: New option: Posted # Days or more after Appt.
 - The original report looked ahead through 10 calendar days of ledger activity for charges with a Date of Service that matched the Appointment Date.
 - This new option allows you to select the number of days at which the report begins to look ahead (Appointment Days + Wait Days or later) that you would like it to search for charges posted.
8. Request: Missing Charge Report - filter no shows
NEW FEATURE: New option: Appointment Status.
 - You can now choose to run the report for appointments with a specific status like "K" for Kept, or "N" for No Show.
9. Request in add/edit/insert charge popup in ledger, under carrier the diag drop down needs to list all diagnosis codes listed (including diagnosis codes add on the Addt Dx tab) currently only the 4 from the main screen are shown.
NEW FEATURE: Claim Screen will display more than 4 diagnoses.

- You may add up to 24 diagnoses in the patient exam.
- When posting to the Ledger, up to 24 diagnoses will display in the Claim Screen.
- In the Add/Edit/Insert Charge screen, the dropdowns for the Diagnosis fields AND the Diag field in the Carriers section will display the list of up to 24 diagnoses to choose from.