MediTouch®

You spoke, We listened! The January release shows our continued commitment to our clients' requests while maintaining our eye on the future. This release includes the finalization of two high profile features: Patient Centered Medical Home and Meaningful Use Stage 2. In December MediTouch achieved NCQA Patient Centered Medical Home Prevalidation for 23.5 auto-credit points, which is the highest amount awarded to any EHR. For Stage 2 we finalized the registration process and launched the report card! The remaining features include changes to our Calendar view that many of our clients have suggested.

Practice Management Updates

- Calendar Improvements
- ERA Autopost Rule added
- Onscreen AR Ledger Provider Filter
- Track and report on Marketing/Other Referral Sources
- New Custom Report: "Payment Level Adjustment"
- Advanced Claim Search Option for Appealed Claims
- User ID and Date stamps added to the Claim Status:Search Results - Download Status Report
- Email has been added to the "Appointment by Day and Provider"
- Ability to differentiate between Self Pay payments versus Copay
- Diagnosis Code Detail filter improvement
- Delete Scheduled Reports
- Patient Write-off reasons added

EHR Updates

- Patient Centered Medical Home (PCMH)
- Meaningful Use Stage 2 Enrollment
- Blue Pull Out Chart added to Pharmacy and Order modules
- Ability to select Referring, Servicing, and Supervising providers in an encounter
- Alpha ordering of HPI elements
- EHR Custom Report filter additions
- Patient Portal Messaging no longer requires the Premium Portal Service
- Reprint a Closed Pregnancy
- Set default options for Vitals
- Private Encounter
- Select a Patient Pharmacy from outside the e-prescribing process
- Projected Rx Renewal date

Practice Management Updates

Calendar Day View

The Calendar Day View has been improved to display more calendars on the screen and reduce the amount of scrolling needed to view each calendar. Previously, the Day View allowed up to 8 calendars to be viewed at once however they were stacked 4 per row and each individual resource calendar had a fixed height and required scrolling to view the complete day. This has been modified to allow up to 18 calendars to be viewed all in one row and with no fixed height. This means a single vertical scrollbar is used to scroll up and down across time slots for all of the calendars. If your screen is not big enough to display all resources at one time, the horizontal scrollbar is used to scroll left-to-right to access them.
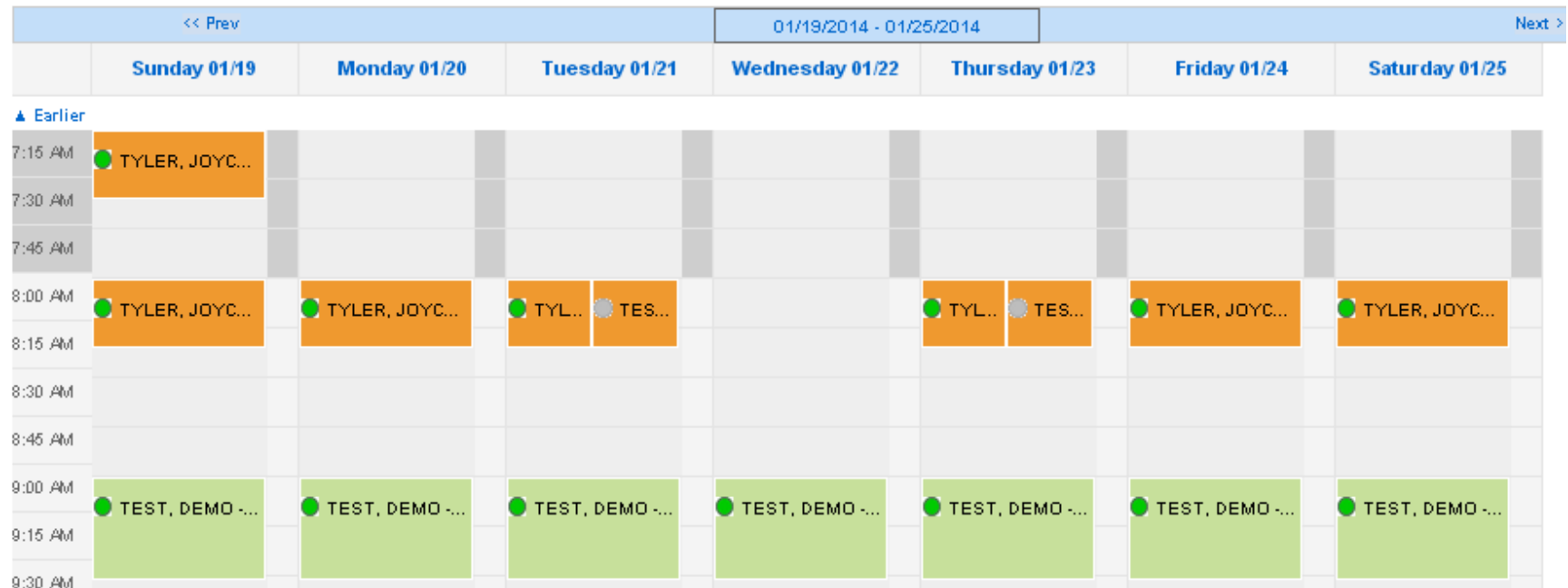

Calendar Week View

MediTouch®

The Calendar week view now as drag-and-drop capabilities! Click in the open space on the right-side of each day to schedule a new appointment.   Drag-and-drop to reschedule an appointment or use the Clipboard just like on the Day View.

Calendar Time Slot Color Coding

MediTouch®

The Calendar time Slot Color Coding has been modified to not include the ending time slot for the appointment type. For example, if an Appointment Type was setup for a "30 min Well Child Exam" starting at 9:00 AM, the 9:30 AM slot will no longer be color-coded.

8:45 AM	
9:00 AM	● TEST, DEMO - WELL CHILD
9:15 AM	
9:30 AM	

JOHNSON SR, JACK (Kansas City Office) ✕	JOHNSON SR, JACK (La Jolla) ✕	JOHNSON SR, JAC (SOLANA BEACH
▲ Earlier	▲ Earlier	▲ Earlier
8:00 AM	8:00 AM	8:30 AM
8:20 AM	8:20 AM	8:50 AM
8:40 AM	8:40 AM	9:10 AM
9:00 AM	9:00 AM	9:30 AM
9:20 AM	9:20 AM	9:50 AM
9:40 AM	9:40 AM	10:10 AM

ERA Autopost Rule added

Based on feedback from a number of practices we have implemented a new rule that will prevent certain ERAs from autoposting. Our research indicates that the practice is allowed to collect the Patient Responsibility indicated by the Primary Insurance. However, Secondary Insurances may adjust this balance incorrectly causing the system to write-off that amount rather than moving it to the Patient Responsibility.   The formula implemented is as follows:

If (Secondary Payment + Secondary Patient Responsibility) does not = (Primary Patient Responsibility) the system will flag that claim and not autopost.

We welcome any feedback regarding this new ERA Autopost rule. If for any reason the rule causes your company an increased posting workload please email your feedback to implementation@healthfusion.com with details so we can adjust accordingly.

Onscreen AR Ledger Provider Filter

Based on feedback from one of our California clients we changed the onscreen AR Insurance Ledger Provider filter from being based on the Billing Provider of the claim to the Rendering Provider of the claim.   Now the AR per Rendering Provider can be viewed without having to run an AR report.

Billing : Insurance Ledger

Post Insurance Payment   Print Ledger

Select Payer: ALL PAYERS   **Select Provider:** HEALTHFUSION INC

ALL PROVIDERS
HEALTHFUSION INC
JOHNSON APRN, J
JOHNSON SR, J
PM BILLING GROUP
WAFFLE, P V
ZAKHAROV, A
BERG, J D
NONE,MD,PC, T
PRACTICTIONER, N
T, T
WOAPPROVAL, M

Payment Status		A/R Aging (days)			Total
Unapplied Insurance Payments	$12,498,951.98			0-30	
Last Insurance Payment	$0.00	Insurance Aging		$4,930.07	7,327.53
					Amount
					8,951.98
		Applied to Claims without Insurance Pmt			$8,532.75
		Net A/R			($12,410,157.20)

Insurance Aging: With balances   **View:** Charges with balances   **Sort By Column:** Total Balance ↓

A/R Aging: All

1-20 of 69 rows « First <Prev 1 ▾ Next> Last »

Payer	Charges	Ins. Payment	Adjustment	Ins. Balance	Pat. Resp.	Pat. Payment	Pat. Balance	Total Balance
Aetna (953402799/60054)	$35,392.23	$2,105.14	$982.87	$32,129.22	$175.00	$1,617.57	($1,442.57)	$30,686.65
1199 National Benefit Fund (NRT/13162)	$9,673.41	$370.00	$175.77	$9,127.64	$0.00	$945.00	($945.00)	$8,182.64

MediTouch®

Track Referral Sources

The option to track referral sources is now available! Offices have requested this feature for a number of reasons, with the main reason being, to identify successful marketing campaigns. Use the default options or create a custom one of the fly! A note section is available if needed along with a Custom Reporting option under Patient Demographics - Referral Source.

1. Patient Information	2. Insurance Information	3. Guarantor Information	4. Associations	5. Authorizations	6. Messages	7. Episodes

Patient Associations

Provider: JOHNSON, JACK ▾   [Set Up]

Location:

Referring Provider: ▾   [Set Up]

Auth No.:   ▾   [Set Up]

Other Referral Source   ▾

     Create a new Referral Source   [Set Up]
Outside PCP: Ad
     Direct Mail
Last Seen by PCP: Email
     Friend
     Internet
Statements   Other
     Referring Provider   [Edit]
Default Pharmacy   Walk in

[Save Association]   [Remove Association]   [Go to Insurance]

	H	I	J	K	L	M	N	O	P	Q
Report Date:	11/01/2012									
Service Date Span:	10/01/2012-10/31/2012									
	Zip	Date Registered	First Visit	Last Visit	Total number of visit	Associated Provide	Referring Provider	Other Referral Source	Note	
	92109	12/1/2006	1/1/2007	12/21/2013	25		DR Smith	Ad	Family Doctor Magazine	

New Custom Report: "Payment Level Adjustment"

Based on feedback from a number of practices we have implemented the option to report on the details of Payment Level Adjustments. Previously, Payment Level Adjustments were only available as totals in the Monthly Financial Summary and Deposit Summary by Location and Provider.

These adjustments are entered when posting an insurance payment and the check level and offer a variety of Adjustment Reasons.

An Activity - Payment Level Adjustment Report was added to the Custom Report Menu.

MediTouch®

Advanced Claim Search Option for Appealed Claims

Our practices helped identify a need for this and we listened! It is important to know that claims will automatically drop off the Claim Status Dashboard after 6 months. Thus if claims are in the appeal bucket for longer than 6 months they can easily be forgotten.   This feature allows users to use the Advanced Search Link and filter the search results to ONLY show appealed claims. A future product release will offer a search option of the Claim Status Dashboard as well.

MediTouch®

User ID and Date stamps added to the Claim Status:Search Results - Download Status Report

When viewing the list of claims we offer a link titled, "Download Status Report," that will export the claims to excel along with the notes added under Claim Details.   The User ID and Date stamps on those notes have been added to this report.

Claim Status : Search Results

▶ Ancillary Medicare/Blue Report   📄 Print Status Report   📊 Download Status Report

Claim Search Results

	Status	Service	Created	Patient Name	$ Charges
☐					
8TH DISTRIC ELECTRICAL					
☐	ACCEPTED 🅢 ➔	01/07/2014	01/14/2014	⬤ ABUSHAQRA, ISMAIL	$100.00
AETNA		Real-time:	Claim Status	| Eligibility	
☐	FINALIZED	11/14/2013	01/14/2014	⬤ BOVARY, MADAME	$104.96
☐	ACCEPTED	01/10/2014	01/10/2014	⬤ ABERG, DEMOS III	$792.35
☐	ACCEPTED	01/09/2014	01/09/2014	⬤ TYLER, JOYCE	$1,025.00
BLUE CROSS CALIFORNIA (ANTHEM BC CA)			Real-time:	Eligibility	
☐	USER HOLD	01/10/2014	01/10/2014	⬤ CODY, BRANDON	$0.00
☐	USER HOLD	01/10/2014	01/10/2014	⬤ CODY, BRANDON	$0.00
MEDICAL OF CALIFORNIA *			Real-time:	Eligibility	
☐	ACCEPTED	01/09/2014	01/09/2014	⬤ ROBLEDO, ETHAN	$1,030.00
MEDICARE PART B ILLINOIS *			Real-time:	Eligibility	

With Selected ▾   1-30 of 236 claims. « First Prev 1 ▾ Next Last »

Claim Details

📝 Edit 🗑 Delete Ⓢ COB 🖨 Print
📄 PDF 💲 Receipt

Claim No	57303706
Status	ACCEPTED 🅢 ➔
Status Date	01/14/2014 Track this Claim
Status Message	

Payment Summary

Total Chg	Ins Pmt	Adjustments	Pat Resp	Pat Pmt	Total Bal
$100.00	$5.00	$45.00	$0.00	$0.00	$50.00

Note: To view the complete payment info, click Payment Detail.

Notes

Description	Entered By	Date
Called payer	JBdemo	01/15/2014 06:15 PM
Created By	JBdemo	01/14/2014 01:29 PM

Add a Note: [＿＿＿＿＿＿＿]   **Save Note**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Claim No	Status	Status Dat	Created D	Service Da	Payer	Patient Ac	Patient	Provider N	Provider N	Location	Charges	HF Rejecti	HF Rejecti	Status Me	Notes				
2	55039424	User Hold	########	########	########	Medicare I	2183	AARON, AI	1.23E+09	JOHNSON	San Diego	$0.00				note 3;user id;date;note 2;user id;date;note 1user id;				
3																				
4																				
5																				

![MediTouch®]

Email has been added to the "Appointment by Day and Provider"

The patient's email address has been added to the "Appointment by Day and Provider." Offices can use this when they link up with 3rd party vendors to perform appointment reminders. If you are interested in automating the delivery of this report to the 3rd party of your choice please contact implementation@healthfusion.com. In the future we will offer two-way communication so the appointment status will automatically be updated in the MediTouch Practice Management System.

Ability to differentiate between Self Pay Payments versus Copay

You Spoke, We Listened! Offices have requested the ability to differentiate between Self Pay payments and Copays and it's here! On the patient payment posting screen the Self-pay category was added and on Charge Entry the category is displayed. This will billers identify if that payment should be applied to an insurance claim or not. This categorization was also added to the Activity - Patient Payment Reports.

Post Patient Payment

Pmt Date	01/15/2014	🗓	Payment Type		Amount Collected		$
			● Cash			Expected Amount	Today's Payment(s)
			○ Check		Co-pay		$
			○ Credit Card	-- Select Card Type -- ▾	Self-pay	⟵	$

Charge Entry

Payment ID	Payment Date	Payment Amount	Copay	SelfPay	Outstanding Balance	Non-Claim Charge	Unapplied Amount	Apply to Claim	Action
142770	01/15/2014	$20.00	$0.00		$20.00	$0.00	$0.00	$20.00	$	Apply

Diagnosis Code Detail filter improvement

Based on feedback from one of our East Coast resellers the Diagnosis filter on the Production - Diagnosis Code Detail Report was enhanced. Now when you select a specific diagnosis code in the fitler only that diagnosis will display in the report. Previously it would display all diagnosis on that claim in the report regardless of those being included in the filter.

Delete Scheduled Reports

The ability to delete scheduled reports from the Reports Inbox - Report Queue has been released!   In the report queue a search option, check mark boxes, and a delete button has been added. Now you don't have to wait for the scheduled reports to expire.

	Report Inbox	Report Queue		

Delete		Queue Date: 01/15/2014 to 01/31/2014	Scheduled By: Select ▾	Search

✔	Report Title	Scheduled By	Date
✔	Charges by Practice*		01/31/2014
✔	Charges by Practice*		01/30/2014
✔	Charges by Practice*		01/29/2014
✔	Charges by Practice*		01/28/2014
✔	Charges by Practice*		01/27/2014
✔	Charges by Practice*		01/26/2014
✔	Charges by Practice*		01/25/2014
✔	Charges by Practice*		01/24/2014

Patient Write-off reasons added

The following write-off reasons has been added to our default library: Patient Ancillary, B2B discount, Deceased Patient, Waived Copay, Admin Error, Credentialing, Aged AR, Unresponsive Patient, Systems Error. In the future we will implement an option to create their own write-off reasons.

EHR Updates

Patient Centered Medical Home

This highly anticipated module includes a number of great features to help your practice achieve compliance. In December MediTouch achieved NCQA Patient Centered Medical Home Prevalidation for 23.5 auto-credit points, which is the highest amount awarded to any EHR. Please read more about this great achievement on our PCMH Blog. To learn more about implementing this module please read our help material that will be released soon.

My Reports

All Documents	Document Inbox	Fax Outbox	Document Library	My Reports

Audit Logs	Custom Report	Health Maintenance	Immunization Files	Quality Reporting	Public Surveillance	Report Card	CPO Report

Medical Home II

View a previous Report　　[new_report_1111 (11/12/201 ...]　　[View Report]

Generate a New Report - Select a date range for each type of report and click "Generate Report"

Report Name [   ]

90-day Range [   ] To: [   ]　　**7-day Range** [   ] To: [   ]　　**5-day Range** [   ] To: [   ]　　[Generate/Queue Report]

Meaningful Use Stage 2 enrollment

While we were one of the first companies to achieve Meaningful Use Stage 2 compliance, we didn't want providers jumping the gun and wiping out their 2013 numbers.   Please make sure to download your Report Card to PDF and CQMs before resetting the reporting period. Our new enrollment screen is ready to go!

Meaningful Use	PQRS	Health Maintenance

Meaningful Use

Please Select Your Meaningful Use Start Date & Measurement Period:

Program: ⚪ Medicare   ⚪ Medicaid

Enrolled in Meaningful Use: ⦿ Stage I   ⚪ Stage II

Measurement Period: 01/01/2013 📅 To 12/31/2013

Meaningful Use Stage 1 Reporting Period

- Medicare Program, year 1 = Any 90-day period
- Medicare Program, year 2 = Calendar Quarter
- Medicaid Program, year 1 or year 2 = Any 90-day period

Meaningful Use Stage 2 Reporting Period

- Medicare Program, year 1 = Calendar Quarter
- Medicaid Program, year 1 = Any 90-day period

MediTouch®

Blue Pull Out added to Pharmacy and Order module

We are really excited about this feature! Now from the Pharmacy Renewals Page or Orders Module the Blue Pull Out Chart is accessible. This will help the medical staff review patient health information without having to navigate into the chart. You are going to love this!

Ability to select Referring, Servicing, and Supervising providers in an encounter

On the Chief Complaint page we have added the options to select the Refering, Supervising, and Servicing providers for claims and reporting purposes. The Supervising and Servicing providers were also added to the encounter summary.

MediTouch®

Alpha ordering of HPI elements

Based on feedback from one of our favorite South East clients when an HPI element is added to the Quick HPI these will be ordered in alpha format. Previously, added items would be placed at the end of our default list.

EHR Custom Report filter additions

THe following filters have been added to our EHR Custom Reports: Diagnosis code, Problem List in SnoMed, High Risk, and Important Conditions.   With SNOMEDs being required on Problem lists in 2014 and the ICD10 conversion coming later this year, we are ready! High Risk stratification is available on the Problem List and now reportable.   Important Conditions are related to PCMH and are applied to patient charts once the 2014 CQM measures are activated.

Problem List(SnoMed)	Has	Any		+	-	Search	Yes	No
Onset Date		TO		-- Select --				
Diagnosis Code (ICD9)	Has	Any		+	-	Search	Yes	No
Diagnosis Code (ICD10)	Has	Any		+	-	Search	Yes	No
High Risk	Has	Any	-- Select --	+	-		Yes	No
Important Condition	Has	Any	-- Select --	+	-		Yes	No

Patient Portal messaging separated from the Premium Service

Since patient messaging is a required part of Stage 2 Meaningful Use we had to separate this service from our Premium Patient Portal. Now in Administration there are 2 areas for Patient Portal setup. Offices need to get the portal messaging feature setup for Stage 2 compliance.

EHR Setup	Patient Portal Management
• Allergies • Care Plans • Chief Complaint Forms • Clinical Decision Support • Consult • Custom Forms • Diagnosis Panels • Document Types • Drug Interaction Alerts (MU Stage 2) • Drug to Allergy Interaction Alerts	• Patient Messaging • Patient Survey Results **Premium Portal Management** • Enable & Disable Features • Patient Registration Documents • Rx Refill Requests • Patient Portal Website Setup • e-Visit Setup

Reprint a closed Pregnancy

Once a pregnancy is closed it can not be reprinted by highlighting that row and clicking the Print button. This will queue the ACOG form to be delivered to the patient Document section.

MediTouch®

Release Notes 1.31.2014

									Print	Delete

Date	GA Weeks	Labor Hours	Birth Weight			Sex	Delivery Type	Anes.	Place of Delivery	Preterm	Options	
1/16/2014	38	3	7	lbs	3	oz	M	Natural		Birthing Center	No		Details

Add a Pregnancy

Set defaults for Vitals

This was a highly requested feature and we appreciate everyone's feedback! Select the checkmark box and indicate the Provider or Practice option to default all relevant selections for the vitals such as the artery used to collect BP.

☑ On "Save" remember the BP, Pulse, Respirations and Temperature options as Default, e.g. Artery, Body Side, Position, etc... for: [Provider] [Practice]

[Save] [Cancel]

[Vitals] [Additional Information]   Date: 01/16/2014   Time: 4:08 PM   Room:

Blood Pressure

Artery	Body Side	Position	Pressure	Cuff Size	Flag	
Brachial	Right	Standing	160/80	Large	**Abnormal**	✕

Private Encounter

We understand Privacy is important especially for multi-specialty practices. With this Private Encounter option the contents of the encounter can be hidden. This option will only display for the Rendering Provider or Super User if the encounter is open. Once the encounter is signed the Signer, Co-signer, and Super User will see this checkmark option. Once the checkmark is selected only the Rendering Provider and Super User will be able to view the encounter if the encounter is open. Once the encounter is signed the Signer, Cosigner, and Super User will be able to view the contents of the encounter.

MediTouch®

Manage the Encounter Content

| Edit Header | Edit Footer |
| Add All Histories | Save as Blueprint |

☐ PRIVATE ENCOUNTER

Manage the Clinical Summary

| Sign | Format & Sign |
| Clinical Summary | Document Library |

Select a Patient Pharmacy from outside the e-prescribing process

This highly requested feature is finally here! The option to select the default pharmacy has been added to 3 convenient areas: #4 Associations, the Check-in screen, and the Medication List. Click the Edit icon next to the Default Pharmacy option and a widget will pop up to search and select the pharmacy.

Select a Pharmacy

Pharmacy Search

Prescribing Dr.

Locations   Location 1

Default Pharmacy   Edit

Pharmacy: CVS   Address: Phone:

Type: Retail   City: SOLANA BEACH   State: CA   Zip Code: 92075   Search   Reset

Medications

New Medication   No Meds

ePrescribe   Print

Search Results: Retail

Pharmacy Name	Address	Phone Number	Fax Number	Pharmacy Type	Default
CVS/pharmacy #3951	305 S Highway 101 Solana Beach, CA 92075	858-259-0340	858-259-9851	Retail	☐
CVS/pharmacy #9187	683 Lomas Santa Fe Rd Solana Beach, CA 92075	858-755-6241	858-755-7438	Retail	☐

Edit Dt / Last Rx   Projected Renewal   Med

Projected Rx Renewal date

Based on the sig information we will display the projected renewal date on the Medication List.

MediTouch®

		Edit Dt / Last Rx	Projected Renewal	Medication	Sig	#	Refill	Status	Options
☐	⭐	10/26/2011	2/23/2012	Lipitor 10 mg, Tabs	1 Bid	60	2	Active	
☐	⭐	12/24/2009	6/22/2010	Lipitor 40 mg Tabs	1 Bid	90	2	Ineffective	
☐	⭐	11/13/2008	5/12/2009	Probiotic 15 - 35mg	1 Bid	90	2	Ineffective	