Medisoft 25 Release Notes

January 2021

eMDs
medisoft

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Chapter 1 - Enhancements

This chapter presents a high-level description of the following enhancements to the Medisoft® system.

Important: you must have an account set up in eMDs Salesforce and your account must include an “asset code” for the following features before you can use them: Acuant OCR Card Scanning and IMO - Enhanced Code Search. Verify with your Value-Added Reseller (VAR) that you have an account and that it has your subscriptions for these features listed. VARs should contact their VSE for more information.

The list of registered products in Medisoft will not list Acuant - OCR Card Scanning nor IMO - Enhanced ICD Search since these are registered in Salesforce. You must look at your account in Salesforce to see if these features are registered.

In this chapter

Topic	Description	See page
Acuant – OCR Card Scanning	OCR Scanning of Insurance Cards with Returned Insurance Data into Medisoft	2
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Acuant – OCR Card Scanning

You can now send scans of patient insurance cards to Acuant, where they can be parsed and then will automatically populate the patient's insurance information in the Policy tabs in the Case. OCR Scanning of patient insurance cards will improve productivity by:

- accurately capturing and auto-populating insurance data
- accelerate reimbursement cycles and reduce denials caused by incorrect manual entry of insurance data

You must be registered to use this feature. When you first use this feature, you'll see a screen for registration information. Enter the information you received from your Value-Added Reseller (VAR). The Account ID is case-sensitive.

For the Value-added reseller: The Customer Account ID in Salesforce is the Customer Account ID in Medisoft.

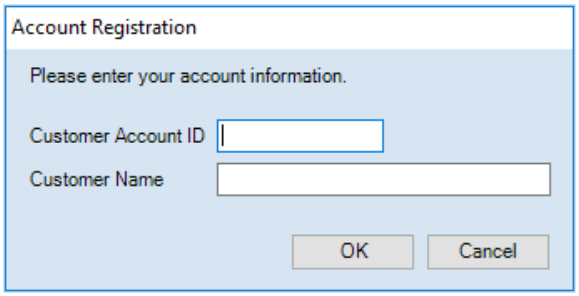


Figure 1. Account Registration screen

Supported Scanners

- Brother DS Mobile 700D

- ScanShell 800DX and 800DXN
- ScanShell 800N, 800R, 800NR
- ScanShell 1000N, 1000A, 1000NA
- ScanShell 2000N

- Ambir DS490-i
- Ambir DS687
- Ambir PS667
- Ambir PS600

- TTScanner

- Fujitsu 6130
- Fujitsu 6130z

- Brother MFC 8680DN
- Canon PIXMA MX 452
- QMB MasterScan via TSScan

Recommendations

To perform the OCR data extraction there are certain recommendations that should be met by the user.

- OCR is supported by TWAIN-compliant scanners.
- Color images only
- When using a scanner to capture the images, capture cropped 300 dpi images of medical insurance cards (front side only).
- 300 dpi or greater image is required when capturing both front and back side images of the medical insurance cards.
- Make sure images are not blurry and there is no glare, shadow, or holographic reflection on the images.

Several changes have been made to Medisoft for this new feature:

Updated Case - Policy tabs

There is a new button on the Policy tabs of the patient's case: Get Card Data. Click this button to send the scanned image to the service for parsing the data.

Note: This button will be disabled if there are no scans associated with the patient/case or when the focus is not on the Front Card radio button. In addition, clicking the Get Card Data button will NOT perform a scan. It merely sends the data from a selected, scanned card to Acuant.

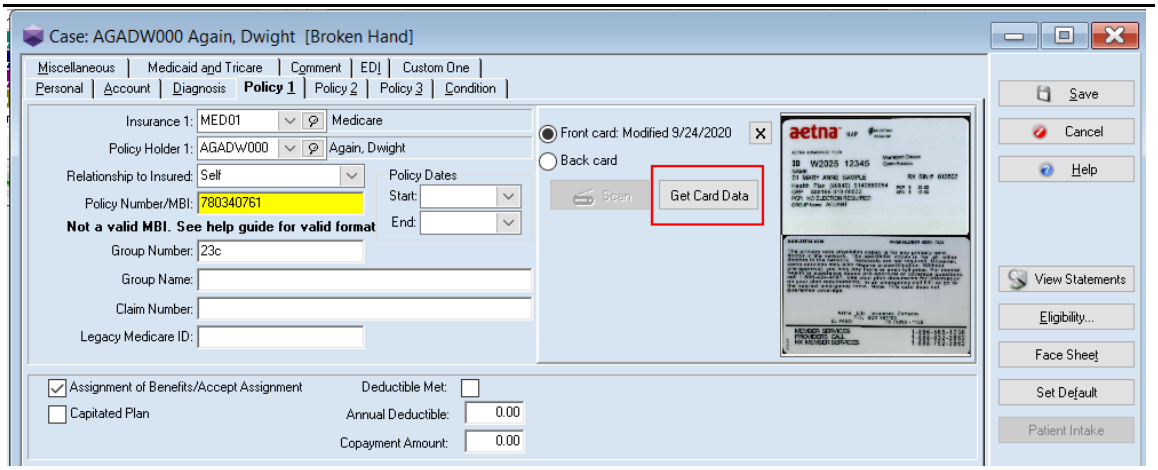


Figure 2. Case - Policy 1 tab

Updated Multimedia Entry screen

New check box

There is a new check box on the Multimedia Entry screen: Duplex Image. Select this check box if the image you are scanning is a duplex (two sided) image. In this way, Medisoft will know to split the image when it sends data to be read for OCR.

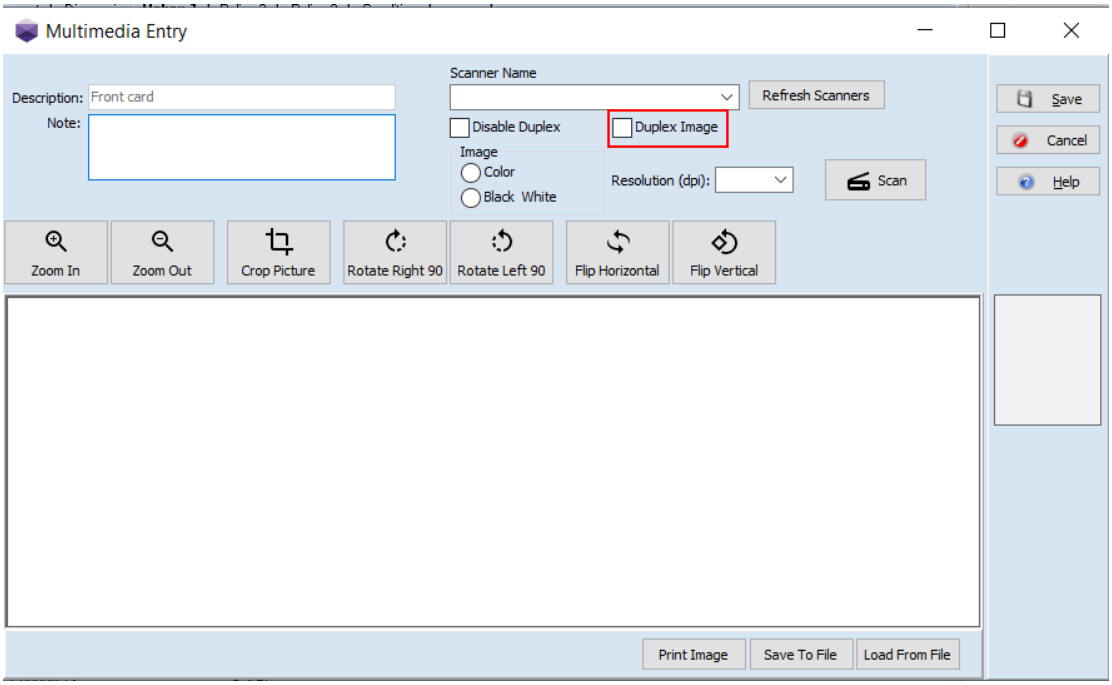


Figure 3. Multimedia Entry screen

Important information:

- This check box will be selected automatically when you begin to scan a card. If the software can recognize that your scanner is a duplex scanner and you have not checked the Disable Duplex box. If a card exists or you select Load from File, you must check or uncheck the box as needed. The system will remember your last selection after a completed OCR. So it is important to verify this box if you sometimes have a duplex and sometimes have single sides scans.
- This check box will be cleared automatically when you select the Disable Duplex check box.
- If you are loading a previously-scanned card from a file and it was scanned as a duplex card, made sure to check the Duplex Image box.
- Make sure the correct check boxes are selected before you click the Save button.

New Validate Card Data screen

This screen opens after you click Get Card Data on a Case - Policy tab and the data has been returned from the vendor.

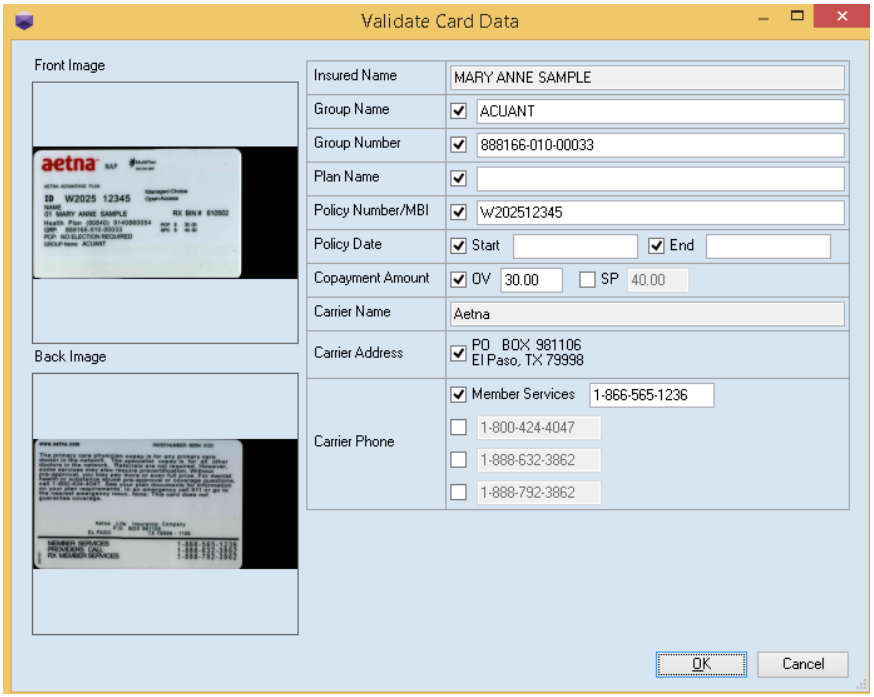


Figure 4. Validate Card Data screen

The system will parse a selected scanned card and display the information on this screen. Note that you can de-select any check box if you do not want this data to save to the case,

Edit any fields as necessary and check the appropriate box for Co-pay OV (Office Visit) or Co-pay SP (Specialist), if more than one is returned, so it can populate the Medisoft Co-pay field correctly. As a default, OV is preselected. Note if the insurance card does not contain Co-pay or Deductible information, the Copayment Amount and Deductible fields will not display on the Validate Card Data screen. Additionally, these fields will only display when the OCR Get Card request was made from the Policy 1 tab.

Other fields may return multiple options (phone number, email, Insurance Address) and can be selected by checking the box for the one you wish to use.

Verify the information and then click the OK button. The fields on the Policy tab will be updated with the scanned data.

The Insurance name/address and Policy Holder will display on the Scan tab to be used as reference.

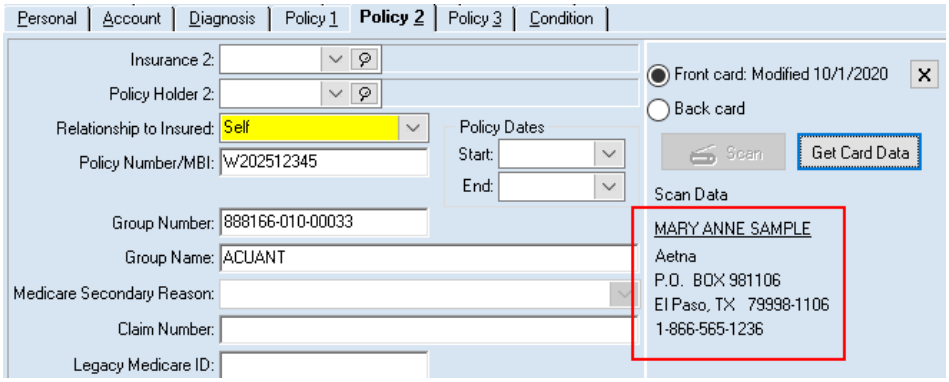


Figure 5. Policy tab

If prior to performing the OCR, the Insurance and Policy holder are populated, these fields are highlighted in yellow on the Insurance carrier tab to indicate information that might have changed.

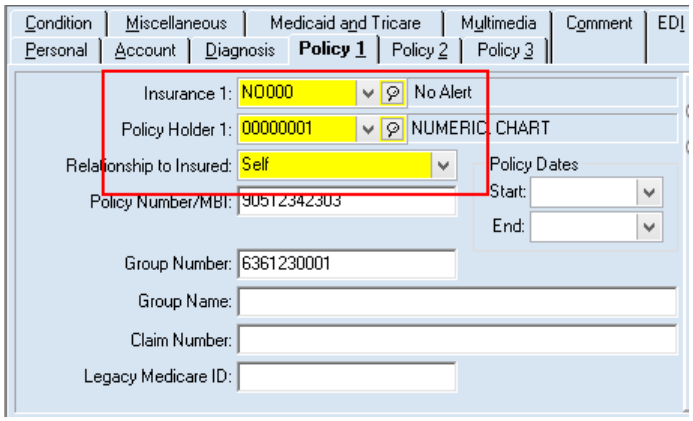


Figure 6. Policy 1 tab with yellow highlighted fields

Note: Relationship is always prepopulated so it will be yellow even if there was no previously entered Insurance. Once you've saved the case, the highlighting will disappear.

If this is a new insurance carrier, right-click (or press F8) in the Insurance field on the Policy tab and select New Insurance. The Insurance data will automatically populate in the corresponding Insurance fields. Complete any additional the fields as necessary and Save the Insurance. The new Insurance Code will populate the Insurance 1 field. Complete any other information and save the Case.

Tracking successful scans

You can quickly learn how many successful OCR scans have been taken by using the updated Audit report (for more information, see "Audit Report" on page 31).

Error messaging

Below is an example of a message you could receive if the image could not be processed.

Figure 7. OCR error message

If the image on file looks good to you, you could try to get the card data again. If it still errors you, will need to do a new scan.

Procedure

To scan a card and have the card data update the patient record:

1. On the Lists menu, select Patients/Guarantors and Cases. The Patient List screen opens.
2. Select the patient and then select the case or New case.
3. Click the **Edit Case** button. The Case screen opens.
4. Select the appropriate Policy tab.
5. Select the Front card radio button.
6. Click the **Scan** button. The Multimedia Entry screen opens.
7. Select a scanner and specify if it is a duplex image or not, as well as the Resolution (300 dpi is recommended) and Color setting.
8. If it is a one-sided scan, select Disable Duplex.
9. Click the **Scan** button. The image is scanned in and appears in the screen below.
10. Make any adjustments and click the **Save** button.
11. Close the Multimedia Entry screen.
12. If the front image was not a duplex, repeat the process selecting the Back card radio button if you have a single side back card to scan. (If you have a single sided image in both Front and Back, both images are sent when you select Get Card.)
13. On the Policy tab, verify the front card radio button is selected. If it is not, select it and click the Get Card Data button. The image is parsed and the Validate Card Data screen opens with the parsed data.
14. Verify the information and click the OK button. The policy information is updated.
15. If this is a new insurance carrier, right-click (or press F8) in the Insurance field on the Policy tab and select New Insurance.
16. Complete the fields as necessary and click the Save button.

Eligibility Patient Demographic Query & Update

You can now complete a new or existing patient's demographic and case information as part of an eligibility check in Medisoft or Office Hours. Once basic information for the patient has been entered into Medisoft or Office Hours, performing an eligibility check will populate patient data into the existing Pending Patients feature. Then, you can update and import that information into the patient's record.

Eligibility information

- When an eligibility request is sent, it will use the current system date, just as it does for the existing eligibility feature (F10).
- The patient's insurance carrier may or may not send complete demographic information back with the Eligibility Request. Each payer is different.

As part of this feature, several updates have been made in Medisoft.

Updated Patient List screen

New button

There is a new button on the Patient List screen: New Patient Quick Add/Query.

Click this button to open the New Patient/Quick Add screen. For more information, see "New Patient/Quick Add screen" on page 12.

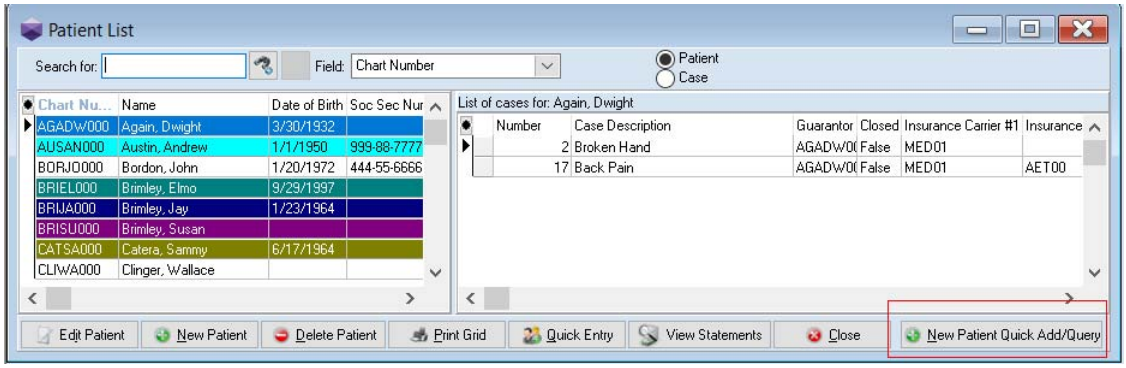


Figure 8. Patient List screen

New right-click option

In addition, there is a new right-click option on a selected case: Patient Demographic Query. Selecting this option will initiate an eligibility request and then Pending Patient. You can also initiate the eligibility request by selecting the case and pressing Ctrl + F12 on your keyboard.

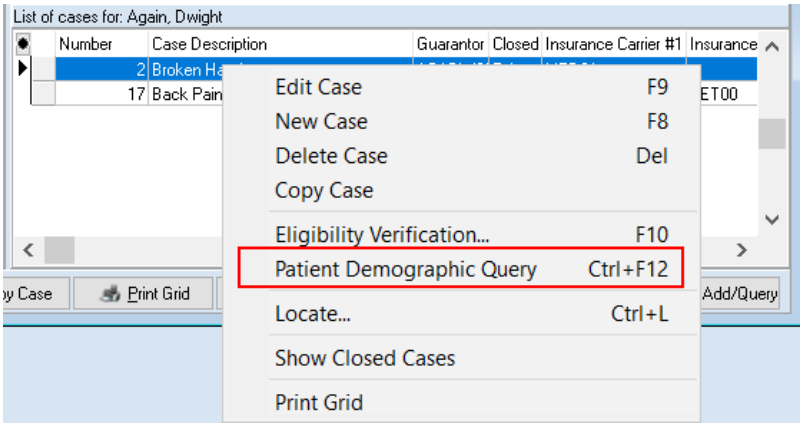


Figure 9. Patient List screen

Updated New Appointment Entry screen

New right-click option

There is a new right-click option on the Chart field of the New Appointment Entry screen in Office Hours: New Patient Quick Add/Query.

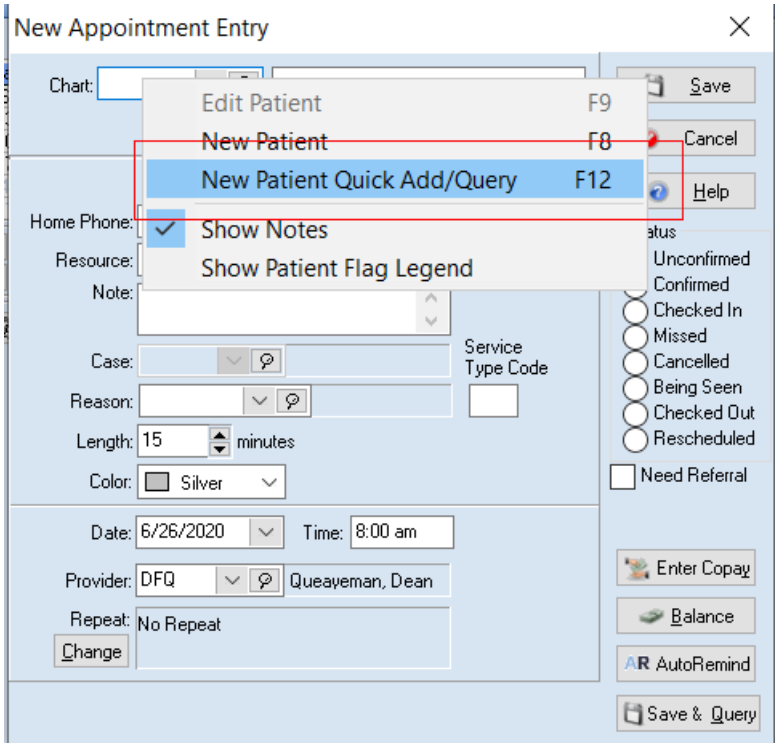


Figure 10. New Appointment Entry screen

Selecting this option will open the new New Patient/Quick Add screen. For more information, see “New Patient/Quick Add screen” on page 12.

Updated Appointment screen

New right-click option

There is a new option on the right-click menu for the Appointment screen: Patient Demo Quick Query. Select this option to conduct an eligibility request that will return patient data that you can use to update an existing patient’s record using Pending Patients.

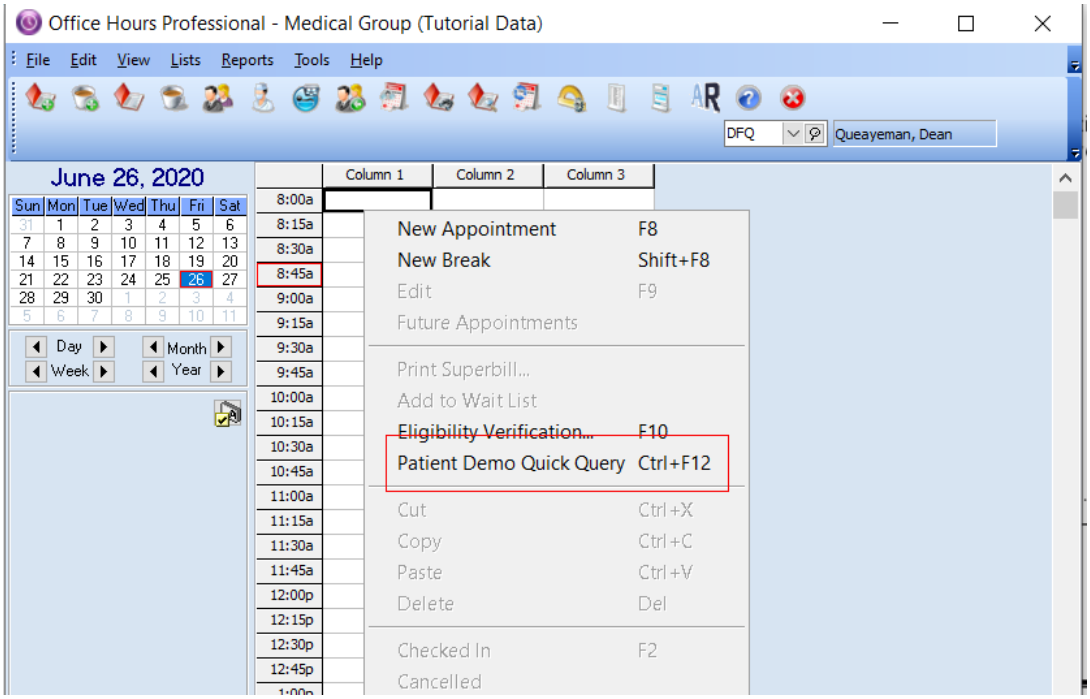


Figure 11. Appointment screen - right-click menu

New Save & Query button

There is a new Save & Query button. Use this button to save an appointment and initiate an eligibility request and then launch Pending Patients to update demographics.

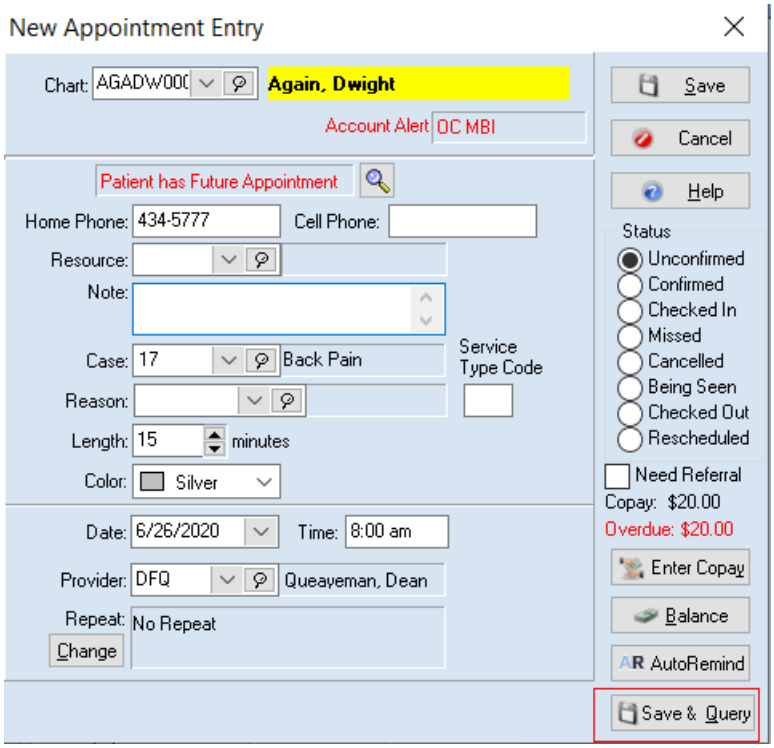


Figure 12. New Appointment Entry screen

New Patient/Quick Add screen

This screen is opened when you click the New Patient/Quick Add/Query on the Patient List screen in Medisoft or the New Patient Quick Add/Query right-click link on the Chart field of New Appointment Entry in Office hours. For more information, see “Updated Patient List screen” on page 9.

Use this screen to quickly create a new patient record and case record in preparation for performing an eligibility check.

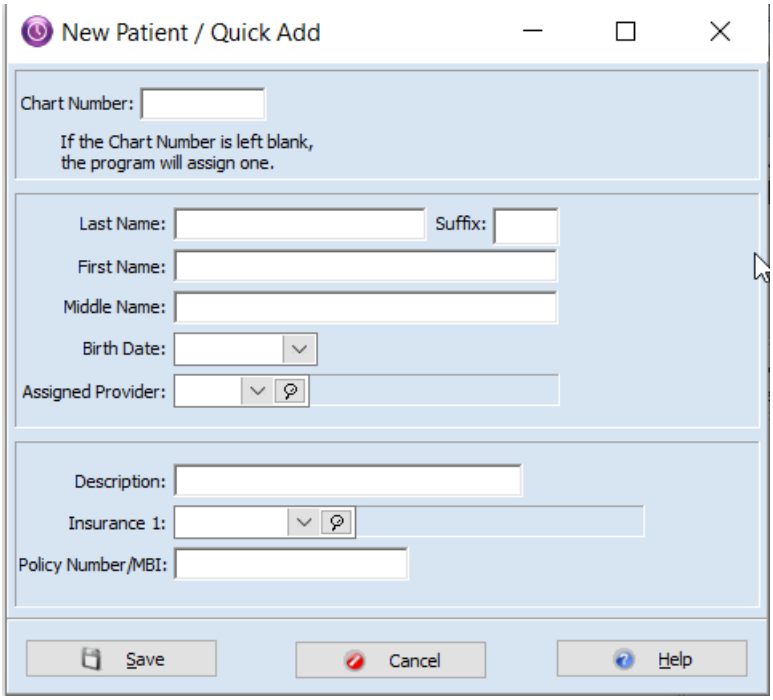


Figure 13. New Patient/Quick Add screen

The table below describes the elements on this screen.

Element	Description
Chart Number	Enter a chart number for the patient. If you leave this field blank, the system will create one for you.
Last Name*	Enter the patient's last name.
Suffix	Enter any suffix for the patient.
First Name*	Enter the patient's first name.
Middle Name	Enter the patient's middle name.
Birth Date*	Enter the patient's birth date.
Assigned Provider*	Select an Assigned Provider for the patient.
Description*	Enter a case description.

Element	Description
Insurance 1*	Select the patient's primary insurance. Note: You cannot add a new Insurance carrier when adding a new patient on this screen. If you try, you will receive a warning message. The new insurance carrier must be added before adding the new patient to run the query since it needs to be configured in Revenue Management to be able to perform the Eligibility request. If it is a new insurance, exit out of this screen, do the needed setup, and then come back.
Policy Number/MBI*	Enter the patient's policy number or MBI number.
Save button	Click this button to save the record.
Cancel button	Click this button to cancel any changes and close the screen.

*Indicates a required field

Pending Patients in Office Hours

Pending Patients will now launch in Office Hours after performing a Save and Query or a Patient Demo Quick Query. This screen will open when an eligibility request is complete and patient data has been returned from the eligibility check.

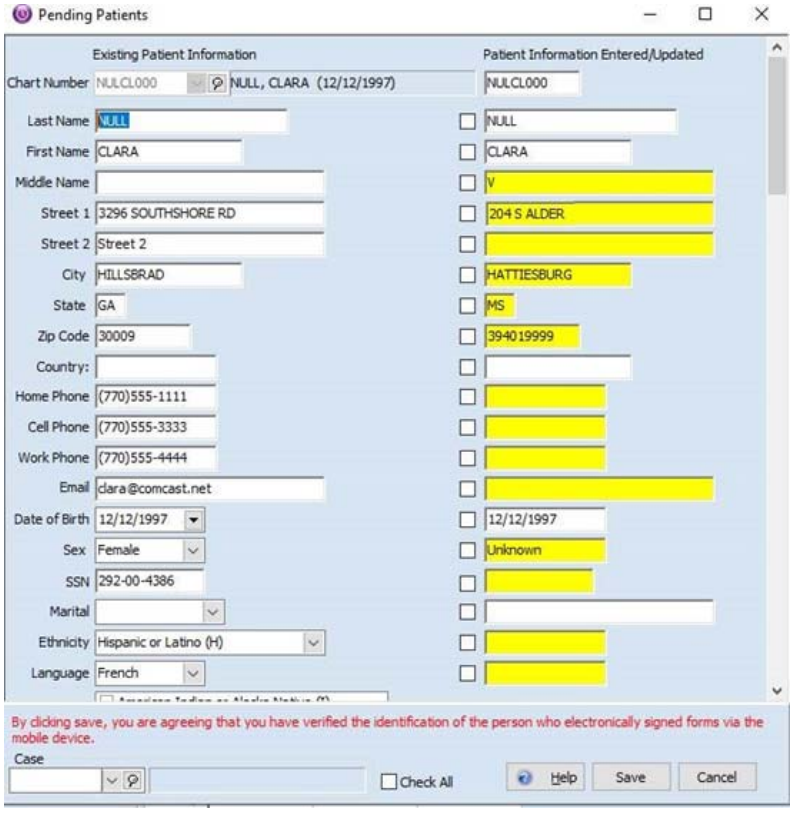


Figure 14. Pending Patients screen - Office Hours

Existing patient information appears in the left-hand column and information from the eligibility check appears in the right-hand column. Select the fields in the right-hand column that need to update the patient's record. You can use the Check All check box at the bottom to select all of the fields. Then, click Save to make the changes to the patient's record.

Note: The Case Default field on the Data Entry tab in Program Options determines which Case is defaulted (lower right). You can select a different case or create a new case as needed. If your Program Option is set to Last Used, there will be no default for a patient/case created using the New Patient Quick Add.

Procedures--Medisoft

Eligibility check for new patient

1. Select Lists > Patients/Guarantors and Cases. The Patient List screen opens.
2. Perform a search to verify that the individual is not listed as a patient.
3. Click the New Patient/Quick Add/Query button. The New Patient/Quick Add screen opens.

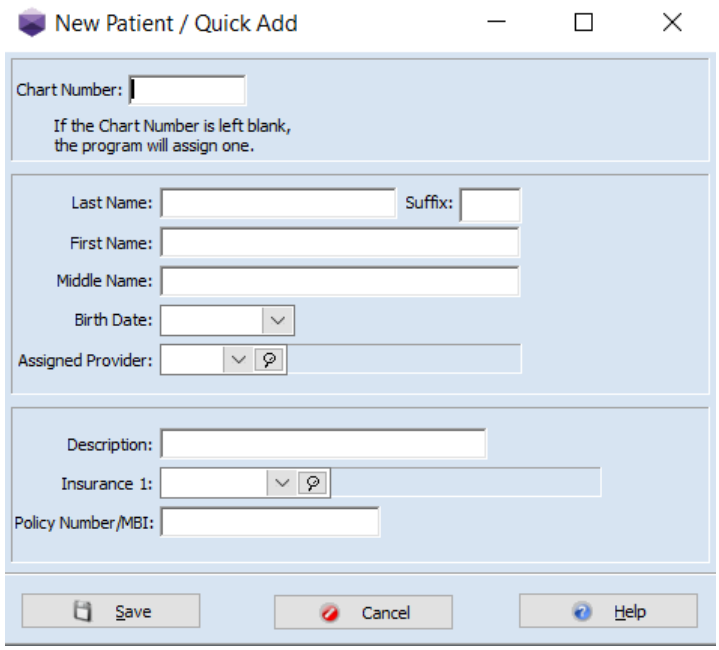


Figure 15. New Patient/Quick Add screen

4. Complete the fields on this screen for the patient.
5. Click the **Save** button.
6. The system performs an eligibility check and the Eligibility Verification Results screen opens.
7. When you close the screen, the Pending Patient screen opens.
8. Verify the updated data and select the check boxes for the fields that will update the patient's record.
9. Click the **Save** button.

Eligibility check for existing patient

1. Select Lists > Patients/Guarantors and Cases. The Patient List screen opens.
2. Select the patient and then the associated case.
3. Right-click the case and select Patient Demographic Query from the menu.
4. The eligibility check is performed and the Eligibility Verification Results screen opens.
5. When you close the screen, the Pending Patient screen opens.
6. Verify the updated data and select the check boxes for the fields that will update the patient's record.
7. Click the **Save** button.

Procedures--Office Hours

Eligibility check for new patient

1. On the Activities menu, select Appointment Book. Office Hours opens.
2. On an empty appointment slot, right-click and select New Appointment. The New Appointment screen opens.
3. In the Chart field, right-click and select New Patient Quick Add/Query. The New Patient Quick Add screen opens.
4. Complete the fields on the screen for the patient.
5. Click the **Save** button. You are returned to the New Appointment screen with the new patient chart populated and some of the fields are completed.
6. Complete the appointment details.
7. Click the **Save & Query** button. The eligibility check is completed and displays the results.
8. Close the Eligibility Verification Results screen. The Pending Patients screen opens.
9. Select the information in this screen that you want to transfer to the patient's record.
10. Click the **Save** button.

Eligibility check for existing patient/Appointment

1. In Medisoft, select Activities > Appointment Book. Office Hours opens.
2. Right-click on an appointment slot and select Patient Demo/Quick Query.
3. The eligibility check runs.
4. Close the Eligibility Verification Results screen. The Pending Patients screen opens.
5. Select the data that you want to update the patient's record.
6. Click the **Save** button.

IMO - Enhanced ICD Search

The current ICD-10 code search tool for Medisoft has been replaced by Intelligent Medical Objects® (IMO®).

You must be registered to use this feature. When you first use this feature, you'll see a screen for registration information. Enter the information you received from your Value-Added Reseller (VAR). The Account ID is case-sensitive

For the Value-added reseller: The Customer Account ID in Salesforce is the Customer Account ID in Medisoft.

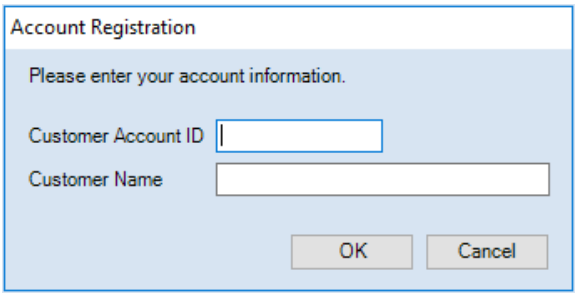


Figure 16. Account Registration screen

Updated button

When you click the ICD-10 Look up button on the Medisoft Diagnosis (new) screen, the new search screen will open.

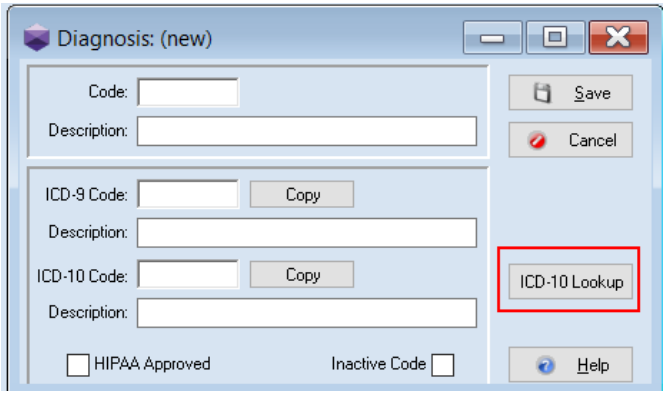


Figure 17. Diagnosis (new) screen

When you first open Diagnosis Code Search, it will appear like this:

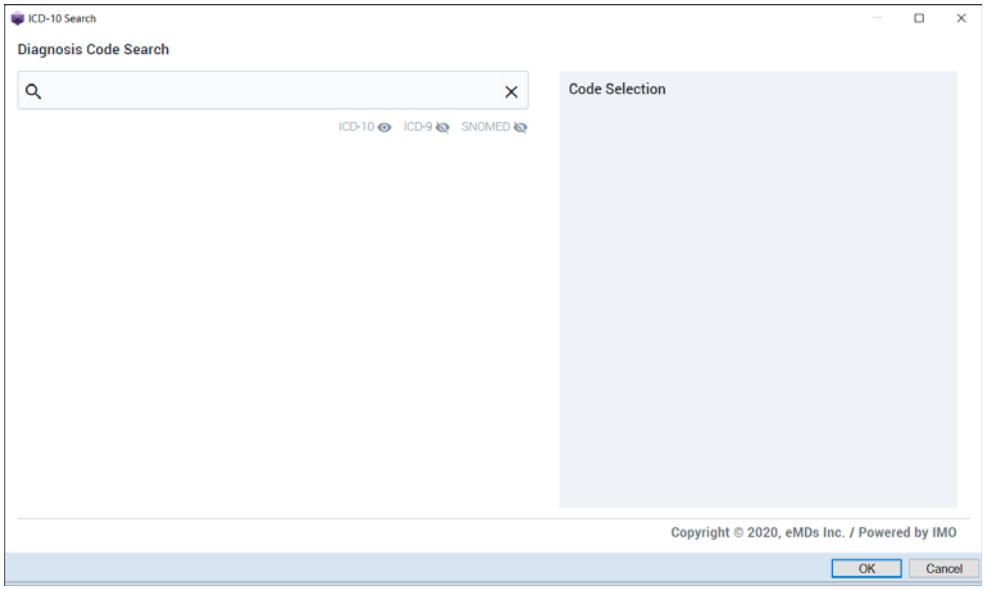


Figure 18. Diagnosis Code Search screen

Searching for and selecting codes

Searching for codes

Search for a code by entering the code description or part of the description. The type ahead search feature will display codes automatically after you have entered three characters. Then, either scroll through the list of results or continue to type in the description to refine the search.

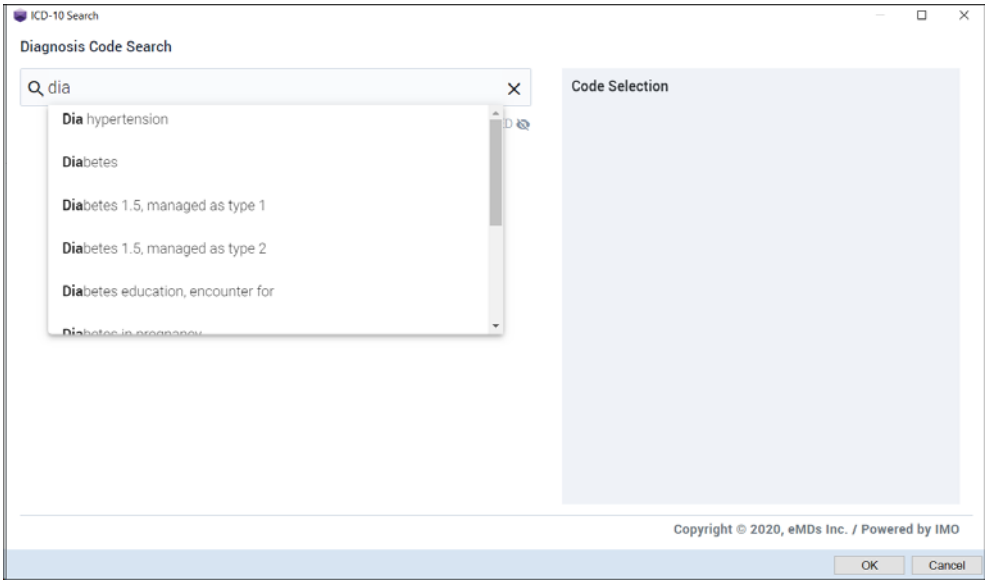


Figure 19. Diagnosis Code Search screen - type ahead results

You also can type a search term or partial search term (for instance, one or two characters) and press **Enter**.

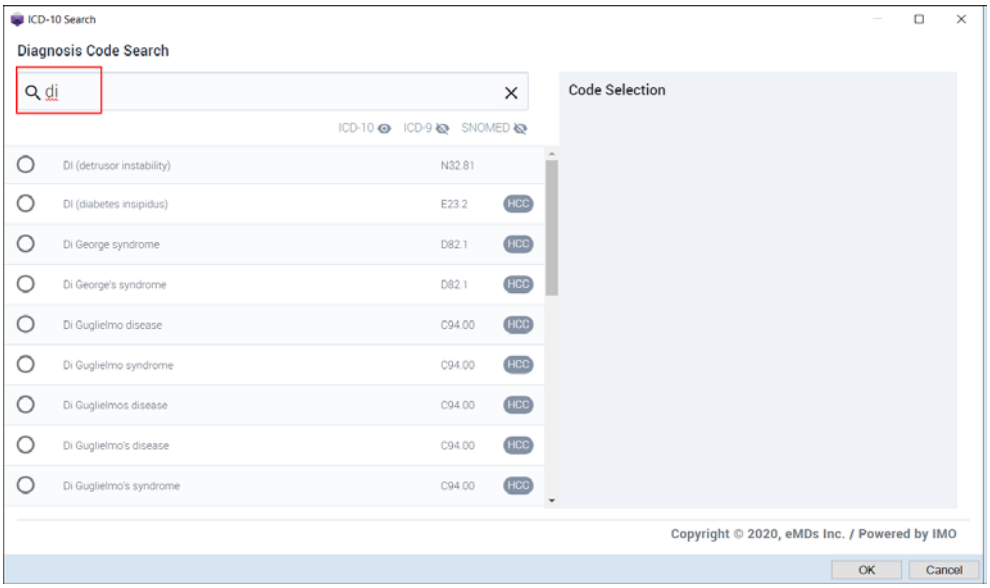


Figure 20. Diagnosis Code Search screen - Enter key pressed

Codes that were located appear in the section below the Search field. When the search results include a diagnosis with multiple ICD-10 codes, a plus sign (+) displays next to the diagnosis code.

Figure 21. Diagnosis Code Search screen - + sign highlighted

Selecting such a code by clicking the radio button to the left of it will display all diagnoses associated with that item.

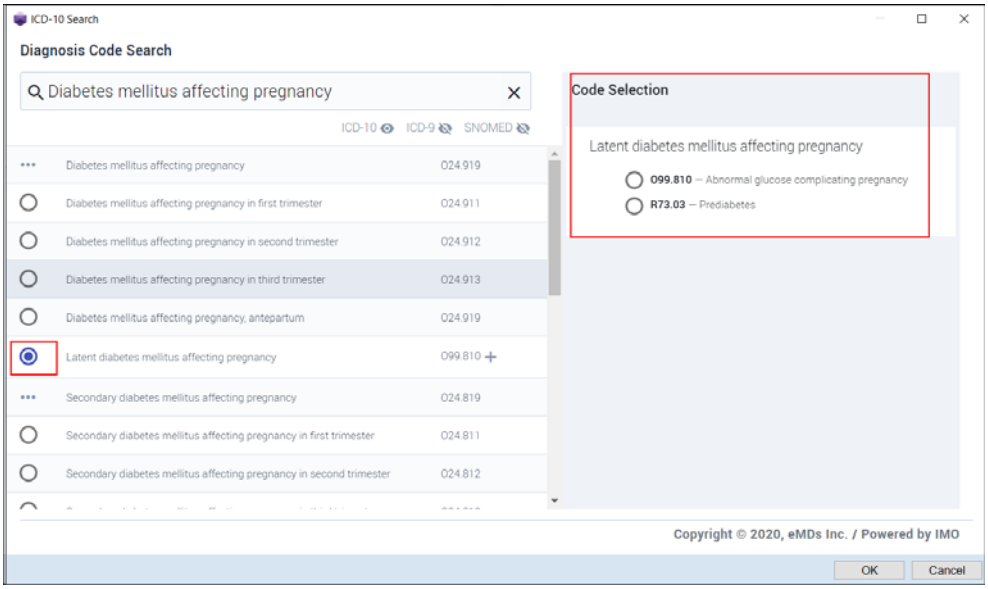


Figure 22. Diagnosis Code Search screen - Code Selection section highlighted

You can also hover over or click the plus sign (+) to display a screen that shows the **additional ICD-10 codes** for the diagnosis code.

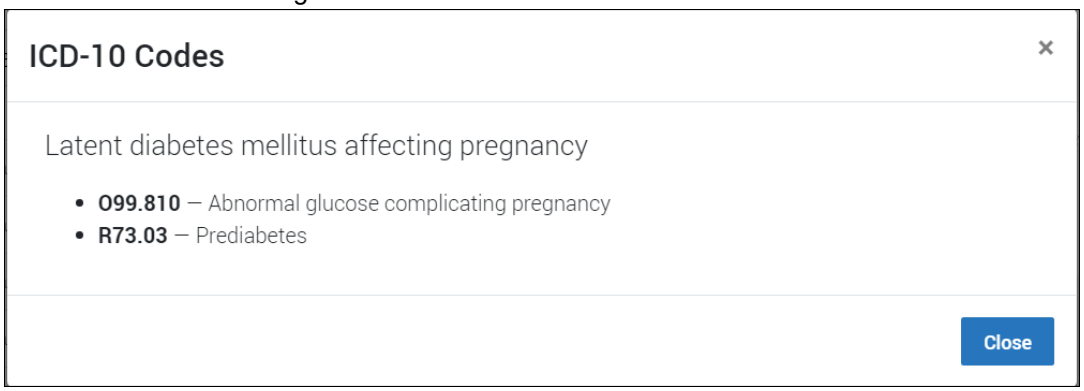


Figure 23. ICD-10 Codes modal

Selecting codes

To select a code, click the radio button to the left of the code in the main search section.

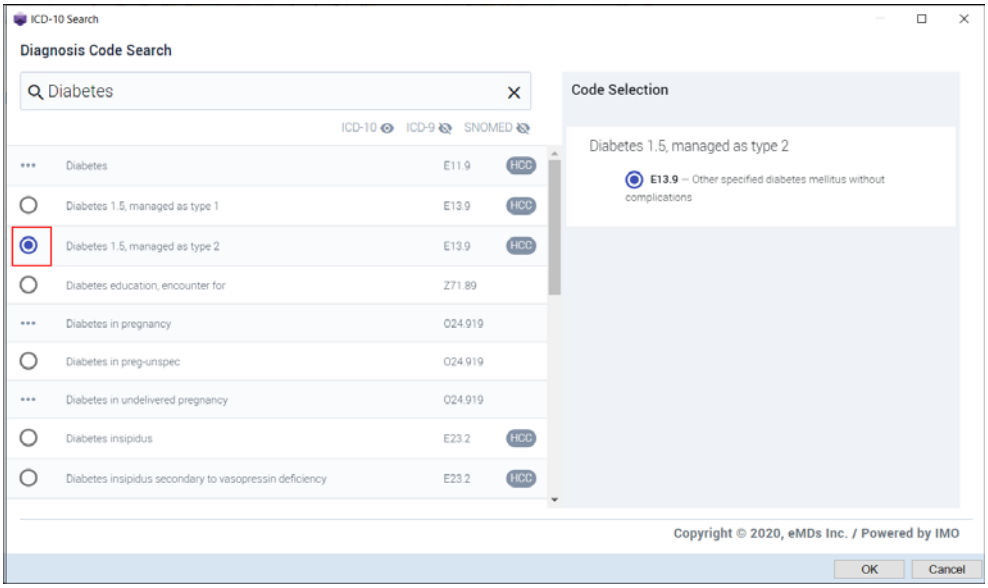


Figure 24. Diagnosis Code Search screen

The selected code will appear at the right in the Code Selection section, with the radio button selected there (if there is only one item for the selected code).

To add the code to your list of codes in Medisoft, click the OK button in the bottom right. On the Medisoft Diagnosis screen the Description, ICD-10 Code and Description fields will be populated.

Then, click the Save button on the Diagnosis screen in Medisoft.

Note: if you enter an ICD-10 code in the Medisoft New Diagnosis screen before you click the ICD-10 Lookup, the Search screen will be scoped to related items when you launch it.

For items that have multiple codes, when you click the radio button to the left of the item in the search, all codes for that item will appear in the Code Selection section on the right.

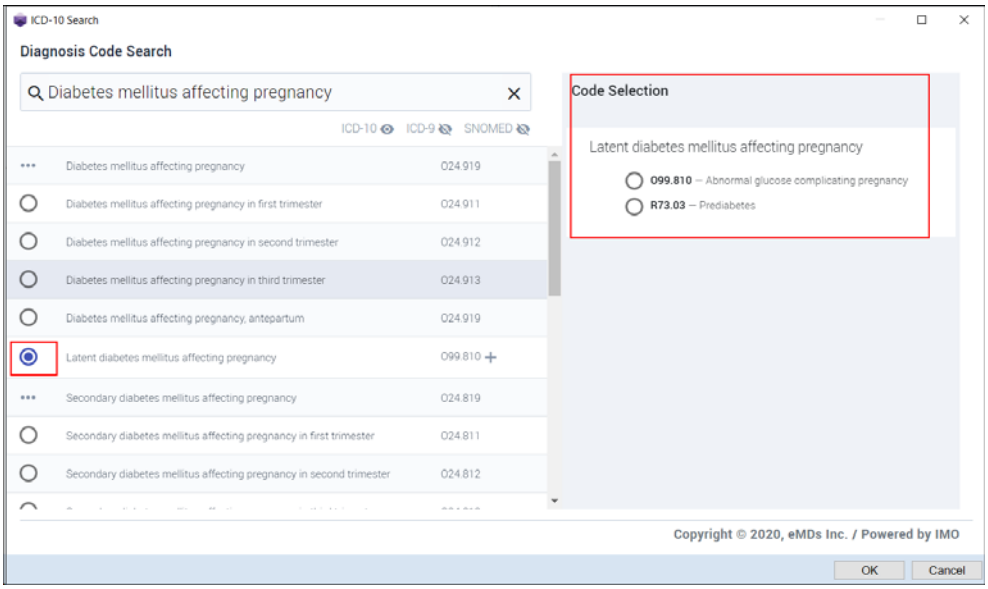


Figure 25. Diagnosis Code Search screen

In this case, to select a code, select one of the radio buttons in the Code Selection section. Then, click the OK button.

Note that you can add only one code at a time to your Medisoft Diagnosis Code list.

To de-select a code, select a different radio button or click the Cancel button on the bottom right to close the Diagnosis Code Search screen.

Viewing and hiding code types

By default, only ICD-10 codes will display in the search results when opening the Diagnosis Code Search screen. However, you can choose to view ICD-9 and SNOMED codes by clicking the View (Show/Hide) icon shaped like an eye.

- The View (show) icon will display for code types that are marked for display.
- The View icon with a slash (hide) will display for code types that are hidden.

Figure 26. Code Types

When all code types are displayed, the screen will appear like this:

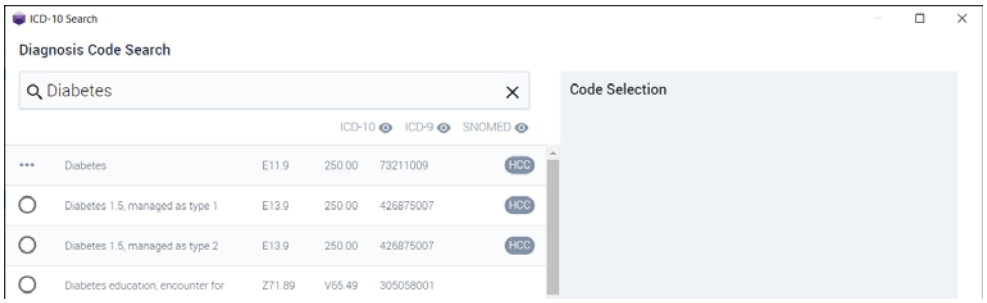


Figure 27. Diagnosis Code Search screen

Hovering over an ICD-10 code will display the information for that code.

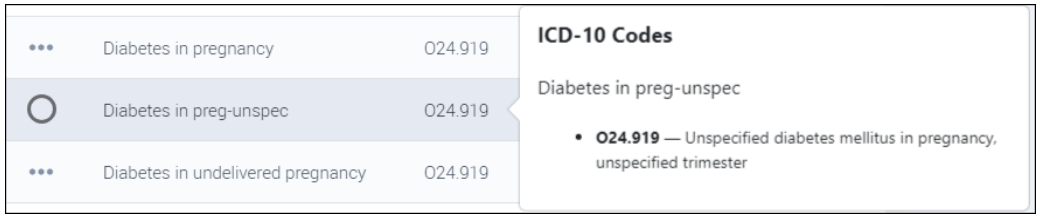


Figure 28. Diagnosis Code Search screen - hover over displayed

Click the ICD-10 code and a modal screen will open showing the information.

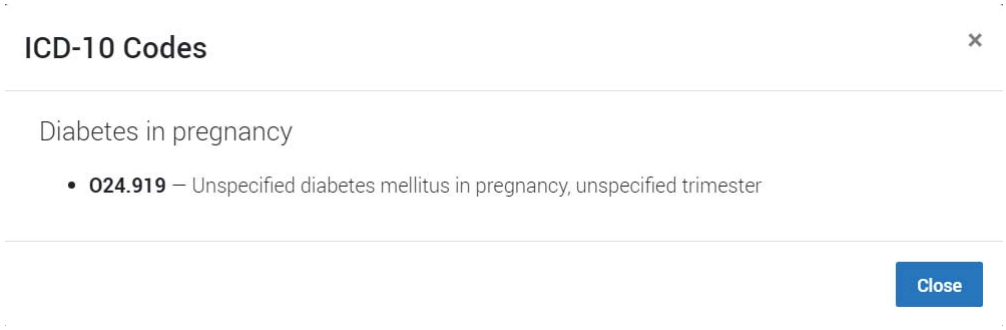


Figure 29. ICD-10 Codes modal

Viewing and selecting modifiers

The More Options button (ellipsis) indicates that there are modifiers available for the diagnosis code. The use of the term modifier refers to qualifying, or refining, the diagnosis code and has no impact on billing.

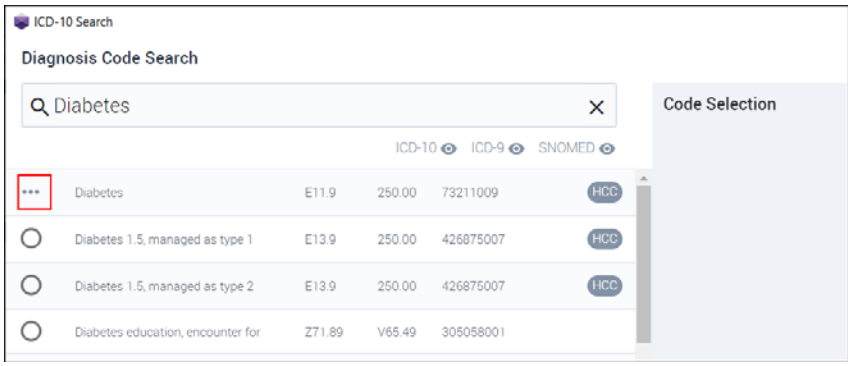


Figure 30. Diagnosis Code Search screen - with More Options button highlighted

Click the More Options button to open a screen that displays modifier groups that allow you to refine the search results.

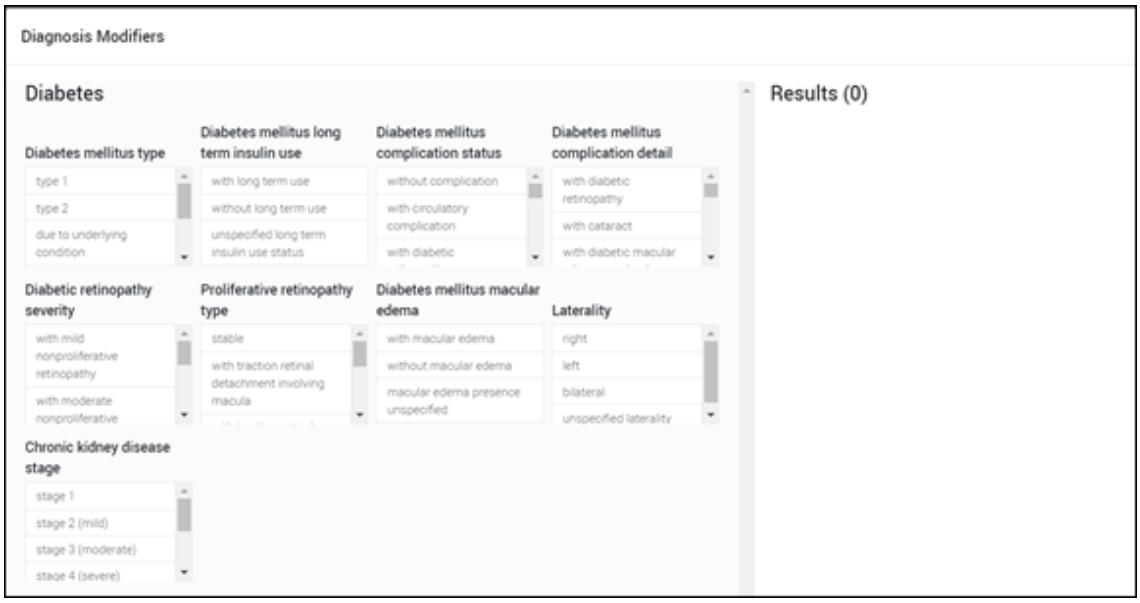


Figure 31. Diagnosis Modifiers screen

When you select a modifier item in one of the category boxes, a more specific list of modifier results will display in the Results section. The system will hide all incompatible modifier items in the other modifier groups, as well as all items in the active modifier container. Only one selection per modifier group is allowed.

To de-select a modifier, click it again. All of the modifiers and categories will be restored.

Figure 32. Diagnosis Modifiers screen - Results highlighted

Note in the figure above that the selected item is now highlighted in light blue.

You can continue to make selections to narrow the results. For instance, after selecting type 1 or type 2 in the Diabetes mellitus type category box, selecting **without complication** from the **Diabetes mellitus complication status** box will reduce the results to a single item and **without complication** is also highlighted.

Figure 33. Diagnosis Modifiers screen

Selecting modifiers

Click all necessary diagnosis modifiers in the category boxes to refine the search. Then, click the Select button in the Results section to select the desired code. You can select only one code.

Figure 34. Diagnosis Modifiers screen

Then, the Diagnosis Modifier screen will close and the selected code will display in the Code Selection section of the Diagnosis Code Search screen. If multiple codes appear, select the one you want in the Code Selection section.

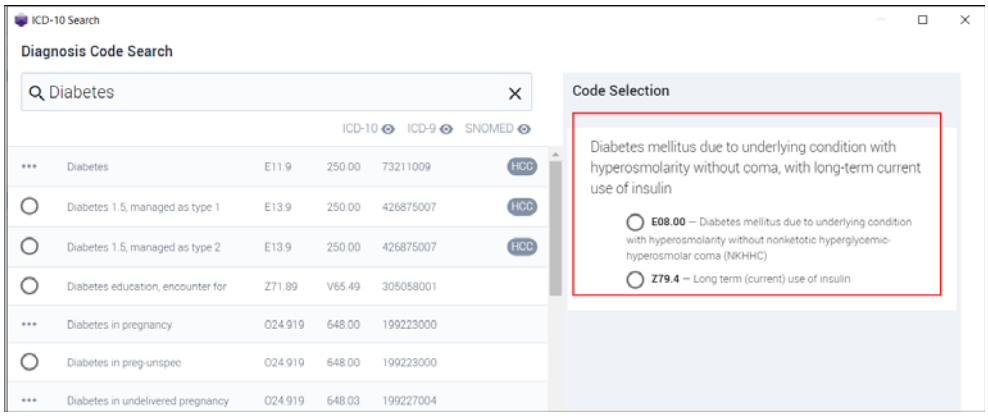


Figure 35. Diagnosis Code Search

Then, click the OK button to add the code on the Diagnosis (new) screen.

Finally, click the Save button on the Medisoft Diagnosis screen.

Risk Score display

If an IMO diagnosis code has risk score results, an HCC (for Hierarchical Condition Categories) icon appears at the far right of the description. Hover your mouse pointer over this icon to display the risk results data. The data displays in two columns: **RxHCC Information** and **HCC Information**.

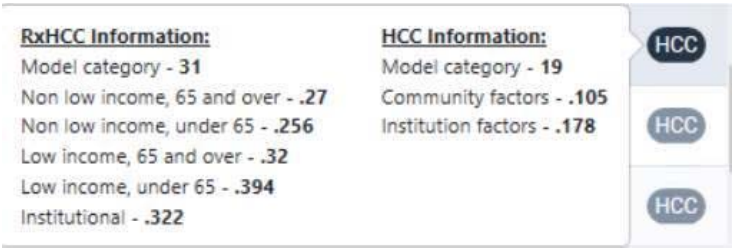


Figure 36. Diagnosis Code Search screen - Risk hover over

Although the HCC Risk Category information is displayed for some codes, this information is not included in nor automatically carried over to the Diagnosis Code list in Medisoft. It is provided for information and not used elsewhere for a selected diagnosis.

Revenue Management

Several improvements have been made to Revenue Management for running larger scheduled eligibility tasks.

Eligibility functionality

Eligibility verification has been streamlined with fewer steps in the process.

Updated screen

The check boxes on the Real-Time Eligibility Verification screen have been changed to radio buttons so that you can select only one insurance to verify at a time.

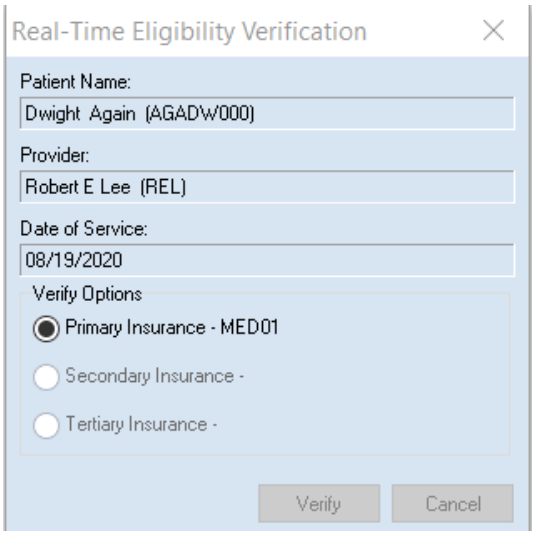


Figure 37. Real-Time Eligibility Verification screen

In addition, for patients who have only a Primary insurance, this screen will still display but you no longer need to select Primary or the Verify button; the Eligibility process will begin immediately on its own once you click Verify on the Eligibility Verification Results screen.

Reports

New Login/Logout Report

There is a new report: Login/Logout report. This report allows you to track login/logout activity in the practice, including the user login name and machine name of each login, along with a date and time stamp.

New Permission

There is a new permission that you can use to set the access levels that can run the report. The default value is Level 1 only.

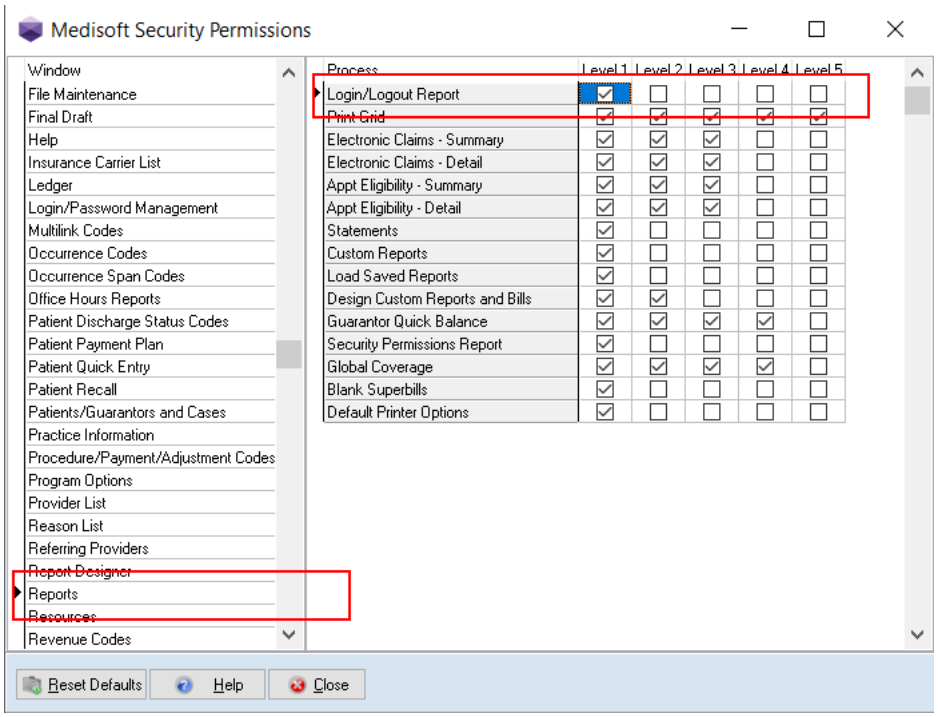


Figure 38. Medisoft Security Permissions screen

New menu option

There is a new menu option on the Reports > Audit Reports menu: Login/Logout Report.

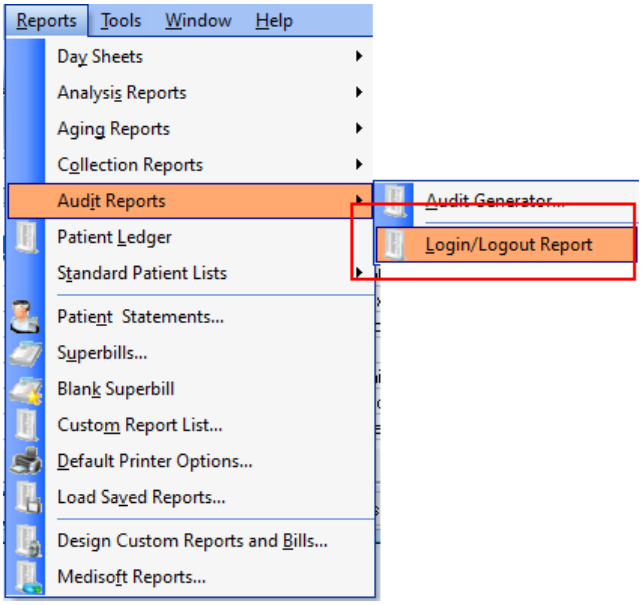


Figure 39. Audit Reports menu

New report

The User Login History report shows:

- User (Login Name) Name/Code
- Date
- Time
- In or Out
- Action
- Update User
- Success
- Machine Name

Happy Valley Medical Clinic

Login/Logout Report

September 21, 2020

User Name	Date/Time		In/ Out	Action	Update User	Success	Machine Name
1	9/21/2020	8:07:45 AM	In	Success		Yes	77JM3X2
2	9/21/2020	8:08:12 AM	In	Success		Yes	77JM3X2
3	9/21/2020	8:08:27 AM	In	Success		Yes	77JM3X2
4	9/21/2020	8:08:51 AM	In	Success		Yes	77JM3X2
1	9/21/2020	8:09:02 AM	In	Override	4	Yes	77JM3X2
3	9/21/2020	8:09:18 AM	In	Invalid passw ord		No	77JM3X2
1	9/21/2020	8:09:33 AM	In	Already logged in, try again		Yes	77JM3X2
1	9/21/2020	8:09:38 AM	In	Invalid passw ord		No	77JM3X2
4	9/21/2020	8:09:38 AM	Out	Exited program		Yes	77JM3X2
1	9/21/2020	8:10:07 AM	In	Success		Yes	
1	9/21/2020	8:10:12 AM	Out	[FD]Exited program		Yes	
1	9/21/2020	8:10:33 AM	In	[Util]Success		Yes	77JM3X2
1	9/21/2020	8:10:38 AM	Out	[Util]Exited program		Yes	77JM3X2
1	9/21/2020	8:10:56 AM	In	[OH]Success		Yes	77JM3X2
1	9/21/2020	8:11:02 AM	Out	[OH]Exited Program		Yes	77JM3X2
1	9/21/2020	8:11:30 AM	In	Already logged in, try again		Yes	77JM3X2
2	9/21/2020	8:11:41 AM	In	Success		Yes	77JM3X2
1	9/21/2020	8:13:17 AM	In	Success		Yes	77JM3X2
5	9/21/2020	8:14:04 AM	In	Login Name not found		No	77JM3X2
1	9/21/2020	8:14:05 AM	Out	Exited program		Yes	77JM3X2
1	9/21/2020	8:14:14 AM	In	Success		Yes	77JM3X2
1	9/21/2020	8:15:05 AM	Out	Exited program		Yes	77JM3X2
1	9/21/2020	3:21:20 PM	In	Success		Yes	77JM3X2

Figure 40. Login/Logout Report

You can print this report or export it. Filter options include User Range and Date Range.

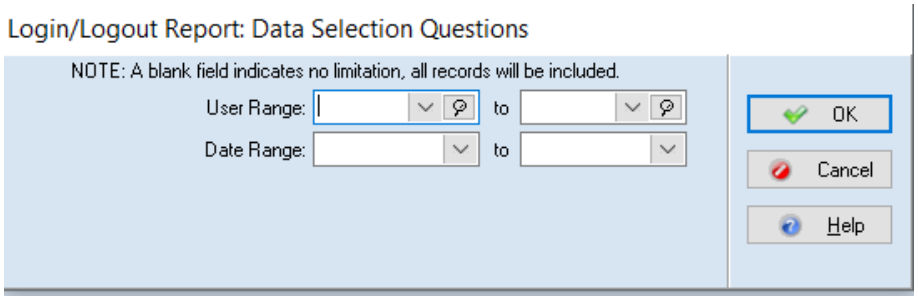


Figure 41. Login/Logout Report: Data Selection questions screen

Other information

- **Final Draft:** Final Draft (FD) logins/outs will not show the machine name. If Final Draft is launched from the Bin folder (fdw.exe), it will log the IN on the report but will not have the [FD] indicator
- **Mediutils (Util):** login/out will not show the machine name or Update User.
- **Global login:** When using Global login, the report will log activity of the mapped practice user on the report. In addition, it will only log basic login/out and overrides; it will not record any incorrect attempts with invalid username, passwords, or lockouts.

New CURES Patient Demographics report

As a non-certified product produced by a developer of certified health IT, Medisoft is complying with the Information Blocking requirements of the 21st Century CURES Act by the compliance date of April 5, 2021 with a new report: CURES Patient Demographics.

Under the CURES Act, practices may not restrict access, exchange, or use of electronic health information (EHI).

To comply with the Information Blocking requirements the user/practice must be able to export/report certain required information in a format to be used by the requesting patient. The export/report does not have to include all elements in one export/report but can be comprised of multiple exports/reports.

For additional information on USCDI Data Elements and Data Classes refer to the following website, which is updated to July 2020:

https://www.healthit.gov/isa/sites/isa/files/2020-10/USCDI-Version-1-July-2020-Errata-Final_0.pdf

Frequent updates may be issued, so be sure to look beyond this link for the most current information.

To comply with the Provenance element, the export/report must include a date and time stamp of the entity or facility producing the export/report as the source of information.

New menu option (Medisoft)

There is a new menu option on the Open Report list under the Custom Report List option of the Reports menu: CURES Patient Demographics.

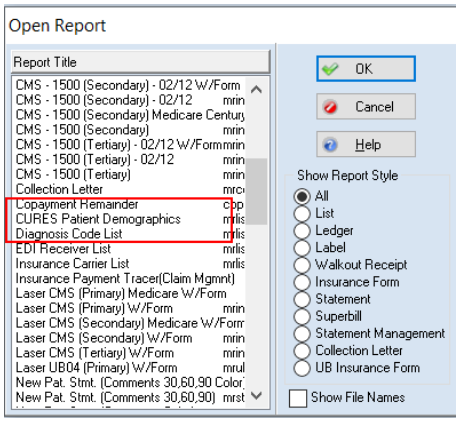


Figure 42. Open Reports list (Medisoft)

New menu option (Office Hours)

There is a new option on the Open Report list under the Custom Report List option of the Reports menu: CURES Patient Demographics.

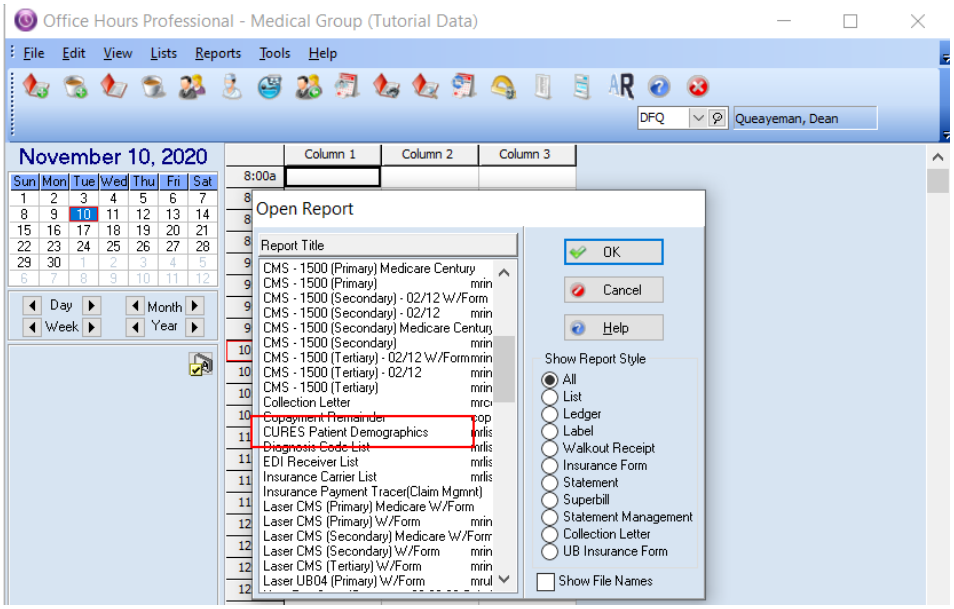


Figure 43. Open Report list (Office Hours)

The following information for this new report applies to both Medisoft and Office Hours.

New Data Selection Questions screen

There is a new Data Selection Questions screen. Use this screen to select the patient.

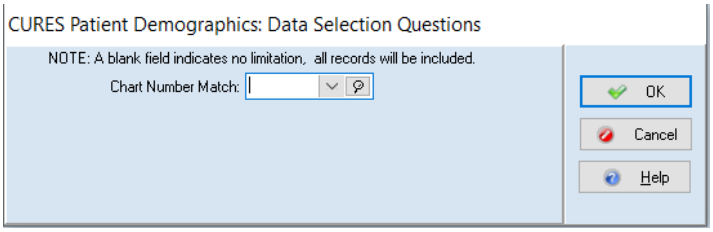
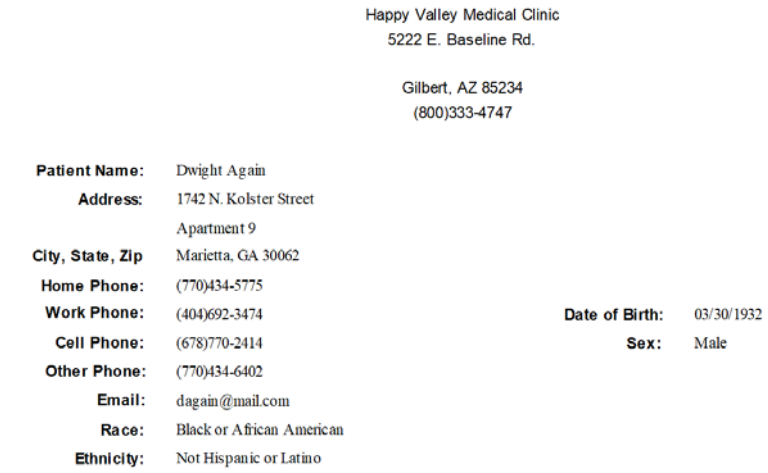


Figure 44. CURES Patient Demographics: Data Selection Questions screen

Once you have selected the patient and clicked OK, the report will open.



Happy Valley Medical Clinic
5222 E. Baseline Rd.

Gilbert, AZ 85234
(800)333-4747

Patient Name:	Dwight Again		
Address:	1742 N. Kolster Street		
	Apartment 9		
City, State, Zip	Marietta, GA 30062		
Home Phone:	(770)434-5775		
Work Phone:	(404)692-3474	**Date of Birth:**	03/30/1932
Cell Phone:	(678)770-2414	**Sex:**	Male
Other Phone:	(770)434-6402		
Email:	dagain@mail.com		
Race:	Black or African American		
Ethnicity:	Not Hispanic or Latino		

Figure 45. CURES Patient Demographics report

Note: eMDs recommends that you print this report. Do not export it.

Procedure

1. From the Open Report screen in either Medisoft or Office Hours, select the CURES Patient Demographics report.
2. Click the **OK** button. The Print Report Where? screen opens.
3. Select an option and click Start. The CURES Patient Demographics: Data Selection Questions screen opens.
4. Select the patient.
5. Click the **OK** button. The report appears on screen or is printed.

Audit Report

New option in Available Tables

There is a new table in the Audit Report Generator screen: OCR. You can use this option to get a count of the successful scans for tracking and billing purposes. This count will include all scans that were successful. Failed scans will NOT be included.

Note: the scan is successful if no error is received when sending the OCR card and the Validate Card Data screen opens.

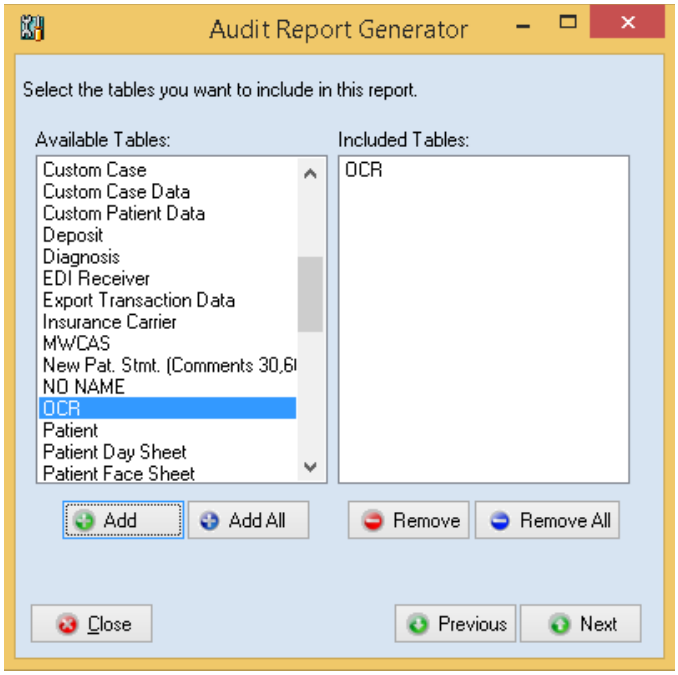
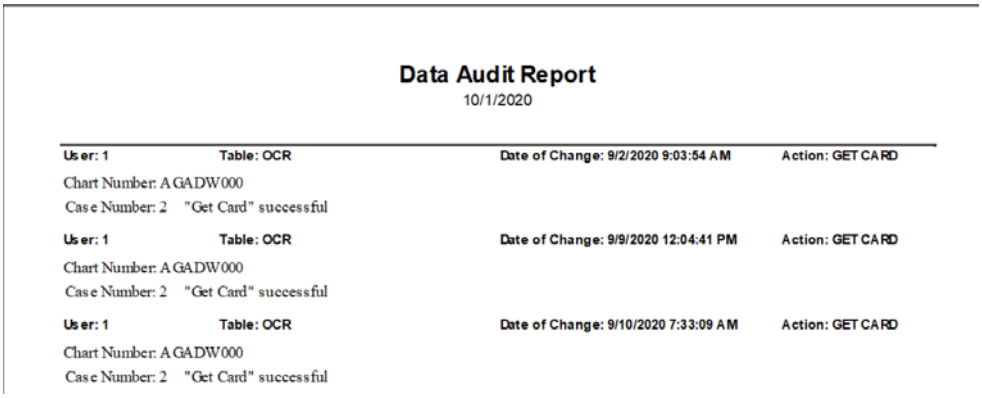


Figure 46. Audit Report Generator screen

The details of each scan will appear in the report itself.



Data Audit Report

10/1/2020

User: 1	**Table: OCR**	**Date of Change: 9/2/2020 9:03:54 AM**	**Action: GET CARD**
Chart Number: AGADW000			
Case Number: 2 "Get Card" successful			
User: 1	**Table: OCR**	**Date of Change: 9/9/2020 12:04:41 PM**	**Action: GET CARD**
Chart Number: AGADW000			
Case Number: 2 "Get Card" successful			
User: 1	**Table: OCR**	**Date of Change: 9/10/2020 7:33:09 AM**	**Action: GET CARD**
Chart Number: AGADW000			
Case Number: 2 "Get Card" successful			

Figure 47. Audit Report OCR detail

Office Hours

Updated Patient Information Panel

You can now see the Patient's Date of Birth, as well as their age, in the Patient Information panel. If the patient is less than 2 years of age, their age will appear in months, not years.

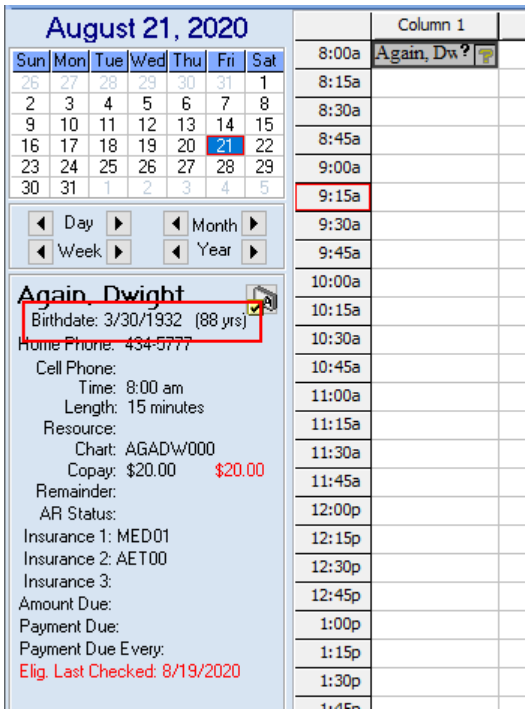


Figure 48. Patient Information Panel

New Eligibility Last Checked display

You can now see when eligibility was last checked for a patient using the new displayed date in the information section of the Appointment screen.

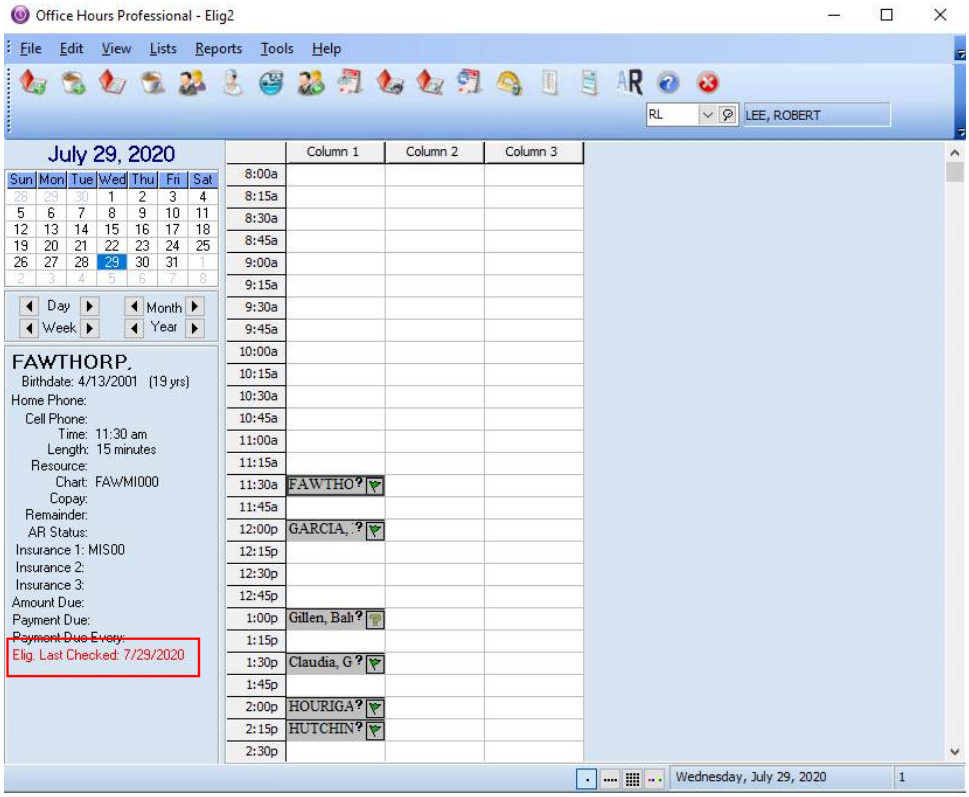


Figure 49. Appointment screen

Unprocessed Charges

Updated Unprocessed Transactions Edit screen

If no Diagnosis codes are sent from your EHR or Medisoft Mobile, now all 12 Diagnosis codes in the patient's case will default in Unprocessed.

Deposit List

Updated Deposit (new) screen

When entering deposits in the Deposit (new) screen, Medisoft will retain the Payor Type and Payment Method information after you save a new deposit. In this way, if you have multiple

transactions to enter for the same Payor Type and payment Method, you do not have to change these settings every time you create a new deposit.

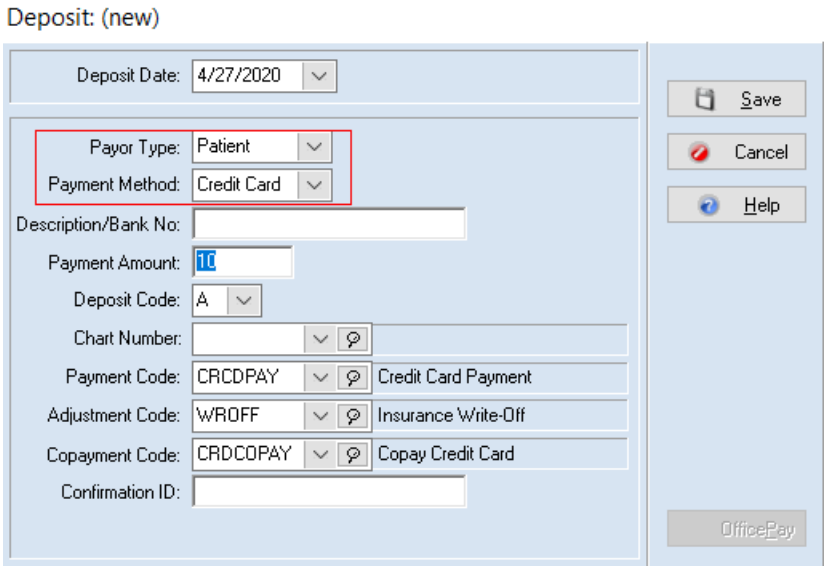


Figure 50. Deposit: (new) screen

Once you close the Deposit List screen, the settings will return to a Payor Type of Insurance and Payment Method of Check.

Transaction Entry

Updated Insurance Panel

The Insurance Code has been added to the front of the Insurance Name in the Insurance Panel of Transaction Entry, enabling you to quickly distinguish multiple insurances with the same name but different codes.

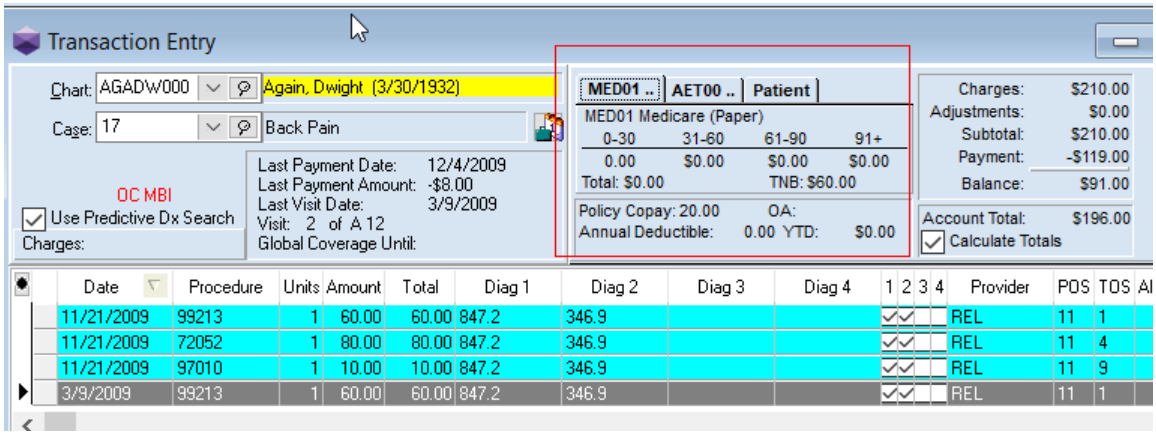


Figure 51. Transaction Entry screen

Program Options

Updated HIPAA/ICD-10 tab

The default setting for Default New Diagnosis Version is now ICD-10. Previously, it was ICD-9.

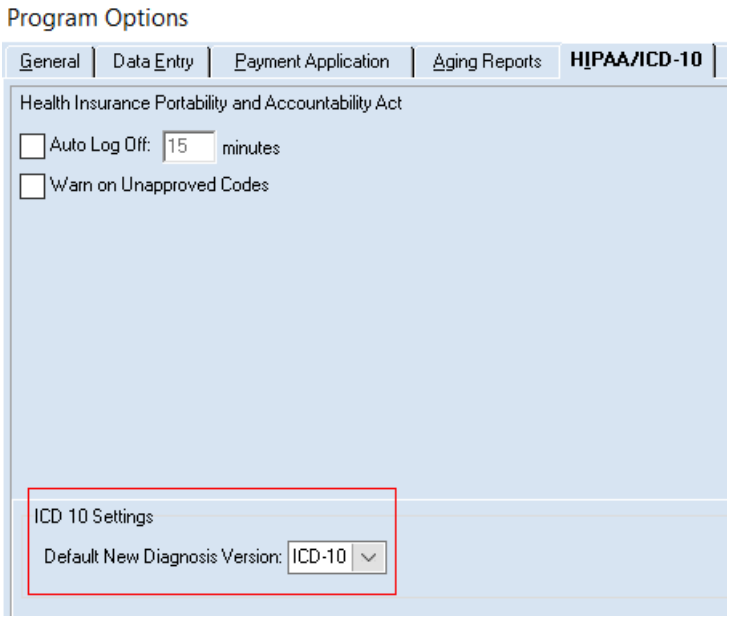


Figure 52. Program Options - HIPAA/ICD-10 tab

Chapter 2 - Resolved Issues

Below are a list of issues that were resolved with this release.

Resolved Issues

The following issues were resolved with Medisoft Release 25.

PBI	Application	Description
169572	Scheduled Tasks Eligibility	Scheduled eligibility tasks will now complete when they are run. Steps to recreate None
195959	Office Hours	The Appointment List Report no longer shows an empty slot that should be filled by an existing appointment. Steps to recreate 1. In Medisoft, select Activities > Appointment Book. Office Hours opens. 2. Make sure a provider is displayed in Single View. 3. Create an appointment for at least two time slots. 4. Select Reports > Appointment List. 5. Select Preview the report on screen and click Start. 6. Select the current date and the Provider. 7. Click OK. Verify that the report appears correctly.

201258	Medisoft	The Walk Out Receipt will no longer show and ICD 9 diagnosis code when it is printed from Transaction Entry and the Diagnosis Pointer box is not checked. Steps to recreate 1. In Medisoft, select Activities > Enter Transactions. 2. Enter in a new charge and make sure that the Diag 1 field contains a diagnosis code that has both an ICD 9 and ICD 10 code assigned. For example, Z34.90 is a code that should have V22.1 as the ICD 9 code and Z34.90 as the ICD 10 code. 3. Leave the first diagnosis unchecked. 4. Save the transaction. 5. Click the Print Receipt button. 6. Choose Walkout Receipt (All Transactions) report. 7. Choose Preview and Start. 8. Click OK on the next screen. Verify that the ICD-10 code appears.
203698	Office Hours	Office Hours is no longer slow when saving repeating appointments. Steps to recreate 1. In Office Hours, create a daily repeating appointment. 2. Save the repeating series and verify that it is not slow.
204679	Revenue Management - Eligibility	Implemented a rollback to the database tables in the event a write results in the ID, EDITransactionID, and Batch ID numbers getting out of sync. Steps to recreate None