



Medisoft v16 Enhancements *Product Bulletin*

Medisoft® Version 16 (v16) is the latest practice management system from McKesson designed for small, independent physician practices. The new version brings together the best features and functionality of past releases with the latest innovations and enhancements from McKesson. Medisoft v16 is designed to offer physician practices a new level of productivity and a smooth upgrade path to the electronic health record (EHR).

Enhanced Clinical Data Integration

Medisoft v16 improvements are designed to allow physician practices to accomplish more in less time. The enhanced data flow between Medisoft v16 and Medisoft Clinical enables key updates from the patient message, including phone number, email address, and new insurance carriers and referring providers. Medisoft v16 now transfers more data to Medisoft Clinical over the Communications Manager in an updated A04 and A08 patient message. The Communications Manager controls allow the user to transmit and receive appointment status. When new insurance records are created in Medisoft v16, the information is sent to Medisoft Clinical in a new appointment or patient message. The updates map to the appropriate fields within Medisoft Clinical. The new insurance telephone number, for example, would automatically appear in the work phone field.

Medisoft v16 also features a new library interface system designed to transmit provider, facility, diagnosis and procedure codes to Medisoft Clinical. The enhancement allows users to synchronize data following the initial setup of Medisoft v16 or after receiving updated ICD-9 or CPT codes.

When facilities records are updated in Medisoft v16 and sent to Medisoft Clinical via the Communications Manager, the information is added in the Medisoft Clinical Facilities Maintenance table. Provider record updates are made in the Medisoft Clinical Provider Maintenance table. Medisoft Clinical accepts initial diagnosis and procedure codes along with new codes sent from Medisoft v16.

In addition to updating appointments, Medisoft v16 and Medisoft Clinical now support the two-way exchange of appointment status.

New DVD Installation for Medisoft Clinical

Medisoft v16 offers a new, DVD-based installation of Medisoft Clinical that offers everything needed to initiate Medisoft v16 client server and Medisoft Clinical on a single disc. As a result, installation times are greatly reduced thanks to a new level of setup automation. The new installation was re-engineered to enhance the flow and ease for installing Medisoft v16 client server and the Medisoft Clinical server, database and client.

The standard Medisoft v16 install was also enhanced. While still CD-based, the installation process has been improved and provides a more robust platform for future enhancements.

Revenue Management: New Electronic Claims, Eligibility, ERA Processing

Medisoft v16 offers a new, integrated electronic claims solution called Revenue Management. The software tool expands the electronic data interchange (EDI) functionality of Medisoft to improve the electronic connections that physician practices make to clearinghouses as well as direct links to payors, caregivers and patients. The revenue management feature of Medisoft v16 improves the claims submissions, eligibility verification and electronic remittance advice (ERA) posting processes and revenue cycle reporting.

- **Claim Submission**

- Claims are run against a set of pre-claim edits to check medical policies, CCI edits, CPT and Dx codes, and user rules before claims are submitted to the payor. Warning flags indicate if there are issues with a claim so the claim can be corrected before submission. Fixing claims on the front end reduces the time it takes to pay the claim and can help practices generate additional revenue by eliminating rejected claims that often aren't researched and resubmitted for payment.
- Flexible claims processing includes the ability to process professional/1500 claims and institutional/UB claims with intelligent processing for accurate transactions.
- Comprehensive claims history, including claims edits and any reports posted to the claims, is quickly and easily accessible with a click or keystroke.

- **Eligibility Verification**

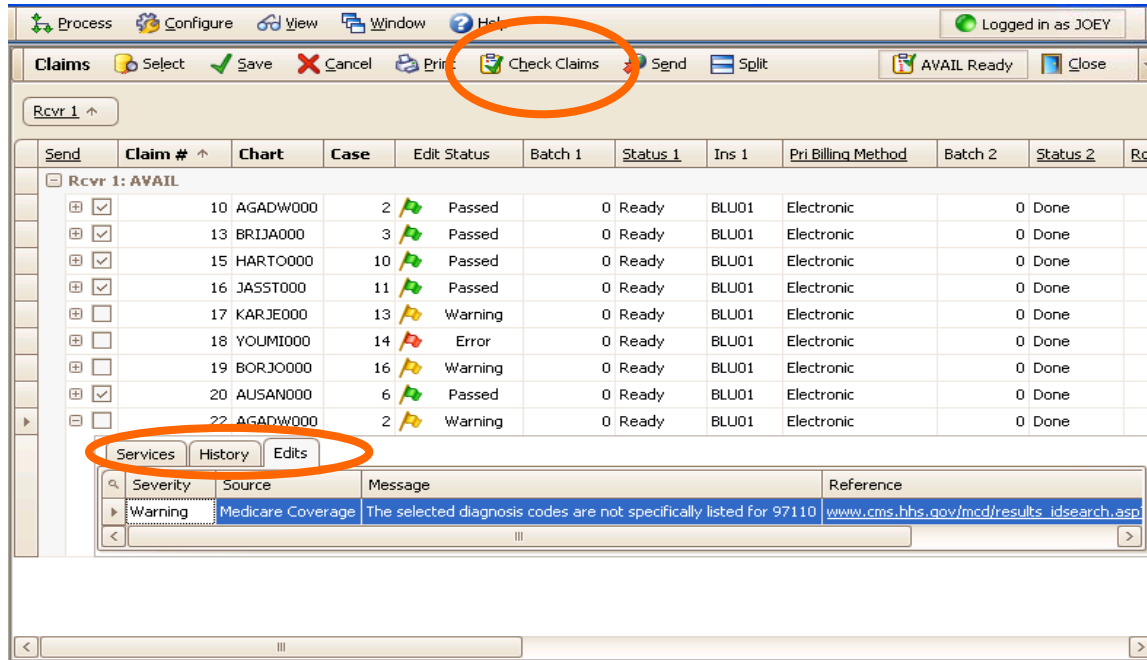
- Integrated eligibility with complete and accurate eligibility reports enables a physician practice to verify a patient's eligibility for services.
- New eligibility data entry and processing logic in Medisoft v16 allows practices to define when the system checks for updates to payor IDs.

- **Electronic Remittance Advice (ERA) Posting**

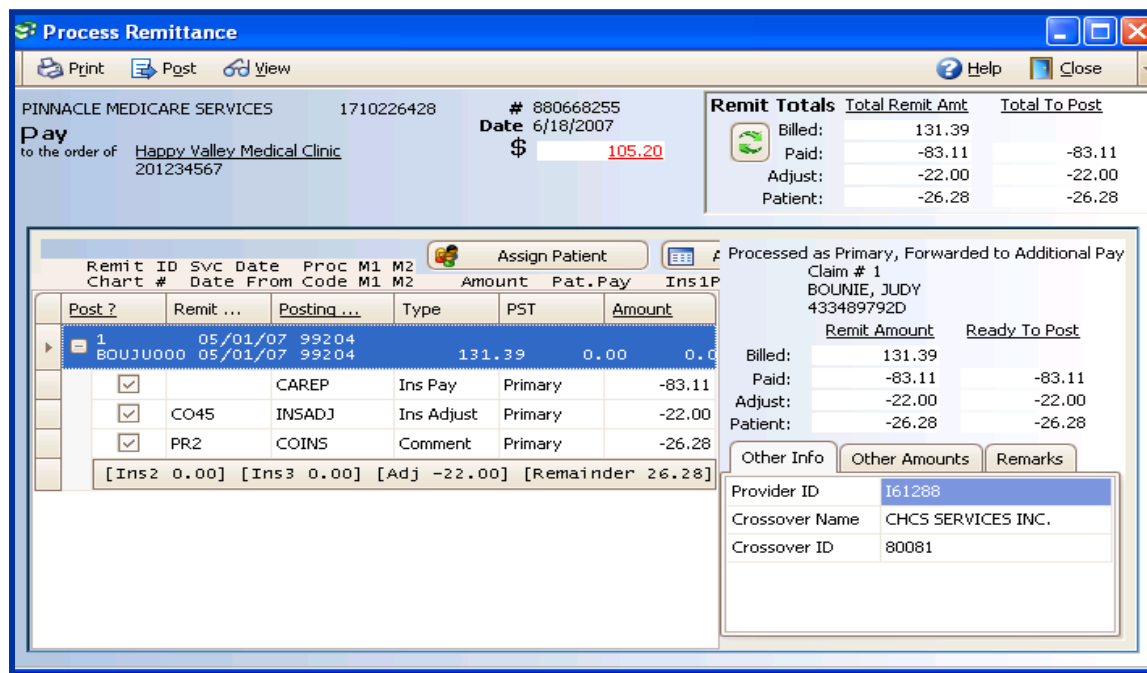
- The ERA functionality in Medisoft has been significantly upgraded with Revenue Management. With Medisoft v16, remittance details are displayed in an intuitive window that allows the biller to review the payment information before posting, make changes if necessary, and post each individual payment and adjustment. Previously, Medisoft required that an entire 835 remittance file be posted at once. Errors required the biller to go back into the system, find the mistakes and fix them one at a time.
- Once posting is complete, a report is generated showing the data that was entered into the system. The new ERA process greatly improves the productivity of the billing staff.

Go to the next page to see the new Revenue Management functionality in Medisoft v16.

Revenue Management Screen Shots



When a biller clicks the Print/Send button in Medisoft, the Revenue Management Claims screen opens. The biller is able to check the claims against pre-claim edits. Color-coded flags indicate whether a claim has passed the edits, has an error or has a warning message. The biller then chooses a patient on the screen to drill down and view the warning message and all actions taken on the claim including services, history and edits before the claims are submitted for payment.



The ERA processing screen enables billers to view payments in an intuitive user interface. Billers make modifications to adjustments and payments before posting to avoid the need to correct payments in the practice management system after posting. ERAs can be posted at the claim level or line level.

Report Type	Description	Amount	Received From	Sent To	File Date
Text Report	Plain Text Report				11/19/2008
277	Status Response		MEDICAID	TUTOR DEMO	11/19/2008
835	Payment (check #123456789)	50.00	BLUE CROSS AND BLU...	TUTOR DEMO	11/19/2008
997	Functional Acknowledgement				11/19/2008
TA1	Transaction Acknowledgement				11/19/2008

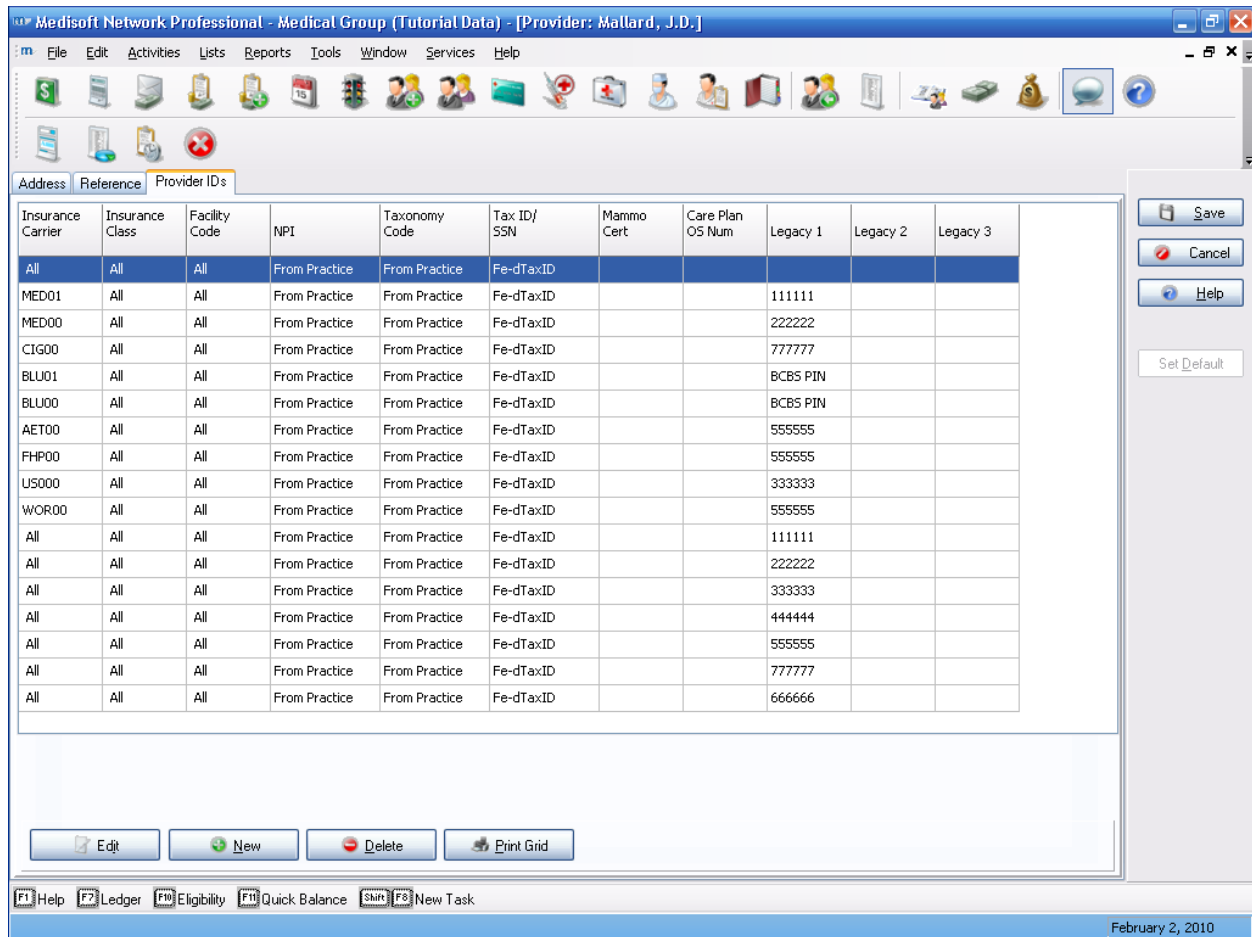
The powerful Reports engine interprets ANSI reports, text reports and any reports posted to the claims. All reports are presented in a single window that is easy to navigate. The 835 transaction includes the check number and payment amount on the window. The Revenue Management Advanced option offers a more efficient method for managing claims reporting.

Improved Claim Generation with Flexible Grids

The structure used to generate ANSI 4010-compliant electronic claims has been improved to replace personal identification numbers (PINs) with customizable, rules-based grids. Using Medisoft v16, practices can set up Practice, Provider, Referring Physician and Facility ID grids to effectively and successfully submit claims.

The flexibility in the new grid system enables physician practices to enter limitless scenarios for any combination of insurance companies and categories, facilities, providers and referring providers, and the practice to address carrier filing requirements.

Go to the next page to see the new flexible ANSI grids.



Updates to the ANSI claim generation functionality in Medisoft v16 are an important step in preparation for new ANSI 5010 regulations set to go into effect in January 2012. ANSI 5010 includes hundreds of new data elements that will be required in order to make electronic claims eligible for payment. By taking an interim step to Medisoft v16, physician practices can prepare the data structure to handle ANSI 5010 requirements.

Eligibility Data Entry and Processing Logic Enhancements

Medisoft v16 provides new eligibility data entry and processing logic that delivers greater control and manageability of Payor IDs. The flexible implementation allows the user to define update review times and frequency. Users can also update Payor ID, greatly reducing potential downtime and improving a practice's ability to address eligibility verification issues.

Enhanced system performance is at the heart of the change. Eligibility does not automatically initiate status reviews, which eliminates unintentional update cycles. Once Medisoft v16 is installed, the new logic only pulls updated information – delivering time savings and newfound productivity. The new Payor ID search window deploys enhanced search filters capable of adding, editing and deleting a record without the need for template editing. Payor IDs supplied during the initial installation of Medisoft v16 along with subsequent updates are now labeled as System, which offers a simpler way to filter the Payor ID window. Payor IDs that are entered by the user are labeled User, further supporting the quick filter option.

Medisoft v16 also streamlines eligibility security and access by making eligibility security assignments part of insurance. As a result, the rights you assign (add, edit, delete) for insurance are the same for eligibility.

