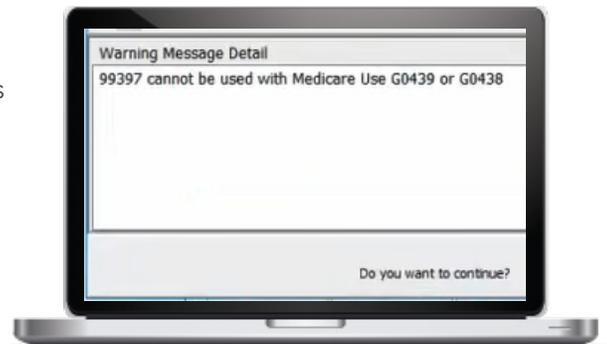


# Version 24 Upgrade: Powerful Solutions for Hard Working Practices

Medisoft® powered by eMDs is a proven, trusted, and affordable practice management solution designed to simplify the way you run your practice. With each new release it gets better and more powerful as new layers of functionality and usability are added. Here are just a few of the notable benefits of upgrading to Medisoft V24.

## New Transaction Entry Alerts – Cleaner Claims, Reduced Denials, Faster Payments

Claim rejections cost practices money. Staff time to rework denials is time that could be spent elsewhere. The more denials you have, the slower your payment cycle, and likely you will have complete loss of revenue for some denied claims. Now you can reduce rejections even more with customizable transaction entry alerts that quickly notify your team when something is wrong so it can be fixed immediately by updating the MISSING or INCORRECT information – BEFORE submitting to the clearinghouse. The result: cleaner claims, faster payments, less costly rework, more predictable cash flow.



## New Eligibility Display to Improve Practice Collections

Improve cash flow! Knowing patient-out-pocket costs has become more critical to practices with the rise in patient responsibility while practice costs continue to rise. The new eligibility display in Medisoft V24 makes it easy to see the patient coinsurance, deductible and other benefit information with a simple, easy to use tabbed format that makes life easier for your staff.

| Response: Completed Eligibility: Active<br>Requested on: 5/2/2019<br>Patient: Kristina Oberbroeckling<br>PCP: JONES, JOEY  | Payer: TUFTS HEALTH PLAN<br>Eligibility: 10/1/2010<br>Plan begin: 10/1/2012 | Policy Holder: DOE, JOHNS<br>DOB: 6/15/1963 (Male) |            |                     |              |            |           |              |         |         |            |                              |               |            |          |          |            |  |        |                              |               |            |            |          |            |  |
|--|---|--|------------|---------------------|--------------|------------|-----------|--------------|---------|---------|------------|------------------------------|---------------|------------|----------|----------|------------|--|--------|------------------------------|---------------|------------|------------|----------|------------|--|
| <ul style="list-style-type: none"> <li>&gt; Active Coverage</li> <li>&gt; Non-Covered</li> <li>▼ Deductibles</li> </ul>  |   |  |            |                     |              |            |           |              |         |         |            |                              |               |            |          |          |            |  |        |                              |               |            |            |          |            |  |
| <table border="1"> <thead> <tr> <th>Coverage</th> <th>Service Description</th> <th>Period</th> <th>Amount</th> <th>Remaining</th> <th>Year to Date</th> <th>Network</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>Health Benefit Plan Coverage</td> <td>Calendar Year</td> <td>\$1,500.00</td> <td>\$600.00</td> <td>\$900.00</td> <td>In Network</td> <td></td> </tr> <tr> <td>Family</td> <td>Health Benefit Plan Coverage</td> <td>Calendar Year</td> <td>\$3,000.00</td> <td>\$2,100.00</td> <td>\$900.00</td> <td>In Network</td> <td></td> </tr> </tbody> </table> |   |  | Coverage   | Service Description | Period       | Amount     | Remaining | Year to Date | Network | Details | Individual | Health Benefit Plan Coverage | Calendar Year | \$1,500.00 | \$600.00 | \$900.00 | In Network |  | Family | Health Benefit Plan Coverage | Calendar Year | \$3,000.00 | \$2,100.00 | \$900.00 | In Network |  |
| Coverage   | Service Description   | Period   | Amount     | Remaining           | Year to Date | Network    | Details   |              |         |         |            |                              |               |            |          |          |            |  |        |                              |               |            |            |          |            |  |
| Individual   | Health Benefit Plan Coverage  | Calendar Year                                      | \$1,500.00 | \$600.00            | \$900.00     | In Network |           |              |         |         |            |                              |               |            |          |          |            |  |        |                              |               |            |            |          |            |  |
| Family   | Health Benefit Plan Coverage  | Calendar Year                                      | \$3,000.00 | \$2,100.00          | \$900.00     | In Network |           |              |         |         |            |                              |               |            |          |          |            |  |        |                              |               |            |            |          |            |  |
| <ul style="list-style-type: none"> <li>&gt; Co-Payments</li> <li>&gt; Co-Insurances</li> <li>&gt; Limitations</li> <li>&gt; Out of Pocket Costs</li> <li>&gt; Other Benefits</li> </ul>  |   |  |            |                     |              |            |           |              |         |         |            |                              |               |            |          |          |            |  |        |                              |               |            |            |          |            |  |

## Multiple Enhancements Including Cases!

Improve patient engagement and collections with the new Medisoft Mobile 3.2 – available only in Medisoft v24.

Updates include:

- The ability to select a case from the Superbill, Charges, or Appointment screens. You can also pull the diagnosis from the case and display it on the patient preview area.
- New functionality that enables you to edit or delete an existing single appointment directly in the app.
- Easy-to-understand guarantor balance with individual patient detail improves collections by account.
- Views for additional insurance information on the patient card, including policy information; the addition of a middle initial to your patient names for easier searching and sorting; plus the addition of facility codes for more accurate facility selection.

## Easier and Faster Aging Analysis with Report Updates

A fresh new look makes it easier to understand service dates that are critical to interpreting your data. The new, improved format is available in:

- Primary Insurance Aging Summary
- Aging and Billing Code
- Primary Insurance Aging Detail
- All Payer Aging
- Primary Insurance Aging Summary (NEW!)

## Transaction and Statement Notes Added to Walkout Receipts

In Medisoft V23 we introduced statement and transaction notes for transaction documentation. Now you can add to statement and transaction notes to patient walkout receipts to improve patient understanding and collections.

## NDC Codes Now Available in Unprocessed Charges

In the past CPT codes with NDC codes attached were not showing in the unprocessed charges list. Medisoft V24 has that covered. Now you can see the NDC detail in unprocessed charges making it easier to validate you have the right information to get paid correctly.

Contact us to secure your upgrade today:

