

Company Settings

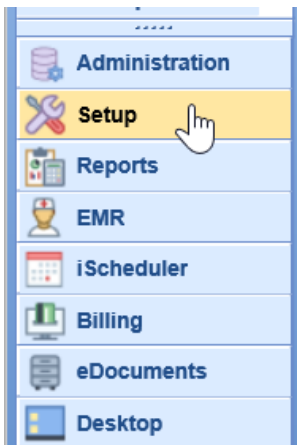
Last Modified on 03/13/2025 12:43 pm EDT

How to Update Company Settings

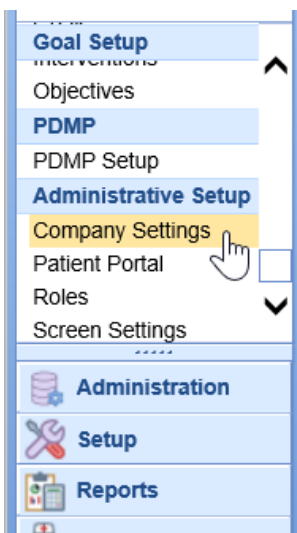
Company Settings are switches/triggers/ID's etc... that apply to the entire application. These settings allow our application to work differently from one practice to the next. This article will explain how to set these values.

Company Setting Setup Window

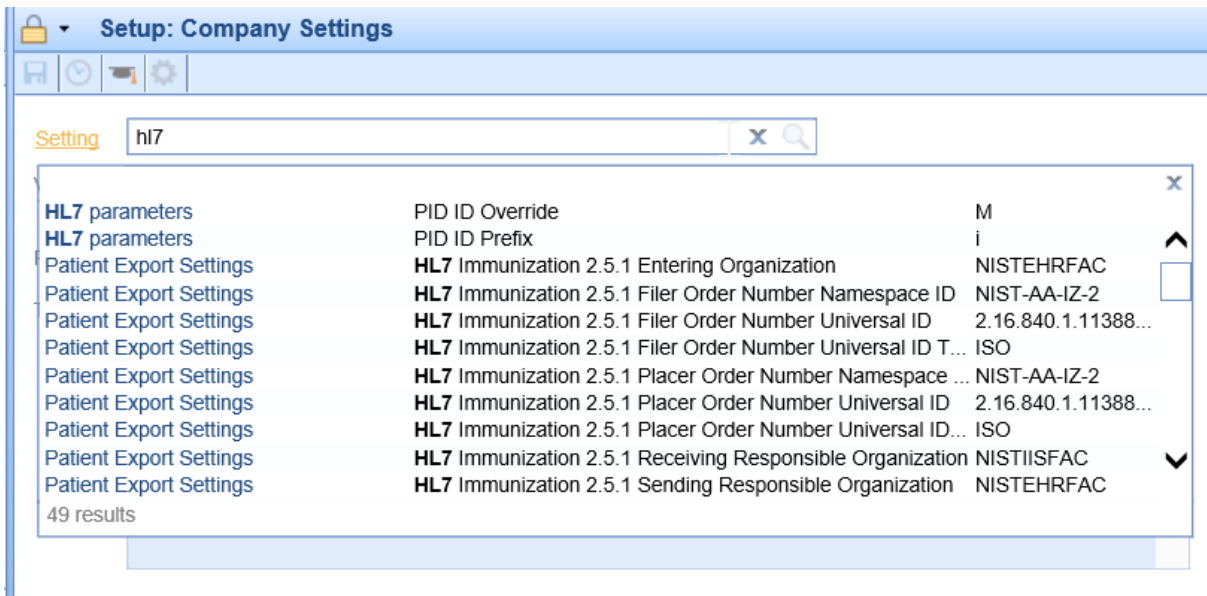
1. Login to the application as a user that has administrative privileges.
2. Navigate to the **Setup** portal.



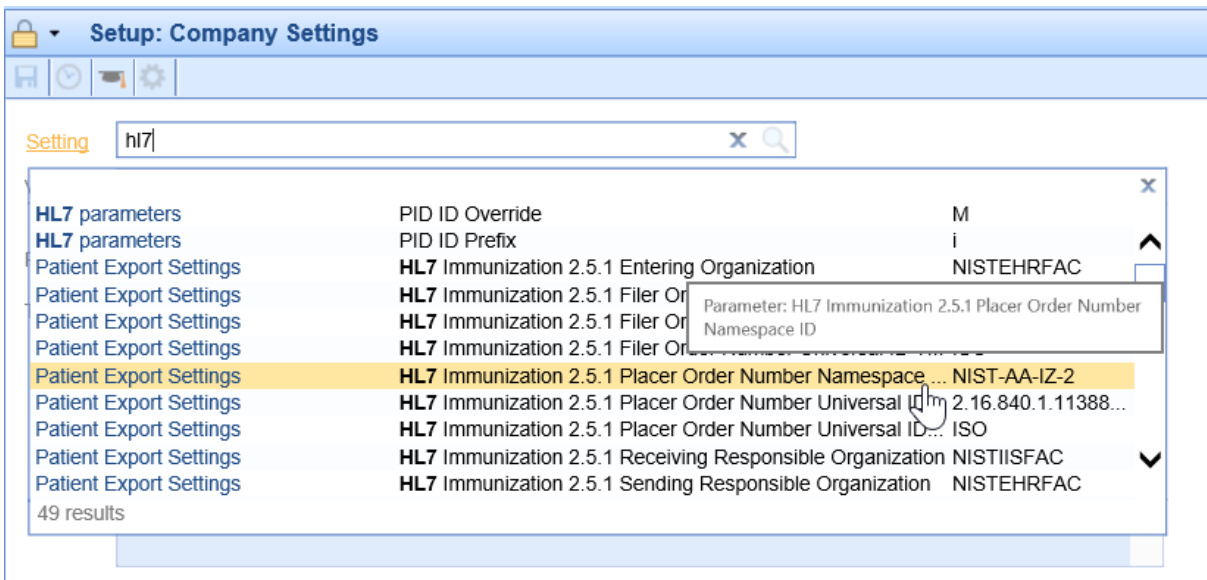
3. Under the **Administrative Setup** category, select **Company Settings**.



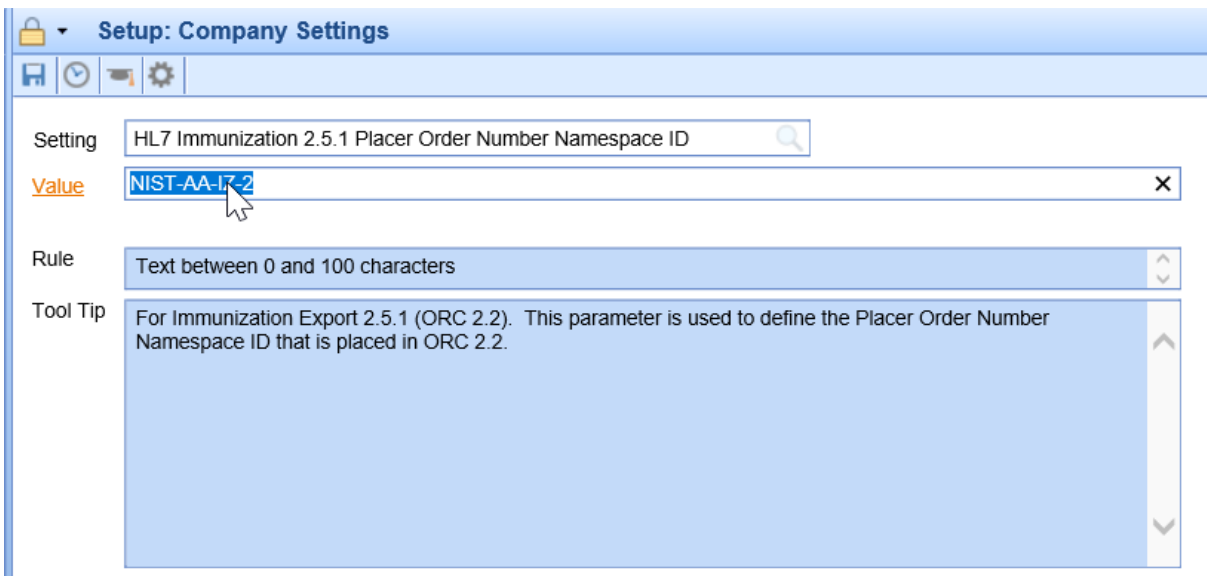
4. **Search** for the company setting by typing in the name or part of the name.



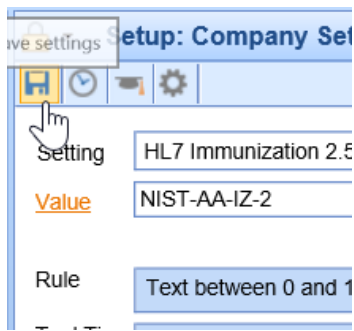
5. Select the company setting from the search list.



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.

Appointment Reminders

<u>Reminder Type</u>	<u>Consent</u>	<u>Reminder Value</u>
Phone Calls	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override <input type="text"/>
Text Messages	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override <input type="text"/>
Email	<input type="checkbox"/>	<input checked="" type="radio"/> Patient <input type="radio"/> Override <input type="text"/>

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.

Appointment Reminders

<u>Reminder Type</u>	<u>Consent</u>	<u>Reminder Value</u>	
Phone Calls	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override	<input type="text"/>
Text Messages	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override	<input type="text"/>
Email	<input type="checkbox"/>	<input checked="" type="radio"/> Patient <input type="radio"/> Override	<input type="text"/>

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.

Appointment Reminders

<u>Reminder Type</u>	<u>Consent</u>	<u>Reminder Value</u>	
Phone Calls	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override	<input type="text"/>
Text Messages	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other <input type="radio"/> Override	<input type="text"/>
Email	<input type="checkbox"/>	<input checked="" type="radio"/> Patient <input type="radio"/> Override	<input type="text"/>

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:

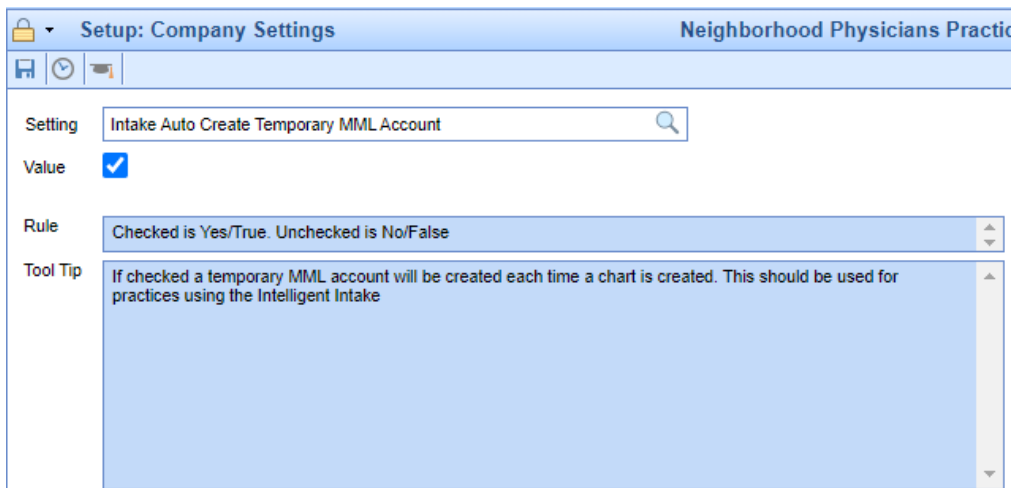
- Value = Checked: this turns the setting on.
- Value = Not Checked: This means the setting is off.

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](#)

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.

The screenshot shows the Vitals Chart Tab interface with the following elements:

- Navigation:** New, Save, History, Defaults, Patient, and a menu icon.
- Vital Signs:** Radio buttons for English (selected) and Metric.
- Height:** Input fields for feet and inches.
- Temperature:** Input field for Fahrenheit and a dropdown menu for Method (Aural is selected).
- Head Circ.:** Input field for inches.
- Neck Circ.:** Input field for inches.
- Glucose:** Input field.
- Weight:** Input field.
- Respiration:** Input field.
- Waist Circ.:** Input field.
- Blood Pressure/Pulse:**
 - Sitting: Systolic / Diastolic mmHg and Extremity dropdown.
 - Standing: Systolic / Diastolic mmHg and Extremity dropdown.
 - Pulse: Input field.

Vitals Chart Tab when the setting is off.

The screenshot shows a software interface for entering vital signs. At the top, there is a menu bar with 'New', 'Save', 'History', 'Defaults', and 'Patient'. Below the menu, there are radio buttons for 'English' (unchecked) and 'Metric' (checked). The 'Vital Signs' section includes input fields for Height (m and cm), Temperature (C), Head Circ. (cm), Neck Circ. (cm), Glucose, Weight, Respiration, and Waist Circ. A dropdown menu for 'Method' is open, showing 'Aural' selected. The 'Blood Pressure/Pulse' section has input fields for Systolic and Diastolic pressure (mmHg) for both 'Sitting' and 'Standing' positions, and a dropdown for 'Extremity'.

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.

Active Report Viewer - Internet Explorer

Page 1 of 1 Choice Daily Schedule

July 22, 2020
Wednesday
Clarence Goldsmith
3 Patients

June 2020							July 2020						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6			1	2	3	4	
7	8	9	10	11	12	13	5	6	7	8	9	10	11
14	15	16	17	18	19	20	12	13	14	15	16	17	18
21	22	23	24	25	26	27	19	20	21	22	23	24	25
28	29	30					26	27	28	29	30	31	

Er North Mississippi Medical Center 2 Patients

9:15am - 9:45am	Test, Wes <i>Born 14 Apr 1990 (30y) Gender Male Chart # 92901 ph # (865) 776-7245</i>
	Type: QA Testing CoPay: \$25.00 Outstanding Balance: \$998.50
12:30pm - 1:00pm	Test, Drew <i>Born 13 Apr 1998 (22y) Gender Male Chart # 92918 ph # (865) 456-0850</i>
	Type: QA Testing CoPay: 10% Outstanding Balance: \$0.00

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)

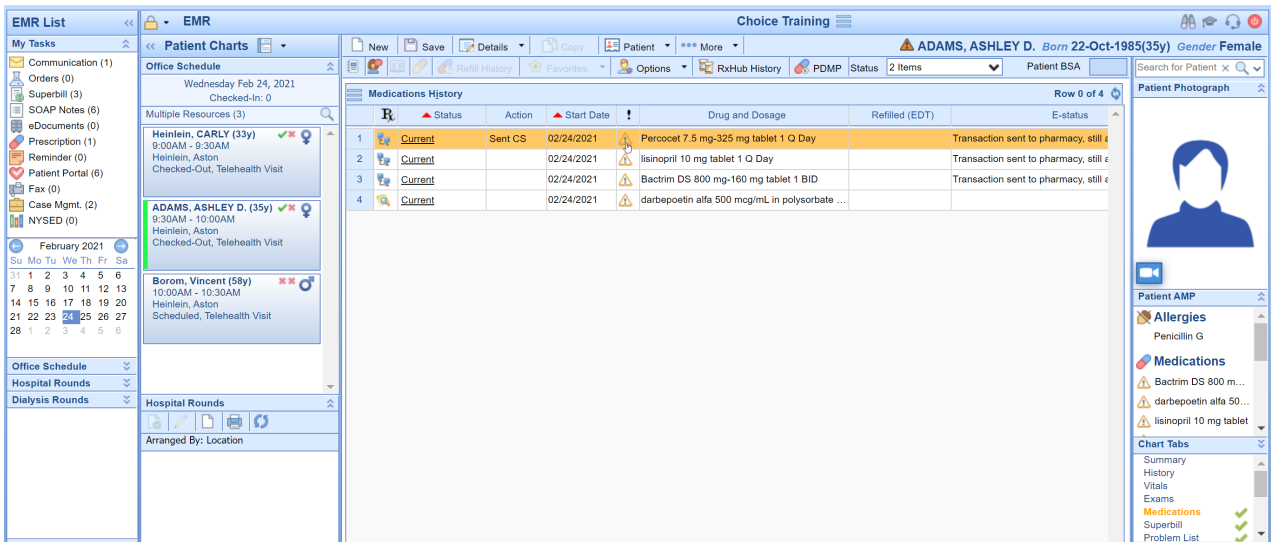
Options:

- 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.

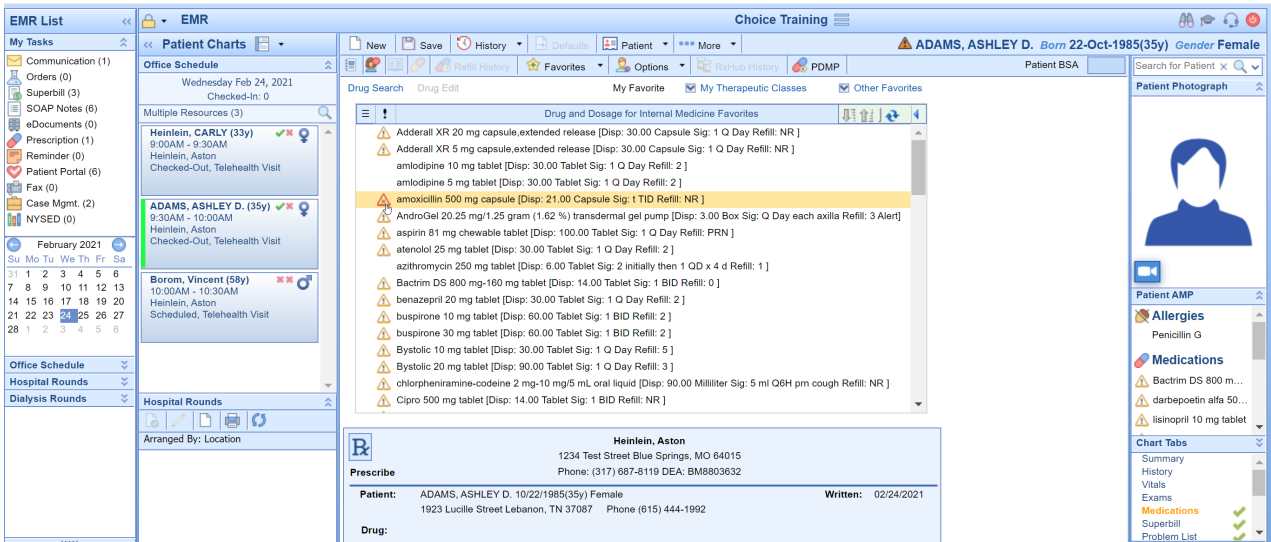
Default Value: On



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

The screenshot displays an EMR interface for a patient named ADAMS, ASHLEY D. (Born 22-Oct-1985, 35y, Gender Female). The main window shows a prescription for amoxicillin 500 mg capsule, written on 02/24/2021. The prescription details include the patient's address (1923 Lucille Street, Lebanon, TN 37087) and the pharmacy (Test 000 Pharmacy 10.6MU, (703) 205-1295, 000 Pending Response Way, Arlington, VA 22201). The prescription is for 21 capsules, with no refills, effective immediately, and to be dispensed as written. A note indicates the patient should take 1 CAP ORAL three times a day. The pharmacy is identified as Test 000 Pharmacy 10.6MU (703) 205-1295, 000 Pending Response Way, Arlington, VA 22201. The interface also shows a list of medications (Penicillin G, Bactrim DS 800 m..., darbeopetin afra 50..., Isinopril 10 mg tablet) and a chart tabs section (Summary, History, Vitals, Exams, Medications, Superbill, Problem List, E/M Coding). The status bar at the bottom indicates the current user is Heinlein, MD, Aston, last logon on 02/23/2021 at 11:42AM (CDT) with no unsuccessful logon attempts, and the session is 1:00:00. The interface is distributed by iSalus Healthcare.

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

The screenshot displays an EMR interface for a patient named HEINLEIN, CARLY. The main window shows a list of drug and dosage options for internal medicine favorites. The selected drug is amoxicillin 500 mg capsule. Below this, a detailed prescription form is visible, showing the patient's information and the specific prescription details. The 'Benefit Check' checkbox is checked, indicating that the system is configured to display level 1 drug-disease interaction alerts.

Drug and Dosage for Internal Medicine Favorites:

- Adderall XR 20 mg capsule, extended release [Disp: 30.00 Capsule Sig: 1 Q Day Refill: NR]
- Adderall XR 5 mg capsule, extended release [Disp: 30.00 Capsule Sig: 1 Q Day Refill: NR]
- amlodipine 10 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- amlodipine 5 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- amoxicillin 500 mg capsule [Disp: 21.00 Capsule Sig: 1 TID Refill: NR]**
- AndroGel 20.25 mg/1.25 gram (1.62 %) transdermal gel pump [Disp: 3.00 Box Sig: Q Day each axilla Refill: 3 Alert]
- aspirin 81 mg chewable tablet [Disp: 100.00 Tablet Sig: 1 Q Day Refill: PRN]
- atenolol 25 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- azithromycin 250 mg tablet [Disp: 6.00 Tablet Sig: 2 initially then 1 QD x 4 d Refill: 1]
- Bactrim DS 800 mg-160 mg tablet [Disp: 14.00 Tablet Sig: 1 BID Refill: 0]
- benazepril 20 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- bupropion 10 mg tablet [Disp: 60.00 Tablet Sig: 1 BID Refill: 2]
- bupropion 30 mg tablet [Disp: 60.00 Tablet Sig: 1 BID Refill: 2]
- Bystolic 10 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 5]
- Bystolic 20 mg tablet [Disp: 90.00 Tablet Sig: 1 Q Day Refill: 3]
- chlorpheniramine-codeine 2 mg-10 mg/5 mL oral liquid [Disp: 90.00 Milliliter Sig: 5 ml Q6H prn cough Refill: NR]
- Cipro 500 mg tablet [Disp: 14.00 Tablet Sig: 1 BID Refill: NR]

Prescription Details:

Prescribe

Patient: HEINLEIN, CARLY 07/16/1987(33y) Female
1234 Test Street Dadeville, MO 65635 Phone (555) 337-2319
Phone: (317) 687-8119 DEA: BM8803632

Written: 02/24/2021

Drug: amoxicillin 500 mg capsule

Sig: 1 CAP ORAL three times a day

Dispense: 21 Capsule

Refills: No Refills **Effective:** **Void:** **Dispense as Written:** No

Note:

Pharmacy:

Diagnosis:

Benefit Check Coverage Save Print Send

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

The screenshot displays an EMR interface for a patient named Carly Heinlein. The main window shows a list of 'Drug and Dosage for Internal Medicine Favorites'. The selected drug is 'amoxicillin 500 mg capsule' with a dispense of 21 capsules and a signature of '1 CAP ORAL three times a day'. Below this, a detailed prescription form is visible, including patient information, drug details, and a 'Benefit Check' checkbox that is checked. The interface also shows a calendar for February 2021 and various administrative tools on the left sidebar.

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

The screenshot displays an EMR application window. On the left is a navigation pane with categories like 'My Tasks', 'Communication', 'Orders', 'Results', 'SOAP Notes', 'Prescriptions', 'Reminders', 'Patient Portal', 'Fax', 'Case Mgmt', 'NYSED', 'Pop Health', and 'CoverMyMeds'. Below this is a calendar for February 2021 and a list of office, hospital, and dialysis rounds. The main area is titled 'EMR' and shows a patient chart for 'Heinlein, CARLY (3...)' with a birth date of 16-Jul-1987(33y) and gender Female. The chart includes an office schedule for Wednesday, Feb 24, 2021, and a list of other patients like 'ADAMS, ASHLEY' and 'Borom, Vincent'. The central pane shows a 'Drug and Dosage for Internal Medicine Favorites' list, with 'amoxicillin 500 mg capsule' selected. Below this is a detailed prescription form for 'Heinlein, Aston' at '1234 Test Street Blue Springs, MO 64015'. The form includes fields for 'Patient', 'Drug', 'Sig', 'Dispense', 'Refills', 'Effective', 'Void', and 'Dispense as Written'. The 'Benefit Check' checkbox is checked. The bottom status bar shows the user 'Kakasuleff, Carly', the last logon time '02/24/2021 9:21AM (CDT)', and the session ID '59:45'.

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

The screenshot displays an EMR interface for a patient named Carly Heinlein. The main window shows a list of 'Drug and Dosage for Internal Medicine Favorites'. One of the items is 'amoxicillin 500 mg capsule [Disp: 21.00 Capsule Sig: 1 TID Refill: NR]', which is highlighted. Below this list, a detailed prescription form is visible for this drug. The form includes the following information:

- Patient:** Heinlein, CARLY 07/16/1987(33y) Female, 1234 Test Street Dadeville, MO 65635, Phone (555) 337-2319
- Written:** 02/24/2021
- Drug:** amoxicillin 500 mg capsule
- Sig:** 1 CAP ORAL three times a day
- Dispense:** 21 Capsule
- Refills:** No Refills
- Effective:** (blank)
- Void:** (blank)
- Dispense as Written:** No
- Note:** (blank)
- Pharmacy:** (blank)
- Diagnosis:** (blank)
- Benefit Check:** (checked)

The interface also shows a calendar for February 2021, a list of other patients, and various navigation options like 'My Tasks', 'Patient Charts', and 'Administration'.

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

The screenshot displays an EMR interface with the following components:

- Navigation Sidebar (Left):** Includes 'EMR List', 'My Tasks', 'Communication (30)', 'Health Exchange (0)', 'Orders (1)', 'Results (0)', 'Supplies (896)', 'SOAP Notes (879)', 'eDocuments (0)', 'Prescriptions (0)', 'Reminder (0)', 'Eligibility (0)', 'Patient Portal (6)', 'Fax (0)', 'Case Mgmt. (0)', 'NYSED (0)', 'Pop Health (0)', 'CoverMyMeds', and a calendar for February 2021.
- Patient Chart Area (Top Left):** Shows 'Heinlein, CARLY (3...)' with a status of 'Checked-in: 0' and 'Intake: 0%, 0%'. Below this is a 'Hospital Rounds' and 'Dialysis Rounds' section.
- Drug List (Center):** A list of 'Drug and Dosage for Internal Medicine Favorites' including Adderall XR, amlodipine, amoxicillin (highlighted), AndroGel, aspirin, atenolol, azithromycin, Bactrim DS, benazepril, buspirone, Bystolic, and Cipro 500 mg.
- Prescription Form (Bottom Center):**
 - Patient:** Heinlein, CARLY 07/16/1987(33y) Female, 1234 Test Street Dadeville, MO 65635, Phone (555) 337-2319. Written: 02/24/2021.
 - Drug:** amoxicillin 500 mg capsule
 - Sig:** 1 CAP ORAL three times a day
 - Dispense:** 21 Capsule
 - Refills:** No Refills, **Effective:**, **Void:**, **Dispense as Written:** No
 - Pharmacy:** Includes a checked 'Benefit Check' option and buttons for Coverage, Save, Print, and Send.
- Right Panel:** Contains 'Patient Photograph', 'Patient AMP', 'Allergies' (Penicillins), 'Medications' (No current medication), 'Problems' (Segmental and somati...), and 'Chart Tabs' (Summary, Problem List, History, Allergies, Vitals, ROS, HPI, Immunizations, Exams, Obstetrics, Assessment, Treatment Plans, Order Entry, Medications, Quick Picks, EIM Coding).

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

The screenshot displays an EMR interface for a patient named HEINLEIN, CARLY. The main window shows a list of 'Drug and Dosage for Internal Medicine Favorites'. The selected drug is 'amoxicillin 500 mg capsule [Disp: 21.00 Capsule Sig: 1 TID Refill: NR]'. Below this list, a detailed prescription form is visible, showing the patient's information and the specific prescription details. The 'Benefit Check' checkbox is checked, indicating that drug-disease interaction alerts are displayed.

Drug and Dosage for Internal Medicine Favorites:

- Adderall XR 20 mg capsule, extended release [Disp: 30.00 Capsule Sig: 1 Q Day Refill: NR]
- Adderall XR 5 mg capsule, extended release [Disp: 30.00 Capsule Sig: 1 Q Day Refill: NR]
- amlodipine 10 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- amlodipine 5 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- amoxicillin 500 mg capsule [Disp: 21.00 Capsule Sig: 1 TID Refill: NR]**
- AndroGel 20.25 mg/1.25 gram (1.62 %) transdermal gel pump [Disp: 3.00 Box Sig: Q Day each axilla Refill: 3 Alert]
- aspirin 81 mg chewable tablet [Disp: 100.00 Tablet Sig: 1 Q Day Refill: PRN]
- atenolol 25 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- azithromycin 250 mg tablet [Disp: 6.00 Tablet Sig: 2 initially then 1 QD x 4 d Refill: 1]
- Bactrim DS 800 mg-160 mg tablet [Disp: 14.00 Tablet Sig: 1 BID Refill: 0]
- benazepril 20 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 2]
- bupropion 10 mg tablet [Disp: 60.00 Tablet Sig: 1 BID Refill: 2]
- bupropion 30 mg tablet [Disp: 60.00 Tablet Sig: 1 BID Refill: 2]
- Bystolic 10 mg tablet [Disp: 30.00 Tablet Sig: 1 Q Day Refill: 5]
- Bystolic 20 mg tablet [Disp: 90.00 Tablet Sig: 1 Q Day Refill: 3]
- chlorpheniramine-codeine 2 mg-10 mg/5 mL oral liquid [Disp: 90.00 Milliliter Sig: 5 ml Q6H prn cough Refill: NR]
- Cipro 500 mg tablet [Disp: 14.00 Tablet Sig: 1 BID Refill: NR]

Prescription Details:

- Patient:** HEINLEIN, CARLY 07/16/1987(33y) Female
1234 Test Street Dadeville, MO 65635 Phone (555) 337-2319
- Written:** 02/24/2021
- Drug:** amoxicillin 500 mg capsule
- Sig:** 1 CAP ORAL three times a day
- Dispense:** 21 Capsule
- Refills:** No Refills **Effective:** **Void:** **Dispense as Written:** No
- Note:**
- Pharmacy:**
- Diagnosis:**
- Benefit Check Coverage Save Print Send

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

The screenshot displays an EMR application window. On the left is a navigation menu with categories like 'My Tasks', 'Communication', 'Orders', 'Results', 'SOAP Notes', 'eDocuments', 'Prescriptions', 'Reminder', 'Eligibility', 'Patient Portal', 'Fax', 'Case Mgmt', 'NYSED', 'Pop Health', and 'CoverMyMeds'. Below this is a calendar for February 2021 and a list of office, hospital, and dialysis rounds. The main area is titled 'EMR' and shows a patient chart for 'Heinlein, CARLY (3...)' with a birth date of 16-Jul-1987(33y) and gender Female. The chart includes an office schedule for Wednesday, Feb 24, 2021, and a list of other patients like 'ADAMS, ASHLEY' and 'Borom, Vincent'. The central pane shows a 'Drug and Dosage for Internal Medicine Favorites' list, with 'amoxicillin 500 mg capsule [Disp: 21.00 Capsule Sig: 1 TID Refill: NR]' selected. Below this is a detailed prescription form for 'Heinlein, Aston' at '1234 Test Street Blue Springs, MO 64015'. The form includes fields for 'Patient', 'Drug', 'Sig', 'Dispense', 'Refills', 'Effective', 'Void', and 'Dispense as Written'. The 'Benefit Check' checkbox is checked. The bottom status bar shows the user 'Kakasuleff, Carly', the last logon time '02/24/2021 9:21AM (CDT) with no unsuccessful logon attempts', the session time '59:45', and the distributor 'ISalus Healthcare'.

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

The screenshot displays an EMR interface for a patient named Carly Heinlein. The main window shows a list of 'Drug and Dosage for Internal Medicine Favorites'. The selected drug is 'amoxicillin 500 mg capsule' with a dosage of '21.00 Capsule Sig: 1 TID Refill: NR'. Below this list, a detailed prescription form is visible, showing the patient's information (Heinlein, CARLY 07/16/1987(33y) Female), the drug name, and the dosage '1 CAP ORAL three times a day'. The 'Benefit Check' checkbox is checked, and the 'Dispense as Written' field is set to 'No'.

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

The screenshot shows an EMR interface with a patient chart for 'Heinlein, CARLY (30y)'. The main window displays a list of medications, including Adderall XR, amlodipine, amoxicillin, and various other tablets. A detailed view of the amoxicillin prescription is shown below the list, including patient information, drug name, dosage, and a 'Benefit Check' option.

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 statements that have been sent out.

The screenshot shows a printed schedule for Wednesday, July 22, 2020, at Er North Mississippi Medical Center. The schedule lists two patients: Test, Wes (born 14 Apr 1990) and Test, Drew (born 13 Apr 1998). For Test, Wes, the outstanding balance is \$998.50. For Test, Drew, the outstanding balance is \$0.00. The schedule also includes a calendar view for June and July 2020.

Please note, this setting will only work if the practice is using the 'Resource View' schedule. Learn more about trying this on here: [Company Setting: Resource View](#)

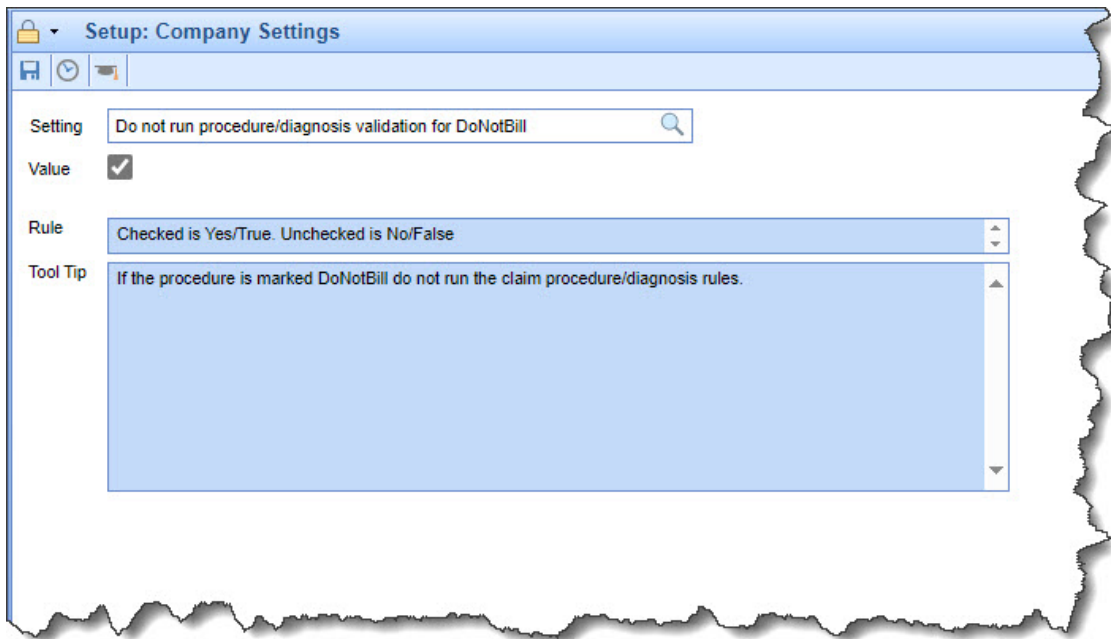
Default Value: Off (not checked)

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.



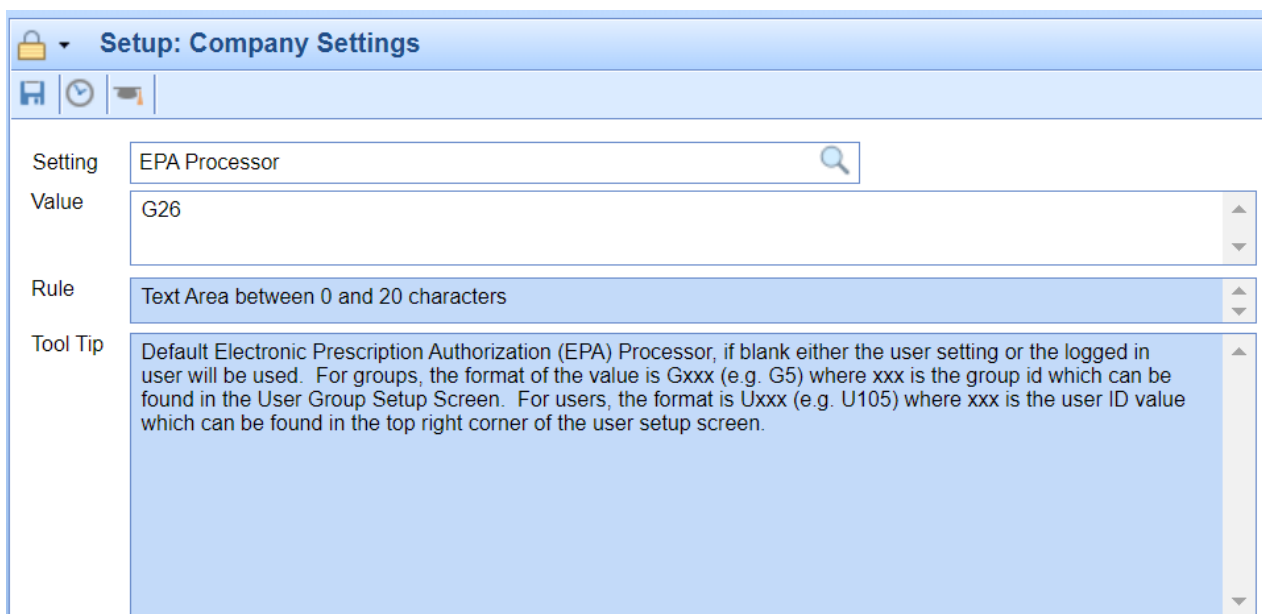
Default Value: Off (not checked)

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

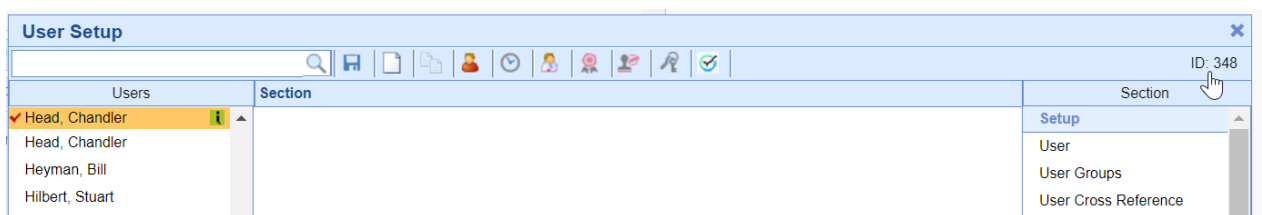
U# = User & User ID

OR

G# = Group & Group ID

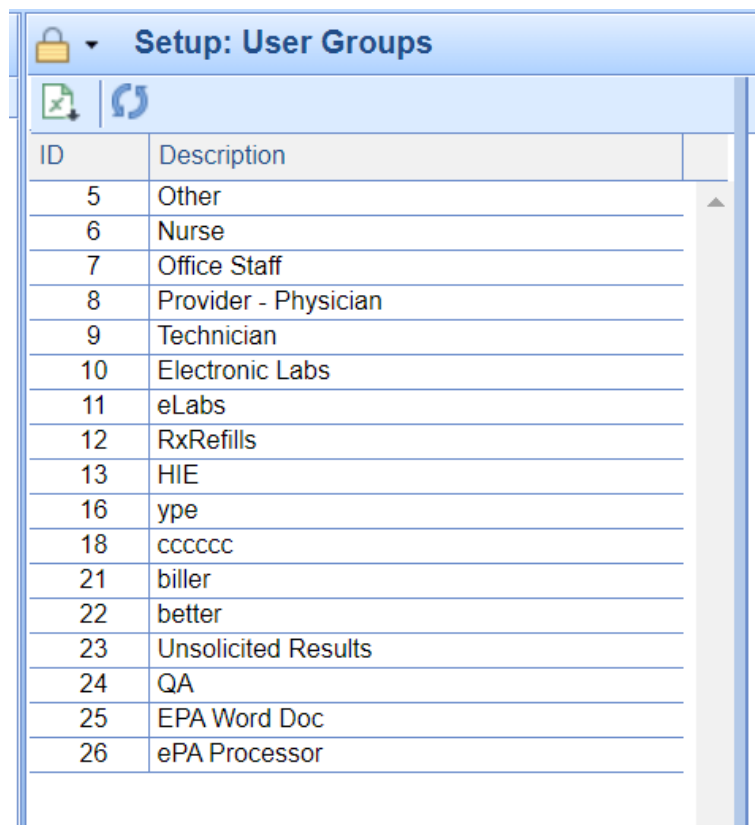
Finding User ID

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:



The screenshot shows a software window titled "Setup: User Groups". It contains a table with two columns: "ID" and "Description". The table lists various user roles and their corresponding IDs. The window also features a lock icon, a refresh icon, and a scroll bar on the right side of the table.

ID	Description
5	Other
6	Nurse
7	Office Staff
8	Provider - Physician
9	Technician
10	Electronic Labs
11	eLabs
12	RxRefills
13	HIE
16	ype
18	cccccc
21	biller
22	better
23	Unsolicited Results
24	QA
25	EPA Word Doc
26	ePA Processor

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

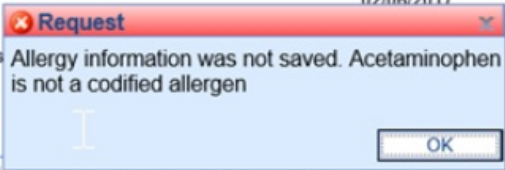
Options:

- 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](#)

Action	Medication	Source
Keep	Ace Inhibitors	Mild Rash, hives
Keep	Acesulfame	body rash
Keep	Advil Liqui-Gel	
Keep	Air Pollution	
Keep	Allergy to grass	
Keep	Prednisone	
Keep	Adderall XR 10 mg capsule, extended release	
Keep	Advil 200 mg tablet	
Keep	Advil Allergy Sine 2 mg 30 mg 200 mg tablet	



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.

The screenshot shows a software window titled "Setup: Company Settings". The window has a blue header bar with a lock icon and a search icon. Below the header, there are four sections: "Setting" with a dropdown menu showing "Default Insurance Profile" and a search icon; "Value" with a text input field containing the number "1"; "Rule" with a text box containing "Integer value between 1 and 100"; and "Tool Tip" with a text box containing "The default Insurance Profile that will be used when creating a new insurance within the Patient Setup."

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

The screenshot shows a software interface for 'Setup: Company Settings' for 'Neighborhood Physicians Practi'. The 'Setting' field is 'Intake Create MML Account'. The 'Value' is checked. The 'Rule' is 'Checked is Yes/True. Unchecked is No/False'. The 'Tool Tip' text reads: 'If checked, a patient can create a MML account (if they only have a temporary connection) as part of the intake form.'

DO NOT STOP HERE

Be sure to review the article: [How to Set Up the Intake Links](#)

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

The screenshot shows a software interface for 'Setup: Company Settings'. The 'Setting' field is 'Intake Send Links'. The 'Value' is unchecked. The 'Rule' is 'Checked is Yes/True. Unchecked is No/False'. The 'Tool Tip' text reads: 'If checked intake links can be sent to the patient. This will occur either through the intake assignment window, or if configured, when an appointment is created.'

DO NOT STOP HERE

Be sure to review the article: [How to Set Up the Intake Links](#)

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.

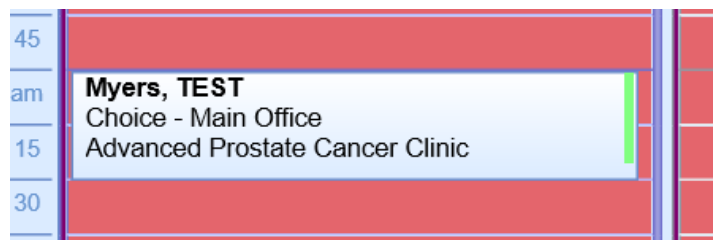
PRO TIP:

Check out the Company Setting: [iScheduler Secondary Appointment Color \(Right Side Bar\)](#) for even more control.

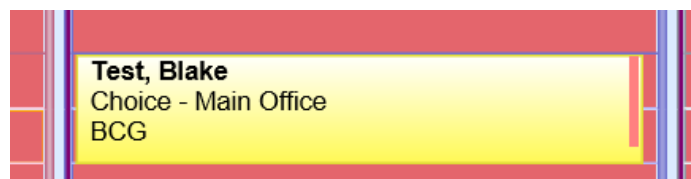
Default Value: 1 - Appointment color background will reflect the status of the appointment.

Options:

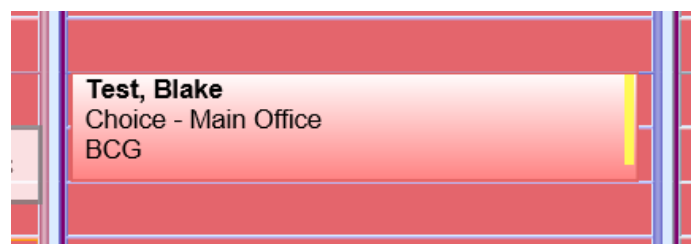
- 0: Appointment color background will always be light blue regardless of appointment type or appointment status.



- 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.

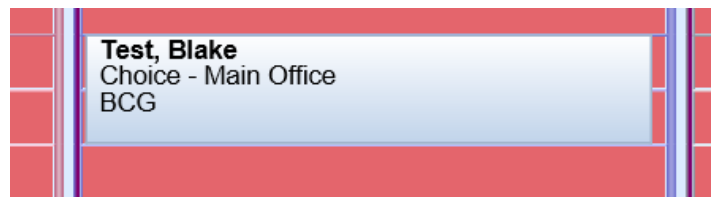
PRO TIP:

Check out the Company Setting: [iScheduler Primary Appointment Color \(Background\)](#) for even more control.

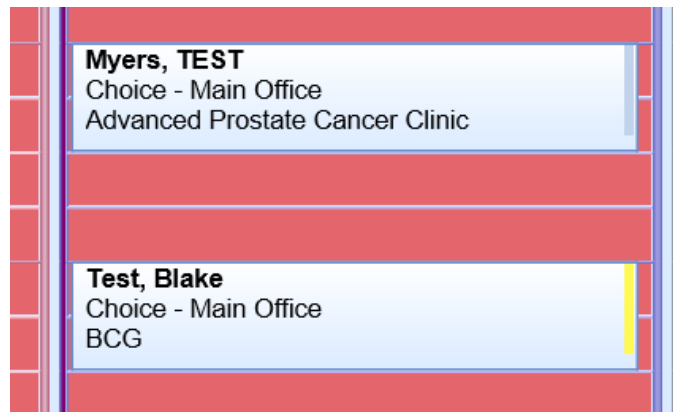
Default Value: 0 - No secondary color will be shown

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](#)

45	
10am	Myers, TEST Choice - Main Office Advanced Prostate Cancer Clinic
15	
30	
45	
11am	Test, Blake Choice - Main Office BCG
15	
30	

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 required
-

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 displayed

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

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:

- 0 = 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: DrugDBCCode and DrugDBCCodeQualifier. 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

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: 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 CQM solutions 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

File Edit View Favorites Tools Help

Page 1 of 1 Choice DailySchedule

June 23, 2020
Tuesday
Clarence S. Goldsmith MD
2 Patients

	May 2020	June 2020
	S M T W T F S	S M T W T F S
	1 2	1 2 3 4 5 6
	3 4 5 6 7 8 9	7 8 9 10 11 12 13
	10 11 12 13 14 15 16	14 15 16 17 18 19 20
	17 18 19 20 21 22 23	21 22 23 24 25 26 27
	24 25 26 27 28 29 30	28 29 30
	31	

UroChoice - Main Office 2 Patients

10:00am - 10:15am	Clark, WILLIE J. <i>Born 29 Aug 1958 Gender Male Chart # 69750 ph # (555) 337-2319</i> Type: Established Patient Complaint: POST CT SCAN AND CHEST XRAY CoPay: \$0.00 Outstanding Balance: \$0.00
10:30am - 10:45am	Myers, VICTOR S. <i>Born 01 Feb 1968 (52y) Gender Male Chart # 82451 ph # (555) 337-2319</i> Type: Established Patient Comment: FLo/PVR CoPay: 20% Outstanding Balance: (\$25.00)

July 23, 2020 5:46:22 pm iSalus Healthcare Page 1 of 1

Legacy View

Page 1 of 1 Choice DailySchedule

UroChoice
Daily Schedule
Clarence S. Goldsmith MD
06/23/2020

	May 2020	June 2020	July 2020
	S M T W T F S	S M T W T F S	S M T W T F S
	1 2	1 2 3 4 5 6	1 2 3 4
	3 4 5 6 7 8 9	7 8 9 10 11 12 13	5 6 7 8 9 10 11
	10 11 12 13 14 15 16	14 15 16 17 18 19 20	12 13 14 15 16 17 18
	17 18 19 20 21 22 23	21 22 23 24 25 26 27	19 20 21 22 23 24 25
	24 25 26 27 28 29 30	28 29 30	26 27 28 29 30 31
	31		

Start	End	Chart	Patient	DOB	Phone	Status
10:00 AM	10:15 AM	69750	Clark, WILLIE J. (WILLIE)@UroChoice - Main Office	08/29/1958	(555) 337-2319	Scheduled
Appt Type: Established Patient CC: POST CT SCAN AND CHEST XRAY						
10:30 AM	10:45 AM	82451	Myers, VICTOR S. (VICTOR)@UroChoice - Main Office	02/01/1968	(555) 337-2319	Scheduled
Appt Type: Established Patient Comments: FLo/PVR						

July 23, 2020 5:45:52 pm iSalus Healthcare Page 1 of 1

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

The screenshot shows a software interface titled "Setup: Company Settings". Below the title bar, there are several icons: a folder, a clock, a speech bubble, and a gear. The main content area displays a search bar with the text "Run Real Time Prescription Benefit Check (RxBC)". Below the search bar, the "Value" is set to a checked checkbox. The "Rule" is set to "Checked is Yes/True. Unchecked is No/False". The "Tool Tip" text reads: "CoverMyMeds Real Time Prescription Benefit Check (RxBC). When enabled, a Real Time Prescription Benefit check will be ran through the CoverMyMeds Integration."

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](#).

	Newhart MD, George E.		
	1234 Test Street Tupelo, MS 38801-4749		
	Phone: (317) 687-8119 DEA: AM8064228		
Prescribe			
Patient:	Head, Blake A. 03/20/1989(31y) Male Phone (317) 956-7909	Written:	04/20/2020
Drug:	Test N'Go Test strips		
Sig:	2 STRIP UNKNOWN before meals and at bedtime		
Dispense:	1 Strip		
Refills:	Effective:	Void:	Dispense as Written: Yes
Note:			
Pharmacy:	KROGER DELTA 471 (662) 840-8		
Diagnosis:	Perform a Real Time Benefit Check before printing or sending a prescription.		
More+	<input checked="" type="checkbox"/> Benefit Check	Coverage	Save Print Send

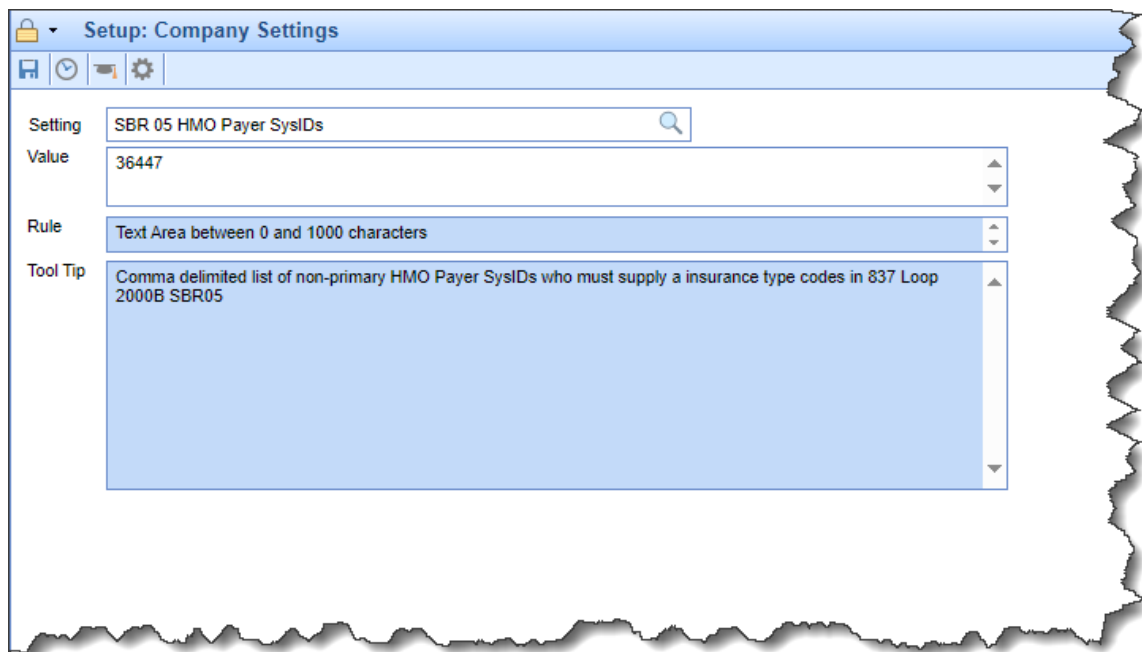
Default Value: On (if Product is activated)

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: 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
 - Sodium (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
 - Bilirubin, 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/Creatinine (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
-

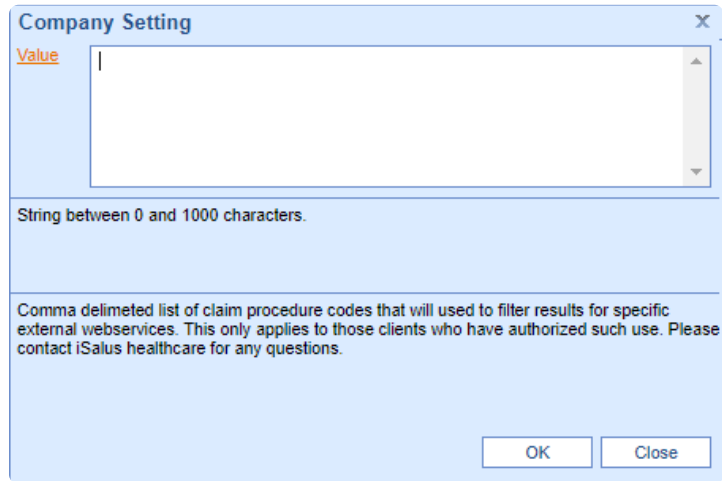
Company Setting: Webservice Setup Filter: Claim Procedure Codes

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)



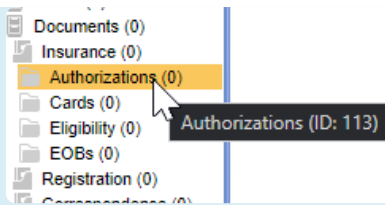
Company Setting: Webservice Setup Filter: Document Folder Identifiers

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

Value

String between 0 and 1000 characters.

Comma delimited list of document folder identifiers that will be used to filter results for specific external webservers. This only applies to those clients who have authorized such use. Please contact iSalus healthcare for any questions.

OK Close

Company Setting: Webservice Setup Filter: Problem List Diagnosis Codes

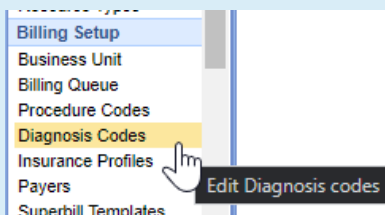
This company setting is used in conjunction with two other Webservice Setup Filters: [Claim Procedure Codes](#) and [Document Folder Identifiers](#). The combination of these settings assists in filtering (limiting) the number of records to be returned in the **GetPatientFilterIdentifiers** webservice.

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

Value: all

String between 0 and 1000 characters.

Comma delimited list of problem list diagnosis codes that will used to filter results for specific external webservices. This only applies to those clients who have authorized such use. Please contact iSalus healthcare for any questions.

OK Close

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

Setup: Company Settings

Setting: Override Loop 2320 SBR09

Value:

Rule: Checked is Yes/True. Unchecked is No/False

Tool Tip: Set the source of pay to MB when the secondary payer is payer ID SKKY0 (Kentucky Medicaid) and the the primary payer has a Medicare Replacement flag.

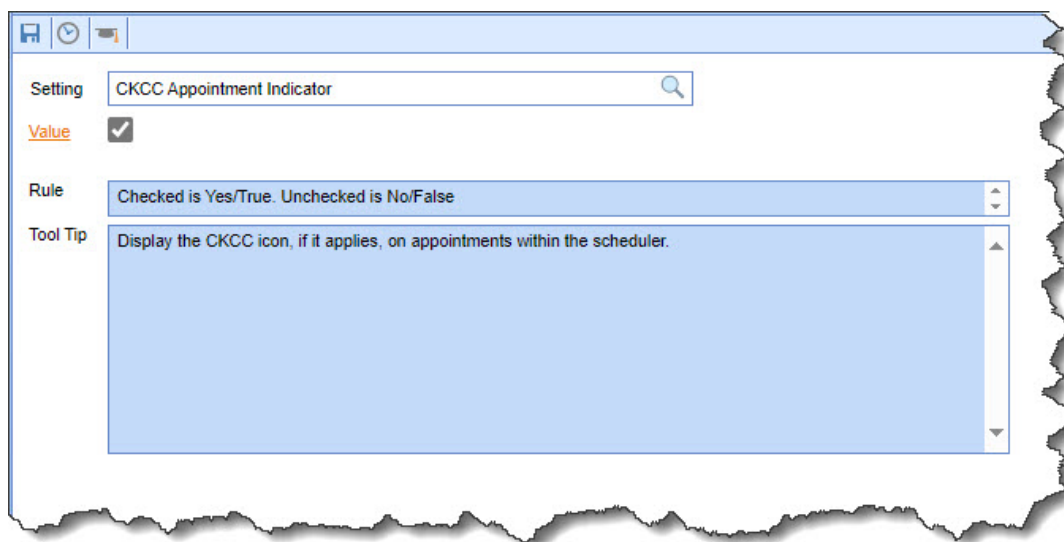
Default Value: Off (not checked)

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

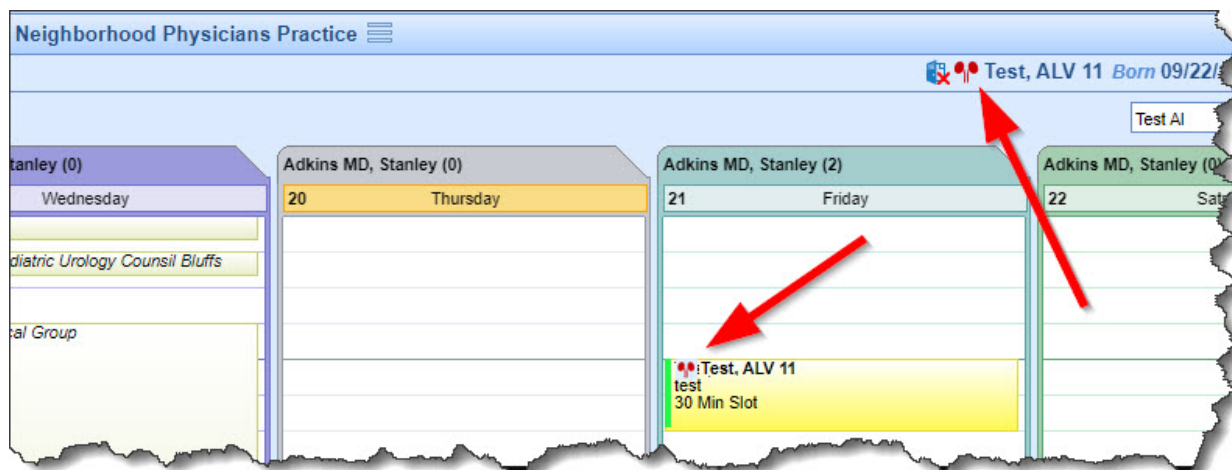
The "CKCC Appointment Indicator" company setting allows a practice to be able to show the Comprehensive Kidney Care Contracting (CKCC) icon (for applicable patients) within the appointments to help identify them on the scheduler.



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.

Setting	Default 2FA Setting for users
Value	1
Rule	Integer value between 1 and 3
Tool Tip	1 = No Requirement, 2 = Suggest 2FA, 3 = Require 2FA (Overrides user setting)

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

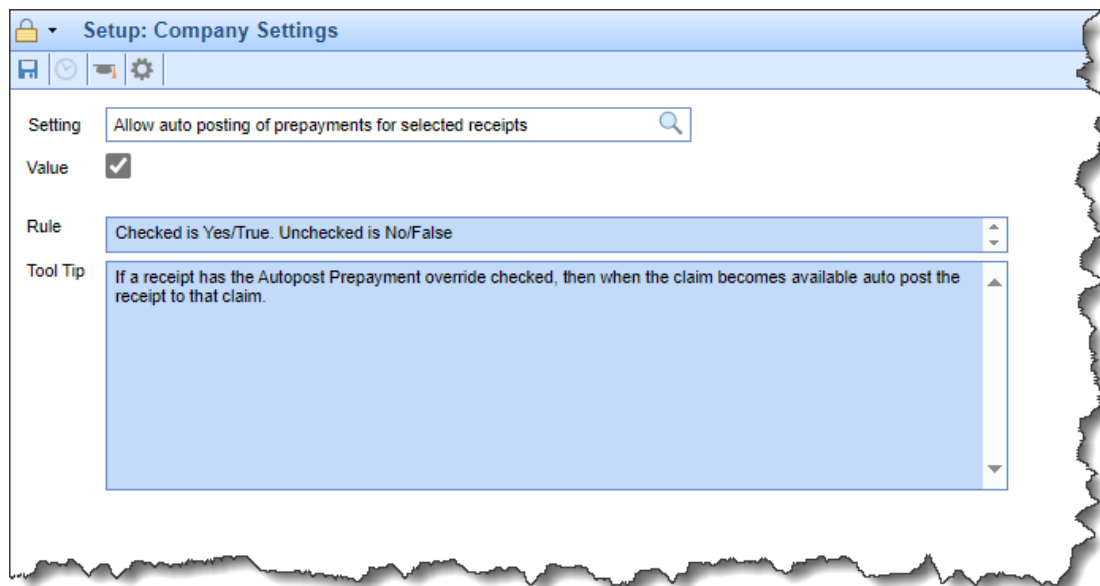
If you choose to set the value to '**2**', this will allow users to bypass the setup. If having 2FA is a requirement by your Cybersecurity Insurance or other IT policies, it is recommended to use the '**Require**' option to ensure all users are enabled.

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

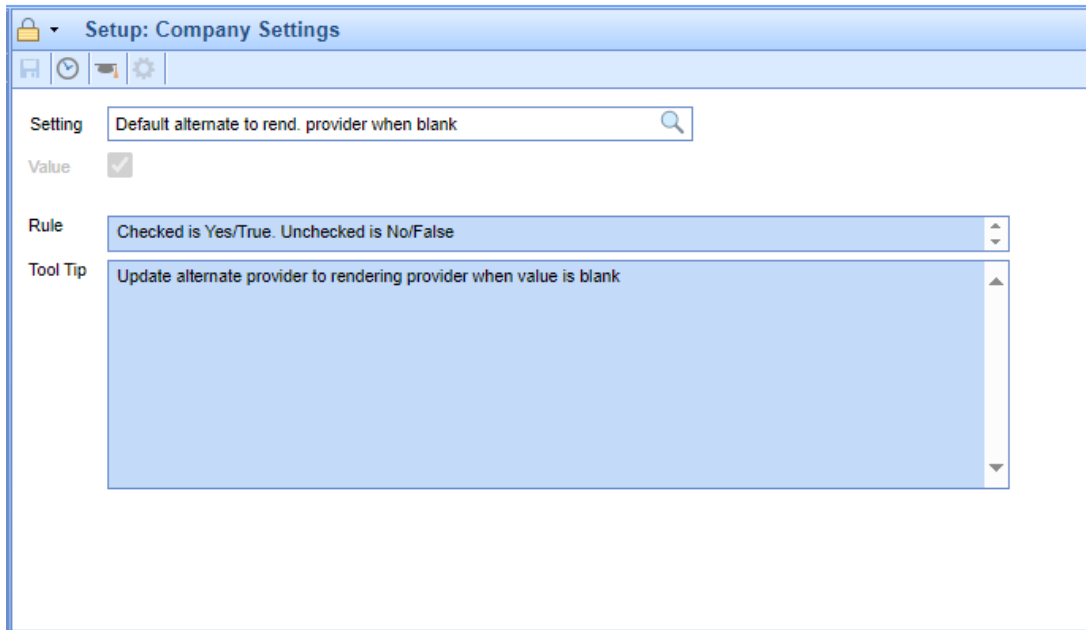
The setting is used to automatically apply payments when a receipt is tied to an appointment and linked to a claim. When set, Company Setting: *Allow auto posting of prepayments for selected receipts* allows the system to auto post the receipt to that available claim if the receipt has the Autopost Prepayment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



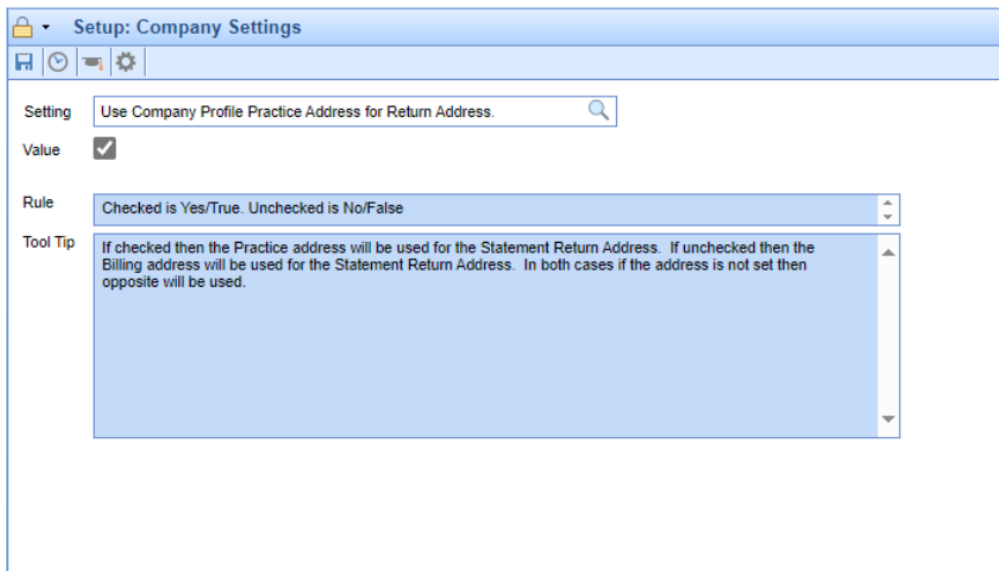
Default Value: Off (not checked)

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.



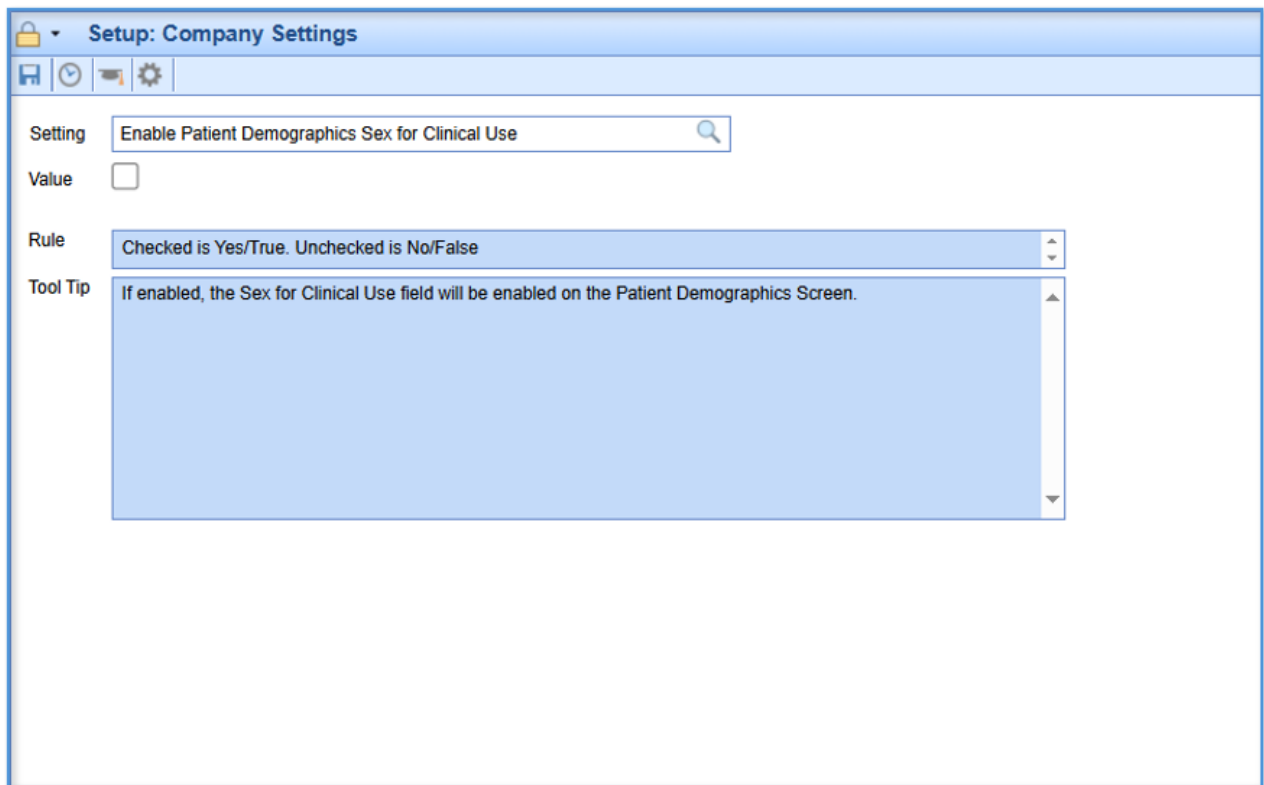
Default Value: Off (not checked)

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.

Patient Setup

New Save Train More

Test, Joe Born 01/01/2000(25y) Gender Male

- Summary
- Demographics
- Insurance
- Responsible Party
- Emergency Contact
- Comments
- Case Management
- Dialysis
- MML Self Schedule
- Sliding Fee
- Immun. Registry
- Patient Extension
- Miscellaneous
- Referral Tracking

Name

First

Middle

Last

Nick

Suffix

Address

Address 1

Address 2

City

State Country

Zip

Chart

Chart #

User Defined

DOB

RHC

Signature 10/15/2024

Demographics

Gender

Sex

Ethnicity

Race

Lang.

Location

Active Reportable Do NOT print Statements

Contact

Home Ext

Work Ext

Other Ext

Email

Reminder

Status

Marital

Employed

Employer

Student

Provider

PCP

Referring

Doctor

Rx Hist.

Identification

Primary

Secondary

Old ID #1

Old ID #2

Old ID #3

Responsible Party Same as Patient (1 of 1)