

EXmedic Release Notes 2004

boards: [Release notes](#): EXmedic Release Notes 2004

Schedulings renamed Appointments

The Schedulings file has been renamed Appointments as a result of user feedback. Since the Report designs are linked to the files for printing purposes via the file name, it may be necessary to open the Scheduling Report designs, re-select the file from the pop-up, redact the new report name as you wish and then save each report.

Density color codes

The calendar area on the Appointments input form is now color coded to show how busy the schedule is for a day. The colors go from cold (blue) to hot (red). Updating the densities takes a bit of processing and network power. If you find that not useful, you have **File preference/schedulings/input/density color coding** to switch it off.

New Carrier & Plans applications

New applications are available under Carriers & Plans to enter and/or modify the ISA Sender ID, the ISA Receiver ID, the Payer ID, the GS Receiver code and the GS Submitter code for electronic claims submissions.

Start entry order at Patient name

The **File preference/charges/input/start entry order at Patient name** makes it possible to open a new Charge input form with the cursor on the Patient name field rather than on the Service. This is handy for practices that bill routinely the same day, because the Charge Input form comes with the **Service date** filled with **current date** by default.

Zip File before uploading of electronic claims

The **File preference/claims/X12/zip file before uploading** has been modified. It now has a 'master' function. If this preference is unchecked no zipping will take place, regardless of the settings in the Autodialers. If the preference is 'on', zipping will take place if this function is also 'on' in the Autodialer. The result is that if you want to disable zipping globally (submit as plain data), you can now do it.

Close Response reports that show no rejects

Users that have been submitting know from experience that the Response reports coming from the Receivers can be numerous and this may be confusing. There is a preference on the **File preferences/Claims/X12 (Hipaa)** page that makes it possible to indicate if EXmedic must close incoming E-mail Response Reports that show no errors. The criterion for error recognition can be different for each Autodialer. Older Autodialers need to be updated for this function to work properly. To have us do this you must export your Autodialer(s) via File/Exporting and send them to us for modification. Remember that even in the situation where a Response report is automatically closed, you may still find responses by doing a Search by lay-out in the body field on the claim number, patient name or any other relevant information. The body of each message is searched and this can still be pretty fast due to special algorithms that we implemented.

Hipaa Reference Identifier Qualifiers

Electronic claims are created based on the National Electronic Data Interchange Transaction Set Implementation Guide Health Care Claim: Professional 837 ASC X12N 837 (004010X098A1) also known as Professional Hipaa protocol. The free public PDF is available from: www.wpc-edi.com.

The REF segment submits the Provider/Referrer/Facility ID's. The ID goes in the REF-3 or Reference

Identifier element. The REF-02 determines the nature (Qualifier) of the value submitted in REF-3. The Hipaa protocol lists (page 92 of the PDF) the Qualifiers that can be used. EXmedic will automatically select the correct Qualifier based on the selected Type of Policy pop-up of the Carrier or Plan that was carried over into the Claim. For instance, a Carrier or Plan with the Type of Policy pop-up selected on MB Medicare will submit the Provider ID's with the Qualifier "1C".

So far this looks simple. There is one problem though. There is a Qualifier for Blue Cross "1A" and a different qualifier for Blue Shield "1B" while the Type of Policy pop-up has a COMBINED Blue Cross/Blue Shield item only. There is no way to differentiate between Blue Cross and Blue shield using a value of the Type of Policy pop-ups. The Type of Policy pop-ups are also populated according to the X12 837 4010 requirements. Result of all of this? There is a logical inconsistency in the Hipaa protocol. In the zillion issues that were studied by the National Electronic Data Interchange Committee, this must have been missed.

In practice this has rarely produced difficulties, because generally speaking, the industry has largely implemented the various software products in such a manner that both the "1A" qualifier and the "1B" qualifier can be used for either Blue Cross and/or Blue Shield without difficulty.

But, what to do when the Receiver does not provide this flexibility?

EXmedic has code to allow you to indicate WITH the Provider or Referrer ID, under which qualifier the ID needs to be submitted. Default a provider ID for both Blue Cross or Blue Shield are submitted as "1B". Example: REF*1B*1234NE~. If you enter a Provider/Referrer ID in EXmedic in the following form - "1234NE [1A]" - the resulting REF segment will be formatted as "REF*1A*1234NE". This is what we call qualifier indirection.

If you see that certain ID's are not recognized by the Receiver and you are sure that there is NO data entry mistake, you may want to verify if you need to enforce a different qualifier using the indirection mechanism described above.

Quick report Report designs

The Report designs have been extended to bring the standard 4D Quickreports into the database. Report designs have now 4 modes of operation: Autodialers, Standard, SuperReport Pro and now Quick reports. Since most of our users are not very familiar with the 4D Quick reports capabilities, it may be good to take a look at its basic operations:

Introduction: a Plug-in Area

First of all, let's open a report design input form and select the Quick report check box at the bottom of the form. The Quick report design area is shown. It is the plug-in area where you will see the report's columns and rows.

How Does It Work?

How does the Quick reports work? We are going to proceed through the different sections of a report, step by step.

First Page: Selecting the type of report.

We need to know on which table you want to run your report. Let's select the [Cities] table. To define the current table from the pop-up to that effect.

Step One: Selecting Your Fields and Their Sorting Order

The Report plug-in does have a contextual menu where you can add or insert columns. Selecting one of these choices will bring up the 4D Formula dialog in which you can type a formula or select your fields.

A way to insert fields is to drag and drop a value onto the Report plug-in.

Once, columns have been inserted, you may decide which columns you want to be sorted. The Report editor plug-in sorts by columns, not by fields. You need to be careful about the values that you are going to provide in the report columns since those are the values on which the sorts are going to be performed. You need to make sure that you do provide correct values. Each time that a sort criterion is added, you can see that a break level is automatically added. With the Quick report editor, you no longer have to worry about creating break levels. If no value is assigned to a break row, it will not be executed, nor printed. You do not need to hide the break row if it contains no value, since it will be ignored.

You can also move columns. You are able to hide or show a row or a column.

A pop-up menu allows you to select the current table, all related tables or all tables.

If you select Related tables, it will display all related tables, ONE tables or MANY tables.

A feature with the Report plug-in is that you can perform a report that is no longer limited to the use of ONE tables. You can define a report based on a ONE table. The Report plug-in will detect that you have inserted a Many field. It will parse the Many fields and will detect the deepest one. Then, it will run the report based on this table. This is why you might set to run the report on a specific table and see 4D running the report on one of its Many tables. You cannot run a report with two different current tables.

Why does Quick reports need to run a report based on the deepest field? It's the unique way to the Report plug-in to retrieve selections. Internally, the database engine is going to perform a RELATE MANY SELECTION. There may be a limitation for particular reports: a record from your selected table may not be printed. For example, if you select a report based on [States] and perform a sum of charge amounts, some of your selected States may not be in the report if there are no Charges for these States.

Step Two: Defining the Values Inside Your Break Levels.

You can make calculations with the Quick report editor. It allows you to define either a static text or different calculations. The new quick report has strongly been enhanced. You can have the following tags that you can insert inside your cells for break levels: #S Use this tag if you want to insert the SUM calculation in your break cell, #N Use this tag if you want to insert the MIN calculation in your break cell, #X Use this tag if you want to insert the MAX calculation in your break cell, #A Use this tag if you want to insert the AVERAGE calculation in your break cell, #C Use this tag if you want to insert the COUNT calculation in your break cell. ##N Use this tag if you want to insert the current value of the column whose number is N. This tag does not work for picture values. You can now combine these tags together in a unique sentence or use them on the same line.

Step Three: Defining an action in your break levels.

By default, no action is defined at the break level. But sometimes you may want to insert a page break each time a new product is printed or to define some extra spacing between each month of the current annual report. This feature works only for break levels. Select the whole line for the desired break level and ask for the "Total spacing" dialog from the File menu. This dialog allows you to define an action when the break will be executed. Do not forget that the break will not be executed if the line is empty (i.e., there is nothing to be printed). 1. No action. This is the default. No action will be performed. 2. Generate a page break. Each time the break will be printed, a page break will be executed after printing this break line. 3. Generate extra spacing. The extra spacing can be in percentage. 4D will apply a percentage on the height of the current printed line. If the height is 2 lines and you've defined 100%, 2 extra lines will be printed. The extra spacing can also be in fixed points. 4. If the extra spacing is big enough to generate a PAGE BREAK, the extra spacing will not be printed.

Step Four: Defining a Display Format for Your Cells.

The Quick Report needs to format your data. If no format is chosen, it will use the default format. A format is defined for the whole column. You can use default formats that 4D provides or define your own for text or numerical values. If you want to define a format for your texts or numerical values, you can use the characters #, 0,* or ^. Each of the characters defined in your format will be replaced by one of the characters of the value in the report. Be sure you have enough characters in your format to

display the whole value. The # character will display the value's character, if any, while the other characters will print the value's character, if any, or a 0, a space, or a *, if there are no more characters available to be displayed. Date, time and picture fields have pre-defined formats. You cannot create your own format for these types of data. In the following example, the value 896.3 will be formatted as follows: 000,000.00 † 000,896.30 \$###,###.## † \$896.3 \$^^^,^^^.00 † \$ 896.30 \$*****0.00 † \$***896.30 For more information about formats in 4D, you may want to check the Design Reference manual, chapter 5, Working with Fields and Active Objects. Once a format has been defined, each value of the current column will use this format when printed. This is true for values displayed in the detail or break levels of the current column, but also true if you want to display the value inside another column using the '##Z' tag. Since a format is unique to one column, you can use the same field in different columns, hide these extra columns and apply a different format to each of them. You can then use the ##Z tag in other columns, to use the different formats. If you are printing a picture field, you may have to check if the column is using the automatic width and what is the type of formatting selected. If the automatic width is selected, Quick reports will compute the width based on the height of the picture. If the automatic width is deselected, the height is still computed based on the picture but the width will not change. You can clearly see a difference, especially if you have requested to truncate the picture.

Step Five: Defining the Style Attributes for Your Cells.

Each cell can have its own style attributes. You can define your own styles such as: - Font name: Internally, 4D needs to know the font number of the selected font. You can use the FONT LIST command to retrieve the list of all fonts and the Font number command in order to retrieve the font number. - Size: The size must be between 1 and 128. However, you need to be sure that the font size for a specific font is available. - Bold, Italic and Underline: These are standard for a font property - Main color: This is the painter color that will be used to print your values. Defining a very light color such as light yellow may fail to be printed depending on your driver and printer. - Justification: The justification values are left, centered, right or with the default justification from your system, - Background color: Each cell can have a background color or an alternate background color. If the alternate color is not defined the background color will be used each time the cell is printed. If an alternate background color has been selected, the first background color will be used for printing the cell on odd lines while the alternate color will be used for even lines.

Step Six: Defining a Border for Your Cells

You may select a cell, a row or a column at any time and display the border dialog from the menu.

For List report, you can define 5 types of borders. - Top border: This border will appear at the top of the object. This border may overwrite the settings of the bottom border of the previous object in the same column. - Left border: This border will be displayed at the left of the cell. This border may overwrite the right border of the next object to the left on the same line. - Right border: This border will be displayed at the right of the object. This border may be overwritten by the left border of the object to its right on the same line. - Bottom border: This border will be printed at the bottom of the object. This border may be overwritten by the top border of the object defined on the next line in the same column - Center border: This border will be printed between cells of the same type of object. What does object mean? We need to think of an object as a group of displayed cells which originate from the same stream of data source. For example, any series of consecutive detail iterations would be the same object. They are represented by one detail cell in the report editor, so in the case of a succession of five detail lines: - The top border applies to the top border of the top cell in the succession of five cells. - The bottom border applies to the bottom border of the bottom cell in the succession of five cells. - The left border applies to the left border of all the five cells. - The right border applies to the right border of all the five cells. - The middle border applies to the border between detail cells. As another example, if you select a header cell type, you can only assign its left, top, right and left borders since, in a List report, there are no center header cells. The printed header will have the borders as defined. The left border may be overwritten by the left one defined for the next cell on the right, in the header. Our left border may overwrite the right border defined on the left cell in the header. As mentioned above, a border can overwrite another border. For example, if you define a border for two consecutive cells, the common border will be set twice, therefore the last setting may overwrite the previous setting. This is why it is recommended to adopt a consistent strategy to make updates easy. For example, you may decide that no lines, besides the Header and Footer, should have a bottom border. That setting will be used as the

top border of the next cell that will be printed. Another possibility would be that no column except the last one has a right border. The one to be used will be the left border defined for the cell next to its right. Of course, you can define your own rules.

Step Seven: Defining the Cell Width.

You can either define an automatic width or a fixed width. Using the automatic width will slow down your report because Quick report needs to run a computation on all of your records to determine the maximum width needed. It is not recommended to use automatic width for text values and with a lesser priority, for string values or other values that involve text. Automatic width means that you want to print the first line of the value on the first line. The first line for a text value ends with a carriage return character. Since there is not always a carriage return in a text variable/field, the first line may be very long and will not fit in the report's width. To enable or disable the Automatic width feature, check or uncheck the appropriate button in the toolbar.

Steps Eight and Nine: Defining the Header and Footer of a Report.

To keep this setting easy to understand, this setting was broken down into two steps. In practice, Header and Footer work exactly in the same way. You can define a header and footer for your document. If defined, the header and footer will be printed each time a new page is printed. The header and footer are similar to that of the old report dialog. You can display the Headers & Footers dialog, select Header and Footer from the File menu. For more information on that dialog, please refer to the Quick Report Editor Reference manual. You can define three pieces of text: - one for the left side, - one for the center - one for the right side. You can also select a font, a font size as well as other attributes such as bold, underline or Italic or use the shortcuts #P, #D and #H to respectively insert the page number, the current date and the current time. You can define the size of the header/footer area. This size can also be based on the size of the picture you want to print. Printing a picture in the header and footer is one of the new enhanced features in the Report plug-in. You can also assign a justification for the picture. The picture is not specific to the header or footer. If the picture is too big for the size of the area that you have defined, it will be printed in the detail of your report. This behavior is intentional since it allows you to print a watermark in your reports.

Step Ten: Defining How to Generate Your Report.

You use a Quick report design by selecting the records you want to include and then go to File/Print. If you have only one report starting with the file name of your selection, the reports will be printed immediately. If you have more reports for this file, a selector dialog will be displayed so that you can select the Report designs that must be used.

Default Printer switch preferences

The Printer options that can be set for a job apply to Standard reports only. Job Printers have no effect on SuperReport Pro(tm) output and QuickReports. To switch printers for those report forms, the operating system's default printer must be changed. This can usually be achieved via scripts. If you created default Printers scripts (yourself) and you want them to be applied to SuperReport Pro(tm) or Quickreport output automatically, you can enter the script names to be executed on the User Preferences/printing, faxing & e-mailing page. There is a preference field for a "Blank paper" script and one for a "HCFA 1500 Forms" script. Report designs in this release have been modified to act on these values. For this to work on older Report designs, they must be modified. Included in the upgrade price for this release is the modification of your older report designs. You can export them and send them to us for modification.

Report designs Font style coding

Report designs in a selection window are now coded as follows: Autodialer = bold, Standard = plain, SuperReport Pro = italic and Quick reports = underlined. This makes it easier to recognize the mode of operation of a Report design while looking at a selection.

Date reminder & Courtesy letters

A Reminder letter and a Referrer (courtesy) letter date is written during the AppointmentsRUN. Sometimes the run fails because of a Printer jam. To include the same letters again in the next run, it is necessary to Clear the Reminder dates and/or the Referrer dates via Applications of a Scheduling selection window. The Reminder date and the Referrer date are now present on the Search by lay-out input form to facilitate finding the Scheduling records that need to be cleared. The Referrer date has also been added to the Scheduling output form.

Provider preferences

There is a new preferences page File preferences/providers/input. The following preferences can be set: Use Tax ID for claims, Accept assignment Claims, Practice (on) or Provider claims (off), Declare signature on file (claims), Active Autoslot Provider (Scheduling), Default Taxonomy code (claims), Provider percentage of postings, Courtesy letters active and Update Catalogues from Type of Organization pop-up can be entered. These preferences will be used to set-up a New provider. The default Taxonomy code will also be used as a substitute for an encountered blank Provider or Referrer Taxonomy code during creation of electronic claims output.

Scheduling Start & End times

The Opening and Closing time for Scheduling purposes for each day can be set on the **File Preferences/Scheduling/Practice hours** page. When a new Provider is created the Start and End times page for this particular Provider is initialized according to the Practice hours set on the above mentioned Preferences. If the Scheduler is set to run in Autoslot Single Provider mode, these Start and End times are used. If the Scheduler Autoslots in multi-provider mode, the Start and End times of the Practice hours preference page are used. The default times are 9AM-17PM during week-days and 9AM-NOON on Saturdays.

Job Continuation

Operator actions are recorded as Jobs. Additionally Jobs can be created manually. Most Jobs are "Inactive". This means they will not run automatically. If a Job is made "Active" it will be executed if the Job execution criterion are met. A new feature of this release is that a Job can launch another Job at the end of its own execution. The **Continuation Job** can be selected on the Jobs Input form. This feature is very handy if the launch of a particular Job is dependent on the termination of a previous Job. Instead of having to schedule the follow up Job at a time sufficiently away from the first Job, it can now be launched by the first Job automatically. An example will be the ClaimsprintRUN. This run will often be followed by the StatementsRUN an hour later. Selecting the StatementsRUN as the Continuation Job of the ClaimsprintRUN makes it possible to avoid having to schedule the StatementsRUN separately an hour later. It will follow right on the heels of the ClaimsprintRUN. In the same way you can make the RecallRUN to be a Continuation Job of the AppointmentsRUN Job.

Balance Statement every number of days

There are several preference settings that allow control over the Charges that will appear on a Statement. The most important preference is **File preferences>Charges>Statements>Balance Statement every number of days**. This preference value expressed in **days** will determine that *no* Charges will appear on a Statement that have a **Last statement date** less than the days entered. Additionally the StatementsRUN will consult the **Patient's Last Statement date** and make sure that the delay between Statements will respect the same **Balance Statement every number of days** value.

Wait days before including a Charge in a Statements run Job

Sometimes it is necessary to hold Charges even more because additional Charges will be billed shortly and it may not be convenient to bill partially. In such a case a number of days can be entered in the [File preferences>Charges>Statements>Wait days before including a Charge in a Statements run](#)

Last Statement days re-synchronisation

Given what was said above about **Charges** that are included on a **Statement**, one might ask the question what happens with Charges that are created on a daily basis for instance like **hospital**

charges. Charges will be issued on a Statement, while the next day(s) new Charge, may be created. If the first series of Charges are not paid within the **Balance Statement every number of days**, they will be re-issued on a new **Statement**, but the follow up Charges do not yet fall within the required delays, so the Patient will receive a Statement that may *not* include all **open** Charges. For these situations the [File preferences>Charges>Statements>Last Statement days re-synchronisation](#) preference is available. What this preference does is first gather the Charges that fall within the normal billing cycle. For each **Statement so pending**, all other *open* Charges are appended, so that each **Statement** always shows the total of all **open** Charges.

Last Statement date

Last Statement dates exist both in Charges as well as in Patients. The **Last statement date** is written automatically during the [StatementsRUN](#). This date is not cleared automatically when Charges are deleted. This means that the Last Statement date can remain in the system long after the actual Charges are gone. This date is used by the **StatementsRUN** to verify if the [File preferences>Charges>Statements>Balance Statement every number of days](#) is respected. There are two **applications** under Patients to perform maintenance on the Last statement dates: the application **Last statement dates** sets them to the most recent Statement issued and **Clear last Statement dates** sets them to !00/00/00!.

Separate Printing Jobs for each Machine.

This is a new preference on the User preference Printing page. If checked new records will be created for each Printing Job. For instance "Printing Cities iMac 6". This makes it possible to designate driver output settings in the Job for each specific Machine separately.

DELAYED FAX TRANSMISSIONS.

There are two Fax preferences to delay transmission.

a. "Minutes transmission will be delayed" will create faxes respecting this delay in minutes. The minutes can roll over in days. A day is $24*60$, so to delay a day and 10 minutes you enter: $24*60+10=1450$.

b. faxes can also be set to transmit after a specific time with the "Send all faxes at (ex:15:30:10)" preference. The Fixed time preference has priority over the delay preference.

The above delays apply to all faxes.

It is also possible to enter a time in the names & addresses Fax extension field 2 in the same format as under b. (ex:15:30:10). If a time in this format is found, the fax to be sent to that Fax extension will be processed at the fixed time as entered on a per fax basis.

Separate faxing Jobs for each Machine.

This is a new preference on the User preference Printing, Faxing & E-mailing page. If checked, new records will be created for each faxing Job. For instance "Faxing Cities iMac 6". This makes it possible to designate driver output settings in the Job for each specific Machine separately.

Separate E-mailing Jobs for each Machine.

This is a new preference on the User preference Printing, Faxing & E-mailing page. If checked, new records will be created for each E-mailing Job. For instance "E-mailing Cities iMac 6". This makes it possible to designate driver output settings in the Job for each specific Machine separately.

Charge Narratives

1. Only text between "[" and "]" will be submitted in electronic claims. This applies to the following text fields in Charges:

a. Claims Notes,

b. Charge narrative,

c. Case narrative.

Admission dates in Charges

2. The Admission date error message has been disabled. If no Admission date is entered for Inpatient services, the Service date will be submitted. This will cause the claim to pass the level II syntax checking. Claims without the proper Admission date may still be rejected during the Adjudication process.

Electronic claims FTP dial-up uploads

For any Electronic Data Interchange (EDI) transfers over TCP/IP connections, EXmedic now also supports File Transfer Protocol (FTP) compliant with RFC 959. FTP servers provide for user authentication (and therefore billing support) through user id/password mechanisms.

Appointment Referrers

To register a Referrer with a Patient on the Appointments Input form, the "File Preferences/Appointments/Input/Referrer field is present" needs to be checked. Once this is 'on' you will see a field for the Referrer to be entered on the Appointments form. You may need to Quit and then re-open EXmedic as preference sets are stored at start-up. The Referrer can come out of the Patient's Holder area if the "File Preference/Appointments/Input/retrieve Referrer from Patient's Holder area" is 'on'. If there is no Referrer there, the default Referrer as entered on the Appointments Preferences page will be installed. Once the Patient is selected on the Appointment form, the Referrer can be modified locally.

Appointment Referrer on Referrer input form

To exclude certain Referrers from being proposed during scheduling, you can un-check the **Appointments Referrer** check box on the Referrer input form. This is usually handy to exclude 'in house' referrers from the selection.

Charges Referrer on Referrer input form

To exclude certain Referrers from being proposed on a Charge input form, you can un-check the **Charges Referrer** check box on the Referrer input form. This is usually handy to exclude 'in house' referrers from the selection.

Appointments List Quick reports

The Referrer that is entered on an Appointment input form will be printed in the Report designs "Appointment.provider_name" header. Those reports also show a date in the header area. This is the "current date", so in principle Appointment lists must be printed on same day.

Appointments List Quick reports Job

Appointment list can be entered in a Job to run automatically at start-up on the appropriate computer. It is also possible to create and execute Appointment list Jobs for each day and site individually, so that they come out at the right time and place.

Global Applications

Applications are mini-batch routines that can be executed for specific functions. They can be invoked from the Applications menu of a record Selection and usually are applied on the records that are selected at the time of execution. Some of the major Applications can also be scheduled to run as an Active Job. Most of the time these Jobs will be set to run at specific time or date intervals. Jobs can also be execute once (manually) by entering "1" in the Number of times field while all other criterion are

unused. Some of the Jobs that are generally executed automatically as a Job, are now also executable from the Main desktop menu for a single execution per Menu item selection:

A. Appointment Reminders - this application will scan the Schedulings file and select the records that lie within the boundaries as set on the File preferences/schedulings/ and that don't have a Reminder date set. Next Reminder letters and Courtesy letters will be printed.

B. Claims issue run - the application scans the Claims record for open Claims that need to be submitted. Both paper Claims as well as Electronic Claims are produced during this run. Paper goes to a printer and Electronic Claim documents are written into the Report_designs_to_disk_folder. Next in line Claims waiting for the primary to act, are held back. If a Carrier does not respond with the delay as set on the File preferences/claims, a re-submission will be generated. Paper Claims also, so either a Cover letter or Re submission letter will be printed.

C. Electronic Claim Uploads - this application looks at the Report_design_to_disk_folder for Electronic Claim documents that were not previously uploaded. Uploaded Electronic Claim documents have a "_" appended to their name. If unsubmitted claims are found, they will be transformed into the ANSI X12 4010A1 format and the resulting code will be written into the E-claims_to_disk_folder and then uploaded either via dial-up. Depending on how the Autodialer has been programmed, the ANSI X12 4010A1 files in the E-claims_to_disk_folder will be deleted once the receiving host confirms them. So in principle, the E-claims_to_disk folder will always be empty.

D. Patient Statements - are the Balance statements sent to the Patient showing the payable balance(s) due. The frequency of producing Statements can be controlled via File preferences/charges. Statements can also be sent via the Charges selection window. In that case the operator can control the Charges that must be included. Running the Patient Statements globally, will let the software scan all Charges and compile Statements for all Patients based on the available billing preferences and the Last statement date available in the Patient file.

E. Recall letters - are produced based on the Last statements dates, Last Scheduling dates and Last Charge dates based on the Recall preference available on the File preferences/patients. The usual delay is 365 days. Recall letters can also be linked to specific conditions either based on CPT codes or Diagnoses codes of services rendered in the past. Such customized Recall letters can not be produced as a global application. They must be customized as a Job.

F. Upload & download E-mail - this application causes the software to connect to the mail server(s) as entered on the File preferences/e-mail/account page(s) and upload open E-mail records ready for transmission as well as download eventual messages waiting to be downloaded from the mail server(s).

If Global applications are launched on a stand-alone version, they are launched as a directly executable process. If they are selected on a system that is part of a network (on a client station), the actual corresponding Job is marked as executable and this execution will take place on the Machine that is available in this Job's Machine sub-record area.

To force execution via the corresponding Job record from a standalone system, the command(Mac/)control(win) key can be kept down when the Global Application's menu item is selected.

System user name appears in menus

To make it easier to see which user actually is active (has logged in), the System user name now appears at the right end of some menu bars. Not on all, because sometimes there is no room for this. The reason why this is handy is because of the circumstance that preferences can be personal for each user, so it is practical to see who's preferences are actually active on a station.

E-Mail SMTP Authentication

More and more E-mail servers require outgoing e-mail to be authenticated nowadays. SMTP Authentication has been implemented. The same User/Account name as well as the same password used for POP3 logins is submitted for SMTP server access. Additionally it is possible to submit a completely different user/password combination in the following form: SMTP Server - exmedic.com

(joanne.bwsgroup@exmedic.com;jo4512). To completely disable the SMTP Authentication function use the following format: SMTP Server - exmedic.com~.

E-claims password expiration

Some electronic claim receivers implemented password expiration. This means that every couple of weeks the host computer will respond to a login with a response that the password is no longer valid. The operator is invited to submit a new password. This is kind of inconvenient since most of our users don't submit manually but upload via Autodialers. We implemented a method to let EXmedic detect a password expiration and generate a new password automatically. Existing Autodialers need to be modified to benefit from this feature. Modification of existing Autodialers costs 2 support units (2*\$35).

E-claim line numbers

When an electronic claim file is generated, it is first placed as an intermediary text document in the Report_designs_to_disk folder. This intermediary form has numbered lines. Initially the file will be in pre-upload state in terms of line numbering. That means the line numbers are not in sync with the host line numbers, simply because the host does not yet have the file. During the upload onto the host, EXmedic will re-write the E-claim intermediary documents and re-number the lines in sync with the host. Now, if the host comes back with a Response report referring to an error line, the error number will match the line in the Report_designs_to_disk document in question. This greatly helps locating of errors in electronic claim files.

Prescriptions

A Prescriptions file has been added to EXmedic. The products or services to be prescribed come out of the regular Products & Services file. If the product or service does not exist, a click on the Product & Services button will allow the operator to create it. The production description of the Product & Services record is used on the printed output, unless this is unchecked on the Prescription input form. The output is created via a standard prescription Report design. The Notes on the Product & Services input form are the default notes. They are copied into the Prescription when the Product or Service is selected. The Notes on the Prescription input form itself are appended to the default Notes. The operator can edit the Note as required and remove or add parts.

Pharmacies

A **Pharmacies** file has been added to EXmedic. Files such as Pharmacies, Carriers & Plans, Employers, Facilities, Patients, Providers, Referrers etc. are what we call Affiliated files. This means that each Affiliated record will have a corresponding Names & addresses record. The Name, Address, Postal code, City, State and all the sub-records are "shared" between the Affiliated record and the Names & addresses record. For details on how to handle Affiliated records, please refer to the Tutorial Chapters related to these files.