



**Psych Advantage**  
**Version 12.3 Service Pack Enhancements**  
**(Includes Multiple Service Packs)**  
**Document Revised (2/26/2021)**

Items listed on this document are the Service Pack Enhancements released with incremental updates (0.25, 0.26) between version steps (e.g. V12.3 to V12.4).

To the left of each enhancement, you will see the Service Pack that it is available in. Example: 12.3.0.26 means that the enhancement is available in that version build and GREATER.

The current version on distribution is 12.3.0.28. If you see an enhancement with a Service Pack number GREATER than this, it means that enhancement is still in BETA, and will be available soon.

The "**KNOW BEFORE YOU GO**" section includes important items for your office to review **PRIOR TO UPDATING** to this new version.  Items with a red X are additional important items.

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

The topics in the *Table of Contents* contain links; click a topic to jump to that spot in the document. Some of the topics are generic, and may not contain enhancements at current time of publication. If you would like to come back to the Table of Contents, click on the **red** page number at the bottom right of the page.

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### KNOW BEFORE YOU GO

- (12.3.0.24) Exam > Tabs > EDITED: PopUpGoals**
  - The 'Name' field – The drop-drown list will now be sorted by 'Name', and also will display the 'Description'.
- (12.3.0.24) Ledger > Command (EHR Post) > Command Grayed Out**
  - If the command is grayed out at the Ledger, this signifies that there have been no Exam charges saved for posting.
  - Complete and Save the patient's Exam; then click the 'Fees' command to bring up the 'EHR Automated Fee Posting' window.

## KNOW BEFORE YOU GO

- Click the 'Save for Ledger Posting' button to save the charges for posting at a later time.

### **(12.3.0.24) Patient >Command (Jump) > Group > Attendance > Post Exam with Episode**

- The Episode of Care will now be connected to the Exam when posting from the Group Attendance screen.
- If the patient only has one active Episode, it will automatically default to the Exam record, and display at the top of the screen.
- If the patient has more than one active Episode, the 'Select Active Episode' window will open and display a list of all of the patient's active Episodes to choose from.
- Information displayed includes the following
  - Start – Episode Start date
  - Name – Episode Name
  - Injured – Injured date on Episode
  - Category – Episode Category

### **(12.3.0.28) Utility >System Administrator > Login > IDs > Role(s) Updated**

- Nurse
  - This Role has been updated to function the same as the Role of 'Scribe'. (Request)
  - Users assigned to this Role are prompted at Login to identify the Provider they are Nursing for.
  - For PopUps related to Lab, Order and Testing grids in medical records, the 'Order By' ID will default to the Provider ID that was selected upon Login.
  - Encounter Favorites for that Provider's ID are available, along with the Favorites for all Providers.
  - Medication Records: If the Prescriber field is left blank, upon save, the Provider selected upon Login will populate.

## Exam

### Exam > Command (E-Rx)

#### **(12.3.0.27) Command (E-Rx) > NEW 'Monitor' Command ADDED**

- The NEW command 'Monitor' was added for use with Compulink's Prescription Drug Monitoring Program (PDMP).
- For details on this program, see the topic: Interfaces > AdvantageERx > Electronic Prior Authorization > 1. Introduction.
- Monitoring Schedule II Opioid Medications
  - Create a NEW exam record for the day and add a NEW medication record.
  - Once saved, click the 'E-Rx' icon to open the E-Prescribing window.
    - You MUST 'Screen' and 'Review' the medications prior to Monitoring.
    - Once the first 2 steps are complete, click the 'Monitor' icon.
      - If information is NOT found for the patient, the following message displays: A Narx Report for this patient is not available at this time!
        - This could indicate that the patient has not previously used schedule drugs.
        - It could also mean that none were ever reported under the patient criteria that they (the patient) gave your practice.
        - At this point, since there is no report, you may continue with prescribing the medication.
      - If information IS found, it generates a NarxCare report on the

## Exam > Command (E-Rx)

Appriss Health website, with Risk Indicators and other information about the patient's prescription.

- Exiting out of the report returns the Provider to the Advantage software.
  - A Confirmation window prompts for the response: 'Select YES to confirm that you personally verified the patient's Controlled Substance report or NO to indicate that you did not'.
  - A 'YES' response records the audit event 'Drug Monitoring Report Successfully Viewed'.
  - This may be viewed on the 'Exam > Print > Audit Report', and in the 'Report > System Admin .> PHIAudit Event Log'.

### (12.3.0.27) Command (E-Rx) > Authorization > 1. New Command ADDED

- The NEW command 'Authorization' was added for use with Electronic Prior Authorization, and contains the following options:
  - Initiate – Initiates the Prior Authorization process
    - The Pharmacy Benefit Manager (PBM)/Payor is notified of the patient and the medication for which the PA process is being requested; other information from the Advantage software associated with the Provider and patient is also sent.
    - If the connected Pharmacy does not support this functionality, the following message will appear: Pharmacy Does NOT SUPPORT Prior Authorization! Please Change Pharmacy!
  - Cancel – Cancel the Authorization Request
    - Medication Change – Select reason for canceling the Authorization Request
    - Prescriber Change – Select reason for canceling the Authorization Request
    - Other – Select reason for canceling the Authorization Request
  - Worklist – Accesses the 'Compulink Electronic Prior Authorization (ePA) Portal' and is used to gather information for a newly initiated Prior Authorization, or check the status on an existing PA.
  - Denial Submit – Future Development

### (12.3.0.27) Command (E-Rx) > Authorization > 2. Initiating Prior Authorization

- Create a NEW exam record for the day and add a NEW medication record.
- Once saved, click the 'E-Rx' icon to open the E-Prescribing window.
  - You MUST 'Screen' and 'Review' the medications prior to attempting to obtain PA.
  - If this is a Controlled Substance, highlight the medication and click 'Sign'.
  - If you have not completed a step, and you click 'Authorization > Initiate', the following message will display: Rx is not ready to Authorize!
  - When the Medication goes through the Formulary check, if it finds that a Prior Authorization is required, it will automatically send the message to initiate the process.
- The 'Authorization' command will only be accessible if the Pharmacy was added to the medication prior to accessing the E-Rx window.
  - If the E-Rx window is accessed, and the Pharmacy is selected there, you must highlight and Edit the medication to back-fill the Pharmacy onto the record.
- Highlight the medication and click 'Authorization > Initiate'; this sends a request message to the Pharmacy Benefit Manager (PBM)/Payer.

### (12.3.0.27) Command (E-Rx) > Authorization > 3. Accessing & Using the Worklist

- To gather information for a newly initiated Prior Authorization, or check the status on an existing PA, in the E-Rx window, click 'Authorization' and select 'Worklist'.
- This will open the 'Compulink Electronic Prior Authorization (ePA) Portal'.
- Click the 'Connect ePA Work List' button in the top left.
- A window opens with a 'Worklist' tab and a 'Task History' tab.

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- Worklist – This tab contains the following information:
  - Buttons:
    - Refresh – Click the button to refresh the Worklist
    - Filter – Opens a window to enter the following options to filter the Worklist by:
      - Patient First Name
      - Patient Last Name
      - Date Of Birth
      - Description
      - Due Date Range
      - Created On Range
      - Buttons to 'Clear' the options entered, or 'Apply' them.
  - Data
    - Task – Status of the PA
      - Complete Prior Auth Criteria
      - Complete Prior Auth Criteria with PDR
      - Prior Auth Approved
      - Prior Auth Closed
      - Prior Auth Denied
      - Prior Auth Error
    - Patient – Patient Last name, First name
    - DOB – Patient date of birth
    - Due – This is specific to completing an EPA, which has an expiration date.
    - Created – Date the PA was sent/created
    - Description – Medication that the PA was requested for
  - Click on a record to open the 'PRIOR AUTHORIZATION' window.
    - All windows will have the 'Options' button that opens a drop-down to select either 'Go to Worklist' or 'Go to Task History'; you may also click the tabs on the top left to go back.
    - Complete Prior Auth Criteria status
      - This is a PBM/Payer response to the Provider's request for PA.
      - The top of the window displays the following items:
        - Patient Last name, first name
        - DOB (Date of Birth)
        - Medication Name
        - PACase ID assigned by the PBM
      - Patient area – Displays the Patient Name, Date of Birth Medical Records ID (N/A) and Phone number.
      - Payer area – Displays the Name, Email, Phone number and Fax number of the Payer that the PA was requested from.
      - Medication area – Displays the medication Name, Days Supply, Qty and Sig.
      - Provider area – Displays the Prescriber Name, Submitter Name, Pharmacy Name and Facility (information is based on availability).
      - Notes area – Used by the PBM/Payer to convey any additional information to the Provider.
      - START button – Clicking the button will bring up the list of questions sent by the PBM for additional information to complete the EPA.
    - Complete Prior Auth Criteria with PDR status
      - This is a PBM/Payer response to the Provider's request for PA.
        - When a closed response with the Asembia (aka PDR)

## Exam > Command (E-Rx)

- URL is returned, the transaction has gone through Surescripts' third party processing search.
- Since none was found, they then conduct a search for an Asembia (PDR) form.
- When one is found, this is the response returned, with Electronic Prior Authorization (EPA) as the generic Surescripts payer.
- The top of the window displays the following items:
  - Patient Last name, first name
  - DOB (Date of Birth)
  - Medication Name
- Patient area – See above.
- Medication area – See above.
- Payer area – 'EPA' is listed under the Name.
- Provider area – Displays the Prescriber Name, then N/A' is listed under Submitter Name, Pharmacy Name and Facility.
- Outcome Statements area – This will display a link to view the PA form outside of Surescripts.
- MARK PA COMPLETE button – Clicking the button sends a message to the PBM/Payer letting them know that the Provider has received and acknowledged the Closed/Complete message.
  - Any additional work done through the View PA Form link is outside of the Surescripts electronic workflow.
- Prior Auth Approved status – PA Approved
  - The top of the window displays the following items:
    - Patient Last name, first name
    - DOB (Date of Birth)
    - Medication Name
    - PACase ID assigned by the PBM
  - Patient area – See above.
  - Payer area – See above.
  - Medication area – See above.
  - Provider area – See above.
  - Authorization Details area – Displays the Effective Date of the PA, the Expiration Date, eAppeal Supported (if applicable) and the Authorization number.
  - Notes area – This displays any notes relevant from the PBM/Payer surrounding the approval of the PA.
  - ACKNOWLEDGE APPROVED PA button – Clicking the button sends a message to the PBM/Payer letting them know that the Provider has received and acknowledged the Approved message.
- Prior Auth Canceled -
- Prior Auth Closed status – PA Closed
  - The top of the window displays the following items:
    - Patient Last name, first name
    - DOB (Date of Birth)
    - Medication Name
    - PACase ID assigned by the PBM
  - Patient area – See above.
  - Medication area – See above.
  - Payer area – 'EPA' is listed under the Name (see above).
  - Provider area – See above.

## Exam > Command (E-Rx)

- Outcome Statements area – This will display the Reason Code Description. Example: Prior Authorization Duplicate/in process or Payor is not the processor.
- Notes area – This displays any notes relevant from the PBM/Payer surrounding the PA being closed.
- ACKNOWLEDGE CLOSED PA button – Clicking the button sends a message to the PBM/Payer letting them know that the Provider has received and acknowledged the Closed message.
- Prior Auth Denied status – PA Denied
  - This is a PBM/Payer response to the Provider's request for PA.
  - The top of the window displays the following items:
    - Patient Last name, first name
    - DOB (Date of Birth)
    - Medication Name
    - PACase ID assigned by the PBM
  - Patient area – See above.
  - Payer area – See above.
  - Medication area – See above.
  - Provider area – See above.
  - Authorization Details area – See above.
  - Notes area – This displays any notes relevant from the PBM/Payer surrounding the Denial.
  - ACKNOWLEDGE DENIED PA button – Clicking the button sends a message to the PBM/Payer letting them know that the Provider has received and acknowledged the Denied message.
- Prior Auth Error status – Prior Authorization Error
  - The following message displays: An error has occurred in the process. Please start a new electronic prior authorization.
  - Payer area – See above.
  - ACKNOWLEDGE ERRORED PA button – Clicking the button sends a message to the PBM/Payer letting them know that the Provider has received and acknowledged the Error message.
    - The error will remain on the Worklist, but the transaction will be closed.

### **(12.3.0.27) Command (E-Rx) > Authorization > 4. Cancel Initiation of PA**

- If you would no longer like to pursue Prior Authorization for a medication, in the E-Rx window, highlight the medication, highlight 'Authorization > Cancel' and select the reason for the cancellation (Medication Change, Prescriber Change or Other).
- This will send a Cancel Request message to the PBM/Payer to indicate that you are no longer pursuing the most recent request for that patient's medication.
- The PBM/Payer will then send back a Cancel Response to the Provider if the request was canceled, and it will display on the Worklist.

### **(12.3.0.27) Command (E-Rx) > Authorization > 5. Error Messages**

- Patient has no eligibility. EPA cannot be obtained.
  - The patient's Insurance Eligibility was not obtained prior to clicking on 'Authorization > Initiate'.
- Rx is not ready to Authorize!
  - A Controlled Substance is at the 'Sign' stage, and needs to be signed before

## Exam > Command (E-Rx)

clicking on 'Authorization > Initiate'.

### **(12.3.0.28) Command (E-Rx) > Command (Utility) > PMP User Name Password > NEW Option ADDED**

- The new option 'PMP User Name Password' was added under the 'Utility' command.
- This is used to enter the User Name and Password for Compulink's Prescription Drug Monitoring Program partnership with Appriss Health; sent to the Provider from Appriss Health).
- Click 'Utility' and select 'PMP User Name Password'.
  - In the 'Update PMP Login window', enter the 'Username' and click OK.
  - In the next window, enter the 'Password' and click OK.
  - This information will be stored in the Login database, but NOT visible in the table; the 'Password' is encrypted in the database.

## Exam > Command (Print) (General Changes)

### **(12.3.0.27) Command (Print) > Send Exam Report to Patient Portal > New Option**

- Print has the NEW option of 'Send Exam Report to Patient Portal', which allows the practice to upload Exam Reports created with Crystal Report Writer to the Patient Portal.
- The drop-down list includes all files with the .examscrnprt extension, indicating that the report is associated with patient exams.
- This includes practice custom Crystal Reports connected to the Report menu. (Request)

## Exam > Command (Print) (Documents EDITED)

### **(12.3.0.26) Command (Print) > Letter > Document(s) EDITED: ABN and ABNSign**

- The following statement was added: CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.
- The Expiration Date was updated to (Exp. 06/30/2023)

## Exam > Command (Utility)

### **(12.3.0.28) Command (E-Rx) > Command (Utility) > PMP User Name Password > NEW Option ADDED**

- The new option 'PMP User Name Password' was added under the 'Utility' command.
- This is used to enter the User Name and Password for Compulink's Prescription Drug Monitoring Program partnership with Appriss Health; sent to the Provider from Appriss Health).
- Click 'Utility' and select 'PMP User Name Password'.
  - In the 'Update PMP Login window', enter the 'Username' and click OK.
  - In the next window, enter the 'Password' and click OK.
  - This information will be stored in the Login database, but NOT visible in the table; the 'Password' is encrypted in the database.

## Exam > Tabs (EDITED)

### **(12.3.0.27) Tabs > EDITED: All Tabs With Medication Panel**

- ALL tabs with the Medications panel
  - Delete icon – If you try to delete a medication with the NEW status of 'Auth. Pending', the following message will appear, and you will NOT be allowed to delete: Unable to Delete a Medication which has a Pending Authorization!

## Exam > Tabs (EDITED)



### **(12.3.0.24) Tabs > EDITED: PopUpGoals**

- The 'Name' field – The drop-down list will now be sorted by 'Name', and also will display the 'Description'.



### **(12.3.0.28) Tabs > EDITED: PopUpMedication**

- The 'Name' field – When you enter a Medication that has no NDC (or is not in the Medication table), then click into any other field, or click Save, the following message is displayed: Medication entered missing National Drug Code "NDC" for Prescribing or Drug Screening! Would you like to Use Drug Search function to update? Yes or No
  - Clicking 'Yes' will bring up the 'Select Medication' window listing possible matches, if there are any.
    - Double-clicking a Medication from the list will populate the Medication window.
  - If there are no matching Medications, or if you click the 'X' to close the 'Select Medication' window, the 'U.S. Master Drug Search' window opens. (Request)

## Exam > Patient Portal



### **(12.3.0.27) Command (Print) > Send Exam Report to Patient Portal > New Option**

- Print has the NEW option of 'Send Exam Report to Patient Portal', which allows the practice to upload Exam Reports created with Crystal Report Writer to the Patient Portal.
- The drop-down list includes all files with the .examscrnprt extension, indicating that the report is associated with patient exams.
- This includes practice custom Crystal Reports connected to the Report menu. (Request)

## Interfaces



### **(12.3.0.27) AdvantageERx > Electronic Prior Authorization (EPA) > Introduction**

- Electronic Prior Authorization streamlines the prescribing workflow, allowing you to create efficient ways for providers to process prior authorization requests – all from within their EHR.
- Average authorization time is less than one minute.
- Master Patient Index
  - Pharmacy Benefit Managers (PBMs) and Payers provide Surescripts with a roster of covered patients.
  - The details provided include basic demographics and a unique identifier specific to each patient and their PBM/Payer.
    - First Name
    - Last Name
    - Gender
    - Date of Birth
    - Address (Specifically the ZIP Code)
  - Surescripts uses this information to identify a patient when a prescription eligibility request is received from a Prescriber via their EHR.
    - If a patient is covered, but is not included in the rosters, Surescripts will be unable to find a match, and will not see prescription drug coverage details.
    - If a patient is not found (due to incorrect demographics or the patient not being contained in the MPI), no formulary lists will be returned, and the Prescriber will be unable to see prescription drug details.



## Interfaces

- Initiating Electronic Prior Authorization
  - Automatic
    - After accessing the E-Rx command in the Exam, the software will go through the Formulary check for the Medication; at this time, if it is found that a Prior Authorization is required, it will automatically send the message to initiate the process.
  - Manual
    - The user does not have to wait for the Formulary check to manually initiate the Electronic Prior Authorization; this can be done at any time, for any medication.
- Obtaining Electronic Prior Authorization
  - For details, see the topic: Exam > Command (E-Rx) > Authorization > New Command ADDED.
- Your IT Professional needs to add this URL as a trusted site (whitelisted) in your Internet Security Options.
  - <https://uiservice-api.surescripts.net/uiservice/api/v0/initiators/processes/>
  - It connects to Surescripts EPA (Electronic Prior Authorization) API.
  - Be sure to do so at all workstations where AdvantageERx will be utilized, and on the Server.

### **(12.3.0.27) AdvantageERx > Prescription Drug Monitoring Program (PDMP) > Introduction**

- Compulink's Prescription Drug Monitoring Program (PDMP) is partnered with Appriss Health, the nation's most comprehensive platform for early identification, prevention and management of substance use disorders.
- This enables Providers to integrate the Advantage EHR with their state's Prescription Drug Monitoring Program.
- PDMP supports one of the MIPS Promoting Operability E-Prescribing Measures – Query of Prescribing Drug Monitoring Program.
- Step 1: Sign up for EHR Integration with Appriss Health
  - Providers must first sign up with the Appriss Health service by submitting an EHR Integration Request at <https://info.apprisshealth.com/ehrrequest>.
    - The first step in the sign-up process is to provide some general information.
    - Upon receipt of the submission, Appriss Health contacts the Provider with next-step information concerning the contractual process, and on-boarding steps needed to activate their system.
    - Once sign up is complete, the Provider receives a Username and Password from Appriss Health.
  - Some states require a specific EHR Integration Request format.
    - These states are listed by name on the Appriss Health EHR Integration Request page.
    - If your state is listed, click on the name to proceed to that specific request form.
    - If your state is not listed, complete the form that appears on the EHR Integration Request page.
    - A US map identifies states that currently have an EHR integration available. Complete the request form even if your state is not highlighted as these are subject to change.
- Step 2: Your IT Professional needs to add these URLs as a trusted sites (whitelisted) in your Internet Security Options.
  - [https://mutualauth.pmpgateway.net/v5\\_1/patient](https://mutualauth.pmpgateway.net/v5_1/patient)
  - [https://mutualauth.pmpgateway.net/v5\\_1/report/](https://mutualauth.pmpgateway.net/v5_1/report/)
  - Both are used for PDMP controlled substance reporting.
  - Be sure to do so at all workstations where AdvantageERx will be utilized, and on

## Interfaces

the Server.

- Step 3: Enter the Appriss Health Username and Password into AdvantageERx
  - Once the Provider receives their Username and Password from Appriss Health, it is stored in the Advantage software.
  - From the patient's medical record, click the 'E-Rx' icon to open the E-Prescribing window.
    - Next, click 'Utility' and select PMP User Name Password.
    - In the 'Update PMP Login window', enter the 'Username' and click OK.
    - In the next window, enter the 'Password' and click OK.
    - This information will be stored in the Login database, but NOT visible in the table; the 'Password' is encrypted in the database.
- Step 4: Monitoring Schedule II Opioid Medications
  - For details, see the topic: Exam > Command (E-Rx) > Monitor > New Command ADDED.

## Inventory

### **(12.3.0.27) Command (Sales) > Column(s) ADDED**

- The NEW column 'On-Line' was added.
  - This will display a 'Y' for any orders that were placed through MyEyeStore.
  - An 'N' will display for all other orders.

## Ledger

### Ledger > Command (EHR Post)

#### **(12.3.0.24) Command (EHR Post) > Command Grayed Out**

- If the command is grayed out at the Ledger, this signifies that there have been no Exam charges saved for posting.
- Complete and Save the patient's Exam; then click the 'Fees' command to bring up the 'EHR Automated Fee Posting' window.
- Click the 'Save for Ledger Posting' button to save the charges for posting at a later time.

### Ledger > Command (Print)

#### **(12.3.0.26) Command (Print) > Report > NEW: Audit\_Trail\_Options**

- The NEW report 'Audit\_Trail\_Options' was added, and offers more options than the standard 'Audit\_Trail'. (Request)
- It lists changes to the account Ledger, and is especially helpful for audits migrated from software prior to Version 12.1.
- The report tracks and summarizes changes to the Amount, Adjust and Credit fields, and some additional detail.
- Options/Parameters for running the report include the following:
  - Start Date (Post Date) – Include Ledger activity posted from this date. Defaults to today's date.
  - Start Hour (0 – 24) – Include Ledger Transactions posted from this Hour (in military time) of the START DATE. Default is 0.
  - End Date – Include Ledger activity posted to this date. Defaults to today's date.
  - End Hour (0 – 24) – Include Ledger Transactions posted to this Hour (in military time) of the END DATE. Default is 24.
  - ID (Service Provider) – ID of Provider associated with Ledger activity. Default is '\*' for All.

## Ledger > Command (Print)

- If left '\*', all transactions will be selected.
- If an 'ID' is specified, only NON-DELETED charge transactions are selected.
- DEPT (Service Dept) – Ledger Department ID. Default is \* for All but you may run the report for a specific Department. Offices who do not post ledger transactions by Department should leave the Value as "\*".
  - If left '\*', all transactions will be selected.
  - If 'DEPT' is specified, only NON-DELETED charge transactions are selected.
- Added By – Login ID of the person who posted the transaction. Default is \* for All.
- Activity (A)dd (D)elede (E)dit \*-All – Used to filter the Audit Trail for a specific type of Activity. Default is \* for All.
- (A)dd – New add or original posting
  - (D)elede – Deleted transaction. You will no longer see this in the ledger.
  - (E)dit – Edit transaction
- Show Edit/Delete Detail? - Default is 'False' for a Summary change per event.
  - If set to 'True', it will display details per event
- Show Deleted Items? - Default is 'True' to show deleted item and the related prior activity.
  - If set to 'False', the report will NOT show deleted items.
- Select your Options and click Begin.
- Summary information
  - DATE/TIME – Date and time of the audit event
  - TYPE – Type of event (Add, Edit or Delete)
  - BY – ID of person logged into the software when event occurred
  - AUDIT# - Unique number assigned to the event
  - POSTED – Posted date of transaction that was audited
    - Shows the Ledger transaction Posted date as it appears at the time the report is run.
  - ID – ID on the transaction that was audited
  - BODY/DESCRIPTION – Description on the transaction that was audited
    - Shows the Ledger Description as it appears at the time the report is run.
  - AMOUNT – Amount on the transaction that was audited
    - Shows the Ledger Amount as it appears at the time the report is run.
  - ADJUSTMENT – Adjustment on the transaction that was audited
    - Shows the Ledger Adjustment as it appears at the time the report is run.
  - CREDIT – Credit on the transaction that was audited
    - Shows the Ledger Credit as it appears at the time the report is run.
  - DELETE Change in Values – Change in values for Amount, Adjust and Credit for transactions that were deleted.
  - TOTALS BY ACTIVITY – For Added, Edited and Deleted events, it shows the following:
    - Total Events
    - Total Amount
    - Total Adjust
    - Total Credit
  - REPORT TOTALS – For number of events and NET CHANGE for Amount, Adjust and Credit.
  - Additional information:
    - Patient Account#
    - Report Start Date (Hour) / End Date (Hour)
- Run with 'Show Edit/Delete Detail?=True'
  - For ALL types of audit activity, detail includes the Login IP Location, device and UTC time zone involved in the activity.
  - Added transactions
    - Display the following information: Date/Time, Type=ADD, By, Audit#,

## Ledger > Command (Print)

- Posted, ID, Body/Description, Amount, Adjust and Credit.
- The 'Change in Value' is the Amount, Adjust and Credit field values added at the time the report is run.
- Edited transactions
  - Display the following information: Date/Time, Type=EDIT, By, Audit#, Posted, ID, Body/Description, Amount, Adjust and Credit.
  - For edits done in the software prior to Version 12.1, and then the software was updated to a more current version, the following will appear:
    - Before and After values of several fields.
  - For edits done in software AFTER updating to Version 12.1, the following will appear:
    - More fields are being tracked, but will only display on the report if the VALUE in the field CHANGED during the edit; if the transaction was edited, and the field did NOT change, then it will NOT appear on the report.
  - If the 'BALANCE' field displays, it represents the running balance field on the Ledger Default view on that row at the time of the audit activity, NOT the balance of the individual transaction.
  - The 'Change in Value' footer is shown only if the Amount, Adjust or Credit fields changed as a result of the edit.
- Deleted transactions
  - Display the following information: Date/Time, Type, By, Audit# and '- Deleted-' in the Posted field.
  - If previous type for transaction was 'Add', a line will be highlighted in light green displaying 'When Added'. This indicates the original Posted date, Body/Description, Amount, Adjust and Credit on the line PRIOR to it being deleted.
  - If the 'BALANCE' field displays, it represents the running balance field on the Ledger Default view on that row at the time of the audit activity, NOT the balance of the individual transaction.
  - The 'Change in Value' footer is shown only if a non-zero value had been in the Amount, Adjust or Credit field.

## Ledger > Command (View)

### **(12.3.0.28) Command (View) > Line Item Sort > Print Option Updated**

- After selecting 'Print', a NEW 'Enter Values' window will open with the question 'Hide Notes?'.
  - If left with the default 'True', the report will print as usual.
  - If changed to 'False', the following items will display on the report:
    - Any 'Ext. Note' or 'Int. Note' that is entered on a charge line
    - Ledger Notes entered via the 'Add > Note' command.
  - Select 'True' or 'False' and click 'OK' to generate the Line Item Sort.
- Sales Tax
  - Any 'Sales Tax' entered during the selected date range will now display.

## Patient

### Patient > Command (Insurance)

#### **(12.3.0.27) Command (Insurance) > Card > Import Option**

- An 'Import' button has been added to the CARD Front and Back area to allow the user to import a JPG file from a saved location. (Request)

## Patient > Command (Insurance)

- Go to either the Front or Back and click the 'Import' button; this opens the 'Select File to Import' window.
- Navigate to the location of the JPG file that you want to import and either double click on it, or highlight it and click the 'Open' button.
- The image will be imported into the CARD window and the record can be saved.

## Patient > Command (Jump)

### **(12.3.0.24) Command (Jump) > Group > Attendance > Post Exam with Episode**

- The Episode of Care will now be connected to the Exam when posting from the Group Attendance screen.
- If the patient only has one active Episode, it will automatically default to the Exam record, and display at the top of the screen.
- If the patient has more than one active Episode, the 'Select Active Episode' window will open and display a list of all of the patient's active Episodes to choose from.
- Information displayed includes the following
  - Start – Episode Start date
  - Name – Episode Name
  - Injured – Injured date on Episode
  - Category – Episode Category

## Patient > Command (Print)

### **(12.3.0.26) Command (Print) > Text Message > Nextel Cell Phones**

- Compulink is now using Twilio for their Text Messaging, so this will allow messages to go to Nextel, as well as almost any other carrier. (Request)

## Patient > Command (Referral)

### **(12.3.0.24) Command (Referral) > Referral History/Eligibility Screen > Field(s) ADDED**

- Appt – Both Date and Time fields were added. These are used to document if the patient already has a follow-up appointment scheduled with this referring physician. May also be used for referring a patient out and documenting when that patient will be seen by the other physician.
- Benefit – Field may be used to enter data such as the procedure code(s) that are authorized by the Referral Source, or other data the user may want to note. (Request)

### **(12.3.0.27) Command (Referral) > Referral History/Eligibility Screen > Field(s) EDITED**

- The tab stops were updated to incorporate the new fields. (Request)
- When tabbing through the fields on the screen, all fields will be in order.

## Patient > Command (Search)

### **(12.3.0.24) Command (Search) > Default Field to Last Used**

- When searching for a patient, the cursor defaults to the 'Last, First' name field.
- If the 'Acct#' field is used, the next time the Search window is accessed, the cursor will default to the 'Acct#' field. (Request)

## Reports

## Reports > Electronic Health Record

### **(12.3.0.27) Electronic Health Record > EDITED: See Below**

- The following reports were edited:
  - 2018 PI Full Set Simple List
  - 2018 PI Full Set Patient List
  - 2018 PI Transitional Set Simple List
  - 2018 PI Transitional Set Patient List
- On the final page, the information regarding the PI in the Report has been updated to inform the user that the report is HISTORICAL ONLY for the 2018 service year. (Request)
- It also displays the path in the Advantage Online Help file where the Historical help information can be found for the report.

### **(12.3.0.27) Electronic Health Record > EDITED: See Below**

- The following reports were edited:
  - ACI Full Set Summary MIPS 2017
  - ACI Full Set Patient List 2017
  - ACI Transitional Set Summary MIPS 2017
  - ACI Transitional Simple List 2017
  - ACI Patient List 2017 Transitional
- The information regarding the data in the Report has been updated to inform the user that the report is HISTORICAL ONLY.
- It also displays the path in the Advantage Online Help file where the Historical help information can be found for the report.

## Reports > Financial

### **(12.3.0.28) Financial > Acct Management > ADDED: QPP (PQR) Compliance 2020**

- This NEW report is similar to the 2019 version.
- Use it to determine your Physician Quality Reporting Percentage for each Measure. (Request)
- Measures included on this report can be found on the Quality tab in your EHR.
- The following Detail Measures are included: 128, 130, 134, 181, 226 and 317.
- The report also includes the chart: MIPS Estimated Score for Quality Measures in the Report Period.
- The Compulink Support team suggests this report be run OFTEN, to ensure that your office is using COMPLETE CODING for the best score possible!

### **(12.3.0.28) Financial > Analysis > ADDED: Payments by Payor**

- This is no longer in BETA, and has been moved down on the menu.
- The report contains both Responsible and Insurance payments. (Request)
- Parameter/Option:
  - Start Date (Payment Post Date) – Include Ledger PAYMENTS posted from this date.
    - Default is today's date.
    - Type in a different date, or double click in the field to bring up a calendar.
  - End Date (Payment Post Date) – Include Ledger PAYMENTS posted through this date.
    - Default is 01/01/1980
    - Type in a different date, or double click in the field to bring up a calendar.
  - Start Date (Charge DOS) – Include Ledger CHARGES with a Date of Service from this date.
    - Default is 01/01/1980
    - Type in a different date, or double click in the field to bring up a calendar.
  - End Date (Charge DOS) – Include Ledger CHARGES with a Date of Service through this date.

## Reports > Financial

- Default is today's date.
- Type in a different date, or double click in the field to bring up a calendar.
- CPT Start – Lowest CPT Code to include in the report.
  - Default is 00000 for All, but you may double click the Value and enter a Starting CPT Code.
  - Leave the field blank to pick up charges with no CPT code.
- CPT End – Highest CPT Code to include in the report.
  - Default is V9999 for All, but you may double click the Value and enter an Ending CPT Code.
- Service Location – Ledger Service Location ID associated with the CHARGES.
  - Default is \* to include all Locations.
- Posting Location – ID associated with the physical Location where the PAYMENTS were posted.
  - Default is \* to include all Locations.
- Provider ID – Provider ID associated with the CHARGES Posted.
  - Default is \* to include all Providers.
  - Click the drop-down to access the Provider table.
- Posting ID – Login ID of the staff member that posted the PAYMENT.
  - Default is \* to include all staff.
- Payor – Insurance Payor attached to the CHARGE the PAYMENT was applied to.
  - Default is \* to include all payments from all Payors.
  - You may double click in the field and click the drop-down to select a Payor from the table.
  - This field also allows wildcards. Example: Med\* will pick up both Medicare and Medicaid Payors.
- Show Details – Default of 'True' will show CHARGES and applied PAYMENTS.
  - If set to 'False', the report will only produce a chart and summaries.
- Exclude Payor – Insurance Payor that you do NOT want to include on the report.
  - Default is 'NONE' to include all Payors on the report.
  - If you want to exclude a Payor, you must fill in the EXACT name; no wildcards are allowed in this field.
- Group By Level (Primary, 2ndy, 3rd, R)? - If run for Default of 'True', the optional detail (Show Details) is organized by Primary, Secondary, Tertiary and Responsible PAYMENTS by a top-level breakdown, then by Payor and Service Location.
  - If set to 'False', the report is organized by Payor and Service Location only.
- Plan (Patient Demographic) – Demographic Plan currently assigned to the accounts being reported.
  - Default is \* to include all Plans.
  - If it is a Family account, the Plan is based on the account's primary patient (Family ID 'A').
  - This field also allows wildcards. Example: Med\* will pick up both Medicare and Medicaid Plans.
- Report Summaries:
  - Top Ten Payors by Payment Total graph
  - Summary by Payor by Service Location
    - Grand Totals
      - Responsible, Insurance and Total Payments applied to ALL Payors and Service Locations.
    - Payor Totals
      - Responsible, Insurance and Total Payments applied to ALL Service Locations for this Payor.
    - Payor/Service Location Totals
      - Responsible, Insurance and Total Payments applied to the individual Service Location for this Payor.

## Reports > Financial

- Summary by Payor, Service Location and Provider
  - Grand Totals
    - Responsible, Insurance and Total Payments applied to ALL Providers, ALL Service Locations and ALL Payors.
  - Payor Totals
    - Responsible, Insurance and Total Payments applied to ALL Providers and ALL Service Locations for this Payor.
  - Payor/Service Locations Totals
    - Responsible, Insurance and Total Payments applied to ALL Providers, for this Service Location, for this Payor.
  - Payor/Service Location/Provider Totals
    - Responsible, Insurance and Total Payments applied to this Provider, for this Service Location, for this Payor.
- Report Detail:
  - Organization is based on the selection made for the Parameter 'Group By Level'.
  - Group By Level (Primary, 2ndy, 3rd, R)? = True
    - The detail is organized by Primary, Secondary, Tertiary and Responsible PAYMENTS at a top-level breakdown, then by Payor and Service Location.
      - Aetna and Medicare are accepted at Locations 001 and 002.
      - Medicare is a Primary Payor only and Aetna is both a Primary and a Secondary Payor.
      - Primary Payors are listed first, and then in Payor order, so Aetna would be listed before Medicare.
      - Within Aetna, Location 001 Payments are listed, and then Location 002 Payments.
      - Primary Payments for Medicare for Locations 001 and 002 follow.
      - Secondary Payors will be listed next, so that would only include Aetna and it's payments for Location 001 and 002.
      - The same process follows for Tertiary and Responsible Payments.
    - Payor Subtotals are listed in the Payor headers.
    - Payor Location Subtotals are below each Location's detail listing under the individual Payor.
    - Grand Totals are listed at the end of the report.
  - Group By Level (Primary, 2ndy, 3rd, R)? = False
    - The detail is organized by Payor and Service Location only.
    - It would NOT include the top-level breakdown by Primary, Secondary, Tertiary and Responsible.
    - Payor Subtotals are listed in the Payor headers.
    - Payor Location Subtotals are below each Location's detail listing under the individual Payor.
- Detail information
  - Account# - Patient's Account Number
  - Name - Patient First Last Name
  - Charge Svc Date - Date of Service associated with the paid Charge transaction
  - Code - Insurance Billing Code associated with the Charge
  - ID - Ledger ID assigned to the Charge the Payment was applied to
  - Amount - Amount of Payment
  - Payment Description - Description on the Payment line (Ex: Ins. Pmt. - Medicare)
  - Post Date - Date Payment was posted to the Ledger



## Reports > Financial

- Posting ID – Login ID of the staff member that posted the Payment.
- Level – 1,2, 3 or R to designate Primary, Secondary, Tertiary or Responsible Payment
- Responsible – Amount of the Payment that came from the Responsible
  - This will display 0.00 on Insurance Payment lines.
- Insurance – Amount of the Payment that came from the Insurance
  - This will display 0.00 on Responsible Payment lines.

### **(12.3.0.28) Financial > Analysis > EDITED: Charge Collection by Patient**

- Parameter/Option changes:
  - POS (Place of Service Code) – Ledger Place of Service Code – NEW
    - Default is '\*' for All; this includes a blank POS field.
    - The report runs on a two-character POS; if a single character is typed (such as '2'), the report will filter by two characters ('02').

### **(12.3.0.27) Financial > Analysis > EDITED: Non LIP Office Production**

- Report changes:
  - A NEW 'Production Summary by Demographic Plan' section was added to the beginning of the report.
  - The Demographic Plan is the Financial Plan currently displayed on the patient screen.
  - The following information is included:
    - Total Charge – Total Charge Amounts posted during the report period for this Plan; Services, Materials, Finance Charges and Sales Tax.
    - % – Percent of the Charge Amounts for this Plan as compared to ALL Plans.
    - Svc. Charge – Total Service Charge Amounts posted during the report period for this Plan.
    - Oth. Charge – Total non-Service Charge Amounts posted during the report period for this Plan; Material, X-Ray, Finance/Service or Tax Charges.
    - Adjustment – Total non-refund Adjustment Amounts for this Plan.
    - Net Charges – Total Charges less non-refund Adjustments for this Plan.
    - %Percent of Net Charges for this Plan as compared to ALL Plans.
    - Credit – Total Credits/Payments posted during the report period for this Plan.
    - Refund – Total Refunds.
    - Net Credit – Total Credits less Refunds.
    - % - Percent of Credits minus Refunds posted for this Plan as compared to ALL Plans.
    - Net AR Diff. - Net Charge Amount minus Net Credit Amount posted for this Plan during the report period.

### **(12.3.0.28) Financial > Daily > EDITED: Batch Transactions**

- Report changes:
  - The 'INS PAYOR' will now display for all payments made via ERA. (Request)
  - Previously the report displayed 'No Carrier Specified', but it will now display the actual Carrier attached to the Batch (Example: CALIFORNIA BLUE SHIELD).

## Reports > System Admin.

### **(12.3.0.26) System Admin. > ADDED: Extended Audit Report**

- Audits for many tables, events and functions are tracked in this report. (Request)
- For more auditing detail involving PHI or patient Ledger-level financial auditing, see the following audit options:
  - EHR auditing – Patient > Exam > Print > Audit, or Report > System Admin > PHI

## Reports > System Admin.

- Audit Log
  - Patient PHI auditing – Patient > Print > Audit, or Report > System Admin > PHI Audit Log
  - Legacy Ledger auditing (Pre 12.1) have more detail at the account level – Ledger > Print > Reports > Audit\_Trail\_Options
- Options/Parameters for running the report include the following:
  - START DATE (Audit Events) - Starting Date of Audit Events to be included. Default is today's date.
  - END DATE - Ending Date of AUDIT Events to be included. Default is today's date.
  - STAFF ID (Action By) – Login ID of the staff member that performed the action.
  - SORT (T)ime (S)taff (A)rea – Order in which you would like the report to sort.
- Select your Options and click Begin.
- Details include the following:
  - DATE/TIME – Date and time of the audit event
  - TABLE/AREA – Table or area of the software touched by the event
  - ACTION – What took place that triggered an audit event
    - Records are added, deleted and edited
    - Queries and Functions are executed
  - BY – Staff person logged in when event occurred
  - LOCATION – The network/internet location of the user that was logged in when the event occurred; the Login I.P. Address, add if available, the device type
  - RECORD ID – Table Record ID involved in the audit event
  - DELETED – Date/time of deletion; this shows for events on records that were later deleted, and on deletion events
  - Reference – For certain non-deleted records, CURRENT values are shown (Examples below)
    - TABLE/AREA=Data Mining Scripts, Reference=Script Name – Tests Pending
    - TABLE/AREA=Appointments (Appt), Reference=Appt 2020-08-21 8:30 Location 001 Dept n/a with LAL EHR # 3567
  - Detail Values – Events that change data display (Examples below)
    - TABLE/AREA=Patient Insurance (Insured), FIELD: INS\_NUM, BEFORE: , AFTER: 1678943568
    - TABLE/AREA=Patient Demographic (Patient), FIELD: EMAIL, BEFORE: Jsmith@msn.com, AFTER: Jsmith@hotmail.com

## Utility

### Utility > System Administrator

#### **(12.3.0.28) System Administrator > Login > IDs > Role(s) Updated**

- Nurse
  - This Role has been updated to function the same as the Role of 'Scribe'. (Request)
  - Users assigned to this Role are prompted at Login to identify the Provider they are Nursing for.
  - For PopUps related to Lab, Order and Testing grids in medical records, the 'Order By' ID will default to the Provider ID that was selected upon Login.
  - Encounter Favorites for that Provider's ID are available, along with the Favorites for all Providers.
  - Medication Records: If the Prescriber field is left blank, upon save, the Provider selected upon Login will populate.