MEDfx v3.0 Features

Introduction

This document details the major new features and many of the functionality enhancements included in the MEDfx v3.0 release.

Preferences Table

User-friendly interface to allow customizations. Among the preference choices are:

- Hide **View Navigator** automatically
- Enter key skips focus over populated fields
- Default originator for appointment rescheduling
- Show cancelled upcoming appointments in **Patient Chart**
- Show cancelled previous appointments in **Patient Chart**
- Hide **Appointment Scheduling** advanced search panel
- Collapse **Appointment Scheduling** context panel
- Collapse **Appointment Scheduling** search panel
- Sort view templates
- Default referring provider in charge entry using patient referring provider
- Automatically update the **Payer Fee Schedule**

Payer Fee Schedule

The updated **Payer Fee Schedule** table may be automatically populated through EOB entry if the preference has been set up in the new **Preferences** table. It also stores more detailed options for a specific procedure and plan. The two added fields are **Service location:** and **Modifiers**:.

Open Incoming Referrals

An enhancement has been added to the **Open Incoming Referrals** and the **Open Prior Authorizations** panes showing effective dates of the referral and prior authorization.

Bookkeeping Defaults

The **Bookkeeping Defaults** pane now offers both date of service and transaction date defaults.

Referral and Prior Authorization Validator

A validation feature now occurs in **Referral** and **Prior authorization** fields. When entering a **Visit** if an effective referral is not attached to the visit, the field turns yellow as an alert. The same feature applies to prior authorization.

Resubmit Claims

This new feature in the **Billing** category allows the changing of status for a group of claims by date or minimum balance.

Credit Card Payments

The statement header now allows for the recording of the authorization code for credit card payments.

Eligibility

MEDfx now offers the ability to verify a patient's insurance eligibility prior to treatment. Eligibility can be setup to automatically check patient status in advance and can also be accessed instantly.

> **Note:** Clearinghouse enrollment thru GBA is required prior to activation. Contact your GBA Account Manager.

A patient's eligibility may be checked at the **Front Desk,** the **Patient Chart,** or in **Appointment Scheduling**.

Eligibility inquiry results fall into one of the following five categories with corresponding symbols:

Status Category	Symbol
Eligible	Check mark
Eligible with conflict	Exclamation mark
Not eligible	Zero with slash through the middle
Not eligible with conflict	Zero with slash through the middle
Inquiry not sent to payer	X mark

Applicable tables for eligibility may be found in **Administration** in the **Eligibility** pane.

Patient Demographics Pane Enhancements

Patient Immunization Form

From the drop down menu on the **Patient Demographics** pane of the **Patient Chart** view, access the immunization selection criteria screen to print a patient immunization form.

Patient Note Indicator

An enhancement has been added to the **Patient Chart** view to show a notebook icon on the top bar of the **Patient Demographics** pane when a note is present. Notes are easily accessed by clicking on the notebook icon.

New Demographic Fields

The **Patient Demographics** session now includes two additional fields:

- Primary Language
- Ethnicity

Manage Accounts Screen

It is now possible to **Connect responsible party** in existing accounts by editing the responsible party in the **Account** pane.

Charge Import

Charge Import transfers financial transactions (visits) from a third party source. The set up for this feature requires the assistance of GBA personnel.

Click on the **Pending Charges** link to arrive at the session where third party source imported visits appear. Visit information needs to be reviewed and confirmed prior to claim generation.

This feature only appears if it has been customized for a practice by GBA personnel.

EOB Processing (Explanation of Benefits)

Manage Payments has been split into two panes:

- **Manage Patient & Practice Payments**

Note: Examples of Practice Payments are Risk Withheld or Capitation.

- **Manage Insurance EOBs**.

Insurance Payment Application is now called **Processing EOB**. After an insurance payment has been entered into MEDfx, the next screen that appears is called **Processing EOB**. This screen is the location for applying the insurance payment. The top portion of the screen, called **Adjudication,** is where the claim data is entered. The bottom portion of the screen, called **Adjudication Detail**, is where the payment is applied.

The following are the possible search options for EOBs in MEDfx:

- **Recent** – EOBs entered within the last two weeks.
- **Incomplete** – EOBs that are not fully applied.
- **Complete** – EOBs that are fully applied.
- **Revise** – Once an EOB is committed, it needs to be revised to make any edits.
- **Committed** – Finalizes the EOB by posting the payment application and adjustments to the patient ledger. Transactions will not appear on reports or the patient ledger until the entire EOB is committed.

EOB Reports

In addition, new reports have been added to display the information contained in each EOB. They are accessed by clicking on **Report** in the **Action** column. The reports are called **EOB Summary** and **EOB Detail**.

The **EOB Detail Report** looks like:

EOB Detail Report

Payer: Blue cross blue shield (bcbs), Date: 08-11-2008, Amount: $ 300.00
Check #: , Type: ipERA Insurance payment ERA (ipERA), Status: 3 - Complete

Plan / Patient / Claim	Billed	Allowed	Applied	Copay	Coins	Deduct	Adjusted
blue cross blue shield (bcbs)							
Bennigan, Susan / P1015V42-51	$ 120.00	$ 80.00	$ 60.00	$ 20.00	$ 0.00	$ 0.00	$ 40.00
Bird, Sam / P1014V46-48	$ 120.00	$ 80.00	$ 60.00	$ 20.00	$ 0.00	$ 0.00	$ 40.00
Blue, Sandra / P1007V45-50	$ 120.00	$ 80.00	$ 60.00	$ 20.00	$ 0.00	$ 0.00	$ 40.00
Crosman, Bea / P1003V48-49	$ 120.00	$ 80.00	$ 60.00	$ 20.00	$ 0.00	$ 0.00	$ 40.00
Cross, Carol / P1013V47-52	$ 120.00	$ 80.00	$ 60.00	$ 20.00	$ 0.00	$ 0.00	$ 40.00
Total for blue cross blue shield (bcbs)	**$ 600.00**	**$ 400.00**	**$ 300.00**	**$ 100.00**	**$ 0.00**	**$ 0.00**	**$ 200.00**
Total	**$ 600.00**	**$ 400.00**	**$ 300.00**	**$ 100.00**	**$ 0.00**	**$ 0.00**	**$ 200.00**

Electronic Remittance Advice (AutoPost ERA)

ERA files are automatically downloaded into **Manage Insurance EOBs**. The payment type for an ERA is Insurance Payment ERA. The ERA data may be reviewed by either the **Detail Report** or by editing the EOB and going into **EOB Processing**.

After reviewing for accuracy and making any necessary changes, the EOB must be committed. Transactions will then appear on reports and the patient ledger.

The reports for this feature are called **ERA/EOB Summary Report** and **ERA/EOB Detail Report.** The report is labeled Electronic Remittance Detail and is displayed in EOB format.

> **Note:** This is an optional MEDfx feature. AutoPost ERA requires specific enrollment with a clearinghouse. Please contact your GBA Account Manager.

Guidelines for Committing an EOB

Changes to the insurance payment application (EOB Processing) with MEDfx version 3.0 accommodate ANSI 835 file requirements for Electronic Remittance Advice (ERA).

> **Note:** When applying insurance payments, the focus is now directed to adjudicating or settling the claim.

Below are some guidelines to assist you when committing an EOB:

- **Yellow Claim Line in the Adjudication Pane –** In MEDfx each visit that has an insurance claim generated receives a unique claim number. This claim number appears on the EOB. The claim number being adjudicated must match the claim number on the EOB. If the claim was submitted more than once, additional claims for the visit appear in yellow and should be deleted by clicking **F8**. The EOB may then be committed.

- **Yellow Field in the Adjudication Detail –** Each charge for a visit must have adjudication. The **Apply** field, for visits that are not settled on an EOB, turns yellow and should be deleted in the **Adjudication Detail** by clicking **F8**.

- **Voiding Duplicate Charges –** If an EOB includes a visit with a charge that was made in error, e.g., a duplicate charge, the charge needs to be voided in the visit history before the visit is adjudicated in **EOB Processing**. Follow the steps below:

    1. While in the **Adjudication Detail** section, click **F11** (Jump to Charge).
    2. Delete the unnecessary line item in the visit, save, and return to the **Adjudication Detail.**
    3. Click **F8** to delete unadjudicated line items.

- ***System Exception Error: Unable to perform CCD transfer* –** If there is a zero balance when adjudicating a line item, do not manually enter the copay, coinsurance, or deductible (CCD) fields.

- **Secondary Payments –** If a secondary claim was not generated in MEDfx, there is no claim number for the secondary claim, e.g., crossover plans. In this instance when posting a secondary payment, do not enter the claim number that appears on the EOB as this is the primary plan claim number.

  To adjudicate the secondary payment for crossover plans, select the patient name/number, visit number, and plan name from the drop down menus. By selecting the plan, MEDfx recognizes the secondary payer.

Reporting

New and updated reports that are part of the release include:

Appointment Charge Exception Report

This new report is located in the **Reconciliation Reports** pane of **Reporting**. It generates a list of all appointments within an appointment date range where the appointment status code is **Booked, Checked In,** or **Seen**, but for which no charges were posted. For each appointment, the report lists the appointment resource and location, patient name and number, and the appointment time and status. The output includes a separate page for each appointment date and subtotals by resource and location.

Balance Before Closing

This updated report, located in the **Reconciliation Reports** pane of **Reporting**, now has an expanded search options field that allows the report to be run by provider as well as practice, user(s), posting batch, date range, and include transaction detail.

Patient Billing Status Report

This new report is located in the **Financial Reports Section** of the **Patient/Account Information Reports** pane of **Reporting**. It lists responsible party name/number, patient name/number, account number, billing status, visit date, visit balance, and visit number.

Patient Labels/Letters

This updated report, located in the **Labels/Letters** pane of **Reporting**, has been expanded to include selection criteria for patients' dates of birth in a certain time range and date of birth months. It is also now possible to search by zip code in this report.

Provider List

This new report generates a list of all providers that have been entered into the database. It is located on the **Table Reports** menu under **Reporting** and lists the information that has been entered into the **Provider** table under Administration.

Procedure List

This updated report is located on the **Table Reports** pane of **Reporting**. The printed report now contains the following columns: description (code), TOS, CPT, HCPCS, ADA, NDC, revenue code, charge, location, and modifiers.

Rescheduled/Cancel/No-Show List

This new report is located on the **Appointment Reports** pane of **Reporting**. It generates a list of cancelled/rescheduled/no show appointments for a given time frame. The information listed includes patient name, patient number, appointment status, location, reason, date/time, and user.

Unpaid Claims Report

This updated report is located on the **Insurance Claims Reports** pane of **Reporting**. The printed report now contains the following columns: service, primary Dx, other Dx, aged by, charged, paid, adjusted, 0-30, 31-60, 61-90, 91-120, 121+.

It also now includes visit totals. Two new search criteria fields are **Exclude amounts below:** and **Age by:**.

Visit Exception List Report

This new report is located in the **Practice Analysis Reports** pane of **Reporting**. It provides a list of patients that have not been seen in a given time frame. The output is grouped alphabetically by patients' last names.

Broadcast Messages

Brief instant messages for internal company notices can be communicated to everyone logged into the practice's system. The message appears on the staff member's monitor screen. The feature is accessed from the **View Navigator** by selecting the **Support** category and clicking on the drop down arrow. Select **Send Message** and type the desired message.

Examples of possible messages are:

- "MEDfx restarting in 5 minutes."
- "Please log out of MEDfx."

Sales Tax

The sales tax feature has been added for practices that need to calculate and bill for sales tax. The specific tax details are set up under **Administration.** Sales tax can be associated with location, plan, or procedure code. This setup also allows for state and local tax calculations. There is a corresponding tax report in the **Reporting** category under the **Reconciliation Reports** pane.

> **Note:** This is a customized feature which requires GBA assistance.

Performance Improvements

The software has been upgraded resulting in significant performance enhancements that are expected to provide from a 20% to 100% improvement in speed for the following functions:

- Claims
- Statements
- Encounter Forms
- Reports

Collections

This feature allows a practice to manage its collection efforts.

New fields have been added to the **Statement Strategy** table allowing MEDfx users to track the dunning level of their patient account balances and attach billing status codes that trigger specific collection letters. Billing status codes are found under the **Administration/Billing Administration/Billing Status Codes** category.

Once configured, a patient's account status will change to match his dunning level.

Collection Letters

An option to produce collection letters has been added to the **Labels/Letters** pane in **Reporting.** The collection labels/letters option selects account records based on a variety of information including billing status.

Three collection letter templates have been created for the generation of letters based on account billing status. Collection letters reflecting the patient's dunning level can be printed for mailing with statements.

Other Enhancements

- **Duplicate Patients** – Enhancements have been made to prevent duplicate patients from being created in MEDfx. Checking and tie breaking for duplicate patients is accomplished with the following new criteria: first/last name, SSN, DOB, gender, address, and home phone.
- The **Patient Information Sheet** is now available by right-clicking on an appointment cell in **Appointment Scheduling**.
- **Remittance Remark** table is pre-populated with ANSI remittance remark codes that define the claim adjudication information for explanation of benefits.
- **Lexicon** table is a method of coding with translations that are required for a particular interface. The **Lexicon** table is consulted whenever MEDfx sees external codes. This is for use only by the GBA Development Department.