EXmedic EMR Release Notes 2007

National Provider ID (NPI)

EXmedic can process the new NPI (National Provider ID) as well as submit legacy Provider ID's. Since it is expected that various Carriers may differ in the quality of their implementations, at least for some time, and it may take a while before everybody is fully NPI ready, we implemented an "NPI" check box on the Carriers & Plans Input Type of Policy page, making it possible to submit certain Carriers as NPI and others still under legacy ID's. On the Claims preferences there is a new preference to switch NPI globally on.

CMS 1500 form

The new CMS 1500 form is implemented. Although this new form may look like the old form to some extent, it will not be possible to print in mixed mode because the designers of the new CMS 1500 form have been scrambling to find space for the NPI data and as a result shaved off a pixel here and a pixel there, to create that space, so that alignment will not be sufficient if printing on the old HCFA 1500 with EXmedic 4 (2007) destined for the new CMS 1500 form.

Monitor resolution 1280x1024

The major areas of this new release are the EMR Notes & other Letters and the Image and Document Bank. Both require a 1280x1024 screen because both these developments are centered around the possibility to view letter size documents without the need for scrolling.

EXmedic EMR

Before describing the EMR implementation, we should define the term "EMR" (Electronic medical record) in the context of EXmedic software. EMR refers to the 1997 Documentation Guidelines for Evaluation and Management Services as used by most leading insurance companies as well as Government and State sponsored programs such as Medicare and Medicaid. In short, it is the documentation that is required to support the claim.

The electronic medical record documentation is created and or formatted in a word processor module in EXmedic (4D Write). The module is available from the Production menu under EMR Notes & other Letters. It is intended to remain open for immediate documentation if the Provider chooses to document at the initial patient encounter. In situations where documentation is done by staff, the same applies. For all practical purposes it can all be done on one screen.

The Appointments area on the EMR Notes & other Letters input form shows the Patients scheduled for that day.

To create an EMR Note, the first thing to do is to enter the Patient name. If the Patient has the default Provider in it's Holder area, the Provider will be installed as well. The Note area is updated with the most recent demographic, insurance, past Services and past Diagnoses information. Information may be removed after the Provider quickly glances over it. Any case narratives stored with the charges may be shown as well.

Also, upon entering the Patient name, EXmedic consults the database to see if there are any earlier EMR Notes or Letters for this Patient. If found, they will be listed in the EMR Notes & other Letters scrollable area. Previous Notes or Letters can be consulted by clicking on an entry in the scrollable area.

If any images or scanned documents are available for the Patient, they will be listed in the Image and Document bank scrollable area. A click on an entry will open them in their own process.

For additional, more complex, data access the Provider does have the complete database available from the menu bar.

EXmedic EMR Concepts

The central area on the EMR Notes & Other Letters input screen is the 4D Write word processing area that was briefly mentioned earlier. As a starting point, for a Patient encounter documentation, a Concept may have been stored in the Concepts file. The default Concept is defined in the EMR Notes & other Letters preferences. The Concept can be reached and modified by clicking on the Concepts button. Usually we see the number of different Concepts grow over time, when practices start to define templates for the most commonly performed services.

The EMR Note Composer

The actual EMR note is written with the help of the EMR Note composer. The EMR Note composer is the front end user interface that interacts with the EMR objects file.

The EMR objects file holds all the terminology that the Provider might want to use.

The EMR Note Composer has a text buffer area and 6 scrollable areas as well as the necessary utility tool buttons. The selected Tab page determines the EMR Note's subject header that we are working in.

The Note opens with the Chief Complaint and loads the first scrollable area with the EMR objects available under this subject header (level 1). The operator clicks one or more of the level 1 Chief Complaint objects. In response to a click on an entry, more detail options will be displayed in the second scrollable area, if available in the database (level 2). The operator clicks again one of the level 2 Chief Complaint objects. In response, more detail objects may be displayed in the third scrollable area, if available in the database (level 3). A maximum of 6 levels can be displayed.

Note that each time an object is selected, the corresponding data is placed in the buffer area at the top of the page. This buffer is an intermediary between the EMR objects and the actual EMR note. It allows the operator to make modifications to the data that comes out of the EMR objects.

Once the Chief Complaint is completed, a click on the Complaint History will switch the Note page to this header and load the related EMR objects. The buffer area is cleared and the previous buffer is placed in the EMR note, overwriting the eventual default object as it was present in the Concept.

EMR objects

To create a new EMR object at a specific level, the mini-plus above one of the scrollable areas may be clicked. The new object will be inserted into the scrollable area upon return validation. Note that each EMR object contains a short text version and a verbose form. Which is used and is controlled by the "Use verbose" check box at the top of the EMR Note composer input form. To delete an existing EMR object, the second mini-button at the top of each scrollable area can be used. To modify an existing EMR object, the third mini-button at the top of each scrollable area is available.

EMR objects drag & drop

If Drag & Drop is enabled (it is checked at the top of the EMR Note Composer), the objects can also be moved in the hierarchical structure.

When doing maintenance work on the EMR objects the buffer area may become inaccurate. Clear the area with the mini waste basket at the right upper corner of the area and start from scratch with the remodelled objects hierarchy.

If an E & M subject header page is skipped in the Note composer, the default text as it came out of the Concept template will remain in place. In all cases where the EMR Note composer was used for a specific

E & M subject header, the Concept data will be overwritten with the data from Note composer.

Quick composing

Instead of selecting the EMR objects with the mouse from the scrollable areas, entering a key word in the text field just above the 6 areas will yield faster results. With just a few characters of each of the object names, the Note data can be composed.

EMR objects plug-ins

The basic information that each EMR object carries is a text description. However, each EMR object also includes a number of specialised third party plug-ins for additional functionality such as including graphics in the Note or producing other non-text based functions.

Going back to the EMR Note area will now show the final result of the Note.

EMR object data requests

To be able to enter variable data, an EMR object record can be created with the object name as in the following example:

"temperature []" Note: don't enter the quotes.

A request dialog will be opened to allow the operator to enter a value.

There is also a special object that can be invoked as in the following example:

"cylinder [-10;8;0.25;5]" Note: don't enter the quotes.

This causes a graphical entry object to be displayed where the 4 parameters control the following:

1. Minimum value (-10).

2. Maximum value (8).

3. Step value which is the increase/decrease of the value with each mouse click (0.25).

4. Default value at opening (5).

EMR Note Composer special characters

a: "::" will cause at least one ":" to remain in the phrase: b. ":" remove the comma. Phrase continues; c. "#" start a new phrase; d. "|" skip this text object; e. "^" suppress an eventual preceding comma; f. ":::" at least on ":" remains in the phrase.

The Image & Document bank

The Image & Document bank file stores graphics in the compression formats available under Apple's Quicktime. This applies to both EXmedic Macintosh and Windows based systems. If Quicktime is not installed, only Pict and basic Blob compression is available. The Image & Document bank module will automatically calculate the highest compression for the graphic that you store.

The graphic can be entered either via the clipboard or read from a document that was placed in a specific folder. For instance, if you set your scanner to place all scanned documents in a certain folder, EXmedic can test this folder and list Documents still to be processed in the Scan folder. Click on an entry to bring the content into the The Image & Document bank.

Field sorting on Selection Headers

All selection windows have been rewritten to enable direct sorting capabilities. Previously sorting needed to be invoked via the Sort editor. Now a click on a Header title will sort the selection on that field or value. Keeping the Shift key down will sort in reversed order.

E-claims & Name suffix JR or SR only

Most if not all Carriers allow free format Name suffices. EXmedic uses this data element in the X12 envelope to submit the Provider credentials. Sometimes (rarely) a Receiver will not accept this. For this purpose there is a check box on the Carrier Type of Policy page that makes it possible to indicate that to this Carrier only "JR" or SR" can be submitted as Name suffices.

E-claims & EIN or SSN formatting

EXmedic used to submit the tax ID and/or Social Security number as cleaned digits. Recently some Carriers (f.i. Medicare) started to require specific formatting for both values. A check box on the Carrier or Plan's Type of Policy page allows formatting to be switched on or off on a per Receiver basis.

Provider collections reports

The Provider collections reports can now be launched from the Main Desktop Applications menu. Selecting the menu item will look for a Job that is named "<SR>Postings.collections". A Report design with the same name must be present in the Report designs file and be installed as the "SR" design in the "<SR>Postings.collections" Job. The Start up statements must contain the proper command lines to call the Postings that need to be reported.

E-Mail SMTP port setting

ISP's make outgoing E-mail more and more complicated in an attempt to limit spam. The standard E-mail port is 25. Some ISP's are not using port 25 anymore to defend against hackers. If you need to assign a different port you can do it by editing the SMTP domain name on the E-mail account as follows: smpt.domainname [587]. This sets the SMTP port to port 587.

E-Mail SMTP Sender

On the same subject as above it is sometimes necessary to modify the SMTP Sender. If you need to assign a SMTP sender, you can do it by editing the SMTP domain name on the E-mail account as follows: smpt.domainname {mysender.domain}. Having "{}" clears the SMTP sender domain.

Zero coverage allowed Carriers

In principle claims without a real amount are invalid. To protect against creating zero covered sums claims, EXmedic verifies this issue during Charge validation. In some exceptional cases it serves a purpose to submit zero claims though. Carriers that may need to be submitted a zero coverage claim must have the "Zero coverage allowed" checked on the Carrier or Plan Type of Policy input form to prevent rejection.

E-mail Signature text 32K

The signature text that can be entered on the E-mail account preference page may hold a maximum of 32k there. The actual signature text when applied into an E-mail message was limited to 255 characters. This limit has been removed to allow for disclaimers and other longer footer text to be applied.

Print check box on Graph input form

Graphs are generally viewed on the screen. If there is an interest to print a Graph, this can be done from the Graph form on the screen. There are situations whereby it is interesting to output a graph onto a printing device without operator intervention. For instance, if a Graph needs to be printed via a Job on a regular basis. A check box on the Graph input form makes it possible to designate a Graph so that it will be printed instead of displayed on the screen.

The Document & Image Bank

The Document & Image Ban is a renaming of the Documents file, caused by the increased need for storage of all sorts of digital image data. The Input form increased in size (1280x1024 pixels) and now has the same Height and Width as the EMR Notes and Letters file. Providing the computer monitor has enough resolution, the Input form will be able to show a full letter size document.

National Drug Code (NDC)

The NDC is the 11-digit number the manufacturer or labeler assigns to a pharmaceutical product and attaches to the product container at the time of packaging. To enter the NDC you must select "Drugs" from the Type of Record pop-up on the Product or Service record. The national Drug Code field will appear. The 11-digit NDC is ordered in a 5-4-2 grouping. The first 5 digits comprise the labeler code assigned to the manufacturer by the Federal Drug Administration. The second set of 4 digits is assigned by the manufacturer to describe the ingredients, dose form, and strength. The last set of 2 digits describes the package size. [WAC 388-530-1050]. The NDC must contain 11-digits in order to be recognized as a valid NDC. It is not uncommon for the label attached to a drug's vial to be missing "leading zeros." For example: The label may list the NDC as 1234-567-89, when, in fact, the correct NDC is 01234-0567-89. Make sure that the NDC is listed as an 11-digit number, inserting any leading zeros missing from the 5-4-2 groupings, as necessary.

EXmedic will submit the NDC electronically as well as on paper. The NDC is going to be submitted ONLY if: a. it exists on the Service record. b. the Type of record pop-up on the CHARGE is also on Drugs. This pop-up on the CHARGE is in principle set by the same pop-up on the SERVICE record when the SERVICE record is selected on the Charge.On paper a maximum of 2 drug charges can exist on the same 1500 form. If there is a third, a page break will occur and a new form printed. Electronically the NDC is submitted in the LIN segment. On paper the NDC is submitted in Box 19, unless the operator entered something else on the Box 19 field of the Charge (various tab). The drug is identified by the drug's CPT or HCPCS code as usual on the Product or Services record as usual..

In addition, the units entered in the "units" field of the Charge must correspond to what the NDC code expresses.

Type of Record pop-up

In this release of EXmedic **Type of Record pop-ups** are present on Search by-layout Charges and Products & Services to allow for direct Searches on the type of record.

Paths input form larger

The size of the Path input form has been increased to 740x570 to accommodate the longer File and Field names in this version.

Larger selection output forms

Computer monitors are becoming standard at 1280 x 1024 pixels. This causes some EXmedic fonts to appear relatively small on some of the newer flat screen monitors. We increased the size of the Selection windows fonts from 10 to 12 for this reason.

Bring today's other charges into the same Case

When Saving the last NEW Charge in the cycle, the "Bring today's other charges into the same Case"

option will verify if there are any other open Charges the same day. If they are found, the operator is given the possibility to bring all or some of them into the same Case. If the operator has the Statements/Receipts check box on, indicating that either a Statement or a Receipt should be printed for the Charges validated in the Save++ cycle, this Statement/Receipt will include the newly added charges.

Confirm & select open charges in Statement/receipt

When Saving the last Charge in the cycle, this new "Confirm & select open charges in Statement/receipt" option will verify if there are any other open Charges. If they are found a Dialog will ask confirmation to include in the same Statement/Receipt.

Include all open charges in Statement/receipt without confirmation

When Saving the last Charge in the cycle and "Confirm & select open charges in Statement/receipt" is off, this "Include all open charges in Statement/receipt" without confirmation option will verify if there are any other open Charges. If they are found they will be included in the same Statement/Receipt.

Footer Aligning of Claims forms

The Standard type of claims forms could only be moved up or down or left or right settings the margins in version prior to this release. In this version the Footer area can be moved up or down independently from the rest of the page using the bottom margin.

Holder Carriers during electronic claims processing

If a Holder Carrier is present on a Carrier or Plan's input record *and* the Payer ID of the Holder Carriers is the same as the Member carrier, the Holder carrier's name will be submitted instead of the member name.

Holder Carriers (globally)

Sometimes some Blue Cross (and others) Carriers will reject any policy that is submitted other than under their own name, even if the Policy name is correct.

We implemented that a Carrier Holder record will TOTALLY REPLACE the actual Policy Carrier for submissions, if the PAYER ID of the Holder Carrier is the SAME as for Policy Carrier. If you do NOT want the Holder Carrier to replace the Member, you remove the Payer ID from the Holder carrier. The Group can still be used for Payments and to handle exception Provider (member) ID's.