InfoDive

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Overview of InfoDive Integration

Our application has the ability to integrate with IntrinsiQ's business intelligence solution, InfoDive. InfoDive is a powerful business analytics tool for urology practices that helps you make data-backed decisions about running your business.

The integration works via an automated monthly feed of practice management and billing data from our application to InfoDive.

Learn more about InfoDive here: https://www.intrinsiq.com/practice-business-analytics

Setup the InfoDive Integration

Overview

The InfoDive data extract is a process by which key data elements are pulled out of the application, turned into CSV files, and sent to InfoDive via SFTP on a recurring basis.

Access

In order to access the InfoDive process several key items must be activated for the practice. This includes both Features and Roles.

Features

In order to have a feature activated, the practice must request this from iSalus by contacting our support team.

The support team will need to activate the following features:

- Data Export
- InfoDive

Roles

Once the above features are activated, practice Administrators will need to assign access to their team via Roles.

To do this, follow these steps:

1. Navigate to Setup > Roles
2. Find the category (bold) labeled 'Practice - Data Export'
3. Select 'Processing' within this group
4. Select 'Data Export' screen - This controls access to the Data Export screen itself.
    1. Assign appropriate access (users will need 'Write' access to use the window).
5. Select 'Data Export Options' - This controls access to the 'InfoDive' settings.
    1. Assign appropriate access (user will need 'Write' access to use the window).
6. Save

Company Settings

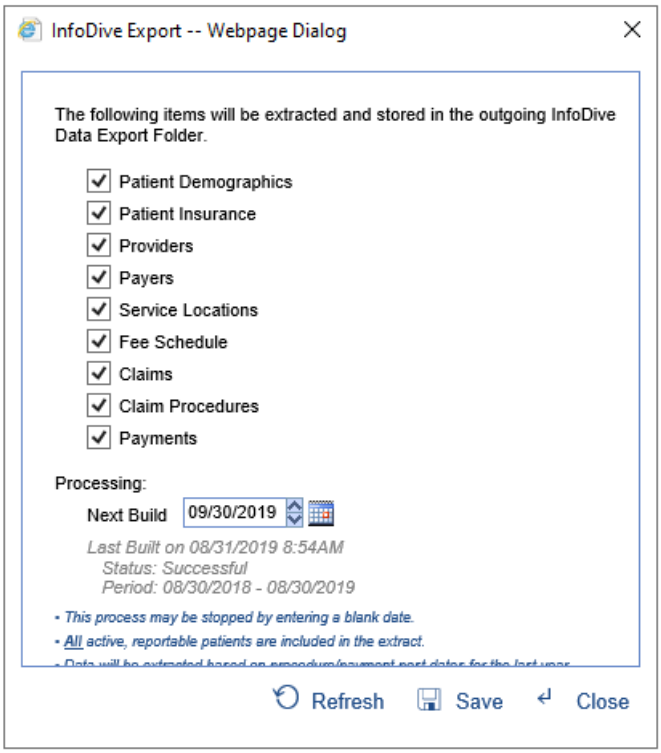
One company setting must be configured for the report to run.

- **InfoDive Account ID**: This value must be provided by InfoDive and added to this field. This is the unique ID that identifies the InfoDive customer account.

Report Setup

Now that access has been assigned, the next step is to configure the report to run. Follow the steps below:

1. Navigate to Reports > Data Export
2. Select the 'InfoDive' option from the toolbar to launch the setup window
3. By default all of the appropriate data export types will be selected.
4. In the 'Next Build' section, set the date that you would like the report to run.
5. Click Save



Report Process

After the report has been setup, iSalus will run a process every night to see if we need to extract the selected data elements.

If the Next Build Date is the same as the date we run the job, the following events occur:

1. CSV files will be created for all of the elements selected:
    1. Patient Demographics
    2. Patient Insurance
    3. Providers
    4. Payers
    5. Service Locations
    6. Fee Schedule
    7. Claims
    8. Claim Procedure Lines
    9. Payments
2. The CSV files will always pull the last 1 year worth of changes based on post dates.
3. The CSV files that are created will be sent to InfoDive via SFTP.
4. The Next Build date will automatically be increased by 1 month so that the job will run again next month.

Excluded Data

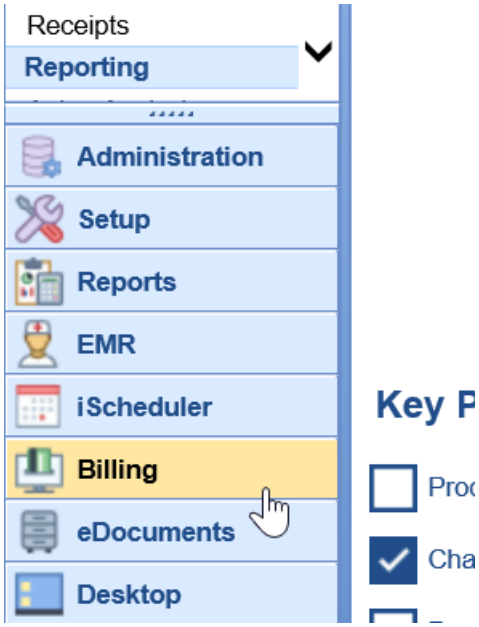
Any patient that is not marked as 'Active' or 'Reportable' in the system will be excluded from the report.

Running a Validation report for InfoDive

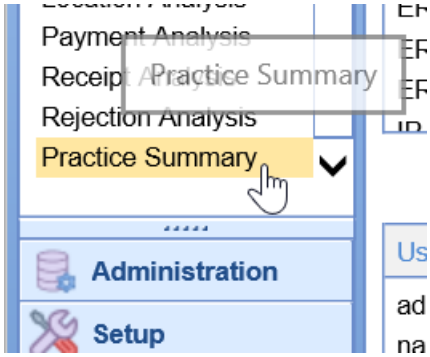
InfoDive may request your practice to run a validation report from time to time to ensure the data that is being loaded and manipulated in their system lines up with the data as it is stored in our application. This analysis is done by comparing Charges, Payments, and Adjustments for providers over a period of time.

Steps to Obtain Charges and Payment Data

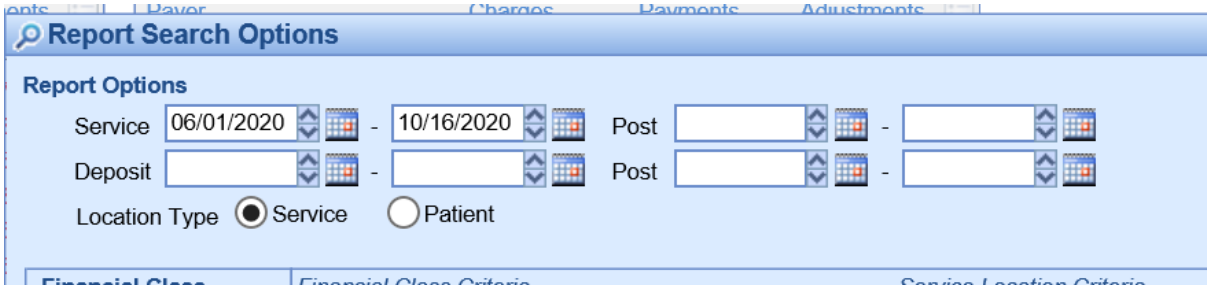
1. Navigate to the **Billing** portal



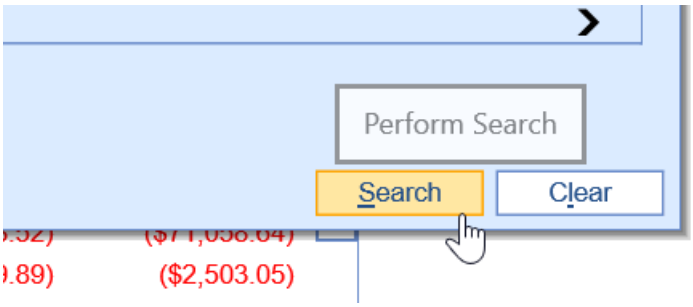
2. Open the **Practice Summary** report



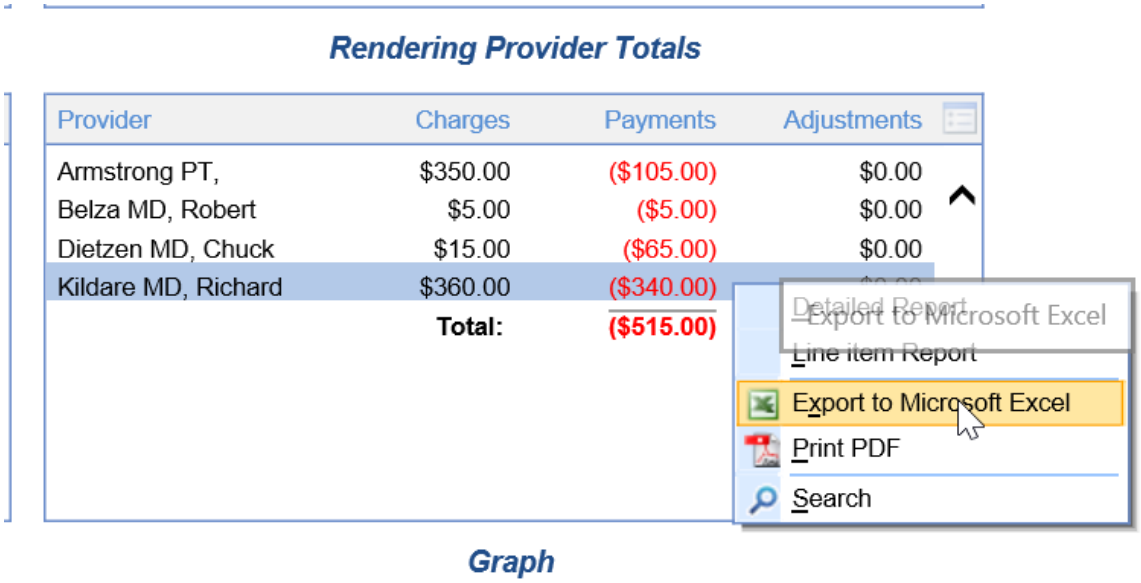
3. Enter the date range requested in the **Service Date** fields



4. Click **Search** to run the report



5. **Right click** over the Rendering Provider section and choose **Export to Microsoft Excel**



InfoDive Data Export Guide

A reference to the practice data that iSalus OfficeEMR securely exports to InfoDive, including how files are organized, how often they are delivered, and the information contained in each file.

Overview

What the InfoDive export is and how it works at a glance.

The InfoDive data export is an automated feed that delivers your practice's billing, demographic, and reference data from iSalus OfficeEMR to InfoDive on a recurring schedule. Data is packaged as standard **comma-separated value (CSV)** files and transmitted over an encrypted **SFTP** connection to your dedicated InfoDive location.

The export is fully configurable. Your practice chooses which data sets are included and how frequently they are delivered, so the feed can be tailored to exactly what your analytics program requires.

Protected Health Information (PHI). Several export files contain patient-identifiable information such as names, dates of birth, addresses, insurance member IDs, diagnoses, and financial

detail. Because these files include PHI, their use is governed by your Business Associate Agreement (BAA) and applicable HIPAA requirements. Files marked `PHI` below contain patient-identifiable data.

How the Export Works

From your practice data to your InfoDive location.

1. Extract

Enabled data sets are pulled for the reporting window

→

2. Build files

Each data set is written to its own CSV file

→

3. Deliver

Files are sent by secure SFTP to your InfoDive site

Delivery schedule

Exports run automatically on the cadence configured for your practice. Supported frequencies are:

Monthly	Once per calendar month
Bi-weekly	Every 14 days
Weekly	Every 7 days

Reporting window

Transactional data sets (Claims, Claim Procedure Lines, and Payments) cover a rolling window based on the transaction posting date — by default, the most recent **12 months** of activity. Reference data sets (such as Providers, Payers, and Fee Schedule) reflect their current values at the time the export runs.

File naming

Each file follows a consistent, predictable naming pattern so files can be identified and processed automatically:

`{AccountID}_{Practice}_{DataSet}_{StartDate}_{EndDate}.csv`

Dates are formatted as `YYYYMMDD`. For example, a Claims file might arrive as `12345_MyPractice_Claims_20250101_20251231.csv`.

File format

Format	CSV (comma-separated values)
Field delimiter	Comma (,)
Text qualifier	Double quotes (")
Header row	One header row of column names per file
Encoding	Standard text

Patient inclusion. Patient, claim, procedure, and payment files include only *active, reportable* patients who had activity during the reporting window. Test and inactive records are automatically excluded.

Available Data Sets

Nine data sets can be enabled individually for your practice.

Patient Demographics	One patient	PHI
Patient Insurance	One insurance coverage per patient	PHI
Providers	One provider	REFERENCE
Payers	One payer (insurance company)	REFERENCE
Service Locations	One service location / facility	REFERENCE
Fee Schedule	One procedure code & negotiated fee	REFERENCE

Claims	One claim	PHI
Claim Procedure Lines	One procedure/charge line on a claim	PHI
Payments	One payment or adjustment	PHI

Data Set Detail

Contents of each file. Column availability may vary slightly based on your practice's configuration.

Patient Demographics PHI One row per patient

Core demographic and contact information for each active, reportable patient with activity in the reporting window.

- last_name
- first_name
- middle_name
- nick_name
- suffix
- chart_number
- active
- signature_on_file
- signature_on_file_date
- address_1
- address_2
- city
- state
- zip
- home_phone
- work_phone
- other_phone
- email
- primary_id
- primary_id_value
- secondary_id
- secondary_id_value
- gender
- marital_status
- birth_date
- date_of_death

employment_status
employer
student_status
primary_care_physician
ethnicity
race
referring_provider
practice_physician
employer_detail
legacy_patient_ids

Patient Insurance PHI One row per coverage

Insurance coverage details for each patient, including subscriber (insured party) information and member IDs. One row per coverage level (primary, secondary, tertiary).

last_name
first_name
middle_name
nick_name
suffix
chart_number
payer_number
payer_name
start_date
end_date
coverage_level
insurance_type
msp_reason
insured_id
insured_id_value
group_name
group_policy_number
auth_required
secondary_id
secondary_id_value
plan_code
copay_dollar
copay_percent
deductible
insured_is_patient
insured_is_company
insured_first_name
insured_middle_name
insured_last_name
insured_suffix
gender
dob

relationship
employer
signature_on_file
address_1
address_2
city
state
zip
home_phone
email

Providers REFERENCE One row per provider

Directory of providers in your practice, including identifiers and contact information.

doctor_number
active
rendering
first_name
middle_name
last_name
suffix
specialty
address_1
address_2
city
state
zip
phone
email
fax
npi
group_npi
signature_on_file
signature_on_file_date

Payers REFERENCE One row per payer

Directory of the insurance companies (payers) configured in your practice, including financial class, claim-filing configuration, addresses, and contacts.

sys_id
payer_name
active
financial_class_1
financial_class_2
auth_required_primary
auth_required_secondary

auth_required_tertiary
address_1
address_2
city
state
zip
source_of_pay
edi_type
payer_id
send_asa
billing_primary
billing_secondary
use_npi
secondary_id_qualifiers
hcfa_field_settings
contract_info
inquiry_address
referral_address
primary_contact
secondary_contact

The payer file also includes a full set of secondary ID qualifier columns and HCFA form field settings used for claim submission.

Service Locations REFERENCE One row per location

Facilities and service locations configured in your practice, including identifiers and contacts.

sys_id
location_name
place_of_service
tax_id
clia
npi
facility_type
order_location
requisition
address_1
address_2
city
state
zip
geographic_location
location_email
primary_contact
secondary_contact

Fee Schedule REFERENCE One row per code & negotiated fee

Procedure codes and their negotiated fees, including payer/provider/location-specific pricing and related billing configuration.

- code
- code_type
- code_start_date
- code_end_date
- practice
- payer
- provider
- financial_class
- location
- fee_start_date
- fee_end_date
- fee_type
- fee
- allowed
- in_house_cost
- tax
- rvu
- units
- time_based
- minutes_per_unit
- rounding
- billing_code
- billing_type
- asa_code
- patient_only_responsible
- noc
- strength
- measure
- modifier_1–4
- icd_1–8
- required_fields
- gender
- prior_auth
- accept_assignment
- tos
- narrative
- description

Claims PHI One row per claim

Header-level claim information for claims with activity in the reporting window, including status, aging, associated providers, and insurance.

- claim_number
- date_of_service

submission_date
status
sub_status
billing_method
processing_level
owner
primary_insurance
secondary_insurance
tertiary_insurance
chart_number
last_name
first_name
charge
balance
responsible_party
aging_date
aging_type
aging_days
rendering
referring
supervising
ordering
purchasing
attending
alternate
service_location
admission_date
discharge_date
onset_date
menstrual_date
accident_date
accident_state
accident_country
epsdt
epsdt_code_1–3
narrative_type
billing_provider_name

Claim Procedure Lines PHI One row per procedure line

Line-level detail for each procedure/charge on a claim, including procedure codes, modifiers, diagnoses, and charges.

claim_number
sort_order
from_date
to_date
procedure_code

place_of_service
type_of_service
units
charge
extended_charge
modifier_1–4
icd_1–8
start_time
end_time
tax_amount
tax_rate
ndc_value
diagnosis_id
created_by
posted
active

Optional columns. Based on your practice's configuration, this file may also include the patient name (`PatientLast` , `PatientFirst` , `PatientMiddle`) and insurance member IDs (`InsuredID_1` through `InsuredID_3`).

Payments PHI One row per payment / adjustment

Payment and adjustment activity in the reporting window, including the payer, method, and associated claim. Deleted payments are also included and flagged, providing a complete audit view.

deposit_date
deposit_post_date
paid_amount
primary_insurance
primary_financial_class
secondary_insurance
secondary_financial_class
tertiary_insurance
tertiary_financial_class
adjustment_amount
paid_by
payment_method
payment_type
payment_method_id
user_name
claim_number
service_location
rendering
diagnosis_id
payment_id

removed_flag

The `removed_flag` column indicates whether a payment record was subsequently deleted.

Security & Compliance

How your data is protected in transit.

Transport	Files are transmitted over an encrypted SFTP (Secure File Transfer Protocol) connection.
Isolation	Each practice is delivered to its own dedicated InfoDive location.
Data scope	Only active, reportable patient records with activity in the reporting window are included.
Governance	Files containing PHI are subject to your Business Associate Agreement and HIPAA requirements.

Questions?

We're here to help configure your export.

Your iSalus account team can help you enable or adjust which data sets are included, set the delivery frequency, and confirm your InfoDive connection details. Please reach out to your account representative or iSalus Support to get started.