



RevolutionEHR

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RevolutionEHR Release 4.4.23

Release Notes

05/04/2010

Overview

This release addresses some tax billing needs specific to certain states, it also includes changes to the accounting reports to allow users to access reports containing large amounts of data. Another enhancement includes the ability to merge two patient files.

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1. Enhancements

1.1 Accounting

The majority of the enhancements made to Accounting include new and expanded features for applying sales tax. These changes have been added to comply with the rules and laws associated to charging tax as determined by the user's state and/or specific insurance carriers.

It is highly recommended that you review your state's restrictions and laws before implementing any of the new tax enhancements as these new enhancements may not apply tax appropriately for your state as it relates to the billing of insurance and patients. The enhancement included in this release will not change the way tax is currently applied unless the user "turns on" the new features.

Other enhancements made to Accounting include changes to the existing Accounting Reports.

1.1.1 Sales tax (Patient Portion of Charges)

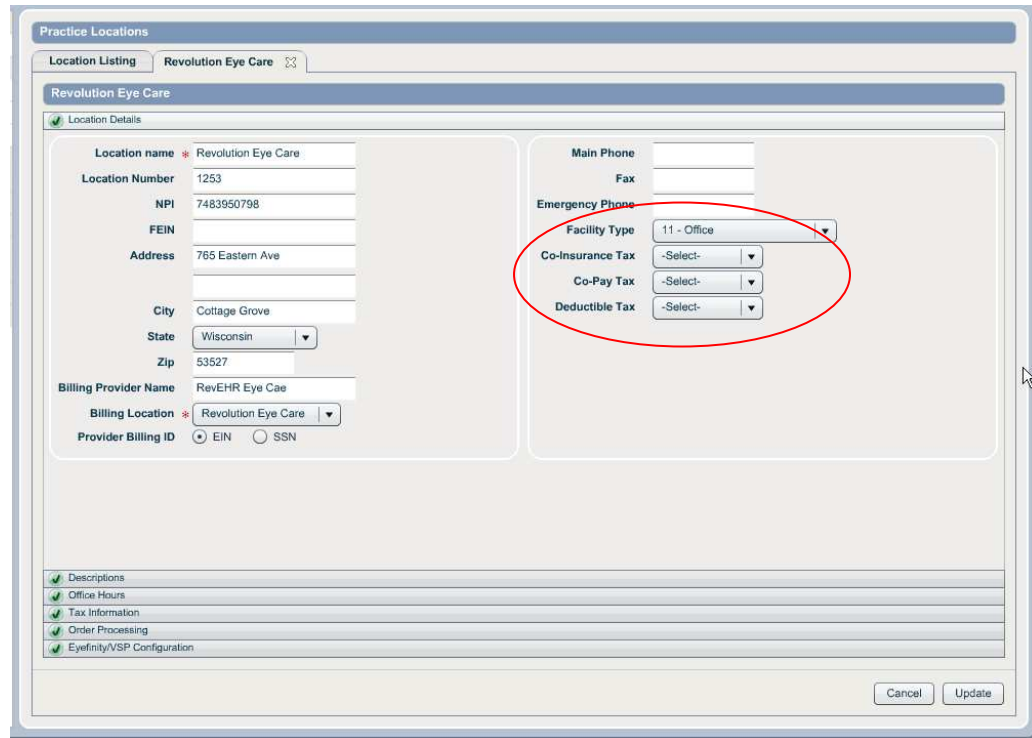
The application can now be set up to apply tax on copay, deductible, coinsurance, or any balance transfer reason. As with all of the tax enhancements included in this release, you should check with your state before implementing any changes to the way that you assign tax.

There are two ways to assign patient copay, deductible, and coinsurance. One option is to use the "Add Patient Portion" button on a pending insurance invoice. The second is to do a "Transfer" from an authorized insurance invoice. Because these options are two different transaction types within the application, the set up of each varies on how the copay, deductible or coinsurance is applied from the insurance invoice. However, both types of transfers are set at the location level and must be set up for each appropriate location.

Add Patient Portion

- To set up copay, deductible, and/or coinsurance to be a taxable item on a patient invoice when applying these items by using the "Add Patient Portion" button, go to Administration/General/Locations
- Open the appropriate location file
- Click "Edit"
- Set the appropriate tax rate in the Co-Insurance, Copay, and/or Deductible Tax drop downs
- Click "Update"

- Repeat for all applicable locations



The screenshot shows the 'Practice Locations' window for 'Revolution Eye Care'. The 'Location Details' section contains the following information:

- Location name: Revolution Eye Care
- Location Number: 1253
- NPI: 7483950798
- FEIN:
- Address: 765 Eastern Ave
- City: Cottage Grove
- State: Wisconsin
- Zip: 53527
- Billing Provider Name: RevEHR Eye Care
- Billing Location: Revolution Eye Care
- Provider Billing ID: ☒ EIN ☐ SSN

The right side of the form includes contact and tax information:

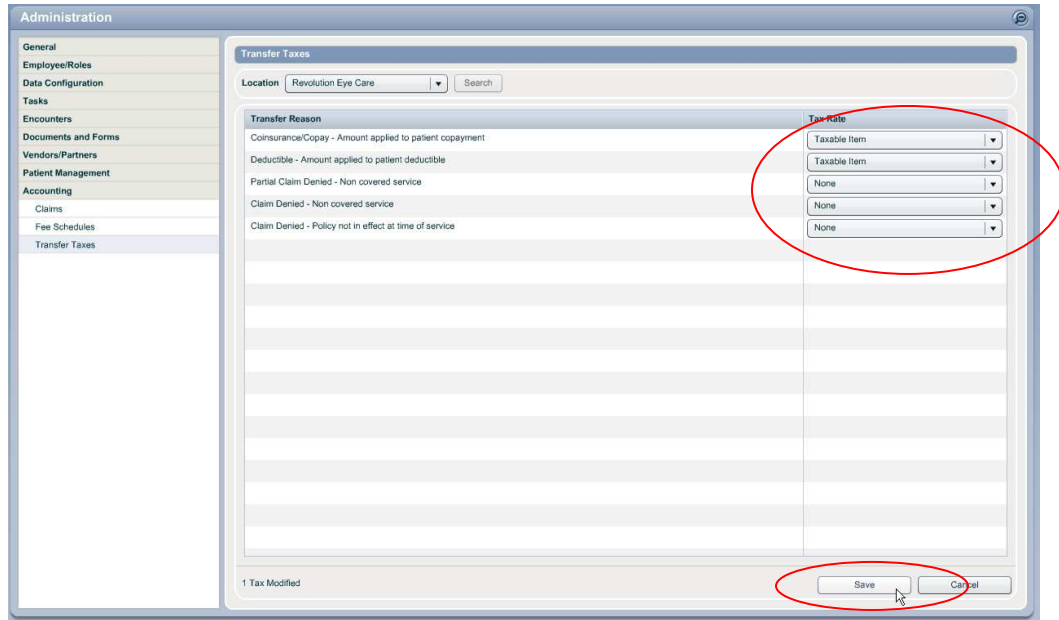
- Main Phone:
- Fax:
- Emergency Phone:
- Facility Type: 11 - Office
- Co-Insurance Tax: -Select-
- Co-Pay Tax: -Select-
- Deductible Tax: -Select-

The 'Facility Type', 'Co-Insurance Tax', 'Co-Pay Tax', and 'Deductible Tax' dropdowns are circled in red. At the bottom of the form are 'Cancel' and 'Update' buttons.

Once the tax rate trigger has been set for co-insurance, copay, and/or deductible in the location file, tax will always be applied when one of these options is selected when using "Add Patient Portion". The patient invoice containing the new co-insurance, copay and/or deductible will automatically add the appropriate tax rate to the patient charge.

Transfer

- To set up any balance transfer item to be a taxable item on a patient invoice when applying these items by using the "Transfer" button, go to Administration/Accounting/Transfer Taxes
- Select the appropriate location from the location drop down
- Click "Search"
- Select the appropriate tax rate from the "Tax Rate" drop down associated to the "Transfer Reason" that should trigger tax on the patient invoice
- Click "Save"
- Repeat for all applicable locations

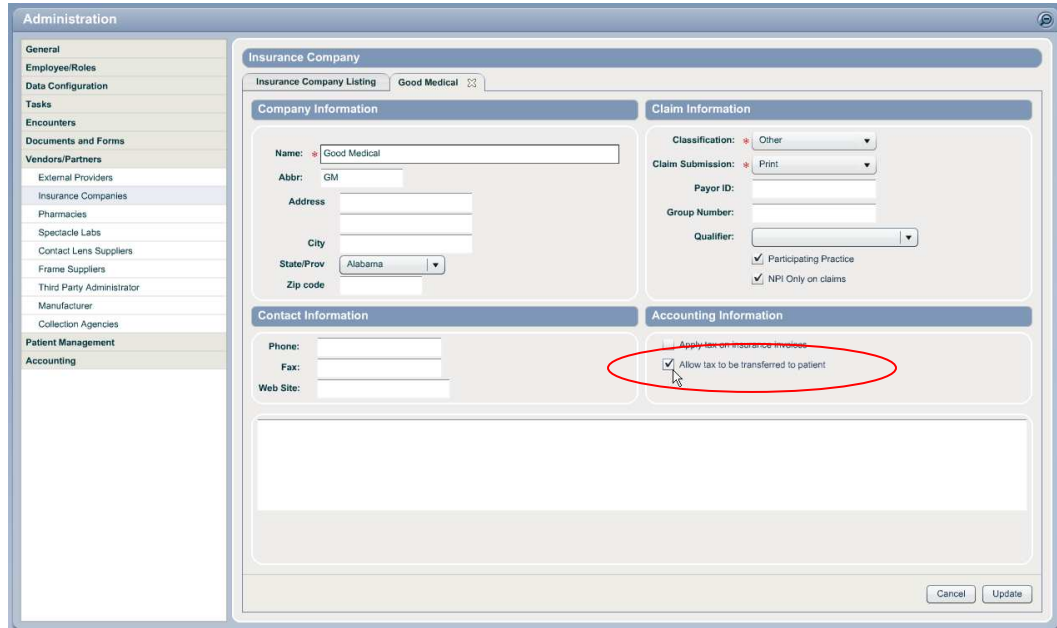


Once the tax rate has been triggered for a balance transfer, tax will always be applied when one of these options is selected when using the "Transfer" button on an authorized insurance invoice, or the transfer hyperlink in the Receive Payment screen. The patient invoice created by that transfer will automatically add the appropriate tax rate to the patient charge.

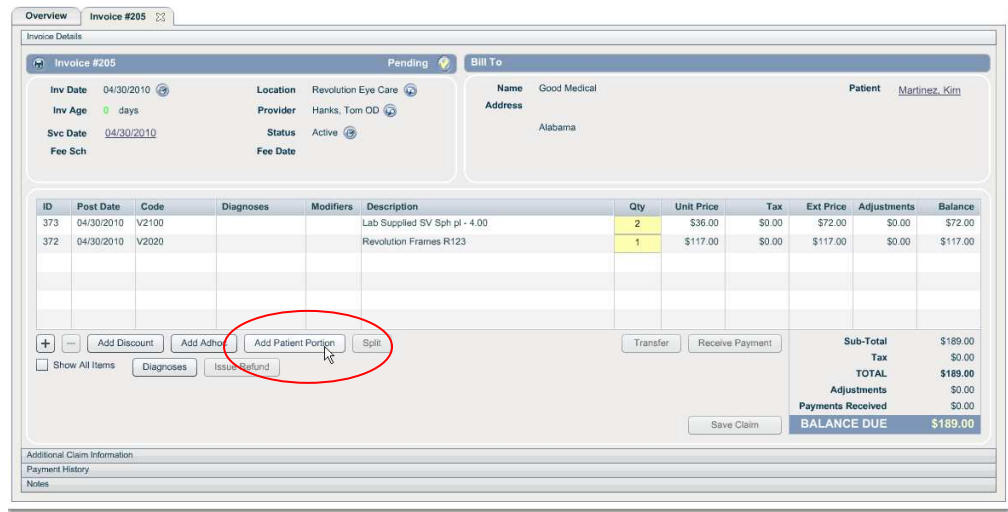
1.1.2 Sales tax (To patient on items billed to insurance)

There are states and/or regions where it is allowable to bill the patient for the taxable portion of a product or service that is being billed to insurance. We strongly encourage you to review the laws of your state before implementing this feature.

- To trigger tax to be applied on a patient invoice for products and services being billed to insurance, go to Administration/Vendors, Partners/Insurance Companies
- Open the appropriate Insurance Company file
- Click "Edit"
- Check the box for "Allow Tax to be Transferred to Patient"
- Click "Update"



This will allow the user to apply tax charges directly to the patient on items that are being billed to insurance. This is not an automatic charge to the patient, but configuring the insurance company to allow tax to be charged to the patient will add a new option to the "Add Patient Portion" button within an invoice:



ID	Post Date	Code	Diagnoses	Modifiers	Description	Qty	Unit Price	Tax	Ext Price	Adjustments	Balance
373	04/30/2010	V2100			Lab Supplied SV Sph pl - 4.00	2	\$36.00	\$0.00	\$72.00	\$0.00	\$72.00
372	04/30/2010	V2020			Revolution Frames R123	1	\$117.00	\$0.00	\$117.00	\$0.00	\$117.00

- Click "Add Patient Portion" from within the insurance invoice
- Select "Transfer Taxes" from the Patient Portion pop up window. The number of taxable items on the invoice will be displayed to the right. This number is not the "Quantity" total, but simply the number of line items on that insurance invoice that are taxable.

- Click "Apply"

revolutionEHR Patient Portion

Patient Portion

- ☐ Co-pay (Service) \$0.00
- ☐ Co-pay (Materials) \$0.00
- ☐ Co-Insurance 0 % \$0.00
- ☐ Deductible \$0.00
- ☒ **Transfer Taxes** 2 Items

Add to Invoice

- ☒ Existing Invoice 70 (01/23/2010) ▼
- ☐ Add to new invoice

Cancel Apply

As with any "patient portion" the amount will then be applied to either a new or existing patient invoice. However, it will be display somewhat differently.

Each taxable item will be listed on the patient invoice. The retail price of that item will be displayed as the "Unit Price". Tax will be displayed in the "Tax" column. The "Extended Price" will reflect the Unit Price (times the quantity) plus the Tax. The "Adjustments" column will reflect a negative number which is equal to the amount pending on the insurance invoice. The "Balance" column will then display the tax amount due by that patient.

[illegible]

Floating your cursor over the adjustment amount will display the explanation for that adjustment:

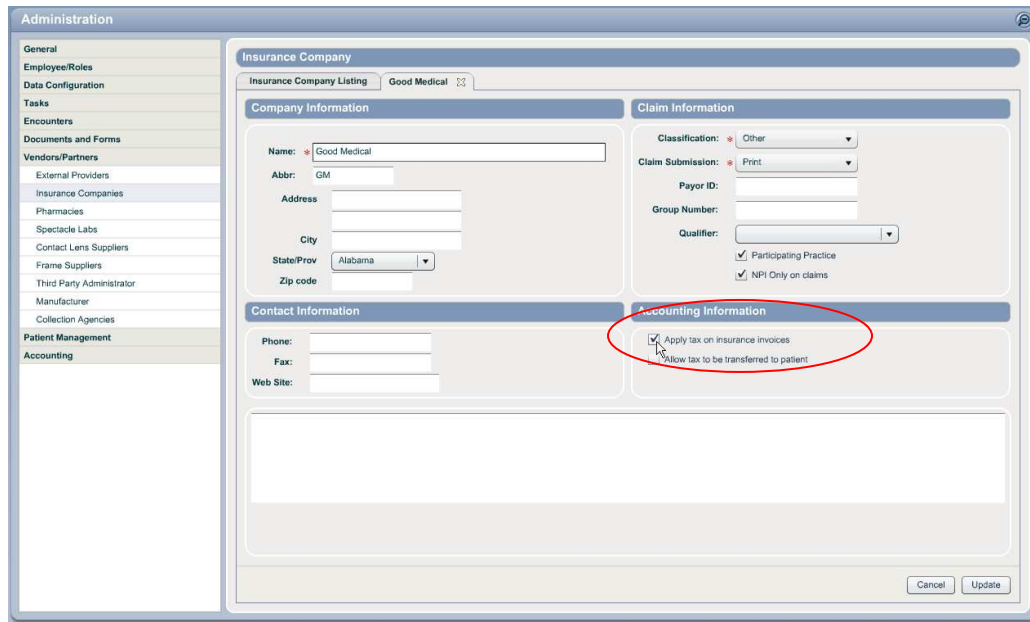
Qty	Unit Price	Tax	Ext Price	Adjustments	Balance
1	\$117.00	\$8.19	\$125.19	(\$117.00)	\$8.19
2	\$36.00	\$5.04	\$77.04	(\$72.00)	\$5.04

Adjustment	Details	Amount
Billed to Insurance	Invoice 205	(\$72.00)

1.1.3 Sales tax (Billed directly to insurance)

We have been advised that some insurance companies allow tax to be billed on products and/or services directly to the insurance company. Again, it is very important that you verify that this is allowable by the insurance company before implementing.

- To trigger tax to be applied on the insurance invoice go to Administration/Vendors, Partners/Insurance Companies
- Open the appropriate Insurance Company file
- Click "Edit"
- Check the box for "Apply Tax on Insurance Invoices"
- Click "Update"



This will trigger tax to be applied to any items added to an invoice for that insurance company as long as that item is configured as taxable in Inventory. The "Extended Price" that is shown on the insurance invoice is the amount that will be added to any claim generated for that invoice. Tax is not listed out separately on the HCFA.

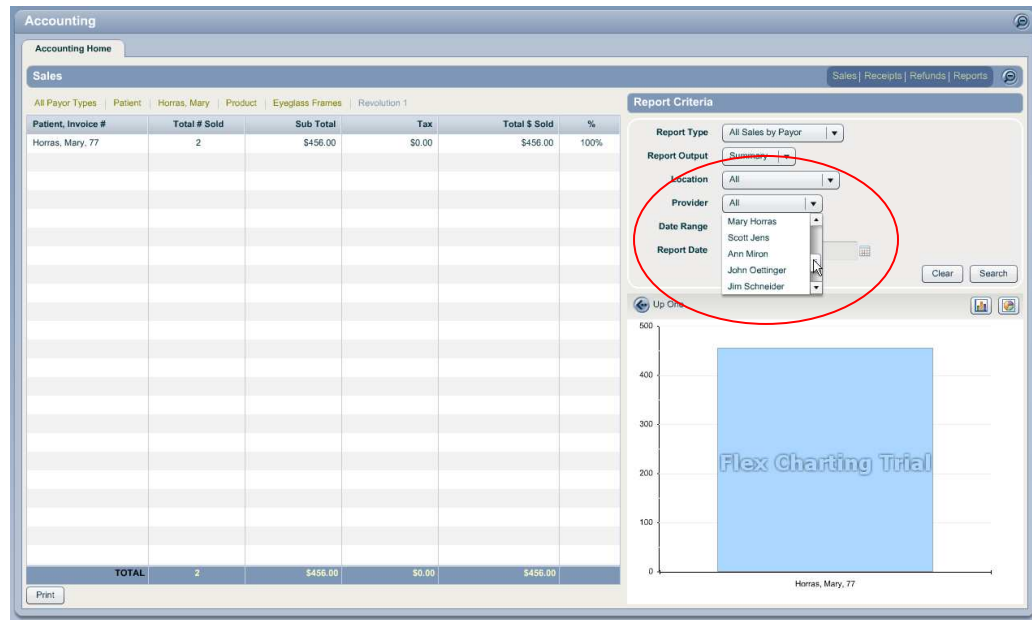
IMPORTANT NOTE: It is possible to use the feature in section 1.1.2 *Sales Tax (To Patient on Items billed to Insurance)* in combination with the feature in section 1.1.3 *Sales Tax (Billed Directly to Insurance)*, but it is not required. It is only appropriate to use these features together when insurance requires that tax be billed to insurance, but paid by the patient.

Because tax is not separated out on the claim form it is very unlikely that an insurance company would require you to bill the tax to them while still requiring that the patient to pay the tax amount.

1.1.4 New Accounting Reports filter for Provider

A new filter/drop down has been added to the Accounting Reports available in the Accounting Module. This filter will allow users to run Sales, Receipts and Refunds reports specific to a single provider.

To utilize this new feature, simply select the appropriate provider from the "Provider" drop down in the "Report Criteria" along with the other pertinent criteria needed for your search.



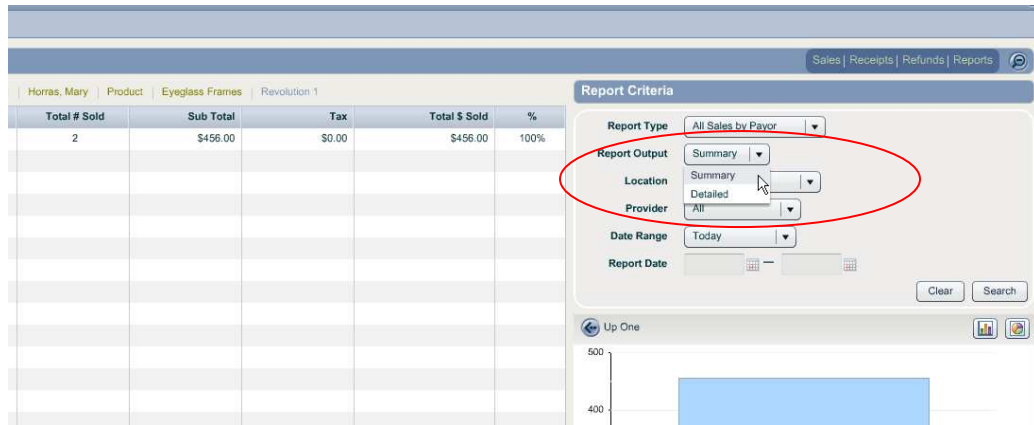
1.1.5 New "Summary" Accounting Report

In an effort to allow users with large amounts of data to run reports for extended periods of time, a new "Report Output" called "Summary" has been added. Previously, users with large amounts of data would not be able to run reports for extended date ranges. The limit on this would depend on the amount of data being returned for that report. Some practices would have too much data to pull a yearly report, and some very large practices were running into problems on reports as short as quarterly reports.

The new "Summary" output reduces the amount of data returned to the user by eliminating the final drill down level on all reports. This is the level where sales or receipts are listed out by patient/invoice. Removing this level greatly reduces the amount of data contained in the report. Other changes were made that affect how the report is created and returned; while very useful in the creation of the report in the database, these additional changes will not be visible to the user.

The new "Summary" output will be the default on all reports. However, you still have the option to select "Detailed" from the "Report Output" drop down to access reports that contain the final drill down level displaying patient/invoice information. Please be advised that running "Detailed" reports for an extended date range may not be possible. The problem associated to these large reports is that browser is not able to receive that much data.

The new "Summary" reports will look and work exactly like the current Accounting Reports with the exception of the final drill down level.

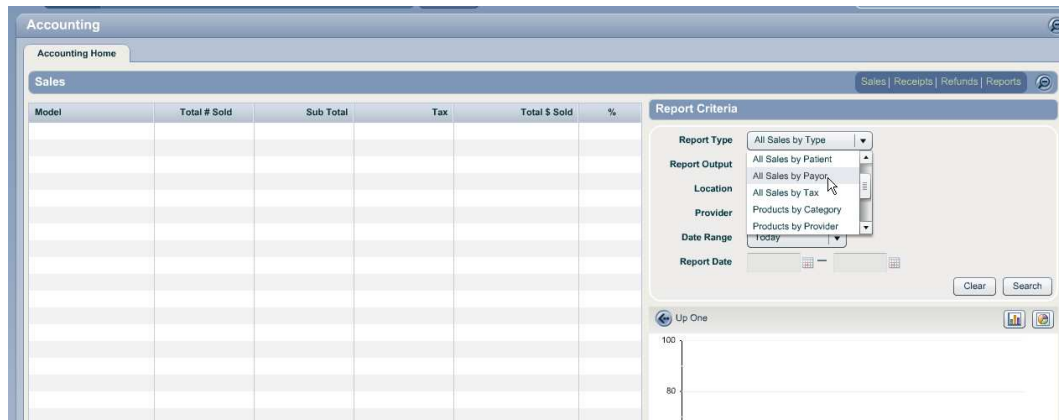


Total # Sold	Sub Total	Tax	Total \$ Sold	%
2	\$456.00	\$0.00	\$456.00	100%

1.1.6 Sales by Payor reports

A new report has been added in the Accounting Module/Sales Reports. This report will display sales by "payor"; allowing the user to view sales billed out to specific payors.

- To use this new report click the expand button in the upper right corner of the Accounting Module to access the comprehensive reporting area
- Select "All Sales by Payor" from the "Report Type" drop down
- Select the appropriate Location
- Set the appropriate Date Range
- Click "Search"



Model	Total # Sold	Sub Total	Tax	Total \$ Sold	%
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The drill down available on this report is as follows:

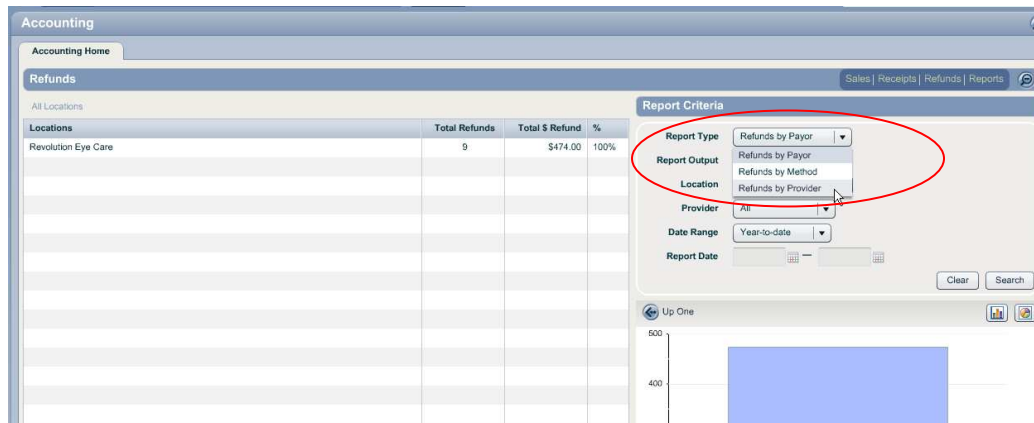
- Total by Payor Type (Patient, Insurance, Collections, and Guest)
- Payor Name
- Sales Type (Product, Service, Write Off, etc.)

- Category
- Item
- Invoice (available in "Detailed" reports only)

1.1.7 Refund by Provider reports

A new report has been added in the Accounting Module/Refunds Reports. This report will allow the user to run a "Refund by Provider" report.

- To run this new report use the expand button in the upper right corner of the Accounting Module to access the comprehensive reporting area.
- Click "Refunds" in the upper right
- Select "Refund by Provider" from the "Report Type" drop down
- Enter the other appropriate Report Criteria
- Click "Search"



Locations	Total Refunds	Total \$ Refund	%
Revolution Eye Care	9	\$474.00	100%

The drill down available on this report is as follows:

- Provider Name
- Payor Type
- Payor Name
- Patient/Invoice (available only in "Detailed" reports)

1.2 Patient Information

1.2.1 Patient Merge

A new feature has been added that will allow the user to merge duplicate patient files.

When merging two patient files together, you will have a "From" patient and a "To" patient. The "To" patient will be referred to as the "surviving" patient in the following explanation:

Some data will be merged, while other data will be moved to the surviving patient. **Merged** data will be data that is retained from the surviving patient's information, this data will not be changed upon merge for the surviving patient, even if the data is different for the "From" patient. **Moved** data will be data that is moved to the surviving patient. If the two patients being merged have duplicate data in areas where the data is "moved", the surviving patient will end up with duplicate information. It is recommended that the areas where data is "moved" are reviewed following the merge to deactivate any duplication.

Merged Data:

- All Demographics/Personal Details: Provider; Salutation; First Name; Last Name; Middle Name; Location; Suffix; Credentials; Nickname; DOB; SSN; Guarantor; Gender; Patient Status; Address; City; State ; Zip; Preferred Phone; Home; Work; Cell; Pager; Email
- All Demographics/Additional Information: Marital Status; Language; Dominant Eye; Blood Type; Race; Citizenship; Religion; Temporary Address
- All Demographics/Employer, School Information
- All Referral Information
- Family Members (this does not included Contacts)

Moved Data:

- All Contacts (this does not include Family Members)
- All Prescriptions (Eyeglass, Contact Lens and Medications)
- All Encounters
- All Appointments
- All Invoices regardless of invoice status (active, paid, voided, etc.). The invoices that are moved to the surviving patient will update the balances in that patient's Account Summary area
- All Notes
- All Insurance
- All Orders regardless of order status (new, approved, transmitted, etc.)
- All Diagnoses
- All Allergies
- All Pharmacies
- All Recall
- All Documents and Images
- All Consents
- All Preferences
- All Providers

- All Ongoing Care (Ongoing Care will be explained in a separate section of these release notes)

To merge two patient files, go to Administration/Patient Management/Merge:



First select the Patient that you will be merging "From". You may use the look up button to search for the appropriate patient:



Or you may enter in part or all of the last name and part or all of the first name. Separate these with a comma, and hit your "enter" key.:



Patient Merge

Merge from this patient *  

To this patient *  


Both methods will take you to the “Find Patient” pop up. Double click on the appropriate patient from the search results, or single click and use the “Open Selected” button:



Find Patient

Search

Last name Database id

First name Location 

SSN

Date of birth

Home phone

☒ Active patients only

ID	Name	DOB	Pref. Phone	Address
20	Steenis, Mason H.	06/12/1998	(777) 444-9999	721 St. John St., Cottage Grove

Then repeat this process for the patient you will be merging “To”. The “To” patient is referred to in the explanation above as the “surviving” patient:



TIP: In the example above you will notice that the "From" patient has (remove) added to their last name. This was done by the user in the patient's file from the patient module. When duplicate patients are discovered, it will make the merge easier if the last name is altered for one of those patients before going the Administration Module to complete the merge. By typing (remove) after the last name in the patient file for the patient that will be my "from" patient, I can more easily identify that patient in a search.

Click "Merge" to combine the two patient files.

IMPORTANT NOTE: MERGE CANNOT BE UNDONE. This is a permanent action.

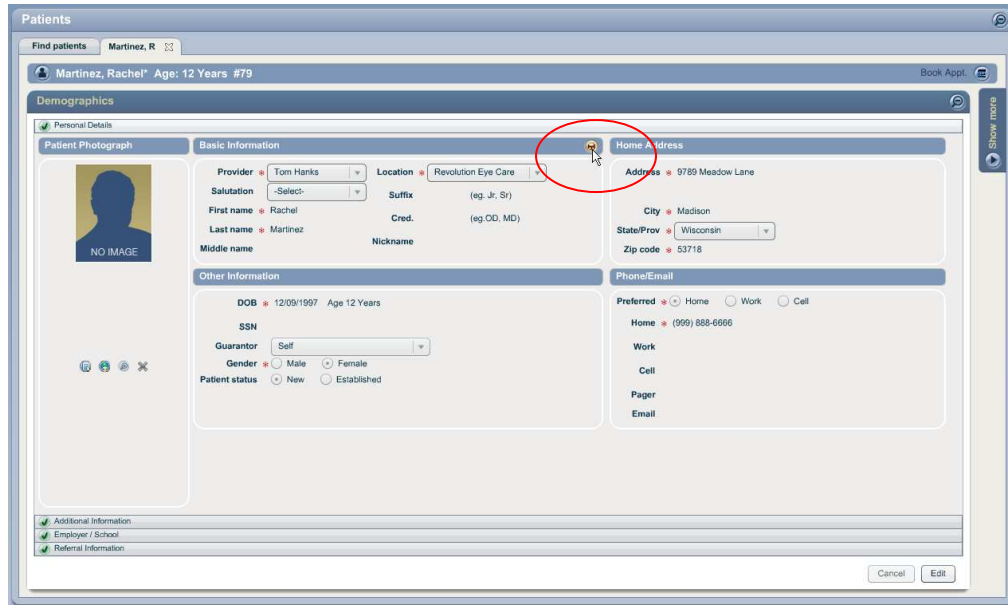


1.2.2 Printing Patient Demographics

User's will now have the ability to print patient demographic information along with basic insurance coverage information and account balances.

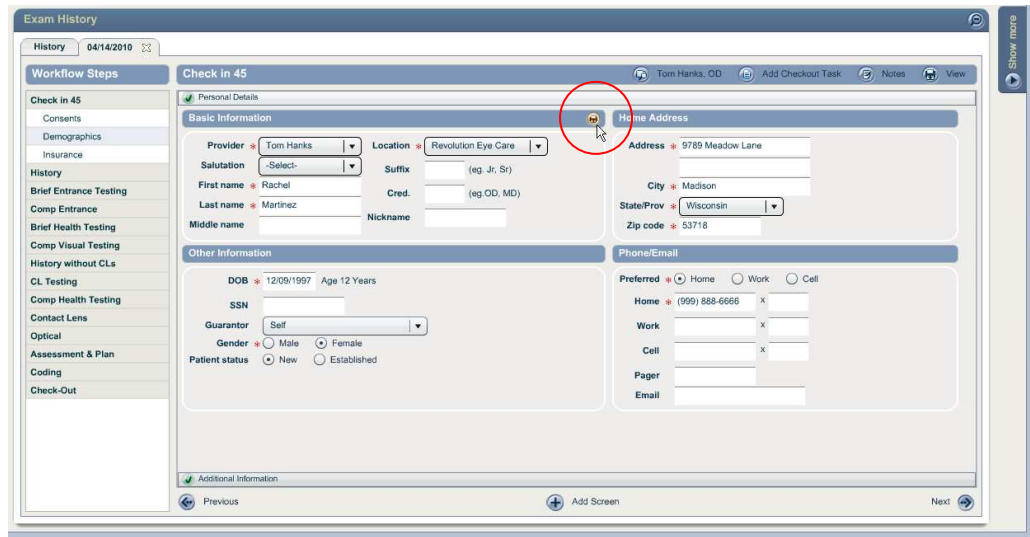
Currently there are two areas where the print button can be accessed to print this information.

Within the Demographics Component of a patient file, there is a new printer button located in the "Basic Information" blue header bar:



The screenshot shows the 'Patients' window with the 'Demographics' tab selected. The 'Basic Information' section is highlighted in blue. A printer icon is circled in red in the top right corner of the 'Basic Information' section. The form contains fields for Patient Photograph, Personal Details, Basic Information (Provider, Location, Salutation, Suffix, First name, Last name, Middle name, Nickname), Other Information (DOB, Age, SSN, Guarantor, Gender, Patient status), Home Address (Address, City, State/Prov, Zip code), and Phone/Email (Preferred, Home, Work, Cell, Pager, Email).

This button will also be available from the "Check In" workflow step within an encounter:

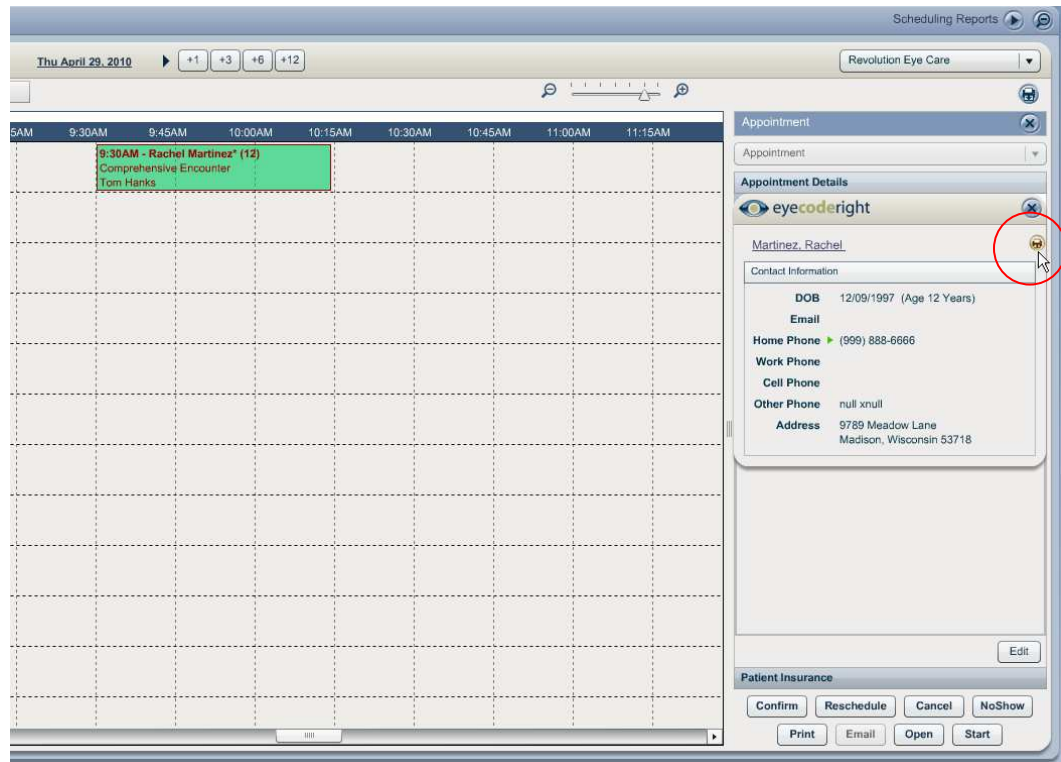


The screenshot shows the 'Exam History' window with the 'Check In 45' workflow step selected. The 'Basic Information' section is highlighted in blue. A printer icon is circled in red in the top right corner of the 'Basic Information' section. The form contains fields for Personal Details, Basic Information (Provider, Location, Salutation, Suffix, First name, Last name, Middle name, Nickname), Other Information (DOB, Age, SSN, Guarantor, Gender, Patient status), Home Address (Address, City, State/Prov, Zip code), and Phone/Email (Preferred, Home, Work, Cell, Pager, Email).

The second location for this print button is found in the contact information quick view available in the Scheduling Module.

In the Appointment Details slider on the right side of the Scheduling Module, you can click on the underlined patient name. This will pop open a small

window that contains basic demographic information in a “quick view” format. In the upper right corner of this pop up is the print button:



When clicking on the printer button from either location, the following document will open:

Patient Information

Steenis, Mason (#20)

First: Mason	Address: 721 St. John St.
Middle: H	
Last: Steenis	Cottage Grove Wisconsin 53527
Suffix:	Home: (777) 444-9999
Cred.	Work: (000) 222-3333
Preferred:	Cell:
DOB: 06/12/1998	Preferred: Home
Gender: Male	
Email: tsteenis@revolutionehr.com	Provider: Guyer, Frank

Employment

Status: Student full time	Address:
School: Glacial Drumlin Elementary	
Grade: 6	null

Insurance

Company	Plan	Group	Policy
ABC Insurance (Primary Medical)			123456
Policy SELF			
Good Vision (Primary Vision)			34982848398
Policy SELF			

Account Summary

Patient Balance: \$ 536.00	Insurance Balance: \$ 1,037.79
Patient Credit: \$ 125.00	Collection Balance: \$ 108.00

1.3 Administration

1.3.1 Access Log Report

Previously, when a user would close or refresh the browser without logging out, the application was unable to capture the time that the user left the application, and could not accurately report on the session duration in the available access log.

To provide for more accurate results in the access log, users will now receive a pop up when closing or refreshing the browser without logging out:



Clicking OK will simply continue with the action of closing or refreshing the browser, but will allow the application to associate a log out time for that user.

Clicking Cancel will return the user to the log in page. When logging back in, the user will be automatically returned to the area where they were working before trying to close or refresh the browser.

To view Access Reports, go to Administration/Employee/Roles/Reports/Access Log.

1.4 Prescriptions

1.4.1 Prism

The order of Horizontal and Vertical Prism as recorded in an Eyeglass Rx has been reversed.

The Horizontal Prism fields will now be listed first, followed by Vertical:



1.5 Ongoing Care

A new component has been added to the patient file under the "Show More" tab. This component is called "Ongoing Care" and will be used to easily review pertinent data related to the patient's care for specific conditions such as Glaucoma.

Important Note: This is only the first phase of implementation for this new component. The information currently being pulled to create these reports can and will be enhanced in the future. If you have question or suggestions related to this new feature please send this information using the "Feedback" mechanism found in the "Help" menu of the application

- To access the Ongoing Care component click on "Show More" within a patient's file
- Select "Ongoing Care"



Patients

Find patients: Steenis, M

Steenis, Mason Age: 11 Years #20

Ongoing Care

Refractive Care | Glaucoma Care

Refractive Care

Refraction Type: ☐ Lensometry ☐ Autorefraction ☐ Retinoscopy ☐ Technical Refraction ☐ Refraction - Distance ☐ Refraction - Nearpoint ☐ Cycloplegic Refraction ☐ Final Refraction

Select all Clear all

Date Range: [] - []

Clear Search

Date	Encounter Type	Refraction Type	OD Refraction	OD VA (20'_)	OS Refraction	OS VA (20'_)

1.5.1 Refractive

The "Refractive Care" tab will allow the user to display refractive data for any refraction "test" that has been captured within an encounter.

- Check the box(es) next to the appropriate Refraction Tests
- Set a "Date Range" if appropriate
- Click "Search"

Ongoing Care

Refractive Care | Glaucoma Care

Refractive Care

Refraction Type: ☐ Lensometry ☐ Autorefraction ☐ Retinoscopy ☐ Technical Refraction ☐ Refraction - Distance ☐ Refraction - Nearpoint ☐ Cycloplegic Refraction ☒ Final Refraction

Select all Clear all

Date Range: [] - []

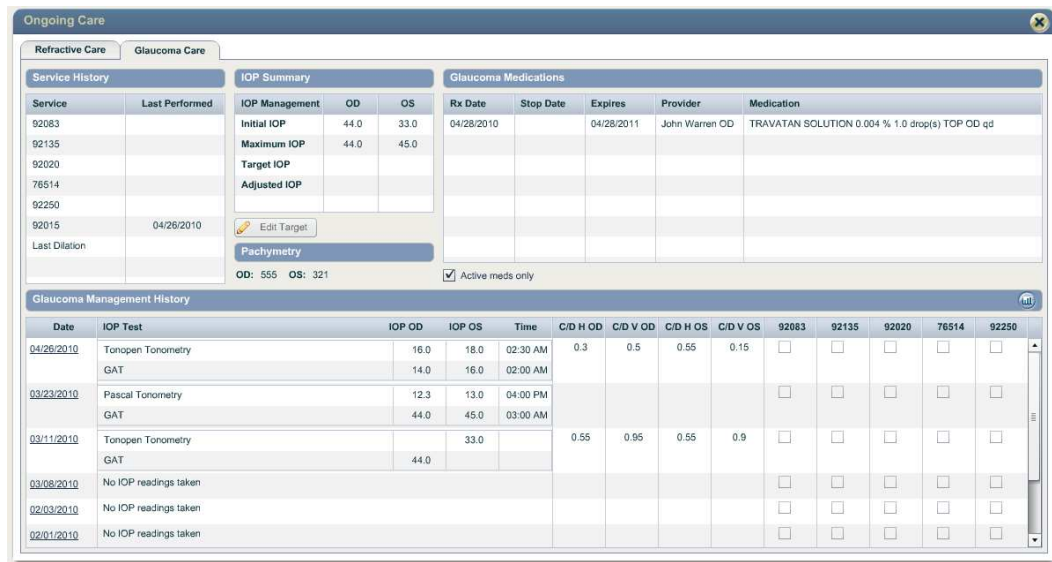
Clear Search

Date	Encounter Type	Refraction Type	OD Refraction	OD VA (20'_)	OS Refraction	OS VA (20'_)
04/26/2010	Comprehensive Encounter	Final Refraction	-2.50 -1.25 x 180		-2.50 -1.25 x 180	
03/23/2010	Comprehensive Encounter	Final Refraction	-2.00 -1.25 x 180		-2.00 -1.25 x 180	
03/11/2010	Comprehensive Encounter	Final Refraction	-2.50 -0.25 x 180		-0.50 -2.50 x 009	
02/01/2010	Comprehensive Encounter	Final Refraction	+0.25		0.00	

4 refraction(s) found

1.5.2 Glaucoma Care

The “Glaucoma Care” tab will allow the user to display information related to the ongoing evaluation and treatment for glaucoma patients.



The screenshot displays the "Ongoing Care" window with the "Glaucoma Care" tab selected. It contains four main sections:

- Service History:** A table with columns "Service" and "Last Performed". It lists service codes 92083, 92135, 92020, 76514, 92250, and 92015, with the last performed date for 92015 being 04/26/2010.
- IOP Summary:** A table with columns "IOP Management", "OD", and "OS". It shows Initial IOP (44.0 OD, 33.0 OS), Maximum IOP (44.0 OD, 45.0 OS), and Target IOP. There is an "Edit Target" button and a "Pachymetry" section showing OD: 555 and OS: 321.
- Glaucoma Medications:** A table with columns "Rx Date", "Stop Date", "Expires", "Provider", and "Medication". It shows a medication TRAVATAN SOLUTION 0.004 % 1.0 drop(s) TOP OD qd starting on 04/28/2010 and expiring on 04/28/2011, prescribed by John Warren OD.
- Glaucoma Management History:** A table with columns "Date", "IOP Test", "IOP OD", "IOP OS", "Time", "C/D H OD", "C/D V OD", "C/D H OS", "C/D V OS", and checkboxes for service codes 92083, 92135, 92020, 76514, and 92250. It lists various IOP tests (Tonopen, GAT, Pascal) and notes when no IOP readings were taken.

Service History This is a list of all service codes that are related to the care of glaucoma patients. The column for “Last Performed” indicates the date of the most recent encounter when a particular service was billed for that patient.

IOP Summary This is a summary of the patient’s IOP which includes the first IOP recorded (Initial IOP) and Maximum IOP. **Currently the Target IOP and Adjusted IOP readings will not be displayed. These will be added in a future release.**

Pachymetry This will display the patient’s pachymetry reading if one exists.

Glaucoma Medications This will list all medications that have been prescribed by the doctor for the treatment of glaucoma for this patient

Glaucoma Management History This is a chronological list of IOP readings, and C/D assessments, and the corresponding services billed during the encounter where one or both of these measurements were recorded.

To view this information in a graph format, click the graph icon located in the “Glaucoma Management History” header bar:



2.1 Scheduling

2.1.1 Horizontal view refresh

An issue has existed where, in certain circumstances, the appointments would only be listed in the Vertical View on the left, but would require the user to click on one of those appointments to display the items in the Horizontal View. This issue has been resolved.

2.2 Tasks

2.2.1 Task Complete Email

When a "Task Complete" email was sent to a user, the subject line still contained the name EyeCodeRight. This has been replaced with RevolutionEHR.

2.3 Patient Information

2.2.2 Employer/School

Employment and school information were not saving the first time the user hit update in the patient file. The information would have to be reentered and would save on the second try. This issue has been resolved, and employment and school information will save upon the initial update.