



Version No: 3.1

Build No: 1

Patch no: 190

Enhancements Release Notes (BILL)

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1. New concept of Multilocation has been introduced in Prognosis (Patch no 107)

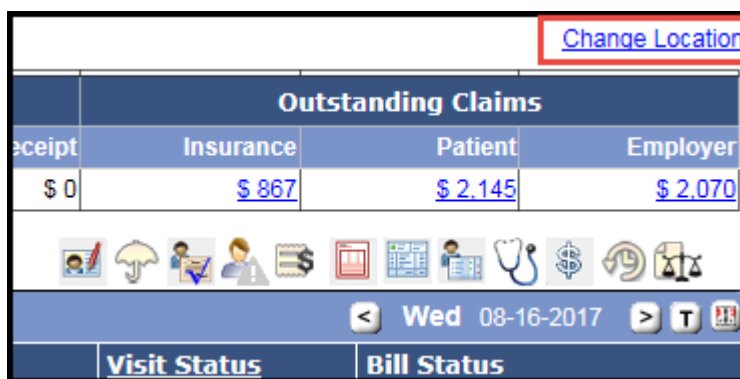
A clinic is said to be multi-location, when the Patients List is segregated Location wise. Like staff working at one location will have no access to the Patient’s database of another location. All the location will be isolated i.e. the claims / EOBs/ Receipts generated for a Location are NOT mixed up, nor seen at another location. By default a Biller will be able to enter/modify/post a Claim/Receipt at the Logged in location only. As far as reporting is concerned, the outlook is different.

A property **multilocation.billing** is introduced. This property is system level. When the property is turned ON, system first verifies whether EMR is Multilocation or Not. If EMR is multilocation and if the above property is turned ON only then, Billing module is going to support multilocation. Otherwise, Billing will not be multilocation setup.

When Multilocation is turned on for EMR and Billing then the property **Prognosis.search.hide.global** should be set to Y. After setting the property to Y global checkbox on search will be hidden and 'Encounter Location' on Start of Encounter will also get Hidden.

How to Change Location

The option **Change Location** is provided on Billing Home screen which allows the logged in user to switch between the accessible locations. This option allows users to switch to his other accessible locations quickly without logging out from Prognosis.



Clicking on the **Change Location** hyperlink a popup is invoked. The drop-down present in the popup lists only those locations for which the logged in user has access to. User can switch to other location by selecting the location from the drop-down and clicking on 'OK'

button.

User's logged in location Specific Screens


All the screens were added with an additional filter condition by considering the users logged in location. Hence, only those records will be displayed which are specific to users logged in location.

- Billing Home Screen
- Patient & Patient Search
- Claims
- Penalty Invoices
- Claims → Processed (By Claims/ By Charges)
- Claims → Send → Professional & Institutional (All tabs)
- Claims → Unprocessed
- Claims → Unallocated
- Claims → Send → Emp Invoice (Create/Display/OS Invoice generation/Delete)
- Remittance → EOB/ERA (Claims & Supplementary searches)
- Remittance → Patient Payment → Patient Receipts
- Remittance → Patient Payment → To Patient Advance
- Remittance → Patient Payment → Patient Copay
- Remittance → Other Payment → Employer Receipts
- Remittance → Other Payment → Capitation Receipts
- Remittance → Other Payment → Collection Receipts
- Remittance → Write Off → Insurance Explicit & Bulk Write Off
- Remittance → Write Off → Patient Explicit & Bulk Write Off
- Remittance → Employer Explicit & Bulk Write Off
- Remittance → Misc Credit → Insurance Credit
- Remittance → Misc Credit → Patient Item Return
- Remittance → Misc Credit → Patient Misc Credit
- Remittance → Refund → Insurance Refund
- Remittance → Refund → Patient Refund
- Remittance → Refund → Employer Refund
- Remittance → Transfer Pat Credit
- AR/Follow-UP → Patient Account
- AR/Follow-UP → Outstanding
- AR/Follow-UP → Denied
- AR/Follow-UP → Disputed
- AR Follow-UP → Patient Payment Plans
- AR/Follow-UP → Outstanding Letters
- AR/Follow-UP → Send To Collection

- Message → Scan/Local Attach
- Reports → Billing (By Claims & By Charges)
- Reports → Collection (By Voucher & By Claims)
- Reports → Ledger (Patient & Guarantor)
- Reports → Statement (Patient/Guarantor/Attorney)
- Settings → Claim Batches
- Settings → Receipt Batches

Important:

Consider a scenario where one guarantor is assigned to two different Patients from two different locations. Now, when statement is generated for that guarantor, then system will consider only those Claims from logged in location. Billing Filters are common for all the screens. But, they do function and return data only as per logged in location.

-  **Note:** *Import Biller is NOT applicable to Multi Location. Also, Multi Location is not applicable for Employer Portal and for Upstate.*

Multilocation on Billing Home Screen

- All details for Logged in Location
- The table with their counts and amounts are displayed for Logged in Location Only
- Records on Appointments / Visit Tab are for Logged in Location Only
- Filter: Providers shows all Providers working at the Logged in Location

Patient → Register Screen

- The search shows all Patients Registered at the Logged in Location
- If Billing is turned OFF then Location hyperlink is available to change the Location of the Patient. If Billing is switched ON, Location hyperlink is NOT available; as such Location of the Patient cannot be changed.
- Primary Provider: Only those providers will be displayed who are having access to log in location.
- Referring Provider: Only those providers will be displayed who are having access to logged in location

Limitation: Consider a scenario where user is Login as Biller then navigate to Settings → Configuration → Providers → Add new Provider and also assign an additional location (Dummy Location) to that provider along with base location (Base Location). Create some

transactions (Claims/EOB's) for a location (Dummy Location). Then Navigate to HOME screen and Change the location to base location (Base Location). Now, uncheck additional location (Dummy Location) from Provider Master Screen for provider. Again Navigate to Claims → Edit Claims → Select that claim which the transactions have been done for additional location. Click on Add new button beside binocular search and select create a copy with same visit id radio button/ Copy of Claim with different visit Id and try to Bill the Claim. Though the Provider is now made Inactive for additional location (Dummy Location) still that same Provider is able to Bill the Claim

Claims → Guarantor Screen

- Guarantors are at Clinic Level and as such the search shows All Guarantors.
- Attorneys are at Clinic Level and as such search shows All Attorneys.

Claims → Edit Claims Screen

- The Claims Search shows all Claims for Logged in Location.
- The Location list-box shows the logged in location by default and the list-box is displayed in DISABLE status
- 'I' button → Rendering Provider search shows all Providers having access to Logged In location.
- 'R' button → Referring Provider search shows all Providers having access to Logged In location.
- For displaying Batch numbers in the dropdown of Batch no field program will consider following columns:
 - ✓ MCB_DATE: Should be greater than or equal to BLH_FROM_DATE
 - ✓ MCB_CLOSE_DATE: Should be EMPTY OR NULL
 - ✓ MCB_LOC_CODE: Should Be EMPTY / NULL / CLAIM Location
 - ✓ MCB_BU_CODE: Should Be EMPTY / NULL / CLAIM BU Code

Claims → Penalty Invoices Screen

- The Penalty Invoice search shows all invoices for Logged in Location.
- The Patient Search & Auto-complete from Penalty Invoice screen shows Patients registered at Logged In location only.
- Claims Search shows the claims outstanding with Patients from Logged in Location only.
- Attending Doc shows all Providers having access to Logged in Location (DR).

- Rendering Doc shows all Providers having access to Logged in Location (DR & RD). Section used is mediclogin
- While generating penalty invoice system will set the logged in location in the backend.



Note:

- When Location Mismatch Found Penalty Invoice → Add New Button Will NOT Fetch Claim Details
- New Error Message Added ***Invoice Location is not same as Logged in location***. On click of Ok Button.

Claims → New → Claim Screen

- Patients search & Auto-complete lists only those patients registered at logged in Location.
- Provider search & Auto-Complete lists all Providers (DR) working at Logged in Location.
- Referring Provider Search & Auto-Complete lists all Providers (DR & RD) working at Logged in Location. Search used mediclogin
- Location list-box from Claim creation dialog is hidden.

Claims → New → Penalty Invoice Screen

- Patients search & Auto-complete lists only those patients registered at logged in Location only.
- Provider search & Auto-Complete lists all Providers (DR) working at Logged in Location.
- Referring Provider Search & Auto-Complete lists all Providers (DR & RD) working at Logged in Location. Search used mediclogin
- Location list-box from Penalty Invoice creation dialog is hidden.
- Location field from Penalty Invoice screen will show only Logged in Location. No other location is displayed in the list-box.

Claims → Unprocessed Screen

- Claims from Logged in Location will be displayed.
- Clicking on ***Print*** option prints the claim records displayed on UI. Claims from other locations will not be considered.
- Clicking on ***Excel*** option exports the claim records displayed on UI in to a CSV file. Claims from other locations will not be considered.

Claims → Send → Professional/Institutional

- Claims with status ‘S’ from Logged in Location will be displayed.
- Clicking on **Print** option prints the claim records displayed on UI. Other locations will not be considered.
- Clicking on **Excel** option exports the claim records displayed on UI in to a CSV file. Claims from other locations will not be considered.
- Clicking on **Process** would Bill the selected claims from the screen

Claims → Send → EMP Invoice

✓ Display Invoice

- The Invoice search shows the Employer Invoices generated from Logged in Location.
 - **Limitation:** When Employer Invoice is emailed to Employers it does not display the location for which the invoice is created.

✓ Create Invoice

- The Claims Search shows the Employer Claims with status ‘S’ from Logged in Location. However, it is possible to generate the Employer invoices without selecting the claims from search dialog. In such cases, system considers Employer claims from Logged in Location only.

✓ Generate Outstanding Invoices

- The Invoice search shows the Employer Invoices generated from Logged in Location. However, it is possible to generate the Outstanding Invoices without selecting the Invoices from search dialog. In such cases, system considers Employer Invoices only from Logged in Location.

✓ Delete Invoice

- The Invoice search shows the Employer Invoices generated from Logged in Location.

Claims → Processed

- Claims from Logged In location will be displayed.
- Clicking on **Print** option prints the claim records displayed on UI. Data from other locations will not be considered.
- Clicking on **Excel** option exports the claim records displayed on UI in to a CSV file. Claims from other locations will not be considered.

Remittance → EOB/ERA

- Remittance search shows the vouchers only from Logged in Location.
- When a new Remittance is added from screen (Add New), the Voucher No can be generated specific to Location by using the keyword LOC in property *era.docno.prefix*
- Claims Search (Pri/Sec/Ter) shows the claims created at Logged in Location.
- If user type-in the claim Id manually and tab-out action will verify whether the claim Id belong to the Logged in Location or not. If yes, the claim will be fetched in the EOB voucher. Otherwise it will not fetch.
- Supplementary Claims search shows the claims from Logged in Location only.
- The Receipt Batches list-box show the Open Receipt batches from Logged in Location.
 - **Limitation:** For ML setup when ELE's are splitted for multiple Locations , then Remittance → EOB: '**View attachment' button on Remittance screen is not showing 'ELE Errors' & 'EDI835'** options in drop down if voucher is Child voucher.
 - **For single location**
- For IR (Denied Rebill) and IO (Denied WO) transactions in ERH_LOCATION table First Claim Location in the EOB.
- ERH_Location will set Claim Location for Auto Created TRN_TYPE 2C (Send to Collection).
- ERH_Location will set Claim Location for TRN_TYPE PD (Patient Discount), AV (When Visit adjusts against Patient Balance on Claim Billed) and IP (IPA WO).

Remittance → Patient Payment → Receipt

- The Receipts search shows the Patient Receipts created at Logged in Location.
- When the **Paid By** is selected as **Patient**, the Patient Search & Auto-Complete lists only those patients registered with Logged in Location.
- When the **Paid By** is selected as **Guarantor**, the search & Auto-Complete lists ALL Guarantors along with Patients registered with logged in location.
- The Claims search shows the claims of the selected patient.
- In case if Guarantor is selected from **Paid By**, the Claims search shows the claims created at Logged in Location for which the selected Guarantor is responsible for making payment.
- The Receipt Bach list-box show the Open Receipt batches from Logged in Location.
- While moving the Remaining Amount in to Patient Advance:
 - a) The **Location** list-box displays only the Logged in Location.
 - b) The **Attending Provider** list-box displays all providers having access to the Logged in Location.

c) The **Rendering Provider** list-box displays all providers having access to the Logged in Location.

- **Info** button shows the values as below.

a) The 'Location' list-box displays only the Logged in Location.

b) The 'Attending Provider' list-box displays all providers having access to the Logged in Location.

c) The 'Rendering Provider' list-box displays all providers having access to the Logged in Location.

- **Limitation:** Appointment Schedule → Patient Receipts display the list of Patients from All Locations.

Remittance → Patient Payment → Copay

- Copay search shows the Copay vouchers only from Logged in Location.

- Patients Search & Auto-complete lists only those patients registered with Logged in Location.

- Depending on the selected Patient, the DOS search should display the claims for collecting copay.

- Batch No. list-box display only those receipt batches created at logged in location.

- **Info** button shows the values as below.

a) The **Location** list-box displays only the Logged in Location.

b) The **Attending Provider** list-box displays all providers having access to the Logged in Location.

c) The **Rendering Provider** list-box displays all providers having access to the Logged in Location.

Remittance → Patient Payment → To Patient Advance

Patients Search & Auto-complete lists only those patients registered with Logged in Location.

Remittance → Patient Payment → Patient Use Advance

Patients registered with Logged in Location having non-zero balance in Advance will be displayed.

Remittance → Other Payment → Capitation


- Capitation Receipts search shows the receipts created at Logged in Location.
- Insurance Auto-complete & Search dialog shows all Insurances. Insurances are not location specific.
- Batch No. list-box shows the Open Receipt Batches from Logged in Location.
- **Info** button shows the values as below.
 - a) The **Location** list-box displays only the Logged in Location.
 - b) The **Attending Provider** list-box displays all providers having access to the Logged in Location.
 - c) The **Rendering Provider** list-box displays all providers having access to the Logged in Location.

Remittance → Other Payment → Employer

- Employer Receipts search shows the receipts created at Logged In Location.
- Employer Auto-complete & Search dialog shows all Employers. Employers are not specific to a location.
- TPA Auto-complete & Search dialog shows all TPAs. TPAs are not specific to a location.
- Batch No. list-box shows the Open Receipt Batches from Logged In Location.
- Depending on the selected Employer, the ‘Select Invoice’ search shows the Invoices generated at Logged in Location. That means, Invoices generated for the same employer from Location-A will not be displayed in Location-B.
- Also, the ‘Claims’ search lists the Claims from the Invoices generated only at Logged in Location

****Above functional logic holds true even for Invoices/Claims Outstanding with ‘TPA’**

- **Moved To Advance** dialog shows the details as below.
 - a) The **Location** list-box displays only the Logged in Location.
 - b) The **Attending Provider** list-box displays all providers having access to the Logged in Location.
 - c) The **Rendering Provider** list-box displays all providers having access to the Logged in Location.

-  **Note:** Clicking on the Allocate advance hyperlink on Employer receipt and Patient receipt invokes a popup displaying a message saying Location must match in selected claim and advances. in red

Important:

: In case if the Employer Invoice outstanding is adjusted from Employer Advance Amt, the AJADV vouchers get created and displayed from Employer Receipt Search. These AJADV vouchers are also specific to Logged in Location.

Remittance → Other Payment → Collection

- Collection Receipts search shows the receipts created at Logged in Location.
- Batch No. list-box shows the Open Receipt Batches from Logged in Location.
- The Claims search shows the claims from Logged in Location which were handed-over to selected collection agency.

Remittance → Other Payment → Unallocated

- All vouchers which are created at Logged In location will be displayed.
- Filters will fetch the data accordingly from Logged in Location. Vouchers from other locations should not be displayed.
- Clicking on **Print** option prints the records displayed on UI.
- Clicking on **Excel** option exports the claim records displayed on UI in to a CSV file. Records from other locations will not be considered.

Remittance → Other Payment → Processed

- All vouchers which are created at Logged In location will be displayed.
- Filters will fetch the data accordingly from Logged in Location. Vouchers from other locations should not be displayed.
- Clicking on **Print** option prints the records displayed on UI.
- Clicking on **Excel** option exports the claim records displayed on UI in to a CSV file. Records from other locations will not be considered.

Remittance → Write-Off → Insurance

- Ins. Write-off Search lists all vouchers created at Logged in Location. Vouchers created at other locations will not be displayed.
- Insurance Auto-complete & Search dialog shows all Insurances. Insurances are not location specific.
- **Select Claims** search lists only those claims which are outstanding with selected insurance Billed from Logged in Location.
- Supplementary search shows the Patient wise outstanding Claims from Logged in Location only.

Remittance → Write-Off → Patient

- Pat. Write-off Search lists all vouchers created at Logged in Location. Vouchers created at other locations will not be displayed.
- Patient Auto-complete & Search dialog shows all patients registered at Logged in Location.
- **Select Claims** search lists only those claims which are outstanding with selected Patient from Logged in Location.

Remittance → Write-Off → Employer

- Emp. Write-off Search lists all vouchers created at Logged in Location. Vouchers created at other locations will not be displayed.
- Employer Auto-complete & Search dialog shows all Employers. Employers are not location specific.
- **Select Invoice** search lists only those Invoices which were created outstanding with selected Employer from Logged in Location.

Remittance → Write-Off → Bulk Insurance

- This screen lists all the claims outstanding with Insurances from Logged in Location only.
- Clicking on **Print** option prints the records displayed on UI.
- Clicking on **Excel** option exports the claim records displayed on UI in to a CSV file. Records from other locations will not be considered.
- Clicking on **Process** performs the Write-off action for the selected claims and the INSWOxxx vouchers would get created. These vouchers are Location specific. INSWOxxx vouchers of Location-A will not be displayed in Location-B.

Remittance → Write-Off → Bulk Patient

- This screen lists all the claims outstanding with Patients from Logged in Location only.
- Clicking on **Print** option prints the records displayed on UI.
- Clicking on **Excel** option exports the claim records displayed on UI in to a CSV file. Records from other locations will not be considered.
- Clicking on **Process** performs the Write-off action for the selected claims and the PATWOxxx vouchers would get created. These vouchers are Location specific. PATWOxxx vouchers of Location-A will not be displayed in Location-B.

Remittance → Write-Off → Bulk Employer

- This screen lists all the Invoices from Logged in Location outstanding with all Employers.
- Clicking on **Print** option prints the records displayed on UI.
- Clicking on **Excel** option exports the Invoice records displayed on UI in to a CSV file. Invoices from other locations will not be considered.
- Clicking on **Process** performs the Write-off action for the selected Invoices and the EMPWOxxx vouchers would get created. These vouchers are Location specific. EMPWOxxx vouchers of Location-A will not be displayed in Location-B.

Remittance → Misc Credit → Insurance Credit

- Ins. Credit search option lists the Insurance Credit vouchers created at Logged In location.
- For **Payor** text field, the Auto-complete & Search should list all the Insurances.
- Batch No. list-box shows the Open Receipt Batches from Logged in Location.
- **Recoup** search lists all the claims from Logged in Location only.
- **Remaining Amt** hyperlink shows the details as below.
 - a) The **Location** list-box displays only the Logged in Location.
 - b) The **Attending Provider** list-box displays all providers having access to the Logged in Location.
 - c) The **Rendering Provider** list-box displays all providers having access to the Logged in Location.

Remittance → Misc Credit → Pat Item Return

- Pat Item Return search option shows vouchers created at Logged in Location.
- **Patient** Search & Auto-complete lists only those patients registered with Logged in Location.

- **Select Claims** search lists claims of selected patient from logged in location.

Remittance → Misc Credit → Pat Misc Credit

- The voucher search shows all the Pat Misc Credit vouchers created at Logged in Location.
- **Patient** Search & Auto-complete lists only those patients registered with Logged in Location.
- Batch No. list-box shows the Open Receipt Batches from Logged in Location.
- Clicking on 'Info' button shows the details as below.
 - a) The **Location** list-box displays only the Logged in Location.
 - b) The **Attending Provider** list-box displays all providers having access to the Logged in Location.
 - c) The **Rendering Provider** list-box displays all providers having access to the Logged in Location.

Remittance → Refund → Insurance

- The voucher search shows all the Ins Refund vouchers created at Logged in Location.
- **Pay To Insurance** Search & Auto-complete lists all Insurances.
- If Ins Refund voucher is created from Ins Credit voucher, the **View Claims** button will be enabled

Remittance → Refund → Patient

- The voucher search shows all the Pat Refund vouchers created at Logged in Location.
- **Patient** Search & Auto-complete lists only those patients registered with Logged in Location.
- As per the selected patient the **Advance Amt** value should be displayed.
- Clicking on **Refund Amount** hyperlink shows advance source(s) of selected patient.

Remittance → Refund → Employer

- The voucher search shows all the Emp Refund vouchers created at Logged In Location.
- **Pay To Employer** Search & Auto-complete lists all employers.
- Clicking on **Refund Amount** hyperlink shows advance source(s) of Employer from Logged in Location.

Remittance → Returned Checks

Patient Search & Auto-complete lists only those patients registered with Logged In Location.

Remittance → Transfer Pat Credit

- The voucher search shows all the Pat Transfer Credit vouchers created at Logged In Location.
- From & To Search & Auto-complete lists only those patients registered with Logged In Location.

AR/Follow-Up → Patient Account

Patient Search & Auto-complete lists only those patients registered with Logged In Location.

Limitations: Employer Account displays the Employer Invoice, Employer Receipt, Employer Advance and Employer Refund from all locations

AR/Follow-Up → Assigned Tasks

- This screen shows the claims outstanding from Logged In Location to be assigned for AR/follow-up.
- **Assign To → Users** radio button shows all users.

AR/Follow-Up → Outstanding

This screen shows the claims outstanding from Logged In Location.

Limitation: Clicking on the binocular icon present next to field Location on Outstanding Filter popup display all the locations.

AR/Follow-Up → Disputed

This screen shows the claims from Logged In Location.

AR/Follow-Up → Denied

This screen shows the claims from Logged In Location.

AR/Follow-Up → Payment Plans

- Pay Plan search shows the Payment Plans of Patients from Logged In Location only.
- Patient Search & Auto-complete lists only those patients registered with Logged In Location.

AR/Follow-Up → Outstanding Letters

- For **Patient** radio button, system considers the patients from Logged In Location only.
- For **Guarantor** radio button, system considers all Guarantors but Selects Patients only from Logged In Location.
- For **Payment Plan Defaulters**, system considers only the Pay Plan defaulters from Logged In location.

AR/Follow-Up → Send To Collection

- With the specified parameters system considers the Patients from Logged In location.
- **Select Specific Patients** search shows the patients from logged in location only.
 - **Messages → Scan/Local Attach**
- Message tab display lists of patients based on logged in Location but Users are not displayed Location based, instead; Users from all the Locations are displayed.
- On Scan/Local Attach screen the binocular search icon present next to Patient field display list of patients based on the logged in Location only. Also, the EOBs displayed in the EOB search are also Location based.

Reports → Billing (By Claims/Charges)

- Running a Billing report fetches the Claims from Logged In Location only.
- The **Group By & Filter On Group** options list all Locations/Attending/Rendering Providers. But, the records will be fetched only from Logged In location.

Reports → Collection (By Voucher/ By Claims)

- Running a Collection Report fetches the Vouchers created from Logged In Location only.
- The **Group By & Filter On Group** options list all Locations/Attending/Rendering Providers. But, the records will be fetched only from Logged In location.



After running Reports → Billing and Reports → Collection Clicking on the Problem Cases hyperlink displays data from all the locations.

Reports → Distribution

This report is at Clinic level. That means, data from all locations will be displayed.

Reports → Summary

This report is at Clinic level. That means, data from all locations will be displayed.

Reports → Aging

- All Aging reports (Pat/Ins/Emp/TPA/Collection) show the data

Reports → Statement

- When **Patient** radio button is selected, the **Select Name** search & Auto-complete lists patients from logged in location only.
- When **Guarantor** radio button is selected, the **Select Name** search & Auto-Complete lists all guarantors along with the Patients registered at Logged In Location. Guarantors are not location specific.

But, when the statement is generated for guarantors, the patients from Logged In Location will be considered.

Example: Patient A and B are registered with **Loc1** location. Patient C and D are registered with **Loc2** location. For all above patient's one person Guarantor-M is acting as a Guarantor. Now, if statement is generated for guarantor from **Loc1** location, the statement will contain only the outstanding of Patient A & B. It does not include the outstanding of Patient C & D. If statement is generated for guarantor from **Loc2** location, the statement will contain only the outstanding of Patient C & D. It does not include the outstanding of Patient A & B.

Reports → Ledger

- **Patient** is selected, the Search & Auto-complete shows patients from Logged in Location only.
- When **Guarantor** radio button is selected, search & Auto-complete lists all guarantors along with the Patients registered at Logged In Location. Guarantors are not location specific.
- The **Guarantor** Ledger shows Patients only from Logged In location.

Reports → Tabular

- This report is at Clinic level. That means, data from all locations will be displayed.

Reports → Management Financial Analysis/Statistics/Graphs/Trend Reports

These reports are at Clinic level. That means, data from all locations will be displayed.

Settings → Configuration

This screen is common and at clinic level.

Settings → Claim Batches

Batch search shows the claim batches created at Logged in Location.

- The **Location** list-box shows only the logged in location.

Settings → Receipt Batches

Batch search shows the Receipt Batches created at Logged In Location.

- The **Location** list-box shows only the logged in location.

Settings → Fee Schedule

- Fee Schedule is not Location specific. It is at Clinic Level.
- For No Show the amount mentioned in the fees schedule will consider the following:
 - ✓ BU Column Should be Empty or Match with Claim BU Code
 - ✓ Loc Column Should be Empty or Match with Claim LOC Code
 - ✓ Doc Column Should be Empty or Match with Claim Rend Doc Id

Settings → Scrubber Checks

Scrubber checks are not Location specific. It is at Clinic Level.

Settings → Scheduled Process

Scheduled Processes are not Location specific. It is at Clinic Level.

Limitation: When Billing or Collection Report is generated through Period End Reports Schedule Process, then these Reports will display data from all the Locations.

Settings → Download Files

Download Files are not Location specific. It is at Clinic Level.

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2. Prognosis support to configure Phrases for Appeals for Denied and Disputed Claims and print the Appeal Form (Patch no 3)

Appeal Phrases can be configured as follows:


Navigation Goto menu: Settings → Configuration → Group Types → Non system. New Group 'DA': DENIAL DISPUTED/RETAINED ACTIONS has been added in Group Types.

Users can add and create their Appeal Phrases as required for their practice for the appeal process.

Character limit with 1024 characters has been supported to be used as Appeal Phrases.

Using Appeal on EOB screen

Navigation Goto menu: Remittance → EOB/ERA

On EOB / ERA screen three dotted  button populates the details for Denials such as Denial and Action reasons. This button also provides an option to mark a Payment as Disputed payment if Allowed Amount is lesser than Insurance Contract Amount. Since both denials and disputes can be contested or appealed, users have an option to use these screens to populate Appeal phrases.

Denied Reason
 * Based on entitlement to benefits. Note: If adjustment is at the Claim Level

Appeal Reason
 Appeal Reason: [Text Field]

Action

- No_Action
- Write off (Action Reason Mandatory)
- Charge Next Responsible
- Rebill creating a new claim
- Reopen Claim for Resend
- Resend Without Reopen
- Ins agreed to pay
- Resolved
- WIP

Action Reason: [Dropdown]
 Last Action Date: 2016-11-11 20:42:43.81 PM
 Statement Comments: [Text Field]

ok cancel

Denied Screen

Payment

- Normal
- Additional
- Duplicate
- On Hold rrtt45t43545

Disputed

Contract/Allowed Amount Retained Responsibility

Reason: [Text Field]

* [Text Field]

Appeal Reason
 Appeal Reason: [Text Field]

Statement Comments
 [Text Field]

ok cancel

Disputed Screen

Appeal / Phrases

[Text Field]


ok cancel

Denied Disputed Appeal Phrases

Starting with Wrap Page 1 of 4

Name	Code
Administrative days.	73
Administrative surcharges are not covered	212
Allowed amount has been reduced because a component of...	B10
Alternate benefit has been provided.	169
Alternative services were available, and should have been ut...	B8
An attachment/other documentation is required to adjudicate...	252
Anesthesia performed by the operating physician, the assist...	194
Appeal procedures not followed or time limits not met.	138
Attachment/other documentation referenced on the claim wa...	164
Attachment/other documentation referenced on the claim wa...	163
Balance does not exceed co-payment amount.	36
Balance does not exceed deductible.	37
Based on entitlement to benefits. Note: If adjustment is at th...	P8
Based on entitlement to benefits. Note: If adjustment is at th...	218
Based on extent of injury. Note: If adjustment is at the Claim...	219
Based on payer reasonable and customary fees. No maximu...	217
Based on payer reasonable and customary fees. No maximu...	P5
Based on subrogation of a third party settlement	215
Based on the findings of a review organization	216
Benefit maximum for this time period or occurrence has bee...	119
Billing date predates service date.	110
Blood Deductible.	66
Capital Adjustment. (Handled in MIA)	84
Charge exceeds fee schedule/maximum allowable or contra...	45
Charges are covered under a capitation agreement/manage...	24
Charges do not meet qualifications for emergent/urgent care...	40

add new cancel

Users have an option to add / modify appeal reasons from three dotted  button. On clicking the search binoculars will navigate the users to Settings → Configuration → Group Types → Denied Disputed Appeal Phrases Master list.



Notes:

1. The Max length of Appeal Phrase is 1024 Characters.
2. The Appeal Phrases are mandatory to generate appeal forms (Only on those Charge Codes will be eligible to compile the appeal form for which Appeal phrases are documented).
3. The option to add Appeal phrases will be enabled to the users even when EOB is posted.
4. User can type in the appeal phrase or select the saved appeal phrases to compile the appeal.
5. Only one appeal form can be configured in PrognoCIS.

Pre-requisites to print Appeal

A valid appeal template has to be present in PrognoCIS


On Denied or Disputed charge row, user can select / type in Appeal phrases

User can then click on Appeal form to print the Appeal / Redetermination form



Notes:

1. Appeal Forms can only be printed when Voucher is posted. One cannot print appeal forms when Claims are posted and vouchers are not posted.
2. It is mandatory for the users to select or Type Appeal reason in order to generate an appeal form. For e.g. If EOB is posted for claim with 4 line items and all of them are denied. In order to generate the appeal letter or appeal form; Appeal reason has to be selected at least for one denied row.
3. An error message: “Cannot Appeal. Charge code need to be disputed or denied and appeal reason selected for it” will be displayed.
4. Option to select the appeal reason will be available to the users even when EOB is posted.
5. An error message “Voucher Not Posted” is displayed.
6. Option to add / Modify Appeal reasons on Denied claims will always be available to users.

7. Once Appeal Reason is selected, The Three Dotted button is highlighted in Green color  indicating a particular Charge line will be considered while generating an appeal.
8. If user clicks on Blank EOB Voucher with No Claims on it an error Message “No Information to Show” is displayed.
9. Appeal Forms cannot be printed for Recouped Claims. If user clicks on EOB Voucher with Recouped Charge Rows on it an error Message “Not Applicable for Recoup” is displayed.
10. By Default Appeal Template will be given in a patch, if user deletes or inactivates Appeal template; an error Message “Nothing to Print Appeal Template Not Found” is displayed.

Impact of Appeal on Patient Account

The ID would show the internal Attach ID and would be hyper linked to invoke a copy of the form which was printed. On every print of the form from EOB a copy of the letter will get saved under Patient's account.

Date column display the Date when Appeal letter was printed.

Subject Line of the Appeal form would get labelled as Appeal DocNo: <<VOUCHER#) Claim: <<CLAIM ID>>.

Attached form can be deleted from Patient Account screen by navigating to Attached Document button and invokes the same popup.

Figure: Appeal Form on Patient Account

Statements				
None				
back to top				
Attached Documents				
Id	Date	Subject	Sender	Extn
44218	08-02-2017	Appeal DocNo:EOB06841 Claim:411354	Admin, Admin	pdf
back to top				
Letters				
None				

Impact of Appeal on Claims Letter


The printed copy of the appeal form can also be seen from Claims letter under EMR Documents button. The form can be printed with Copy of Medical Records to respective insurances.

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3. Attorney Portal has been introduced (Patch no 49)

- In order to grow their businesses, clinics are required to tie up with different Attorneys, who would be referring their clients, met with a personal accident, as patients to these clinics. After the visit of the patient, clinics are required to share Patient's visit information like SOAP notes, LAB/RAD results etc. with the Attorney.
- Earlier, these details were shared with attorneys by mails or posts. This process was time consuming, so to make the transfer of data fast and in secure fashion Attorney Portal comes into place.
- Attorney Portal has the following features:
 - Communication between Patient and Attorney
 - Access records
 - Request and reschedule appointments
 - Check status of requested appointments
 - Attorney Portal is designed to support multiple browsers like Microsoft Internet Explorer, Apple Safari, Google Chrome and iPad.

Attorney Portal supports both Single as well as Multi Location databases.

In PrognoCIS, on the click of **Info** button:  , Attorney Portal link is displayed in the **Other** section **Modules**.

Login Credentials

Attorney can be added from the following screens:

- Goto Menu: Patient → Register → select a Patient → click on **Billing** Info tab → click on **Add New** link
Or
- Goto Menu: Settings → Configuration → **Vendors** → Attorney → click on **Add New** button,
Or

Goto Menu: Settings → Configuration → click on **Login Details** under **Admin** column → User Login Details popup → select **User Type** as Attorney.

- The popup is displayed to add the Attorney details.

Note:

- ❖ *Maximum length of **Law Firm** field is 50 characters.*
- ❖ *Attorney who are already added in PrognocIS for them login credentials will not be auto-created from Attorney Master.*

Login to Attorney Portal

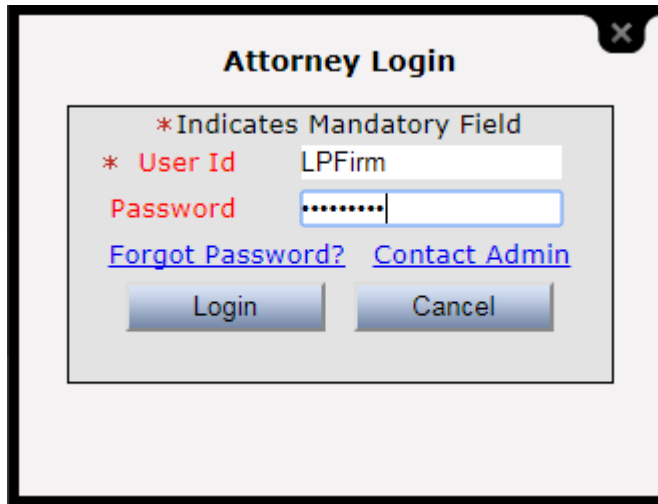
Figure: Login page of Attorney Portal



Perform the following steps to Login into Attorney Portal

- Enter PrognocIS Attorney Portal URL in the address bar of the browser; the login page of PrognocIS Attorney Portal is displayed.
- Click on Login button; Attorney Login popup is invoked

Figure: Attorney login popup



➤ **ok** button to open PDF and view your password.

After a user is successfully logged in, a disclaimer is displayed in a popup. Select the **I Accept** checkbox provided at the bottom of the disclaimer popup and click on **Ok** button.

Attorney Portal Screen


Attorney Portal is made up of three distinct sections or frames. Once the user is logged in into the Attorney Portal, the system selects the first patient from the list by default.

Figure: Attorney Portal screen can be divided into three main sections

Change the image



Top Banner: It displays important information such as Clinic logo, Clinic Name, Selected Patient related information is shown in the Patient band such as Patient's

Name, Patient’s Clinic Name, Patient’s Age, Last Visit Date, Next Visit Date and Primary Provider of the patient and Profile icon: . Patient Band is configurable.

Profile icon: 

From this, logged in user has the provision to change Attorney Portal account User ID and Password. When this icon is selected, three options are displayed namely,

Change User ID

From this screen, logged in user has the provision to change Attorney Portal Account User ID.

Change Password

From this screen, logged in user has the provision to change their Attorney Portal Account Password.

Log Out

From this, logged in user can logout.

Left Section: It displays the logged in Attorney’s name and depending upon the tab selected from the middle section, its respective Table of Contents (TOC) is displayed. For example, in the above figure the tab, **My Patients** is selected therefore its respective TOC consisting of the menus, **Select Patient** and **Add Patient** is displayed.

Display section: This section comprise of following tabs:

- My Patients
- Appointment
- Documents
- Patient Forms
- Patient Info

Tab: My Patients

There are two menu options displayed in the TOC section namely:

Select Patient: Select Patient menu option displays list of Patients, who have the logged in Attorney associated to them on Patient Registration screen in Prognosis

EMR. Select Patient menu option displays Patients with following details First Name; Last Name; Age; and Sex.

Add Patient: Add Patient option displays Basic Details screen. From this screen, Patient’s basic information can be added.

When a User selects a Patient/after adding a Patient, navigates to the screen mentioned in the property [atp.default.menu](#).

Tab: Appointment

A logged in Attorney is eligible to take appointments on behalf of a Patient from Prognosis Attorney Portal. Appointment can be taken or requested for the patient from the available slots.

Tab: Documents


Displays two menu options in TOC section namely,

Clinic Shared Documents

From this screen, logged user has provision to view the documents of Patient shared on Referring Doctor Portal :

The Clinic Shared Documents submenu displays the following information about the document:

Column	Description
Visit Date	Displays the document date.
Type	Displays the type of the document.
Category	Displays the selected category of the document.
Subject	Displays the entered subject of the document.

Attending Doc	Displays the Patient's Attending Doctor.
View	On click of zoom icon:  , the document is displayed.

Submit Document

From this screen, logged in user can attach Patient's documents. Once the document is attached, a message gets sent to the provider's inbox.

Tab: Patient Forms

Two menu options are displays in the TOC section namely:

Existing Patient

The tab displays Patient forms of existing patient. The Patient forms for Existing and New Patients can be configurable by settings under Settings → Configuration →Interface master.

New Patient

When logged in user click on the new patient menu then all the patient forms applicable for new patients are displayed as hyperlinked. Clicking on the hyperlink invokes the respective Patient form in which logged in user can fill the required details.

Tab: Patient Info


Displays two menu options in the TOC section namely:

Basic Details

From this screen, logged in user has the provision to edit or view the basic details of the Patient like First Name, Last Name, Location, Sex, Primary Doc, Address and so on.

Emergency Contact Information

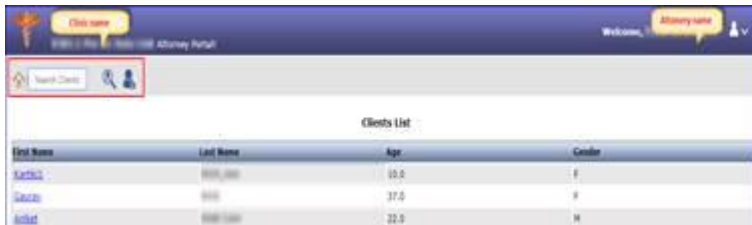
The menu option displayed the following fields where Emergency contact information of the patient is to be filled, like Name, Relation, Address details such as Street, Apt/Suite, ZIP, City, State, Home Phone, Cell Phone, Work Phone 1, Work Phone 2, Fax, and Email Address.

 **Note:** Email templates used in portals (Referring Doctor/Patient/Employer/Attorney) are now displayed under Settings → Configuration → Email only if respective Portal is ON.

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4. User interface of Attorney Portal has been elevated (Patch no 188)

1. Now, user interface of Attorney Portal has been evaluated in more user interactive manner.
2. Home screen of Attorney Portal has been changed to “List of Client” screen that displays clients of the logged in Attorney and can be viewed as follows:





First Name	Last Name	Age	Gender
John	Smith	35.0	M
Jane	Smith	37.0	F
Bob	Smith	22.0	M

- However, tabular form on the Home screen can be modified based upon the following properties:
 - **[atp.homepage.fields](#)**
Enter the comma separated database column names to be displayed on the Home screen. Default values are: PT_FNAME, PT_LNAME, PT_AGE, PT_SEX
 - **[atp.homepage.sort](#)**
Depending upon the columns defined in the property **[atp.homepage.fields](#)** need to set ‘Y’ value for the respective columns to sort out.
 - **[atp.homepage.titles](#)**
Enter the comma separated table column names to be displayed on the Home screen. Default values are: First Name, Last Name, Age, Gender
 - **[atp.homepage.widths](#)**
Enter the width for the columns which are defined in the property **[atp.homepage.fields](#)** to be displayed on Home screen. Default values are: First Name, Last Name, Age, Gender

3. Following new add-ons are present on Attorney portal screen:



: Click on this icon to navigate to Home screen. (i.e. List of Client)

-  : Enter a required client name to be searched and on client selection user navigates to Patient Info → Basic Details screen.
-  : Click on Client Search icon to invoke Client Info popup and client selection user navigates to My Patients → Add Patient screen.
 - Following new properties have been added to modify search selection:
 - [*search.atpatient.datawidth*](#)
 - [*search.atpatient.fieldlist*](#)
 - [*search.atpatient.fieldlistsort*](#)
 - [*search.atpatient.message*](#)
 - [*search.atpatient.orderby*](#)
 - [*search.atpatient.returnlist*](#)
 - [*search.atpatient.rowcount*](#)
 - [*search.atpatient.table*](#)
 - [*search.atpatient.titlelist*](#)
 - [*search.atpatient.where*](#)



: Click on this Add New Client icon to add new patient (i.e. Client).

4. From Home screen, on selecting any patient information is displayed in the modified screen is showed as follows:

- Patient Band: Patient band is configured based upon following new properties:
 - [*portal.attorneyband.tag.r1.c1*](#)
 - [*portal.attorneyband.tag.r1.c2*](#)

- [*portal.attorneyband.tag.r1.c3*](#)
- [*portal.attorneyband.tag.r1.c4*](#)
- [*portal.attorneyband.tag.r2.c1*](#)
- [*portal.attorneyband.tag.r2.c2*](#)
- [*portal.attorneyband.tag.r2.c3*](#)
- [*portal.attorneyband.tag.r2.c4*](#)

- Now, menus have been shifted in the left pane. User may expand the Menus to view sub-menus.

- On the Appointment screen,

- On selecting Future Appointments radio button appointments are displayed of following statuses:

- Scheduled
- Requested
- Tentative

On selecting Past Appointments radio button appointments are displayed of following statuses:

- Scheduled
- Arrived
- Ready for Clinical Staff
- With Clinical Staff
- Ready for MA
- With MA
- Ready for Doc
- With Doc
- Ready for Review
- Ready for Checkout
- Checked out
- Complete
- Cancelled by Patient
- Cancelled by Clinic
- No Show
- Deleted

 **Note:**

- ❖ While showing past appointments duration from which appointments needs to be showed are defined in the property *rx.pastrx.days*.
- ❖ All of the Future appointments will be displayed in ascending order whereas all of the past appointments will be displayed in descending order.

5. If an appointment is marked as NO SHOW and Cancelled by Patient from Prognosis then an email is sent to the respective Attorney to inform about it. For this, a new email template **“No Show of Patient Appointments Email Notification to Attorneys”** has been added under Settings → Configuration → click on E-Mail under Output Templates column.

The email to Attorney is sent only if checkbox ***Email Notification for NOSHOW Appointments*** is checked on the Attorney Master screen (from under Settings → Configuration → Vendors → Attorney Master) for the Attorney. This checkbox is enabled only if Attorney portal is ON and valid ***Email*** address is entered on Attorney Master screen


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5. Attorney Billing has been introduced (Patch no 188)

Now, new property ***enable.attorney.billing*** has been introduced. This property is system level. When the property is turned on and if attorney is added in Prognosis then the same record is added in Insurance Master. And if the same attorney is added to patient’s registration then the newly added Attorney Insurance would also be listed on Patient’s Insurance Umbrella icon as one of the insurance defined as “Attorney”.

Changes on Attorney Master

- When user adds an Attorney then same attorney is added in Insurance master.
- On Attorney Master a time stamp ***Last logged in Portal*** is added next to the Last Modified by timestamp
- On Attorney Master, a checkbox is added to mark the Selected Attorney as Active / Inactive.

 **Note:** When Attorney is added, Address of the attorney should be defined prior on save of Attorney record.


Insurance Master

Once Attorney is linked to insurance, keyword Attorney will be displayed on Insurance master screen.

Attorney on Patient Registration screen

*** Responsibility**
 Guarantor: Self | John David
 Patient Attorney: Attorney - Axion
 Financial Class: Financial class 1

	UnApplied	0-30	31-60	61-90	91-120	120+	Total
Patient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Guarantor	0.00	0.00	0.00	0.00	0.00	0.00	0.00

 **Note:** It is mandatory to associate Attorney on Patient Attorney which is mapped to Insurance in order to create an Attorney Claim.

Patient Insurance screen

Option ‘Attorney’ is added in Defined as field of the Patient Insurance screen only when the property *enable.attorney.billing* is set to ‘Y’.

When Attorney is added to Patient registration screen, the associated Attorney is added to Patient’s Insurance with Insurance Defined as “Attorney”.

Insurance for John David (DOB:06-01-1968)

Details of Selected Insurance Row

Type: GROUP Health Plan | Insurance Company: Attorney Axion | Defined as: Attorney | Status: Active


Del.	Type	Company	Expiry Date	Defined as	Status
<input type="checkbox"/>	GROUPHP	Attorney Axion		Attorney	Active

 **Note:**

- ❖ *Once the attorney is associated on Patient Registration screen then user has to explicitly click on the Insurance icon which turns red in color*
- ❖ *On Patient Insurance Screen, Insurance type of Insurance defined as “Attorney” cannot be changed to any other insurance type as the same insurance is linked to Attorney Master.*

Claims screen

When Claim is created and Attorney Insurance is selected as insurance then the claim is marked as Attorney Claim on Claims screen.

 **Note:** *Claim can be billed with only one payor(Primary / Secondary or Tertiary) defined as “Attorney”.*

New Filter option added

Attorney Claims (Y/N) additional dropdown has been added under Charge Codes Related Filters of the Edit Claims Filter popup.

This additional drop down is available on the following screens:

- Claims → Edit Claims
- AR/Follow-up → Outstanding
- Claims → Processed → By Claims
- Claims → Processed → By Charges
- Reports → Billing → By Claims
- Reports → Billing → By Charges
- Reports → Collections → By Claims report
- Claims → Unprocessed
- Penalty Invoice screen
- Claims → Send → Professional/Institutional
- Claims → Returned/Rejected
- Remittance → Write Off → Bulk Insurance
- Remittance → Write Off → Bulk Patient

 **Note:**

- ❖ *Keyword **Attorney** will not be displayed on EOB and Patient Account Screen for Attorney Claims.*
- ❖ *Validation message 'Primary Insurance Status NOT Worker Comp' will be by passed when the Encounter Type is **Worker Comp** for Attorney Claims.*
- ❖ *Validation message 'Primary Insurance Status NOT Motor Accident' will be by passed when the Encounter Type as Auto Accident for Attorney Claims.*



Limitations:

- Any modification made to Attorney Master will not be reflected on Patient Insurance screen related to Attorney.
- Insurance record gets added as an attorney only if attorney is added in the Prognosis.
- Insurance icon turns red in color only when the Attorney is associated to Insurance and user explicitly clicks on the Insurance icon.
- Attorney keyword will not be displayed on Claims screen if the Claim is already billed to Attorney and then the property **enable.attorney.billing** is to 'N'.
- As of now, Attorney address is not mandatory on Attorney Master Screen.
- Existing Attorney records will not get mapped with the Insurance even if user updates the record. For this, user must add a New Attorney record in Attorney Master screen.

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6. Employer Billing Phase 2 Changes (Patch no 64)

Following are the Employer Billing Phase 2 Changes

1. Employer Master Changes

Navigation Goto Menu: Settings → Configuration → Employer

New fields have been introduced on Employer Master screen.

Insurance Policy – Enter the policy number of the Group Insurance given by the employer.

Purchase Order No - Enter the purchase order no in this field. The character limit supported in this field is 20. New tag BLH_EMPLOYER_PO has been added to display PO number on Employer Invoice.

FTUX message has been added for Purchase Order No field. FTUX message 'User now can add Purchase Order number to be printed on Employer Invoice. A tag BLH_EMPLOYER_PO could be added on Employer Invoice template to populate Purchase Order details' will be displayed.

Invoice Group By: This dropdown field is provided to users with following options:

- Patient – When this option is selected, the employer invoice is generated in the

following format

- Invoices are grouped by patients sorted alphabetically
 - Each Claim have a distinct group with Claim wise subtotals
 - Invoice total is printed at the end.
- Charge Codes - When this option is selected, the employer invoice is generated in the following format
- Invoices are grouped by Charge Codes sorted in the numeric order
 - Each Charge Code have a distinct group with Charge Code wise subtotals
 - Second sort is by Patient Name
 - No patient level subtotals are presented
 - Invoice total can be printed at the end.
- Date of Service by Patients - When this option is selected, the employer invoice is generated in the following format
- Invoices are grouped by Date of Service in the ascending order
 - Each DOS would have a distinct block
 - Day totals will get printed at end of each block
 - Invoice total is printed at the end
 - Invoices will be grouped by Date of Service and then by Patients. For e.g. if Patient A was treated on following DOS 1/01/2017, 02/01/2017 and Patient B was treated on followign DOS 01/15/2017; The invoice would list 3 separate blocks for individual service dates with Patient A would get listed first, Patient B second and Third block would be for Patient A for DOS 02/01/2017
 - Subtotals are printed for each Patient block.
- Date of Service by Charge Codes - When this option is selected, the employer invoice is generated in the following format
- Invoices are grouped by Date of Service in the ascending order
 - Each DOS would have a distinct block
 - Day totals will get printed at end of each block
 - Invoice total is printed at the end
 - Invoices will be grouped by Charge Codes
 - Subtotals are printed for Each Procedure Block.

Hide Charge Code: When this Hide Charge Code checkbox is checked then the charge row code column will not be displayed on invoice generation. When this checkbox is not checked then the charge code row column will be seen when the

invoice is generated from Claim → Send → Emp Inv.

Schedule Invoice Cycle: Schedule Invoice cycle drop down has three values Monthly, Weekly and Daily. This describes how the employer would prefer to receive the invoices.

Relabeled fields on Employer Master screen

1. Insurance Company has been relabeled Insurance
2. Policy Number has been relabeled Insurance Policy
3. Generate Employer Invoice By has been relabeled Invoice By
4. Invoice Frequency has been relabeled Schedule Invoice Cycle
5. Invoice Payment days has been relabeled Payment Days
6. Invoice Template has been relabeled Employer Invoice

Newly added labels on Employer Master screen

1. Billing & Invoicing Info.
2. Setup TPA
2. Provided Hyperlinks to Employer Receipts which are moved to advance when viewed from Employer Account screen

Navigation Goto Menu: Settings → Configuration → Employer → Billing and Invoicing Info button

The table report lists transactions which are moved to advance and are used from advances as utilized from Employer Receipt Vouchers. It also displays employer refund details.

For Patient Receipts which are moved to advance are displayed under table: Advances and Usage on Employer Account screen.

Hyperlinks are provided to Employer Receipts which are moved to advance when viewed from Patient Account screen. Since users can only use the same patient receipt which was moved to advance to utilize the pending balances on Employer claims.

- Adjust Advance Voucher
- Employer Refund Vouchers

Advances and Usage						
Date	DocNo	Remarks	Advance \$	Bal \$	Used Adv \$Date	Docno
07-07-2016	EMPRT00106	Move To Advance	10.00	0.00	10.00	07-07-2016 AJADV00687
07-07-2016	EMPRT00107	Move To Advance	11.90	11.90		
07-26-2016	EMPRT00141	Advance	100.00	66.00	34.00	11-28-2017 EMPRF00186
08-11-2016	EMPRT00168	to advance	80.00	80.00		
08-11-2016	EMPRT00169	to advance	180.00	180.00		

None of these hyperlinks are available on Employer Portal



Note:

If a voucher is in Entered Status and amount is allocated using “Move to Advance” hyperlink, then on Employer Account under “Usage and Advance” section, EMPRT# will be displayed as hyperlink in BOLD RED. After the voucher is posted the same hyperlink will be displayed in BOLD BLUE color.

None of these hyperlinks will be available on Employer Portal.

- The subject line of the Employer Invoice has been changed
Now, the subject line of Employer Invoices sent by an email to Employer or TPA will read as: **Invoice # <<INVOICE ID>> from <<Name of the Practice>>**
- Option to attach documents has been introduced on Employer Receipt screen.

Navigation Goto Menu: Remittance → Other Payment → Employer

Two buttons attach and view attachment has been introduced on Employer Receipt screen.



Attach: This allows an option to attach scanned PDF files on Employer Receipts screen. This helps to keep track of PDF / document trail in reference to payments received. The document attached is based on a property *era.attach.file.extn*. The tool tip for this button changes from word “Attach” to “Detach” if a file is already attached. The icon only attaches documents with extension txt, pdf, tif, 835, rmt,era. If user tries to attach a document with any other extension then on Attach button message **Only Specified Extensions Allowed: txt, pdf, tif, 835, rmt,era** is displayed.




View Attachment: Clicking on the view icon user to view the attached EOB.

 **Note:** For Adjust Advance Voucher, Attach button and View Attachment button are always shown disabled.

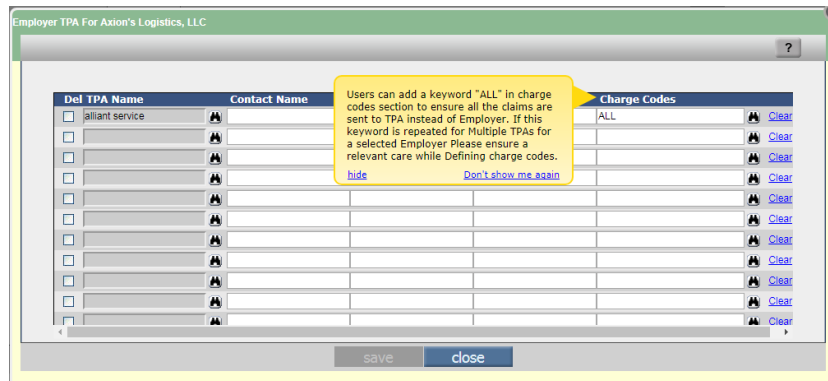
- Keyword 'ALL' is now supported while configuring charge codes on Employer master for TPA

Navigation Goto Menu: Settings → Configuration → Employer → TPA button

- Now, 'ALL' Keyword is supported in Charge codes section of the Employer TPA master. All the claims created for this specific Employer will get created as TPA claims.
-  Limitation:
 - If user defines ALL as a keyword for any of the TPAs then all the other TPAs would be ignored and generated claim would be a TPA claim
 - If user defines 'ALL' keyword for more than one TPA, then it would generate the claims for TPA with Latest TPA which was added first.

Now, FTUX message has been added on the screen for Charge Codes section with message 'Users can add a keyword "ALL" in charge codes section to ensure all the claims are sent to TPA instead of Employer. If this keyword is repeated for Multiple TPAs for a selected Employer' is displayed.

- **Figure:** Employer's TPA Popup of Employer TPA button on Employer Master



- Provision to display Encrypted SSN on Employer Invoice
Property `billing.employer.invoice.patfields` has been added. When this property is set to blank then patient name, chart number, SSN will be displayed on invoice generation. This property controls the population of Patient's SSN value in encrypted format by making use of the following tag `[PT_SQL_STR$SHORT_SSN]`.

When this tag is used in the property then Patient’s SSN value will be displayed in encrypted format.

7. Additional Employer Reports has been added under Statistics Reports

Navigation Goto Menu: Reports →Management →Statistics

The reports are as follows: Employer - Top 10 OS

- Employer – Top 10 OS Graph
- Employer - Top 10 Billing
- Employer – Top 10 Billing Graph
- Employer - Top 10 Charges Billed
- Employer – Top 10 Charges Billed Graph
- Employer – Top 10 Payments
- Employer – Top 10 Payments Graph

8. If there are Multiple TPAs with same TPA Code then message **Duplicate TPA code, this code is already present** is displayed to the user.

Duplicate TPA code, this code is already present.

9. New fields have been added on Employer Export button of the Employer Master

The fields are as follows:

Hide Charge Codes Yes/No

Invoice Group

Payment Days

PO No

10. New Graphs has been added related to Employer Billing

They are as follows:

Gr Code	GR Name
GR18	Top 10 Employer by Outstanding Amounts
GR19	Top 10 Employers By Billed Amounts
GR20	Top 10 Employers By Payments



Note: TPA Payment is not considered in these Graphs.

11. Two properties have been made obsolete

emp.invoice.by.chargecode

emp.invoice.hide.chargecode

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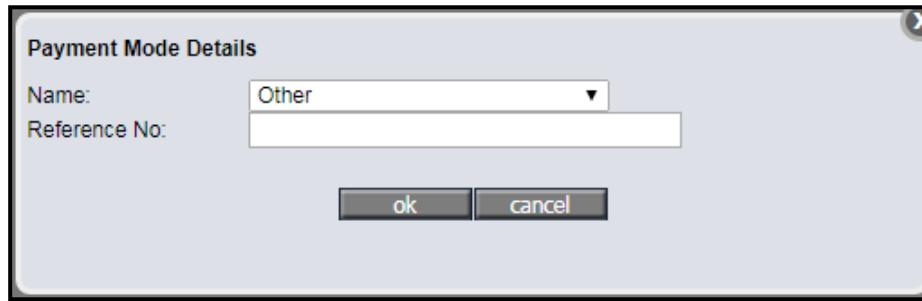
7. Provision to support alternate Modes of payment for payment types has been introduced (Patch no 147)

Many of the practices requests to add additional modes of payments such as Care Credit, Paypal, eWallet etc. In order to support these in Prognosis **Other Payment Modes** is introduced This payment option is introduced for the following Payment types:

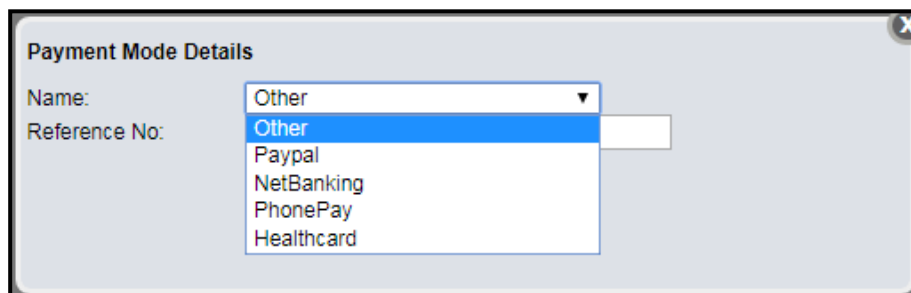
- Patient Payment
- Collection Agency Payment
- Employer Payment
- Capitation Payment
- Copay

A new option **Other Pay** is introduced. On click of the three dotted button present next to the field Pay mode, **Payment Mode Details** popup is invoked. The popup has two fields Name and Reference No.

A new keyword 'EFT' is introduced in Prognosis. This keyword can be added in Property *era.patreceipt.paymodes* and *era.empreceipt.paymodes*. When this property is kept blank, Pay mode would follow default sequence as CHECK, CASH, CREDIT CARD and EFT.



Name: The field is provided with a dropdown option from where user can select the mode of other payment.



Provide Ability to Document Other Payment Source

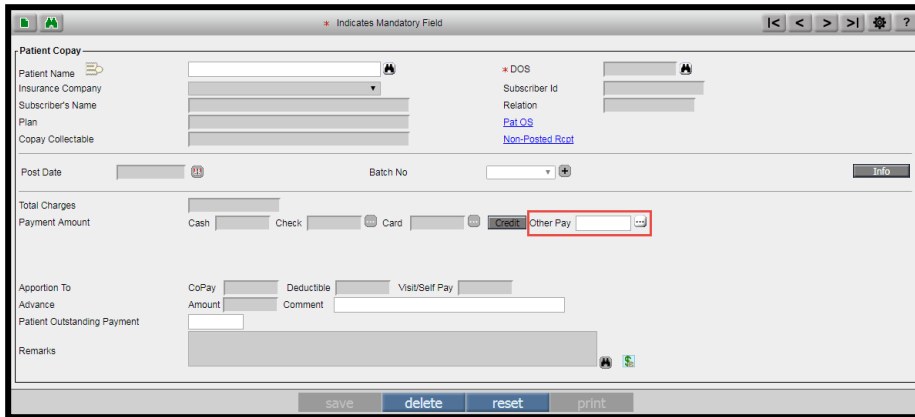
A new property is *other.pay.modes* is introduced to document Other Payment sources. This property is Admin level.

The Label “Other” as defined in the screenshot for Other Payment mode under dropdown which stores Cash, Check, Credit Card is controlled by property *other.paymode.label*. The value defined the property is the label for payment mode other than Cash, Check, CreditCard. For e.g. if we define word ‘AlternatePay’ in the property, Paymode dropdown would read Cash, Check, Credit Card, Alternate Payments.

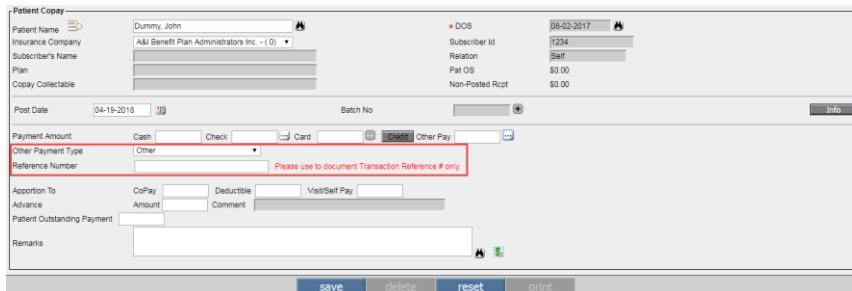
Provide Ability to Document Other Payment Source on COPAY Screen

Other Pay mode functionality is also introduced on Copay screen. Field **Other Pay** field is present next to **Card** field, next to the field a three dotted button is also present.

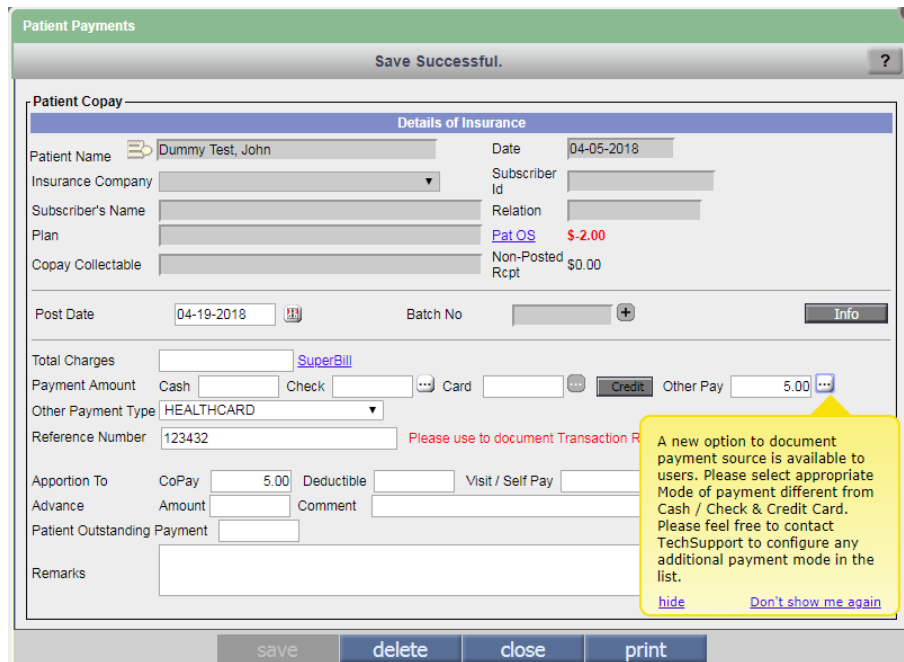
Figure: Other Payment Modes field on Copay Screen



On the click of three dotted button, two new fields **Other Payment Type** and **Reference Number** auto populates just below the Payment Amount field. User is enabled to add reference number for tracking all the transaction made as Other Payments.

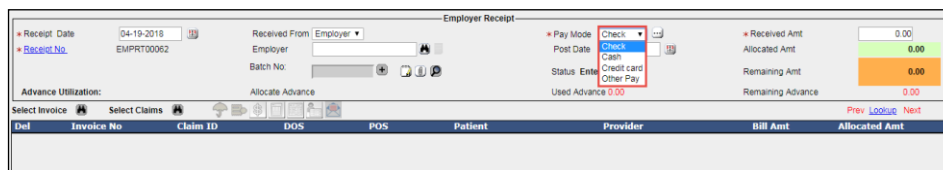


FTUX message has been added on Copay screen. The following message ‘A new option to document payment source is available to users. Please select appropriate Mode of payment different from Cash / Check & Credit Card. Please feel free to contact TechSupport to configure any additional payment mode in the list’ is displayed.



Provide Ability to Document Other Payment Source on Patient Receipt / Employer Receipt / Collection Agency Receipt and Capitation Receipt Screen

On Receipts screen under **Pay Mode** field, a new option **Other Pay** is introduced.



Patient Receipt screen on Patient → Schedule

A new option 'Other Pay' has been added. When user selects the option Other Pay from the dropdown of the field and clicks on the three dotted button present next to the field Pay mode, **Payment Mode Details** popup is invoked. The popup has two fields Other Payment Type and Reference Number.

Other Pay Mode changes on other screens

Patient Account screen

Remittances/Recoup/Patient Receipts/Returns Table

- Any amount collected as Other Pay, Respective source is displayed under Check/Other Pay column
- Documented Transaction Reference # is not displayed in this table

Copay and Receipt Table

- Any Amount collected as Other Pay under this table, the title is displayed as 'Other Pay'.
- Documented transaction Reference # is displayed under Check No / Credit Card column.

Patient Receipts Table

- For any Amount collected as Other Pay: column Check / Other Pay will display the payment source
- Transaction Reference # is not displayed in this table.

Employer Receipts Table

- For any Amount collected as Other Pay: column Check / Other Pay will display the payment source
- Transaction Reference # is not displayed in this table

Collection Agency Receipts Table

- For Any amount collected as Other Pay: Column Check / Other Pay would display the payment source
- Transaction Reference # is not displayed in this table

Reports button on Receipt Batches

The amount collected as Other Payment source would be presented under Electronic Payment Source.

- Amount collected as Copay where Payment mode as “Other Pay” is reflected under Elec\$ column
- Amount collected as Patient Receipt where Payment mode as “Other Pay” is reflected under Elec \$ column
- Amount collected as Employer Receipt where Payment mode as “Other Pay” is reflected under Elec \$ column
- Amount Collected as Collection Agency Receipt where Payment mode as “Other Pay” is reflected under Elec \$ column.

Trn	DocNo	Date	Name	Cash \$	Bank \$	Ccard \$	Elec \$	Total \$User	Date
Posted Receipts									
Capitation Receipt - Posted									
	CRREC00015	04-23-2018	Aetna Texas Medicaid & Chip	0.00	0.00	0.00	50.00	50.00	Admin, Admin
Count #1				0.00	0.00	0.00	50.00	50.00	
Collection Receipt - Posted									
	SOLRT00094	04-23-2018	MASTER RECOVERS	0.00	0.00	0.00	18.00	18.00	Admin, Admin
	SOLRT00095	04-23-2018	MASTER RECOVERS	0.00	0.00	0.00	90.00	90.00	Admin, Admin
Count #3				0.00	0.00	0.00	198.00	198.00	Admin, Admin
Employer Receipt - Posted									
	EMPR100064	04-23-2018	Fresh Employer	200.00	0.00	0.00	0.00	200.00	Admin, Admin
Count #1				200.00	0.00	0.00	0.00	200.00	
Pat Receipt - Posted									
	PTREC00245	04-23-2018	Demo Kiwi	200.00	0.00	0.00	0.00	200.00	Admin, Admin
Count #1				200.00	0.00	0.00	0.00	200.00	
Remittance - Posted									
	EOB00463	04-23-2018	BCBS of South Carolina BlueChoice HealthPlan	0.00	1,500.00	0.00	0.00	1,500.00	Admin, Admin
Count #1				0.00	1,500.00	0.00	0.00	1,500.00	
Total	Count #7			400.00	1,500.00	0.00	248.00	2,148.00	
NonPosted Receipts									
Capitation Receipt - Non Posted									
	CRREC00014	04-23-2018	Aetna Health Plans	0.00	0.00	0.00	20.00	20.00	Admin, Admin

Other Mode Payment Changes on Payment Plan

- Mode of Payment would list Other Pay & CC Type will display the Other Payment Type as documented for Other Pay

- Column Mode of Payment would reflect the default ‘Other Pay’ or the value defined in property *other.paymode.label* would determine the mode of payment for specific receipt voucher. This is a system level property.
- CC Type would list the actual Other Payment Type selected to document Patient Receipt.

Date	Receipt Voucher	Mode of Payment	CC TYPE	Amount paid
04-18-2018	PTREC00239	Other Pay	CARECREDIT	20.00
TotalCount #1				20.00

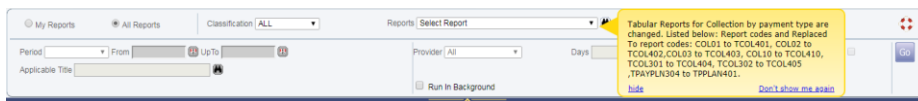
Other Mode Payment Changes on Reports screen

In Prognosis following Layout reports are presented to the users as default Layouts.

- Report → Collections → By Voucher → COL301
- Report → Collections → By Voucher → COL302
- Report → Collections → By Voucher → COL303

For other payments, Transaction Reference # is displayed under Instrument Number and Payment Type code is displayed under Card Type.

FTUX message added on Tabular Reports screen. Following is the screenshot with the FTUX message below:



Following are the set of new tabular reports introduced in Prognosis

Old Report Code	New Report Code	Changes
Daily Collection - Patient Receipts- COL01	TCOL401	New Column ‘Other Pay Amt’ has been added

Daily Collections (Co Pay and Patient Receipts)- COL02	TCOL402	New column 'Other Pay Amt' and 'Other Pay Type' has been added
Daily Collections (Co Pay Plus Ins and Patient Receipts) – COL03	TCOL403	New column 'Other Pay Amt' and 'Other Pay Type' has been added
Daily Collections (Co Pay Plus Ins and Pat) By Attending Provider – COL10	TCOL410	New column 'EFT/OtherPay Amt' and 'Other Pay Type' has been added
CoPay Collection – Monthly - TCOL301	TCOL404	New columns added "Other Pay Amt" has been added
Payment Plan Transactions- TPAYPLN304	TPPLAN401	Mode of Pay column SQL modified, has been added

Modifications have been made to Tabular Reports (Z Reports)

For following Z Reports (Zoom Reports) Queries have been modified to accommodate new payment mode.

1. Payments Not Posted – ZEMPRECUNP
2. Payments Posted – ZEMPRECPOS
3. Payments with Invoices – ZEMPRECINV

List of Tags have been added

The lists of tags added are as follows:

Tag	Description
[ENC_CPAY_EFT__AMT]	This tag will print the amount entered as Other Payments.
[ENC_CPAY_EFT_NUM]	This tag will print instrument number for Other Payments

Modifications have been made to the existing tags

[ERH_RECPT_PAYMODEDETAILS]
[ERH_RECPT_PAYMODE]

When this patch is applied to Client, automatically 'CopayTemplate2018' will get added in each database.


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8. Tabular Reports screen has been enhanced (Patch no 68)

- **Navigation** Goto Menu: Settings → Configuration → Report Design → click on *Tabular*
1. **Usage Count:** This field is added on Tabular Report Design screen to identify the number of times a tabular report is run by all the users. This count is calculated based on the overall usage of a tabular report by all the users. Each time, when a tabular report is run by a user, the count will be incremented by '1'.

2. The Report Id field has been provided with a hyperlink on the following screens Tabular report Design Screen, Patient, Appointment Encounter, Graph and MU Report. Clicking on the hyperlink navigates the user to Tabular Report Execution screen and Design hyperlink is provided to navigate to the Tabular Report Design screen.

-  **Note:** This feature is applicable only for Admin login.

3. Help icon  is provided besides Search field of the Code. This icon is enabled only when Code checkbox is checked.

New searches options have been added in the search section.

CUSTOMAPPTSTATUS	Custom Appointment Status	STATUS_CODE If Multi select then comma seperated.	CAS_ID , If Multi select then comma seperated IDs.	customapptstatus	Single Search: SELECTED_ID(CAS_ID) Multi Select Search: SELECTED_MID(CAS_ID)
MSTEMPLOYER	Employer Master	EMP_NAME If Multi select then comma seperated.	EMP_ID , If Multi select then comma seperated IDs.	mstemployer	Single Search: SELECTED_ID(EMP_ID) Multi Select Search: SELECTED_MID(EMP_ID)
MSTTPA	TPA Master	TPA_NAME If Multi select then comma seperated.	TPA_ID , If Multi select then comma seperated IDs.	msttpa	Single Search: SELECTED_ID(TPA_ID) Multi Select Search: SELECTED_MID(TPA_ID)
EMPLOYER_DEPT	Employer Department	Department If Multi select then comma seperated.	EPD_ID , If Multi select then comma seperated IDs.	repempdept	Single Search: SELECTED_ID(EPD_ID) Multi Select Search: SELECTED_MID(EPD_ID)
MSTATTORNEY	Attorney Master	Attorney Firm If Multi select then comma seperated.	LAW_ID , If Multi select then comma seperated IDs.	mstattorney	Single Search: SELECTED_ID(LAW_ID) Multi Select Search: SELECTED_MID(LAW_ID)

4. Applicable Code title length has been increased to 50 characters on following screens Tabular report Design Screen, Patient, Appointment Encounter, Graph and MU Report Design screen. When the report is run then 20 characters will be shown in Applicable Title field whereas the 50 characters will be shown on tooltip.
5. New Period related keywords have been added in Reports Keyword popup on Tabular Report Design screen.
 1. [LY_QUARTER_START]
 2. [LY_MONTH_START]
 3. [LY_THIS_DAYEND]

4. [THIS_ACCESS_LOCS]
5. [THIS_ATTORNEY]
6. [THIS_PATAccount]

Navigation Goto Menu: Reports → Tabular

- Following are the changes on the Tabular Report screen

1. Run In Background feature has been provided on Tabular Report screen

When Run in Background checkbox is checked then the generated report is shown under Settings → Download Files → Category “Tabular Report”. The user will be notified under Message Inbox and can download the generated report from Settings → Download Files → Category “Tabular Reports”. The message in his InBox will have a Zoom Button to display the generated report. The report gets generated under the respective Category section of the Download files. **Note:** Format of the generated report under Category section of the Tabular Report will be in HTML file. The email generated in Inbox is displayed as Message Type N, Subject: Background Process Complete: Tabular Report, Message: Tabular Report is generated. User can click on the Zoom button to view the file.



Limitation:

Alert message is not displayed when more than one user performs Run in Background simultaneously for a report.

If the generated HTML/CSV file is bigger in size than the download popup gets closed automatically. Now, to view the file with bigger size user can view from the Browser Download screen.

2. Pagination has been provided on Tabular Reports screen

Prev and Next: The Prev and Next hyperlink is enabled only when the output of a tabular report requires multiple pages. By default, 2000 records will be displayed on each page. If output exceeds 2000 records, the “Next” hyperlink will be displayed. After the last page is reached, only “Prev” hyperlink will be shown in enable status. “Next” will not have hyperlink. Similarly, on the very first page, hyperlink will not be displayed for “Prev”.



Note: Code search with Keywords with param for specific searches will not work.

1. DRUGS:PREF
 2. DRUGNAME:PREFALL, SUPPLIES:PREFALL, NOSUPPLIES:PREFALL, DRUGNAME:PREF, SUPPLIES:PREF
 3. NOSUPPLIES:PREF
 4. LABTEST:PREFALL, LABTEST:PREF
 5. RADTEST:PREFALL, RADTEST:PREF
 6. ICD:PREFALL, ICD:PREF
 7. CPT:PREFALL, CPT:PREF
 8. HCPC:PREFALL, HCPC:PREF
3. Search section has been enhanced.

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9. Dashboard related changes (Patch no 68)


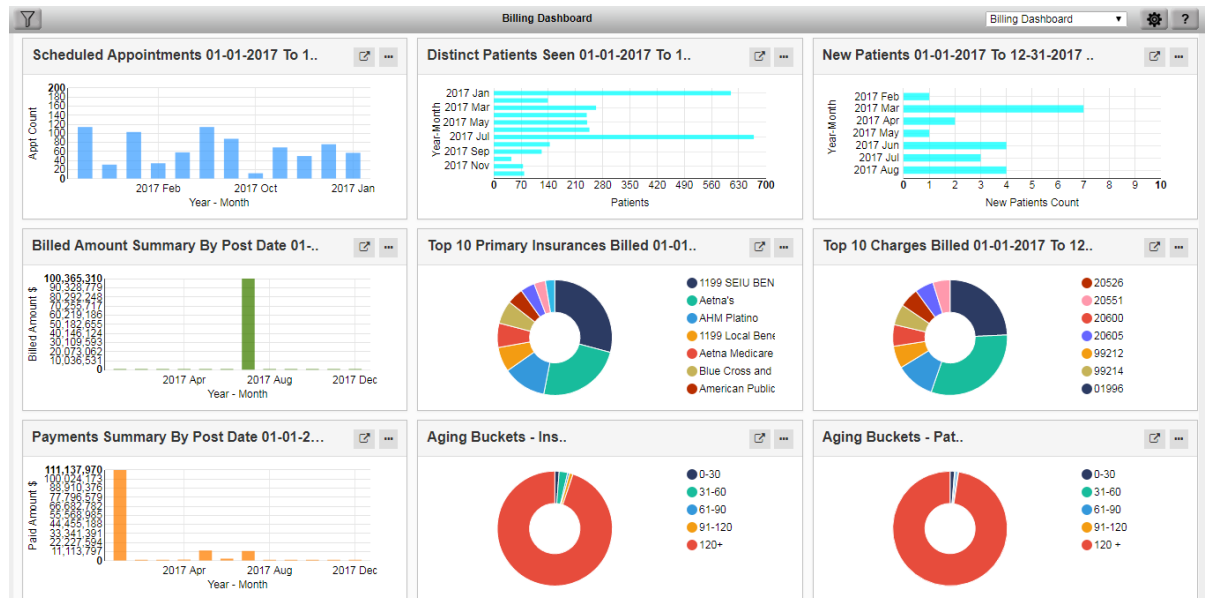

Navigation Goto: Home screen → click on Dashboard icon: 

Figure: Billing Dashboard

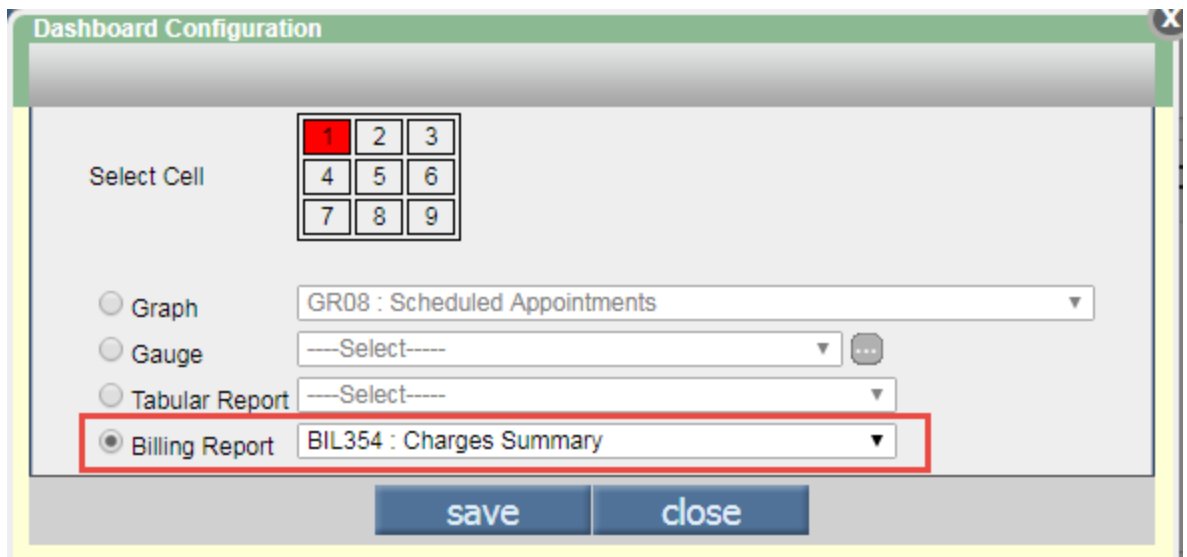


- Now, Prognosis has provision to configure 10 Layouts for Dashboard. Out of these 10 Layout, 1st is set as default Dashboard for 'Billing' module and 2nd is set as default Dashboard for 'EMR'. A total of nine cells can be configured on one Layout.

 **Note:** Billing Reports option is only for 'Billing Dashboard; Hence, the option is not displayed for 'EMR Dashboard'.

- Billing Report section is added under Dashboard configuration. This section displays list of Billing and Collection Report added under Reports → Billing and Reports → Collection. Only Billing/Collection Reports with a Code is displayed in the list box. 'In-active' and the reports marked as 'Hide Report' will NOT be displayed. User can select the desired Billing/Collection report from the drop down. System would list all the layout reports in below sequence as mentioned below: Billing (Claimrep & Chargerep) and Collection (Collectionheader & Collectiondetail).Syntax: <Layout Code>: <Layout Name>. User can select the cell from settings button popup and Billing/Collection report from the drop down to be viewed on dashboard for that cell.

Figure: Dashboard Configuration popup



Note:

- Custom Billing/Collection reports will not be available to be configured for Dashboard.
- System does not display any Billing/Collection report from 'My Reports' category.
- Billing Reports configured with 'Role Access' will not be displayed.
- The 'Report Header' is displayed as dashboard cell title. If the report header has tags configured such as <X> <P> <D> <A> etc. the details will be printed accordingly.

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10. Claim Attachment feature allows attaching various documents to Claims and sending them electronically to 'DaisyBill' Clearing house (Patch no 114)

Pre-Requisites for enabling Claim Attachment feature to attach various documents to send Claims electronically to DaisyBill Clearing House in PrognocIS

1. If the client requests for this feature then he has to sign up with to enable this feature.
2. Front-end OR Tech-support OR RCM Account Manager has to create a task for billing back-end team to enable this feature.



Note: Claim Attachment feature with DaisyBill is subscription based.

Steps to enable Claim Attachments feature in PrognocIS and basic set-up to send Claims Attachment electronically to DaisyBill Clearing House:

Step 1: Log in to PrognocIS application and Navigate to: Settings \square Configuration \square Properties.

Groups	Clinic	Medics	Lab	Configuration	Inputs	Workflow	Output Templates	Report Design	Admin
Group Types	Location	Organization	Lab	Case	Consent	Consent	Process Rules	Mail	Role
Ins Types	Holiday	Specialty	Radiology	CPT8	Work Flow Event	Forms	Table	Table	User Role
Market Status	Prof/ICO	Provider	Pharmacy	HCPG	Work Flow Definition	Patient Signature	Patient	Appointment	Appointment
Title	Prof/Call/loc	Resource	Insurance	Drug	Expressions	Printout	Encounter	Encounter	Appointment
Workflows	Prof/Doc	Medical Assistant	Emotion	Encounter	Guidelines	Letters	Appointment	Appointment	Appointment
Classification	Prof/Lab	Clinical Staff	Items	Item Reasons	Consent Event Guidelines	Lab Order	Search	Data Mapping	Data Mapping
Family Problems	Prof/SQ	Admin Staff	Affirm	Vaccine	Protocols	Lab Result	Patient Form	Lab Details	Lab Details
Family Relations	Enc Types	Ref Doctors	Ins Adjuster	E and M	Consult	Radiology Order	Doctor Form	Import Log	Import Log
Medical History	Medical/Doc	Billing Staff	EDI Codes	PCRS Measures	Diagram Pins	Radiology Result	Meaningful Use	Reminders	Reminders
Equipment	Prof/Facility/Status	Address Book	Clinic Codes	Custom Appl Status	Order Set	Prescription	Encounter	DB Analysis	Query Analysis
Food	Education	Doc/Loc/Read	Business Unit	OE Master	ML Settings	Appointment	Encounter	HL7 Print/Files	HL7 Print/Files
Survey	Scheduled Process	Purpose Data	EDI Status			Encounter	Encounter	HL7 Master	HL7 Master
Phases Types	Download Files	Parent File Plans				Encounter	Encounter	HL7 Master	HL7 Master
Business/Result Test	Receipts/Status/Id	Data Export				Encounter	Encounter	HL7 Master	HL7 Master
Merchant/Id	Data Portability					Encounter	Encounter	HL7 Master	HL7 Master
Prof/Name						Encounter	Encounter	HL7 Master	HL7 Master

Step 2: Set this property **billing.claim.use.attach.button** to 'Y'. Button 'Attach' will start showing up on Claim screen once this property is turned ON.

Step 3: Search Name by keyword 'EDI 837' and/or Tag name as **billing.send.edi.after.enclose**. Set this property **billing.send.edi.after.enclose** value to 'WORK and AUTO' and click button 'save'.

Figure: EDI 837: *billing.send.edi.after.enclose* set to 'WORK and AUTO

EDI 837		
837 preAuth withrtno.suffix	N	
837 primary send sec.address	ALL	
837 provider surte	N	
837 provider type	BU,AD	
837 receiver type		
837 send billed charges2sec	Y	
837 submitter type	BU,AD	
837 ub04ip/roprovider type	CL,AD,CO,BU,B2,A2,C2	
billing create log837	Y	
billing.edi.attachment.for	WORK,AUTO,ACCIDENT	X
billing.edi.attachment.suffix	09	
billing.send.edi.after.enclose	WORK,AUTO,ACCIDENT	
patrn.validate.spkcharch	N	

Help
Comma separated values WORK,AUTO,ACCIDENT,ALL accordingly the claims will have progress notes in pdf format attached as zip file. Default value blank

save reset history

Step 4: Search Name by keyword 'EDI 837' and/or Tag name as *billing.edi.attachment.for*. Set this property *billing.edi.attachment.for* value to 'WORK and AUTO' and click button 'save'.

Figure: EDI 837: *billing.edi.attachment.for* set to 'WORK and AUTO'

EDI 837		
837 preAuth withrtno.suffix	N	
837 primary send sec.address	ALL	
837 provider surte	N	
837 provider type	BU,AD	
837 receiver type		
837 send billed charges2sec	Y	
837 submitter type	BU,AD	
837 ub04ip/roprovider type	CL,AD,CO,BU,B2,A2,C2	
billing create log837	Y	
billing.edi.attachment.for	WORK,AUTO,ACCIDENT	X
billing.edi.attachment.suffix	09	
billing.send.edi.after.enclose	WORK,AUTO,ACCIDENT	
patrn.validate.spkcharch	N	

Help
Comma separated values WORK,AUTO,ACCIDENT,ALL accordingly the claims will have progress notes in pdf format attached as zip file. Default value blank

save reset history



Note:-Attachment will be sent only if clearing house is set to 'DaisyBill'.

Insurance

* Indicates Mandatory Field

Company Information

* Company Name: AARP Medicare Complete by SecureHorizons

Carrier: []

Main Ins: [] Clear

Rural Health: []

Not Assigned: [] Bill as per Fee Schedule Type

Claim Filing Code: CI - Commercial Insurance Co.

Billing Prov Type: Default

CMS1500: [] Clear

CMS Box1: OTHER

Medicare Manage Care: []

Code Short Name: []

Contact Person: []

AR Group: UNKNOWN

Managed Care Amt: 0.0

Fee Schedule Type: U&C

Clearing House: **DaisyBill**

Pay To Prov Type: []

Overdue after days: []

Outside Network: []

Company ID: []

External ID: []

Elig Payor ID: []

UB04 Inst Payor ID: EN926

Percent: 100.00

Prof Payor ID: 87726

Submitter Type: Default

Auto Bill Sec: []

Claim Filing Days: 90

* Address: PO BOX 5240

* ZIP: 12402

* City: Kingston

State: New York

Country: USA Non US []

ISD Prefix: []

Work Tel.1: []

Work Tel.2: []

Fax: []

Email: []

notes: []

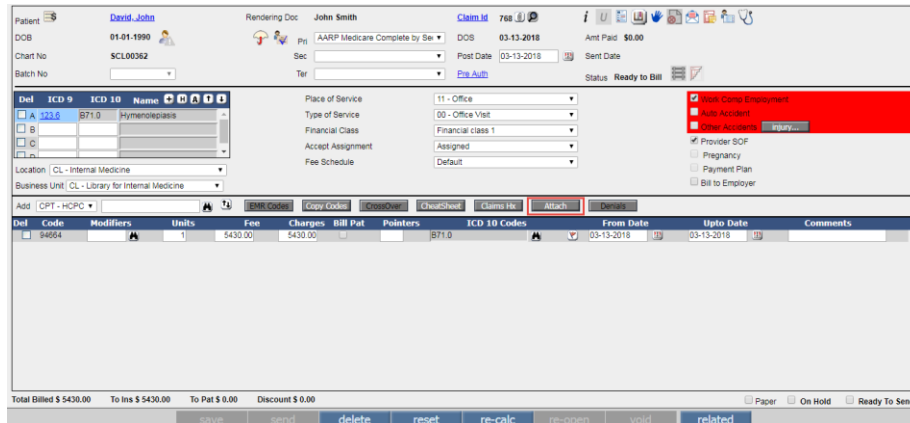
notes: []

Active [x] Last Modified by: Admin, Admin On 2018-03-13 14:50:16 EST


Extra Info

ok cancel

Step 6: Once these steps are done, Claim Attachments feature will be enabled in PrognosisCIS.



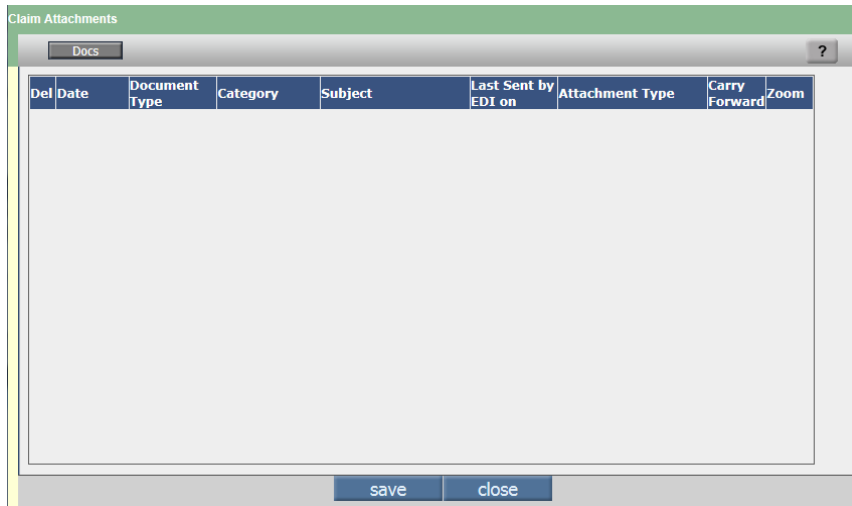
Types of Documents can be attached from EMR side and documents supported on Attach button.

Field Type	Description
Progress Note (default)	Yes
Progress Note attachment	Yes
Progress Note Reports	Yes
Legal Documents	Yes
Messages  Compose attachment	Yes
Lab Result attachment	Yes
Rad Result attachment	Yes

Consult Response attachment	Yes
Procedure Result attachment	Yes
Letters In attachment	Yes
Other docs	Yes
Letters Out attachment	Yes
Encounter	Yes
Billing docs	Yes
EOB	Yes
TOC <input type="checkbox"/> Review <input type="checkbox"/> Summary of Care	Yes
Patient <input type="checkbox"/> Clinic Forms	Yes
Message <input type="checkbox"/> Out	Yes
Denied Refill Request	Yes
Portal attachment	Yes

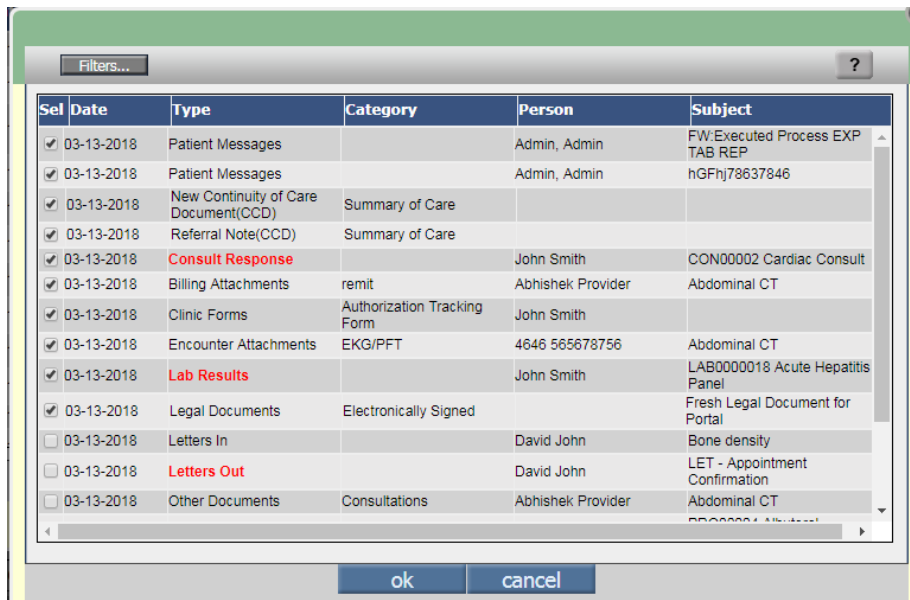
The button 'Attach' on the Claim screen is used to attach documents to Claim at Claim level.

Figure: Claim Attachments screen



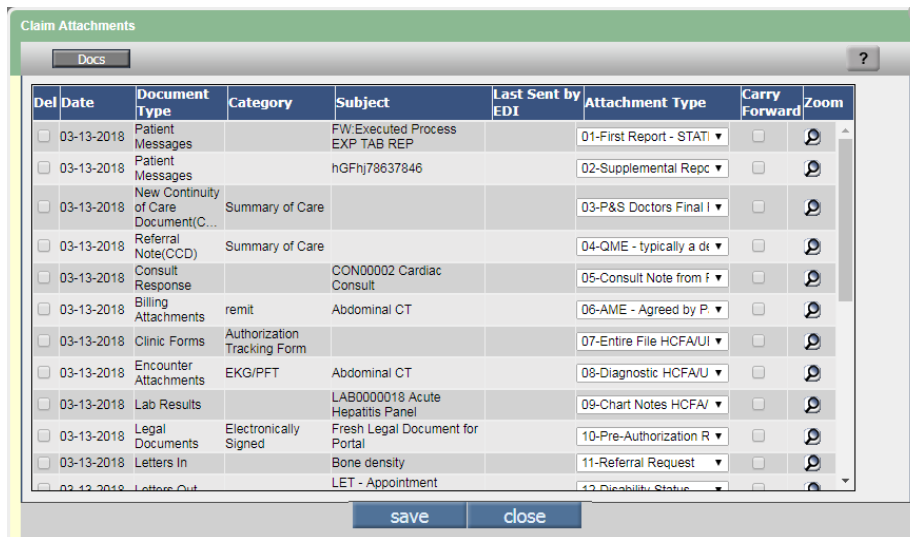
Select the EMR documents (Same as seen from EMR Docs pop-up of Claims Letters) to be attached to claim from the Docs popup and click button 'ok'.

Figure: Button 'Docs' popup screen



Once the docs are selected from the Docs popup, they are displayed in Claim Attachments table. The Claim Attachments table displays the following columns: Document Type, Category, Subject, Last Sent by EDI, Attachment Types, Carry Forward and Zoom icon. User has to select the Attachment Type explicitly for all the documents.

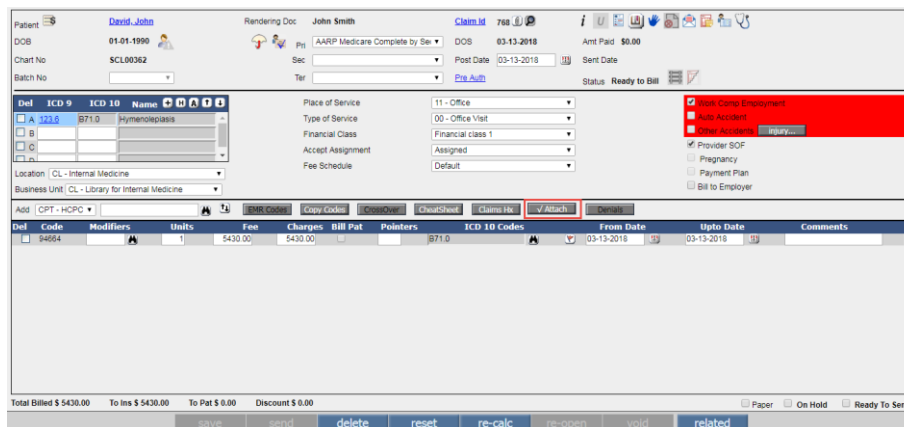
Figure: Claim Attachment Screen on select docs from Docs popup.



On click of the Zoom icon, two buttons ‘print’ and ‘close’ are visible. The user is allowed to print document using Button ‘print’ and button ‘close’ to close the popup.

Step 11: Click button ‘save’ to save the changes made. Once the docs are attached and on button ‘save’, the button ‘Attach’ is shown with a check mark.

Figure: Attach button with check mark




Step 12: Click button ‘close’ to close the Claim Attachments screen.

Step 13: The user is allowed to attach total 10 documents in a single stroke. Multiple times such 10 docs each can be attached. Irrespective of whether the claim is in 'Entered' or 'Billed' status, the Attach button remains enabled and user can attach documents. This button ‘Attach’ with a check mark indicates attachment of docs to Claim. When the claim is ‘Billed’, the system creates a

separate list of PDF/TIFF files in EDI837ATTACH folder on server. The files are stored in datafiles\EDI\EDI837Attach.

The first attachment is Encounter My Notes, Procedure Notes and attachment in Progress Notes.















As per EDI 5010 guidelines, the PWK segment cannot have more than 10 repetitions, and hence only a total of 10 attachments can be send. Per above only the first 9 files attached in the claim will be submitted to DaisyBill/ apart from encounter progress notes related attachment totaling 10 attachments.

 Note: Once Claim is billed and if total no of attached files are 5, out of which 2 files have been deleted from Claim Attachment popup after reopening the Claim even after deleting 2 files still 5 files will be shown on the server for DaisyBill Clearing House.

Naming Attachments in EDI837 ATTACH

All attachment names ends with the suffix of .att.pdf. Example: CLAIM_ID_SERIALNO.att.pdf. Example: 767_1.att.pdf where 767 is the Claim ID and 1 is the serial no.

In EDI837ATTACH

 741_1.att	13-03-2018 10:57	Adobe Acrobat D...	99 KB
 741_2.att	13-03-2018 10:57	Adobe Acrobat D...	59 KB
 745_1.att	13-03-2018 10:27	Adobe Acrobat D...	116 KB
 745_2.att	13-03-2018 10:27	Adobe Acrobat D...	48 KB
 767_1.att	13-03-2018 12:11	Adobe Acrobat D...	117 KB
 767_2.att	13-03-2018 12:12	Adobe Acrobat D...	54 KB
 767_3.att	13-03-2018 12:12	Adobe Acrobat D...	48 KB
 767_4.att	13-03-2018 11:59	Adobe Acrobat D...	235 KB
 767_5.att	13-03-2018 12:05	Adobe Acrobat D...	34 KB
 767_6.att	13-03-2018 12:12	Adobe Acrobat D...	77 KB
 767_7.att	13-03-2018 12:05	Adobe Acrobat D...	50 KB
 767_8.att	13-03-2018 12:12	Adobe Acrobat D...	61 KB
 767_9.att	13-03-2018 11:50	Adobe Acrobat D...	10 KB
 767_10.att	13-03-2018 12:01	Adobe Acrobat D...	816 KB

Customer cannot view this information. These files are present on the server and will get uploaded to /DaisyBill.

User can view the attached documents in PDF or TIFF format.

If the documents attached on the attach button matches with the documents on the server, it ensures all the attachments are forwarded correctly.

Impact on EDI

An entry gets added in Track Status. Clicking on the hyperlink, invokes the EDI file. The documents attached in attach button are displayed in PWK segment of the EDI 837 file along with the Claim ID_serialNo. Example: PWK*OZ*AA***AC*767_1.

Name	Change On	Track Date	Code	Status Name	Comment	Message
Admin, Admin	03-13-2018 15:36	03-13-2018	18	Printed CMS1500/UB04 AARP Medicare Complete by SecureHorizons	Printed CMS 1500 for Primary Ins as ICD 10	
Admin, Admin	03-13-2018 15:12	03-13-2018	11	Sent by Edi AARP Medicare Complete by SecureHorizons	Sent 837P for Primary Ins. as ICD 10	File:00000911

```

Search text:  Search
-----
NM1*GU*1*David*John~
N3*rewrew*rewr~
N4*Gleason*WI*544354354~
DMG*D8*19900101*M~
REF*Y4*reytry~
REF*SY*999999999~
CLM*767*5430***11:B:1*Y*A*Y*P*EM~
DTP*439*D8*20180312~
PWK*OZ*FT***AC*767_1~
PWK*OZ*FT***AC*767_2~
PWK*OZ*FT***AC*767_3~
PWK*OZ*FT***AC*767_4~
PWK*OZ*FT***AC*767_5~
PWK*OZ*FT***AC*767_6~
PWK*OZ*FT***AC*767_7~
PWK*OZ*FT***AC*767_8~
PWK*OZ*FT***AC*767_9~
PWK*OZ*FT***AC*767_10~
HI*ABK*B/10~
    
```



Limitation:

For HTML to PDF conversion, system checks if the HTML file is not clean i.e. wrong format of html file is added or wrong design in HTML file then crash is observed when claim is billed.

File format with .wav, .swf, .mpeg and .avi does not get convert to PDF /TIFF format on the server

[TOP](#)

11. Claim Attachment feature allows attaching various documents to Claims and sending them electronically to 'ClaimMD' Clearing house (Patch no 140)

Pre-Requisites for enabling Claim Attachment feature to attach various documents to send Claims electronically to ClaimMD Clearing House in PrognocIS.

If the client requests for this feature then he has to sign up with to enable this feature.

Front-end OR Tech-support OR RCM Account Manager has to create a task for billing back-end team to enable this feature.



Note: Claim Attachment feature with ClaimMD is subscription based.

Steps to enable Claim Attachments feature in PrognocIS and basic set-up to send Claims Attachment electronically to ClaimMD Clearing House:

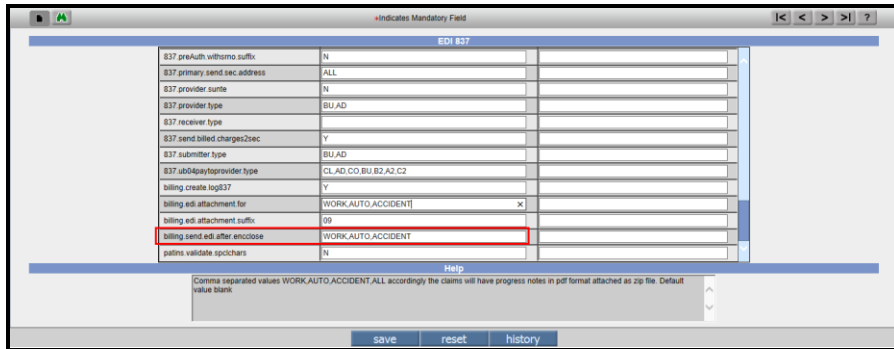
Step 1: Log in to PrognocIS application and Navigate to: Settings → Configuration → Properties.

Groups	Clinic	Medics	Configuration	Drugs	Workflow	Output Templates	Report Design	Admin
Group Types	Locations	Occupation	Lab	Drug	Chemicals	Process Notes	Matrix	Role
Ins Types	Holidays	Specialty	Radiology	OTR	Work Flow Event	Forms	Taxider	User Role
Medical Status	Prof ICD	Providers	Pharmacy	HCPC	Work Flow Definition	Patient Signature	Patient	Auth Trail
Title	Prof Cert/Spec	Resource	Insurance	Drug	Encounter	Prescribed	Encounter	Properties
Illustrations	Prof Group	Medical Assistant	Employer	Frequency	Guidelines	Letters	Appointment	Import Format
Classification	Prof Lab	Clinical Staff	Notes	Site Reasons	Complaint Event Guidelines	Last Order	Search	Data Mapper
Family Problems	Prof RSD	Admin Staff	Aliases	Vaccines	Protocols	Lab Result	Patient Forms	Import Data
Family Relations	Enc Types	Ref Doctors	Ins Adjuster	E and M	Consults	Radiology Order	Doctor Forms	Import Loc
Medical History	Ins Hours Group	Billing Staff	EOL Codes	PCRS Measures	Diagram Pins	Radiology Result	Meaningful Use	Reminders
Environmental	Prof Family History	Address Book	Clinic Codes	Custom Test Status	Order Set	Prescription		
Food	Education	Doc Loc Reas	Business Unit	OB Master	MU Settings	Appointment		
Surgery	Scheduled Process	Purpose Data	EOL Setup					
Pharmacy Types	Download Files		Patient Plan					
Billing Result Trail	Billing Result File	Data Export						
Microbiology	Data Portability							
	Prof Items							
Input Elements, Tests and Templates								
Social Hist	Vitals	HPI	ROS	Physical	Specialty	Clinic Forms	Lab	Radiology
Systems	Systems	Systems	Open Systems	Open Systems	Systems	Calendars	Calendars	Calendars
Elements	Vital Signs	Elements	Symptoms	Bullets	Elements	Tests	Tests	Tests
Template	Template	Template	Template	Template	Template	Template	Vendor Tests	Vendor Tests
Sequence	Sequence	Sequence	Sequence	Sequence	Sequence	Sequence	Sequence	Sequence

Step 2: Set this property ***billing.claim.use.attach.button*** to 'Y'. Button 'Attach' will start showing up on Claim screen once this property is turned ON.

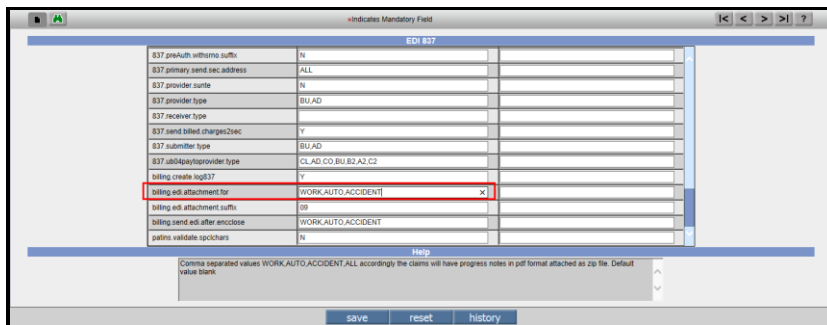
Step 3: Search Name by keyword 'EDI 837' and/or Tag name as **billing.send.edi.after.enclose**. Set this property **billing.send.edi.after.enclose** value to 'WORK and AUTO' and click button 'save'.

Figure: EDI 837: **billing.send.edi.after.enclose** set to 'WORK and AUTO'

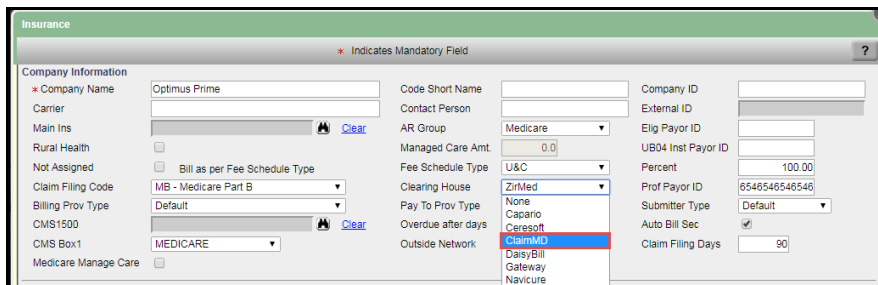


Step 4: Search Name by keyword 'EDI 837' and/or Tag name as **billing.edi.attachment.for**. Set this property **billing.edi.attachment.for** value to 'WORK and AUTO' and click button 'save'.

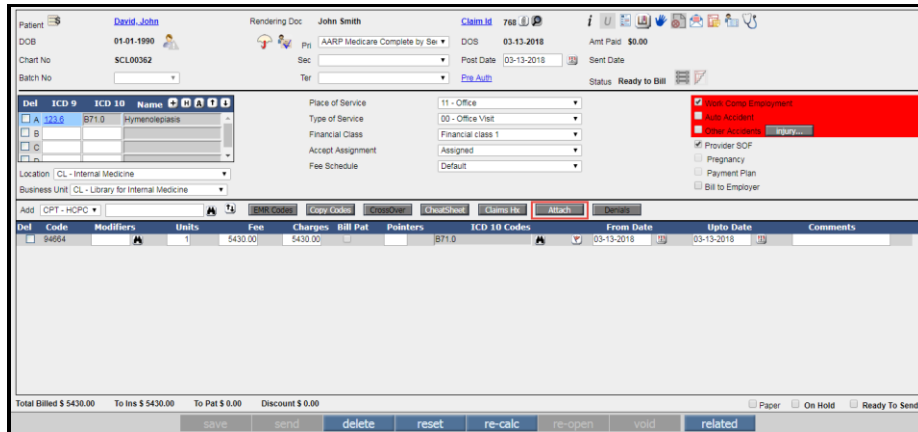
Figure: EDI 837: 'billing.edi.attachment.for' set to 'WORK and AUTO'



Note:-Attachment will be sent only if clearing house is set to 'ClaimMD'.



Step 6: Once these steps are done, Claim Attachments feature will be enabled in Prognosis CIS.



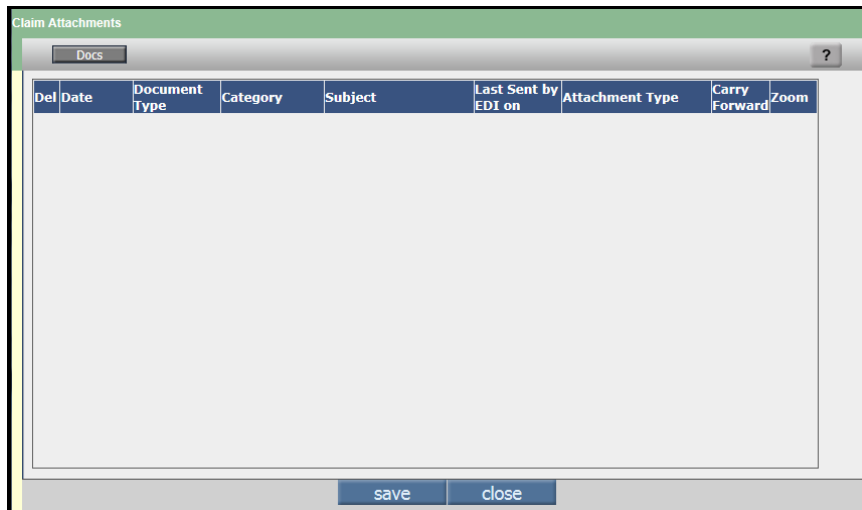
Types of Documents can be attached from EMR side and documents supported on Attach button.

Field Type	Description
Progress Note (default)	Yes
Progress Note attachment	Yes
Progress Note Reports	Yes
Legal Documents	Yes
Messages → Compose attachment	Yes
Lab Result attachment	Yes
Rad Result attachment	Yes

Consult Response attachment	Yes
Procedure Result attachment	Yes
Letters In attachment	Yes
Other docs	Yes
Letters Out attachment	Yes
Encounter	Yes
Billing docs	Yes
EOB	Yes
TOC → Review → Summary of Care	Yes
Patient → Clinic Forms	Yes
Message → Out	Yes
Denied Refill Request	Yes
Portal attachment	Yes

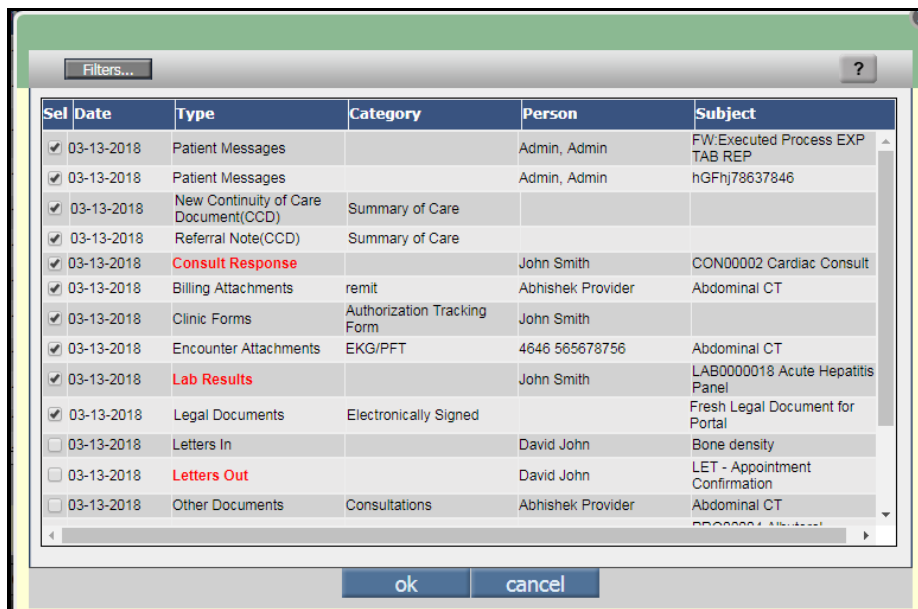
The button 'Attach' on the Claim screen is used to attach documents to Claim at Claim level.

Figure: *Claim Attachments screen*



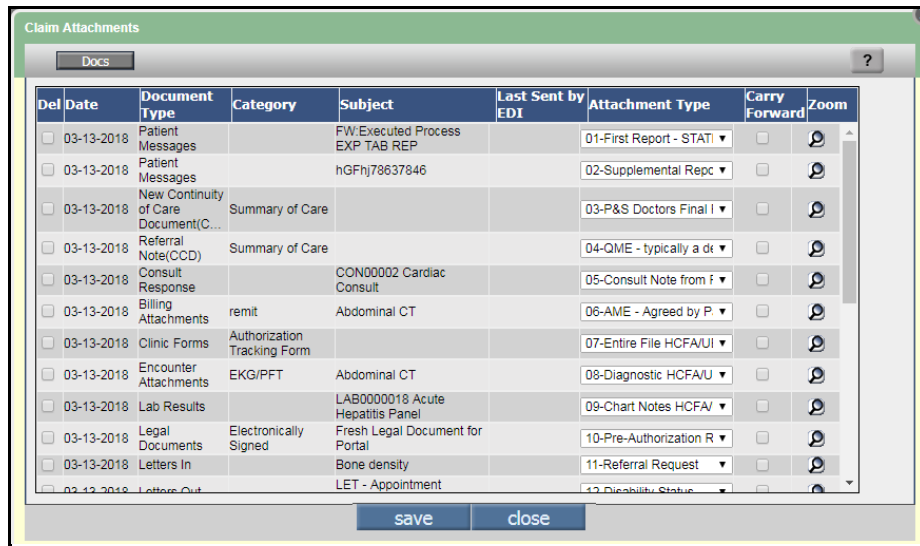
Select the EMR documents (Same as seen from EMR Docs pop-up of Claims Letters) to be attached to claim from the Docs popup and click button 'ok'.

Figure: Button 'Docs' popup screen



Once the docs are selected from the Docs popup, they are displayed in Claim Attachments table. The Claim Attachments table displays the following columns: Document Type, Category, Subject, Last Sent by EDI, Attachment Types, Carry Forward and Zoom icon. User has to select the Attachment Type explicitly for all the documents.

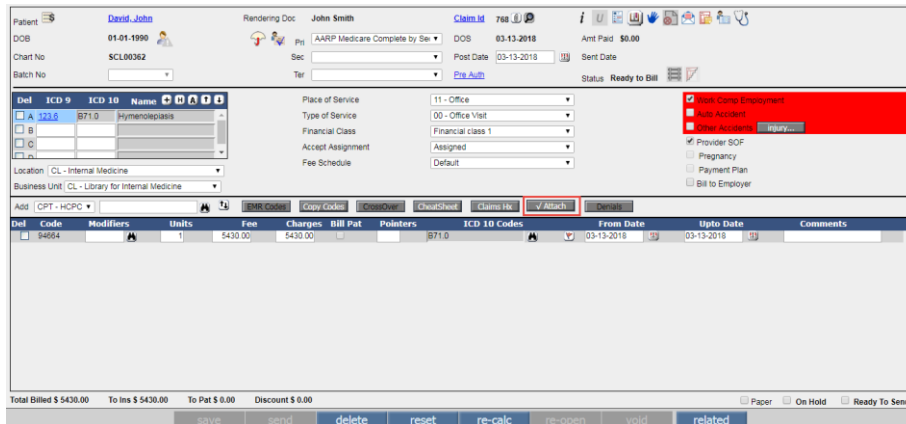
Figure: Claim Attachment Screen on select docs from Docs popup.



On click of the Zoom icon, two buttons ‘print’ and ‘close’ are visible. The user is allowed to print document using Button ‘print’ and button ‘close’ to close the popup.

Step 11: Click button ‘save’ to save the changes made. Once the docs are attached and on button ‘save’, the button ‘Attach’ is shown with a check mark.

Figure: Attach button with check mark




Step 12: Click button ‘close’ to close the Claim Attachments screen.

Step 13: The user is allowed to attach total 10 documents in a single stroke. Multiple times such 10 docs each can be attached. Irrespective of whether the claim is in 'Entered' or 'Billed' status, the Attach button remains enabled and user

can attach documents. This button 'Attach' with a check mark indicates attachment of docs to Claim. When the claim is 'Billed', the system creates a separate list of PDF/TIFF files in EDI837ATTACH folder on server. The files are stored in datafiles\EDI\Claim MD\EDI837Attach.

The first attachment is Encounter My Notes, Procedure Notes and attachment in Progress Notes.















As per EDI 5010 guidelines, the PWK segment cannot have more than 10 repetitions, and hence only a total of 10 attachments can be send. Per above only the first 9 files attached in the claim will be submitted to ClaimMD/ apart from encounter progress notes related attachment totaling 10 attachments.

 **Note:** *Once Claim is billed and if total no of attached files are 5, out of which 2 files have been deleted from Claim Attachment popup after reopening the Claim even after deleting 2 files still 5 files will be shown on the server for ClaimMD Clearing House.*

Naming Attachments in EDI837 ATTACH

All attachment names ends with the suffix of .att.pdf. Example: CLAIM_ID_SERIALNO.att.pdf. Example: 767_1.att.pdf where 767 is the Claim ID and 1 is the serial no.

In EDI837ATTACH

 741_1.att	13-03-2018 10:57	Adobe Acrobat D...	99 KB
 741_2.att	13-03-2018 10:57	Adobe Acrobat D...	59 KB
 745_1.att	13-03-2018 10:27	Adobe Acrobat D...	116 KB
 745_2.att	13-03-2018 10:27	Adobe Acrobat D...	48 KB
 767_1.att	13-03-2018 12:11	Adobe Acrobat D...	117 KB
 767_2.att	13-03-2018 12:12	Adobe Acrobat D...	54 KB
 767_3.att	13-03-2018 12:12	Adobe Acrobat D...	48 KB
 767_4.att	13-03-2018 11:59	Adobe Acrobat D...	235 KB
 767_5.att	13-03-2018 12:05	Adobe Acrobat D...	34 KB
 767_6.att	13-03-2018 12:12	Adobe Acrobat D...	77 KB
 767_7.att	13-03-2018 12:05	Adobe Acrobat D...	50 KB
 767_8.att	13-03-2018 12:12	Adobe Acrobat D...	61 KB
 767_9.att	13-03-2018 11:50	Adobe Acrobat D...	10 KB
 767_10.att	13-03-2018 12:01	Adobe Acrobat D...	816 KB

Customer cannot view this information. These files are present on the server and will get uploaded to /ClaimMD.

User can view the attached documents in PDF or TIFF format.

If the documents attached on the attach button matches with the documents on the server, it ensures all the attachments are forwarded correctly.

Impact on EDI

An entry gets added in Track Status. Clicking on the hyperlink, invokes the EDI file. The documents attached in attach button are displayed in PWK segment of the EDI 837 file along with the Claim ID_serialno. Example: PWK*OZ*AA***AC*767_1.

Name	Change On	Track Date	Code	Status Name	Comment	Message
Admin, Admin	03-13-2018 15:36	03-13-2018	18	Printed CMS1500/UB04 AARP Medicare Complete by SecureHorizons	Printed CMS 1500 for Primary Ins as ICD 10	
Admin, Admin	03-13-2018 15:12	03-13-2018	11	Sent by Edi AARP Medicare Complete by SecureHorizons	Sent 837P for Primary Ins. as ICD 10	File:00000911

```

Search text:  Search
-----
NM1*GC*1*David*John~
N3*rewrew*rewr~
N4*Gleason*WJ*544354354~
DMG*D8*19900101*M~
REF*Y4*relyty~
REF*SY*999999999~
CLM*767*5430***11:B:1*Y*A*Y*Y*P*EM~
DTP*438*D8*20180312~
PWK*OZ*FT***AC*767_1~
PWK*OZ*FT***AC*767_2~
PWK*OZ*FT***AC*767_3~
PWK*OZ*FT***AC*767_4~
PWK*OZ*FT***AC*767_5~
PWK*OZ*FT***AC*767_6~
PWK*OZ*FT***AC*767_7~
PWK*OZ*FT***AC*767_8~
PWK*OZ*FT***AC*767_9~
PWK*OZ*FT***AC*767_10~
HI*ABKB/1U~
    
```



Limitation :

For HTML to PDF conversion, system checks if the HTML file is not clean i.e. wrong format of html file is added or wrong design in HTML file then crash is observed when claim is billed.

File format with .wav, .swf, .mpeg and .avi does not get convert to PDF /TIFF format on the server.

[TOP](#)


12. Patient Portal website supports Spanish language (Patch no 186)

1. Now, a provision has been given to access Patient Portal website in Spanish language.
2. Following two new properties have been added:

Property	Description
pp.multilanguage.applicable	Set this property ON to get the Patient portal with Multi-Language support else turn it OFF.
pp.default.language	Select the appropriate default language for Patient

	<p>Portal from drop-down list. Language values to be selected are:</p> <ul style="list-style-type: none"> ➤ English - ENG ➤ Spanish - SPN
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. Following mentioned information will be displayed in Spanish:
 - Labels of Text field/Text Area
 - Radio button labels
 - Check-box labels
 - Drop-down list options
 - Table and column headers
 - Error/ Warning/Alert /Tooltip messages
4. On the Login screen of Patient Portal user have an option to choose medium of language by clicking on **Language** hyperlink and have the access to Patient Portal in the required language.
5. Consider a scenario wherein, if a User has bookmarked the Patient Portal website which was in Spanish language and later set the property **pp.multilanguage.applicable** OFF then an alert message, “Multi-language is not supported. Please navigate to English Patient portal URL to access the Patient portal” is displayed.

 **Note:** Any third party screens such as payment gateway that are part of the workflow are not considered for Spanish language support.

[TOP](#)

13. ‘WalkMe’ integrated with Prognosis for user workflow guidance (Patch 189)

‘WalkMe’ is a platform which is now been integrated at the backend of Prognosis for a particular client. It will help users by providing guidance tour of the process workflow. A snippet will be available on the home screen which will display the list of available guidance tours and also allow the user to perform preferred customization to the snippet settings.

[TOP](#)

14. Patient → Register

14.1 Suffix field on Patient registration screen will be considered while fetching Patient’s Insurance Eligibility (Patch no 25)

Navigation Goto: Patient → Register → Insurance Eligibility popup

Earlier, it was observed that when a Patient with suffix field was added and Insurance eligibility was fetched for the Patient then error message “Rejected: Invalid/Missing Subscriber/Insured Name – Please Correct and Resubmit Invalid Transaction.” was displayed. This issue occurred because suffix field was not considered while sending the eligibility parameters. Now, Suffix will be considered while fetching Patient’s Insurance Eligibility.

[TOP](#)

14.2 Special characters!@#%&+ =,/{'}|\ "<>? Will not be allowed in Case Number field on Case Management screen (Patch no 25)

Navigation Goto: Case Management Screen

Now, when user will add following special characters **!@#%&+ =,/{'}|\ "<>?** In case number field then on **save** a validation message saying **Special Characters not Allowed** will be displayed.

[TOP](#)

14.3 Provision to set mandatory fields of Address tab on Patient Registration screen (Patch no 40)

Navigation Goto Menu: Patient → Register → click on Address tab

Provision has been provided to a user to set mandatory fields of Address tab by using values in the property *patient.address.mandatory*. Data type of the property *patient.address.mandatory* has been changed from 'boolean' to 'valset'. Following mentioned values are accepted in the property to set mandatory fields on the Address tab:

1. L1 - Line1 and City
2. HT - Home Tel
3. CP - Cell Phone
4. FX – Fax
5. EM – Email
6. W1 - Work Tel1
7. W2 - Work Tel2

This property also considers mandatory fields for the relevant address tab on the 'Quick Registration' screen. This property is not applicable for setting any field as mandatory on any of the Portals.

If *patient.address.mandatory* is ON for the existing users, then by default, the property value is set as 'L1'.

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15. Patient → Guarantor

15.1 New property guarantor.address.mandatory has been added to have address mandatory on Guarantor screen (Patch no 12)

Navigation Goto menu: Patient → Guarantor

New property ***guarantor.address.mandatory*** has been added. When this property is turned 'On', address will be mandatory on Guarantor screen. When a New Guarantor is added with First Name and Last Name field and save button is clicked, message 'Address is Mandatory' is displayed to the user. Also, when existing Guarantor is updated it will be mandatory to add Address on Guarantor screen.

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16. Patient → Schedule

16.1 Provision to configure mandatory fields on Appointment Schedule popup (Patch no 10)

Navigation Goto menu: Appointment → Schedule → double click on the appointment slot → Appointment Schedule popup

A new property ***appointment.schedule.mandatory.fields*** is added to set mandatory field(s) on Appointment Schedule popup.

Following are the values that can be set in the property:

- Reason
- Instructions

When the property value is kept as blank, then none of the above mentioned values are considered as mandatory. By default, property value is blank.


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16.2 New 'By Location' screen mode has been introduced on Appointment Schedule screen (Patch no 76)

Navigation Goto : Appointment → Schedule → click on By Location radio button

- A new screen mode, '***By Location***', similar to the ***Daily***, ***Weekly*** and ***View*** mode, is introduced on the Appointment schedule screen. The drop down for Provider and Location as displayed on the 'Daily', 'Weekly' and 'View' mode is not available for 'By Location' mode. However, the Previous and Next arrow keys as shown on the view mode are available for users to navigate locations.

- A new property ***appointment.bylocation.screen_mode*** has been added. By default the property is set to OFF. When the property is set to ON, 'By Location' radio button is displayed as default selected mode on the Appointment Schedule screen. On setting it OFF, the option set in the property, ***appointment.default.screen_mode*** is displayed as default mode.
- On selecting ***By Location*** radio button, the Appointment schedule screen will show 7 locations at a time. The working slot for a location is displayed considering the work pattern of all the providers working on the respective location. The background color for the available working slot is the respective location's color.
- While scheduling an Appointment on the 'By Location' mode, the selected location is displayed as default location on the Appointment schedule popup and default Provider is set to first provider in the list box. Though User is allowed to change Provider and Location on the Appointment schedule popup.
- If 'By location' radio button is selected then following properties are not considered for displaying background color and text on the working slot:
 - `appointment.enctype.slotcolor`
 - `appointment.location_wise_color`
 - `appointment.locationdisplay.applicable`
 - In this case, appointment slot's background color is set as Location's color and no text is displayed on the slot.

 **Note:** By turning the property, ***appointment.bylocation.screen_mode*** to ON, the 'By Location' mode will be set as default only if none of the other mode is set as default in the session

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16.3 On Appointment Schedule screen a panel of Icon Drawer has been enhanced (Patch no 143)

Navigation Goto menu: Patient → Schedule → select/schedule an appointment → click on Icon Drawer

Now, background color has been changed of a panel of Icon Drawer and distance between icons has been improvised for a better User Interface experience. Also, the Drawer icon's panel can be closed by clicking anywhere in the Patient

Information section. Note: The Icon Drawer panel will automatically close after 10 seconds even if the mouse cursor is on the popup.

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17. Claims → Edit Claims

17.1 Comment Column on Claim Ledger popup will display the excess amount received from Insurances (Patch no 25)

Navigation Goto Menu: Claim Ledger

Excess amount received from Insurances will now be displayed under the **Comment** column on Claim Ledger popup. Excess amount will be displayed with prefix **Excess** followed by the amount, example **Excess \$60.00**. For recouped entry the column will display excess amount with prefix **Recouped** followed by excess amount example **Recouped Excess \$60**.

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17.2 G2 code will now go in EDI and CMS1500 Claims for ZE (Organizational Provider) and ZR(Referring Provider (Patch no 25)

Navigation Goto: Settings → Configuration → EDI Codes


If user adds Insurance name, ZE (Organizational Provider) and G2 code on EDI codes master screen and then manually enter G2 in field **Rendering 2310B(CMS:24I/J Gray) Qualifiers** on Extra Info button on Insurance Master screen. Now, when EDI or CMS claim is sent having that Insurance then G2 code will display in **EDI Segment 2310B** and **Cell 24 I** and **J**.

For ZR (Referring Provider), after entering the details on EDI Codes master screen, user needs to select **G2 - Commercial/Legacy#** option from **Referring 2310A(CMS:17a) Ref Qualifier** field dropdown. When EDI or CMS claim is sent having that Insurance then G2 code will display in **EDI Segment 2310A** and **Cell 17 and 17 A**.

The logic was available for DR (Rendering Provider) but now it is extended for ZE (Organizational Provider) and ZR (Referring Provider).

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17.3 Provided 'save as' button on Claims Letter screen (Patch no 28)

Navigation Goto menu: Claims → Edit Claims → select a Claim → click on Claim Letter icon:  → Claim Letter popup

OR

Goto menu: AR/Follow-up → Patient Account → Letters-Out

Now, the **save as** button has been provided on the Letters-Out screen. When a user clicks on **save as** button, a copy of letter is created with same Subject as defined for the original letter. When a user tries to create a copy of an existing letter, all the attachments will be also copied from original letter to the new letter.

The **save as** button is enabled for all users who have access rights for Letters-Out screen and after the first save action on the Letter Out screen.


When a copy of letter is created in Approved status, the new letter is also in the Approved status depending on the user having Approve right for Letter out. In this case, if user does not have Approve right, new letter will be created with Entered status.

If a letter is sent out to multiple people, then users are able to see multiple entries in '**Letter To**' column of the search available on letters out screen.

Since the property, **letter.edit.sent** has been made obsolete; if the letter status is 'sent', then user is not allowed to edit the letter or add the attachments, but only view the attachments.

On the Document List screen, the '**Person**' column will also display multiple entries of Letter To field from Letters-Out screen. A tooltip of **Person** column displays the complete name(s).

Also, the **reopen** button and **Reopenletterout** role have been removed from the Letters-Out screen.

 **Note:** *On the Claim Letter popup, **save as** button will be disabled as always a new letter is created from this screen.*

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17.4 New columns has been added on Claims Hx button of the Claims screen (Patch 29)

Navigation Goto Menu: Claims → Edit Claims → Claims Hx button

New columns have been added on Claims Hx button. The columns are Status and Insurance. The format of the column are as follows:

Claim ID | ServiceDate | Status | Insurance | Loc | Provider | ICD 9 Codes | ICD 10 Codes | Charge Codes | Type | Bill Amt

The Status Column displays Ready to Send, Billed, On Hold and Entered are displayed under Claims Hx button.

The format of Charge Codes with Modifiers, the modifiers will be displayed in bracket.

Only Professional and Institutional Types will be displayed under Type column of the Claims Hx button.


Note:

Insurances, ICD 9 Codes, ICD 10 Codes and Charge codes column will be wrapped.

TPA Claims and Void Claims will not be considered under Claims Hx button

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17.5 Provision to store printed PDF page count in the Database (Patch no 33)

Navigation Goto menu: Claims → Edit Claims → select a Claim → click on Claim Letter icon:  → Claim Letter popup

OR

Goto menu: AR/Follow-up → Patient Account → Letters

Now, provision has been provided to store the printed PDF page count in the Database.

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17.6 Provision to display header and footer while printing/faxing Procedure orders (Patch no 56)

Following properties have been added to display header and footer while printing/faxing Procedure orders:

1. pdf.pr.alignfooter
2. pdf.pr.alignheader
3. pdf.pr.footer
4. pdf.pr.header
5. pdf.pr.margins

If above mentioned properties are defined, then header and footer are displayed while printing/faxing the Procedure order from following screens:

1. Edit Claim → Procedure (Progress Note icon)
2. Claims Letter → Procedure Order / Result
3. Claims → Attach button

 **Note:** Above mentioned properties are not considered for displaying header and footer on the Preview screen of TOC → Specialty for Non-Procedural and Procedural templates without any orders.

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17.7 Validation has been added when property 837.office.manager.email is kept blank (Patch no 54)

Navigation Goto Menu: Claims → Edit Claims → EDI 837

When **property 837.office.manager.email** is blank and user send the claim electronically, On 'Ready to Send Save and 'Ready to Send' Send then message "Property "837.office.manager.email" is blank. Add Email ID in this property" is displayed. This information is displayed in LOOP 1000A in EDI 837.



Note:

If “Paper” checkbox is checked on Claim screen then this validation would be bypassed and user will be able to bill the claim.

This validation would not be applicable on resubmission of claims from all resend screens.

On Claim screen, if there is no valid email address present in the property 837.office.manager.email then there is no validation displayed.

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17.8 A new Validation introduced in Prognosis to verify reported Diagnosis Codes (ICD 10) and Standard Procedure codes (CPT / HCPCS Codes) are active and valid for Date of service / Encounter Date (Patch no 54)

- Every year ICD, CPT codes are revised on October 1st, January 1st respectively and HCPC codes are revised on every quarter and every year January 1st.
- Currently Prognosis does not have an option to validate any of the codes which are reported on claims for their Active / Deleted status. As a result deleted codes would get sent to insurances causing rejections and denials. Prognosis requires to ensure only Active codes are added to claims and assessment data and ensure the Inactive and future codes are stopped.
- In the new process of validation, now each time when the Claims are Assessment is loaded or claims are billed then the appropriate ICD/CPT/HCPC codes are validated according to the visit date/ date of service. If the associated codes are invalid then user gets an alert message.

For example:

CPT Code: 00731 is set to become Active on Jan 1st 2018

ICD Code: E78.00 has become Inactive as of Oct 1st 2017

Patient’s Date of Service is December 30th of 2017 and CPT Code 00731 and ICD Code E78.00 are populated on Assessment screen. Please note both ICDs and

CPTs are not valid for Date of service. When User visit Assessment screen or tries to report Claims then error messages would get displayed respectively as the following:

On Assessment screen- “For Date of Service ICD10 Codes Inactive: E78.00 <enter> HCPC Codes not active yet: 00731”

On Claims screen- “For Visit Date ICD10 Codes Inactive: E78.00 <enter> HCPC Codes not active yet: 00731”

Above mentioned validations are invoked when:

- Claims are marked as ‘Ready to Send’
- Assessment is added then an error message is displayed
- On the Close of an Encounter

➤ **Validation applied on Auto Close of an Encounter:**

For example:

If HCPC code G9906 is set to become active on 01/1/2018

and Date Of Service of the encounter is 12/31/2017 or prior to 01/01/2018. HCPC code G9906 is used in an encounter which is open and property *enc.close.afterdays* is set to 30. If this property enabled then encounters are automatically closed which are open.

Then on 01/30/2018, all the open encounters would get closed automatically. However, for encounters where inactive ICD10/CPT/HCPC code is used; those encounters would not get closed and a message is sent to the ‘Attending Physician’ of the Encounters (respectively). This message will be a consolidated message. That means, only one message is sent to the respective Attending providers listing all problematic encounters of their patients.

The message details are as below:

“Subject: Could Not AutoClose Encounters - <Date>

Above mentioned Date refers to the date on which the auto close process is run.

Message:

<ENC_DATE> <PT1_LNAME> <PT1_FNAME>

<ENC_DATE> <PT2_LNAME> <PT2_FNAME>

<ENC_DATE> <PT3_LNAME> <PT3_FNAME>”

If ‘Attending Physician’ of the encounter is inactive then the Encounter would remain in open state with no claims created as no one would receive message in inbox. Same is the case when the Attending Provider is a ‘Resource’; then no message is sent for such encounters for which the Resource is acting as ‘Attending Provider’. Also, if the Attending Provider of the encounter (having inactive data on assessment) is changed to a different provider, then the message will be sent to the new Attending provider from next time onwards (when the process is ran on daily basis). The message will not be sent to the old attending provider



Note:

- ❖ *The alert message is applicable to all type of claims- Professional, Institutional, Accident Claims, Employer Claims, Capitation claims etc.*
- ❖ *Prognosis does not validate the source of ICD/ CPT/ HCPC codes which are added to Assessment or Claim. It only prevents the users from billing such claims and closing the encounters with invalid ICD/ CPT/ HCPC codes.*
- ❖ *Validation of ICD codes is based upon ICD10 codes.*

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17.9 Provision to mark ICDs as ‘billable’ irrespective of the ‘Billing’ module status (Patch no 56)

Navigation Goto : Claims → Edit Claims → click on **ICD** tab

Earlier, property **assessment.icd.billable** used to mark all the ICDs as ‘billable’ on the **ICD** tab only if the ‘Billing’ module is set to ON. If the user is using only EMR module, then the ‘billable’ checkbox doesn't get auto checked unless the ICD is added from the Assessment screen.

Now, the property **assessment.icd.billable** marks all the ICDs as ‘billable’ irrespective of the Billing module’s status.

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17.10 ICD 10 Codes will be validated for their Active / Inactive status on service dates they are reported on Encounters & Claims (Patch no 64)

An Enhancement was released in a Patch which ensured that ICD /CPT and HCPCS codes which are reported on the claim are validated with Active / Inactive / Change table maintained by Prognosis. The Active Inactive table is now updated with ICD 10 codes.

Now along with CPT & HCPCS Codes Modified, Deleted Code list is updated with ICD10 code set as well and respective ICD 10 codes as and when are reported on Assessment and Claims will be checked for its effective and deletion dates.

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17.11 Provision to delete a sent Letter from the Letters-Out screen (Patch no 69)

Navigation Goto menu: Claims → Edit Claims → Claim Letter

Now, user has provision to delete the sent letter by clicking on **delete** button from Letters-Out screen.

A new role, 'DeleteSentLetterOut' has been added. When this role is assigned to a user then user is allowed to delete a Letter-out with Sent status as well.

Deleted letters will not be seen from following screens

- Patient Account
- Claim Attach Button
- EMR Documents Button on Patient Account Screen

If the letter is deleted and the same is attached to any other letter, User would still be able to print / fax / email and its attachments as it was originally mailed / faxed or emailed. (Deletion of letter does not have an impact on letters which are attached on other letters)

If user creates a copy of the letter with Deleted Letter as an attachment then deleted letter would be attached to the new letter.

Prognosis is providing an option to view the recipients to whom the letter is faxed / Mailed or Emailed along with the mode of transmission

If there are more than 1 recipients added to the letter, A comma separated list of recipients is presented in section “Letters” on patient account screen.

A new column Mode is also presented to the users in the same table in “Letters” section on patient account. Only the latest mode of transmission is tracked and overwrites the previous one if the letter is printed / faxed or Emailed again.

The deleted Letters will neither show on the Letters-Out search nor on the Document list screen. Also, it will not be seen under Data Export. Once the letter is deleted then any document of ‘Other’ type attached to the Letter are allowed to delete from Document List.

An Audit is maintained for Delete action of the Letter-out.

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17.12 A new property ‘hl7.lab.createclaims.unsolicited.results’ has been added to create claims (Patch 79)

Earlier, in Lab import, claims were not getting created for unsolicited Lab result (unidirectional lab results).

Now, a new property [hl7.lab.createclaims.unsolicited.results](#) has been added. If this property is set to ON then claims are getting created for unsolicited Lab results.

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17.13 Label ‘Plan Payment’ has been relabeled to ‘Payment Plan’ (Patch no 120)

Navigation Goto: Claim →New →Claim Screen AND Remittance →Patient Payment →Receipt AND Remittance →EOB/ERA AND Remittance →Patient Payment →Copay AND Patient Account Screen

Label ‘Plan Payment’ has been relabeled to ‘Payment Plan’.

On EOB screen, label ‘Claim4PayPlan PatientPayPlan’ is changed to ‘PatientPaymentPlan’.

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17.14 Restriction has been provided to send duplicate Claims from being sent again on same day electronically (Patch no 188)

Navigation Go to Menu: Claims → Edit Claims → EDI 837

Earlier, claim with track status code 11 and code 16 if present on a claim then user was allowed to send duplicate claim again on same day electronically.

Now, when the user tries to submit Claim again through electronically on the same day to the same Payor Id then on resend of claim with EDI, message ***Duplicate Submission: Claims cannot be billed electronically on the same day to the same insurance twice*** will be displayed.

This feature has been provided on the following screens:

- Claims → Processed → By Claims → Resend Button
- Claims → Processed → By Charges → Resend Button
- AR/Follow-Up → Outstanding → Resend Button
- AR/Follow-Up → Outstanding → Tasks List button → Resend Button



Note: *This same validation message will be displayed for UB04 Claims.*

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17.15 Provision to change the Attending Provider once Claim is created (Patch no 190)

Navigation Go to: Claims → New → Claim → I button

Earlier, there was no option to change the Attending Provider once the Claim is created.

Now, user is given to provision to change to change the Attending Provider once the Claim is created. Search button is provided besides the Attending Provider field and the search button is made visible. This Search will display only Providers with 'DR' type.

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18. Remittance → EOB/ERA

18.1 New property 'payment.gateway.savecard' has been added (Patch no 56)

Earlier, while performing Payment process, **Save card** checkbox was checked by default and here was no provision to keep that checkbox unchecked by default.

Now, a new property **payment.gateway.savecard** has been added and based on this property, the save card checkbox displays checked or unchecked. By default this property is set to ON and if it is set to OFF then **Save card** checkbox gets unchecked.

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18.2 New process has been added to Split bigger EOB into smaller EOB for RCM (Patch no 114)

A process has been added to Split bigger EOB's into smaller EOB's. This process will only consider Electronic Remittance Voucher and will work only for Entered Status Voucher.

For Child Vouchers program will perform the following Actions:

1. It will Generate New DocNo.
2. It will reset Non Prognosis Paid Amt And Non Prognosis Recoup Amt.
3. It will specify Main Doc No: ERA09876 in Remark column.

Limitations for Smaller EOB's i.e. Child Voucher

- Check Amount and Allocated Amt will not be calculated. It will be same as Main EOB Vouchers.
- Prognosis Generated Html file, EDI Error Log and EDI835 File will NOT be available to Child Vouchers.
- This process will work only for Single Location Billing Setup.

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19. Remittance → Patient Payment → Receipts

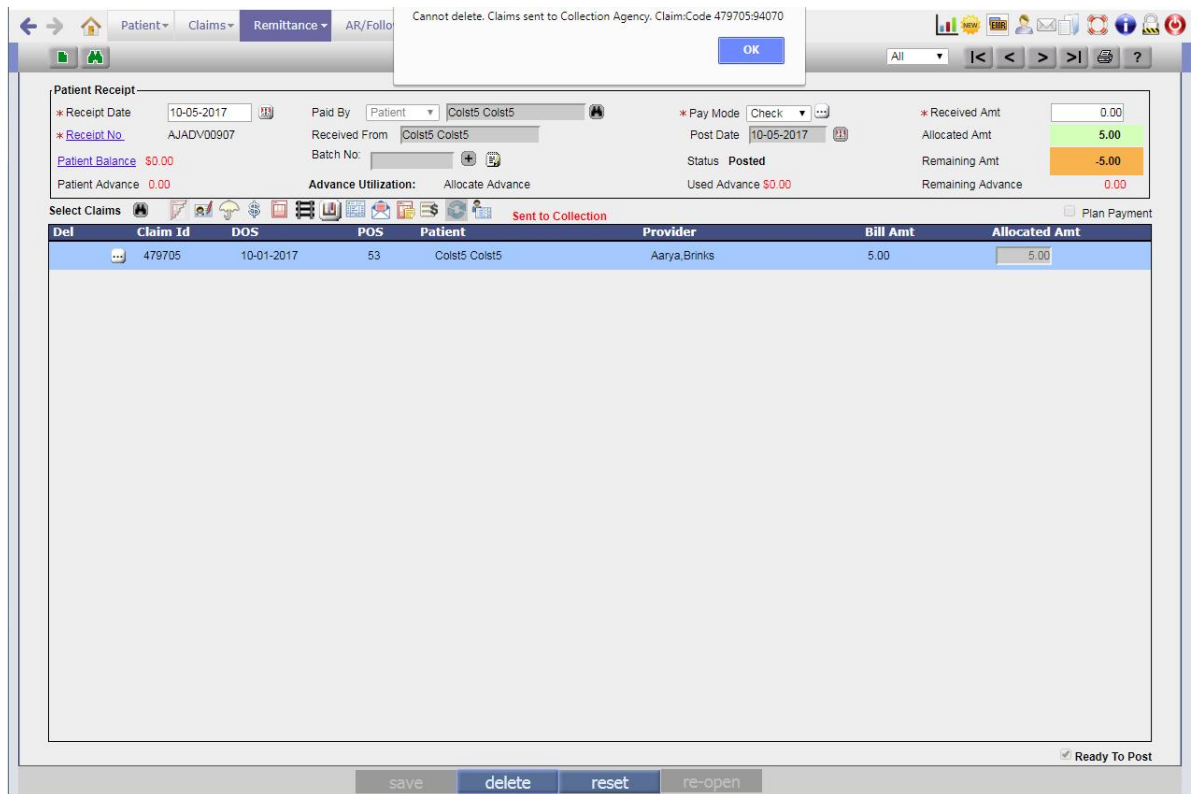
19.1 Visual alert for patients who are sent to collection agency is added on Patient Receipt screen (Patch no 9)

Navigation Goto Menu: Patient Receipt

Earlier, visual alert for patients who are sent to collection agency was available only on the EOB/ERA screen but now it is also made available on Patient receipt screen.

Del	Claim Id	DOS	POS	Patient	Provider	Bill Amt	Allocated Amt
	479705	10-01-2017	53	Colst5 Colst5	Aarya,Brinks	5.00	5.00

If users try to delete patient receipt which is sent to collection agency then a validation message saying **Cannot delete. Claims sent to Collection Agency** is displayed.



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20. Remittance → Patient Payment → To Patient Advance

20.1 Copays moved to advance is made available for Admin to edit the copy vouchers (Patch 31)

Navigation Goto Menu: Remittance → Patient Payment → To Patient Advance

Copays which are exclusively moved to advance from Remittance → Patient Payment → To Patient Advance will also be available to admin users for editing.

If Copay moved to advance is used on claims (Partially or Fully) then the checkbox to delete these entries will be shown grayed out until user deletes the adjust advance entries.

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21. Remittance → Other Payment → Employer

21.1 New property **hide.notification.for.tpa.invoice** has been added whether to send the email notification to Employer or not for the TPA Claims (Patch no 12)

Navigation Goto menu: Claims → Send → Emp Inv

New property **hide.notification.for.tpa.invoice** has been added whether to Hide Notification emails sent to Employer when Invoices are generated for TPA.

When this property is turned 'On', Employer will not receive a copy of the invoices generated for TPA.

 **Note:** When Employer and TPA Invoices are generated then regardless of property set employer will continue to receive notification email for invoices.

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21.2 On Employer receipt screen maximum limit for selecting number of Claims from Select Claims Binocular icon is increased from 5 to 20 Claims. (Patch no 18)

Navigation Goto Menu: Remittance → Outstanding → Employer

Earlier user was allowed to select only 5 claims at a time from the Select Claim binocular icon if user tried to select more than 5 claims then a validation message saying Selected Max No Of Codes was displayed. However, now the limit of maximum selection has been increased to 20 at a time. Now, after selecting 20 codes at a time if user clicks on 21st claim then this validation message will be displayed.

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21.3 Changes related to Education and Employer Notes (Patch no 132)

Following changes have been done on the mentioned screens:

1. Education screen

Navigation Goto: Patient's encounter → Encounter Table of contents → Education → click on Add [+] button

The Education Material search popup now displays Type column i.e. the type of education material.

2. Patient Registration screen and Appointment Schedule popup Navigation Goto menu: Patient → Register → click on Contacts tab AND Goto menu: Appointment → Schedule → double click on the appointment slot → Appointment Schedule popup The name of an Employer Notes popup (click on Employer Notes icon:) has been changed from Employer Notes to the Patient's Employer name.

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21.4 Employer Name will now be displayed on Employer Notes popup of the Employer Receipt (Patch no 138)

Navigation Goto menu: Remittance → Other Payment → Employer

Now, Employer Name will be displayed on Employer Notes popup of the Employer Receipt.

22. AR/Follow-up → Patient Account

22.1 FTUX is provided to inform user about access rights on the Document List screen (Patch no 5)

Document List screen can be accessed from the following ways:

Patient Account → EMR Docs (button)

On Document List screen, a new FTUX is provided which informs the user about access rights for taking any action on the document. Following is the FTUX: "You will be unable to perform any action on documents without access rights. In order to take any action, please contact your Clinic admin for the access rights."




Note: Once a user hides FTUX on the Document List screen invoked from any of the above navigation then it will not be available again for other navigations in the same session.

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22.2 PrognoCIS provides an option Copay Edit icon on Patient Account to correct Copay Vouchers (Patch no 9)

Navigation Goto Menu: Patient Account

PrognoCIS provides an option Copay Edit icon  to correct Copay transaction from Patient Account screen.

Copay transaction gets applied on Claims automatically when EOBs are Posted or Claims is billed.

The workflow of Copay is as follows:

Copay can be collected as Copay, Deductible or Visit Fee

Visit Fees gets applied on the Claim when the claim is billed

Copay and Deductible are applied on the claims when the EOB is Posted

In either cases, when Collected Amount is more than the Patient's responsibility is, the amount is Moved to Advance

If EOB is recouped the applied amount is reverted back to unapplied bucket

This icon can be seen only for Copay and Receipt and Copay table on the Patient Account screen.

Copay and Receipt								
ID	Payment Date	Type	Doc No	Mode	Check No/Credit Card	Copay Breakup	Amount Collected	Balance Amt
552681	10-02-2017	Copay	552681	Cash		Copay \$20.00	20.00	0.00
							20.00	0.00


On click of this Copay Edit icon displays a popup which allows the user to delete incorrectly adjusted advance entries and helps the view the correct account.


Del	Enc Id	Collected Amt	Trn Type	Copy Amt	Deductible Amt	Visit Amt	Advance Amt	Ref Trn Type	Reference Document	Used In Voucher	Vouch
<input type="checkbox"/>	552696	100.00	EN	30.00	20.00	50.00	0.00				10-10-20
<input type="checkbox"/>	552696	0.00	AD	0.00	0.00	-50.00	0.00	AV	PATAJ00366		10-10-20
<input type="checkbox"/>	552696	0.00	AD	-28.00	0.00	0.00	0.00	AC	EOB07448		10-10-20
<input type="checkbox"/>	552696	0.00	MA	-2.00	0.00	0.00	2.00	AC	EOB07448	AJADV00811	10-10-20
<input type="checkbox"/>	552696	0.00	MA	0.00	-20.00	0.00	20.00	AD	EOB07448		10-10-20

Delete checkbox is not available for the following transactions as mentioned below:

- For 'EN' record
- For 'AD' record with the Adjustment for the Self Pay Claim
- For 'MA' record which is used in Adjustment voucher

Del	Enc Id	Collected Amt	Trn Type	Copy Amt	Deductible Amt	Visit Amt	Advance Amt	Ref Trn Type	Reference Document	Used In Voucher	Vouch
<input type="checkbox"/>	552696	100.00	EN	30.00	20.00	50.00	0.00				10-10-20
<input type="checkbox"/>	552696	0.00	AD	0.00	0.00	-50.00	0.00	AV	PATAJ00366		10-10-20
<input type="checkbox"/>	552696	0.00	AD	-28.00	0.00	0.00	0.00	AC	EOB07448		10-10-20
<input type="checkbox"/>	552696	0.00	MA	-2.00	0.00	0.00	2.00	AC	EOB07448	AJADV00811	10-10-20
<input type="checkbox"/>	552696	0.00	MA	0.00	-20.00	0.00	20.00	AD	EOB07448		10-10-20

 **NOTE:** For 'MA' record, user would have to delete AJADV voucher before proceeding to delete the Copay application entry. i.e. Delete button will get enabled for above MA Entry when there is no adjustment entry.

 **NOTE:** Since this tool is designed as a shortcut to modify collected entries, users will have to be careful while deleting any of the transactions.

Following are the list of fields as mentioned below:

Fields	Description
Enc Id	The second Column presents the Internal ID of the Copayment Voucher. This number will remain the same for all rows and is for internal reference. User can reference this number on actual Copay or RECEIPT COPAY table.
Collected Amt	The total collected Amount for the copay voucher is displayed. Note: The amount collected as Patient Outstanding Payment is not considered in this field.
Trn Type	Trn_Type is displayed here
Copay Amt	The amount collected as Copay is displayed here.
Deductible	The amount collected as

	Deductible is displayed here.
Visit Amt	The amount collected as Deductible is displayed here.
Advance Amt	The amount collected as Advance is displayed here.
Ref Trn Type	REF_TRN_TYPES are displayed here
Reference Document	The EOB/ELE number or Patient Adjustment voucher from which Copay is applied.
Used in Voucher	Adjust Advance vouchers are displayed here.

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22.3 New column Write Off reason has been added for hyperlink 'Pat WO', Emp WO' and 'Ins WO' (Patch 54)

Navigation Goto Menu: Patient Account

Now, new column Write Off Reason is added for 'Pat WO', Emp WO' and 'Ins WO'. If Write off transaction is done then hyperlinks will be displayed for 'Pat WO', Emp WO' and 'Ins WO'.

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22.4 Recompute Claim button will be available only for the users with role ‘Biller’ on Patient Account (Patch no 83)

Navigation Goto Menu: Patient Account

Now, Recompute Claim button is introduced only for the users having role as ‘Biller’ on Patient Account.

Claims Hide Matched Claims Show Void Claims

ID	DOS	Visit Id	Provider Name	Loc	Payor Name	Status	Case No	Copay \$	Bill \$
16439	02-15-2018	32288	Olvia Mark	CL	Aetna HMO			25.00	60.00
16437	02-13-2018	32286	Olvia Mark	CL	Aetna HMO, Bcbs, Champva			0.00	200.00
16434	02-12-2018	32279	Olvia Mark	CL	Aetna HMO, Bcbs, Champva			0.00	200.00

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23. AR/Follow-up → Outstanding

23.1 Provision to configure additional columns on the Outstanding screen has been made (Patch no 9)

Navigation Goto Menu: AR/Follow-up → Outstanding

The outstanding screen can be configured using the property values.

<i>claims.outstanding.titles</i>	Claim Id,Status,Location ,Ins1,Ins2,Ins3, Date of service,Patient,Su bscriber Id,Provider,Claim Send Date,Bill Amt,Pri Bal Amt, Sec Bal Amt, Ter Bal Amt, Emp Bal Amt, Pat Bal Amt,Collection balance, Denial Count, Assign Date, Days Since DOS, Days Since Sent, Action
----------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>Comments, Done Comments, Exp Date, Follow-up Date, Since EOB, Had Denial, Had EOB, Had Aging Bucket, Assigned By, Action Required, Done Date, Action Taken, Followup - Date</p>
<i>claims.outstanding.widths</i>	<p>10,10,10,101,101, 5,10,20,10,10,15, 10,10,</p>
<i>claims.outstanding.sort</i>	<p>NNNNNNNNNNNN NNNNNNNNNNNN NNN</p>
<i>claims.outstanding.fields</i>	<p>BLH_ID, BLH_ASSIGNED_S TATUS, BLH_LOCATION, DBO_CLAIM_PRI_ INS_NAME, DBO_CLAIM_SEC _INS_NAME, DBO _CLAIM_TER_INS _NAME, BLH_FROM_DATE , PT_DISPLAY_NA ME, DBO_BLH_SUBSC</p>

	<p>RIBER_IDS, MED_DISPLAY_N AME, BLH_SEND_DATE, BLH_BILL_AMOU NT, DBO_BLH_BAL_A MT4PRI, DBO_BLH_BAL_A MT4SEC, DBO_BLH_BAL_A MT4TER, DBO_BLH_BAL_A MT4EMP, DBO_BLH_BAL_A MT4PAT, DBO_BLH_BAL_A MT4COL,dbo.fnBl h_deniedCount(B LH_ID), BLH_ASSIGNED_D ATE, DBO_DAYS_SINCE _DOS, DBO_DAYS_SINCE _SENDDATE, DBO_ACTION_CO MMENTS, DBO_DONE_COM MENTS, DBO_EXPECTED_ DATE, BLH_ASSIGNED_F OLLOWUP_DATE, DBO_DAYS_SINCE _EOB,</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	DBO_HAD_DENIAL, DBO_HAD_EOB, DBO_DOSAR_BUCKET, DBO_ASSIGN_BY, DBO_ACTION_REQUIRED, DBO_DONE_DATE, DBO_ACTION_TAKEN, DBO_FOLLOW_UP_DATE
<i>Claims.outstanding.field count</i>	

Following are the description of the columns as mentioned below:

Claim Id: All the claims are listed here with the respective Claim Ids. On click of Claim ID Hyperlink, user is navigated to Claim screen. A check box is present in front of all the claim ids, which enable user to select the claim for executing any action using the actions icon. to this Column to take action(From Action Icons) on Properly Check Box 'Checked' Claim/s.

Status: - Status is a concatenation of Assignment Status + Action Taken + Comments. When status is Done, it is shown in green color.

Location: The column displays the location code of claims.

Ins 1: Display the claims primary insurance company name

Ins 2: Display the claims secondary insurance company name

Ins 3: Display the claims tertiary insurance company name

Date of Service: It is date of service on which encounter happened. This is same as the Encounter date also Date of Service is the 'BLH_FROM_DATE 'from TRN_BILLING_HEAD of Claim.

Patient: This column displays the name of the patient

Subscriber ID: Display the claim insurances Subscriber ids.

Provider: The column displays the name of the rendering doctor associated with the claim.

Claim Send Date: It is the claim sent date. This date can change based on if Claim is reopened and resend or only resend. Ex:- If a Claim 5365 was earlier sent on 13 - 09-2016 then it will show send date as 13-09-2016. Now if user resends this claim on 19-09-2016, then system will show send date 19-09-2016. Send date is set from 'BLH_SEND_DATE' from TRN_BILLING_HEAD.

Bill Amt: Total Billed amount of the Claim is shown under this Column.

Pri Bal Amt: Display the Claims balance amount with the Primary

Sec Bal Amt: Display the Claims balance amount with the Secondary

Ter Bal Amt: Display the Claims balance amount with the Tertiary

Emp Bal Amt: Display the Claims balance amount with the Employer

Pat Bal Amt: Display the Claims balance amount with the Patient

Collection bal: Display the Claims balance amount with the Collection Agency

Denial Count: Displays the denial count

Assign Date: This is the date on which a claim was assigned to the respective person from Prognosis. The date can change in case of reassignment of claim/s

Days Since DOS: Display the days difference between the claims date of service to current date

Days Since Sent: Display the days difference between the claims send date to current date

Action Comments: Display the Task Action Comments

Done Comments: Display the Task Done Comments

Exp Date: Display the Task Expected Date

Follow-up Date: Display the Task Follow up Date

Since EOB: Display the days difference between the first remittance received (DOC_DATE) to current date

Had Denial: Display the Claim charges are Denied from remittance (Y) or not (N).

Had EOB: Display the Claim has remittance present (Y) or not (N).

Had Aging Bucket: Display the claims aging by from Date of Service. (0-30 , 31-60, 61-90 etc)

Assigned By: Display the Task Assigner name

Action Required: Display the Action Required for Task

Done Date: Display the Task Done Date

Action Taken: Display the Task Action Taken

Followup-Date: Display the Task Follow up Date

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23.2 Search icon provided on Assigned Status field on Outstanding screen filter popup (Patch no 25)

Navigation Goto Menu: AR/Follow-up → Outstanding → Filter icon → Assigned Status

Earlier, the field Assigned status was text only field but now a search binocular icon is provided next to the field. Clicking on the search icon will invoke Assigned Status popup displaying the options present in Group Types AA, AK and AS.

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23.3 When NOWRAP keyword is added in the title columns, then content of that column will be displayed in single line (Patch no 25)

Navigation Goto Menu: AR/Follow-up → Outstanding screen

If user adds keyword NOWRAP in the title columns, then content of that column will not be wrapped and will be displayed in single line.

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23.4 Assigned Status popup options has been increased to 20 on Outstanding screen (Patch no 45)

Navigation Goto Menu: AR/Follow-up → Outstanding → Filter → Assigned Status
Now, the Assigned Status popup options limit has been increased from 10 to 20.

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23.5 Selection limit of Assigned Status field is increased to 30 (Patch no 70)

Navigation Goto Menu: AR/Follow-up → Outstanding → Filter


Earlier, field Assigned Status present on Outstanding Filter popup was allowing to make 20 selection but now the limit is increased to 30.

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23.6 Button InsArgrpOs is provided on Outstanding screen to Filter Aging reports by Aging buckets for selected AR Groups or Insurances (Patch no 164)


Navigation Goto menu: AR/Follow-Up → Outstanding

A new button InsArgrpOs is provided on AR Follow-up → Outstanding Screen to invoke AR Group filters. This button is besides the Task List Button on Outstanding screen.

 **Note:** *This Beta feature is only available for Clients registered for RCM Services. Insurance AR Groups are currently not available for NON RCM Clients.*

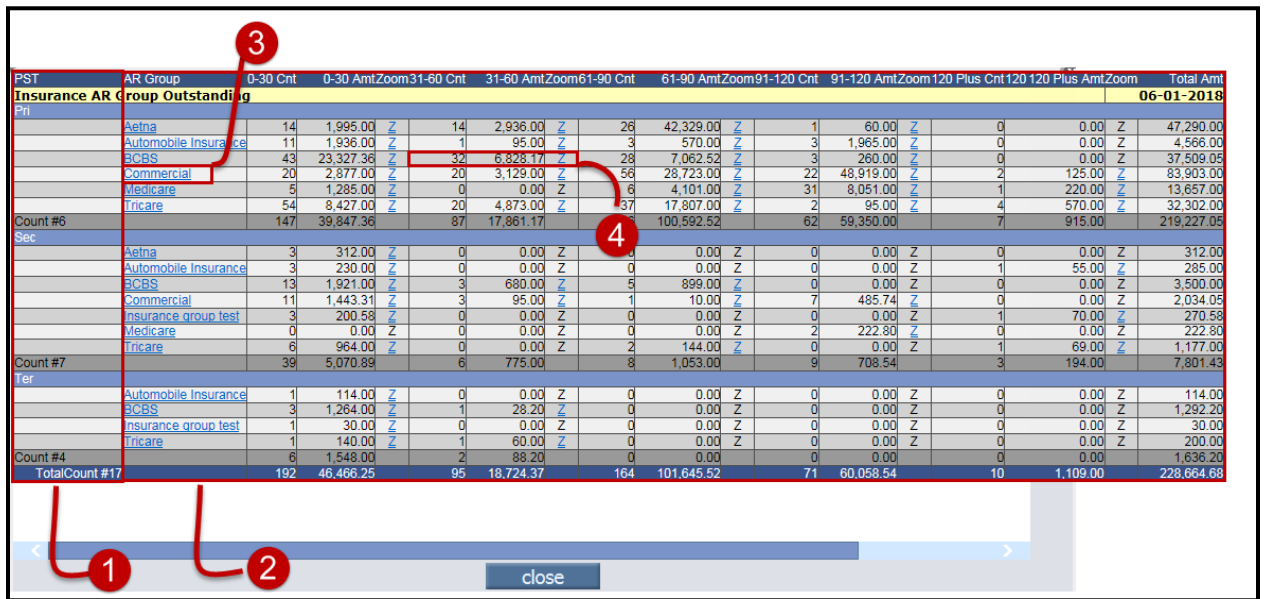
Clicking this button displays the aging breakup of the Primary / Secondary / Tertiary Insurances by AR Group.

The First screen or Level 1 of Insurance AR Group screen is presented to the users with Breakup of AR Group by Aging buckets.

 **Note:** When user simply opens and closes the screen without clicking on any of the hyperlinks AR Group / Zoom button, there would be no change on Outstanding screen.

Level I (AR GROUPS): The First screen or Level 1 of Insurance AR Group screen is presented to the users with Breakup of AR Group by Aging buckets. When user simply opens and closes this screen without clicking on any of the hyperlinks AR Group / Zoom button, there would be no change on Outstanding screen. For e.g. If claim count on Outstanding screen was listing 5331 claims, same count would get maintained when user clicks on the close button of the Insurance AR Group.

Figure: Level 1 AR Group




PST	AR Group	0-30 Cnt	0-30 Amt	Zoom	31-60 Cnt	31-60 Amt	Zoom	61-90 Cnt	61-90 Amt	Zoom	91-120 Cnt	91-120 Amt	Zoom	120 Plus Cnt	120 Plus Amt	Zoom	Total Amt
Insurance AR Group Outstanding																	
Pri																	
	Aetna	14	1,995.00	Z	14	2,936.00	Z	26	42,329.00	Z	1	60.00	Z	0	0.00	Z	47,290.00
	Automobile Insurance	11	1,936.00	Z	1	95.00	Z	3	570.00	Z	3	1,965.00	Z	0	0.00	Z	4,566.00
	BCBS	43	23,327.36	Z	32	6,828.17	Z	28	7,062.52	Z	3	260.00	Z	0	0.00	Z	37,509.05
	Commercial	20	2,877.00	Z	20	3,129.00	Z	56	28,723.00	Z	22	48,919.00	Z	2	125.00	Z	83,903.00
	Medicare	5	1,285.00	Z	0	0.00	Z	6	4,101.00	Z	31	8,051.00	Z	1	220.00	Z	13,657.00
	Tricare	54	8,427.00	Z	20	4,873.00	Z	37	17,807.00	Z	2	95.00	Z	4	570.00	Z	32,302.00
Count #6		147	39,847.36		87	17,961.17		123	100,592.52		62	59,350.00		7	915.00		219,227.05
Sec																	
	Aetna	3	312.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	312.00
	Automobile Insurance	3	230.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	1	55.00	Z	285.00
	BCBS	13	1,921.00	Z	3	680.00	Z	5	899.00	Z	0	0.00	Z	0	0.00	Z	3,500.00
	Commercial	11	1,443.31	Z	3	95.00	Z	1	10.00	Z	7	485.74	Z	0	0.00	Z	2,034.05
	Insurance group test	3	200.58	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	1	70.00	Z	270.58
	Medicare	0	0.00	Z	0	0.00	Z	0	0.00	Z	2	222.80	Z	0	0.00	Z	222.80
	Tricare	6	964.00	Z	0	0.00	Z	2	144.00	Z	0	0.00	Z	1	69.00	Z	1,177.00
Count #7		39	5,070.89		6	775.00		8	1,053.00		9	708.54		3	194.00		7,801.43
Ter																	
	Automobile Insurance	1	114.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	114.00
	BCBS	3	1,264.00	Z	1	28.20	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	1,292.20
	Insurance group test	1	30.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	30.00
	Tricare	1	140.00	Z	1	60.00	Z	0	0.00	Z	0	0.00	Z	0	0.00	Z	200.00
Count #4		6	1,548.00		2	88.20		0	0.00		0	0.00		0	0.00		1,636.20
TotalCount #17		192	46,466.25		95	18,724.37		164	101,645.52		71	60,058.54		10	1,109.00		228,664.68

Level 1 presents the users with following options:

1. Is a legend for Primary / Secondary / Tertiary: This clubs the aging with respective Pri / Sec / Ter buckets together. The counts of AR Groups are also presented to the users. Subtotals are presented for each group for Claim Count and outstanding amount is split into various aging Buckets.
2. Insurance AR Group and Aging buckets with claim counts. The second section presents Hyperlinked AR Groups with amounts pending in respective aging buckets. In reference to screenshot above Total Outstanding claims in 0 to 30 Bucket are 192 with Total Amount outstanding as \$133387.00 and the grand Total Outstanding is displayed as \$228664.68.

3. The second column on the popup lists Hyperlinked AR Groups which are useful to drill the aging to the Insurance Level. For e.g. If use would like to Filter ALL claims outstanding with Primary Insurance for AR Group Commercial, he would click on Commercial and proceed to **level II** when user closes **LEVEL II** popup without going further to Level III All 120 claims pending with Commercial AR group with Outstanding Amount 83903.00 would be presented to the users.

 **Note:** *Hyperlink on AR Group will remain disabled if the total claim count displayed for any of the AR Group is zero.*

4. **Zoom Hyperlink:** User is provided with another option to go to Level II by clicking on Zoom Hyperlink presented for respective aging bucket.

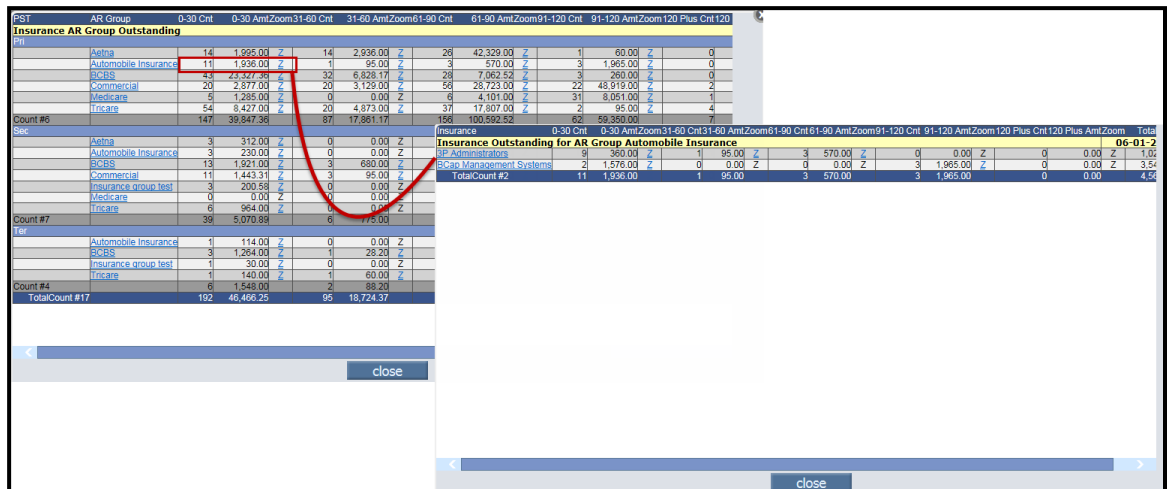
For e.g. Please refer to the screenshot above. If user would only like to select or drill down to Primary Claims with BCBS pending in 31 to 60 buckets, User would click on Zoom button Next to Aging buckets. User would be navigated to LEVEL II and when user closes LEVEL II popup without going further to level III all 32 claims pending with BCBS under 31-60 days would be presented to the users on Outstanding screen on close of InsArGrpOS button.

 **Note:** *Zoom button will remain disabled if Claim count for displayed bucket is zero.*

Level 2 (Insurance)

Level II or First Drill Down is presented to the users when user clicks any of the hyperlinks from AR Group or Zoom.


Figure: Level 2 or First Drill Down



PST	AR Group	0-30 Cnt	0-30 AmtZoom	31-60 Cnt	31-60 AmtZoom	61-90 Cnt	61-90 AmtZoom	91-120 Cnt	91-120 AmtZoom	Plus Cnt	Plus AmtZoom	120
Insurance AR Group Outstanding												
Nil	Aetna	14	1,995.00	Z	14	2,936.00	Z	26	42,329.00	Z	1	60.00
	Automobile Insurance	11	1,936.00	Z	1	95.00	Z	3	570.00	Z	3	1,965.00
	BCBS	14	2,259.00	Z	12	6,639.17	Z	26	7,062.52	Z	3	260.00
	Commercial	20	2,877.00	Z	20	3,129.00	Z	58	28,723.00	Z	22	48,919.00
	Medicare	5	1,285.00	Z	0	0.00	Z	6	4,101.00	Z	31	8,051.00
	Treicare	54	8,427.00	Z	20	4,973.00	Z	37	17,807.00	Z	2	95.00
Count #6	Total	147	39,847.36	Z	87	17,861.17	Z	166	100,592.52	Z	62	59,360.00
	7											
Sec	Aetna	3	512.00	Z	0	0.00	Z					
	Automobile Insurance	3	250.00	Z	0	0.00	Z					
	BCBS	13	1,921.00	Z	3	680.00	Z					
	Commercial	11	1,443.31	Z	3	95.00	Z					
	Insurance group test	3	208.69	Z	0	0.00	Z					
	Medicare	0	0.00	Z	0	0.00	Z					
	Treicare	6	964.00	Z	0	0.00	Z					
Count #7	Total	36	5,078.99	Z	6	775.00	Z					
Ter	Automobile Insurance	1	114.00	Z	0	0.00	Z					
	BCBS	3	1,264.00	Z	1	29.33	Z					
	Insurance group test	1	30.00	Z	0	0.00	Z					
	Treicare	1	140.00	Z	1	60.00	Z					
Count #8	Total	6	1,548.00	Z	2	89.33	Z					
TotalCount #17		192	46,466.25	Z	95	18,724.37	Z					


Insurance	0-30 Cnt	0-30 Amt	Zoom	31-60 Cnt	31-60 Amt	Zoom	61-90 Cnt	61-90 Amt	Zoom	91-120 Cnt	91-120 Amt	Zoom	120 Plus Cnt	120 Plus Amt	Zoom	Total	
Insurance Outstanding for AR Group Automobile Insurance																	
BP Administrators	9	360.00	Z	1	95.00	Z	3	570.00	Z	0	0.00	Z	0	0.00	Z	13	1,025.00
BCap Management Systems	2	1,576.00	Z	0	0.00	Z	0	0.00	Z	3	1,965.00	Z	0	0.00	Z	5	3,541.00
TotalCount #2	11	1,936.00		1	95.00		3	570.00		3	1,965.00		0	0.00		17	4,561.00

1. The first Column on LEVEL II lists Hyperlinked names of Insurance companies listed under AR group selected on LEVEL I. If user clicks on any of the names listed in first column, hyperlink would take the user to LEVEL III and on close of popup of InsArGrpOS Button all claims outstanding for that insurance company (For selected PRI / SEC / TER aging) would be presented to the users on Outstanding screen.

 **Note:** *Hyperlink on Insurance Name will be disabled if the total claim count displayed for any Insurance is zero.*

2. Zoom Hyperlink would also allow users to navigate to LEVEL III and set filters for a selected bucket.

For e.g. If user would click on 0-30 Zoom level for BCap Management System 9 claims will be presented on hyperlink and on close of popup of InsArGrpOS button only 9 claims will get displayed on Outstanding screen.

 **Note:** *Zoom button will remain disabled if Claim count for displayed bucket is zero.*

Level 3 (Claims)

LEVEL 3 is the last Drill down option which displays the actual claim details which would be worked on main Outstanding screen.

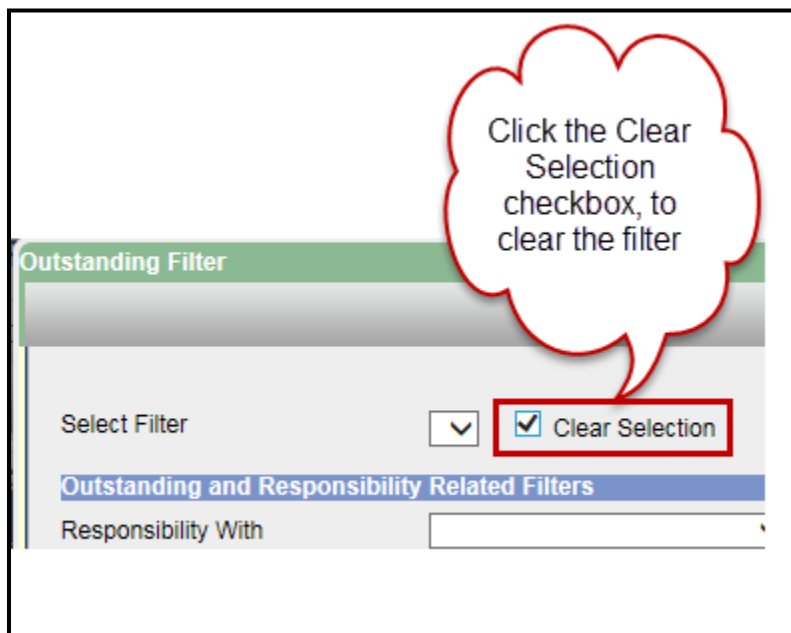
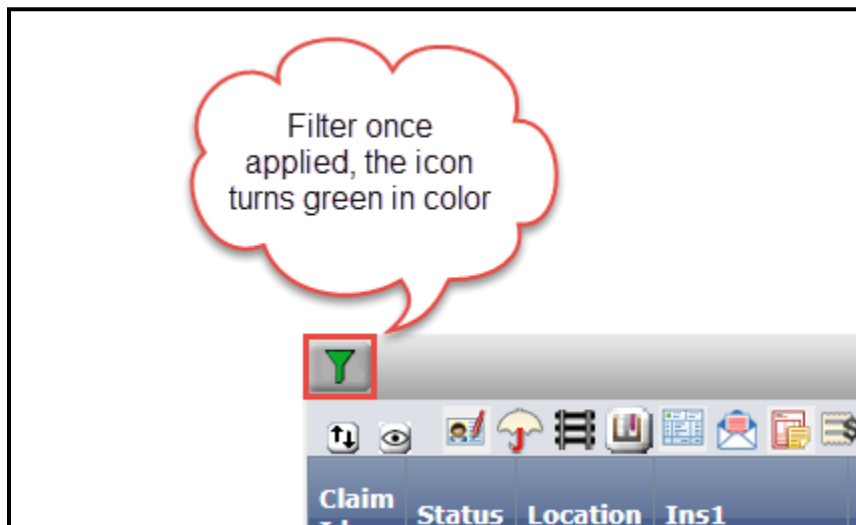
Figure: *Level 3 or Second Drill Down*

The screenshot displays several data windows. The primary window is titled 'Insurance Outstanding for All Group' and contains a table with columns for 'Ins1', 'Ins2', 'Ins3', 'Date of service', 'Patient', 'Subscriber Id', 'Provider', 'Claim Send Date', 'Bill Amt', 'Pri Bal Amt', 'Sec Bal Amt', 'Ter Bal Amt', 'Emp Bal Amt', 'Pat Bal Amt', 'Denial Count', 'Last EOB Date', 'Assign Date', and 'Days Since dos'. A red circle highlights the 'TotalCount #1' field. A red line connects this field to another 'TotalCount #1' field in a smaller window titled 'Claims Outstanding for Insurance BCap Management Systems'.

The screenshot shows the 'Outstanding Claims' interface. A table lists claims with the following columns: Claim Id, Status, Location, Ins1, Ins2, Ins3, Date of service, Patient, Subscriber Id, Provider, Claim Send Date, Bill Amt, Pri Bal Amt, Sec Bal Amt, Ter Bal Amt, Emp Bal Amt, Pat Bal Amt, Denial Count, Last EOB Date, Assign Date, and Days Since dos. A red box highlights the first five rows of data. A red cloud callout in the top left says 'Filter is shown applied' pointing to the 'Filter' button. Another red cloud callout in the top right says 'AR Group wise Outstanding'.

Claim Id	Status	Location	Ins1	Ins2	Ins3	Date of service	Patient	Subscriber Id	Provider	Claim Send Date	Bill Amt	Pri Bal Amt	Sec Bal Amt	Ter Bal Amt	Emp Bal Amt	Pat Bal Amt	Denial Count	Last EOB Date	Assign Date	Days Since dos
230		CL	Bcap Management Systems			02-04-2018	David, John	Pri:546546	Dummy Doctor M.D.	02-05-2018	845.00	845.00	0.00	0.00	0.00	0.00	0			117
232		CL	Bcap Management Systems			02-05-2018	David, John	Pri:546546	Dummy Doctor M.D.	02-05-2018	275.00	275.00	0.00	0.00	0.00	0.00	0			116
231		CL	Bcap Management Systems			02-05-2018	David, John	Pri:546546	Dummy Doctor M.D.	02-06-2018	845.00	845.00	0.00	0.00	0.00	0.00	0			116
22973		CL	Bcap Management Systems			05-29-2018	David, John	Pri:546546	Dummy Doctor M.D.	05-29-2018	845.00	845.00	0.00	0.00	0.00	0.00	0			3
22975		CL	Bcap Management Systems	Bcap Management Systems	Bcap Management Systems	05-29-2018	David, John	Pri:546546 Sec:436547 Ter:45456	Dummy Doctor M.D.	05-29-2018	845.00	731.00	0.00	114.00	0.00	0.00	0	05-29-2018		3

Filter option on Outstanding screen



Limitations:

- InsARgrpOS button is not supported for Multilocation URL
 - All Aging buckets are calculated based on Responsibility Date.
 - Consider a scenario where claim is reported with 3 CPT Codes
 - Balance for CPT1 is outstanding with Primary Insurance
 - Balance for CPT2 is outstanding with Secondary Insurance
 - Balance for CPT3 is outstanding with Tertiary Insurance
- Now, this claim will be displayed in all the three aging buckets and the single claim will be counted thrice. Since Outstanding claim will list the claim only once,

Only in such scenarios the Count of Claims on Insurance AR Group screen and Outstanding screen would vary.

- User has to manually close the popup window of any levels
- Filter will get applied ONLY when the level 1 popup is closed.
- On every change of selection i.e. Navigation to any other hyperlink would reset the filtered criteria.
- Only when LEVEL I screen/popup is closed, the Outstanding Claims screen would get refresh and updated list is displayed to the users.

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24. Messages → In

24.1 On the Message In screen, prefix from the 'Subject' column have been removed (Patch no 151)

Navigation Goto menu: Messages → In

Now, on the Message In screen, prefix from the *Subject* column have been removed.

Supported event no.	Description	Subject abbr. on Message-In
26	A notification is sent to the Attending Provider for authorization whenever an entry is made in the Letter Out by the User, other than Provider, having approve rights.	NL Sub: < subject selected on Letters-Out screen>

32	An alert is sent to the Attending Provider for authorization whenever an entry is made in the Letter-Out by the User, other than Provider, not having approve rights.	AL Sub: < subject selected on Letters-Out screen>
48	A notification is sent to the medic selected in MessageTo field when an EOB is attached from the Attach center.	NBL: Billing ERA Attachment < subject selected on Attach Center screen>
54	An alert message is sent to the sender of fax when a fax sent for Letter is failed.	LTF: Fax failed to < user>(Fax number) for Patient < patient name>
78	A notification is sent to the Primary Provider when a Billing document is attached from the Attach center.	NBL: Billing Attachment < subject selected on Attach Center screen>
209	A notification is sent to the logged-in user after some background process has completed (Billing side).	Background Process Complete

210	A notification is sent to the assigned user (on Assign To popup of Assigned Tasks screen) about the action on Assigned Task.	Selected action+Claim ID
213	A notification is sent to the user with role set in property 'pp.payment.message2role' when the payment is done from Patient Portal .	Payment from Patient Portal
215	An alert is sent to the Users with portalAttachments role assigned, when a document is attached and submitted to the clinic from Patient Portal or Referring Doc Portal from Attach Documents screen.	PA: Approve Portal Attachment for < Patient name> < Date>
231	A notification message is sent to the User (with role that is defined in the property, pp.payment.message2role) on successful transaction of Patient registration from Clinic's website.	< Patient name> registered successfully

232	An alert message is sent to the User (with role that is defined in the property, pp.payment.message2role) on unsuccessful transaction of Patient registration from Clinic's website.	Registration failed for < Patient name>
233	A notification message is sent to the User (with role that is defined in the property, pp.payment.message2role) on successful monthly auto transaction.	Transaction Successful for < Patient name>
234	An alert message is sent to the User (with role that is defined in the property, pp.payment.message2role) on unsuccessful monthly auto transaction.	Transaction failed for < Patient name>
235	An urgent message is sent to the User with ppSupportRole role assigned when a signed document(s) is submitted from Patient Portal to the Clinic.	Legal Documents signed by < Patient name>

236	A notification message is sent to the User (with role that is defined in the property, plan.payment.message2 role) on successful Payplan COF transaction.	Payment Plan Transaction Successful for < Patient name>
237	An alert message is sent to the User (with role that is defined in the property, plan.payment.message2 role) on unsuccessful Payplan COF transaction.	Payment Plan Transaction failed for < Patient name>
244	A notification is sent to the Primary Provider when a new patient is referred to that provider by an Attorney.	NAR: New Ref from Attorney < Attorney name>

25. Reports → Statement

25.1 Provision to notify users when Statements are generated for Responsible Party address is missing (Patch no 39)

Navigation Goto Menu: Reports → Statement → Guarantor

- Statement will not generated for Guarantor when Address is not present
 - This is the case when Guarantor Address is Missing
 - When user navigates to Reports → Statements → and selects Guarantor radio button and user selects the same Guarantor and statement is generated then

error message: “Statement Cannot be generated for Guarantor. Missing Address: <RespPerson ID>: <RespPerson Account No>”.

▪

- Statement will not be generated with PDF Responsible Party Statements for Guarantors when address is not present
 - This is the case when Address is missing
 - And Scheduled Process for PDF is requested with Parameters : Statement For is set to ‘Guarantor’ and when Statements are generated then system will skip such patients from generating statements, On the first page of the PDF statement populate the list of Guarantors with Address Missing with a following message “Statement Cannot be generated for Guarantor. Missing Address: <RespPerson ID>:<RespPerson Account No>”.
-
- Statement will not be generated with CSV Responsible Party Statements for Guarantors when Address is not present
 - This is the case when Guarantor Address is Missing
 - When Scheduled Process for Either PDF is requested with Parameters: Statement For is set to Guarantor and when Statements are generated then Guarantor with address missing will be skipped.
-
- Generate Email Notifications Listing Guarantors with No address Information for which Statements are withheld from printing / generating
 - This is the case when Guarantor Address is Missing
 - When Scheduled Process for CSV is requested with Parameters : Statement For is set to Guarantor and when Statements are generated and Property [statement.completion.email.to](#) contains a valid Email Address then email is generated for the recipient listing Inconsistent Balances and Withheld statements.

For such Cases, an Email will list Guarantors with Address Missing with a following message “Statement Cannot be generated for Guarantor. Missing Address: <RespPerson ID>:<RespPerson Account No>”.

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25.2 New property statement.show.pt.with.colagency has been added to send statements for Patients whose claims are handed over to Collection Agency (Patch 77)

Navigation Goto Menu: Reports ◇ Statement Now, a new property is added in Prognosis statement.show.pt.with.colagency which allows users to send statements to such patients whose claims are handed over to collection agency. If the property is 'On' the system would generate statements for such Patients whose claims have been handed over to Collection Agency else not. This property is a Admin level. By Default, the property will be set to 'N'.

This property takes care of all possible options for generating the Patient statement.

1. Patient Registration → Billing Info tab → 'Patient' Hyperlink
2. Patient Account/Receipts → Statement icon
3. Claim Edit screen → 'Statement for DOS' option
4. Reports → Statements 5. Scheduled Process → PDF & CSV

A new tag `_PT_WITH_CA_STR_` has been added which would print the details of the total outstanding Amount of each Patient with Collection Agency. This tag is supported in statement templates of all Sub Types such as STPIB/STRIB/STAIB. Note: The tag `_PT_WITH_CA_STR_` would print the details only in PDF statement NOT in CSV.

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26. Reports → Tabular

26.1 Tabular Reports can be configured on Dashboard (Patch no 17)

Navigation Goto Menu: Dashboard

Earlier, Dashboard screen allowed configuration of graphs or gauges but now it will also support tabular reports configuration. For configuring tabular report, its code need to be defined in the property `facesheet.9.cell_(cell number)`.

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26.2 New Custom Tabular report name Quality measure for a period Code: TCLMCUS302 has been introduced (Patch no 25)

Navigation Goto: Reports → Tabular

A new tabular report Quality measure for a period Code: TCLMCUS302 has been introduced. The report includes following columns *encounter_id, npi, patient_id, service_date, dob, sex, dx1, dx2, dx3, dx4, dx5, dx6, dx7, dx8, dx9, dx10, dx11, dx12 and cpt*. On running this report ICDs associated to claims are displayed in different column from column dx1 to dx12. The last column of the report displays the CPTs, HCPC, Revenue Codes, Special codes and Item codes associated to claims in different rows.

Note: The Tabular report is not applicable for Self pay claims.

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26.3 Label changes done on Custom Tabular report Quality Measure for a period (TCLMCUS302) (Patch no 87)

On Custom Tabular report Quality Measure for a period (TCLMCUS302) title dx1 is changed to dx and patient_id to patientid.

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26.4 Hyperlink is now provided for Claim Id column on Tabular Report (Patch no 140)

Navigation Goto menu: Reports → Tabular

Now, Claim ID field will be provided with Hyperlink on Tabular Reports screen only when ClaimId title is present for column Name.

27. Settings → Configuration → Master

27.1 On Business Unit Master NPI, Tax Id and Address fields are made mandatory (Patch no 9)

Navigation Goto Menu: Settings → Configuration → Business Unit

NPI, Tax Id and Address fields are made mandatory on Business Unit master screen. If field NPI or Tax Id is left blank then on save a validation message saying NPI & TIN are mandatory to save Business Unit Information is displayed. If Address field is left blank then on save a validation message saying Please enter Address is displayed.

27.2 A new option, 'Users' has been provided on the Login Details popup (Patch no 82)

Navigation Goto menu: Settings → Configuration → under Admin column, click on Login Details → User Login Details popup:

Following changes have been done on the User Login Details popup:


1. A new option, Users has been provided in the User Type dropdown list. When this option is selected then a click on User Name search icon would display all the Users of type DR/MA/RN/ST/BL in the search popup.
2. The below User Type options have been relabeled:
 - a. Doctors to Providers
 - b. Ref Doctor to Ref Provider

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27.3 A new column, 'User' has been added on the Properties History popup (Patch no 149)

Navigation Goto menu: Settings → Configuration → click Properties under Admin column → select any Property from the Properties popup

A new column, User has been added on the Properties History popup. This column displays the Support User name along with the modified User who has made changes in the Property.

 **Note:** *The User column on the Properties History popup will be available only for Admin user login.*

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27.4 Login details screen related changes (Patch no 182)

Navigation Go to Menu: Settings → Configuration → under Admin column
Login Details

1. Now, **Security Administrator** role has access rights to add/modify the "Access IPs" field on **Login Details** popup. But this role had access control over other screens as well. Thus, if a User wanted to give access to a Staff to add/modify the **Access IPs** field on Login Details screen, then they also gained access to other screens.
Now, a new Role **Access IP** has been introduced to access the **Access IPs** field on Login Details screen. User has to explicitly add this role in User Role Master.

Thus, now instead of the Security Administrator role, the system will consider this new Access IP role.
2. Earlier, if only **Access IP** field was changed, then on clicking ok the system asked User to change the password by displaying a validation message "password is mandatory".
Now, no alert message is displayed and the user is directly allowed to modify the only **Access IPs** field.



Note: *The system will display validation message "password is mandatory" when user modifies **User ID** field as well as **Access IP** field OR only the **User ID** field.*

3. Access IP field on screen is small.
The field size for **Access IP** is increased to multi-lines. Also, now we are supporting Enter key to have the readability.

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27.5 Identity provider 'onelogin' introduced to manage user's multiple login URL's and credentials (Patch no 182)

Earlier, the user was required to remember different URL's and its corresponding login credentials for accessing Prognosis application. A single user can have multiple URL's (e.g. Provider assigned for multi-location clinic etc.) associated with the clinic. Thus, manually keeping track of it caused inconvenience to the user.

Now, the user only needs to remember a single login credential of the identity provider ‘onelogin’. All the PrognosisCIS logins associated with that user will be displayed on the user’s identity provider (onelogin) home screen. By clicking on any of the options displayed, user validation takes place and the user is redirected to the respective PrognosisCIS home page.

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28. Settings → Configuration → User Role

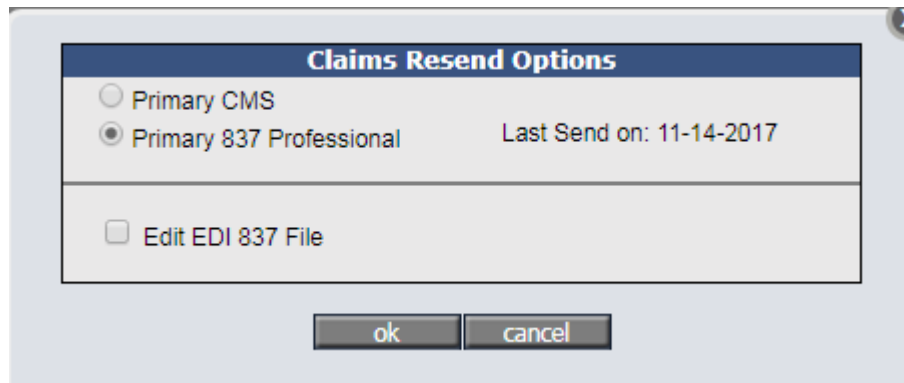
28.1 Role ‘Edit837EDIFile’ has been provided to the user to view Edit 837 File option on resend button of the Claim screen (Patch no 29)

Navigation Goto Menu: Settings → Configuration → User Role

New role ‘Edit837EDIFile’ has been added under User Role.



When this checkbox is checked then the particular user is allowed to see "Edit EDI 837 File" checkbox on resend button of the Claims screen.



Selecting the checkbox will allow the user to edit the EDI 837 file.

Note: *Provider, Medical Assistant, Clinical Staff, Office Staff and Biller will be able to view the checkbox based on the user role assigned.*

Limitation: *'Edit 837 File' Feature is NOT available for the clearing house type 'Emdeon' and 'P2P'.*

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29. Settings → Configuration → EDI Setup

29.1 Label 'Use EDI 837 Gateway Attachment' has been changed to 'Use Trizetto/Gateway Claim Attachments' on Electronics Claims setup hyperlink of the EDI Setup screen (Patch no 61)

Navigation Goto : Settings → Configuration → EDI Setup → click on Electronic Claims setup hyperlink

Now, label 'Use EDI 837 Gateway Attachment' has been changed to "Use Trizetto/Gateway Claim Attachments.

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29.2 New Properties have been added related to EDI under Properties section of the Electronic Claims Setup (Patch no 61)

Navigation Goto : Settings → Configuration → EDI Setup → Electronic Claims Setup → Properties section

Three new properties related to EDI attachment (Worker Compensation) have been added under Properties section.

billing.edi.attachment.for

billing.edi.attachment.suffix

billing.send.edi.after.encclose

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29.3 Label changes on Settings → Configuration → Clinic Codes/EDI Codes (Patch no 87)

Navigation Goto Menu: Settings → Configuration → Clinic Codes

Label Clinic Id present on Clinic Codes search popup is relabeled as Group No.

Navigation Goto Menu: Settings → Configuration → EDI Codes

Label EDI Id present on Edi Ids popup is relabeled as Provider No.

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29.4 Checkbox Image file has been added to client tomcat for new Billing Statement Type 2 (Patch no 91)

Navigation Goto menu: Settings → Configuration → Output Templates → Billing
 Checkbox image file has been added to client tomcat which will be used for new Billing Statement Type 2.

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29.5 Clearing house 'Ceresoft', 'Claim MD' and 'Daisy Bill' has been added in EDI Setup screen (Patch no 104)

Navigation Goto: Settings → Configuration → EDI Setup → Add Clearing house
 Clearing house 'Ceresoft', 'Claim MD' and 'Daisy Bill' has been added in Add Clearing house popup of the EDI Setup screen.

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29.6 Provision to send Outside Lab Details in EDI 837 file (Patch no 129)

Navigation Goto menu: EMR Module → Settings → Configuration → Vendors → Lab

Two new fields NPI and CLIA No are added on the Lab Vendors Master Screen. The fields are not mandatory but only when both NPI and CLIA number is added in the fields then CLIA number will reflect in the EDI Claim. Charge code level CLIA is displayed in loop 2400, REF. F4 (CLIA Number). CLIA number is displayed next to qualifier F4.

CLIA No field support maximum 30 alpha numeric characters and no special characters are allowed.



Note: Spaces are supported in **CLIA No** field.

On CMS Flag, the search icon present next to the **Outside Lab** field display only the list of Labs having both NPI and CLIA No mentioned on the master screen. Also, only outside labs are displayed in the list. The search gets enabled only when the Outside Lab checkbox is checked, else it remains disabled.

While sending EDI, in loop NM1 Lab name and the added NPI is displayed

In loop N3, Lab Address is displayed

In loop N4, Lab Location is displayed



Note: If lab address is missing then while adding that Lab on the CMS flag a validation message saying **Cannot Save. Outside Lab LAB1 Address Missing is displayed.**



Limitation: User will be able to bill the Claim even if the added Lab is now made inactive.

Two new columns **VEN_LAB_CLIA** and **VEN_LAB_NPI** are added in table **MST_VENDORS**. Also, a new column **BLD_OUTSIDE_LAB_ID** is added in Database table **TRN_BILLING_DET**.

The changes are done only for normal Claims and not for UB04 Claims.



Limitation: For UB04 Claim, Outside Lab Vendor Search can be seen but the added information is not getting displayed in EDI 837 File.

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29.7 Provision has been given to schedule Multi-Visit appointments in a day associated to a single encounter (Patch no 144)


Navigation Goto menu: Settings → Configuration → click **Enc Types** under **Clinic** column → Select an encounter type → Encounter Type Master screen


1. Now, a provision has been given to schedule multiple appointments for a patient on the same day with a single encounter. This Multi-Visit appointment includes

different encounter types along with their respective provider/resources. This first multi-visit appointment is also referred as base encounter and the constituent visit types are referred to as the associated visits. The ‘Attending provider’ of the base encounter is the attending provider of the first associated visit. Also during the course of individual appointments, data will be documented on the single encounter (Base Encounter) by all Providers/Resources.

2. In order to incorporate Multi-Visit functionality following changes have been done on the respective screen:


Changes on Encounter Type Master screen:


- A. On the Encounter Type Master screen, a drop-down list has been added with the label as ‘*Associated with*’. Below mentioned are the values for the drop-down list:
 - Single Provider/Resource –
 - For any new encounter type this will be selected by default and this is used for the normal visit or appointment scheduled for a single provider/resource.
 - Multi Provider/Resource –
 - This is used for the visits or appointments scheduled for multiple providers or resources. The Multi Provider checkbox is removed from ‘Appointment Settings’ section of Encounter Type Master and has been included as second value in the drop-down list.
 - Multi-Visits in a day –
 - This option is selected to use multi-visit functionality of scheduling multiple appointments in a day as explained in point 1. On selecting this option, Add Visit Types button:  appears. On click of the button, the Visit Type popup displays and lists all active, non-zero duration and single provider/ resource encounter types. From this popup, a User should associate at least two Visit types to Multi-Visits in a day encounter type.
- B. The duration of Multi-visit encounter type will be calculated considering the duration of associated visits and the minimum wait time set between the visits on the Visit Types popup on Encounter Type Master screen.

 **Note:** *Users are not allowed to modify duration once it is set.*

Changes on the Appointment Schedule screen:

- A. When a user schedules an appointment of multi-visit encounter type on Appointment Schedule popup, then on selecting multi-visit Encounter Type then,

Assign Provider/Resource for Associated Visits button:  gets enabled which lists all the active encounter types associated to that multi-visit encounter type.

- B. On clicking the button:  multi-visit popup displays fields as below mentioned:
- **Date** - It displays base encounter date
 - **First Appt Start time** – It displays base encounter start time
 - **Min wait time between visits** -Time between appointments set on the Encounter Type screen of multi-visit encounter type displays
 - **Appointments in sequence** – Associated visits set on the Encounter Type screen of multi-visit encounter type displays
 - **Provider/Resource** - User has to associate Provider/Resource to those associated visits that are available at the respective time/date/location
 - **Dur** - This shows duration of each encounter type as defined in the Encounter Type master
 - **Starts** – Displays start time of base appointment. For each visit start time will not be displayed
 - **End** – End time is displayed only when appointment has been searched and a slot is selected to schedule the appointment



Note:

- ❖ *An appointment that is scheduled with a ‘Single Provider/Resource’ Encounter Type with multiple recurrence; users are not allowed to change the Encounter Type from ‘Single Provider/Resource’ to a ‘Multi-visit’ encounter type*
- C. **Search hyperlink:**
- Depending upon the providers selected for associated visit, the search will look for the availabilities of all the providers selected for associated visit. However, it will list the first providers schedule considering all other associated encounters. The objective is to be able to complete all visits in one day.
- D. Clicking on the **schedule** button will schedule all of the appointments at once based on the availability of the providers. Appointment will be scheduled only when all the associated encounters can be completed on the same day or else an alert message is displayed.
- E. Once appointment for a ‘Multi-Visit in a day’ type has been scheduled, then users can see the appointments for associated encounters on the respective provider/resource schedule in a read only format.

- F. On the click of **delete** button, an alert message is displayed to user to inform about deletion of base appointment as well as all associated visits to it.



Note:

- *On the Appointment Schedule popup, Multi-Visit appointment will not be applicable for 'Other' type of appointments.*

Changes on Home screen:

- A. On **Appointment** tab, in the **Visit Type** column Multi-visit encounter type is not displayed; however, it will display the associated encounter types. In case of Multi-visit appointment, the encounter type will be suffixed with (MV) on the Home screen.
- For Example:
 - If 'Encounter A' has associated visits such as 'v1, v2, v3'. Then in the Appointment tab, v1, v2, v3 are displayed with a suffix (MV). Such as: v1(MV), v2(MV), v3(MV)
- B. On **Open Enc** tab, in the Visit Type column filters multi-visit encounter type (i.e. Encounter A) will display as well.
- C. On marking any of the associated encounters as Arrived will mark all appointments as arrived.

Changes on Start/Edit Encounter:

- A. On starting the multi-visit encounter, following fields will remain disabled:
- Date
 - Time
 - Encounter type
 - Appointment location
- B. If a user starts a new encounter from Start encounter tab, then 'Appointment Details' list box will list base appointment and not the associated visit types.
- C. The Provider drop-down will only list the provider/resource which are assigned to associated visit types.
3. Limitations of Multi-Visit functionality:
- Multi-visit appointments cannot be re-scheduled. Schedule button on the Appointment Schedule popup will be disabled if a provider tries to reschedule any appointment.

- After scheduling a Multi-visit appointment if period is marked as block time or vacation is marked for that provider/resource, then Multi-visit appointment will not be moved to reschedule list.
- For following Multi-visit appointments features is not applicable:
 - Anytime
 - Overload
 - Mass Scheduling
 - Move appointment

Multi-visit appointments cannot be scheduled from Patient Portal.

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30. Internal Points

30.1 Logic of property *837.ignore.checks* is extended to error number 151 (Patch no 6)

Earlier property *837.ignore.checks* was supporting error number 129 and 143 but now the logic of the property is extended to error number 151 for UB04 paper claims.

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30.2 Default value of the property *era.validate.conditions* is updated to RNPX (Patch no 6)

Earlier, the default value for the property *era.validate.conditions* was NPX, but now the default value of the property is updated to RNPX i.e. R - Cannot recoup payments when further transactions are present, N - Negative balance would be created, P - Primary EOB is in 'Entered' status, X - Charges with Next Responsible status found in EOB.

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30.3 Property *statement3.fields* has been modified (Patch no 6)

Navigation Goto Menu: Reports → Statement

Property *statement3.fields* has been modified where condition 'CASE WHEN BLD_BOOL_BILL_PAT =1 THEN BLD_PAT_RESP_AMOUNT ELSE 0 END' is replaced

with BLD_PAT_RESP_AMOUNT. This column will now display Patient Billed Amt instead of \$0 against a charge codes Billed to Insurance where Responsibility is with Insurance.

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30.4 The logic of computing Start/End date of Daylight Saving Time is now automated (Patch no 21)

Day Light Saving (DST) in United States is the practice of setting the clock forward by one hour during the warmer part of the year (i.e. between March-November) so that evenings have more daylight and mornings have less and setting the clock backward in autumn by one hour to the standard time (i.e. between November-March). DST Start Date: Second Sunday in March at 2:00 a.m. local time. DST End Date: First Sunday in November at 2:00 a.m. local time. Earlier, the Start and End date of Daylight Saving Time were manually computed and hardcoded into Prognosis. Now, the logic Denali of computing Start and End date of Daylight Saving Time is automated.

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30.5 Diagnostic 106 - Set RCM Billing Parameters has been modified (Patch no 25)

Navigation Goto Menu: Settings → Configuration → Diagnostics

Now, on running **diagnostic 106 – Set RCM Billing Parameters** following properties are set to their default values:

- claims.outstanding.fieldcount : 26
- claims.outstanding.fields: BLH_ID, BLH_ASSIGNED_STATUS, BLH_LOCATION, DBO_CLAIM_PRI_INS_NAME, BO_CLAIM_SEC_INS_NAME, DBO_CLAIM_TER_INS_NAME, BLH_FROM_DATE, PT_DISPLAY_NAME, DBO_BLH_SUBSCRIBER_IDS, MED_DISPLAY_NAME, BLH_SEND_DATE, BLH_BILL_AMOUNT, DBO_BLH_BAL_AMT4PRI, DBO_BLH_BAL_AMT4SEC, DBO_BLH_BAL_AMT4TER, DBO_BLH_BAL_AMT4EMP, DBO_BLH_BAL_AMT4PAT, dbo.fnBlh_deniedCount(BLH_ID), DBO_BLH_LAST_EOB_DATE, BLH_ASSIGNED_DATE, DBO_DAYS_SINCE_DOS,

DBO_DAYS_SINCE_SENDDATE, DBO_ACTION_COMMENTS,
 DBO_DONE_COMMENTS, DBO_EXPECTED_DATE,
 BLH_ASSIGNED_FOLLOWUP_DATE

- claims.outstanding.sort: YYYYYYYYYYYYYYYYYYYYYYYYYYYY
- claims.outstanding.titles: Claim Id,Status,Location,Ins1,Ins2,Ins3, Date of service NOWRAP, Patient,Subscriber Id,Provider,Claim Send Date NOWRAP,Bill Amt,Pri Bal Amt, Sec Bal Amt, Ter Bal Amt, Emp Bal Amt, Pat Bal Amt, Denial Count,Last EOB Date NOWRAP, Assign Date NOWRAP, Days Since dos, Days Since Sent, Action Comments, Done Comments, Exp Date NOWRAP, Follow-up Date NOWRAP
- claims.outstanding.widths:
 10,10,10,10,10,10,10,20,10,30,10,5,5,5,5,5,5,10,10,5,5,20,20,10,10

Also, after running the Diagnostic 106 – **Set RCM Billing Parameters** the Group types AF, AA, AK and AS becomes inactive.

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30.6 New Email server has been configured (Patch no 29)

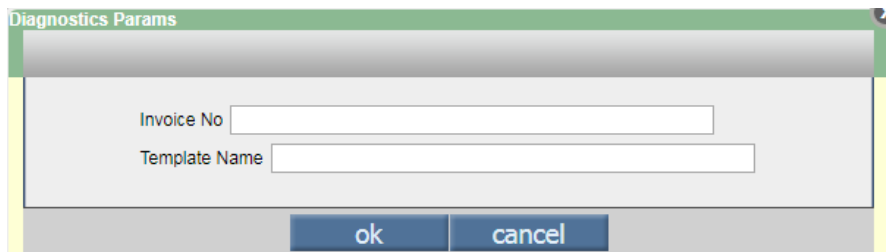
Now a new Email server has been configured in 'Amazon Web Services (AWS)' to send email from PrognoCIS. The new email server does not support SSL.

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30.7 Diagnostic 160 'Regenerate Employer Invoice' has been added (Patch no 31)

Navigation Goto Menu: Settings → Configuration → Diagnostics

Diagnostic 160 'Regenerate Employer Invoice' has been added. On selecting the Diagnostic and clicking Go button, the following Diagnostics Params popup is displayed. The popup has two fields as follows:



Invoice No: Enter the invoice no of the Employer.

Template Name: Enter the Template Name of the Invoice.


If the Invoice No field is not entered and Template Name is entered then message 'Please enter Invoice Number' is displayed.

If Template Name field is not entered and Invoice No is entered then message 'Please enter Template Name' is displayed.

If both the field Invoice No and Template Name is not entered and ok button is clicked, message 'Please enter Invoice Number and Template Name' is displayed.

On entering the Invoice No and Template Name and ok button is clicked, message Employer Invoice generated for <Invoice No>.

The entry can be seen in Download Files under Employer Invoices.

 **Note:** For Invoices with partial or full payment received cannot be re-generated using Diagnostics.

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30.8 Property ledger.patient.tags is now made Admin level (Patch no 31)

Now property *ledger.patient.tags* controls the output of Patient level details on ledger which is now made Admin level.

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30.9 Diagnostic 161 'List Copay EN And AA Mismatch Providers' and Diagnostic 162 'Fix Copay EN And AA Mismatch Providers' has been added (Patch 31)

New Diagnostic No 161 'List Copay EN And AA Mismatch Providers' and Diagnostic No 162 'Fix Copay EN And AA Mismatch Providers' has been added.

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30.10 Diagnostics 106 ‘Set RCM Billing Parameters’ has been updated (Patch no 31)

Now, Diagnostics 106 ‘Set RCM Billing Parameters’ will be updated based on the following properties:

summary.field.billed will set to BLH_POST_DATE *summary.field.copay* will set to CP_POST_DATE




summary.field.erh will set to ERH_POST_DATE

summary.field.refund will set to CP_POST_DATE

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30.11 Downloading password protected PDF and ZIP files in .zip format is now property based (Patch no 33)

Navigation Goto menu:

Claims → Unprocessed OR Claims → Processed → (BY Claims /BY Charges) OR Claims → Returned/Rejected OR Remittance → Unallocated OR Remittance → Processed OR Remittance → Write Off → Bulk Insurance OR Remittance → Write Off → Bulk Patient OR Remittance → Write Off → Bulk Employer OR AR/Follow-Up → Assigned Tasks OR AR/Follow-Up OR AR/Follow-Up → Disputed OR AR/Follow-Up → Denied Or Reports → Billing → By Claim/By Charges OR Reports → Collection → By Vouchers/By Claims OR Reports → Summary OR Reports → Tabular OR Reports → Management OR AR/Follow-Up → Outstanding → Task list OR AR/Follow-up → Send to Collection OR Goto menu: Reports → Billing → click on Download icon:  OR Goto menu: Reports → Collection → click on Download icon:  OR Goto menu: Reports → Tabular → click on Download icon:  OR Reports → Management → Financial Analysis → click on Download icon

Employer Portal screens:

Employer Portal → Billing → Invoice → List of Invoices/Invoices with claims/Invoices with claims-charges/Employer invoices/Employer invoices by claims/Employer invoices by claims charges"

Employer portal →Billing →Payments →Payments/Not posted/payments posted/payments with Invoices

Employer Portal →Billing →Aging →AR/AR by Job/AR by TPA/List of outstanding invoices/outstanding invoices by claims/Outstanding invoices by claims-charges Earlier when a User downloaded the password protected PDF or ZIP file then it was downloaded in the .exe format.

Now, if the property *prognosis.report.csv.encrypteddownload* is 'ON' and a user downloads password protected file then the file will get downloaded in the .zip format. If this property is 'OFF' then the file will get downloaded in the .csv format.

For Employer, the following property *empportal.report.encrypteddownload* is used. if the property *empportal.report.encrypteddownload* is 'ON' and a user downloads password protected file then the file will get downloaded in the .zip format. If this property is 'OFF' then the file will get downloaded in the .csv format.

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30.12 Process to create 'Monthly Claim For Patient Registration' is now executed in Self Scheduled process (Patch 33)

For a specific client the process to create Monthly Claim For Patient Registration was an independent scheduled process. Now, create Monthly Claim For Patient Registration is moved under Settings → Scheduled Process and the Scheduled Process can be generated from Prognosis.

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30.13 Security related changes has been provided to AJAX calls

Security related changes has been provided to AJAX calls for the following screens:

- Forgot Password Screen of Employer Portal
- Prognosis Appointment Details
- Prognosis Support Login
- Prognosis Screen

- Employer Login →Billing →Aging
- Employer Login →Billing →Invoices
- Employer Login →Billing →Payments
- Patient Portal
 - Portal Login
 - Quick Sign Up
 - Patient Outstanding
- Referring Doctor Portal
 - Portal Login
- Employer Portal
 - Change Password
- Independent Patient Login (IPL)
 - IPL Login

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30.14 Security and performance has been improved in PrognocIS (Patch no 57)

1. Changes have been made in the JSP files to make PrognocIS more secure.
2. While printing/downloading any file in PrognocIS, unnecessary appearance of blank window has been handled to improve the performance.
3. Properties *letters.maxfiles.infolder* and *prognocis.resize.applicable* are now read, only once while logging into PrognocIS instead of reading it for multiple screens.

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30.15 New utility has been provided for the conversion of HTML file to PDF (Patch no 62)

Now, a new utility has been provided for converting the HTML file to PDF. The blank tag, MSO tag, Page-break tag, background color, Special symbols have been handled in this utility.

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30.16 NPIs added in Prognosis will now be validated using API connection with NPPES (National NPI Registry) (Patch no 64)

Prognosis mandates the users to add NPI for various entities in Master files. The screens for which NPI is required or is mandatory are as follows

- Settings → Configuration → Clinic → Location
- Settings → Configuration → Clinic → Business Unit
- Settings → Configuration → Users → Providers
- Settings → Configuration → Users → Resource
- Settings → Configuration → Users → Ref Doctors
- Settings → Configuration → Users → Org Providers
- Settings → Configuration → Users → Ref Org

When user enters NPI Number and saves the details; Prognosis enables the hyperlink for the number. On click a web service call is made to NPI Registry and submitted data is validated. If entered NPI is correct, Prognosis would invoke a non-modal popup with NPI data as is stored in NPI Registry. If entered NPI is incorrect, Prognosis would display an error message “No Records Found” indicating the entered NPI is not correct.

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30.17 SQL queries have been optimized for Mail counts on the Home screen (Patch no 65)

Navigation Goto: Home screen SQL queries have been optimized to execute only once rather than many times for Mail counts, displaying on the Home screen.

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30.18 The properties for datafiles will now be considered on load of Prognosis screens (Patch no 73)

Earlier, the properties *letters.maxfiles.infolder* and *prognocis.resize.applicable* were read only once while logging into PrognocIS. Now, the properties will be considered on load of PrognocIS screens and not while logging into PrognocIS.

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30.19 A new option, 'Users' has been provided on the Login Details popup (Patch no 82)

Navigation Goto menu: Settings → Configuration → under Admin column, click on Login Details → User Login Details popup

Following changes have been done on the User Login Details popup:

- A new option, Users has been provided in the User Type dropdown list. When this option is selected then a click on User Name search icon would display all the Users of type DR/MA/RN/ST/BL in the search popup.
- The below User Type options have been relabeled: a. Doctors to Providers b. Ref Doctor to Ref Provider.

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30.20 Miscellaneous changes made on Settings → Configurations screen (Patch no 83)

Navigation Goto Menu: Settings → Configurations → Clinic Codes

Label *Clinic Id* present on Clinic Codes popup is changed to *Group number*.

Navigation Goto Menu: Settings → Configurations → EDI Codes

Label *G2 Commercial #/Legacy ID* present on Edi Ids popup is changed to Provider Number.

Navigation Goto Menu: Settings → Configurations → Properties

- Properties *billing.edi.enabled*, *837.submitter.type*, *837.paytoprovider.type* and *837.provider.type* are now admin level.
- Property *billing.patient.statement.interface.vendor* is converted from text field to Listbox field. The dropdown of the field display four values Blank, GATEWAY, NAVICURE and ZIRMED.

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30.21 Functionality of Import Button present on Billing Staff screen is extended (Patch no 83)

Four new fields MED_CLINIC_ID, MED_EXT_ID, MED_BOOL_INACTIVE and MED_IP_ADDRESS are added in the .xls import for importing billers in Prognosis. These fields help in adding Clinic ID for Practice, adding external id, marking the billing as active or inactive and adding IP address.

Note:

- External ID s mandatory and should not be kept blank.
- User ID can be updated by importing the .xls file. System identifies the External ID and updates the User ID accordingly. However, 2 Billers from same Clinic can't have same User ID.
- Updating Password is not required when the .xls is imported. Credentials for new biller is created and circulated to them.
- It is not possible to update the External ID of billers by import process. Even if the External ID is changed from .xls and imported, the External ID does not get changed.
- Both Access Roles & No Access Roles can be updated at any point of time. Let us say that a Biller joined us and after 6 months he/she got promoted to a higher position. At this stage, we can have the additional access (Roles) given to that user by adding new roles in MED_ROLES1 & MED_ROLES2 columns.
- Designation can be updated by importing the .xls file. In case, if the specified Designation is not present in the group type, system creates it and assigns it to Billing Staff.
- First/Last Name & Gender can be updated by importing the .xls file.
- In case, if any biller quits then, the Biller can be marked as In-active by setting the flag MED_BOOL_INACTIVE to 1 in the excel file. When the .xls is imported, the corresponding user will be marked as In-active and they will not be able to login to Prognosis.
- Property ***othermedics.extid.applicable*** governs the display of External ID field Billing Staff screen. When the property is turned **ON** the field is displayed on the screen.

Limitations:





- Users need to ensure that MED_EXT_ID is not duplicated.
- Users also need to ensure that First Name and Last Name of the biller should be unique.

- Clinic ID should not be left blank if the objective to assign specific clinics to specific individuals.

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30.22 'NPI' hyperlink has been added on some screens (Patch no 83)

NPI hyperlink has been now additionally provided on the following screens:

1. TOC → Order Sheet → Procedure (External) → click on Add new icon  → **Ref Provider**
2. TOC → Order Sheet → Procedure (External) → click on Add new icon  → **Ref Organization**
3. TOC → Order Sheet → Consult → click on Add new icon  → **Ref Provider**
4. TOC → Order Sheet → Consult → click on Add new icon  → **Ref Organization**
5. Patient → Register → Referring Provider → Add New (hyperlink)
6. Patient → Register → **Physicians** tab → Add New (hyperlink)
7. TOC → Start Encounter → **Referred by Provider** → Add New (hyperlink)
8. TOC → Edit Existing → **Referred By Provider** → Add New (hyperlink)
9. TOC → Edit Existing → **Refer to Provider** → Add New (hyperlink)

Following validations have been added for NPI hyperlink available in all the screens:

Validations:

- NPI value should be only numeric; if user enters invalid value then on the click of **NPI** hyperlink and **ok** button following alert is displayed:
 - “Alphabets and special characters are not allowed / NPI Starting with zero.”
- NPI value should be of 10 digits; if user enters invalid value then on the click of **NPI** hyperlink and **ok** button following alert is displayed: “NPI must be 10 digit.”
- If a user keep blank then on the click of **NPI** hyperlink following alert is displayed: “Please enter NPI.”
 - But if the NPI field is mandatory on some screens and user kept is blank then on the click **ok** button following alert "NPI is mandatory." is displayed.

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30.23 Unused Clearing Houses are removed from EDI Setup Screen (Patch no 87)

Following unused Clearing houses has been removed from the Clearing House field:

- SSI Group
- Uhin
- PayerConnection
- DDD Corp
- BCBSGa
- BCBSM
- MedicareDirect

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30.24 Password field related changes done in Prognosis and Portals (Patch no 89)

Now, on the following screens, maximum length of 'Password' field has been set to 30 characters. When a User tries to enter more than 30 characters then it would be restricted.

- Prognosis
 - User Login (Change Password and Forgot Password)
 - Login Details (Settings → Configuration → Admin → Login Details)
- Patient / Employer / Attorney / Referring Doc Portal
 - Change Password
 - Forgot Password

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30.25 Version upgraded date is now available on the Info popup (Patch no 93)

Navigation Goto: click on Info icon: from the menu bar

The Version Implementation Date (upgraded date) is now available on the Info popup under Clinic Information section.

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30.26 Diagnostic 106 ‘Set RCM Billing Parameters’ has been modified (Patch no 104)

Navigation Goto: Settings → Configuration → Diagnostics

Now, on running Diagnostic 106 ‘Set RCM Billing Parameters’ following properties are set to their default values:

- **assigned.tasks.fieldcount:** 18
- **assigned.tasks.sort:** YYYYYYYYYYYYYYYYYY
- **assigned.tasks.titles:** Claim Id, DOS, Patient, Date Assigned, Type, Assigned By, Assigned To, Source, Action Required, Comments, Exp Date, Action Taken, Action Comments, Status, Action Date, Done, Modified By, Modified Date
- **assigned.tasks.toclaim.fields:**
 CAT_CLAIM_ID,BLH_FROM_DATE,DBO_PT_DISPLAY_NAME,
 CAT_ASSIGN_DATE,CAT_TYPE,ABY.MED_DISPLAY_NAME,
 BLH_ASSIGNED_TO,AF.GR_NAME,AA.GR_NAME,
 CAT_ACTION_COMMENTS,CAT_EXPECTED_DATE,
 DBO_CAT_ACTION_TAKEN,CAT_DONE_COMMENTS,
 DBO_CAT_DONE_STATUS,CAT_DONE_DATE,
 CAT_BOOL_DONEYN,MOD.MED_DISPLAY_NAME,CAT_MOD_TIMESTAMP
- **assigned.tasks.toclinic.fields:**
 CAT_CLAIM_ID,NULL,"CAT_ASSIGN_DATE,CAT_TYPE,
 ABY.MED_DISPLAY_NAME,CLA_ASSIGNED_TO,
 AF.GR_NAME,AA.GR_NAME,CAT_ACTION_COMMENTS,
 CAT_EXPECTED_DATE,DBO_CAT_ACTION_TAKEN,
 CAT_DONE_COMMENTS,
 DBO_CAT_DONE_STATUS,CAT_DONE_DATE,CAT_BOOL_DONEYN,
 MOD.MED_DISPLAY_NAME,CAT_MOD_TIMESTAMP
- **assigned.tasks.widths:**
 90,100,130,100,100,100,100,130,130,130,100,130,130,130,100,50,100,100

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30.27 Modifications done by Trizetto gateway is successfully handled in Prognosis (Patch no 113)

When Insurance eligibility is retrieved from Trizetto EDI then few additional fields would get transmitted to Prognosis. This information would include Trace #, and submission date. The date & Time stamp received from Trizetto is time stamped in CST zone (Trizetto Time). The Trace # which used to be presented at the end of the response is now stamped above.

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30.28 Changes done to incorporate new endpoint provided by Trizetto gateway (Patch no 126)

Changes have been done to incorporate new endpoint that is provided by Trizetto gateway for Insurance eligibility.

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30.29 Security related changes has been provided to AJAX calls (Patch no 133, 146)

Security related changes has been provided to AJAX calls for the following screens:
Settings → Configuration → Employer Master screen

- Remittance → Patient Payment → Receipts
- Remittance → EOB/ERA screen
- Settings → Configuration → Employer's TPA Master
- Settings → Configuration → Customer
- Settings → Configuration → User Customer
- Settings → Configuration → Control Room
- Settings → Configuration → Business Unit
- Patient → Schedule
- Message → In
- Message → Scan
- Patient → Register
- Patient → Register → Insurance

- Patient → Register → Legal Doc
- Patient → Register → Card Scan
- Billing Dashboard
- Home → Appointment tab
- Prognosis Support login popup

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30.30 Enable ‘TLS 1.2’ in Internet browser setting to use more secured Prognosis and related Portals (Patch no 138)

Now, user has to enable TLS 1.2 (Transport Security Level) internet browser setting in order to use the more secured Prognosis and Patient/Referring Doctor/Attorney/Employer portals. If internet browser settings are not changed to ‘TLS 1.2’ before June 30, 2018 then users would not be able to use Prognosis and all portals. On the login of Prognosis and Portals, a message popup has been given to inform and guide user to enable TLS 1.2 settings for respective internet browsers. Following is the message: “As suggested by PCI Council, TLS 1.2 (Transport Security Level) needs to be enabled in your web browser to increase the security of Prognosis and its Portals. If your browser settings are not changed to TLS 1.2 before June 30, 2018 then you would not be able to use our services. Click here to know about how to enable TLS 1.2 in your browser.”

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30.31 Performance improvement and code optimization has been done for DATE CALC and Review Matrix in Prognosis (Patch no 140)

Performance improvement and code optimization has been done for DATE CALC and Review Matrix in Prognosis.

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30.32 DB Analysis screen has been changed with export functionality (Patch no 145)

Navigation Goto menu: Settings → Configuration → click **DB Analysis** under **Admin** column → DB Analysis screen

Earlier, for DB Analysis screen only PUSH mechanism was functional in which data used to get import.

Now, for DB Analysis screen along with PUSH; PULL mechanism has been implemented which will export the data.

Following are the changes for DB Analysis screen:

1. On the load of DB Analysis screen, DB Analysis Options popup appears with two options:
 - Import (old DB Analysis 'PUSH' mechanism)
 - Export (new DB Analysis 'PULL' mechanism)

On selecting any of the options, Available Clinic popup appears on which user has to enter a Password and Source Clinic field is set by default. For Available Clinics field select a required clinic to import/export the data.

2. On the DB Analysis screen, following two sections have been added two differentiate the data:
 - Deployment Details
 - In this section, user can enter Deployment Name and Description
 - Other Details

In this section, Deploy to Clinic field will auto-populate the Clinic name which user have selected for import/export

After entering the details on the DB Analysis screen, on the click of Deploy button enter information will get import/exported to the respective clinic and on the click of history button user can see the logs.

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30.33 On DB Analysis screen, property 'prognosis.dbanalysis.password' will govern the password for both import and export functionality (Patch no 154)

Navigation Goto menu: Settings → Configuration → click DB Analysis under Admin column → DB Analysis screen

Now, property *prognosis.dbanalysis.password* will govern the password for both import and export.

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30.34 Under Properties section, the property searched from search icon will be shown highlighted in blue band (Patch no 155)

Navigation Goto menu: Settings → Configuration → Properties

Earlier, when a property was selected from search, it displays all rows for the serial No with the first row selected. Now, the selected property will be shown selected by Default in Blue band.

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30.35 Performance enhanced of update scripts for certain screens (Patch no 182, 184, 189)

Changes have been done to enhance the performance of update scripts for below mentioned screens:

- Patient → Schedule
- Change Password screens
- Patient → Register
- Various Payment screens (e.g. Patient Receipts)
- Settings → Configuration → Report Design
- Patient → Guarantor
- Appointment → Work Pattern
- Appointment → View
- Patient → Encounter → Assessment
- Patient → Encounter → Order Sheet
- Patient → Register → Contact Tab → Spouse/ Parent → More Button
- Patient → Register → Siblings
- Patient → Growth Chart
- Settings → Configuration → Address Book
- Settings → Configuration → Attorney
- Settings → Configuration → Business Unit
- Settings → Configuration → Holidays
- Settings → Configuration → CPT → CO CPT Button
- Settings → Configuration → CPT → CO Msg Button
- Settings → Configuration → Pref CPT
- Settings → Configuration → Pref ICD
- Settings → Configuration → Pref Items
- Settings → Configuration → Expressions
- Settings → Configuration → Group Type

- Settings → Configuration → Items
- Settings → Configuration → Location
- Settings → Configuration → Medics
- Settings → Configuration → Medics > Workflow Button
- Settings → Configuration → Phrases Type
- Settings → Configuration → Role
- Settings → Configuration → Scheduled Process
- Settings → Configuration → Social History → Test → SNOMED Code field
Audit Trail
- Settings → Configuration → Collection Agency (in Billing Module only)
- MU / QPP Reports → QARA Reports → Download button
- Patient Portal → Basic Details
- Patient Portal → Patient Form
- Patient Portal → Document Attach
- Claims → Filter
- Claims → Notes
- Claims → Attach
- Report → Layout
- Settings → Claim Batches
- Settings → Configuration → Employer → Dept
- Settings → Configuration → Employer → User
- Settings → Configuration → Group Types (Long Groups)
- Settings → Configuration → User Batches
- Scrubber Checks
- Schedule Process → AR As on Date
- Patient Insurance → Preauthorization
- Settings → Configuration → DB Analysis
- Patient → Register → Patient Notes

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30.36 Upgraded the jQuery library for some screens (Patch no 182)

The jQuery library has been upgraded from 1.11.3 to 3.2.1 version for below mentioned screens:

- Home Screen
- Patient Register
- Patient Alert
- Patient Insurance
- Patient Sibling
- Patient Reminder

- Patient Ins Scan
- Patient Photo Scan
- Patient Notes
- Patient Legal Doc
- Patient Case Management
- Patient Billing Notes
- Patient Appt History
- Patient Deny/Allow Access
- Settings → Configuration → under Groups column
 - Group Types
 - Ins Types
 - Marital Status
 - Title
 - Classification
 - Phrases Types
- Settings → Configuration → under Clinic column
 - Group Types
 - Locations
 - Pref ICD
 - Pref Cpt/HCPC
 - Enc Types
 - Scheduled Process
 - Download Files
 - Receipts Batch No
- Settings → Configuration → under Users column
 - Providers
 - Ref Doctors
 - Billing Staff
 - Org Provider
 - Ref Org
 - Doc Loc Regn
- Settings → Configuration → under Vendors column
 - Insurance
 - Employer
 - Attorney
 - Ins Adjuster
 - EDI Codes
 - Clinic Codes
 - Business Unit
 - EDI Setup

- Patient PayPlans
- Settings → Configuration → under Codes/Drugs column
 - ICD
 - CPT®
 - HCPC
- Settings → Configuration → under Workflow column
 - Employer Portal Settings
- Settings → Configuration → under Output Templates column
 - Billing
 - E-Mail
- Settings → Configuration → under Report Design column
 - Tabular
 - Patient
 - Appointment
 - Graph
- Settings → Configuration → under Admin column
 - Role
 - User Role
 - Audit Trail
 - Properties
 - Login Details
 - Import Log
 - DB Analysis
 - Query Analyzer
 - Diagnostics

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31. Multi Resolution – Multi Browser UI Changes.

IE 10/11 Compatibility OFF. Compatibility mode ON will not be supported.

IE9 is supported

IOS 5/7

Safari

Chrome



Note: *Prognosis Billing is not supported on I Phone and Android devices. There is no App designed for it.*

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32. List of New Properties added



Note: In Column “Access”, User = 0, Admin Only = 1, System Level = 2

Property Name	Default Value	Property Help
<i>guarantor.address.mandatory</i>	OFF	Turn ON the property to make the Address of a Guarantor mandatory else turn it OFF. By default this property is set as OFF.
<i>appointment.schedule.mandatory.fields</i>		Click the [...] icon to select one or multiple values to display mandatory action for the fields on appointment schedule popup. If kept as blank, none of the fields will be considered as mandatory.
<i>hide.notification.for.tpa.invoice</i>		Turn On this property to Hide Notification emails sent to Employer when Invoices are generated for TPA.
<i>payment.gateway.savecard</i>		Turn OFF the property to keep the Save Card checkbox unchecked on payment gateway screen mandatory else turn it ON. If

		the property is turned OFF then the Save card checkbox will be unchecked during transaction and card details will not be saved at PrognoCIS end
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Obsolete property:

Property *letter.edit.sent* has been obsolete.

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