

## VSS MEDICAL OFFICE SYSTEM - UPGRADE LOG 05.10.00

These changes, corrections and additions have been made to the Medical Office System since the July 2007 update sent. If your support contract is currently in effect, these will be shipped at no charge. We will be sending the corrected manual pages and new documentation as soon as it is ready.

- 6/15/2007 Fix NDC procedures to post both NDC number and procedure code.
- 6/15/2007 Make sure 2 decimal places follow the NDC units to FastEMC.
- 7/9/2007 Fix YTD Detail Summary to properly display Current Month as last page.
- 7/9/2007 Add Printed Date/Time to Day Sheet Report. This report depends on the accurate update of the last visit date on the patient screen. It will include patients in Other Payment if they do not have a matching date in the Last Visit to indicate an appointment on that date. It should be run close to the date requested to insure the last visit date has not changed.
- 7/9/2007 Fix Patient Balances was improved to also update the Insurance
- 7/12/07 Correction for Statements - Including Zero balance claims for INS when they were complete.
- 7/12/07 Included a new format for statements that prints only one line for each claim with a balance due. Only the total is shown for each insurance carrier, no detail.
- 9/25/07 Added THIN - AVAILITY changes for ILLINOIS customers. This required an install of this new software.
- 10/1/07 Added Jcodes and NDC support for IN Medicaid customers. This would allow both the Jcodes and the NDC codes to be sent in the ANSI format.
- 10/25/07 Added detail screens (VIEW) to the diagnoses and procedure history browse. This will provide location and referring provider information that was previously available but not visible.
- 1/31/2008 Add legacy number logic to allow the old numbers to be omitted when required for Electronic filing.
- 2/2/2008 Added full support for Unit Code and Unit discount pricing to pass to the electronic filing module. Change in the EDI programming will format the Drug procedure properly for IN Medicaid. This should also help other filings for Drug procedures. Drug Discount Price is passed to the EDI as the Drug Unit Price. Be sure this is supplied correctly.
- 2/20/2008 Added EXPORT menu to allow easy export of patient demographics and invoice information. These features were in earlier versions, but the user interface was improved to make this easier to run.

- 2/23/2008 Added an insurance form for printing patient invoices that offers a coupon format and will fold to fit a window envelope. This can be printed from Daily Input and sent as the invoice is entered. Form is called: INVCUPON. It must be imported from the Export file after installing the upgrade.
- 2/23/2008 CMS1500 form has had adjustments made in different areas for improvement in the Box 33 information to better select the Group address. This can also be imported, if your version has given you problems to get all the patches. We can rename the current form and import the new one so you can compare.
- 3/15/2008 Adjusted logic for Drug services to report the amount correctly. Be sure to supply the Discount Amount as the amount they should pay.
- 3/26/2008 Issue with EIN required at the Rendering Provider Loop. Added option to allow payers to be marked to send EIN. Question is on Insurance Carrier Screen, by default all TIN numbers are submitted.
- 3/26/2008 Adjusted logic for secondary payers to post data correctly when the primary payer when the primary payor pays zero dollars. Common when the deductible is still in play.
- 5/10/08 Added a popup screen to request the reason for a resubmit when it is electronic. This will allow a proper Void/Revision/Replacement of a previously filed claim. This also requires the ICN number from the EOB to identify the claim in the system. Leave the screen blank when you are resubmitting for a claim that did not pass the edits.
- 6/10/08 Added a provider report that will sort the providers by group to analyze the NPI numbers assigned and all the factors that seem to cause the issues with providers. (EU0)
- 6/10/08 Added testing in the first step of electronic filing to insure that Referring Providers have NPI numbers when required before allowing the claim to be moved to FastEMC. This is only for carriers that are NPI Only.
- 6/10/08 Added testing in the first step of electronic filing to insure that secondary claims are submitted with the payments applied to the lines as required.
- 6/10/08 Added testing that the billing provider NPI is submitted when required.
- 6/17/08 Fixed a bug in the posting to FastEMC that might cause the rendering provider, ordering or billing provider to be coded incorrectly. This might also be caused by a FastEMC error that was processing the providers incorrectly. It has also been fixed.
- 6/18/08 Added Environment variable for Electronic Logic to Blank the Facility Information when it is an OFFICE facility (Place of Service code 11). The

default has been to write the facility information to the electronic system and it would be included in the ANSI EDI data. This variable is added in the Configuration Editor on the System Utilities. Set BlankOffice=YES to omit the facility when it is office. HOME has always been omitted. All other facilities will be posted to the FastEMC system and should have an NPI number - not yours, but the one assigned to the facility by Medicare.

6/18/08 Fixed a bug in the provider posting to FastEMC that did not correct issues with the Cross-Reference Numbers. It would be great if any additional numbers currently listed were removed if they are for carriers that are now considered NPI Only. That will simplify the numbers required.