

# ArcBI TS Newsletter

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## ArcSys Hot Tip

Do you print out documents from within Red Planet using the Adobe printer? (Version 6.0 and higher of Wintegrate) You can have your company logo appear in the top right corner. You can also have your statement program overhauled to generate an Adobe document with your custom logo embedded. Contact us for more information.

## Move Payment Is Enhanced

The Move Payment button in the Transactions All (TXALL) screen has several options that are worth noting. The primary function of this button is to apply a previously posted payment to a different charge without having to enter a reversal or other adjustments. It is important to remember that in Red Planet billing there are two types of transactions: Charges (status of C) and Payments/Adjustments (status of P). You can only move a "C" to a "P". You can't move a "C" to a "C" or a "P" to a "P". There are four types of functions this button can now do.

- Move a single payment to a single charge. This is accomplished by clicking on one payment and one charge. It doesn't matter which you click first. Click the charge and then click the payment. Or, click the payment and the charge. Whatever feels natural to you. Click MovePymt.
- Move many payments to a single charge. This feature became available in June 2014 and was built to allow pre-payments for big ticket items (OB delivery) to be applied at a later time when the service occurs. Again, it doesn't matter the order in which payments are clicked.
- Move *multiple pairs* of payments and charges. That is, click on one payment and a charge, another payment and another charge, and so forth. Clicking order is very important. (New feature in 2.2.26)
- Move a single payment to multiple open charges. This will perform a Split Payment followed by a pair-wise Move Payment. Clicking order is important because it determines what gets paid, first. Since this is a very new feature there are two messages presented so that you can escape from the process if you think it is going to do something wrong. The first message says, "You are going to split 25.00 and apply to 3 charges. Ok?" The second message then states, "Splits: 8.50, 10.00, 6.50. Ok?" (New feature in 2.2.26) The Action Log will still report all of the splits and moves as though you had done them the "old way".

As before, a charge may be moved to/from Suspense/Personal. The Move Payment process requires careful use. Once you've moved it, there is no easy way to un-move it.





## Meaningful Use Report (Part 3)

**Measure 6** is related to the concept known as the patient portal. This provides a two-way street where the patient can communicate with the provider/staff over a secure electronic channel. The first requirement is that a patient enroll with the service, such as Zirmed. If the provider sends a message to the Zirmed portal, then a regular email is sent to the patient advising them that there is a secure message waiting. The patient then logs into the Zirmed portal, reads the message and responds if needed. Every patient seen by a physician in the reporting period qualifies as a denominator. If a patient registers, then this counts as a numerator. Unfortunately there is nothing to incentivize the patient to do so. The target is 5%. Estimate 1 minute to send message to the portal. (*Note: A change will be coming in the next couple of months as Red Planet will be transitioning to a new approach for handling the patient portal.*)

**Measure 7** is for Computerized Provider Order Entry for medication orders. The key thing to note here is that it is the doctor who is doing the entry—not a staff member. When generating the measure report you have the option of selecting Stage1 or Alt. Use Stage1 if certifying for MU Stage 1. Otherwise use Alt. (Stage1 was just looking for at least one medication order being made by the doctor for each patient. Alt is looking at all medications for each patient.) Medications with a status of A (active) or DC (discontinued) and are within the reporting period are counted for a provider and triggers the denominator. If the provider prints the medication order, then the numerator gets triggered. (in the User Master screen is a field named Doc. This field must have the doctor number for the indicated user.) The target is 60%. Estimate 1 minute per prescription.

**Measure 8** is used to count the number of prescriptions that were sent electronically. This is achieved through Allscripts. Through the use of Firefox as a web browser, a daily report for each provider is downloaded into the system. This report is then processed by Red Planet and it automatically maps from the Allscript descriptions to the Rxnorm codes and updates the medication list for each patient. Target is 50%. Estimate 1 minute per provider per day.

**Measure 9** is used to record vital signs. Under initial Stage 1 it was required that weight, height and blood pressure be recorded. Now, during the attestation process, the provider can identify which of these entries are relevant for capture in the practice. Accordingly, the process of running the measure report allows you to identify what you capture. The denominator is the number of people seen by a provider. The numerator is the number of people where the vitals were entered at least once in the reporting period. Target is 80%. Estimate 1 minute per encounter.

**Measure 10** is used to record the smoking status on patients over 13 years. This is a field on the Dashboard screen and can be updated easily by the medical assistant. The pull down list has SNOMED codes and descriptions which identify the various choices. The denominator is the number of people seen in the reporting period. The numerator is the number of people with that status. The target is 80%. Less than 1 minute to record (one time).

**Measure 11** determines how well electronic lab results are being handled. Red Planet supports the receiving of lab results from LabCorp, Quest, IHC, HCA, Genpath, Poudre Valley Hospital and in-house Apex labs. Each of these lab sources provides a uniform HL7 electronic format whereby lab results are received. The lab also provides the software that communicates between a pc at your office and their servers. There are two primary events which must take place. The first is receiving the order which triggers the denominator in the MU measure report. The second requires the provider to look at the order, then sign it which in turn triggers the numerator. The target is 55%. Estimate 1 minute per result (composed of multiple tests) to review and sign.

**Measure 12** counts the number of summary electronic records that have been generated. Under MU1 you can opt for an exclusion by stating no patients requested an electronic copy. But, with MU2 there is no exclusion. On the Dashboard screen is a button called MakeCCDA. This prepares a computer file that meets standards that all MU software systems can read. It is intended to facilitate sharing of information more easily. Once the file is prepared, it must be delivered to the patient through the portal (see Measure 6 and note its last sentence). The denominator is the number of people seen in the reporting period and the numerator is the number of electronic records created and sent. Target is 50%. Estimate 1 minute per encounter to send to portal.

*(Each of the other measures will be described in further detail in future issues of ArcBits.)*