Aprima® 2015
Practice Management
End User Manual
Practice Management

CONTENTS

LOGGING INTO APRIMA: ................................................................. 4
CREATING A BATCH: ........................................................................ 6
CONFIGURE MY DESKTOP............................................................... 8
SHORT CUT KEYS: ........................................................................ 10
DESKTOP/TOOL MENU & ICONS: .................................................. 11
INSTANT MESSAGING: ................................................................... 18
MESSAGE FILTERS: ........................................................................ 20
CREATE NEW MESSAGES: ............................................................. 29
PROCESS MESSAGES ...................................................................... 26
STRIKOUT MESSAGES .................................................................... 28
CREATE NEW PATIENT & UPDATE DEMOGRAPHICS: .................... 29
DUPLICATE PERSON WARNING: .................................................... 32
PATIENT PROVIDER TRACKING: .................................................... 33
ACCOUNTS TAB: ........................................................................... 36
CHANGING PATIENT INSURANCE: ................................................ 38
CONTACTS TAB: ............................................................................ 41
EMPLOYMENT TAB: ......................................................................... 43
PHARMACY TAB: ........................................................................... 44
QUESTIONNAIRE TAB: ................................................................... 45
ATTACHMENT SLIDER: ................................................................ 46
CASES AND AUTHORIZATIONS: .................................................... 47
PATIENT MENU & TOOLBAR: ................................ ......................... 52
DESKTOP CALENDAR & SCHEDULER: ............................................. 57
SCHEDULING APPOINTMENTS: ..................................................... 59
PATIENT BALANCE ICON: ............................................................ 63
APPOINTMENT: ACCOUNT TAB - DOCUMENT A VISIT PAYMENT: ....... 64
APPOINTMENT: SUPERBILL TAB: ................................................... 65

© 2017 DAS Health  TM  DAShealth.com
End User Practice Management

LOGGING INTO APRIMA®

OBJECTIVE
To allow the user to log into Aprima®

- Double click on the Aprima icon on your computer desktop to open the Login screen.

- Fill out the following information to login. User: firstname.lastname, Password: aprima#1 (until we change it during training), Domain: DAS, and make sure that the Database (should be your office acronym assigned by DAS) has been pulled in. Then click ok to log in.
The program will open to the Aprima® desktop.
CREATING A BATCH

OBJECTIVE

To allow user to create a batch in the EMR system. We recommend creating a batch from (No Batch Set) on the bottom right hand corner of the desktop screen.

Your username might be set up to prompt you to create a batch every time you log in. You only want to create one batch per day. If you log out and log back in on the same day you will be prompted to create a new batch, in this case you will need to search and work with the batch that you created earlier for that day.

▲ On your Desktop: Click (No Batch Set) to open the batch search box (if you were not prompted at log in).

▲ In the New Default Batch window, Click F10.

▲ In the New Batch window: Edit the batch name if applicable (it will default to the batch owner’s name) and click Ok.
Once your batch is created it will display in the bottom right hand corner of your screen replacing (No Batch Set).
CONFIGURE MY DESKTOP

OBJECTIVE
To allow the user to configure their desktop view.

Select Tools, Configure My Desktop. A window will open entitled “Modify My Desktop”.

From here you can modify each individual pane. You can have up 3 panes across your screen and 1 on the bottom. Select the radio button for the corresponding number. Also, in each pane you can have a “front page” titled primary and a “back page” titled secondary.
On this same screen, you can modify the automatic refresh (time is displayed in seconds) and you can modify the height of each pane. To select what is displayed on your desktop, select the magnifying glass and search.

- **Notes**: Incomplete physician notes. **Calendar**: selected calendar. **Message**: All messages. **Message Counts**: Breaks messages into types. **Meaningful Use**: Displays daily percentage towards satisfying meaningful use goals.
SHORCTUT KEYS

OBJECTIVE

To allow the user to understand function keys in Aprima®

There are several shortcut keys available.

- **F1** - anywhere in a search field, select F1 and it will open a Help window.
- **F3** - in any date field, F3 will open the calendar
- **F4** - in any date field, F4 will set the date to “today”
- **F5** - selecting this will cause a refresh of the screen
- **F10** - selecting F10 in a search field in areas such as batch will open a new search field
DESKTOP/TOOLS MENU & ICONS

OBJECTIVE
Allowing the user to maneuver around their Aprima® Desktop

DESKTOP MENU OPTIONS
Select the Desktop Menu. The main options that will be selected from this menu are Document Management, Visit Center, Audit Trail, Interface Data Detail, Copay Log, and Patient Center. *All other options are also available as icons on the tool bar.
<table>
<thead>
<tr>
<th>Icon</th>
<th>Menu Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>![ ]</td>
<td>My Desktop</td>
<td>Returns to the Desktop from the Schedule or Patient Demographics.</td>
</tr>
<tr>
<td>![ ]</td>
<td>Document Importing</td>
<td>Enables you to import documents into the database so that they are available for document linking.</td>
</tr>
<tr>
<td>![ ]</td>
<td>Document Linking</td>
<td>Document Linking enables you to attach a document to patient information, a patient visit, or a service.</td>
</tr>
<tr>
<td>![ ]</td>
<td>Document Management</td>
<td>Document Management enables you to search for attachments using a variety of search criteria.</td>
</tr>
<tr>
<td>![ ]</td>
<td>Message Center</td>
<td>Message Center enables you to search for messages using a variety of search criteria.</td>
</tr>
<tr>
<td>![ ]</td>
<td>Visit Center</td>
<td>Visit Center enables you to search for patient visit notes using a variety of search criteria.</td>
</tr>
<tr>
<td>Icon</td>
<td>Menu Item</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image" alt="Insurance Payer/Plan Center" /></td>
<td>Insurance Payer/Plan Center</td>
<td>Enables you to view basic information for insurance payers and their associated plans, including address, phone number, and notes entered on the insurance plan.</td>
</tr>
<tr>
<td><img src="image" alt="Reports" /></td>
<td>Reports</td>
<td>Reports enables you to generate and print clinical and practice management reports.</td>
</tr>
<tr>
<td><img src="image" alt="Recalls" /></td>
<td>Recalls</td>
<td>Accesses the Patient Recalls window.</td>
</tr>
<tr>
<td><img src="image" alt="Schedule" /></td>
<td>Schedule</td>
<td>The Schedule window enables you to view and make appointments.</td>
</tr>
<tr>
<td><img src="image" alt="Copay Log" /></td>
<td>Copay Log</td>
<td>Copay Log enables you to search for patient copays using a variety of search criteria, such as payment date, patients, and whether they are new, credited, or voided payments.</td>
</tr>
<tr>
<td><img src="image" alt="Result Tracking" /></td>
<td>Result Tracking</td>
<td>Result Tracking enables you to enter information for lab results.</td>
</tr>
<tr>
<td><img src="image" alt="Voice Transcription" /></td>
<td>Voice Transcription</td>
<td>The Voice Transcription Log facilitates managing dictated notes and associated transcriptions.</td>
</tr>
<tr>
<td><img src="image" alt="Audit Trail" /></td>
<td>Audit Trail</td>
<td>The Audit Trail lists actions taken on the system. For example, it records when a patient visit note is changed, by whom and at what time.</td>
</tr>
<tr>
<td><img src="image" alt="Interface Data Detail" /></td>
<td>Interface Data Detail</td>
<td>Interface Data Detail lists all error messages that are associated with any electronic interfaces that you have defined on your system.</td>
</tr>
<tr>
<td><img src="image" alt="Job History" /></td>
<td>Job History</td>
<td>The Job History enables you to monitor and query job logs. The display is a log of all jobs that are executed. It records the job name, when it started and when it ended. It also lists the status, successful or failed, and the failure reason.</td>
</tr>
<tr>
<td><img src="image" alt="Replication Client" /></td>
<td>Replication Client</td>
<td>The Replication Client window enables users with the necessary security to monitor replications of data from the main server to site servers or to providers’ tablet or laptop PCs.</td>
</tr>
<tr>
<td><img src="image" alt="Find Patient" /></td>
<td>Find Patient</td>
<td>Find Patient enables you to search for patients using a variety of search criteria, such as patient name (first and/or last), medical record number, SSN, address, and phone.</td>
</tr>
<tr>
<td><img src="image" alt="Find Patient and Open OPS" /></td>
<td>Find Patient and Open OPS</td>
<td>Enables you to search for a patient and open One Page Summary (OPS) for the selected patient.</td>
</tr>
<tr>
<td><img src="image" alt="Find Patient and Open RPN" /></td>
<td>Find Patient and Open RPN</td>
<td>Enables you to search for a patient and open Review Past Notes (RPN) for the selected patient.</td>
</tr>
<tr>
<td>Icon</td>
<td>Menu Item</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>📌</td>
<td>External Patients</td>
<td>The External Patients window enables you to track patients who may enter a secondary service site (such as a hospital), but who are under the care of a provider at the primary service site. This is in effect a list of patients who will be seen on rounds. When providers are associated with the patients, the patient charts will be replicated to any replication PCs associated with those providers.</td>
</tr>
<tr>
<td>📊</td>
<td>Patient Center</td>
<td>Enables you to search for and list a group of patients that you need to work with in some way. For example, you can search for all the patients with the same responsible party when you need to change account or address information for all of them.</td>
</tr>
<tr>
<td>🕵️‍♂️</td>
<td>Instant Messaging</td>
<td>Instant messaging enables users to chat with other users who are logged into the application.</td>
</tr>
<tr>
<td></td>
<td>Close All</td>
<td>During daily use of application, you may have several windows open at once. If you use this link from the Schedule window, you will close all windows except for the Schedule and the Desktop. If you use this link from the Desktop, it will close all windows except the Desktop.</td>
</tr>
<tr>
<td></td>
<td>Exit</td>
<td>This link closes all windows, including the Schedule and Desktop, and exits the application.</td>
</tr>
</tbody>
</table>
TOOLS MENU OPTION

Select the Tools drop Down Menu. The main items that will be selected from this menu are Configure My Desktop, Required Fields, Print Set, Track RX, Track e-Med Hx, Track Rx Benefits, Patient Provider Tracking, and Unlock Patient.
<table>
<thead>
<tr>
<th>Icon</th>
<th>Menu Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Configure Practice Settings</td>
<td>Enables the administrative super user to configure practice wide settings for the application.</td>
</tr>
<tr>
<td></td>
<td>Configure Patient Portal Settings</td>
<td>Enables the administrative super user to configure the optional Patient Portal.</td>
</tr>
<tr>
<td></td>
<td>Configure My Desktop</td>
<td>Configure your own view of the Desktop. Specify one or two panes, and options to viewing messages, appointments, or incomplete notes etc.</td>
</tr>
<tr>
<td></td>
<td>Configure My Signature Pad</td>
<td>Configure your optional, external signature pad.</td>
</tr>
<tr>
<td></td>
<td>Default Batch</td>
<td>Enables you to select the default batch for the charges, payments, and adjustments you process.</td>
</tr>
<tr>
<td></td>
<td>List Editor</td>
<td>Enables the administrative super user to configure the application database.</td>
</tr>
<tr>
<td></td>
<td>Required Fields</td>
<td>Enables the administrative super user to define the data fields that are required on various windows.</td>
</tr>
<tr>
<td></td>
<td>Reset Configuration</td>
<td>If you have made changes to preferences or configuration parameters, Reset Configuration resets all parameters to the default settings at installation.</td>
</tr>
<tr>
<td></td>
<td>Reload Cache</td>
<td>This option is obsolete.</td>
</tr>
<tr>
<td></td>
<td>Print Set</td>
<td>This item leads to a drop-down menu of all print sets that are available at your site. Choose the print set or print sets you want to use from those in the list.</td>
</tr>
<tr>
<td></td>
<td>DICOM Image Viewer</td>
<td>Enables you to select and view a DICOM (.dcm, .dic, or .dicom) image.</td>
</tr>
<tr>
<td></td>
<td>Track Rx</td>
<td>Lists all prescriptions that have been transmitted and filled electronically.</td>
</tr>
<tr>
<td></td>
<td>Track e-Med Hx</td>
<td>Opens the Track e-Med Hx window which enables you to review the medication history download requests to determine the status of the download.</td>
</tr>
<tr>
<td></td>
<td>Track Rx Benefits</td>
<td>Opens the Track Rx Benefits window which enables you to review the prescription benefits download requests to determine the status of the download.</td>
</tr>
<tr>
<td></td>
<td>Track Fax</td>
<td>Opens the Track Fax window which lists all faxed prescriptions and documents. You can resend a failed fax if needed.</td>
</tr>
<tr>
<td></td>
<td>Patient Provider Tracking</td>
<td>Enables you to keep track of all the providers involved in a patient’s care. This may include a provider who referred a patient to you, providers to whom you have referred the patient, or any other providers the patient sees.</td>
</tr>
<tr>
<td></td>
<td>Referral Tracking</td>
<td>Enables you to monitor outgoing referrals throughout their lifecycle.</td>
</tr>
<tr>
<td></td>
<td>Unlock Patient</td>
<td>Enables the administrative super user to unlock a patient record that has become accidently locked.</td>
</tr>
<tr>
<td></td>
<td>Mass Appointment Update</td>
<td>The Mass Appointment Update enables you to make changes to a group of appointments at one time. You can change it to a different calendar, a different provider or a different status.</td>
</tr>
<tr>
<td>Icon</td>
<td>Menu Item</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><img src="image" alt=" " /></td>
<td>Align HCFA</td>
<td>Use the HCFA Alignment window to align the text of the CMS-1500-NPI claim form report to the preprinted CMS-1500 claim form.</td>
</tr>
<tr>
<td></td>
<td>Document Batch</td>
<td>Accesses the Document Batch window where you can view and monitor the document batches created when generating the CQM 2014 report.</td>
</tr>
<tr>
<td></td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt=" " /></td>
<td>Reload License</td>
<td>The Reload License functionality contacts the Aprima licensing server and downloads your practice’s most current application and third-party add-in and device licenses. You can do this if you have made a purchase and want to update your licenses immediately. License information is automatically updated daily; so on-demand license updating will rarely be needed.</td>
</tr>
<tr>
<td></td>
<td>Reload Current</td>
<td>The Reload Current User functionality reloads your user settings and security settings. This is needed only when your administrative super user has made a change to either your user settings or your security settings, and you want the new settings to apply to your current login session. Your user settings and security settings are automatically updated each time you log into the application.</td>
</tr>
<tr>
<td></td>
<td>User</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt=" " /></td>
<td>Modify Current</td>
<td>Accesses the Modify User window for the currently logged in user.</td>
</tr>
<tr>
<td></td>
<td>User</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt=" " /></td>
<td>Modify Current</td>
<td>Accesses the User Settings window for the user setting definition currently assigned to the user. Note that any changes will apply to all users assigned this user setting definition, not just to the current user.</td>
</tr>
<tr>
<td></td>
<td>Setting</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt=" " /></td>
<td>Clear Desktop/</td>
<td>Enables you to remove all the display panes and their contents from your Desktop window. This results in a blank Desktop window, which you can then reconfigure as desired. The Restore Desktop option appears after clearing the Desktop. Select this option to restore your Desktop configuration.</td>
</tr>
<tr>
<td></td>
<td>Restore Desktop</td>
<td></td>
</tr>
</tbody>
</table>
DESKTOP ICONS OPTION

There are several shortcut icons available on the desktop:

![Desktop Icons](image)

HELP ME DAS

The HelpMeDAS button takes you to the DASHealth™ Client Support webpage. Here you can send in a question to our Help Desk or you can call the phone number on the screen to speak with one of the Help Desk Team Members. This is located as an Add-In next your menu icons.
INSTANT MESSAGING

OBJECTIVE
Allow user to send and receive instant messages in Aprima.

- From your Aprima desktop click on the instant message icon on the desktop toolbar.

- The instant messaging window will open. If a user is logged into the system and they have their status set to Available then they will be visible. (the status defaults to Available)
To start a conversation with a user, double click on their name. The right side of the screen will turn white and be separated into two panes. Type your message in the bottom pane and hit the enter key to send the message to the user. It will then display at the top of the box.
MESSAGE FILTERS

OBJECTIVE

From your Aprima desktop click on the message center icon on the desktop toolbar. The Message Center box will appear. Here you can search for specific messages or create filters to pull specific types of messages.
To create a filter, you will choose the user or group name that you want the messages to be created by and assigned to. (i.e. Rx Refill Requests would be created by anyone and assigned to anyone (unless you are the provider then you can leave it on “Me”) and the Message Type would be Electronic Rx Refill Request for the requests from the pharmacy and Rx Refill for those created in-house.) You can also choose to have the filter visible to only “Me” or “Everyone.”

Once you have selected your filter criteria you will hit the Save As button and name your filter. Click ok to finish.
To pull the filter into Message Counts on your desktop, you will select the magnifying glass, hit the search button and select the filter you created. It will then appear on your desktop.
CREATE NEW TASK/PHONE/RX REFILL/PATIENT AMENDMENT REQUEST MESSAGES

OBJECTIVE

To allow the user to create messages in Aprima®

△ From your Aprima desktop click on the New Message drop down menu on the desktop toolbar.

△ Click on the New Call option. To send messages regarding phone calls, pull in the patient (the patient’s phone number will pull in) and assign it to a user. Then hit ok to send.
  
  o To document a phone call with a patient that does not need to be sent to another user, pull in the patient, assign it to yourself and hit complete.

*A patient name is not required if the phone call does not regard a patient*
You can choose to change the urgency of the message. Click on the magnifying glass for Urgency and select one of the urgencies from the list. It defaults to Routine.

Click on the New Task option. This message type is a request for a user to do an action. Pull in the patient’s name if regarding a patient, assign it to a user and click ok to send.

Click on the New Rx Refill option to send an internal refill request. Pull in the patient (the patient’s phone number, pharmacy name and provider should pull in). Assign the message to a user. Then click on the blue syringe icon to pull up the patient’s active medication list.
Click the select button next to the medication you wish to refill. Otherwise type the medication requested in the box. There is a comment line for any information that needs to be addressed regarding the medication. An additional line will always display below the comment line for another medication that may be requested. Hit ok to send the message.
Click on the *New Patient Amendment Request*. This message type allows you to send a message to the provider on behalf of the patient who is requesting a change to the information in their chart they believe to be incorrect, inaccurate or incomplete. This request may also be made by someone other than the patient but on their behalf or by an insurance payer.

- Fill in the patient’s name, assign the message to the appropriate user, apply a due date if applicable, attach the visit date this is in regard to (if applicable) and select an Amendment Source (i.e. patient, insurance payer, guardian) then click ok to send.
PROCESS TASK/PHONE/PATIENT AMENDMENT REQUEST MESSAGES

OBJECTIVE
To allow the user to process messages in Aprima®

▲ When you receive a message, you will see a number in the urgency column. Click on the message filter the message is in.

▲ Click on the date and time of the message to open the message.
The task or phone message will open. If no more correspondence needs to occur then you can click complete. Otherwise click the change the recipient of the message to the sender icon and then click on the Add Note option to write your response.

Click ok on the New Message Note box and the message will display with your name, date and time the note was written. Click ok on the message screen to send the message.

For the Amendment Request, open the message. You must indicate in the message whether you approve or reject the requested change. Processing the message does not make the changes in the patient’s chart. If you need to make changes in the patient’s chart you must make the changes in the visit note, patient demographics, history and/or other area.

- Select either the Accept Amendment or Reject Amendment radio button and then type a comment in the comment text box. When finished making the changes click the Complete button the complete the message.
The patient states they do not take and have never taken alprazolam and would like this to be removed from their chart.

Amendment accepted. The necessary changes have been made to the patient's chart.
STRIKING OUT A MESSAGE

OBJECTIVE

Allow user to strike a message out of a patient’s chart in Aprima. Struck out messages are still discoverable in the background of the system.

The Strikeout button is available if the message needs to be removed from the patient’s chart. When you click the button, the new Strikeout Reason box will appear. It is required to write a reason in the box and click ok when complete.
CREATE NEW PATIENT & UPDATE DEMOGRAPHICS

OBJECTIVE
Allow user to create a new patient in the system

- From your Aprima desktop click on the “Desktop” drop down menu and select Patient Center.

- In the patient center window first search to make sure your patient does not already exist and if they don’t come up click the New button in the top left-hand corner.
The New Patient window opens to the Basic tab. The chart number is automatically created in the External ID field. Fill in the patient’s name, date of birth, gender, address, phone number, preferred contact method Primary Provider they see at your practice, etc.

- The meaningful use fields of race, ethnicity and gender can be entered later but are required. Multiple races can be selected but only the first race entered will be reported and will pull onto documents.

Click on the Additional tab. Here you have the option to document the date the patient signed their release, the date their original paper chart was scanned, their Patient Status, Patient Condition, their Referral Source (i.e. friend or internet), Immunization Reminder Method, mark the e-Med Hx Request Consent when obtain and restrict patient chart access.
If you need to inactivate a patient’s chart, check the box that says “Inactive” on the Additional tab of the patient’s demographics. Once you check this box this patient will be inactive and will not come up in the patient search unless you choose to include inactive patients in your search. To reactivate the chart simply uncheck the Inactive checkbox.

The Patient window may include custom-defined tabs created specifically for your practice. Custom-defined tabs enable you to enter any information needed by your practice not otherwise entered in the application. Please contact your account manager for more information.

Once you have clicked ok on the New Patient window it will then open to the patient’s demographics tab window to continue creating the patient. If you need to update the patient’s information you will click on their name that is blue and underlined.
DUPLICATE PERSON WARNING

OBJECTIVE

Allow user to recognize a Duplicate Person Warning

⚠️ If you receive a duplicate patient warning it means that the patient that you are creating may already exist in the system. If it does then if you click on the patient’s name it will take you to the already created patient’s demographic page.

![Duplicate Person Warning]

The following person(s) might already be in the system.

If you want to cancel creation of this person and use the existing one, click on the person’s name. Below is a list of person with matching Social Security Numbers, Driver License Numbers, or First Name / Last Name / Suffix / Birthdate:

Name: Ztest Test
Social Security Number: 
Date of Birth: 07/07/1978
Address: 123 Disney Lane
Plant City FL 33567

Close
PATIENT PROVIDER TRACKING/REFERRING PROVIDER

OBJECTIVE

Allow user to document the patient’s referring provider.

To document the provider who referred the patient to your practice either click on the Patient drop down menu and select Patient Provider Tracking or select the icon on the patient tool bar.

Select the **New Referral** button
You also have the option of clicking on the None hyperlink next to Referring Provider on the Demographics tab.

Search for the provider’s name in the Provider search box, select Relationship (as the patient has established a previous relationship with the provider) and select Referring Provider as the Providers Role. If you would like to make a comment as to whom the provider is to the patient (i.e. PCP or Attorney, etc) you can put this in the Notes box. When complete hit the ok button. A time frame for the provider’s role as the active referring provider can also be specified by selecting the dates in the search boxes. If this referral is for a specific Service Site this can also be specified.

- This provider will now be associated with each visit and will automatically pull to the superbill.
This relationship can also be created from the appointment window by selecting a referring provider in the Referring Provider search box.
ACCOUNTS TAB

OBJECTIVE

Allow user to document the patient’s insurance on the Accounts tab.

△ To add the patient’s health insurance information click the Main hyperlink on the Account tab.

△ Click the Add Insurance button to add the patient’s insurance plan. If the patient has a secondary or tertiary account hit the Add Insurance button again to have a second and third set of boxes to add the insurance.

△ Search for and fill in the insurance payer/plan, enter the member ID and group ID if the plan has one and enter the copay amount in the correct box.
If the patient is not the Insurance Subscriber or the Responsible Party you will need to create the person who is by clicking on the magnifying glass, hitting the new button and creating them as you would a patient. You will also change the relationship to the patient.

If the secondary insurance is Medicare you will need to select a type code for having Medicare as the secondary.

To add another account such as a Workers Comp or Auto account, click the “Add New Account” button.

Type the name of the account such as “Workers Comp” and then follow the same steps to add the insurance payer/plan, responsible party, etc. as above.
CHANGE PATIENT INSURANCE

OBJECTIVE

Allow user to change the patient’s insurance on the Accounts tab.

To change the patient’s insurance, click on the Main hyperlink on the Accounts tab.

Click the New button in the Account Period area to end the current Account Period and create a new one for the new insurance information.
The New Account Period window will open. Here you will document the Effective Date for the New Account Period. It defaults to the current date but can be back dated.

A window will then pop up asking if you wish to copy over the insurance information from the previous account period. Select Yes or No. If you select Yes the information can be modified. If you select No then you will add insurance as if you were adding it for the first time.
If there is an active Superbill connected to the old account period then the Superbill hyperlink will turn red. Once you enter the insurance information and click ok, a Recompute Financials Message will appear that must be sent to a user or user group (such as Billers) in the practice.
CONTACTS TAB

OBJECTIVE

Allow user to add an Emergency Contact person to the patient’s Contacts tab.

- If you have the patient’s emergency contact you can enter it on the Contact tab by clicking the add button.

- Click in the pink box and hit the F10 key to open a new contact window.

- Fill out the contacts First name, Last name and phone number as well as any other information your practice would like to have on the contact. Click ok when complete.
Select the contact person’s relationship to the patient and check the boxes if the patient is an emergency contact and if they are allowed to make medical decisions.
EMPLOYMENT TAB

OBJECTIVE

Instruct users how to add the patient’s employment information, especially for Workers Compensation patients.

▲ If the patient is a worker’s comp patient, enter the patient’s employment information on the Employment tab.

▲ If necessary, create a new employer by clicking on the magnifying glass and selecting the new button on the screen that opens. Then type the employer’s information in and click ok.
OBJECTIVE
Instruct users how to enter the patient’s pharmacy.

△ If your provider is already signed up with Surescripts and is currently ePrescribing out of Aprima® then you can enter the patient’s pharmacy on the Pharmacy Tab. Click the Add button and enter at least 2 filters (i.e. pharmacy name and zip code) then hit the search button. Then click on the pharmacy name to select it. Click ok when complete.

△ If multiple pharmacies are selected then you can use the up and down arrows to change the order. Whichever pharmacy is listed first will be the patient’s default pharmacy for prescriptions.

  o If the pharmacy that you are looking for does not appear, contact the help desk and do not attempt to create a new one as user defined pharmacies cannot ePrescribe scripts.
QUESTIONNAIRE TAB

OBJECTIVE

To instruct the user how to create a user name and password for the patient to access the Patient Portal.

Click on the Questionnaire Tab and select Create Web Account.

The User Name and Password will be displayed for the user to give to the patient.

The patient will be able to update his/her password once logged into the portal.

Once the portal is enabled, the user will receive further training.
ATTACHMENT SLIDER

OBJECTIVE

Instruct the user how to use the attachment slider to view documents linked to the patient’s chart through document linking.

▲ To view attachments linked directly to the patient hover your pointer over the attachment slider of the patient’s demographics window.

▲ The slider will automatically open and you will be able to click on the hyperlinked name of the document for it to open. The documents on this slider can be organized selecting one of the "order by" options at the bottom of the slider.

▲ If you do not see the slider click on the View menu and select Attachments.
CASES AND AUTHORIZATIONS

OBJECTIVE

Allow user to create a case and authorization.

- A patient case identifies a condition that will be treated or managed over time. A patient case enables you to associate multiple patient visits related to the case. You can associate insurance information, such as an authorization code and number of authorized visits, with the patient visit notes related to the case.

- To create a case and authorization click on the Patient Menu and select Patient Cases.

- The Patient Case window will open. Hit the new button to open a new case. Old cases will also appear here.
The New Patient Case window will open. Give the case a name and fill in all details that apply to the case. (You may need to create a new case type)

Click on the Authorization tab to document the fill in any authorization information. Click the <New> hyperlink.
For the primary and secondary insurance payer, indicate whether the requested procedures are authorized (Authorization #, No Authorization #, Authorization Denied, Not Applicable).

- If there are approved visits, enter this # and the Expiration date for them. If there are procedures that have been approved, enter the code, the unit, authorization # and expiration date. Indicate if All Providers can perform procedure or if there is a specific provider. Click ok.
Click in the Billing Defaults tab to document specific information that needs to fall on the claim such as the injury date for workers compensation authorizations or the date the patient was last seen by their primary care providers for covered foot care patients.

The Related Providers tab will allow you to document important providers that need to fall of the patients claim.
To associate the Patient Case to the appointment, add the case on the appointment window before the visit note is created. If there is an active case for the patient there will be a red check mark on the magnifying glass.

To associate the patient case to the Superbill, attach the case into the Patient Case field on the Information slider by selecting the magnifying glass and searching for the correct case.
PATIENT MENU & PATIENT TOOL BAR

OBJECTIVE

Allow the user to navigate through the patient chart.

From a patient’s Demographics screen, click on the “Patient” drop down menu.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Billing</th>
<th>Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superbills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Page Summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Past Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Demographics History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Outstanding Orders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Provider Tracking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Tracking Events...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Recalls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Ledger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Ledger Filter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible Party Statement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible Party Statement - Main Account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get Remarks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generate Document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Record Disclosure History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get Global Period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Electronic Prior Authorization...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Download Benefits...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PATIENT MENU OPTIONS

<table>
<thead>
<tr>
<th>Menu Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>Displays all appointments that have been scheduled for this patient. Use this entry if you need to search for a specific appointment. The list of appointments indicates the status of each, such as Discharged or Scheduled. You may show or hide cancelled appointments.</td>
</tr>
<tr>
<td>Patient Cases</td>
<td>Displays a list of all cases associated with the patient, and enables you to create, close, or reopen a case.</td>
</tr>
<tr>
<td>Superbills</td>
<td>Opens the Track Superbills window. From this you can select filters to search for the superbill you wish to review.</td>
</tr>
<tr>
<td>One Page Summary</td>
<td>Opens the One Page Summary window. The One Page Summary (OPS) provides a summary of the patient’s last three visit notes.</td>
</tr>
<tr>
<td>Review Past Notes</td>
<td>Opens the Review Past Notes window, where you can review all the visit notes, both complete and incomplete, that have been saved for the patient and all admissions to external sites (these are called treatment events).</td>
</tr>
<tr>
<td>History</td>
<td>Opens the History window which enables you to enter patient history without creating a visit note.</td>
</tr>
<tr>
<td>Patient Demographics History</td>
<td>Accesses the Patient Demographic History window, which displays a list of changes made to the patient’s demographic information.</td>
</tr>
<tr>
<td>Eligibility History</td>
<td>Accesses the Eligibility History window, which displays a history of the patient’s insurance eligibility. This option is available only if you are using the optional Practice Insight eligibility functionality.</td>
</tr>
<tr>
<td>Patient Results</td>
<td>Opens the Patient Results window where lab and other test results can be viewed.</td>
</tr>
<tr>
<td>Patient Outstanding Orders</td>
<td>Accesses the Outstanding Orders window, which lists all lab tests, other procedures, and referrals ordered for patient and not yet resulted.</td>
</tr>
<tr>
<td>Patient Provider Tracking</td>
<td>Enables you to keep track of all the providers involved in the patient’s care. This may include a provider who referred the patient to you, providers to whom you have referred the patient, or any other providers the patient sees.</td>
</tr>
<tr>
<td>Patient Tracking Events</td>
<td>Enables you to view all of the patient tracking events for the patient. Patient tracking events are used when graphing lab results and vitals.</td>
</tr>
<tr>
<td>Patient Documents</td>
<td>Accesses the Document Management window, filtered to display all attachments for this patient. You can select one or more documents to print or fax from this window.</td>
</tr>
<tr>
<td>Patient Reports</td>
<td>Accesses the View Reports window with only those reports defined by your practice for access from the Patient toolbar. Reports that allow filtering by patient will default to the selected patient.</td>
</tr>
<tr>
<td>Patient Recalls</td>
<td>Accesses the Patient Recall window, filtered by the selected patient.</td>
</tr>
<tr>
<td>Patient Ledger</td>
<td>Generates the Patient Ledger report for this patient. When generated from Patient Demographics, the Patient Ledger report does not include inactive items (including reversals, voids, and completely paid superbills). This keeps the report focused and a more manageable length. To include inactive items, you must generate the report from the Reports window.</td>
</tr>
</tbody>
</table>
PATIENT TOOL BAR OPTIONS

No matter where you are in the patient’s chart, you will see the patient toolbar. Depending on where you are in the chart the toolbar will change slightly, omitting the icon for the page that you are on.

<table>
<thead>
<tr>
<th>Menu Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Ledger Filter</td>
<td>Accesses the Patient Ledger Filter so that you can filter the ledger contents by provider, service site, financial center, and service date. You may also select whether or not to include voided items.</td>
</tr>
<tr>
<td>Responsible Party Statement</td>
<td>Generates a Patient Statement for this patient. When you generate a statement in this manner, the statement includes charges and payments for all financial centers. You cannot generate by financial center when generating a statement for a single patient.</td>
</tr>
<tr>
<td>Responsible Party Statement - Main Account</td>
<td>Generates a Patient Statement for this patient’s main account only. Thus, if the patient has a second account with a different responsible party (such as their employer), you can print a statement that contains only the charges for which the patient is responsible. When you generate a statement in this manner, the statement includes charges and payments for all financial centers. You cannot generate by financial center when generating a statement for a single patient.</td>
</tr>
<tr>
<td>Get Remarks</td>
<td>Lists all remarks that have been added to this patient.</td>
</tr>
<tr>
<td>Generate Document</td>
<td>Enables you to generate a document using data from a specific visit.</td>
</tr>
<tr>
<td>Patient Record Disclosure History</td>
<td>Generates a report of the disclosures made of the patient’s record. The report includes the name of the user who made the disclosure, the person to whom the disclosure was made, a brief description of the content disclosed, and the disclosure reason.</td>
</tr>
<tr>
<td>Get Global Period</td>
<td>Displays information regarding any current and expired global periods associated with the patient</td>
</tr>
<tr>
<td>Download Benefits</td>
<td>Accesses the Download Benefits window which enables you to download the patient’s insurance eligibility from the Practice Insight eligibility clearinghouse and prescription benefits and medication history from the Surescripts pharmacy clearinghouse.</td>
</tr>
<tr>
<td>Icon</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Patient condition is displayed when a condition has been applied to a patient record. The button displays the name of the patient condition. Patient conditions and their text color are defined by the administrative super user. You may select the patient condition shown on the toolbar to select another condition.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Print</strong></th>
<th>The Print drop-down menu enables you to print Patient Information and Patient Mailing labels. The Print drop-down is available only if setup your user setting definition.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>User</strong></td>
<td>Accesses the Patient Information popup window. This window displays a patient’s contact, Insurance, and pharmacy Information, and up to five future appointments.&lt;br&gt;&lt;br&gt;If you are using the optional Aprima Patient Portal to communicate with your patients, you can use the Patient information icon to identify patients whose record includes an email address, a Portal account, or both.&lt;br&gt;&lt;br&gt;<strong>indicates the patient record does not include an email address or a Portal account.</strong>&lt;br&gt;&lt;br&gt;<strong>Indicates the patient records includes an email address.</strong>&lt;br&gt;&lt;br&gt;<strong>indicates the patient records includes a Portal account.</strong>&lt;br&gt;&lt;br&gt;<strong>indicates the patient records includes both a Portal account and an email address.</strong></td>
</tr>
</tbody>
</table>

| **User** | Accesses the Patient Demographics window for this patient. |
| **User** | Accesses the One Page Summary window for this patient. |
| **User** | Accesses the Review Past Notes window for this patient. |
| **Result** | Opens the Result Tracking window to manually enter data into a defined template. |
| **Result** | Opens the Outstanding Orders window, which lists all lab tests, other procedures, and referrals ordered for patient and not yet resulted. |
| **User** | Patient Provider Tracking enables you keep track of all the providers involved in a patient’s care. |
| **User** | Access the History window for this patient. |
| **User** | Access the Growth Chart window. This icon is available only if you secure access to Review Past Notes. |

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Email</strong></td>
<td>Access the Graph Observations window. This icon is available only if you secure access to Review Past Notes.</td>
</tr>
<tr>
<td><strong>Document</strong></td>
<td>Access the Document Management window with a list of all the attachments for the selected patient.</td>
</tr>
<tr>
<td><strong>View</strong></td>
<td>Accesses the View Reports window with only those reports defined by your practice for access from the Patient toolbar. Reports that allow filtering by patient will default to the selected patient.</td>
</tr>
<tr>
<td><strong>User</strong></td>
<td>Accesses the Patient Recall window, filtered by the selected patient.</td>
</tr>
<tr>
<td><strong>User</strong></td>
<td>Accesses the Document Generation window.</td>
</tr>
<tr>
<td><strong>Attach</strong></td>
<td>Accesses the Attachment Viewer window, and displays the patient’s current advance directive, based on effective date.</td>
</tr>
<tr>
<td><strong>New</strong></td>
<td>The New drop-down menu enables you to create a new appointment, visit note, superbill, message, or other item for the patient.</td>
</tr>
</tbody>
</table>
The patient tool bar also contains the new drop-down menu that allows you to create appointments, notes that are not associated to a visit, superbills, messages, cases/authorizations, tracking events, remarks and patient provider tracking events.
DESKTOP CALENDAR & SCHEDULER

OBJECTIVE

Allow user to schedule appointments in the system.

△ The desktop calendar appears on your desktop.

△ The arrows take you to the previous day or next day.

△ The magnifying glass next to the date gives you a calendar to select any past or future date.
Open the scheduler by clicking on the Calendar hyperlink next to the calendar you wish to see. The schedule will default to the Day view.

To view the weekly schedule click on Work Week.
SCHEDULING APPOINTMENTS

OBJECTIVE

To instruct the user how to schedule an appointment.

- A new appointment can be created from the desktop using the New Appointment button. This will make the appointment for today and now. This is good for walk-in appointments. You will then pull in the appointment type, provider, service site, financial center, patient name and reason for the appointment. Optional items that can be pulled in are if the patient has a case (authorization) to be applied to the visit, an outstanding Patient Recall or a referring provider.
A new appointment can also be made from the Scheduler by clicking on the day at the top (the day that is selected will highlight in gray) and then selecting the time on the column on the left.

To create a group visit click on the appointment time and then select the group appointment radio button, select the appointment type, type a reason for the visit in the Reason field (if applicable).
Select the Group Patients tab. Here you can add the patients that are a part of the group.
Click on the magnifying glass of the Patient search box.

The Find Patient window will appear. Search for and select the patients that will be seen in the group visit.
Once the patients have been selected, you can save them as a Group for future Group Visits by clicking the Save Group button. You can also print out a group sign in sheet or roster by clicking the print button.

Then you can choose to also have the Group Visit set up for Daily, Weekly or Monthly Recurrences.

The appointment then displays on the calendar as seen below.
PATIENT BALANCE ICON

OBJECTIVE

Instruct a user how to document a copay on the Account tab of the appointment.

- Appointments displayed on the Desktop include a ARP Balance ( $ ) icon when Account Responsible Party has a balance due.
DOCUMENT A VISIT PAYMENT

OBJECTIVE

Instruct a user how to document a copay on the Account tab of the appointment.

▲ Once the patient’s name is selected, other tabs will show. Click on the Account tab. This tab allows you to specify the account for this appointment and document the copay or responsible party payment.

▲ For both payment types, you will enter the amount of the payment and choose the method of payment (i.e. cash, credit). Today’s date and the batch that you opened will automatically populate. The reference field does become required. The billing note is for any comment that is needed regarding the payment.
Once the payment has been saved a receipt can be printed from the screen or the payment can be deleted if necessary.
SUPERBILL TAB

OBJECTIVE

Instruct a user how to view the superbill on the Superbill tab of the appointment window.

The Superbill tab allows you quick access to the superbill by clicking the hyperlink to the superbill.

The superbill will open once you click on the superbill hyperlink so that you can see the codes selected and view the amount allowed for calculating the Co-insurance or deductible.
FUTURE APPOINTMENT TAB

OBJECTIVE
Instruct a user how to use the Future Appointment Tab to view the patient’s upcoming appointments and to modify them if necessary.

△ The appointment tab allows you to see the patient’s future appointment times and date, what calendar they are on and with what provider they are scheduled with.

△ To modify the appointment from this window click on the date and time hyperlink and this appointment will then open and the status can be changed to canceled or rescheduled.
CLINICAL DECISION SUPPORT TAB

OBJECTIVE

Instruct a user how to use the Clinical Decision Support Tab to view the patient’s upcoming health maintenance due dates.

- The Clinical Decision Support tab displays any Clinical Decision Support rules that the patient may be due for. There rules will be practice specific.
SERVICE ORDER TAB

OBJECTIVE

Instruct a user how to use the Service Orders Tab to view the outstanding orders for the patient.

△ The Services Ordered tab will display any outstanding orders the patient may have.
FINDING & MODIFYING AN APPOINTMENT

OBJECTIVE

Instruct a user how to find the patient’s appointment list and modify it to cancel or reschedule the appointment.

- Find and reschedule an appointment via patient demographics
- Click on the Patient drop down menu and select Appointments

A complete list of the patient’s past, present and future appointments will appear. To modify one of these appointments, click on the date and time hyperlink for that appointment.
You can now choose to cancel, reschedule or modify the appointment.

MOVE AN APPOINTMENT VIA THE APPOINTMENT CLIPBOARD
You may place one or more appointments in your appointment clipboard. Remember that an appointment placed on your clipboard is not moved until you move it from the clipboard to a calendar timeslot. Remember also that you can see only the appointments in your own appointment clipboard. You cannot see other users’ appointment clipboards.

- Schedule ( ) icon
- Select the desired Calendar or calendars.
Position the cursor over the patient name of the appointment you want to move. Press the left mouse button and hold it down.

To move the appointment to another timeslot that is visible on the calendar or calendars displayed (or visible in another open Schedule window):

- Drag the appointment to the desired timeslot while holding down the mouse button. At the desired timeslot, release the mouse button.

To move the appointment to another timeslot that is not visible on the calendar or calendars displayed:

- Drag the appointment to the Clipboard button. With the cursor over the Clipboard button, release the mouse button. The Clipboard icon will then display a red checkmark ( ) indicating there is at least one appointment on the clipboard.
Change the Schedule view by selecting the desired date or calendar.

Position the cursor over the Clipboard button, and then press and hold the left mouse button. Drag the appointment to the desired timeslot while holding down the mouse button. At the desired timeslot, release the mouse button.

Please note that if the clipboard contains more than one appointment, the appointment that is moved is the appointment you most recently placed on the clipboard (last in, first out).

To view the contents of the clipboard, select the Clipboard button ( ). This opens the Appointment Clipboard slider.

**COPY AN APPOINTMENT VIA THE APPOINTMENT CLIPBOARD**

You can use the Appointment Clipboard to copy an appointment. When you copy the appointment, then the original appointment remains at its original timeslot. When you place the appointment in a new timeslot, a new appointment is made and the status of the original appointment is changed. You may choose to change the status of the original appointment to either No Show or Cancelled.
Select the desired Calendar or calendars

Position the cursor over the patient name of the appointment you want to move. Press the left mouse button and hold it down.

Drag the appointment to the Clipboard button. With the cursor over the Clipboard button, release the mouse button. The Clipboard icon will then display a red checkmark ( ) indicating there is at least one appointment on the clipboard.

To view the contents of the clipboard, select the Clipboard button ( ). This opens the Appointment Clipboard slider.
To copy an appointment from the open Appointment slider:

- Position the cursor over the appointment date and time, and then press and hold the right mouse button. Drag the appointment to the desired timeslot while holding down the mouse button.

- At the desired timeslot, release the mouse button. This displays a popup menu. From the popup menu, select the ‘Copy—Change Status for Original Appointment’ option.

- Select the either the No Show or Cancelled status for the original appointment. This creates a new appointment in the selected timeslot and changes the status of the original appointment.
OVERBOOKING AN APPOINTMENT

OBJECTIVE

Instruct a user how to find the patient’s appointment list and modify it to cancel or reschedule the appointment.

To overbook an appointment you can click on the gray bar to the right of an existing appointment on the scheduler.

After filling in the appointment information and you click ok a box warning of overbooking will appear. Click Yes to continue scheduling the appointment or No to stop.

If you overbook the appointment it will appear as below.
WAITING LIST

OBJECTIVE
Allow user to create a new Waiting List and schedule an appointment off the waiting list.

To create a waiting list, click on the Waiting List slider from the Scheduler and click on the magnifying glass to create a new list.

To create a new waiting list, click the New button.

When the New Waiting List box comes up type the name in the name field and then click OK.
Click the New button to add a patient to the Waiting List.

Fill in the details of the patient’s appointment they are waiting for such as patient name, provider to be seen, location, type of appointment, if they have a specific date or time they are waiting for, priority, expiration date and reason for visit requested. Click Ok.
To schedule an appointment from a waiting list click on the time that you wish to schedule the appointment for and to pull in the patient click the From Waiting List button.

Pull in the desired waiting list and hit the search button. All patients on this list will appear. Click on the patient’s name to select them.
All of the patient information that was entered on the waiting list will populate the appointment window. Click ok to schedule the appointment. The name will then be removed from the waiting list.
PATIENT RECALL

OBJECTIVE

Recall and reminder notices enable you to monitor and process reminders for follow up visits or procedures and to process recall notices when needed. Patient recall entries may be created automatically by the application and may be created by users.

The following recall types are included in the system; however you can create custom recall types.

- CDS: These patient recall entries are created automatically when a user generates the CDS Reminders report. Because the report generates letters or messages to patients with a portal, the notification for these is done at the same time.
- Patient by Condition: This patient recall type will be used in a future release to automatically create recall entries by generating a report.
- Return Visit: These patients recall entries are created automatically when a provider defines a return visit in the Plan tab of a clinical note type window, and associated a patient recall entry with that return visit.

To monitor Patient Recall entries, access the Patient Recall window from either
- Desktop menu -> Recalls: This allows you to track all existing recalls.
Patient Demographics window -> Patient menu -> Patient Recalls or Patient Recall Icon: This allows you to track the individual Patient Recalls.

Enter the desired filtering criteria and select the Search button.

- **Notification Person:** User who entered a date notified or took an action that resulted in a date notified.
- **Date Notified:** The date notified is entered automatically when you send notices through the Portal, generate the CDS reminders report, or export a list of patient names and addresses. You can also enter a date notified on an individual recall notice if you notify the patient in another way, such as with a phone call.
- **Date Due:** This is the date the follow up visit is due as defined in the Plan tab of a patient visit note or the date a procedure is due as defined by a clinical decision support rule. If you create a patient recall entry, you can enter the date due.
- **Date Satisfied:** This the date of an appointment associated with follow up visit or the date of the visit in which a user takes action on a clinical decision support rule. Because a patient recall entry can be satisfied by scheduling an appointment, a recall entry may be satisfied and still require that the patient be reminded. For example, if recall entry is made for the patient’s next annual exam and you schedule an appointment for that exam when you discharge the patient for this year’s annual exam visit, the recall entry is immediately satisfied. But, you will probably want to remind the patient near the time of the appointment.
- Preferred Contact Method: This patient's preferred contact method is identified in the Patient window.
- Contact Method: The contact method used when notification was made for this patient recall entry.

To update a Patient Recall Entry for an individual entry once you have contacted the patient, Search for the entry and select the Date Created hyperlink to access the patient recall entry.

In the Patient Recall entry window, the patient’s contact information and preferred contact method are displayed at the bottom.
- Select the Contact Method Used to notify the patient.
- Select the Date Notified.
- The By field will be populated with your user name when you save the entry.
- Select the OK button to save the entry.
Create Notices for Patient Recall Entries

To create notices and update the recall entries, enter the desired filtering criteria, and select the Search button. Then select the checkboxes for the desired entries.

Select the Portal button to send messages to patients with Portal accounts. When the New Patient Portal window opens type the subject of the message and select the Formatting Template for the message the patient will receive. Click OK and a message will appear letting you know how many messages are sent.
Select the Export button to create an Excel file with the patient names and addresses. Name this file and save it on your computer.

Select the Update button to enter information about another notification method.

To create a new Patient Recall Entry, select the New button from the Patient Recall window.

- Select the Patient.
- The Contact Method Used identifies how you notify the patient. This indicates that the notification has been done, so do not select this when creating the entry.
- Select the Provider associated with the recall entry.
Select the desired Recall Type.

Use the CDS field to associate the recall entry with a clinical decision support rule, if desired.

Enter any Notes, if desired.

The Date Created will automatically be populated when you save the entry.

Enter the Due Date.

Select the OK button to save the entry.
SCHEDULE EVENTS & BLOCKING EVENTS

OBJECTIVE
Allow user to schedule events and blocking events.

▲ To schedule an event, click on the start time on the scheduler. The patient appointment window will open. Then select Event. You can change the appointment length and enter the reason for the event.

▲ To schedule a Blocking Event select the appointment time and a patient appointment window will open, then select Blocking Event. Select the appointment type (i.e. Holiday) and type a reason in the reason field. **Blocking Events does not allow other appointments to be booked during that time.**
INSURANCE ELIGIBILITY

OBJECTIVE
To show the user how to check the patient’s Insurance Eligibility

If your practice has enrolled with Relay Health or Practice Insights for insurance eligibility, then you can download patient’s insurance eligibility information. The information is provided to the eligibility clearinghouse by participating insurance payers. Eligibility requests obtain information for the patient’s secondary and tertiary insurance plans as well as their primary insurance plan.

It is important to understand that eligibility information is valid at the time it is sent to clearinghouse by the insurance payer. A patient may change insurance plans or payers, or may meet insurance limits, or the terms of the patient’s plan may change between the time you receive the eligibility information and the time the provider conducts the patient visit. Therefore, eligibility information is never a guarantee of payment.

Your administrative super user may have configured the application to automatically make requests for insurance eligibility information prior to patient’s scheduled appointments. This can help you determine any patients for whom you need to obtain additional information or authorization prior to the appointment. However, since eligibility information can change at any time, it is recommended that automatic requests be made as close to the appointment as reasonably possible, generally within a few days.

You can also make requests on demand. This enables you to check eligibility when a patient did not have an appointment scheduled in advance or when a new patient contacts your office.

Eligibility requests must include a provider and a service site. The provider for which the request is made must be recognized as credentialed for billing and claims by the insurance payer to whom the request for information will be made. Therefore, if you have nurse practitioners, physician’s assistants, or other providers who do not bill under their own names, then you cannot make eligibility requests for these providers. Instead, the request must be made for the billing provider.
If a non-billing provider is identified as the provider on an appointment, then an eligibility request made for the appointment during the nightly processing will attempt to use the provider identified as the practice’s primary provider for the patient in the Patient window. If there is no provider identified in the Patient window, then the automated request made from the appointment will fail. You can make an on-demand eligibility request for patients who will be seen by non-billing providers from the Patient Demographics window. When you make the request, you must use the billing provider, not the non-billing rendering provider.

When you make an on-demand eligibility request, you can request both insurance eligibility information and prescription benefits information or you can request these items independently. Unlike prescription benefits requests, insurance eligibility requests are made only to the insurance payer or payers identified in the patient’s account. If the patient account does not include an insurance payer and plan, then the request will return an error. If the account includes more than one payer and plan, then the request may return information from each payer and plan.

Patient Identification

The following patient information is the minimum required to identify patients for insurance eligibility. Individual insurance payers may require additional information.

- Patient last name
- Patient first name
- Patient date of birth
- Patient ZIP code
- Patient gender
- Patient’s insurance payer and plan
- Subscriber ID number

If the patient name is different in the insurance payer record and your record, the two records may not match. (For example, Tom Smith, Tom Q. Smith, and Thomas Smith are different names.) Also, patients may move and not notify their insurance payer of their new address. The insurance payer’s record for the patient may include a different ZIP code than your patient
record. Simple data entry errors may also result in the patient records not matching. If any of the identifying information is entered incorrectly in the patient’s record for the provider or insurance payer, then the records will not match. As a result you may receive incomplete information or even a ‘patient not found’ error.

ELIGIBILITY REQUEST STATUS ICONS

You can determine the status of an insurance eligibility request by the icon displayed on the appointment on the Desktop or Scheduler window. You can determine the status of a patient’s eligibility request or information on Accounts tab of the Patient Demographics window.

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>🔄</td>
<td>Download request in progress.</td>
</tr>
<tr>
<td>🔄</td>
<td>Eligibility information received.</td>
</tr>
<tr>
<td>🔄</td>
<td>No eligibility information available for retrieval.</td>
</tr>
<tr>
<td>🔄</td>
<td>Eligibility status cannot be determined.</td>
</tr>
<tr>
<td>🔄</td>
<td>Error in processing the eligibility request.</td>
</tr>
<tr>
<td>🔄</td>
<td>Previously download eligibility information has expired.</td>
</tr>
</tbody>
</table>

DOWNLOAD INSURANCE ELIGIBILITY FROM PATIENT DEMOGRAPHICS

- Find Patient → Patient Demographics → Patient menu → Download Benefits
- In the Download Benefits window, the Patient name will default to the selected patient.
Select the Provider. This will default to the provider identified as the patient’s primary provider if available. The selected provider must have a Surescripts Provider ID.

Select the Service Site. This will default to the provider’s default service site if available.

To download prescription benefits and medication history:

Select the Rx Benefits checkbox. This enables the prescription benefits and medication history fields.

Select the Benefits Coverage, Formulary checkbox to download prescription benefits and formulary information.

Select the e-Med History checkbox to download medication history.

In the Request Date field, select the time frame of the medication history requested.

To download insurance eligibility information:

Select the Eligibility checkbox.

Select the checkbox for each account for which you want to request eligibility information.

Select the OK button to request the benefits information.

DOWNLOAD THE INSURANCE ELIGIBILITY FROM AN APPOINTMENT
You can download medical claims eligibility from the Appointment window regardless of the appointment status. You can download prescription benefits eligibility only after the appointment status has been changed to Checked In.

Either:

- Scheduler → Appointment
- Desktop → Appointment time link

In the Benefit Download Status section, the dates of the last successful downloads for the patient are shown in the Last eMed Hx, Last Rx Benefits, and Last Eligibility fields.

The Download Eligibility checkbox is selected by default. Select the OK button to initiate the download and close the window.
ENTERING INSURANCE ELIGIBILITY INFORMATION MANUALLY
When eligibility information is provided by the patient, you can enter the information directly.

▲ Patient Demographics → Accounts tab → Eligibility link
▲ In the Account Eligibility window, select the New button.
▲ Enter the eligibility information provided.
  o Eligibility Status
  o Deductible
  o Amount Met
  o Remaining
  o Coinsurance In Network %
  o Coinsurance Out of Network %
  o Effective Date
  o Expiration Date
  o Eligibility Notes
VIEWING A PATIENT’S INSURANCE ELIGIBILITY

Once a patient’s insurance eligibility information has been downloaded, you can view in the patient’s account. Eligibility requests obtain information for the patient’s secondary and tertiary insurance plans as well as their primary insurance.

By default, the window displays the information from the primary insurance plan. You can select another plan to view its information if desired. Please refer to the Viewing a Patient’s Insurance Eligibility History section below for instructions.

- Either:
  - Desktop calendar → Eligibility icon
  - Scheduler → Eligibility icon
  - Patient Demographics → Accounts tab → Eligibility link
  - Patient Demographics → Account tab → account name hyperlink → Eligibility button

Select the Current radio button to display the current insurance information. The information in the fields at the top of the window is parsed from the download based on how the eligibility service types are configured for your practice.
Additional information received is displayed in the Benefit Details section. If desired, copy information from here to any unpopulated fields at the top of the window.

Select the Benefit Details hyperlink to view the raw HL7 message if desired.

VIEWING A PATIENT’S INSURANCE ELIGIBILITY HISTORY
You may view the history of a patient’s insurance eligibility. You can also view information from a patient’s secondary or tertiary insurance plan.

Either:
- Desktop calendar → Eligibility icon (  )
- Scheduler → Eligibility icon (  )
- Patient Demographics → Accounts tab → Eligibility link
- Patient Demographics → Account tab → account name hyperlink → Eligibility button
- Select the History radio button.
In the top left pane, select the desired insurance payer.

In the bottom left pane, select the desired request date to view the insurance eligibility information for that date.
CHECK-IN PROCESS

OBJECTIVE
To show the user how to update the patient demographics and check in the patient.

PRINTING THE PATIENT’S YEARLY UPDATE
This is part of the Demographic Prep and should be performed either in the morning before patient visits or in the evening the night prior to the appointment.

△ Click on the patient blue hyperlink name:

△ Click on the “Generate Document icon”:

△ Make sure the radio buttons “Only Use Patient Data” and “Use Formatting Model” is selected:
△ Click the Magnifying Glass to search for the Formatting Model that may be named “Patient Demographic Information” or "Yearly Update" and click Search:

![Find Formatting Model/CDA Section](image)

△ Click the blue hyperlink so the information populates in the Use Formatting Model white box. You can then Preview and/or print the document.

![Generate Patient Document - Zitko, Emily / F / 74 Years](image)

△ Once the patient has filled out the document, then the patient’s demographics may be updated and the form scanned and linked to the patient.

- When the patient first enters the office, the initial step would be to set the status of the patient to “Checked In” — this will display on the
Scheduler for everyone to see so that providers and staff are aware that the patient has arrived in the office.

⚠️ Click on the plus sign under the patient’s name and select “Set Appointment Status” and select “Checked In”:

![Image of scheduler interface]

**UPDATING PATIENT’S DEMOGRAPHICS**

This is the second part of the Demographics Prep to be performed after patient has filled out the Patient Demographic Information” sheet.

⚠️ To edit the Demographics tab, click on the patient’s blue hyperlink name:

![Image of patient demographics interface]
All required fields for Meaningful Use must be populated including, Race, Gender, Ethnicity, Language, and DOB.

Click on the Additional Tab and check the box “E-med Hx Request Consent”

At this time, you can update the patient’s insurance information on the Account tab and pharmacy information on the Pharmacy tab.
After all Demographics, Insurance and Pharmacy information has been updated, the last step for patient’s brand new to Aprima would be to click on the word “Patient”, scroll to the bottom of the page, and click “Download benefits”.

Click OK to run the Insurance Eligibility, E-Med Hx and the pharmacy formulary download.
If collecting Co-Pay at check in, click on the patient’s appointment time. Then click on the Account Tab and enter the amount collected, the method of payment and a reference (initials, ck # or last 4 digits of cc) on the bottom you would then click on the OK to save.

Click on the plus sign under the patient’s name again and set the appointment status to a status similar to Ready for Triage.
CHECK-OUT PROCESS

OBJECTIVE

To show the user the proper way to check the patient out after appointment is completed.

- When the patient is ready to leave, the status under the appointment time will change to: Ready to Discharge. Click on the swinging door icon to begin the check-out process:

The check-out screen appears with several different tasks that need to be accomplished.
Updating a patient’s payment. If co-pays or any payments are collected upon check-out, click on Update Payment, to collect money owed:

Account Information

Account Balance: $1,206.00
Patient Balance: $110.00
Copay Amount: $25.00
Visit Payment: $25.00

Follow Up

Future Appointments:
Thu 10/15/2015 10:00 AM 15 Em’s Test Calendar Dermatology, Test

Co-pay and any outstanding balance can be entered here, with Co-Pay at the top, Co-Insurance, Deductible, and outstanding balances will be recorded in the bottom, click OK.
Scheduling a Return Visit. Click on the blue hyperlink under Follow Up to schedule the patient for their return visit, if any:

1. The appointment screen populates with a search criteria. Then click Search to find open appointments:

2. All open and available time will be shown for the day. Click on the “white box” to the right of the screen to show the actual appointment slots that are available in blue:
Selecting the time will then populate this on the actual Appointment screen. Continue to fill in the remaining information needed to complete the appointment and click OK:

You can also schedule the appointment right from the Scheduler as usual.

Check-out plan and Education forms may be printed or sent to the portal for the Advancing Care portion of the Quality Payment Program.

- These boxes remain unchecked if the patient has been given portal access. If there is a prescription to print, that box would also be highlighted. Click Print Selected Forms, once this is complete.
- You also have the option of printing the receipt from any payment made and the Superbill. Click “OK” at the bottom to complete the Check-out process.

You can also generate any documents such as Scripts for Radiology.

<table>
<thead>
<tr>
<th>Printouts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Plan</strong></td>
</tr>
<tr>
<td>○ Print</td>
</tr>
<tr>
<td>○ Declined by Patient</td>
</tr>
<tr>
<td>○ NA</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| |  
| |  
| | Print Selected Forms |
| | Generate Documents |
Patient’s status has now changed to Discharged:

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>Phone</th>
<th>Status</th>
<th>Checked in:</th>
<th>Discharged:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:56 AM</td>
<td>Ztest Grace</td>
<td>(727)345-7372</td>
<td>Discharged</td>
<td>10:06 AM</td>
<td>1:16 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Est Patient Doctor: test
DOCUMENT LINKING & DOCUMENT MANAGEMENT/PATIENT DOCUMENTS

OBJECTIVE
Allow users to import individual scanned files into Aprima.

User(s) must now be given ‘Security’ Permissions to access and use all steps of Document Linking explained below. These include Document Linking, Document Linking Administrator and Document Management. To be able to import and link, a user would require permissions for Document Linking only. To be able to manage/move/modify documents, a user would require permissions for Document Management. To be able to permanently delete a document, a user would require permissions as a Document Linking Administrator.

In the latest version of Aprima 2015, a new unique way of importing scanned documents has been created to allow more than one user to link imported documents to their corresponding patients. In other words, importing files moves them from a “Source” folder on an individual PC to a “Destination” folder inside Aprima where now any Aprima user can view and link them in a few easy steps

STEPS OVERVIEW:
△ Create a source folder and place scanned document(s) into this folder.
△ Import scanned document(s) into Aprima using the Document Import feature.
△ Move imported document(s) to patient charts using the Document Linking feature.
△ Verify history of imported document(s) using the Document Management feature.
△ Modifying or deleting/removing previously linked documents.

CREATING A SOURCE FOLDER TO PLACE SCANNED DOCUMENT(S)
(If a folder for this purpose has already been created, skip to step 2)
△ On your Windows Desktop, create a folder for all scanned documents to be imported into Aprima and select a name of your choice (e.g., Aprima Scans, Scanned Documents, Doc Link, etc.).
To create a new folder, right click anywhere on your Windows Desktop and choose New > Folder. You can now name this folder.

IMPORTING DOCUMENT(S) INTO APRIMA

After documents have been scanned and placed in the source folder, go to your Aprima desktop and select Document Import from the Desktop menu.

Now click on the Browse button and search for your source folder. Once found, click on it and choose OK.
Your source folder will now show on the top required field. To locate the destination folder, click the search icon to the right of Destination Folder, search for the “General” folder, select it and click OK.

Now that you have both source and destination folders selected, Click OK to proceed with this import. (All files contained in the source folder will be imported in one step.)

IMPORTING DOCUMENT(S) INTO PATIENT CHARTS

Select Document Linking from the Desktop menu on your Aprima desktop or by using the Document Linking Icon.
Imported documents will show on the left-side panel of the Document Linking window. If no files display, click on the search field to the right of the Destination Folder field and select your folder.
Once your folder is selected, your imported files will show, along with the required fields on the right side as shown below.

Just as in the “old document linking” way, import each file individually by “dragging and dropping” the image to the blank white field on the right, selecting the **Linking Detail** (where the image needs to be attached to), and typing relevant required information as shown below.
In the 2015 upgrade you will notice new radio button selections in Document Linking. Some of these new radio buttons will require you to answer the required fields in order to link the document.

KEY POINTS TO REMEMBER WHEN DOING DOCUMENT LINKING:

- The option you select will determine which of the remaining fields will be required, available, or unavailable. Some of the following steps will not be needed depending on your selection.
- Based on the Attachment Type you select, this will determine where your attachment will display in the patient's review past notes.
- Enter a Doc Name for the document group if desired, or accept the default. This simply names the group of files that you are attaching together. The document group name is used in this window to categorize files, and also appears in the Attachment slider.
- Select the Include in Summary checkbox if you want the attachment included in the One Page Summary Window’s Attachment slider.
- If you selected the Order or the Relationship radio button, search for and select the procedure, referral, or provider relationship to which the document is to be attached.
- The radio button will default to order instead of patient, if there are unlinked orders in the chart.

RADIO BUTTONS YOU CAN SELECT WHILE DOCUMENT LINKING:

![Linking Detail](image-url)
Select Patient Photo to attach a patient photograph to a specific patient's demographics record. You may only attach one photo file at a time.

Select Patient to attach the file to a patient's demographic record. This is useful for driver's licenses, insurance cards, advanced directives, and similar items that are not specific to a patient visit or procedure and are not specific to a payment.
Select Visit to attach the file to a specific patient visit note. This is useful for referral letters and similar items.

If you link an attachment to a visit it will not display on left hand side of the Review Past Notes. In order to view the attachment, you must click on the visit you linked it to, then select the attachment tab.
Also, you can go into the note and see the attachment in the attachment slider.

Select Order to attach the file to a specific service or to a specific referral.

If you have any outstanding orders on a patient, the radio button will default to "order" after you select a patient to attach.

If you selected the Lab Results, Radiology Images, or Radiology Results attachment type, you must select a Result Date.
Select Relationship to attach the file to a specific patient/provider relationship.

When you select this radio button you are required to link it to a Relationship/Referral.

Select Deposit to attach the file to a specific payment item.

If you selected the Deposit radio button, you will be required to attach the deposit to a payment item.
To update this import and proceed with moving another file to any patient’s chart, click the New button on the top right.

To undo this import and try again, click the *Undo Arrow* on the top right.

To view how many files have been added to this import process, hover your mouse over the Performed Linkings slider on the top right to display them.

Once all files have been “linked” to patient charts, click the Apply button (the bottom right). If you wish, you can click the Apply button between each document instead of placing it in the Performed Linking’s slider. This will send the document to the patient’s chart at that moment.
If all imported files have been moved from the selected destination folder, the following message will appear. Simply click **OK** to continue.

![Document Linking Window]

At this point, your document linking is complete. Click **OK** (bottom right) to close this window and return to your desktop.

![OK Button]

VERIFYING HISTORY OF IMPORTED DOCUMENTS

To search for documents already imported into Aprima, select the Document Management option from the Desktop menu on your Aprima desktop.

![Desktop Menu]

The *Document Management* window will appear. To view a list of all imported files, simply click the *Search* button.

![Document Management Window]
Below is a sample displaying all imported files.

To search for imported files for a specific patient, type the patient’s name in the **Patient** field and click **Search**. For a specific attachment type, simply search or type this information in the **Attachment Type** field and click **Search**.
From the patient’s chart you can open the Patient Documents icon which will open Document Management for the specific patient you are in.

MODIFYING OR DELETING/REMOVING PREVIOUSLY LINKED DOCUMENTS.
To search for documents needing modification or deletion, select the Document Management option from the Desktop menu on your Aprima desktop. (Same process as #4 above to access these documents).

Once the Document Management window appears, fill in the patient’s name, in the Patient field, and find the attachment that needs to be modified, and click Search. User may also use the search field for a specific attachment type to narrow choices (use Attachment Type field).
To reject (detach) an imported file after searching for it, simply check the box to the left of the file and click the *Reject* button.
The message below will appear. Simply click Yes to continue.

This will move the document back into the ‘Rejected’ folder in Doc Linking where the document can be renamed, re-categorized, assigned to the correct patient, etc. This is also where a document (such as a duplicate) can be permanently deleted by an administrator.

To access these documents, once they are moved to the “Rejected” folder, go back to Document Linking and change the Destination Folder to ‘Rejected’ to locate the rejected files.
At this point, the functionality is the same as when originally linking. Once the new document is dragged to the white field, it can be renamed, re-categorized, or assigned to a different patient.

If the document needs to be permanently deleted (from both the General or the Rejected folder), this is accomplished by first clicking and dragging the document to the small blue box next to the Document Folder at the top of the screen.

Once documents to be completed are dragged to this box, they are actually being moved to the ‘Ignored’ folder.

Once everything to be deleted has been moved to the Ignored Folder it can be accessed the same way through Document Linking by changing the Destination Folder to ‘Ignored’.

These documents can then be deleted by clicking and dragging them to the red ‘X’ which has now replaced the small blue box next to the Destination Folder. NOTE: Only users with Document Linking Administrator permissions will have the ability to permanently delete these.
A warning will pop-up confirming this step and that it cannot be undone. If acceptable, click ‘Yes’ to complete.

Once finished, click ‘OK’ to complete Document Linking and Document Management process.
TRACK RX

OBJECTIVE

To instruct user how to track electronic prescriptions that has been sent out

- From the desktop, select Tools, Track RX.

- The Track Prescriptions window will open. Here you will be able to track medications that went successfully to the pharmacy and medications that had a transmission error. From here you search by date, patient, pharmacy, and/or provider. Once you have selected the search criteria, click search

- When the search comes back look at the e-Prescribed medications and Notes column. If it says “Yes” then the medication went successfully to the pharmacy. If it says “No” then look at the Notes column to see why the medication was not transmitted. (ex. Pharmacy Not Set, Controlled substance cannot be e-Prescribed, etc.)
AUDIT TRAIL

OBJECTIVE

To instruct user how to track other user’s movements in the system.

- From the desktop, select Desktop, Audit Trail.

- The Audit Trail window will appear. You will be able to filter your search by timeframe, patient name, user name and description of what is being looked for. Once you have made your filter selections hit the search button.
The Audit Trail will supply you with the date and time the changes were made, who made them, from what computer they made them, the patient’s name (if it affected a patient) and what change was made. You can click on the description link for more information on some of the items.

<table>
<thead>
<tr>
<th>Changed Time</th>
<th>User</th>
<th>Patient</th>
<th>Workstation</th>
<th>Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/11/2015 4:57 PM</td>
<td>Emily Smith</td>
<td></td>
<td>emilys pc</td>
<td>Search for ViewAuditLog-props-props-VisitMedication</td>
<td>userRead</td>
</tr>
<tr>
<td>9/11/2015 4:56 PM</td>
<td>Emily Smith</td>
<td></td>
<td>emilys pc</td>
<td>Search for ViewAuditLog-props-props-VisitMedication</td>
<td>userRead</td>
</tr>
<tr>
<td>9/11/2015 4:56 PM</td>
<td>Emily Smith</td>
<td></td>
<td>emilys pc</td>
<td>Search for ViewAuditLog-props-props-VisitMedication</td>
<td>userRead</td>
</tr>
<tr>
<td>9/11/2015 4:52 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>emilys pc</td>
<td>Visit Checkout (write)</td>
<td>user</td>
</tr>
<tr>
<td>9/11/2015 4:52 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>emilys pc</td>
<td>Visit Checkout (write)</td>
<td>user</td>
</tr>
<tr>
<td>9/11/2015 4:52 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>emilys pc</td>
<td>Search Details</td>
<td>user</td>
</tr>
<tr>
<td>9/11/2015 4:52 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>EMILYS PC</td>
<td>Completed visit note</td>
<td>user</td>
</tr>
<tr>
<td>9/11/2015 4:51 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>emilys pc</td>
<td>Visit note with visit date of 9/11/2015 (read)</td>
<td>userRead</td>
</tr>
<tr>
<td>9/11/2015 4:51 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>emilys pc</td>
<td>Assisted Patient (write)</td>
<td>user</td>
</tr>
<tr>
<td>9/11/2015 4:51 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>emilys pc</td>
<td>Search Details</td>
<td>user</td>
</tr>
<tr>
<td>9/11/2015 4:47 PM</td>
<td>Emily Smith</td>
<td>Emily Ztest</td>
<td>emilys pc</td>
<td>Patient Demographics (read)</td>
<td>userRead</td>
</tr>
</tbody>
</table>

Filter Attributes
- User: Smith, Emily
- Patient: 
- Description: 
- Type: 

Filter is visible to: Me

(default batch 9/11/2015 emily.smith...)
DEPOSIT REPORT

OBJECTIVE

To instruct the user how to run a Deposit Report

△ From the desktop select the Report icon.

△ The View Report window will open. Click the plus sign next to PM Balancing Reports.
Select the Deposit Report. Then select the day you wish to run the report for and select the batches you wish to include in the report. Select View to view the report.

The report will generate and you can compare the report with the office payments that you collected that day. The report tells you the patient’s name, the form of the payment and the amount on the payment. When you are ready you can print the report.
PATIENT RECORD DISCLOSURE HISTORY

OBJECTIVE

To instruct user how, when and why to run the Patient Record Disclosure History

△ When the patient’s chart is printed from RPN a disclosure box pops up requiring you to enter why you are printing the patient’s chart and to whom you are giving the chart to.

△ To run the report to see who has received a specific patient chart go to the patient demographics, click on the Patient drop down menu and select Patient Record Disclosure History.
The report will generate with a complete history of who printed the chart, who it was disclosed to, a description of the disclosure and the purpose of the disclosure.

<table>
<thead>
<tr>
<th>Patient</th>
<th>User Name</th>
<th>Decl. Date</th>
<th>Disclosed By</th>
<th>Disclosed To</th>
<th>Disclosed To Description</th>
<th>Disclosure Description</th>
<th>Disclosure Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zette, Patient</td>
<td>Suggs, Emily</td>
<td>06/12/2013</td>
<td>Emily Suggs</td>
<td>Dr. Pakeperson for Psychological Eval</td>
<td>Dr. Pakeperson for Psychological Eval</td>
<td>Referral</td>
<td>Patient: Zette, Patient Address: 3414 W Bay To Bay Blvd TAMPA, FL 33619 DOB: 1/9/1978 Disclosed Patient Demographics and Complete Medical Record</td>
</tr>
<tr>
<td>Zette, Patient</td>
<td>Suggs, Emily</td>
<td>06/12/2013</td>
<td>Emily Suggs</td>
<td>Dr. So and So for Ortho Eval</td>
<td>Dr. So and So for Ortho Eval</td>
<td>Referral</td>
<td>Patient: Zette, Patient Address: 3414 W Bay To Bay Blvd TAMPA, FL 33619 DOB: 1/9/1978 Disclosed Patient Demographics and Complete Medical Record</td>
</tr>
</tbody>
</table>