Company Settings

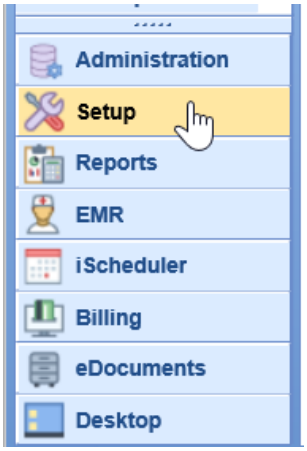
Last Modified on 10/07/2026 3:34 pm EDT

How to Update Company Settings

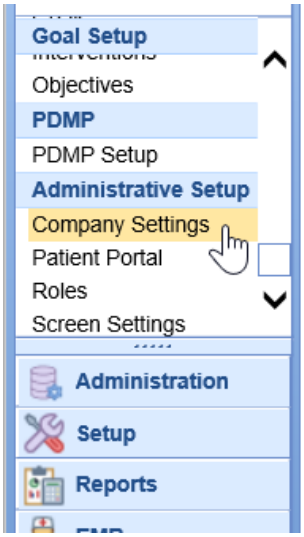
Company Settings are switches/triggers/ID's etc... that apply to the entire application. These settings allow our application to work differently from one practice to the next. This article will explain how to set these values.

Company Setting Setup Window

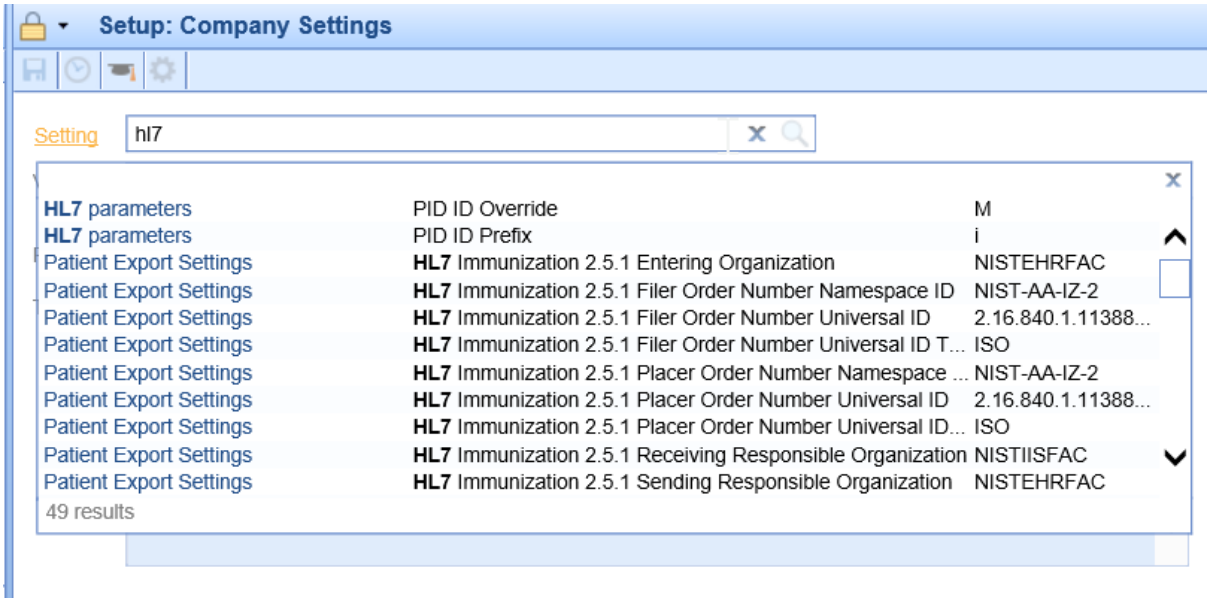
1. Login to the application as a user that has administrative privileges.
2. Navigate to the **Setup** portal.



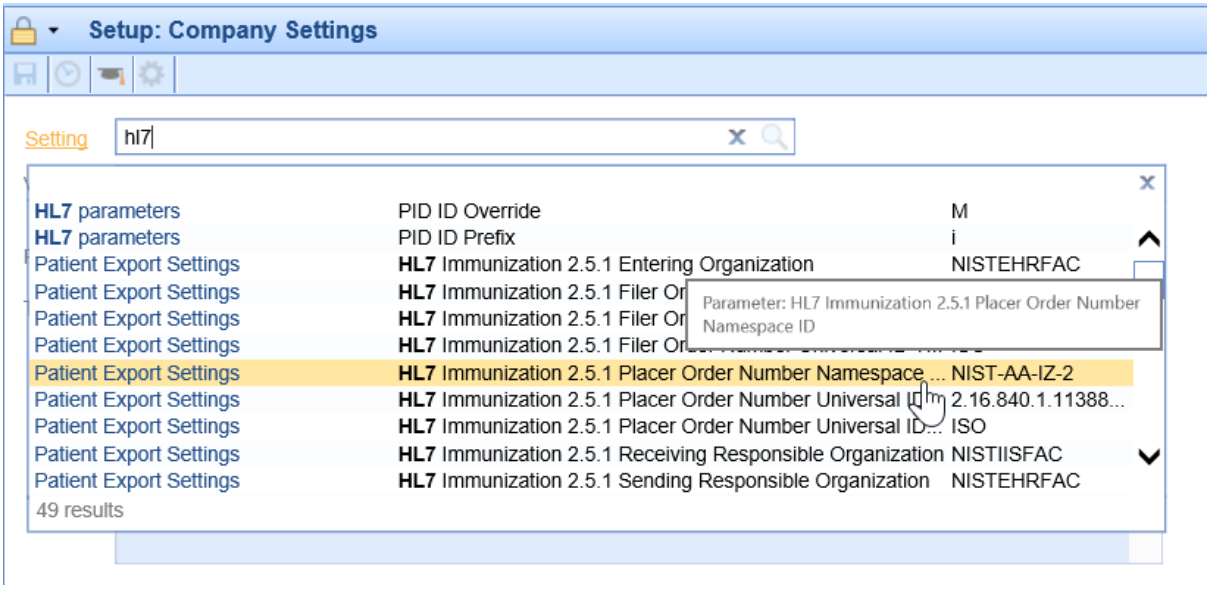
3. Under the **Administrative Setup** category, select **Company Settings.**



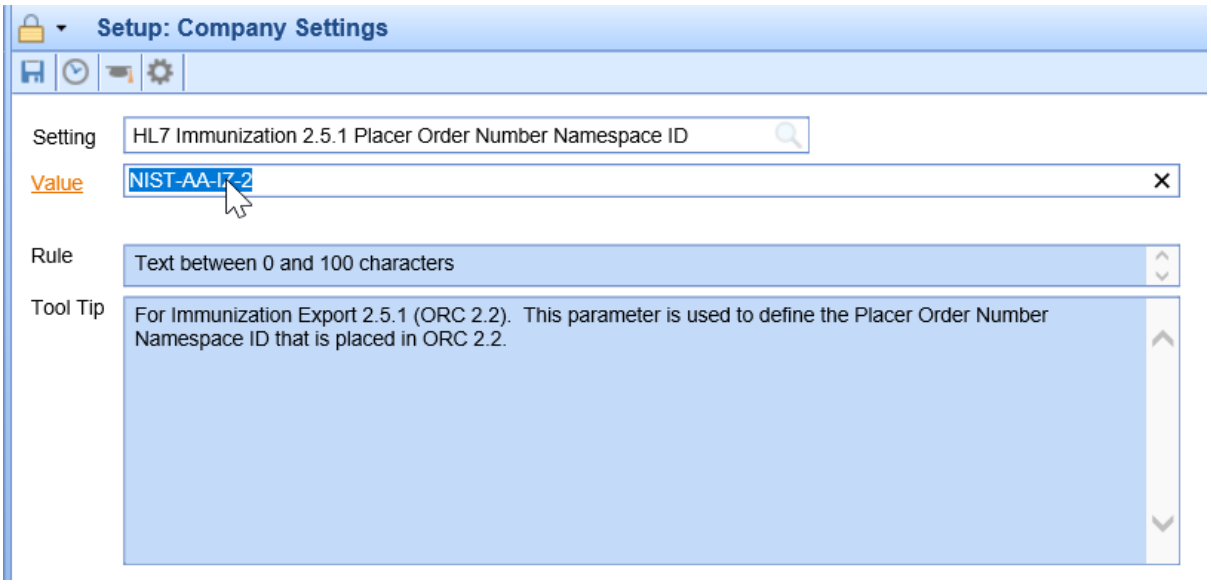
4. **Search** for the company setting by typing in the name or part of the name.



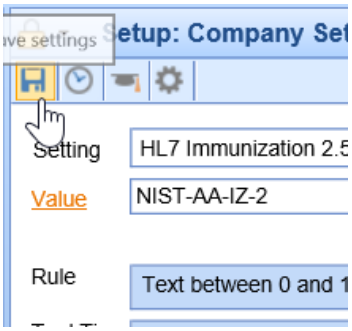
5. **Select** the company setting from the search list.



6. To update the setting, change the **Value.**



7. Click **Save**.



Company Setting: Abnormal Results Processor

The 'Abnormal Results Processor' company setting is used to set the User Group that is set when an electronic result is received and at least one abnormal value is included in the result. This is used in the My Tasks Results screen.

By default, this value is blank, which means this setting is not used. When this setting is not in use, the system will deliver normal results to the user that was originally selected in the 'Ordered By' field on the Order Entry screen.

Default Value: blank

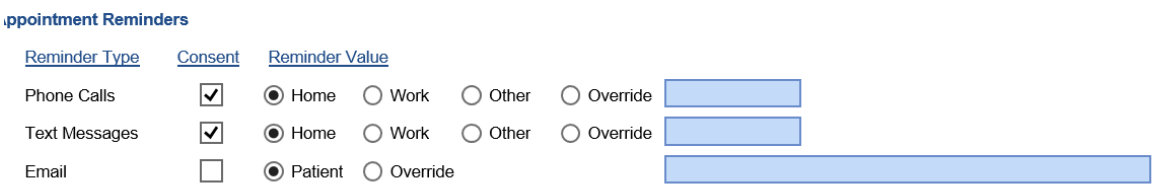
Options:

- Blank (setting not used)
- User ID or Group

Company Setting: Automated Reminder Email Consent

The company setting is used to set a patient's default reminder preference for the Automated Appointment Reminders integration. This setting will be used to set Email consent value within Patient Setup > Miscellaneous > Appointment Reminders.

When a new patient is created, this setting will be applied.



Default Value: 0

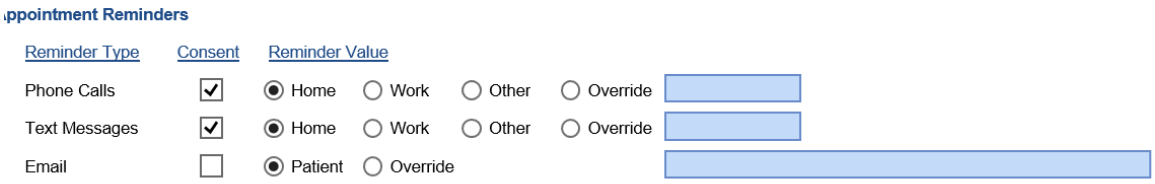
Options:

- 0 - No consent
- 1 - Consent = Yes, and Patient email selected

Company Setting: Automated Reminder Phone Consent

The company setting is used to set a patient's default reminder preference for the Automated Appointment Reminders integration. This setting will be used to set the Phone Calls consent value within Patient Setup > Miscellaneous > Appointment Reminders screen.

When a new patient is created, this setting will be applied.



Default Value: 0

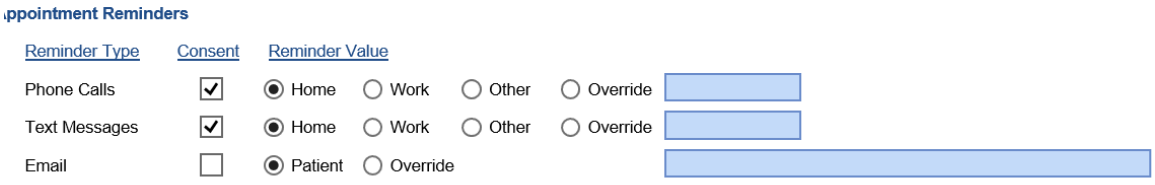
Options:

- 0 - No consent
- 1 - Consent = Yes and Home phone number selected
- 2 - Consent = Yes and Work phone number selected
- 3 - Consent = Yes and Other phone number selected

Company Setting: Automated Reminder Text Consent

The company setting is used to set a patient's default reminder preference for the Automated Appointment Reminders integration. This setting will be used to set the Text Messages consent value within Patient Setup > Miscellaneous > Appointment Reminders screen.

When a new patient is created, this setting will be applied.



Default Value: 0

Options:

- 0 - No consent
- 1 - Consent = Yes and Home phone number selected
- 2 - Consent = Yes and Work phone number selected
- 3 - Consent = Yes and Other phone number selected

Company Setting: Auto Codify Problem List Codes to SNOMED

The 'Autocodify Problem List Codes to SNOMED' company setting allows a practice to decide if new problems that are added are auto-codified to the SNOMED term it is associated with. This occurs in the Problem List chart tab.

> Recommendation: SNOMED is an industry standard codification language. Keeping items linked to SNOMED when possible is the best practice.

Default Value: Yes

Options:

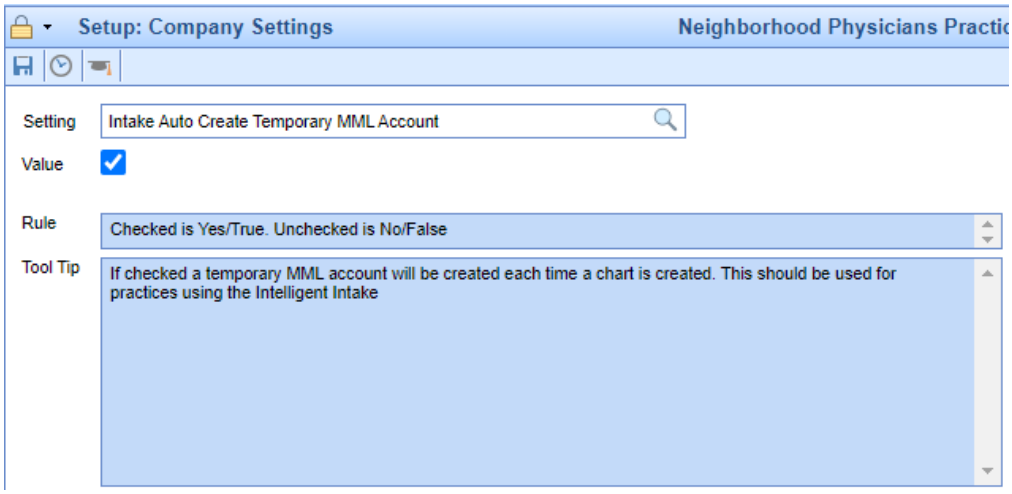
- Value = Checked: this turns the setting on.
- Value = Not Checked: This means the setting is off.

Company Setting: Auto Create Temporary MML Account

This setting will allow for temporary MML accounts to be created automatically for the patient at the time the patient is created in the system. This will also be completed when initiating the office code to use a practice supplied iPad either via appointment types or manual assignment. Enabling this setting will greatly reduce the workload of staff setting up MML accounts for the patient. Be sure to review Create MML Account as it will allow the patient to complete the full setup of an account during the intake process without staff involvement.

Steps to Complete

1. Update the company setting by searching "Auto Create Temporary"
2. Check the box so the value = Yes/True



DO NOT STOP HERE
Be sure to review the article: How to Set Up the Intake Links

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Company Setting: Auto Post ERA Delay

The 'Auto Post ERA Delay' company setting allows a practice to decide if ERA files that are received or imported are automatically sent to the posting process after a set period of time. This setting is used in the Payment Posting process. With this setting enabled, all claims on an ERA that do not have an error will be posted automatically and any claims that have an error can be managed in the posting window.

Default Value: -1

Options:

- -1 = Auto-posting turned off. Users will need to manually send to posting.
- 0 = Auto post as soon as the ERA is received
- 1 - 14 = The number of days after the ERA is received to wait before automatically sending to posting (i.e. 1 = 1 day, 3 = 3 days).

Company Setting: Blackout Appointment Status ID - From

The Blackout Appointment Status ID - From setting is a comma delimited list of appointment status values which will be converted to a new status, as defined by the Blackout Appointment Status ID - To setting, when a blackout is applied to the appointment range.

Practices often use the Blackout Appointment Status ID - From setting to efficiently update a schedule when a provider is sick or needs to block off their schedule and in turn needs to create a report of patient appointments that would need to be rescheduled.

Default Value: 0

Options: integer value between 0 and 99

Options can be located from the list of Appointment Statuses.

Company Setting: Blackout Appointment Status ID - To

The Blackout Appointment Status ID - To setting is used to apply an appointment status to existing appointments after a blackout range is added to the schedule. The setting will remove any unused placeholders and will update any appointments, as defined by the Blackout Appointment Status ID - From setting, within the blackout range to be set to this status.

Practices often use the Blackout Appointment Status ID - To setting to efficiently update a schedule when a provider is sick or needs to block off their schedule and in turn needs to create a report of patient appointments that would need to be rescheduled.

Default Value: 0

Options: integer value between 0 and 99

Options can be located from the list of Appointment Statuses.

Company Setting: CCD Version

This settings represents which version of the C-CDA will be used to when generating clinical, ambulatory and referral summaries within the application. The most up-to-date and preferred version is 2015 which is R2 of the C-CDA. It is required when using the application as an ONC 2015 Edition Certified Health IT Product.

Default Value: 2014

Options:

- 2014 - R1 of the C-CDA used for ONC 2014 Edition Certification
- 2015 - R2 of the C-CDA
- 2019 - R2.1 of the C-CDA, this is the current version that should be used as part of the application's ONC 2015 Edition Certification

Company Setting: Change Claim Status for Completed

Procedures

The setting is used to in conjunction with the auto-receipt posting process. By default, when a receipt posting causes the entire balance of the claim to be $0.00, the claim status is set to Done. In the event that this causes a workflow issue for the practice, this can be turned off. When off, the claim status will remain as it was.

Default Value: Off

Company Setting: Co-Pay receipts are applied to copay procedures

This setting is used in the Automated Receipt Posting Process. When set to On, this setting will ensure that a Co Pay receipt balance is only applied to procedure codes that are marked as **Co-Pay Procedures**. If the receipt amount is greater than the balance on the procedure code, the receipt status will be set to **Error**. The remaining balance will need to be applied or removed manually.

When set to Off, the co-pay may or may not be applied to **Co-Pay Procedures**. It will try to find a copay procedure, but if it can not, it will apply it to the highest balance procedure code on the claim that the receipt is tied to.

Default Value: Off

Options: On (Checked) or Off (not checked)

Company Setting: Credit Deposit Claim Status

The 'Credit Deposit Claim Status' company setting allows a practice to decide what happens when the posting of a deposit results in a claim on the credit. The status of the claim can be set to meet the workflow needs of the practice. This setting is used in the Payment Posting process.

Default Value: 34 ("Refund")

Options:

- Any valid claim status ID

Company Setting: Create Deposit Credit Error

Function: This setting is used to determine how the system handles credit balances when they're created through the deposit posting process. Each value has its own setting for:

1. **Whether the credit is auto-created on the claim**. If credits are auto-created, you will not need to work the missing visit report to find and address these refunds -- you'll just need to ensure that the correct credit has been created before refunding.
2. **Whether an error is created on the claim**. If you choose to create an error on the claim, the system requires you to immediately decide what to do with this credit, or whether to ignore it. If you want to handle refunds as a part of the posting process, you can select one of the options that creates errors -- otherwise, if credits aren't auto-created and no error is created on the claim, you'll need to have your staff work the Missing Refund Report.
3. **Whether the claim status is changed**. If you select one of the options where the claim status is changed, when a credit balance is detected, the system will change the status of the claim to be the value of the company setting Credit Deposit Claim Status.

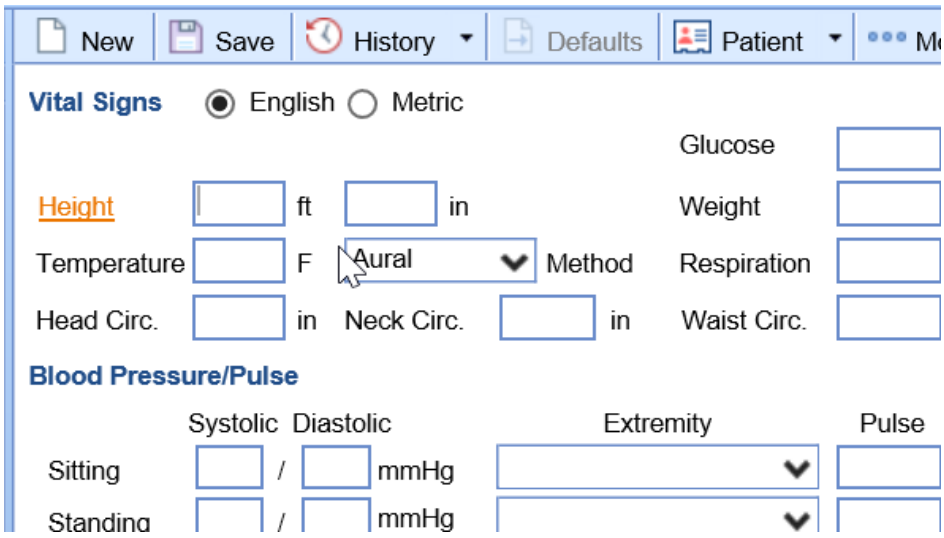
Possible Settings:

Value	Credit Auto-Created on Claim	Error Created on Claim	Claim Status Changed
1	Insurance	Yes	Yes
2	Insurance	No	Yes
3	None	No	No
4	Patient	Yes	Yes
5	Patient	No	Yes
6	None	No	Yes

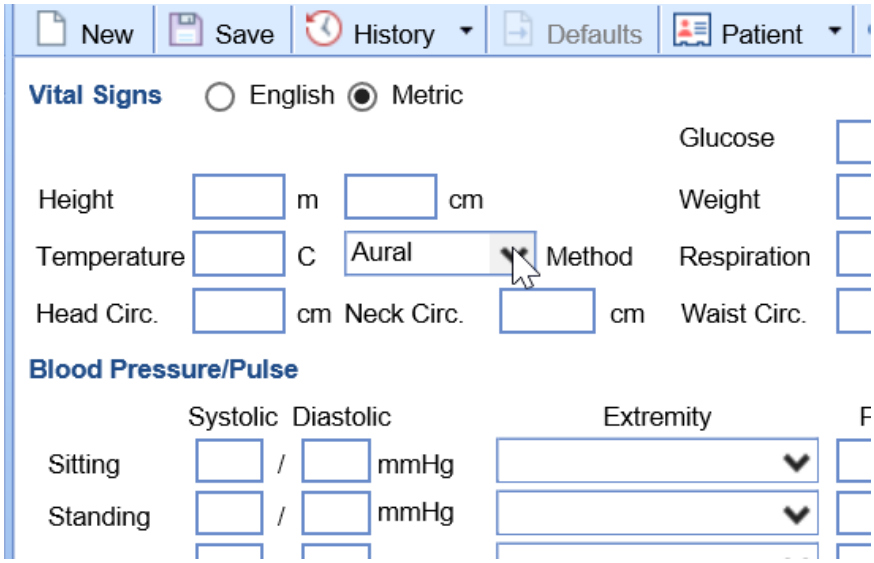
Company Setting: Default Vitals units to English (vs. Metric) in the EMR

The company setting changes the default units on the Vitals chart tab when a new vitals record is created. By default, the Vitals chart tab will select the 'English' option for units. This company setting allows a practice to have this screen default to 'Metric'.

Vitals Chart Tab when the setting is on.



Vitals Chart Tab when the setting is off.



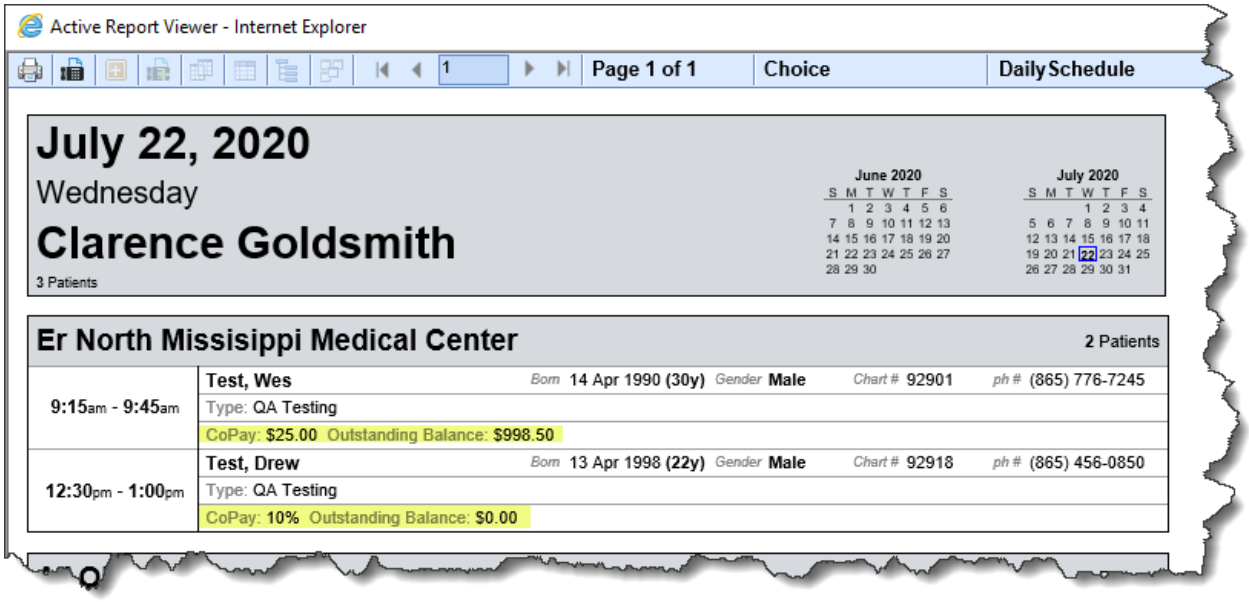
Default Value: On (English)

Options:

- Off (not checked) - defaults to metric units
- On (checked) - defaults to English units

Company Setting: Display Co-Pay on Printed Schedule

The 'Display Co-Pay on Printed Schedule' company setting allows a practice to print out a paper schedule for the day that includes each patient's expected co-pay amount.



Please note, this setting will only work if the practice is using the 'Resource View' schedule. Learn more about truing this on here: Company Setting: Resource View

Default Value: Off (not checked)

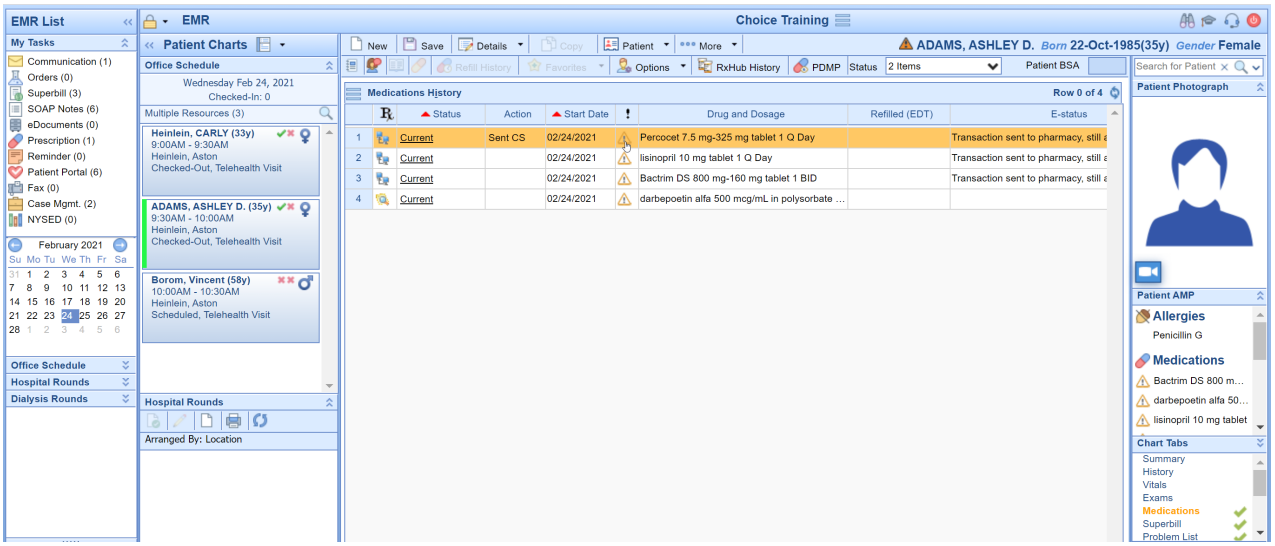
Options:

- Off (not checked) - the co-pay will not print
- On (checked) - the patient co-pay will print

Company Setting: Display Interaction Alerts on Drug History

The setting is used to configure whether drug-drug, drug-allergy and drug-disease interaction alerts display on the Prescription History screen.

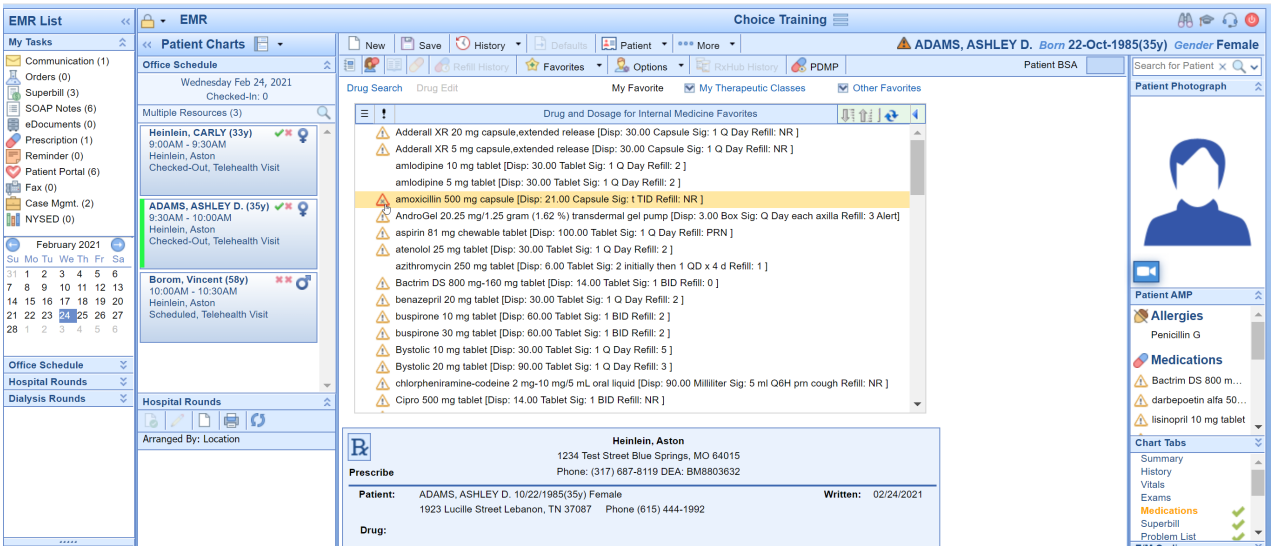
Default Value: On



Company Setting: Display Interaction Alerts on Drug Search Grids

The setting is used to configure whether drug-drug, drug-allergy and drug-disease interaction alerts display when performing a drug search or viewing prescription favorites lists.

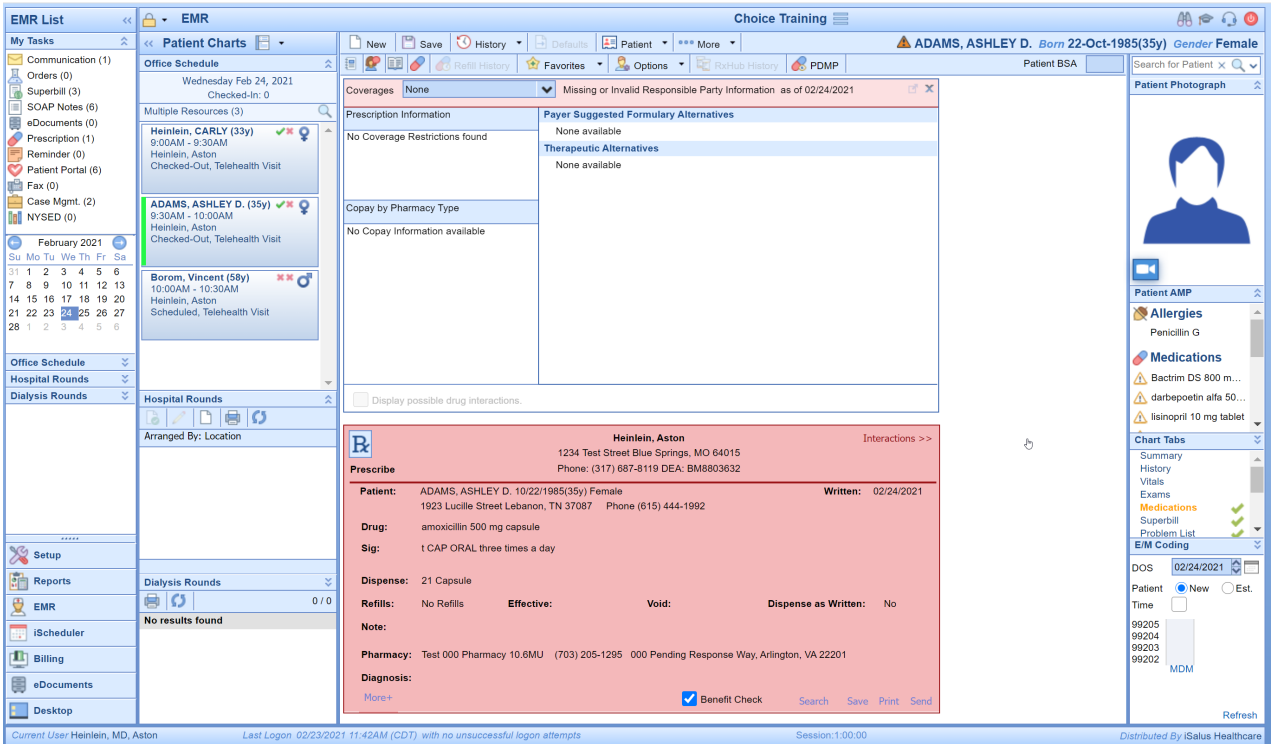
Default Value: On



Company Setting: Display Interaction Alerts on the RxPad

The setting is used to configure whether drug-drug, drug-allergy and drug-disease interaction alerts display on the Prescription Pad when creating a new prescription.

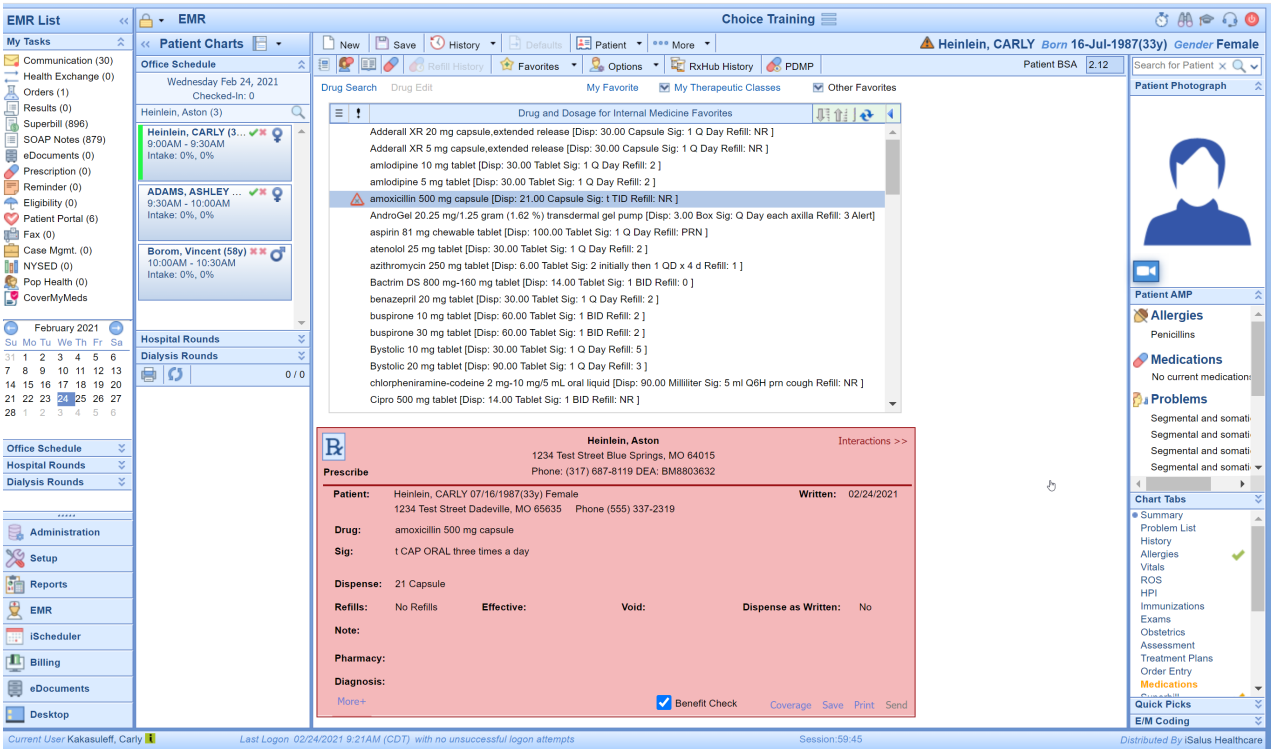
Default Value: On



Company Setting: Display Level 1 Drug-Allergy Interaction Alerts

The setting is used to configure whether level 1 (allergy interaction) drug-allergy interaction alerts display in the configured sections of the prescriptions module.

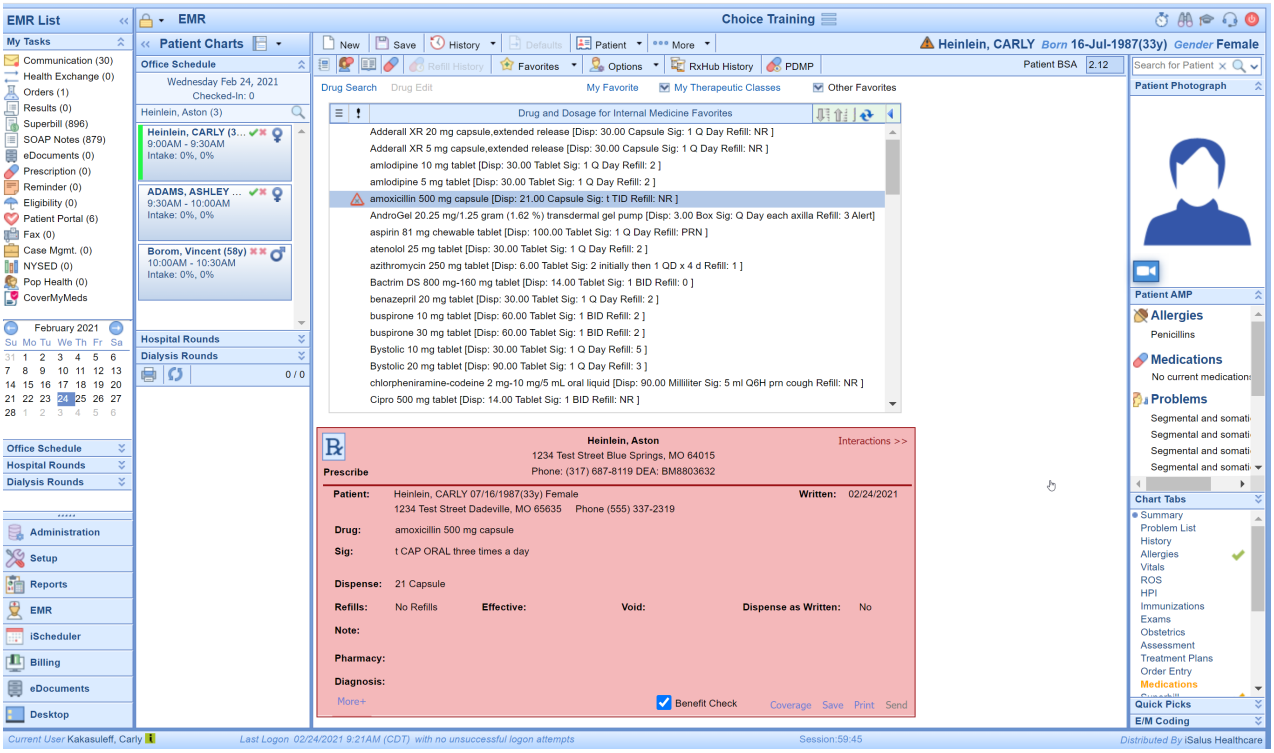
Default Value: On



Company Setting: Display Level 1 Drug-Disease Interaction Alerts

The setting is used to configure whether level 1 (absolute contraindication) drug-disease interaction alerts display in the configured sections of the prescriptions module.

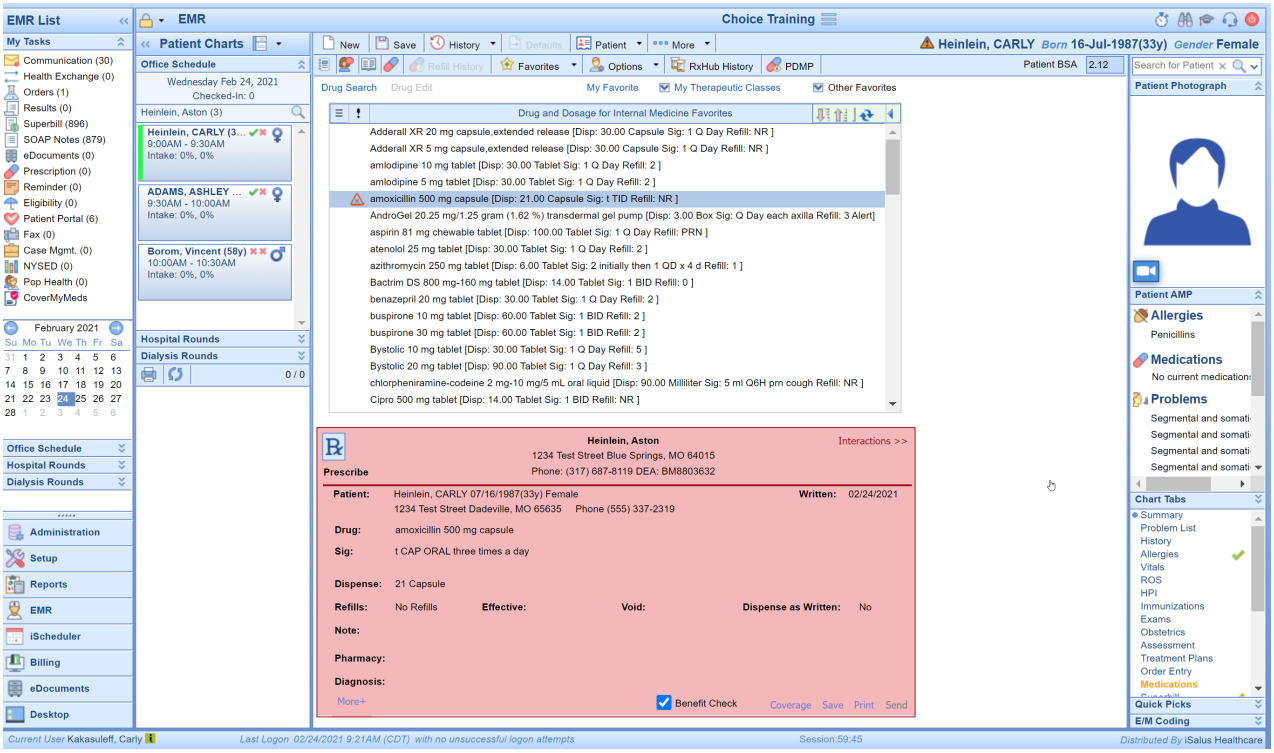
Default Value: On



Company Setting: Display Level 1 Drug-Drug Interaction Alerts

The setting is used to configure whether level 1 (contraindicated drug combination) drug-drug interaction alerts display in the configured sections of the prescriptions module.

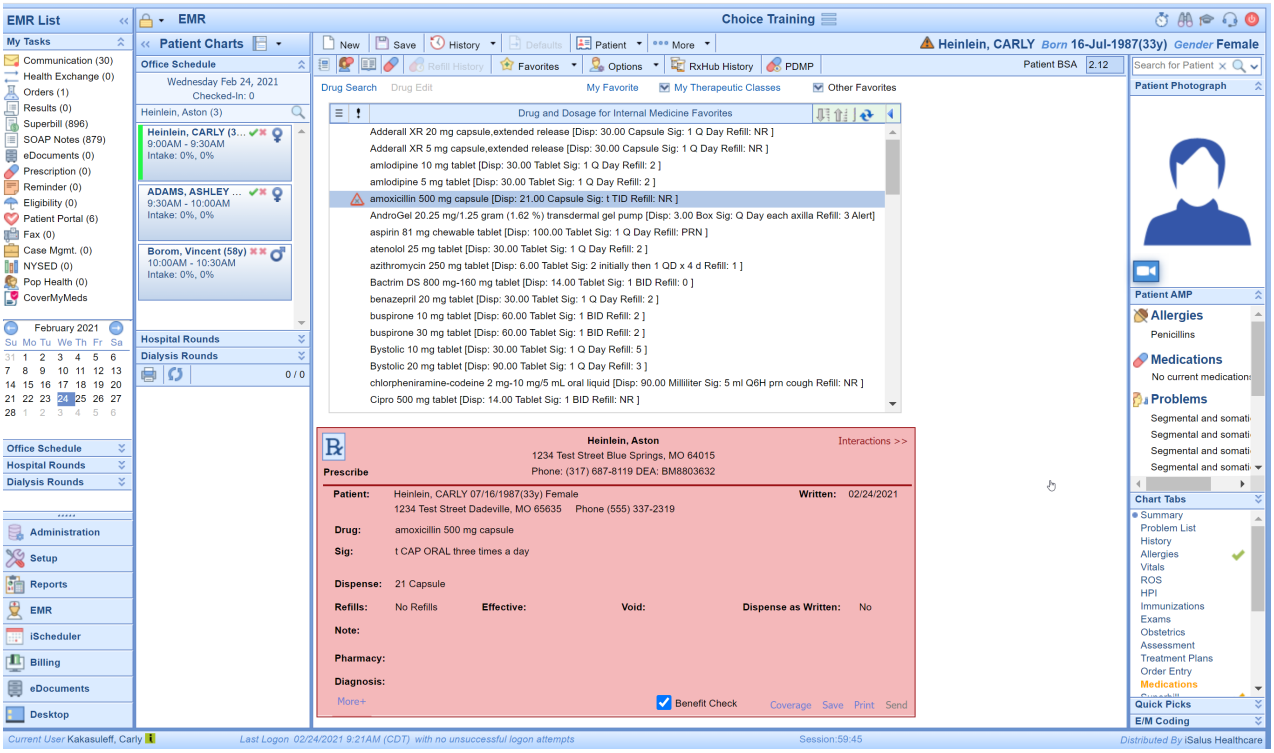
Default Value: On



Company Setting: Display Level 2 Drug-Allergy Interaction Alerts

The setting is used to configure whether level 2 (inactive ingredient statistics) drug-allergy interaction alerts display in the configured sections of the prescriptions module.

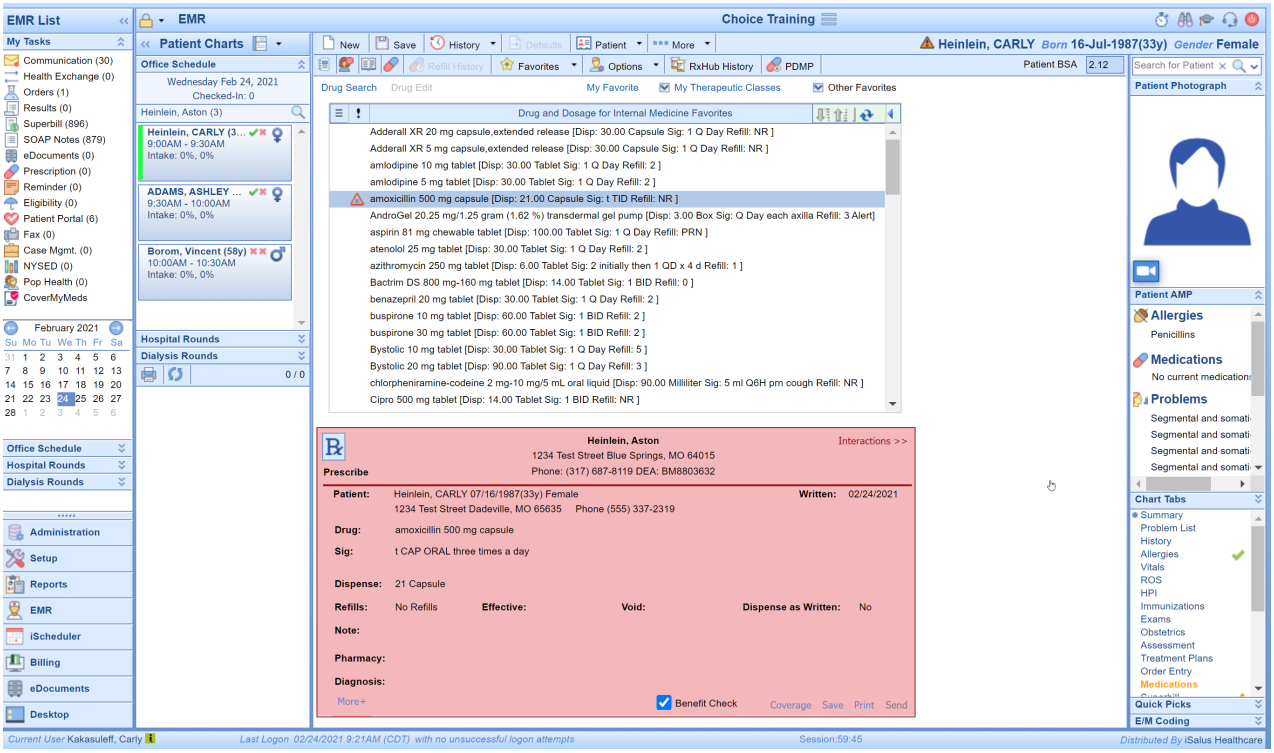
Default Value: On



Company Setting: Display Level 2 Drug-Disease Interaction Alerts

The setting is used to configure whether level 2 (relative contraindications requiring evaluation for risk/benefit) drug-disease interaction alerts display in the configured sections of the prescriptions module.

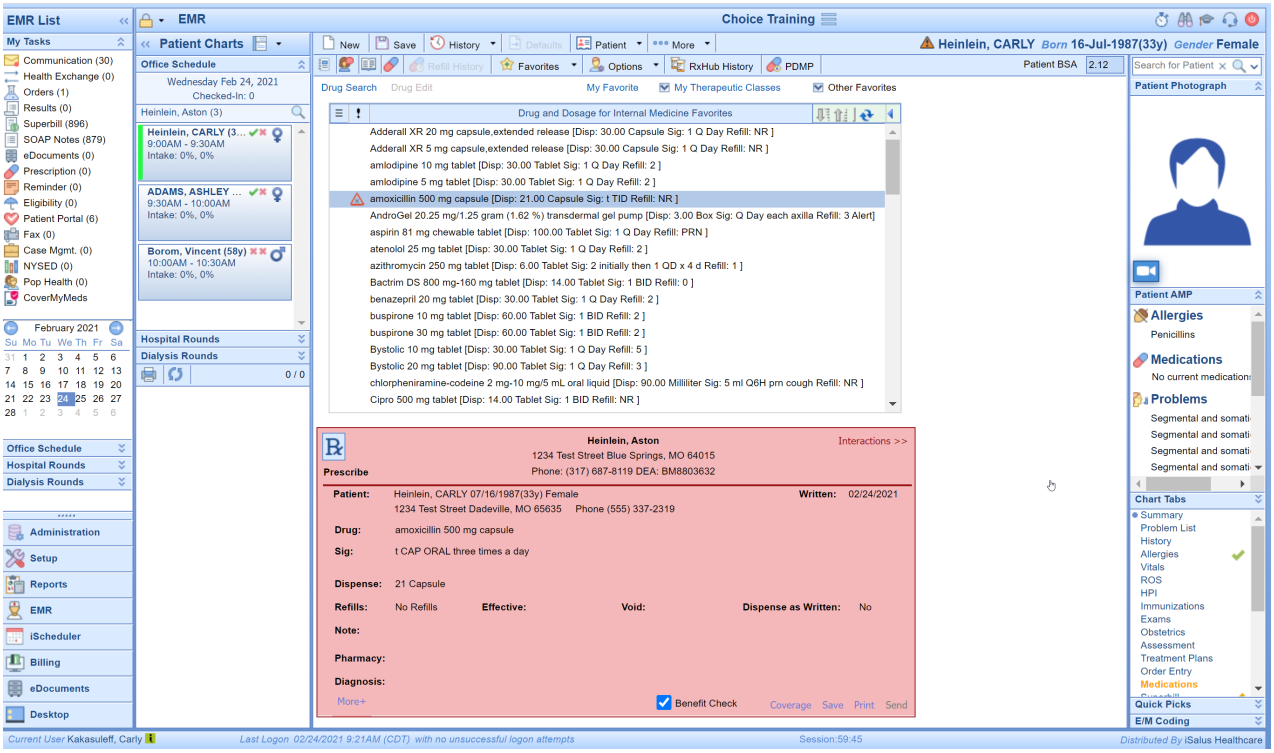
Default Value: On



Company Setting: Display Level 2 Drug-Drug Interaction Alerts

The setting is used to configure whether level 1 (severe interaction) drug-drug interaction alerts display in the configured sections of the prescriptions module.

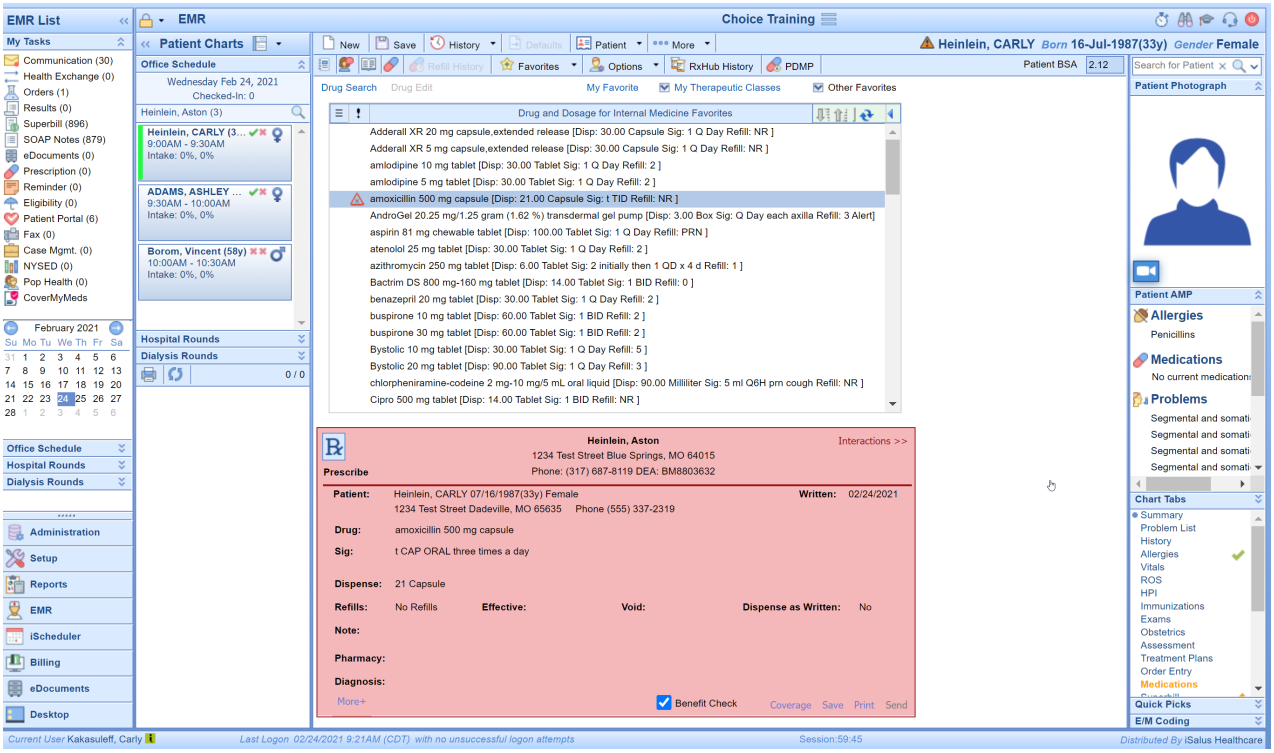
Default Value: On



Company Setting: Display Level 3 Drug-Disease Interaction Alerts

The setting is used to configure whether level 3 (contraindication warning that may require less risk/greater benefit considerations) drug-disease interaction alerts display in the configured sections of the prescriptions module.

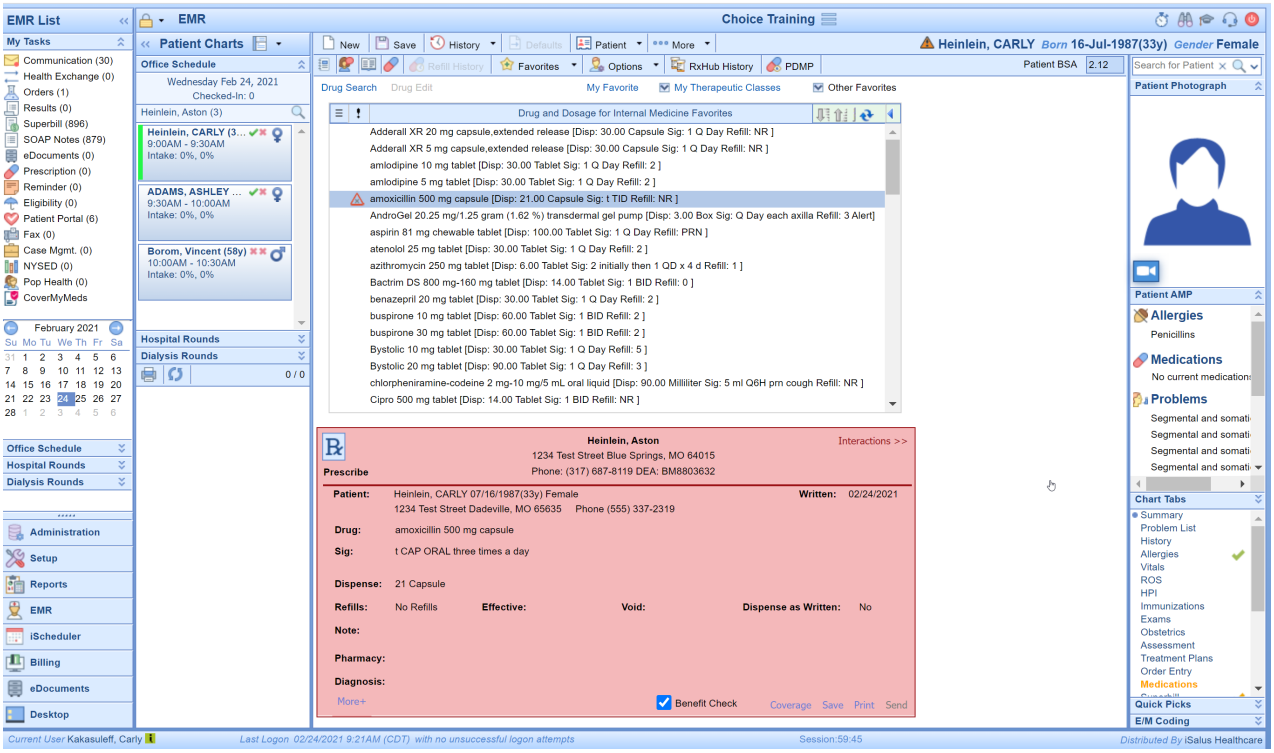
Default Value: On



Company Setting: Display Level 3 Drug-Drug Interaction Alerts

The setting is used to configure whether level 3 (moderate interaction) drug-drug interaction alerts display in the configured sections of the prescriptions module.

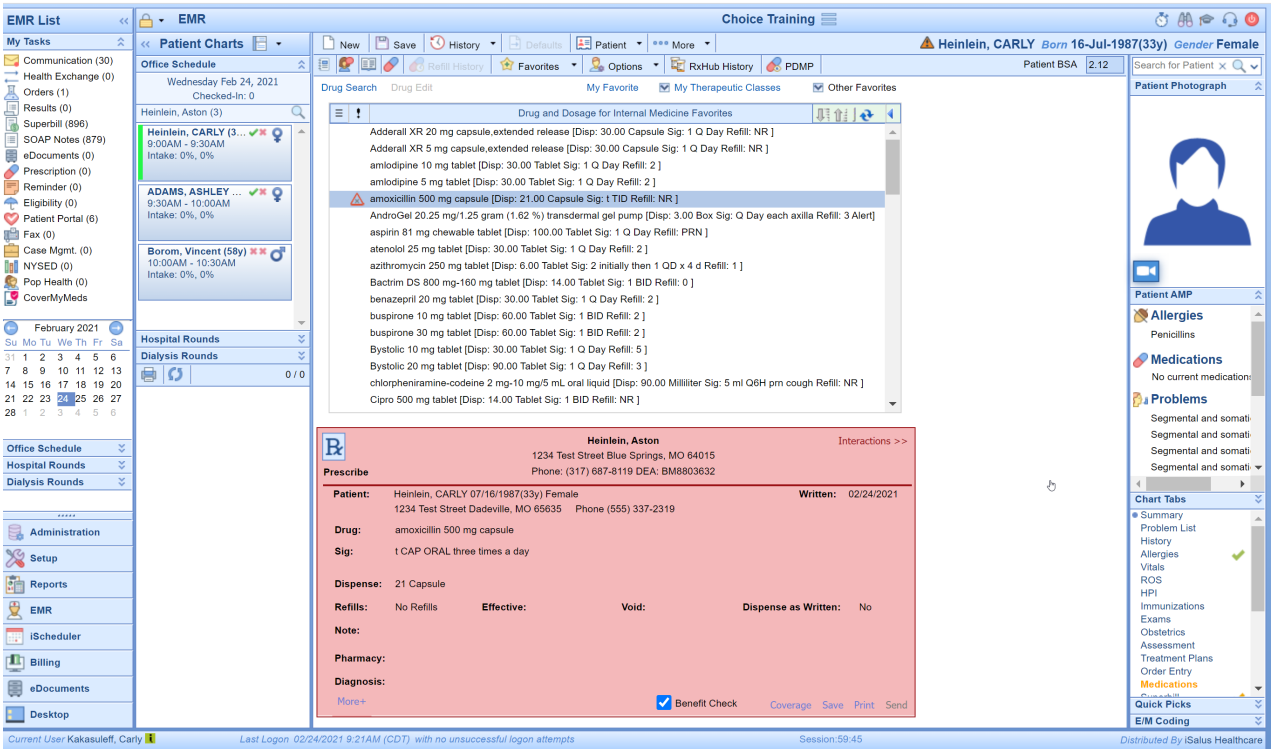
Default Value: On



Company Setting: Display Level 9 Drug-Drug Interaction Alerts

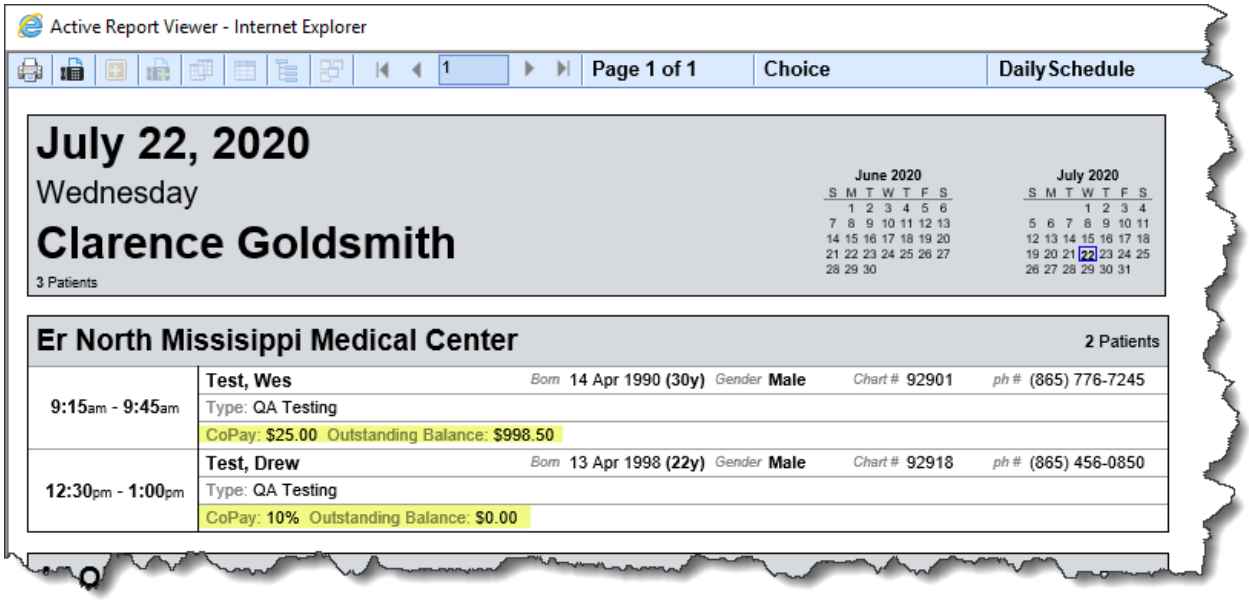
The setting is used to configure whether level 9 (undetermined severity - alternative therapy interaction) drug-drug interaction alerts display in the configured sections of the prescriptions module.

Default Value: On



Company Setting: Display Outstanding Balance on Printed Schedule

The 'Display Outstanding Balance on Printed Schedule' company setting allows a practice to print out a paper schedule for the day that includes each patient's outstanding balance. This balance represents the amount that they owe the practice based on statement that have been sent out.



Please note, this setting will only work if the practice is using the 'Resource View' schedule. Learn more about truing this on here: Company Setting: Resource View

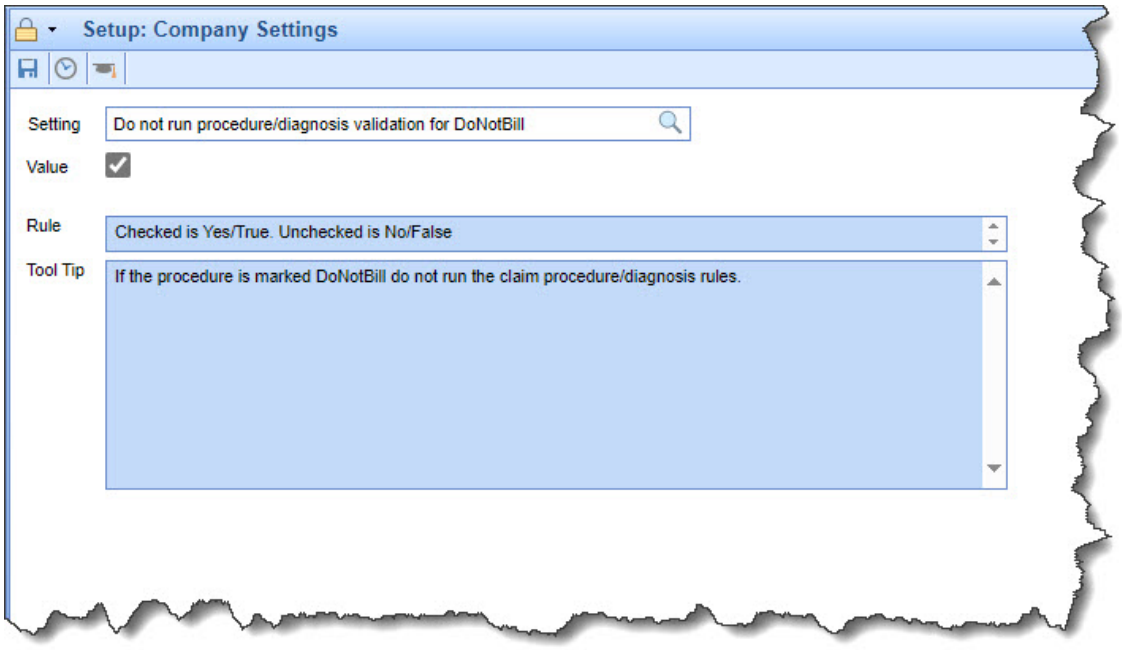
Default Value: Off (not checked)

Options:

- Off (not checked) - the balance will not print
- On (checked) - the patient balance will print

Company Setting: Do not run procedure/diagnosis validation for DoNotBill

The "*Do not run procedure/diagnosis validation for DoNotBill* " company setting allows a practice to remove any procedure codes that have been flagged as *Do Not Bill* from code validations.



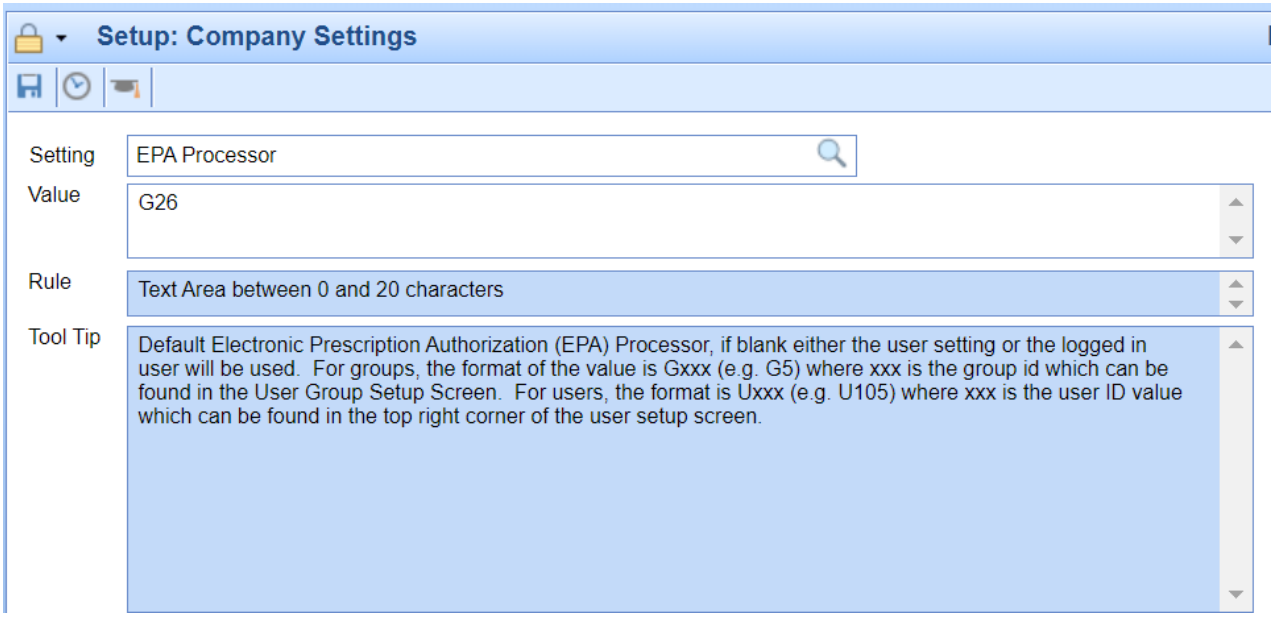
Default Value: Off (not checked)

Options:

- Off (not checked) - normal validation will occur for any codes that have been marked as *Do Not Bill* on the claim.
- On (checked) - any codes that have been marked as *Do Not Bill* will be excluded from any code validations that occur on the claim.

Company Setting: EPA Processor

The **EPA Processor** setting is used in conjunction with the CoverMyMeds ePA integration. This setting or the User Setting equivalent can be used to guide the medication prior authorization workflow by dictating the default processor for the ePA task. As described in the below tooltip the value for the setting works slightly differently than others. The IDs for User Groups and Users will be found in the areas described below.

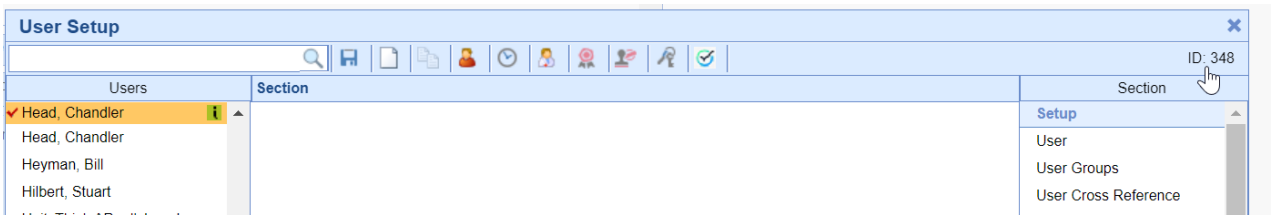


Parameters

U#= User & User ID
OR
G#= Group & Group ID

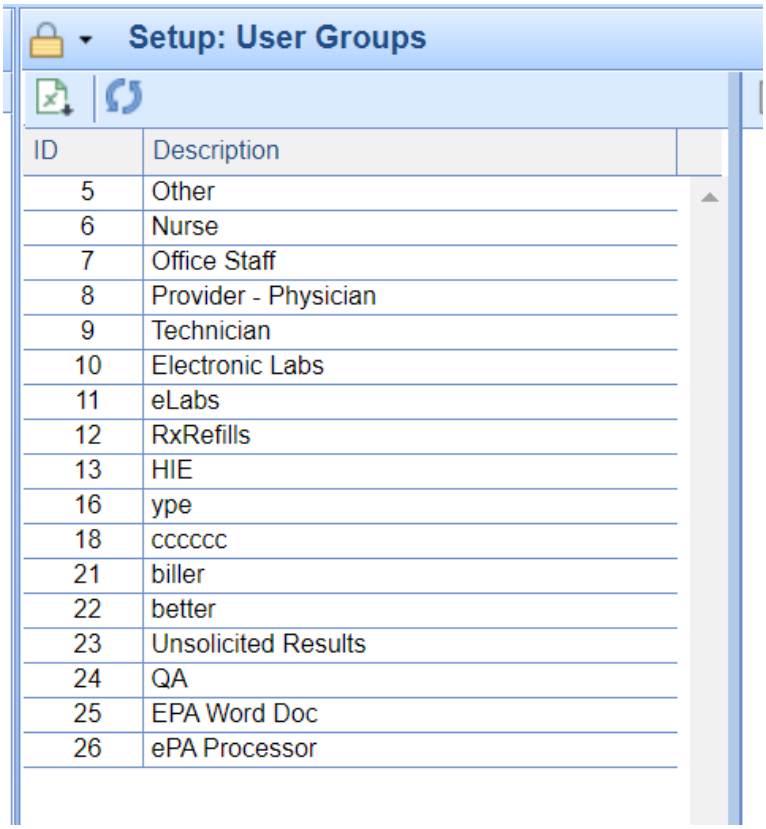
Finding User ID

The user ID is a number that is shown within the Setup > User Setup screen:



Finding User Group ID

The User Group ID will be found within Setup > User Groups. The first column displays the ID for the group:



Company Setting: EMR Codified Allergy Required

The 'EMR Codified Allergy Required' company setting is used to determine if non-codified allergies can or can not be added to a patient's chart within the Allergies chart tab.

Default Value: Off

Options:

- Off- Users can add non-codified allergies to the allergies chart tab
- On - Users can not add non-codified allergies to the allergies chart tab.

Special Considerations:

In the event that your practice allows patients to enter allergies via the Intelligent Intake, it is important to be aware that patient's may still add non-codified allergies on the intake. If the company setting is On, an error will be produced when a user attempts to merge these allergies into the chart. Users will need to manually add the correct allergies as desired to the Allergies chart tab: Add a new Allergy



Company Setting: FHIR CCD Includes Appointment ID

This setting is used with the OfficeEMR FHIR API's. When set to On, this setting will ensure that CCD's sent for each checked-out appointment with a signed progress note will include the appointment ID. The Appointment ID is necessary when reporting MIPS to ensure the MIPS Dashboard > Promoting Interoperability > Provide Patient Access Measure can appropriately determine whether a patient was sent access to his/her API's for each encounter during the reporting period.

When set to Off, the CCD is sent to the FHIR API's without the appointment ID, and the MIPS Promoting Interoperability Provide Patient Access measure will not be able to count patients towards the numerator.

Default Value: Off

Options: On (Checked) or Off (not checked)

Company Setting: Full Contractual Adjustment Settings

It's possible for payers to adjudicate a procedure line by writing off the full billed amount as a contractual adjustment. This is effectively a denial, but in many systems it won't trigger the typical process for handling denials.

We have added two company settings to help deal with instances of full contractual adjustments, with the following default values:

- Full Contractual Adjustment Payment Type = [ERA No Payment]
- Full Contractual Adjustment Claim Status = [Denied]

If your practice receives a procedure line on an ERA that is fully adjusted with a CO-45 (the line charge amount on the ERA is equal to the adjusted amount on the CO-45), the CO-45 CARC code will use these settings for its payment type and claim status instead of the CO-45's usual CARC settings. For instance, with the default settings, this CO-45 will be posted with an ERA No Payment payment type, and it will change the Claim Status to "Denied."

If either of the settings is set to '0', the normal settings for a CO-45 will be used if a full contractual adjustment is received.

Company Setting: Include Physical Exams

This setting specifies whether the Assessment, Care Plan Goal, Care Plan Instructions, Health Status and Health Concern sections will pull data from appointment exam templates. See Template Setup: CCD Type for more information on setting up template values to display in the CCDA Assessment/Treatment Plan sections.

Default Value: Off

Options:

- Off: will not pull data into the Assessment, Care Plan Goal, Care Plan Instructions, Health Status and Health Concern sections that are setup in Exam templates and used for appointments included within the CCDA file.
- On: pulls data into the Assessment, Care Plan Goal, Care Plan Instructions, Health Status and Health Concern sections that are setup in Exam templates and used for appointments included within the CCDA file.

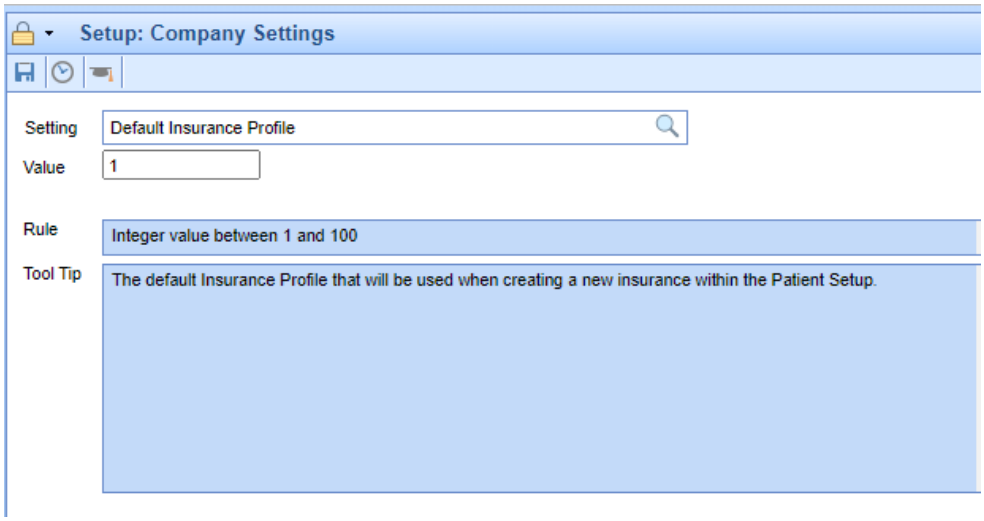
Company Setting: Insurance Profile

The system will use this setting to determine which Insurance Profile will be used when creating a new insurance for an account at the patient setup level.

Default Value: 1 = Health Insurance

Steps to Complete

1. Update the company setting by searching "Default Insurance profile"
2. Value (number) entered should match that found under Setup -> Billing Setup -> Insurance Profiles, for the associated Insurance Profile to be used when creating a new insurance for an account at the patient setup level.



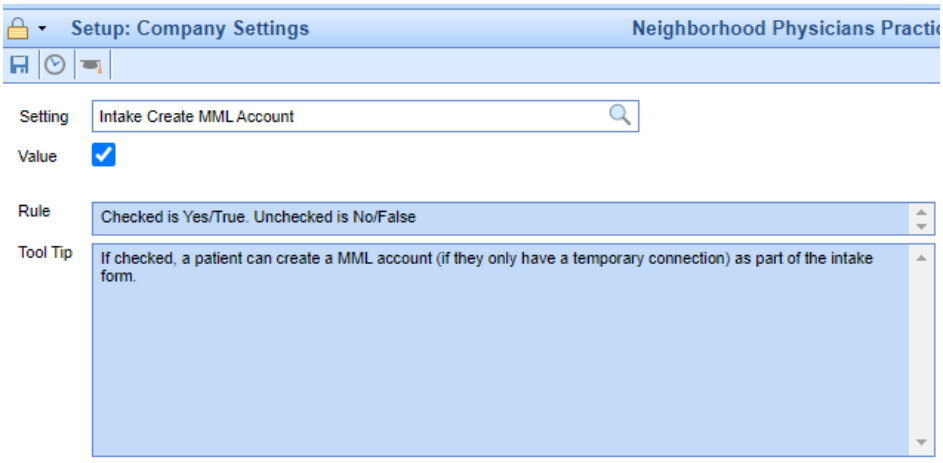
This setting ONLY defaults the Insurance Profile when created on the Patient Setup screen. When adding/editing insurance from the Patient Setup screen, the default Profile can be changed for that particular patient. This does NOT affect what will be defaulted on an Appointment when Appointment Types have been setup for Insurance Profile defaults.

Company Setting: Intake Create MML Account

This setting will be used in conjunction with Intake Send Links and will allow the patient to create their own MML accounts at the end of their Intake form. This change will greatly reduce the time your staff spends setting up accounts for the patient. They will only be required to enter a password prior to submitting the information back to the practice and we will send them login instructions for future access.

Steps to Complete

1. Update the company setting by searching "Create MML Account"
2. Check the box so the value = Yes/True



DO NOT STOP HERE
Be sure to review the article: How to Set Up the Intake Links

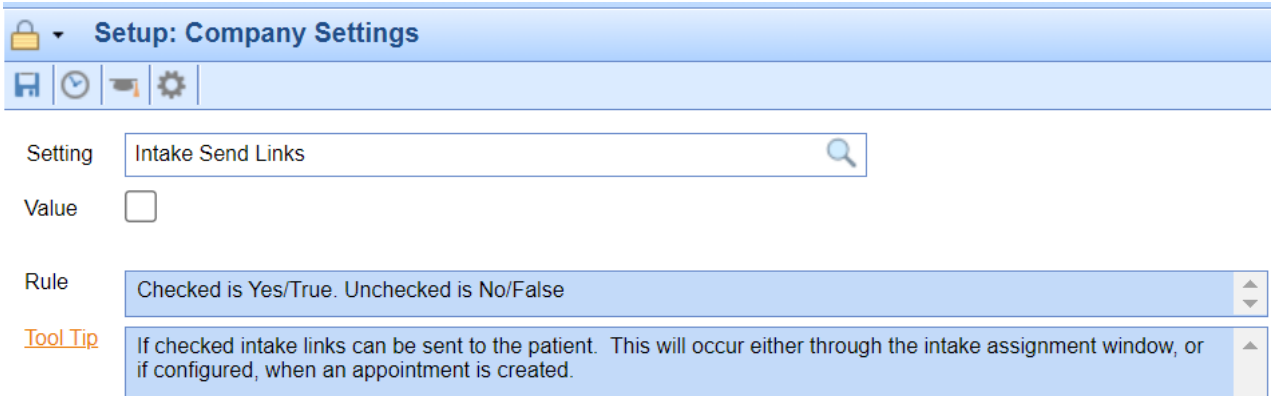
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Company Setting: Intake Send Links

This setting is used to enable the Intake Links for Intelligent Intake practice-wide, this can NOT be done per location or Intake type. This will allow a reminder link to be sent to the patient via their communication preference. This message will contain a link to the assigned intake form either based on automated assignment via appointment types or manual assignment.

Steps to Complete

1. Update the company setting by searching "Intake Send Links"
2. Check the box so the value = Yes/True



DO NOT STOP HERE
Be sure to review the article: How to Set Up the Intake Links

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Company Setting: iScheduler Primary Appointment Color (Background)

The 'iScheduler Primary Appointment Color (Background)' company setting allows a practice to control how the list of appointments appear in the iScheduler. This setting specifically affects the background color of the appointment block.

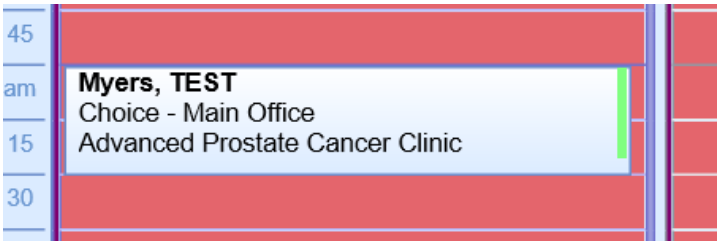
This feature is helpful for practices that want a visual indication of either the type of appointment that the patient is scheduled for or the status of the appointment.

PRO TIP:
Check out the Company Setting: iScheduler Secondary Appointment Color (Right Side Bar) for even more control.

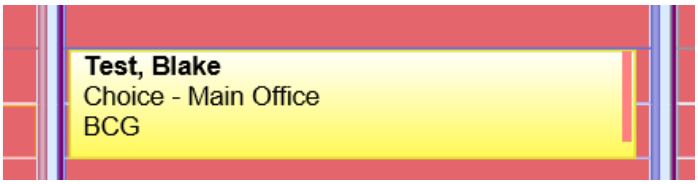
Default Value: 1 - Appointment color background will reflect the status of the appointment.

Options:

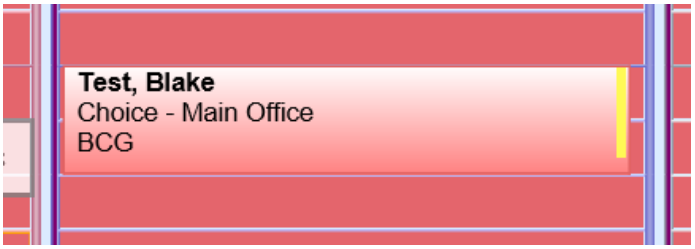
- 0: Appointment color background will always be light blue regardless of appointment type or appointment status.



- 1: This option causes the background of the appointment bubble to change based on the Appointment Status. Users can control appointment status colors here: Appointment Statuses



- 2: This option causes the background of the appointment bubble to change based on the Appointment Type. Users can control appointment type colors here: Appointment Types



Company Setting: iScheduler Secondary Appointment Color (Right Side Bar)

The 'iScheduler Secondary Appointment Color (Right Side Bar)' company setting allows a practice to control how the list of appointments appear in the iScheduler. This setting specifically affects the bar found on the right hand side of the appointment block.

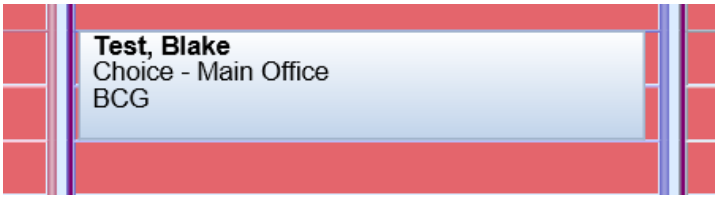
This feature is helpful for practices that want a visual indication of either the type of appointment that the patient is scheduled for or the status of the appointment.

PRO TIP:
Check out the Company Setting: iScheduler Primary Appointment Color (Background) for even more control.

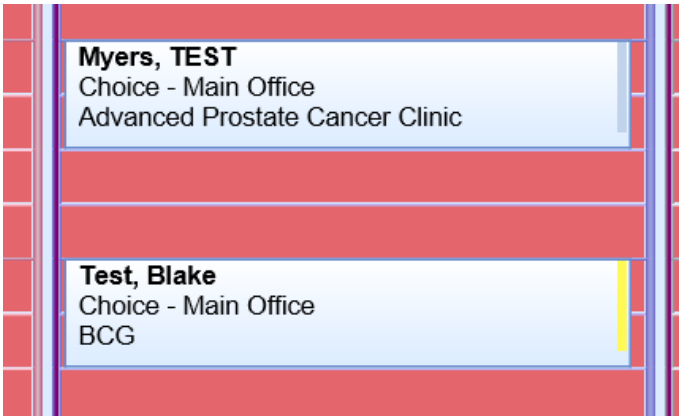
Default Value: 0 - No secondary color will be shown

Options:

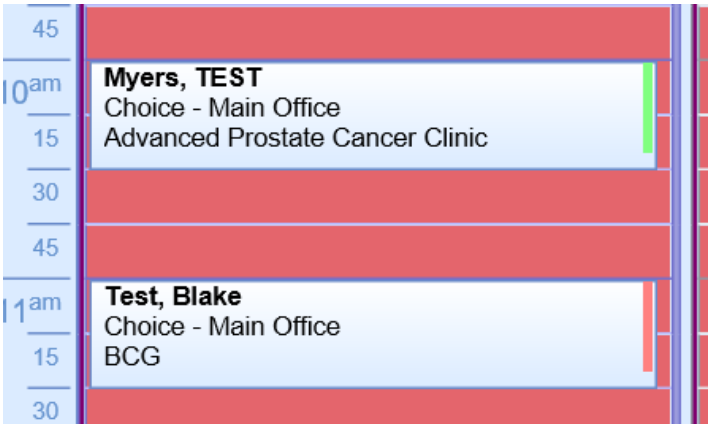
- 0: There will be no secondary color on the appointment bubble.



- 1: This option causes the right hand side of the appointment bubble to change colors that are reflective of the appointment status. Users can control appointment status colors here: Appointment Statuses



- 2: This option causes the right hand side of of the appointment bubble to change based on the Appointment Type. Users can control appointment type colors here: Appointment Types



Company Setting: Lab Result Via Collection Date

The 'Lab Result via Collection Date' company setting allows a practice to decide how a lab result displays in the application. If the value is set to be on, then lab results displayed in the following locations will use this date. If this date happens to be blank, the Reporting Date will be used.

Locations where this setting will be used:

1. EMR > Timeline > Lab Result icons
2. EMR > Timeline > Vitals Icon > Graph View
3. EMR > Timeline > Vitals Icon > Table View
4. EMR > SOAP Notes > Data Trends

Value Options

- Value = Checked: this turns the setting on and the collection date will be used.
- Value = Not Checked: This means the setting is off and the reporting date will be used. This is the default option.

Company Setting: Maximum number days password is valid, (0=always)

This company setting allows a practice to setup a more strict password policy for all users. This setting will only allow a password to be valid for a set number of days. After the timeframe has passed, users will be required to change their password before logging in.

Pro Tip: Check out more security features here: How can I keep OfficeEMR more secure?

Default Value: 0

Options:

- 0 = Always off - password will not expire.
- 1-9999 = The number of days a password is valid. Once the timeline has passed, users will be required to rest their password.

Company Setting: Minimum password length

This company setting allows a practice to setup a more strict password policy for all users. This setting will require that a password be longer than a specific number of characters. The greater the number, the more complex the password and the harder it will be to exploit.

Pro Tip: Check out more security features here: How can I keep OfficeEMR more secure?

Default Value: 8

Options:

- 8 - 50: The number of required characters for a password

Company Setting: Most recently used password count

This company setting allows a practice to setup a more strict password policy for all users. This setting will require that users do not re-use an old password when resetting their password.

Pro Tip: Check out more security features here: How can I keep OfficeEMR more secure?

Default Value: 5

Options:

- 0 - Setting is not used
- 1-100: The number of passwords used in the past that can not be re-used (i.e. 5 = None of the last 5

passwords can not be reused when resetting the current password)

Company Setting: Normal Results Processor

The 'Normal Results Processor' company setting is used to set the User Group that is set when an electronic result is received and no abnormal values are included in the result. This is used in the My Tasks Results screen.

By default, this value is blank, which means this setting is not used. When this setting is not in use, the system will deliver normal results to the user that was originally selected in the 'Ordered By' field on the Order Entry screen.

Default Value: blank

Options:

- Blank (setting not used)
- User ID or Group

Company Setting: Open Dialysis Visits Chart Tab when Adding Visit

The setting is used in the Dialysis Visit Note documentation process. For practice's that document the dialysis note in our application, rather than in the Dialysis Center application, will want to enable this setting.

If this setting is selected and the user left-clicks over a dialysis round and adds a comprehensive or regular visit, the visit will no longer will automatically be saved and the Dialysis Visit chart tab will be opened instead where the visit can be added.

Default Value: Off

Company Setting: Patient Roster Admission Date Defaulted

When a patient is added to the Hospital Rounds List, the Company Setting: Patient Roster Admission Date Defaulted will automatically set the Admission Date to the current data. Otherwise, it will be blank

Default Value: Off

Options:

- Off - the date does not default
- On - the date is set to today's date

Company Setting: Patient Roster Recurrence Pattern Defaulted

When a patient is added to the Hospital Rounds List, the Company Setting: Patient Roster Recurrence Pattern Defaulted will automatically create a daily reoccurrence pattern for the newly added round. Otherwise, no recurrence pattern will be created.

Default Value: Off

Options:

- Off - no reoccurrence pattern will be set
- On - a daily reoccurrence pattern will be set

Company Setting: Patient Roster Resource Required

When a patient is added to the Hospital Rounds List, the Company Setting: Patient Roster Resource Required will determine if a resource must be set for a round. Otherwise, this field can be left blank.

> **Workflow Note:**
> When a patient is added to the Hospital Rounding schedule, different practices may dictate how that patient round is managed. For example, some practices may specifically assign a Resource to the round - this is commonly done when a specific provider needs to see a specific patient when rounding. Other practices may just simply assign the patient to the location. Then, they will assign their providers to go to specific locations on a given day and round on any patient at that location. Use this setting to enforce your business rules related to managing hospital rounds.

Default Value: On

Options:

- Off - a resource is not required
- On - a resource is requred

Company Setting: Prescription Settings and Rules - Mobile Phone - Use Wild Card Search

This setting determines how the medication search feature works on the OfficeEMR Mobile application. When enabled, a "wild card search" is performed. This means that when a search is performed, the system will find drugs with the word that you typed anywhere in the medication name. If this setting is off, the medication search will only find drugs with the exact name you typed. We highly recommend keeping this setting on.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - Wild card search is used
- Off - Literal search is used.

Company Setting: Prescription Settings and Rules - MyMedicalLocker - MyMedicalLocker Prescription Refills

For practices that provide their patients with access to MyMedicalLocker (aka the Patient Portal), you have the ability to turn on or turn off the ability for a patient to request a refill of a medication that you prescribed. When the setting is on, patients are provided with this option. These requests will flow directly into the My Tasks > Prescriptions > Refills queue for you to review and approve. When the setting is off, patients are not given this option.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - Refill requests are enabled for a patient in MyMedicalLocker
- Off - Refill requests are disabled for a patient in MyMedicalLocker

Company Setting: Prescription Settings and Rules - MyMedicalLocker - MyMedicalLocker Prescription Refills Appointment Weeks

For practices that provide their patients with access to MyMedicalLocker (aka the Patient Portal), you have the ability to turn on or turn off the ability for a patient to request a refill of a medication that you prescribed. If you have this setting on, you can set a threshold that determines if a prescription is automatically denied or not based on how long it has been since the patient's last appointment. If you set the value to '3', this means the patient should have had an appointment within the last 3 weeks. If not, the refill request is auto-denied. You can control the message that the patient sees when this error occurs in Setup > MyMedicalLocker > Announcements.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: 0

Options:

- 0 - No appointment threshold is set
- Number - The number of weeks for a patient's most recent appointment

Company Setting: Prescription Settings and Rules - MyMedicalLocker - MyMedicalLocker Prescription Refills Local Pharmacies

For practices that provide their patients with access to MyMedicalLocker (aka the Patient Portal), you have the ability to turn on or turn off the ability for a patient to request a refill of a medication that you prescribed. If you have this setting on, you can use this setting to recommend pharmacies that you commonly use. This is especially helpful if you have your own in-house pharmacy that you would like to make available for a patient when requesting a refill. You can add one to many pharmacies here by supplying a list of NCPDP ID's of the desired pharmacies. Pharmacy NCPDP ID's can be found here: Setup > Pharmacies.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: blank

Options:

- blank - nothing recommended
- NCPDP ID list

Company Setting: Prescription Settings and Rules - Prescription Refills - Refill PIN Requirement

For practices that utilize the My Tasks Prescription Refill queue, you can decide if a user must first enter a PIN before approving a refill or not. If the setting is turned on, a user will be required to enter their 4 digit PIN number each time a prescription refill is approved, denied, or changed. If the setting is off, users will not be required to enter their PIN.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - PIN required
- Off - PIN not required

Company Setting: Prescription Settings and Rules - Prescription Refills - Change Status when Refilling a Prescription

For a user that decides to refill a medication from the Prescription History window, you may find it helpful to have the status of the prescription that you are refilling changed from New to Current without you having to make the change yourself. Generally, medications with a status of 'New' will show up in the Plan portion of your note while medications with a status of 'Current' show in the Subjective portion of your note. If you would like for the prescription status of refilled medications to remain unchanged, turn this setting off.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - Refilled medications will be changed from New to Current
- Off - Refilled medications status will remain unchanged

Company Setting: Prescription Settings and Rules - Prescription Refills - Default prescription assignment user ID

For practices that utilize the My Tasks Prescription Refill queue, you may find it beneficial to have all refill requests and change requests assigned to one specific user rather than having these requests assigned to a group of users. To direct all refill requests and change requests to a specific user, input the user ID into the setting. Otherwise, if left blank, prescription refill requests and change requests will be assigned to the RxRefill user group.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: blank

Options:

- Blank - requests assigned to RxRefills user group
- User ID - requests assigned to the supplied user

Company Setting: Prescription Settings and Rules - Prescriptions - Send RxCode as part of Electronic Prescription

For practices that send prescriptions electronically to pharmacies, some edge scenarios may require you to change if the 'RxCode' field value is sent in the electronic message. In general, users should not update this setting unless they are absolutely sure of the impact.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - RxCode value sent
- Off - RxCode value not sent

Company Setting: Prescription Settings and Rules - Prescriptions - Minimum Action Days, 0 = No Action

For practices that send prescriptions electronically to pharmacies, some edge case scenarios may require you to change the Minimum Action Days Setting. In general, users should not update this setting unless they are absolutely sure of the impact.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: 1

Options:

- 0 = Off, no minimum action days
- Number = the number of minimum action days

Company Setting: Prescription Settings and Rules - Prescriptions - Display Prescriber Signature Image

For practices that print out prescriptions using non-custom Rx Layouts, this setting will determine if the image stored in Provider Setup displays on that printed layout. If on, the image will be displayed, otherwise, it will not.

Please note, most practices are not configured to use non-custom Rx Layouts. Practices are usually set up with 'Custom' Rx Layouts which means that this setting does not apply.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On = Image displayed
- Off = Image not displated

Company Setting: Prescription Settings and Rules - Prescriptions - NADEAN Pain Override Diagnosis Code

For practices that utilize the prescription screen to send buprenorphine electronic prescriptions for chronic pain, it will be necessary to utilize this setting to override the NADEAN requirement. Use this setting to specify the specific ICD10 diagnosis code that will be added to buprenorphine electronic prescriptions (for pain) as a diagnosis to override the NADEAN requirement to submit the prescription. Be sure to add the diagnosis code without the decimal point.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: G894

Options:

- Value - The specific ICD10 code that must be added as a diagnosis on the prescription pad to override the NADEAN requirement when prescribing certain buprenorphine medications with an indication of pain.

Company Setting: Prescription Settings and Rules - Prescriptions - Print RX Using PDF

For practices that print out prescriptions, the prescription may be printed through our legacy 'Report Viewer' window or via our new modern 'PDF Layout' window. It is recommended to have this setting on so that more modern technology is being used.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On = PDF Layout used
- Off = Active Report Viewer used

Company Setting: Prescription Settings and Rules - Prescriptions - Use Company Profile Name

For practices that send prescriptions electronically to pharmacies, some groups may need to modify which practice name is submitted on the electronic prescription. By default, the practice name stored in the Provider Setup screen for the prescribing provider will be sent. However, you may alternatively choose to have the practice name stored in the Company Setup screen instead.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - Company Profile is used to determine the practice name
- Off - Provider Setup is used to determine the practice name

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Company Setting: Prescription Settings and Rules - Prescriptions - Use Company Profile Address

For practices that send prescriptions electronically to pharmacies, some groups may need to modify which address is submitted on the electronic prescription. By default, the address stored in the Provider Setup screen for the prescribing provider will be sent. However, you may alternatively choose to have the address retrieved from the Company Setup screen.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - Company Profile is used to determine the address
- Off - Provider Setup is used to determine the address

Company Setting: Prescription Settings and Rules - Prescriptions - Use Company Profile Phones

For practices that send prescriptions electronically to pharmacies, some groups may need to modify which phone numbers are submitted on the electronic prescription. By default, the phone numbers stored in the Provider Setup screen for the prescribing provider will be sent. However, you may alternatively choose to have the phone numbers retrieved from the Company Setup screen.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - Company Profile is used to determine the phone numbers
- Off - Provider Setup is used to determine the phone numbers

---

Company Setting: Prescription Settings and Rules - Prescriptions - Use Company Profile Email

For practices that send prescriptions electronically to pharmacies, some groups may need to modify which email address is submitted on the electronic prescription. By default, the email address stored in the Provider Setup screen for the prescribing provider will be sent. However, you may alternatively choose to have the email address retrieved from the Company Setup screen.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - Company Profile is used to determine the email address
- Off - Provider Setup is used to determine the email address

---

Company Setting: Prescription Settings and Rules - Prescriptions - PIN Requirement

For practices that send prescriptions electronically or print a paper prescription, you may find it beneficial to increase or decrease the security protocols related to performing these actions. The options are as follows:

- 0 - This is the least secure option. You will not be required to enter a PIN.
- 1 - This is more secure than the previous option. This will require the user to enter their PIN for the first prescription sent or printed after logging in. For every prescription thereafter, no PIN will be required.
- 2 - This is the most secure option. This will require the user to enter their PIN for every prescription printed or sent.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: 2

Options:

- 2 - All prescriptions require a pin
- 1 - Only the first prescription requires a pin
- 0 - No prescriptions require a pin

Company Setting: Prescription Settings and Rules - Prescriptions - Display Pharmacy Product Type

For practices that utilize the pharmacy search screen, you may choose to change how the pharmacy type is displayed. The options are as follows:

- 0 - Don't display pharmacy product type
- 1 - Display pharmacy type abbreviation
- 2 - Display pharmacy type full name

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: 0

Options:

- 0 - Don't display pharmacy product type
- 1 - Display pharmacy type abbreviation
- 2 - Display pharmacy type full name

Company Setting: Prescription Settings and Rules - Prescription Refills - Display Days Supply

For practices that use the prescription pad, you can modify how the 'Days Supply' language displays:

- 0 = Abbreviate - will display as "30 d supply"
- 1 = Full text - will display as "30 days supply"

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: 0

Options:

- O = Abbreviated (d)
- 1 - Not abbreviated (days)

Company Setting: Prescription Settings and Rules - Prescriptions - Display Tiers

For practices that utilize the prescription screen, you may choose to change how the word 'Tiers' is displayed to conserve space.

- 0 - Display abbreviation for Tiers (t)
- 1 - Display full name (Tiers)

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: 1

Options:

- 0 - Display abbreviation for Tiers (t)
- 1 - Display full name (Tiers)

Company Setting: Prescription Settings and Rules - Prescriptions - Use RxHub

For practices that utilize the prescription screen, it is highly recommended that practices utilize the RxHub and the features that it enables. RxHub is the connection that allows medication coverage information to be displayed as well as allows medication history data to be pulled from pharmacies. If this setting is off, these features are disabled. We strongly encourage you to leave this setting on.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - Use RxHub
- Off - RxHub is not used

Company Setting: Prescription Settings and Rules - Prescriptions - Send Extended Prescription Fields

For practices that electronically send medications to the pharmacy, in a few edge cases, it may be appropriate to send the following fields in the electronic message: DrugDBCode and DrugDBCodeQualifier. Unless you truly understand the impact of this setting, it is recommended this remain unchanged.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - Send additional fields
- Off - Do not send additional fields.

Company Setting: Prescription Settings and Rules - Prescriptions - Display Secondary Plan Name

For practices that utilize the prescription screen to view prescription coverage details, you may want to enable this setting so that a patient's secondary insurance plan name will display in the event that the primary insurance name is left blank. Generally, practices do not need to change this setting.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - Display primary insurance plan name even when blank
- Off - Display secondary insurance plan name when primary insurance plan name is blank

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Company Setting: Prescription Settings and Rules - Prescriptions - Display Plan Name ID

For practices that utilize the prescription screen to view prescription coverage details, you may want to enable this setting so that a patient's insurance plan ID displays next to the insurance plan name. Generally, practices do not need to change this setting.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - Display plan ID
- Off - Do not display plan ID

Company Setting: Prescription Settings and Rules - Prescriptions - Display All Payer Drug Strengths and Forms

For practices that utilize the prescription screen to view prescription coverage details, you may want to enable this setting so that all of the possible therapeutic alternatives recommended display the various strengths and forms that are available. Otherwise, the strengths and forms displayed will be limited. Generally, it is recommended to leave this setting on.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - Display all options
- Off - Display limited options

Company Setting: Prescription Settings and Rules - Prescriptions - Use Signature Dosage to find Dispense Method

For practices that electronically send prescriptions to a pharmacy, you may want the application to interrogate the sig dosage field (i.e tab) to automatically set the Dispense Method (i.e. Tablets). When this setting is on, enhanced logic is used to automatically set this value. Otherwise, users are required to set the Dispense Method themselves.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - Set Dispense Method field based on Sig Dosage field
- Off - Do not set Dispense Method field

Company Setting: Prescription Settings and Rules - Prescriptions - Check State DAW Messages

For practices that utilize the prescription screen to send or print prescriptions, it may be necessary to activate this setting so that these prescriptions automatically check local state rules related to Dispense As Written settings to ensure the correct message is displayed. It is recommended to leave this setting on.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On.

Options:

- On - Display plan ID
- Off - Do not display plan ID

Company Setting: Prescription Settings and Rules - Prescriptions - Require Height/Weight for Electronic Prescriptions

For practices that utilize the prescription screen to electronically send prescriptions, you may want to require users to have captured a patient's height and weight within the last 30 days before sending a prescription. Doing so will ensure that the appropriate vital information is sent electronically with the prescription. Otherwise, this requirement will only be enforced for patients 18 and younger.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: Off

Options:

- On - All prescriptions require a recent height and weight on file
- Off - Prescriptions for patients 18 years and younger will require a recent height and weight to be on file

---

Company Setting: Prescription Settings and Rules - Prescriptions - RxFill Indicator

For practices that utilize the application to data related to a prescription fill status from the pharmacy, you may find it beneficial to only see a set number of Rx Fill Statuses. Use this setting to determine your preference.

The options include:

- All Fill Statuses
- All Fill Statuses Except Transferred
- Dispensed and partially dispensed
- Partially Dispensed and not dispensed
- Not Dispensed and Transferred
- Partially Dispensed
- Not Dispensed
- Cancel All Fill Statuses

Our recommendation is to leave this setting on 'All Fill Statuses' while you become used to the type of data that is supplied. Then, as you see fit, narrow your selection.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: All Fill Statuses

Options:

- All Fill Statuses
- All Fill Statuses Except Transferred
- Dispensed and partially dispensed
- Partially Dispensed and not dispensed
- Not Dispensed and Transferred
- Partially Dispensed
- Not Dispensed

- Cancel All Fill Statuses

Company Setting: Prescription Settings and Rules - Prescriptions - Check Pharmacy Operating Status

For practices that utilize the prescription screen to electronically send prescriptions, the application has the ability to check the current operating status of each pharmacy you send a prescription to. The check ensures that the pharmacy is up and able to receive a prescription. If they are not, an appropriate error message with an explanation of why the pharmacy is offline will be returned. Practices can turn this check off if needed, but is recommended to remain on.

Configuration Note:

All Prescription Settings and Rules can be configured here: Company Settings for Prescriptions

Default Value: On

Options:

- On - Check operating status
- Off - Do not check operating status

Company Setting: Procedure List for Vitals Timeline Wireframe Summary

The setting is used to identify a list of procedure codes should be added to the Vitals Timeline graph when a user selects the **Procedures** icon. This can be a specific list of codes separated by a comma (i.e. 99213, 99205) or a range of codes (99203-99205).

This setting works in unison with the User Setting of the same name. If the user setting is set, this will trump the Company Setting.

Default Value: blank

Options: A comma separated list of procedure codes and/or a range of cpt codes.

Company Setting: Progress Notes (Base) CCDA Type

This settings represents which Clinical Notes type the (Base) SOAP/Progress Notes are coded as in the CCDA when generating clinical, ambulatory and referral summaries within the application. The default value is 0 which is off. This means that any SOAP/Progress Notes with the type set to (Base) will **NOT** appear in CCDA summaries. If a value other than 0 is set, then **all signed** SOAP/Progress Notes with the type set to (Base) will appear in CCDA summaries with the selected Clinical Notes type (e.g. Progress Note).

Default Value: 0

Options:

- 0 - (Base) type SOAP/Progress Notes are not included in the CCDA
- 1 - (Base) type SOAP/Progress Notes are included as "Consult Note" type Clinical Notes in the CCDA
- 2 - (Base) type SOAP/Progress Notes are included as "Discharge Summary" type Clinical Notes in the CCDA
- 3 - (Base) type SOAP/Progress Notes are included as "History and Physical" type Clinical Notes in the CCDA
- 4 - (Base) type SOAP/Progress Notes are included as "Diagnostic Image Study" type Clinical Notes in the CCDA
- 5 - (Base) type SOAP/Progress Notes are included as "Laboratory Report Narrative" type Clinical Notes in the CCDA
- 6 - (Base) type SOAP/Progress Notes are included as "Pathology Report Narrative" type Clinical Notes in the CCDA
- 7 - (Base) type SOAP/Progress Notes are included as "Procedure Note" type Clinical Notes in the CCDA
- 8 - (Base) type SOAP/Progress Notes are included as "Progress Note" type Clinical Notes in the CCDA

Company Setting: Progress Notes (Group Note) CCDA Type

This settings represents which Clinical Notes type the (Group Note) SOAP/Progress Notes are coded as in the CCDA when generating clinical, ambulatory and referral summaries within the application. The default value is 0 which is off. This means that any SOAP/Progress Notes with the type set to (Group Note) will **NOT** appear in CCDA summaries. If a value other than 0 is set, then **all signed** SOAP/Progress Notes with the type set to (Base) will appear in CCDA summaries with the selected Clinical Notes type (e.g. Progress Note).

Default Value: 0

Options:

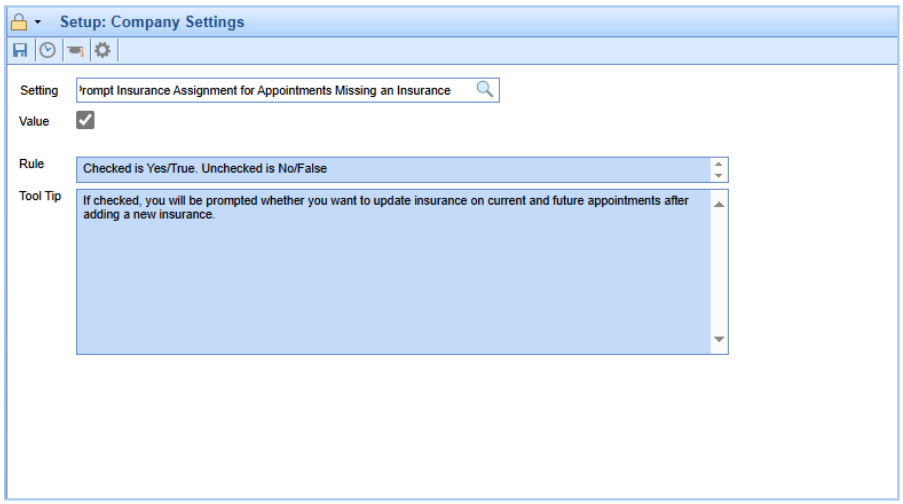
- 0 - (Group Note) type SOAP/Progress Notes are not included in the CCDA
- 1 - (Group Note) type SOAP/Progress Notes are included as "Consult Note" type Clinical Notes in the CCDA
- 2 - (Group Note) type SOAP/Progress Notes are included as "Discharge Summary" type Clinical Notes in the CCDA
- 3 - (Group Note) type SOAP/Progress Notes are included as "History and Physical" type Clinical Notes in the CCDA
- 4 - (Group Note) type SOAP/Progress Notes are included as "Diagnostic Image Study" type Clinical Notes in the CCDA
- 5 - (Group Note) type SOAP/Progress Notes are included as "Laboratory Report Narrative" type Clinical Notes in the CCDA
- 6 - (Group Note) type SOAP/Progress Notes are included as "Pathology Report Narrative" type Clinical Notes in the CCDA
- 7 - (Group Note) type SOAP/Progress Notes are included as "Procedure Note" type Clinical Notes in the

CCDA

- 8 - (Group Note) type SOAP/Progress Notes are included as "Progress Note" type Clinical Notes in the CCDA

Company Setting: Prompt Insurance Assignment for Appointments Missing an Insurance

The **Prompt Insurance Assignment for Appointments Missing an Insurance** company setting allows users to automatically update any current and future appointments missing insurance with the newly added insurance via a prompt. Enabling this setting will eliminate the need for users to manually assign newly added insurances to the patient's current and future appointments. Instead, the system will prompt the user if the new insurance coverage is set to 1, 2, or 3. If so, the prompt will offer the option to update all current and future appointments, update only the current and future appointments with missing insurances, or make no changes.



Steps to Complete

1. Navigate & **Search for** the Company Setting: "**Prompt Insurance Assignment for Appointments Missing an Insurance**"
2. Set the Value to the **Checked Position** (described in detail below)
3. **Save**

Value Options

Unchecked = No/False
Users will not be prompted to update insurance on current and future appointments after adding a new insurance.

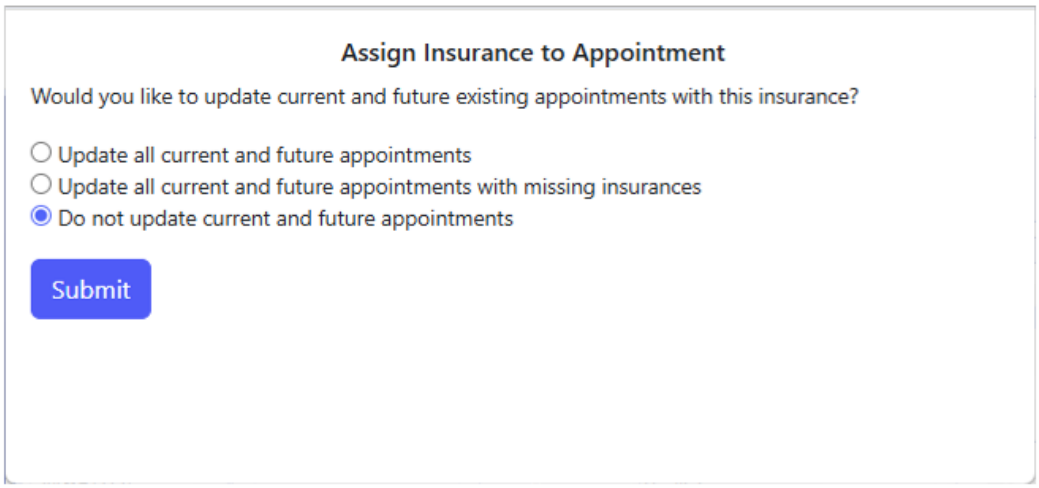
Checked =Yes/True
Users will be prompted to update insurance on current and future appointments after adding a new insurance.

Assign Insurance to Appointment Prompt

Once turned on, upon changing a patient's insurance, the user will receive a prompt asking if they would like to

update current and future appointments with this insurance, along with options to:

- **Update all current and future appointments**
- **Update all current and future appointments with missing insurances**
- **Do not update current and future appointments**



Company Setting: Receipt Co-Pay applied to multiple procedures

This company setting effects how Receipts are posted via the Auto-Receipt Posting process. This setting will determine if a receipt with the type of 'Co-Pay' will be applied to more than one procedure code on the claim. Typically, Co-Pays are applied to one and only one procedure code. However, some use cases have emerged that the co-pay amount should be applied to multiple procedures on the same claim. This setting will be off by default, which means co-pays will only be applied to one procedure code. If on, a Co-Pay receipt may be applied to multiple procedures.

Default Value: Off

Company Setting: Removal of payments is done using the reversal process

This setting is used to modify how payments are removed on the Transaction History screen.

Payments associated with deposits can always be deleted -- this ensures that even after posting, users can resolve issues with COB balancing.

However, in many instances, administrators want to prevent users from completely deleting past payments, as they could have been created in a prior reporting period. In this case, this company setting can be turned on. This will ensure that users do not have the ability to delete payments that originated in receipts or were added as payments directly to the transaction history. Instead, they will have the option to **reverse** payments. Though this practically has the same impact on a claim, it will create a new transaction with the current post date. This will offset but maintain the original transaction.

If this company setting is unchecked, users will be able to delete any type of payments as desired. However, keep in mind that this can affect payments in prior reporting periods.

Default Value: Yes

Options: Yes (Checked) or No (not checked)

Company Setting: Reporting Year

This settings represents which quality reporting year will be used to when generating billing and clinical data sent to the CQMsolutions reporting tool.

Default Value: 2019

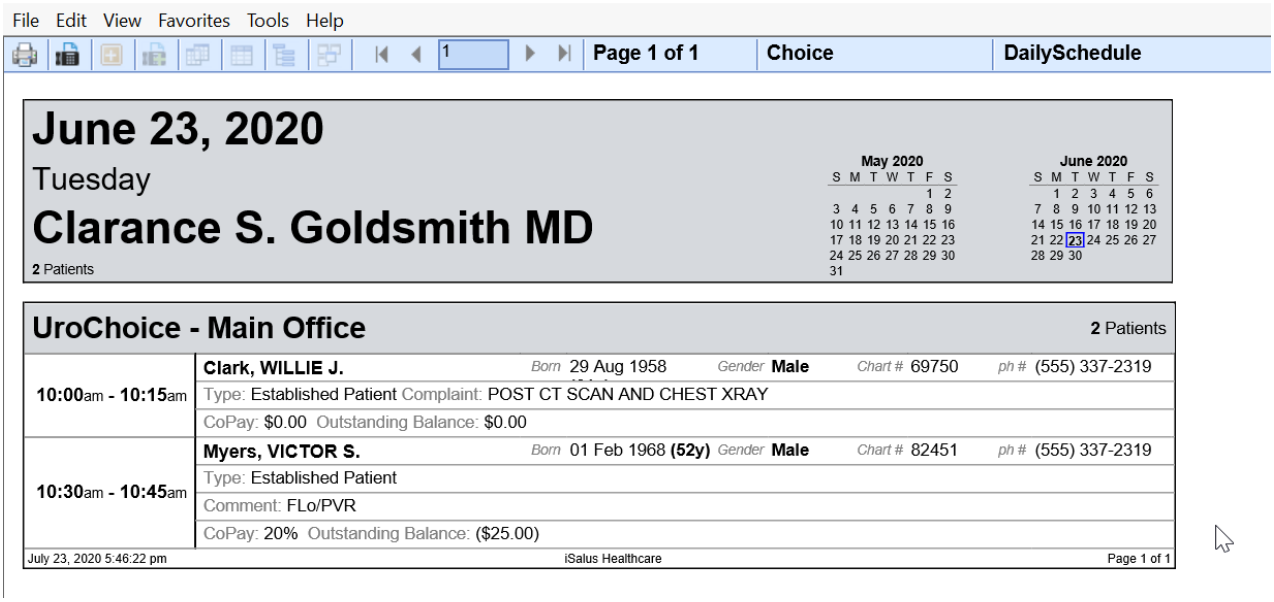
Options:

- Set to the current quality reporting year you are pulling eCQM quality reports for (e.g. 2022).

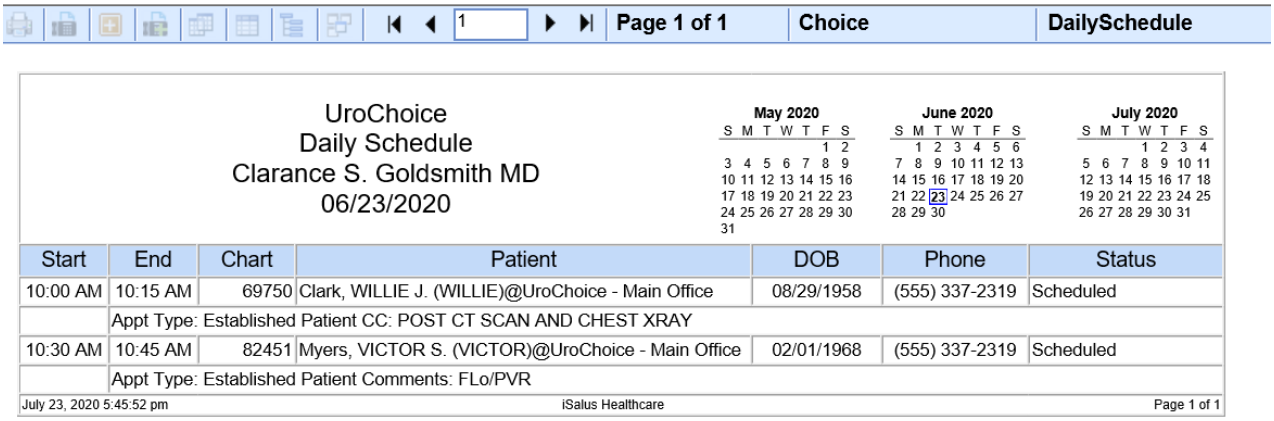
Company Setting: Resource View

The 'Resource View' company setting changes how a schedule looks when it is printed out of the application. There are two views, the Resource View and the Legacy View.

Resource View



Legacy View



Pro Tip: The Resource View is the more modern layout and is what most practices use. This view allows the practice to customize it quite a bit by turning items on and off so that it only prints what you want it to.

Default Value: On

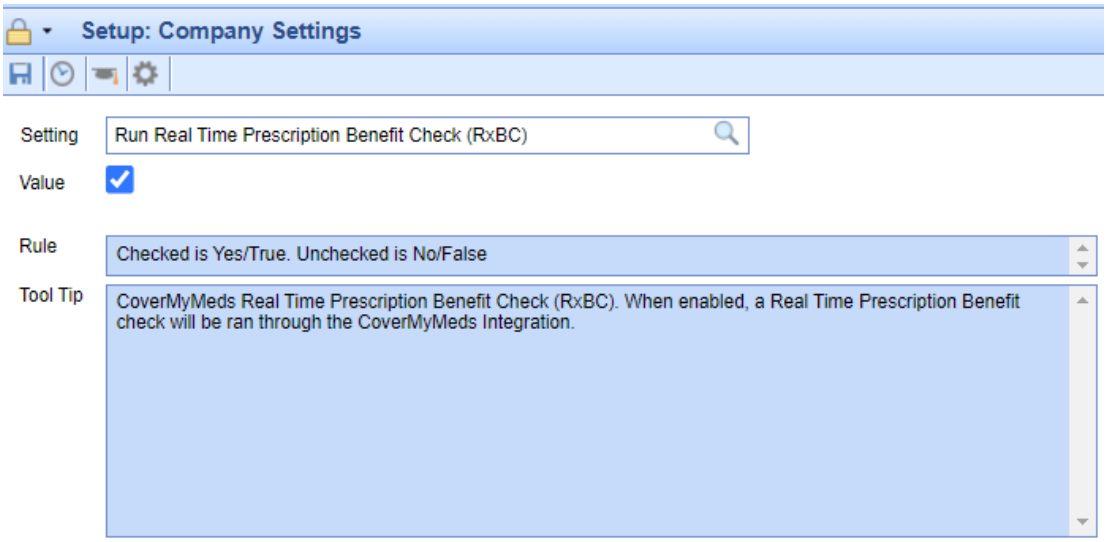
Options:

- Off (not checked) - prints the legacy view
- On (checked) - prints the resource view

Company Setting: Run Real-Time Prescription Benefit Check (RxBC)

This company setting in conjunction with the CoverMyMeds (Legacy) feature will enable the ability to run the CoverMyMeds RxBC module from the prescription pad. When a user initially opens the prescription/medication chart tab for a patient, an eligibility check is run via SureScripts. These values are used when passing the benefits information to CoverMyMeds to initiate both the Real-Time Benefit Check as well as the electronic prior authorization if the RxBC response returns **"PA Required".**

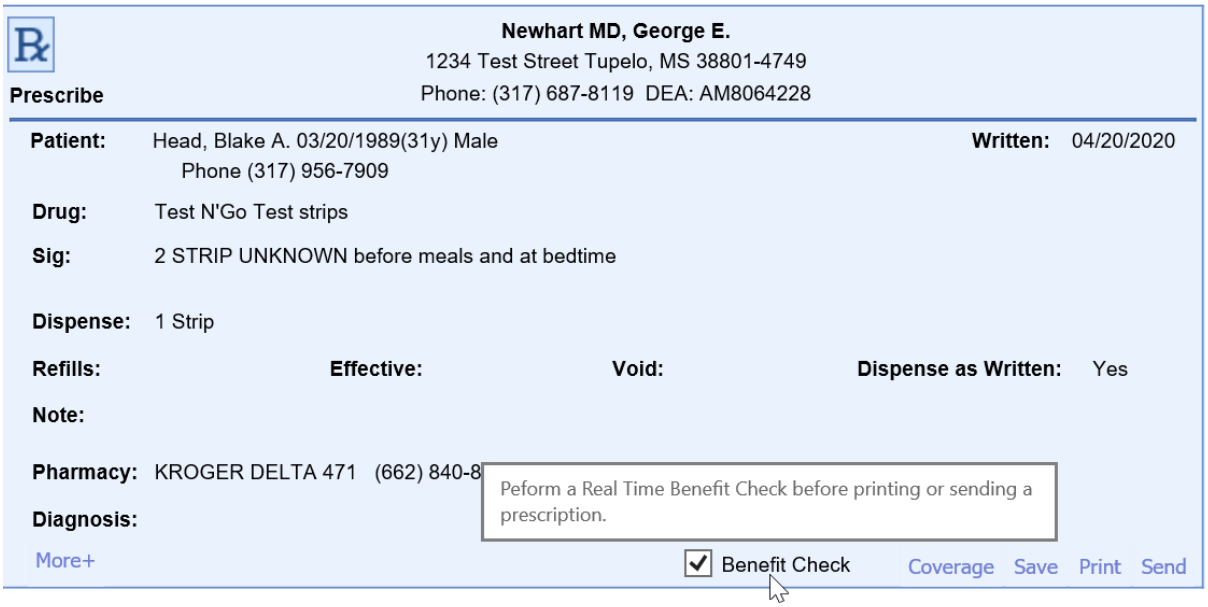
Parameters
Checked = RxBC will be enabled for the practice
Unchecked = The 'Benefit Check' checkbox on the prescription pad will not be present



NOTE: Each user who writes prescriptions should also enable the RxBC user setting to ensure the 'Benefit Check' button is checked on the prescription pad.

Company Setting: Run real time prescription benefit check (RxBC)

The 'Run Real Time Prescription Benefit Check (RxBC)' company setting allows a practice to decide if the Benefit Check box is displayed or not on the prescription pad for all users in the practice. This option is only available for users that use the CoverMyMeds integration.



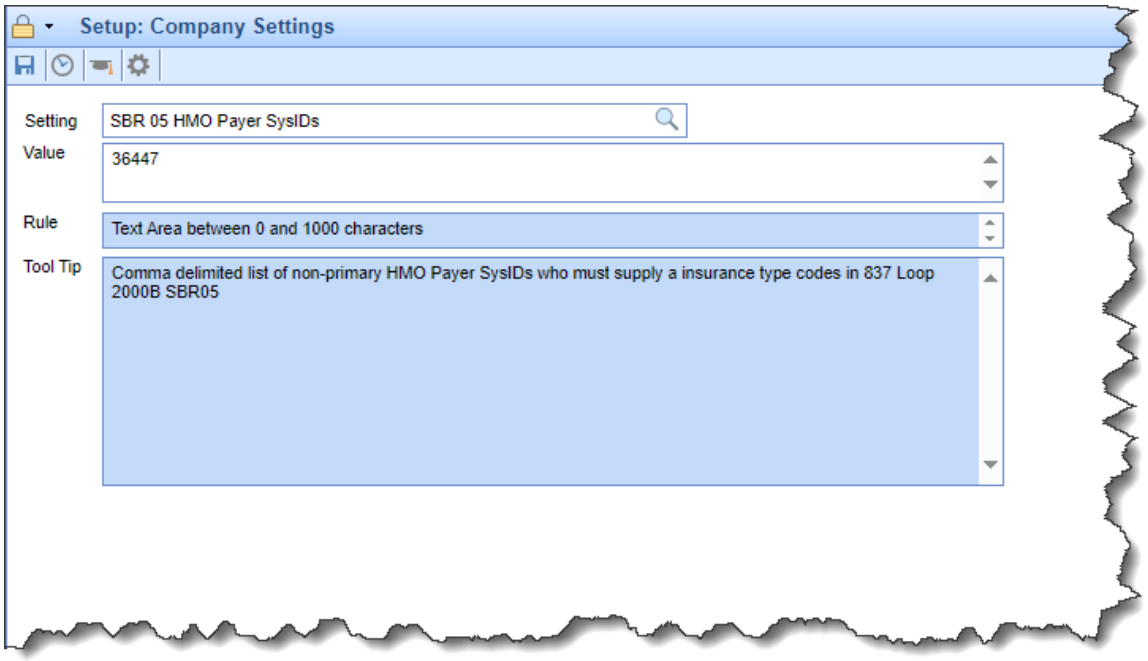
Default Value: On (if Product is activated)

Options:

- On: Displays the Benefit Check option
- Off: Hides the Benefit Check option

Company Setting: SBR 05 HMO Payer SysIDs

The "SBR 05 HMO Payer SysIDs" company setting allows a practice to enter a list of comma-delimited payer IDs that will be sent in loop 2000B SBR05 when the payer source of pay is 16 (Health Maintenance Organization (HMO) Medicare Risk).



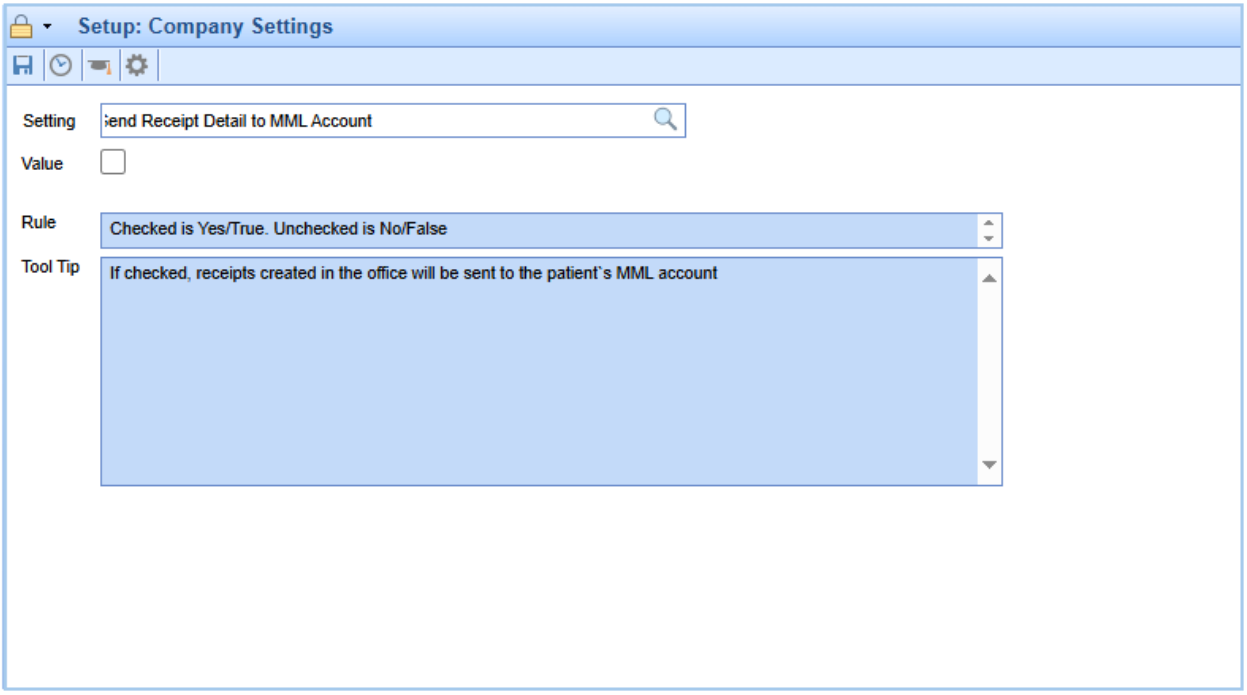
Default Value: Off (no payer IDs)

Options:

- Off (no payer IDs) - no insurance type is sent in loop 2000B SBR05 when the payer source of pay is 16 (Health Maintenance Organization (HMO) Medicare Risk).
- On (Payer ID(s) separated by commas are added to the "Value" field) - the insurance type is sent in loop 2000B SBR05 when the payer source of pay is 16 (Health Maintenance Organization (HMO) Medicare Risk).

Company Setting: Send Receipt Detail to MML Account

The **Send Receipt Detail to MML Account** company setting allows users to to display patient receipts within the patient's MML account. Enabling this setting adds patient receipts to the Payment History section under Billing within the MML account, regardless of whether they were generated from MML or the office.



Steps to Complete

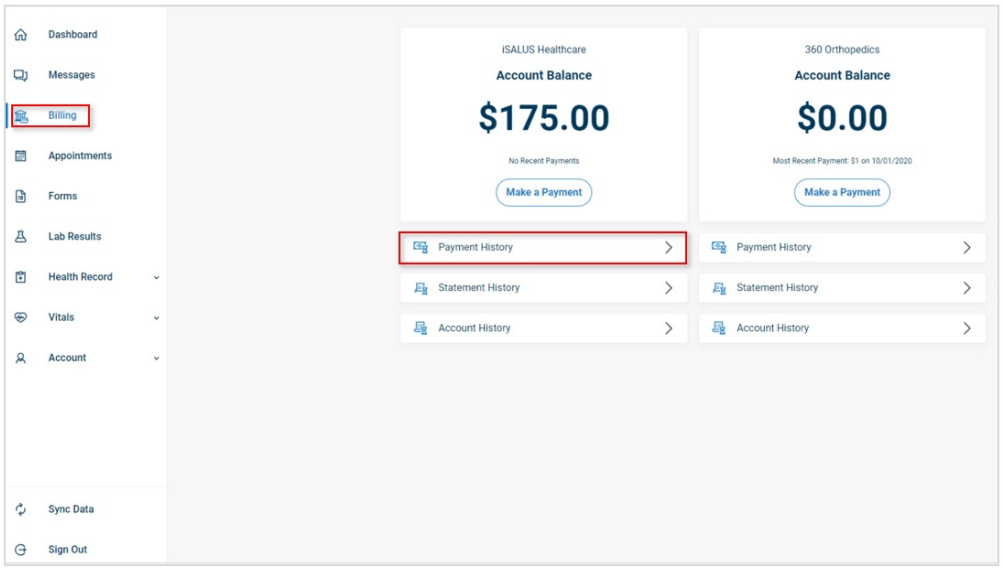
1. Navigate & **Search for** the Company Setting: "**Send Receipt Detail to MML Account**"
2. Set the Value to the **Checked Position** (described in detail below)
3. **Save**

Value Options

Unchecked = No/False
Receipts created in the office will **NOT** be sent to the patient`s MML account.

Checked =Yes/True
Receipts created in the office will be sent to the patient`s MML account.

OfficeEMR, MML, and Intake payments will appear in the Payment History section under Billing within the MML account, showing the amount and date of payment, with a "View Details" option that generates a receipt printout as stored in the database.



Company Setting: Skip auto-posting of Co-Pay receipts

The setting is used to in conjunction with the auto-receipt posting process. Groups with unique workflows may choose to disable the auto-posting of receipts that are designated as Co-Pays.

Default Value: Off

Company Setting: Skip Auto-posting of Coinsurance receipts

The setting is used to in conjunction with the auto-receipt posting process. Groups with unique workflows may choose to disable the auto-posting of receipts that are designated as Coinsurance receipts.

Default Value: Off

Company Setting: Skip auto-posting of Deductible receipts

The setting is used to in conjunction with the auto-receipt posting process. Groups with unique workflows may choose to disable the auto-posting of receipts that are designated as Deductible receipts.

Default Value: Off

Company Setting: Split A/R into two buckets in cube, 0-15

and 16-30

This setting specifies whether the new Billing Analytics package will split the initial aging bucket of 0-30 Days into two different buckets, 0-15 Days and 16-30 Days. This setting takes effect during the nightly refresh of the Billing Analytics data.

Default Value: Off

Options:

- Off: When using the Aging Bucket by Aging Date or Aging Bucket by DOS fields, all receivables aged 30 days or less will be in a single bucket, 0-30 Days.
- On: The 0-30 Day bucket in the Aging Bucket by Aging Date and Aging Bucket by DOS fields is split into two separate buckets, 0-15 and 16-30.

Company Setting: Unsolicited Results Processor

The 'Unsolicited Results Processor' company setting is used to set the User Group that is set when an Unsolicited Result is returned in the My Tasks Results screen.

The company setting requires that you supply a valid User Group ID. This can be found in the User Group setup window (Setup > User Groups).

By default, an "Unsolicited Results" user group has been created for every practice and this setting defaults to that.

Default Value: Unsolicited Results User Group

Options:

- Valid User Group ID (found here: Setup > User Groups)

Company Setting: Wireframe List for Vitals Timeline Wireframe Summary

The setting is used to identify a list of wireframes (logical grouping of lab result values) that should be added to the Vitals Timeline graph. This can be a specific list of values, separated by a comma.

This setting works in unison with the Company Setting of the same name. If the user setting is set, this will trump the Company Setting.

Default Value: cbc, chem-7

Options: Add a list of comma separated values (the underlined word is the value).

- CBC:
  - White Blood Cells (WBC)
  - Hemoglobin (Hgb)
  - Platelets (plts)
  - Hematocrit (Hct)
- CHEM-7
  - Sodiium (Na)
  - Chloride (Cl)
  - Blood Urea Nitrogen (BUN)
  - Potassium (K)
  - Bicarbonate (HCO3)
  - Creatinine (Crt)
  - Glucose
- Diabetes
  - Hemoglobin A1c (HgbA2c)
  - Glucose Tolerance Test (GTT)
  - Glucose
- G6PD
  - G6PD
- Hepatic
  - Albumin (ALB)
  - Bilirubin, Total (BilT)
  - Alkaline Phospatase (ALK)
  - AST
  - ALT
  - Bilirrubin, Direct (BilD)
- HIV
  - CD4
  - CD4%
  - Viral Load
- Hormone Panel
  - FSH
  - LH
  - E2
  - PRL
- Lipid
  - Cholesterol, Total
  - Triglycerides
  - HDL Cholesterol (HDL)
  - LDL Cholesterol (LDL)
  - Cholesterol/HDL Ratio (Ratio)
- Live Function
  - AST
  - ALT
  - AlkPhos
- Nephrology
  - eGFR
  - Calcium (Ca)

    - Phosphorous (PO4)
    - Uric Acid (UA)
    - Albumin/Creatnine (Alb/Cr)
- PSA
    - PSA
    - Testosterone
    - Creatinine (Creat)
- PVR
    - Post Void Residual (PVR)
- Semen Analysis
    - Abstinence
    - Volume
    - Sperm Density
    - Motility
    - Total motile sperm
    - Forward Progression
    - pH
    - Morphology
    - Viscosity
    - Clumping
    - Total WBC
    - Antisperm antibodies
- Stone Analysis
    - Weight (mg)
- Thyroid
    - TSH
    - T4
    - T3
    - Free T3
-

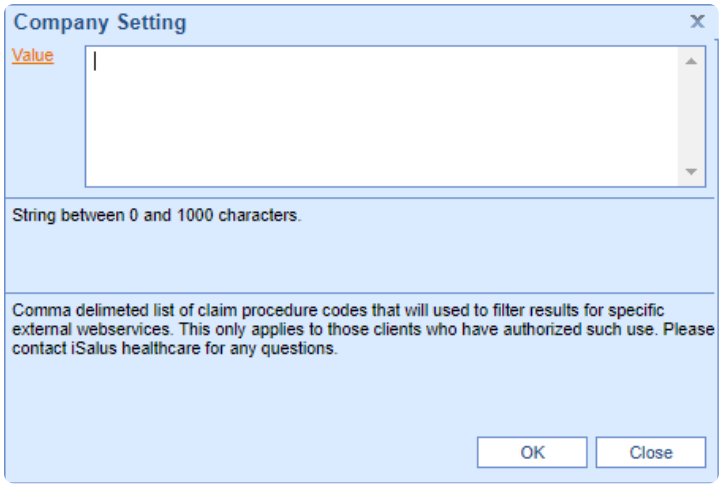
Company Setting: Webservice Setup Filter: Claim Procedure Codes

This company setting is used in conjunction with two other Webservice Setup Filters: Document Folder Identifiers and **Problem List Diagnosis Codes**. The combination of these settings assists in filtering (limiting) the number of records to be returned in the **GetPatientFilterIdentifiers** webservice response.

Default Value: (blank) - All patients would be included in the GetPatientFilterIdentifiers response no Superbill/Claim procedure code filtering will be completed.

Options: CPT/HCPCS codes (comma delimited)

> The full list of procedure codes can be found by navigating to Setup > Billing Setup - **Procedure Codes** (may require additional role access)



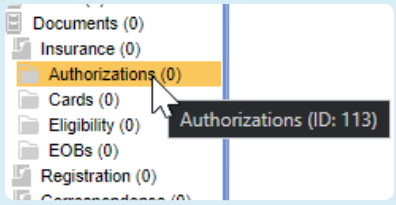
Company Setting: Webservice Setup Filter: Document Folder Identifiers

This company setting is used in conjunction with two other Webservice Setup Filters: Claim Procedure Codes and **Problem List Diagnosis Codes**. The combination of these settings assists in filtering (limiting) the number of records to be returned in the **GetPatientFilterIdentifiers** webservice. This setting is utilized to limit which eDocuments should be provided within the webservice response. The vendor will then utilize **GetPatientFilterDataImage** to submit a series of image_id(s) that will then return the corresponding base64 for the eDocument.

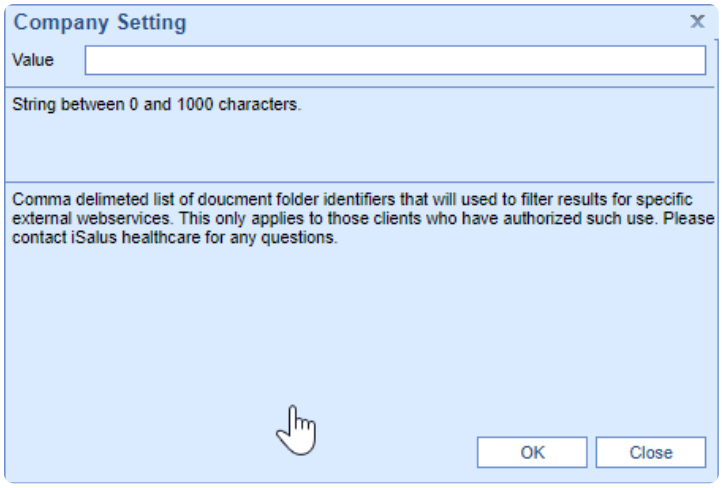
Default Value: (blank) - All documents would be included in the GetPatientFilterIdentifiers response no eDocument filtering will be completed. And any eDocument added to the patient's chart will include the patient within the GetPatientFilterIdentifiers given the appropriate parameters are provided.

Options: eDocument Folder IDs (comma delimited)

Folder IDs can be found by navigating to eDocuments > Open the Cabinet, Drawer, and Folder and hover over the Folder Name. The following would be displayed:



*You may need to write access to the Folder to view the ID, this is configured within Setup > **Roles**



Company Setting: Webservice Setup Filter: Problem List Diagnosis Codes

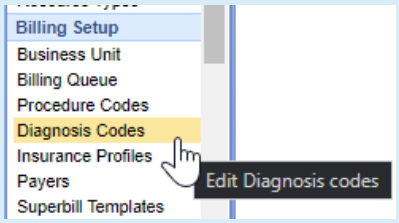
This company setting is used in conjunction with two other Webservice Setup Filters: Claim Procedure Codes and Document Folder Identifiers. The combination of these settings assists in filtering (limiting) the number of records to be returned in the **GetPatientFilterIdentifiers** webservice.

This setting is utilized to limit which ICD10 codes added to the patient Problem List will trigger a patient to be included within the **GetPatientFilterIdentifiers** response.

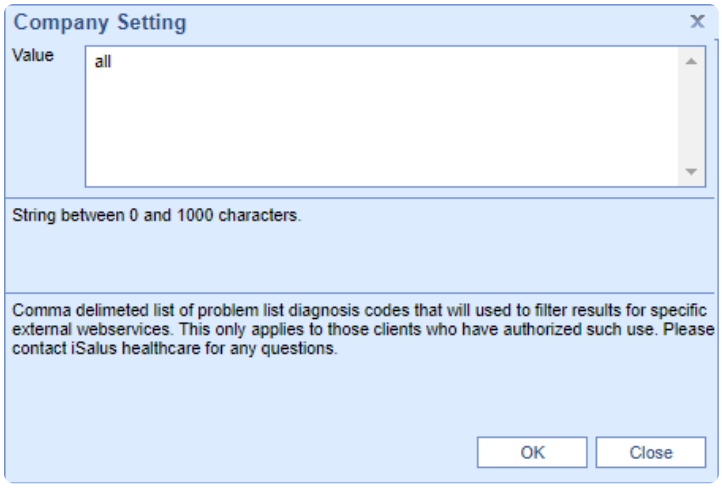
Default Value: "All" - All problem list additions will trigger a patient to be included within the webservice response.

Options: ICD10 codes - *no periods "."* (comma delimited)

ICD10 Codes can be found by navigating to Setup > Diagnosis Code setup:

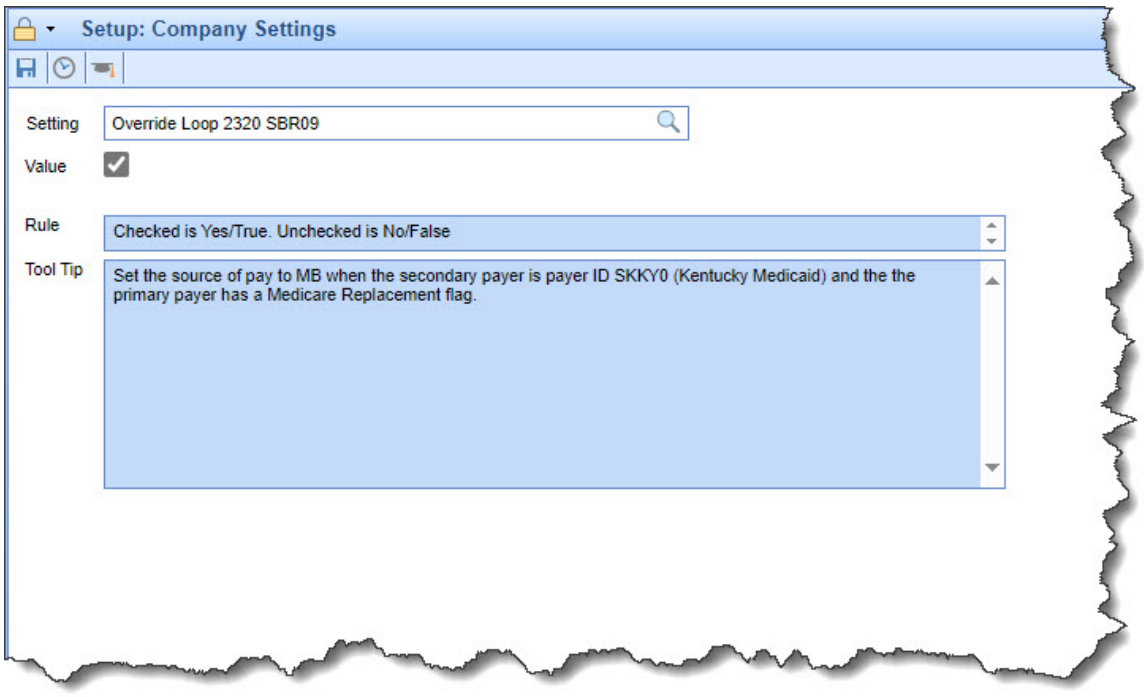


*You may need to read access to see this setup screen. This is granted within Setup > Roles > Search "Diagnosis Code"



Company Setting: Override Loop 2320 SBR09

The "*Override Loop 2320 SBR09*" company setting allows a practice to set the source of pay to Medicare Part B when the secondary payer is payer ID SKKY0 (Kentucky Medicaid) and the primary payer has a Medicare Replacement flag



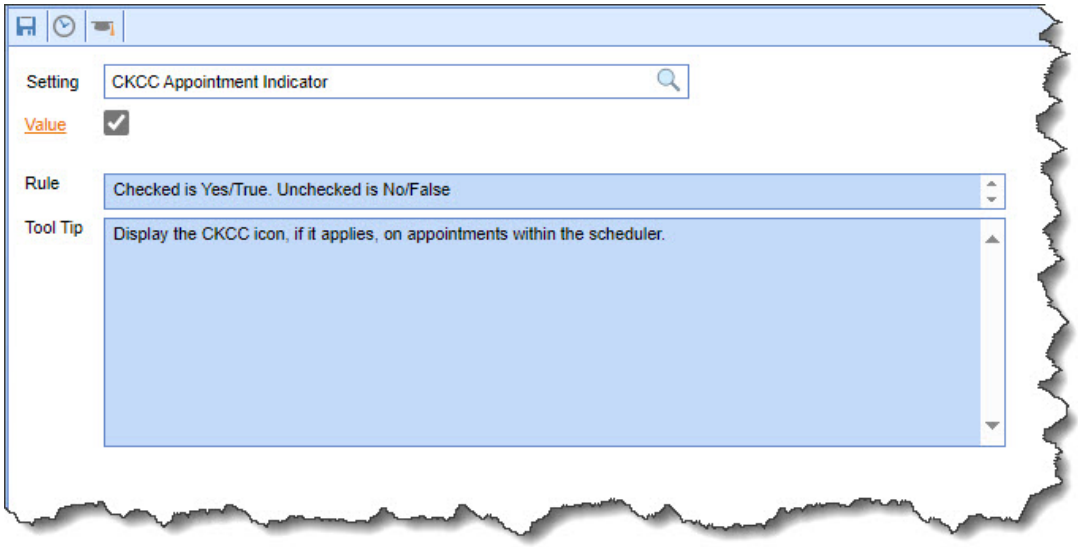
Default Value: Off (not checked)

Options:

- Off (not checked) - normal validation will occur and the source will not be overwritten.
- On (checked) - If the secondary payer is payer ID SKKY0 (Kentucky Medicaid) and the primary payer has a Medicare Replacement flag, it will set the source of pay to Medicare Part B as the primary payer.

Company Setting: CKCC Appointment Indicator

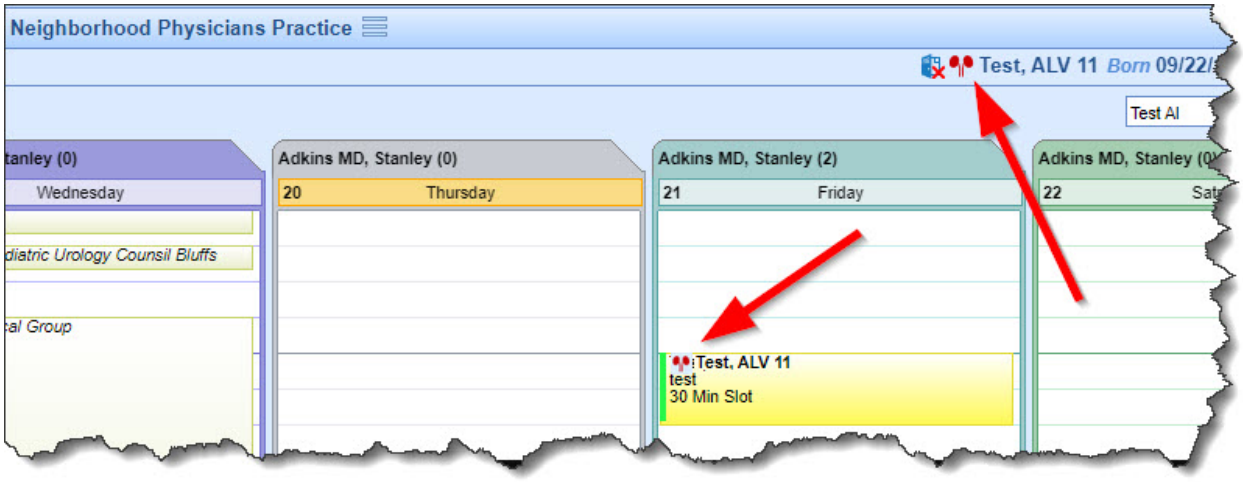
The "CKCC Appointment Indicator" company setting allows a practice to be able to show the Comprehensive Kidney Care Contracting (CKCC) icon (for applicable patients) within the appointments to help identify them on the scheduler.



Default Value: Off (not checked)

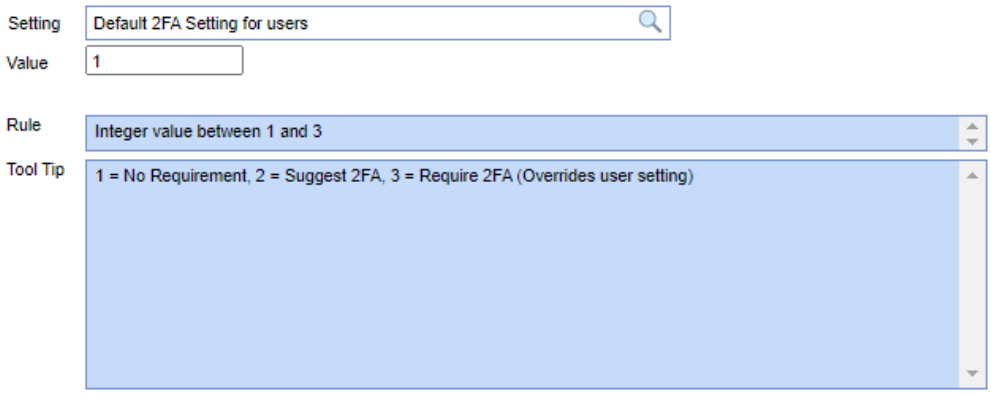
Options:

- Off (not checked) - *CKCC Appointment Indicator* will not display the CKCC icon within the appointment when a patient is enrolled in the CKCC program.
- On (checked) - *CKCC Appointment Indicator* will display the icon within the appointment when a patient is enrolled in the CKCC program.



Company Setting: Default 2FA Setting for Users

The **Default 2FA Setting for Users** company setting allows an administrator to determine the authentication requirements for accessing the system. Depending on practice preference and intended implementation, the following options will help drive this transition. This article describes the various options and considerations for each.



Steps to Complete

1. Navigate & **Search for** the Company Setting: "**Default 2FA Setting for users**"
2. Set the Value to one of the **Value Options** (described in detail below)
3. **Save**

Value Options

1 = No Requirement
Users will not be required to set up any method for 2FA authentication.

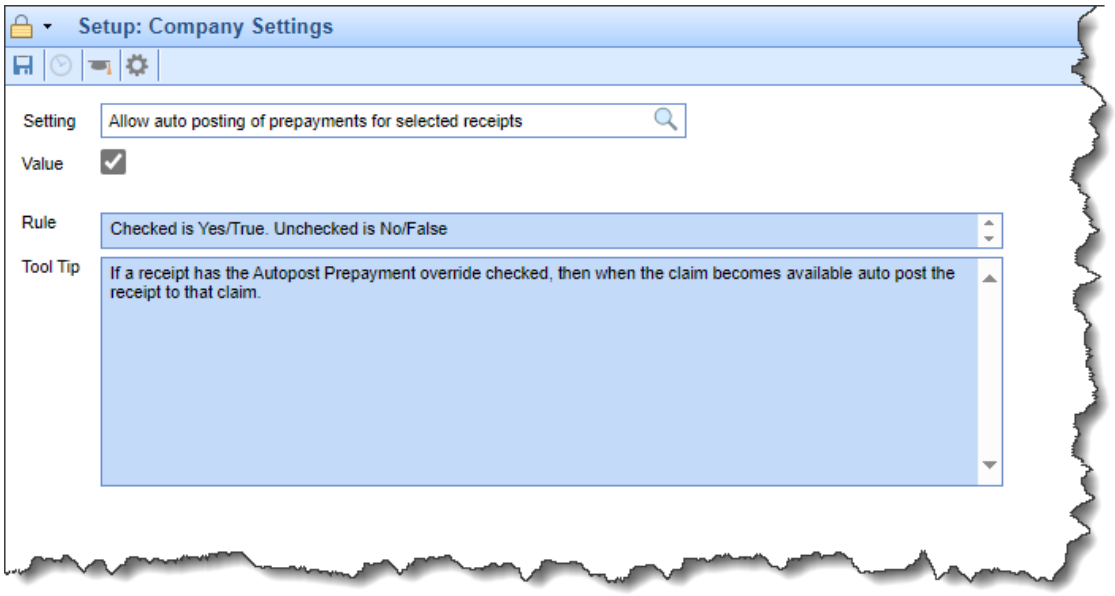
2 = Suggest 2FA
Users will be prompted to configure 2FA upon login. They will be guided to download an Authenticator application on their cell phone. However, they will be granted an option to **bypass** the configuration. Users who bypass the configuration step will continue to be prompted each time they log in until complete.

> **WARNING**
> If you choose to set the value to **'2'**, this will allow users to bypass the setup. If having 2FA is a requirement by your Cybersecurity Insurance or other IT policies, it is recommended to use the **'Require'** option to ensure all users are enabled.

3 = Require 2FA (Overrides user setting)
Similar to the 'Suggest' option, 'Require' will also guide the user to download an authenticator application and link their account via QR code, but they will not be given the option to bypass the configuration. This is the option to choose if having a 2FA login is required for all users. It will ensure that upon the next login, every user will be forced to set up their 2FA application.

Company Setting: Allow auto posting of prepayments for selected receipts

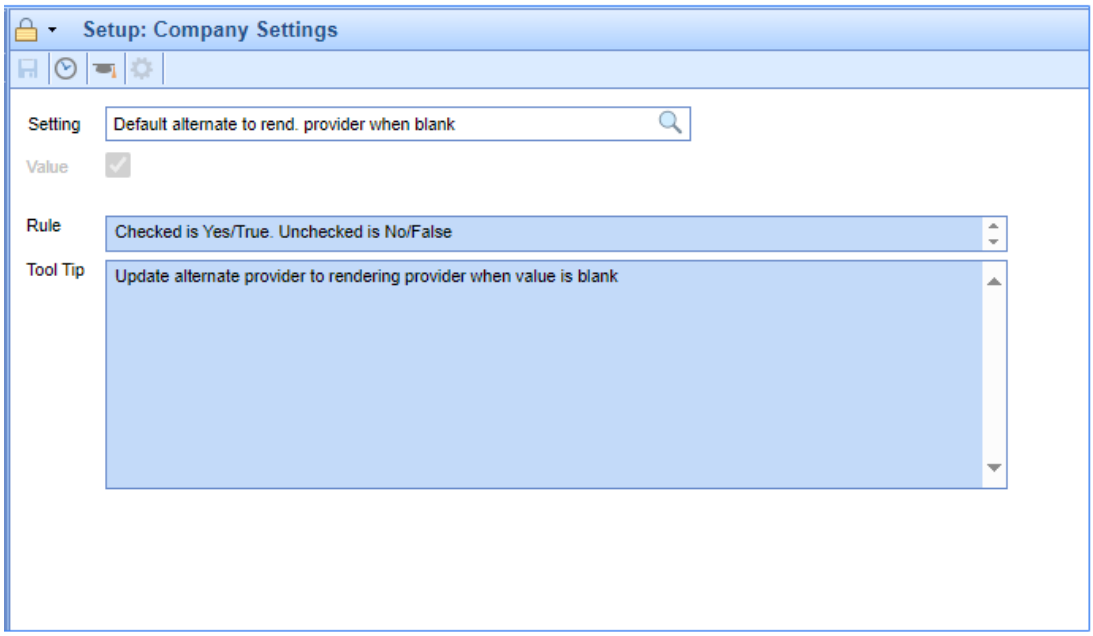
The setting is used to automatically apply payments when a receipt is tied to an appointment and linked to a claim. When set, Company Setting: *Allow auto posting of prepayments for selected receipts* allows the system to auto post the receipt to that available claim if the receipt has the Autopost Prepayment override box checked.



Default Value: Off

Company Setting: Default alternate to rend. provider when blank

The "Default alternate to rend. provider when blank" company setting allows a practice to default the Alternate Provider to the Rendering Provider if the Alternate Provider field is left blank when creating or updating a claim.



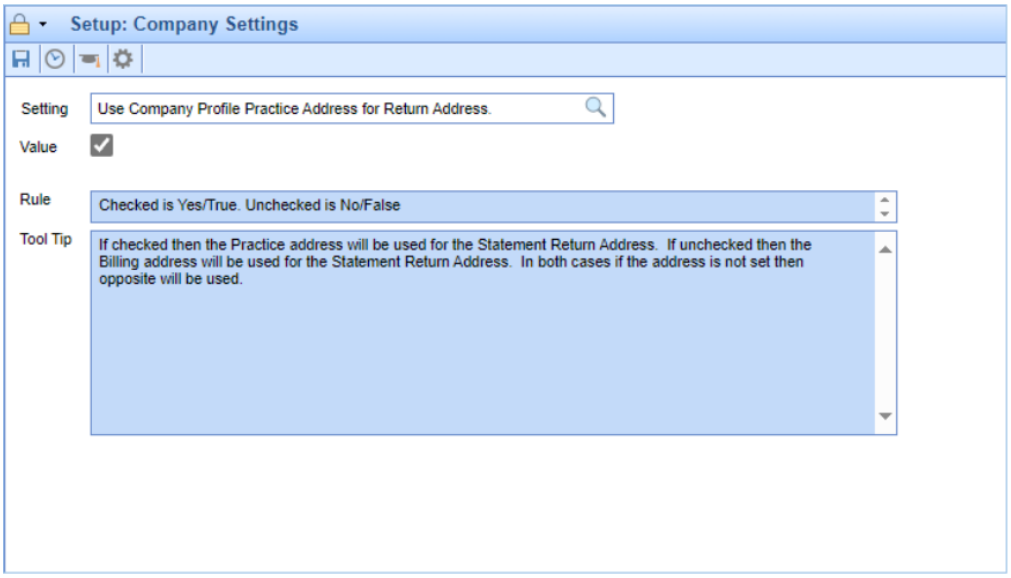
Default Value: Off (not checked)

Options:

- Off (not checked) - the alternate provider will not be overwritten if blank.
- On (checked) - the alternate provider will be overwritten)with the rendering provider data) if blank.

Company Setting: Use Company Profile Practice Address for Return Address

The "*Use Company Profile Practice Address for Return Address*" company setting allows a practice to set the Practice Setup Address as the return address for printed statements instead of the address from the Billing information.



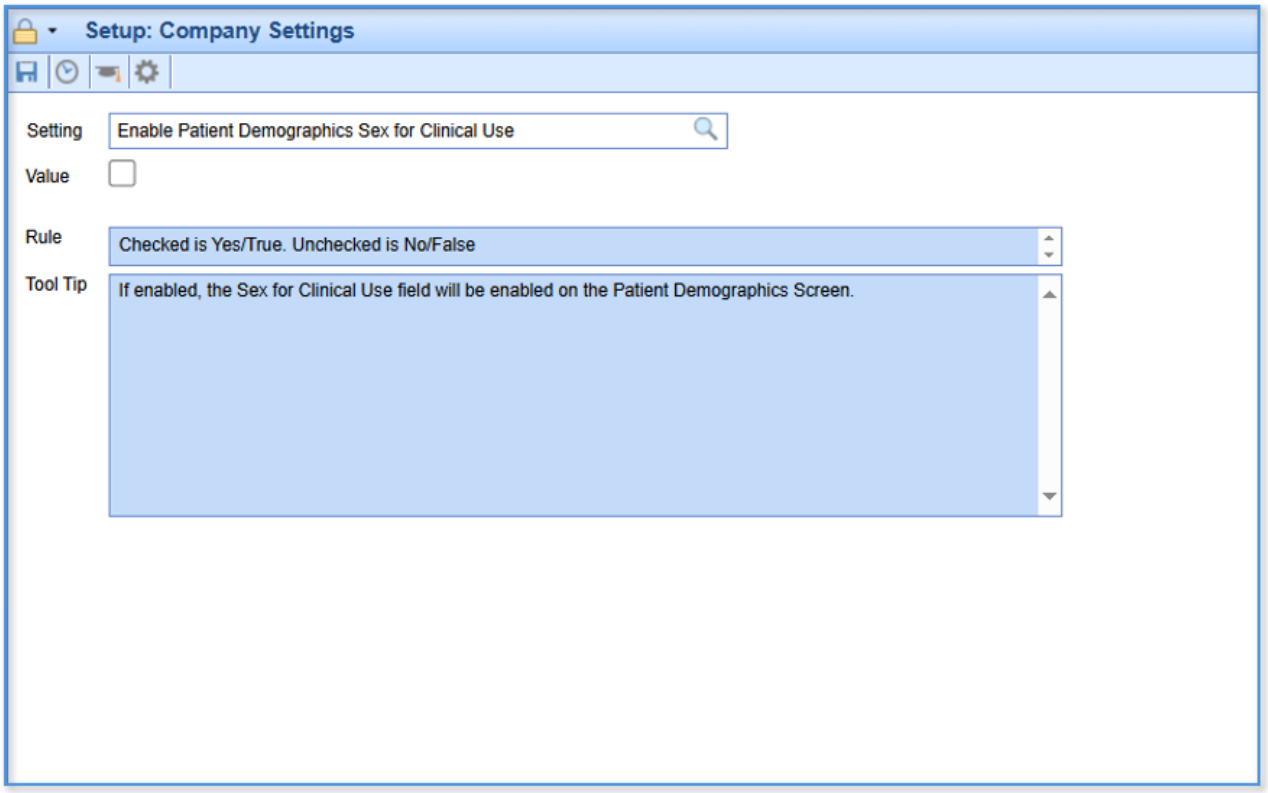
Default Value: Off (not checked)

Options:

- Off (not checked) - the Billing Address will be used as the Statement Return Address.
- On (checked) - the Practice Address will be used as the Statement Return Address.

Company Setting: Enable Patient Demographics Sex for Clinical Use

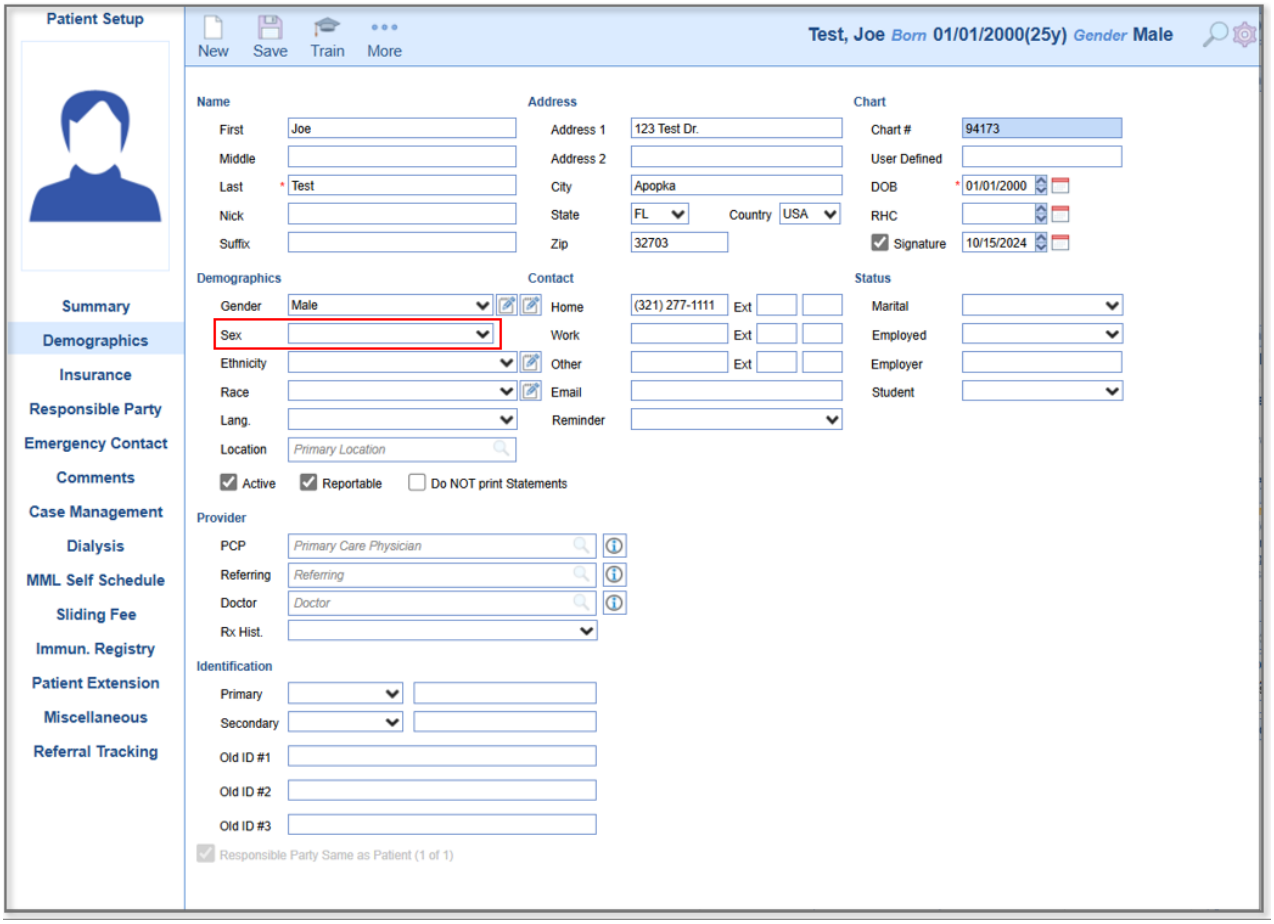
The "*Enable Patient Demographics Sex for Clinical Use*" company setting allows a practice to add a Sex drop-down field within the Patient Demographics/Demographics tab. When set, Company Setting: *Enable Patient Demographics Sex for Clinical Use* will make the Sex field available, which will be displayed right below the gender field in the Patient Demographics screen. The user can then record the **Sex for Clinical Use** (this field is audited, with the audit record displaying the description of the sex selected) as required by the Office of the National Coordinator for Health Information Technology (ONC).



Default Value: Off (not checked)

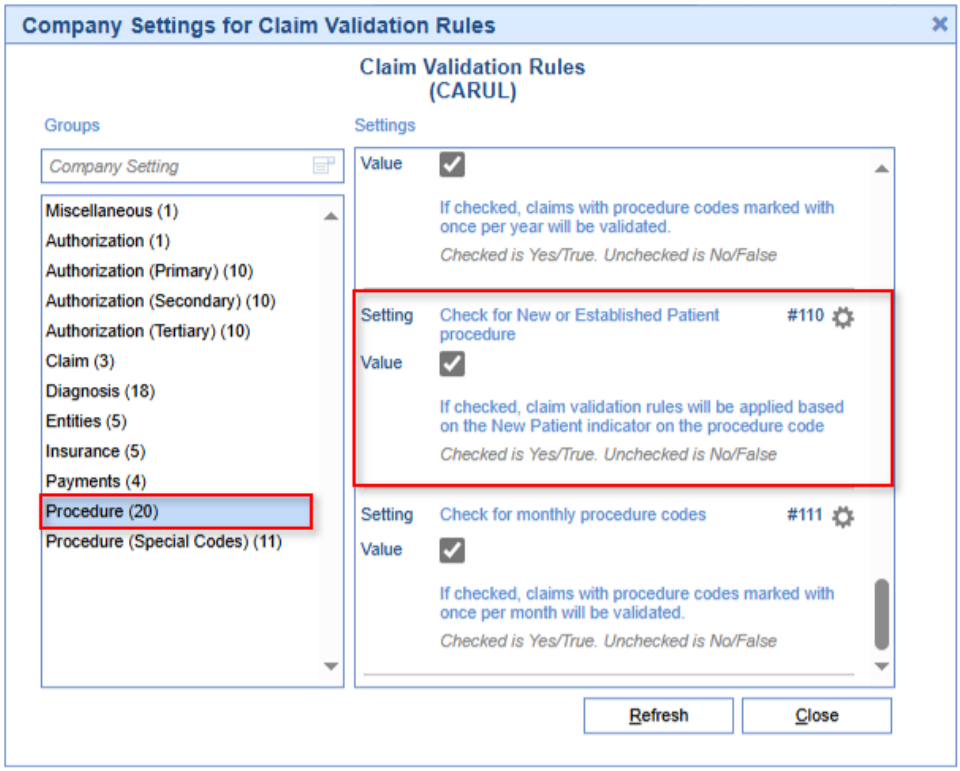
Options:

- Off (not checked) - the Sex fo Clinical Use field will not be available/visible on the Patient Demographics Screen.
- On (checked) - the Sex fo Clinical Use field will be enabled on the Patient Demographics Screen.

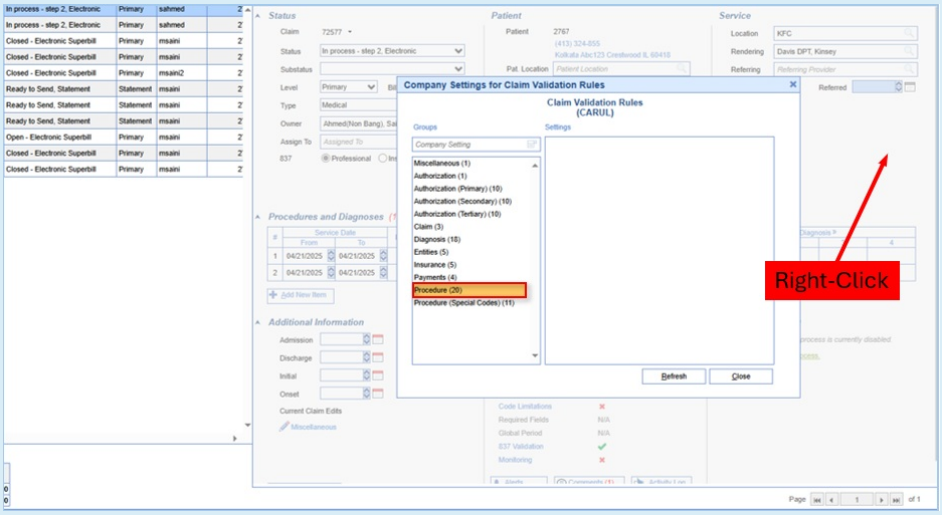


Company Setting: Check for New or Established Patient Procedure

The ***Check for New or Established Patient Procedure*** Company Setting for Claim Validation Rules allows users to determine when charges should be classified as a New Patient Visit or an Established Patient Visit. Enabling this setting will apply claim validation rules based on the New Patient indicator on the procedure code. This setting will automatically check the new patient indicator during claim validation and fail the claim validation if there are existing claims for them, as they are not considered a new patient.



Please note that since we don't show claim validation rules within Company Settings, this setting should be accessed by right-clicking anywhere within an open claim and selecting **Claim Rules** > **Procedure** to select this setting.



Steps to Complete

1. Go to Billing > Claim Query
2. Find any claim and open it (alternatively, you can open a claim from any other screen)
3. Right-click anywhere within the open claim and click **Claim Rules**
4. Select **Procedure**
5. Search for the Company Setting for Claim Validation Rules: "**Check for New or Established Patient Procedure**"
6. Set the Value to the **Checked Position** (described in detail below)
7. **Save**

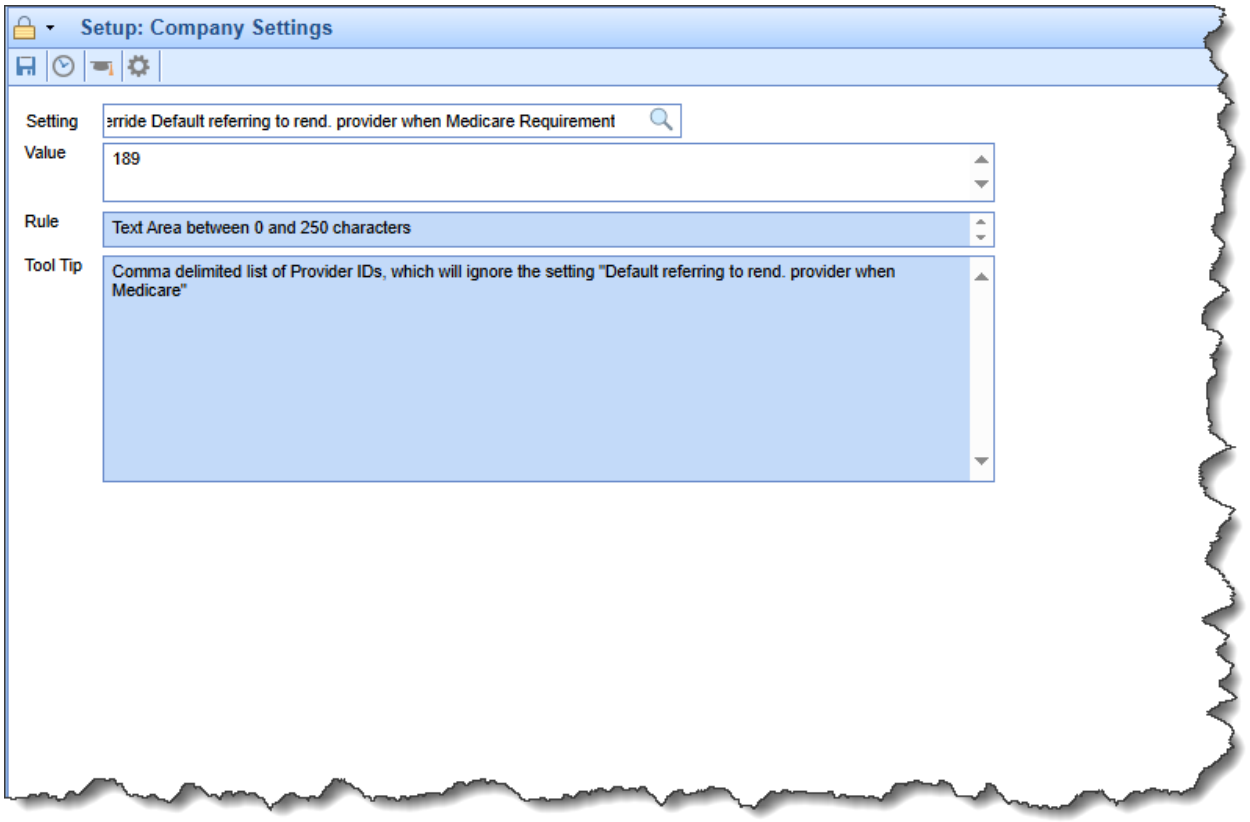
Value Options

Unchecked = No/False
Claim Validation Rules will **NOT** be applied based on the New Patient indicator on the procedure code.

Checked =Yes/True
Claim Validation Rules will be applied based on the New Patient indicator on the procedure code.

New Company Setting - Override Default referring to rend. provider when Medicare Requirement

The " Override Default referring to rend. provider when Medicare Requirement" company setting allows a practice to enter a comma delimited list of provider IDs that should ignore the setting "Default referring to rend. provider when Medicare" in order to align with Medicare's implementation of a new guideline edit that allows Audiologist to provide certain services without the need of a referring provider. Once a provider ID has been set in the override settings, validation of the referring and rendering providers will NOT occur when that provider is designated as rendering on a Medicare claim.



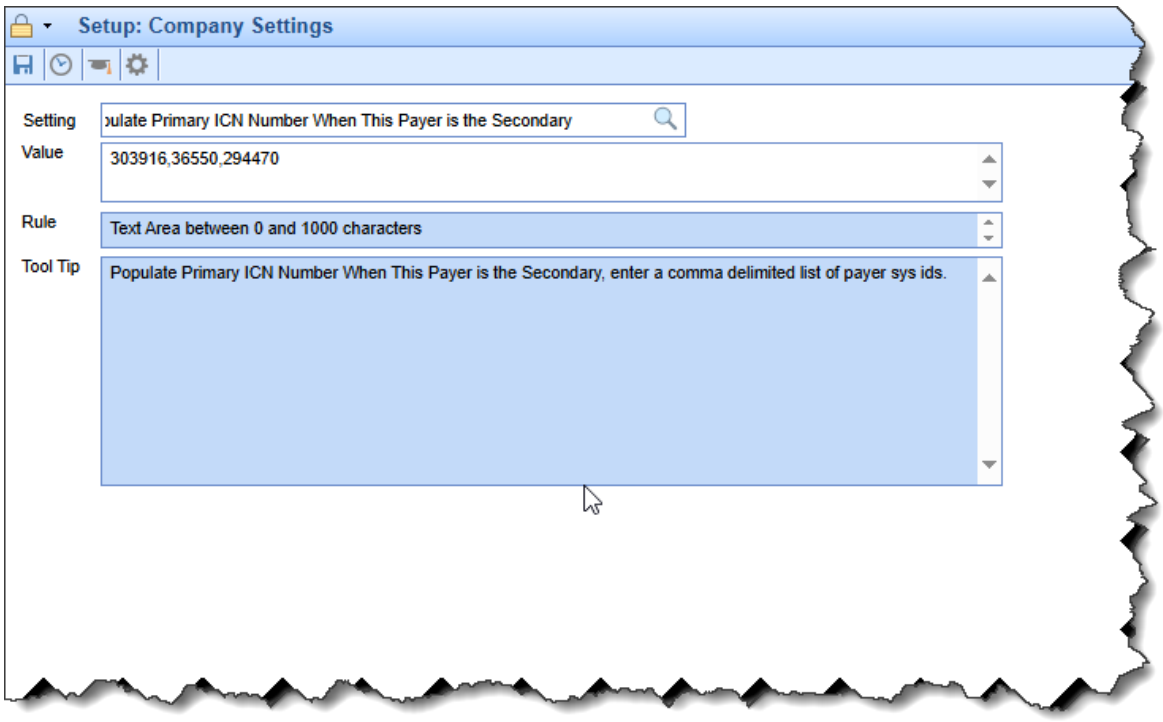
Default Value: Off (no values entered)

Options:

- Off (no values entered) - the Default referring to rend. provider when Medicare Requirement option is honored for all provider ID's.
- On (Provider ID's added) - validation of the referring and rendering providers will NOT occur for Provider ID(s) entered when that provider is designated as rendering on a Medicare claim.

Company Setting - Populate Primary ICN Number When This Payer is the Secondary

The " Populate Primary ICN Number When This Payer is the Secondary" company setting allows a practice to pull the ICN number from the 835 when the deposit/claim is posted from the primary payer response, and then add the ICN number to the Original Reference number field on the claim. This is a comma delimited setting for the payer id of the secondary payer that will trigger the ICN number to populate the original reference number.



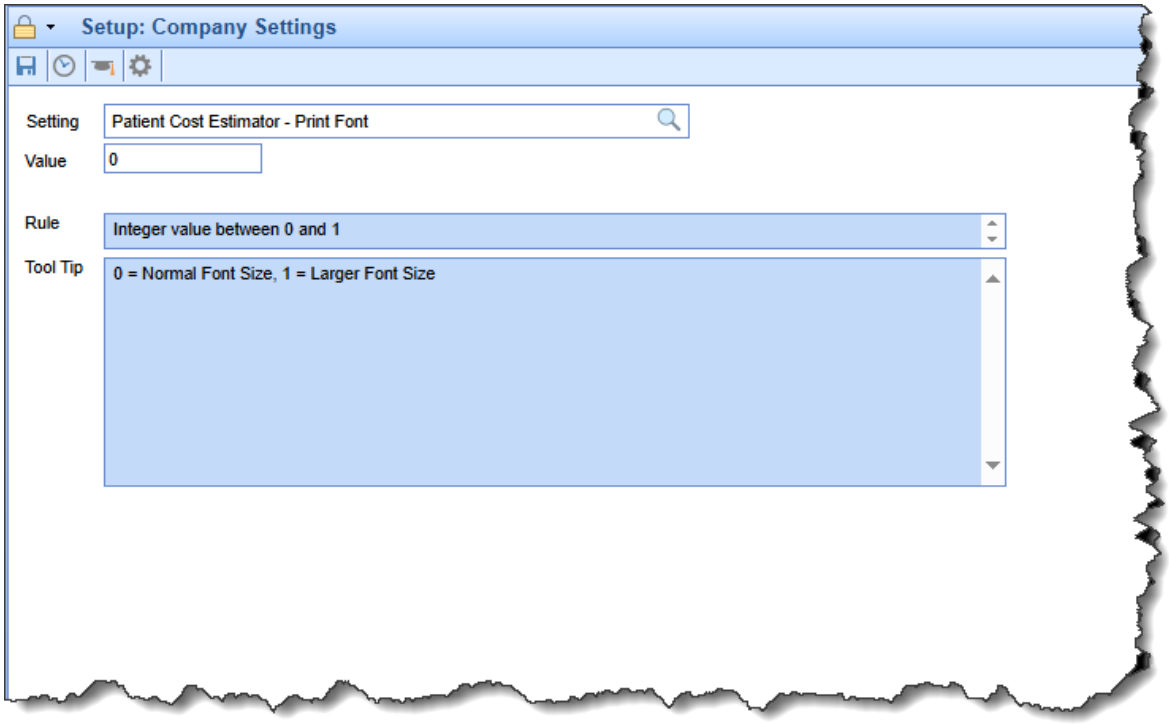
Default Value: Off (no values entered)

Options:

- Off (no values entered) - No provider ID's entered
- On (Provider ID's added) - Primary ICN number will be populated for the Payer ID(s) entered when they are the secondary on the claim.

Company Setting: Patient Cost Estimator - Print Font

The "*Patient Cost Estimator - Print Font*" company setting allows a practice to toggle between the normal (default) font and a larger font within the printed cost estimates. This will allow the printed patient cost estimate font to be increased, making it more legible for the elder demographics.



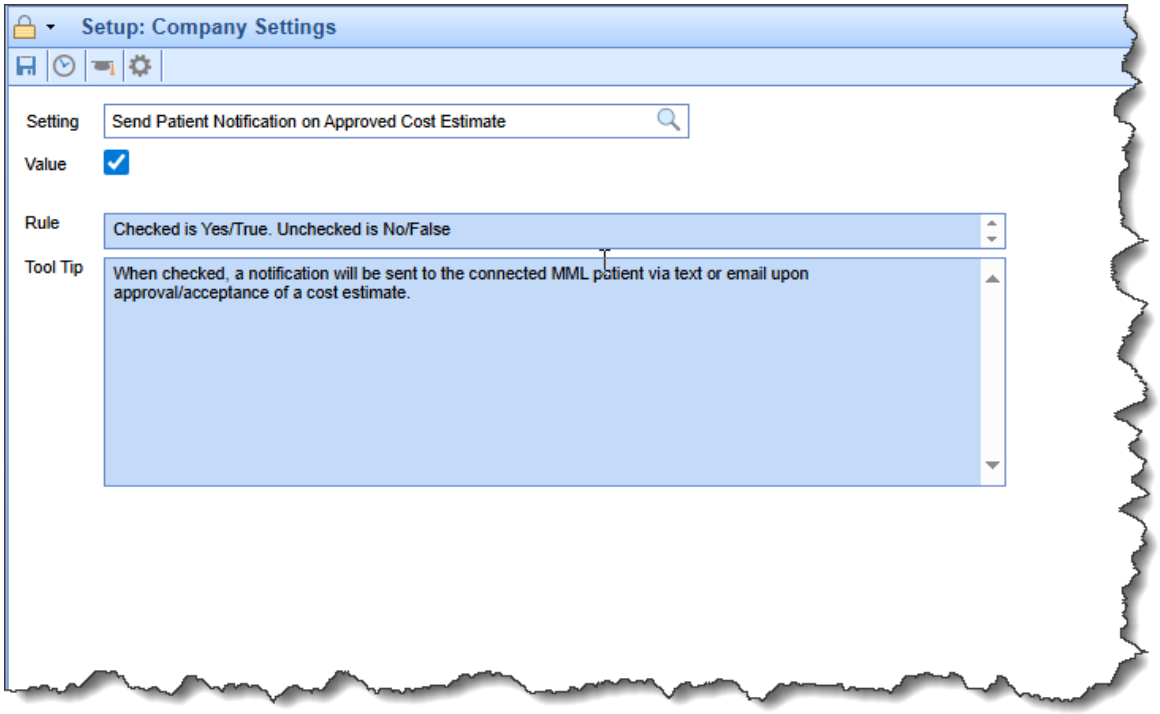
Default Value: 0 (Normal Size Font)

Options:

- 0 - the normal font (12) will be used for printed estimates.
- 1- the larger font size (14) will be used for printed estimates.

Company Setting: Send Patient Notification on Approved Cost Estimate

The "*Send Patient Notification on Approved Cost Estimate*" company setting allows a practice to notify the patient when the practice has approved a patient cost estimate. When set, it will send an MML message informing the patient that a new estimate has been added to their MML account.



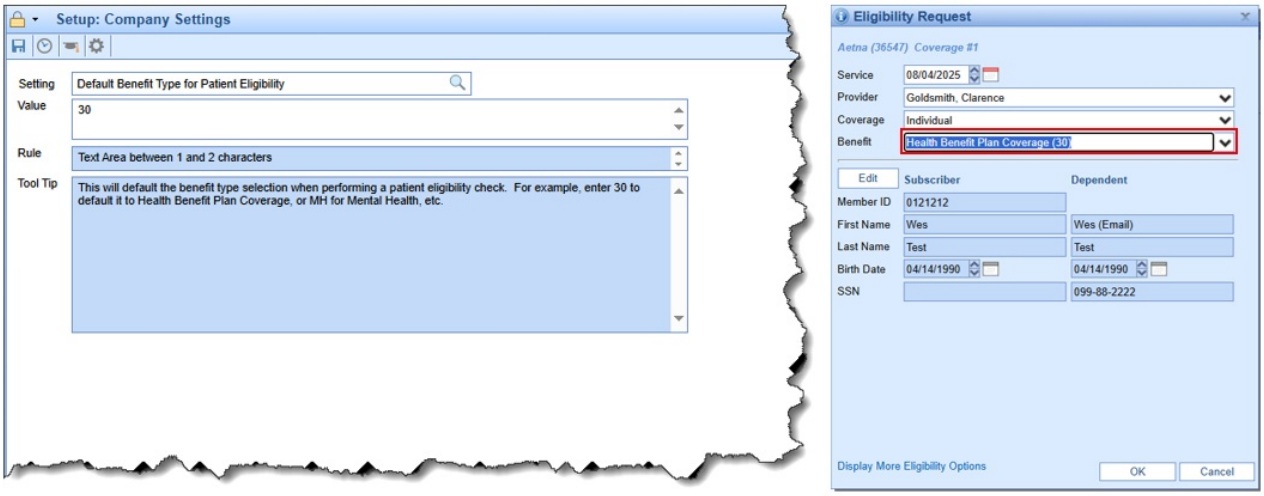
Default Value: Off (not checked)

Options:

-
- Off (not checked) - no notification is sent to the MML account upon approval of a cost estimate.
- On (checked) - a notification is sent to the MML account upon approval of a cost estimate.

Company Setting: Default Benefit Type for Patient Eligibility

The "*Default Benefit Type for Patient Eligibility*" company setting allows a practice to default the benefit type selection when performing a patient eligibility check. For instance, entering "30" will default to "Health Benefit Plan Coverage," while "MH" will default to "Mental Health."



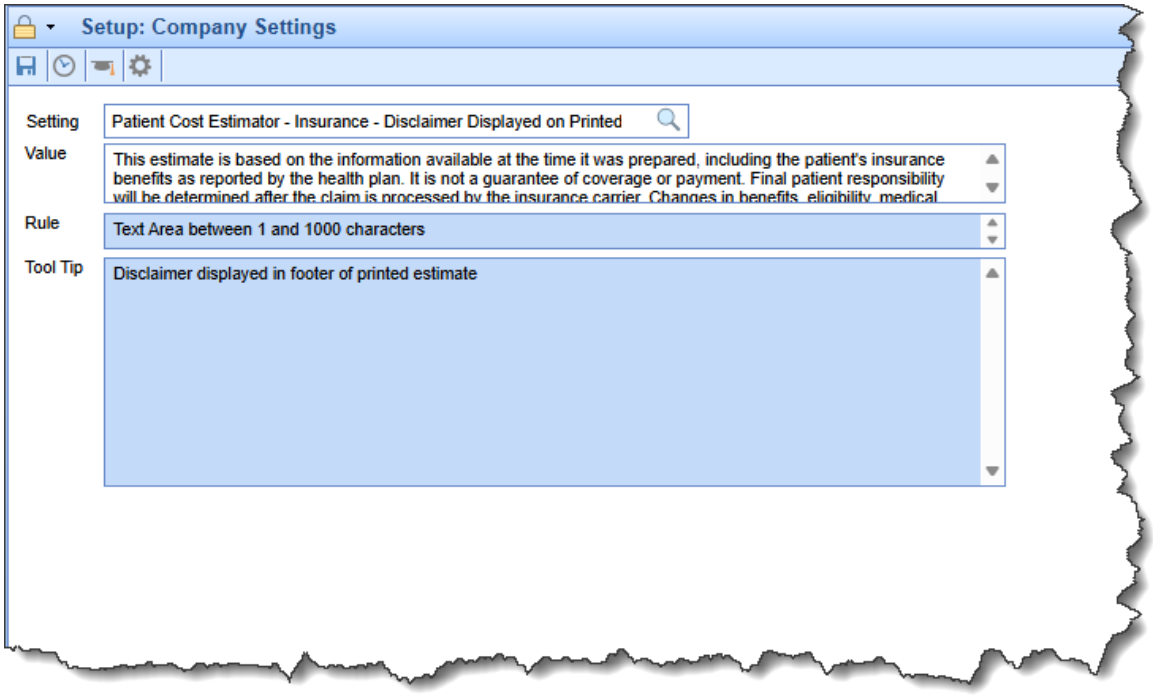
Default Value: Off (no value)

Options:

- Off (no value) - no default benefit type selection for eligibility check.
- On (2 character value entered) - a benefit type is entered and defaulted for eligibility check.

Company Setting: Patient Cost Estimator - Insurance - Disclaimer Displayed on Printed Estimate

The "***Patient Cost Estimator - Insurance - Disclaimer Displayed on Printed Estimate***" company setting allows a practice to configure the disclaimer for Cost Estimates to automatically detect when the patient is insured (not self-pay) and pull the correct disclaimer accordingly. You can use the default disclaimer, or create your own (up to 1000 characters).



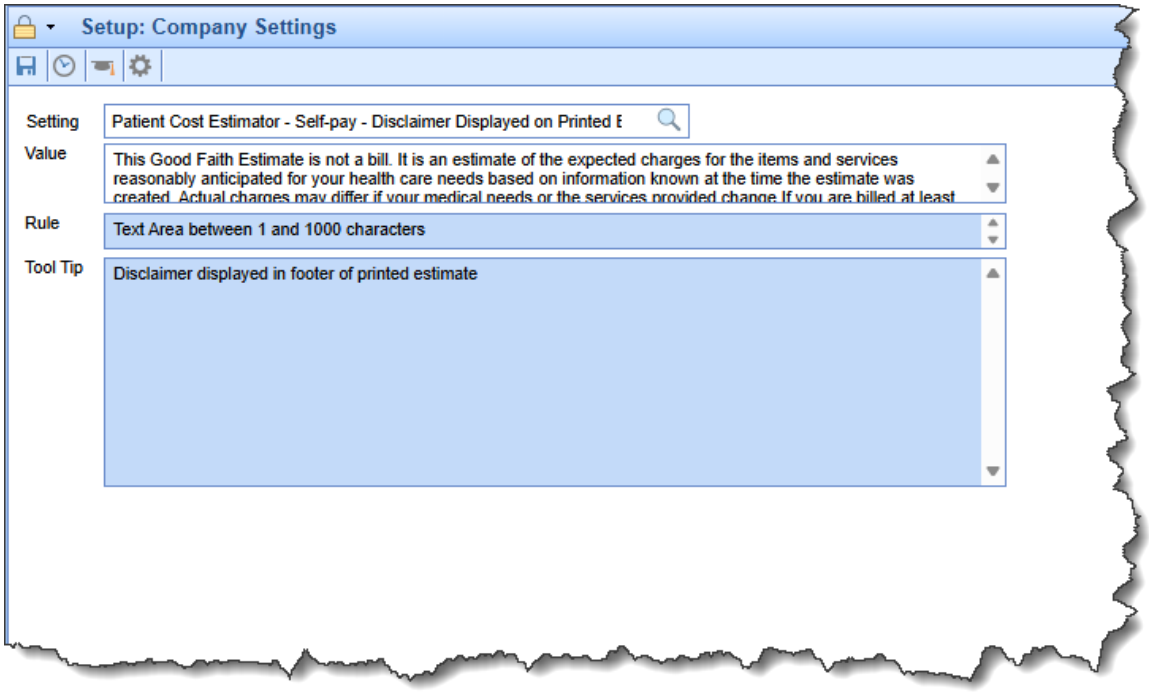
Default Value: "*This estimate is based on the information available at the time it was prepared, including the patient's insurance benefits as reported by the health plan. It is not a guarantee of coverage or payment. Final patient responsibility will be determined after the claim is processed by the insurance carrier. Changes in benefits, eligibility, medical necessity, services performed, or provider participation may affect the final amount owed.*"

Options:

- Off (no message in the value field) - no disclaimer is displayed in the footer of a cost estimate for Insured Patients.
- On (a message is in the value field) - a disclaimer message is displayed in the footer of a cost estimate for Insured patients.

Company Setting: Patient Cost Estimator - Self Pay - Disclaimer Displayed on Printed Estimate

The "***Patient Cost Estimator - Self Pay - Disclaimer Displayed on Printed Estimate***" company setting allows a practice to configure the disclaimer for Cost Estimates to automatically detect when the patient is not insured (self-pay) and pull the correct disclaimer accordingly. You can use the default disclaimer, or create your own (up to 1000 characters).



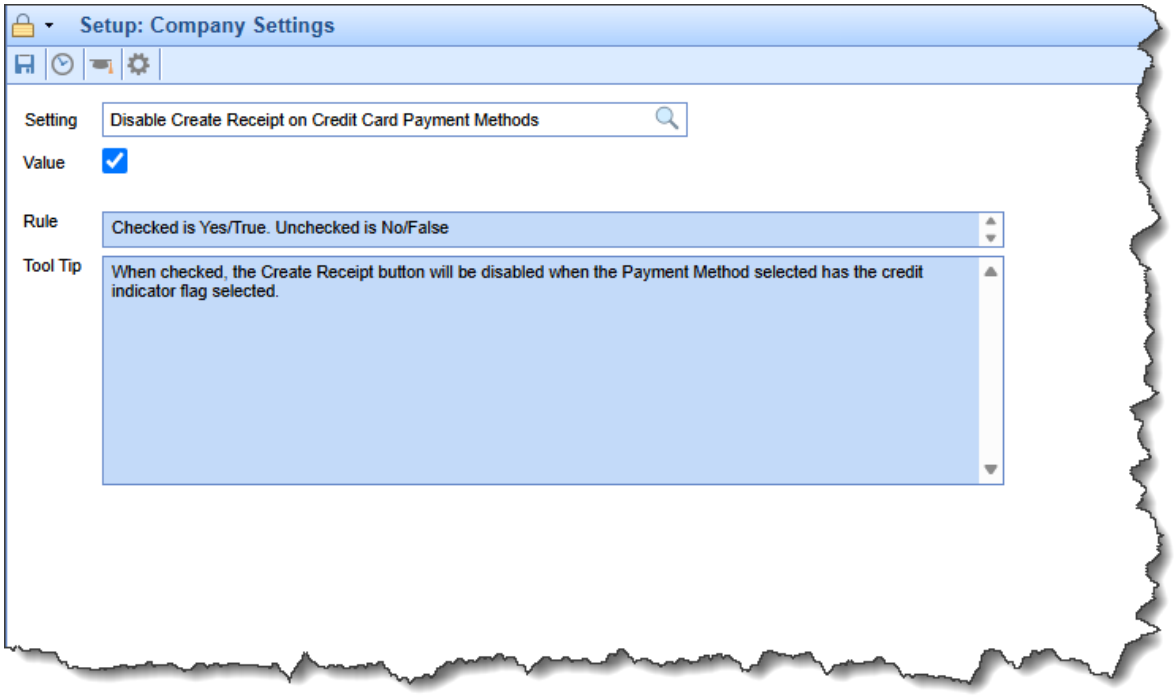
Default Value: *"This Good Faith Estimate is not a bill. It is an estimate of the expected charges for the items and services reasonably anticipated for your health care needs based on information known at the time the estimate was created. Actual charges may differ if your medical needs or the services provided change.If you are billed at least $400 more than this Good Faith Estimate, you have the right to dispute the bill through the federal Patient-Provider Dispute Resolution process.For questions or more information about your right to a Good Faith Estimate and the dispute resolution process, visit cms.gov/nosurprises or call 1-800-888-5555."*

Options:

- Off (no message in the value field) - no disclaimer is displayed in the footer of a cost estimate for Self Pay patients.
- On (a message is in the value field) - a disclaimer message is displayed in the footer of a cost estimate for Self Pay patients.

Company Setting: Disable "Create Receipt" on Credit Card Payment Methods

The "***Disable Create Receipt on Credit Card Payment Methods***" company setting allows a practice to disables the **Create Receipt** button in the **Quick Pay** window whenever a Payment Method with the Credit indicator flag is selected. When enabled, the Create Receipt button will be disabled specifically for payment methods flagged as Credits, helping guide users toward the correct payment action.



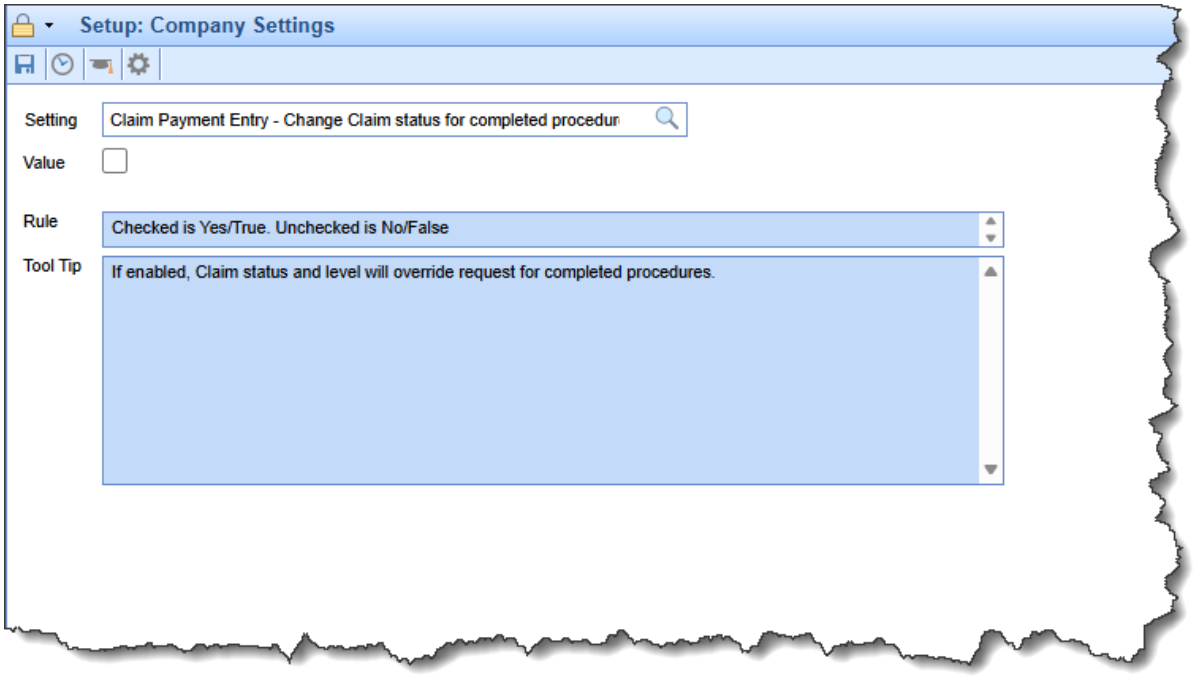
Default Value: Off (not checked)

Options:

- Off (not checked) - The **Create Receipt** button in the **Quick Pay** window remains enabled whenever a Payment Method with the Credit indicator flag is selected.
- On (checked) - The **Create Receipt** button in the **Quick Pay** window is disabled whenever a Payment Method with the Credit indicator flag is selected.

Company Setting: Display Procedure Code Description on Global Period Alerts

The "***Claim Payment Entry - Change Claim status for completed procedures***" company setting controls whether a claim's status and level are automatically updated to Done/Completed when a payment posted from the Claim Payment Entry window results in a zero balance. If enabled, when a payment results in a zero balance, the claim's status and level will not be automatically set to Done/Completed, even if the user had manually selected a different status prior to posting.



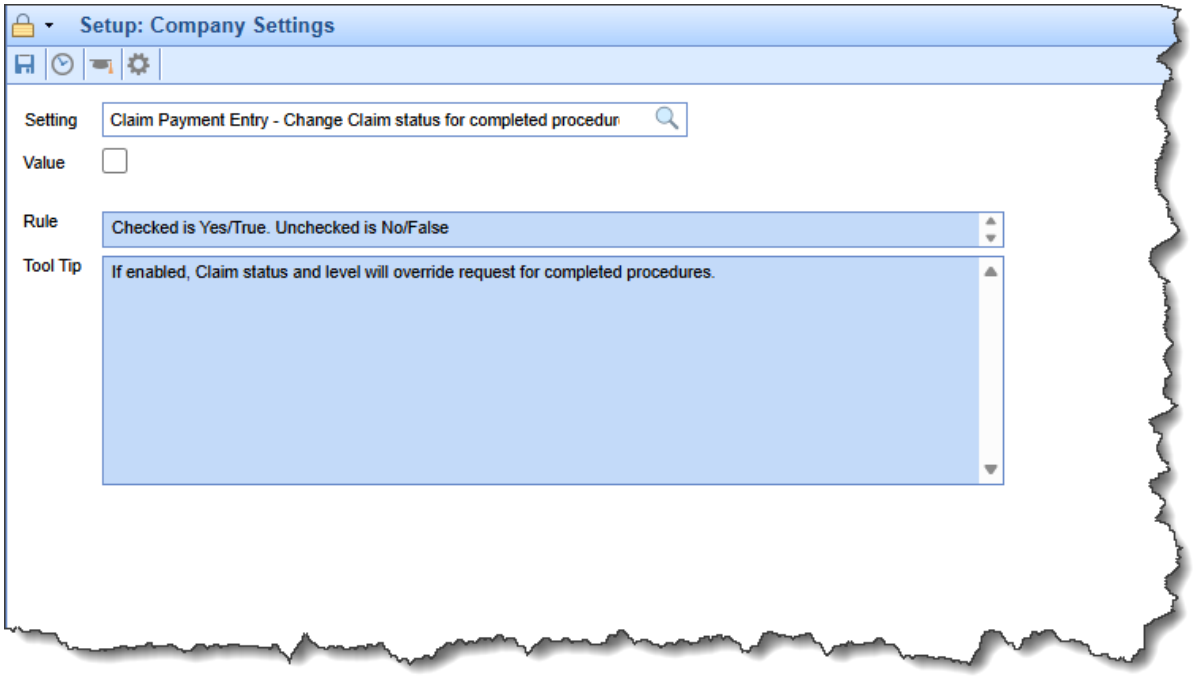
Default Value: Off (not checked)

Options:

- Off (not checked) - The claim's status and level will **Not** override request for completed procedures.
- On (checked) - The claim's status and level will override request for completed procedures.

Company Setting: Claim Payment Entry - Change Claim status for completed procedures

The "***Claim Payment Entry - Change Claim status for completed procedures***" company setting controls whether a claim's status and level are automatically updated to Done/Completed when a payment posted from the Claim Payment Entry window results in a zero balance. If enabled, when a payment results in a zero balance, the claim's status and level will not be automatically set to Done/Completed, even if the user had manually selected a different status prior to posting.



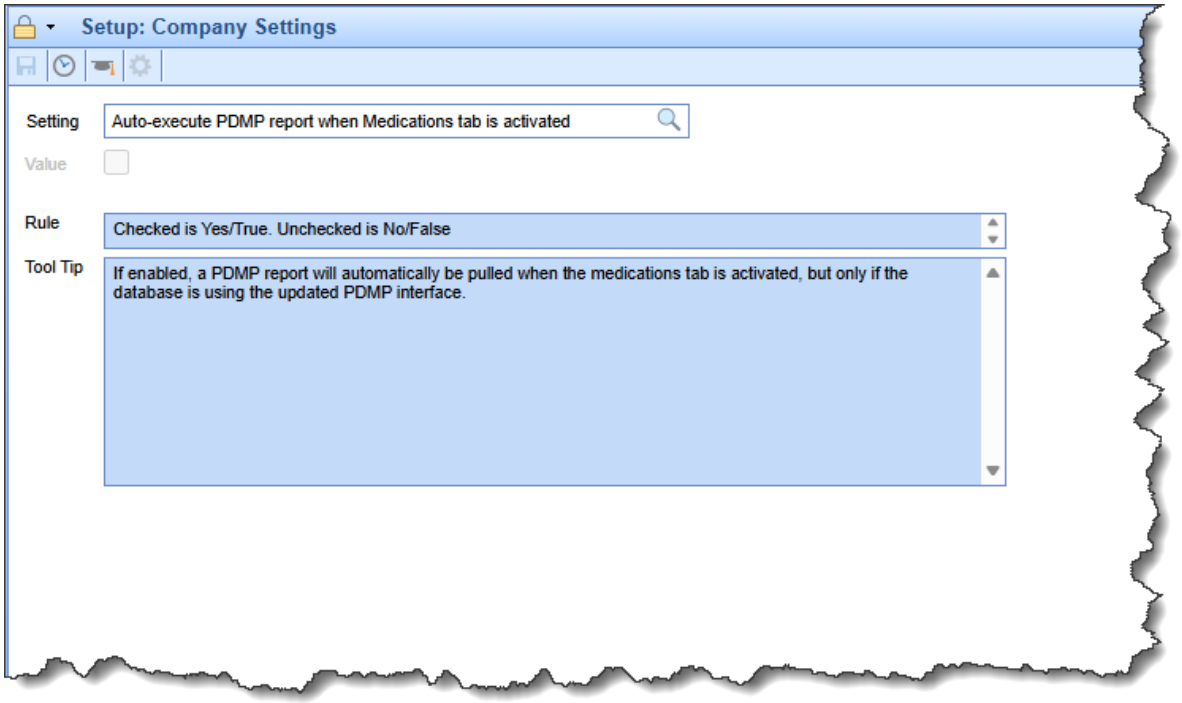
Default Value: Off (not checked)

Options:

- Off (not checked) - The claim's status and level will **Not** override request for completed procedures.
- On (checked) - The claim's status and level will override request for completed procedures.

Company Setting: Auto-execute PDMP report when Medications tab is activated

The "***Auto-execute PDMP report when Medications tab is activated***" company setting allows a practice to automatically pull the patient's Prescription Drug Monitoring Program (PDMP) report when the Medications tab is opened, so users no longer need to click the PDMP button to do so.



Default Value: Off (not checked)

Options:

- **Off (not checked)** - The practice must manually pull the patient's Prescription Drug Monitoring Program (PDMP) report.
- **On (checked)** - It will automatically pull the patient's Prescription Drug Monitoring Program (PDMP) report when the Medications tab is opened.

This setting only takes effect if the **PDMP Beta Option** is enabled for your practice. You can turn the setting on at any time, but it won't do anything until the Beta Option is active.