

ASAP Online General Features

ASAP Online is designed by a team of healthcare and technical professionals.
By the Doctor – for the Doctor.

ASAP Online is accessible from any computer with Internet connection and web browser. Accessible from any location, using any operating system. No upgrades required. No backup required. HIPAA compliant.

Designed for single provider practices, clinic and multi-location practices, hospitals, billing services, SNF's, Home Health agencies and any qualified medical institution or facility.

Patients have access rights to interact on-line. They may review the status of their claims and make payments online. They may pre-register online and, also receive their statements via email or US Postal Service.

Integration of Third Party Services allows the practice to verify social security numbers, addresses, UPIN numbers, and Insurance eligibility. Correct Coding features allow accurate and efficient billing.

Mouse and Keyboard Ability:

User may alternate between mouse or keyboard or a combination of both. User may choose between a beginner **skill level** that provides additional safety features, or an experienced user **skill level** that turns off warnings and safety features, speeding up the entry process.

Powerful Search Capabilities:

Rapid search capabilities by partial or full name descriptions, account number, Social Security number, wildcards etc. Drill down features.

Appointment Scheduler:

A patient scheduling system designed to handle the complex operation of scheduling patients for Hospitals, Diagnostic Imaging Centers, Call Centers, Physician Offices and more. Utilizing the latest technology, we have the most efficient, reliable, time saving patient scheduling solution on the market today. Unique features provide the user with the ability to maintain the system internally, control user access, and offer remote access via the Internet.

- Reduce or eliminate lost calls, lengthy hold times and transfers
- Reduce claims denials by identifying insurance and coding requirements
- Consistently provide accurate patient prep information
- Quickly and accurately communicate with referring physician offices
- Tracks authorized visits and alerts you when you need to update your authorization

Empower the provider's office with the ability to schedule their patients over the web improving current referral patterns, reducing scheduling costs, and improving patient care! **Authorized visits** may be entered to track authorization codes and number of visits based on diagnosis. Artificial Intelligence (AI) tracks number of visits used and alerts you when you are nearing the end of visits so user may notify insurance company to receive additional authorizations.

User Specific Task List:

A task list is integrated with the system allowing the user to provide ticklers, warnings, alerts and general tasks. A reminder will pop up with a message on your screen to remind you in increments of minutes, hours, days, weeks, etc. User notes specific to an account may be copied into your task. (Example, patient agreed to pay 50% of the balance owing at her next visit on the 8th of April.) This note will reflect on the patient account and the date you set the reminder.

Multi-Tasking:

Allows user to shift from one area to another without losing track of your place.

Database knowledge sharing:

Specific information may be shared between locations, like patient demographics, insurance eligibility, etc.

Recalls:

Patient recalls may be generated based on the filters you select, like date range, diagnosis range, etc.

Provider/ Practice Maintenance:

Powerful information is integrated into the system so available data relating to the providers, locations, and their type of practices eliminate the need to refer to paper material for information. Examples of information include: Provider and patient demographics, pay to information; provider, individual, group and universal id numbers; type of specialty, free form notes, etc. Various defaults may be set, like default aging messages printable on monthly invoices and statements; and default POS, TOS, zip and area codes.

Insurance Carrier Information:

Insurance information includes the typical information plus information relating to pre-certification, assignment of benefits to Managed Care, electronic billing, etc.

Prescription Writer:

The prescription writer allows the user to prescribe or refill prescriptions ***eliminating the need for a pre printed prescription pad*** to be handwritten by the Doctor. The required dosage, form, frequency and routes are drill down features eliminating the possibility of error. Patient prescription history may be viewed and secure audit trails are obtained. System stores NDC code for reference and monitors and calculates usage and adverse reactions. A table of pharmacies can be built into the system eliminating the need for a phone book or pharmacy paper directories. The script may be printed, emailed or faxed.

Security:

User information is set up to track user activity. Security levels allow the administrator to designate levels of accessibility. Practice journals may be viewed to review the activities that have taken place anywhere in the system. Examples of activity include deletion or modification of accounts, codes, payer sources, etc.

Daily Activity Sheets:

Activity sheets are generated based on date(s) specified by user. Posting of payments, charges and adjustments are summarized per activity sheet, allowing A/R total, and day summary of activity. Various print options are available like printing by: user, payer source, income description, location summaries, provider summaries, etc. Multiple Activity Sheets may be utilized at the same time!

Patient Accounts:

Detailed patient registration allows a huge amount of information to be obtained, so billing and collections are much more efficient. Eliminates the need for paper charting. Scan and photo abilities allow the user to include copies of the insurance cards, and photographs for physical patient verification. Sub accounts are available for specific cases or family accounts. Unlimited user defined notes tracks conversations, history of claims and meds, treatments, etc. Tabs include Patient demographics, Insurance information including effective dates, Emergency Information, Billing Information, Ethnicity, Employment, Medications, History, Patient Workup and Misc. Encounter history tracks activity performed, based on the search filters entered.

Charge Slips:

Charge slips are customizable using a boilerplate for specialties. Default options are selected to print at the header of the charge slip and the customizable information in the body. Practices may set up multiple charge slips. **No need for practices to purchase pre printed forms** as the system prints on laser and plain paper. Chart labels may also be printed.

Procedure codes:

Artificial intelligence allows the user to review reimbursement rates / fee schedules based on CPT code, location and carrier. As the system is auto loaded with all codes listed in the AMA, the user has the capability to select codes typical to a practice or department. CPT codes may be setup with default information relating to the typical place of service, pricing, consistent application of modifiers, Revenue codes, **capitation**, fee for service, etc. Translation codes may be entered for carriers that require an "In House" code. Active to and from dates eliminates the possibility of using a deleted code. RVU table allows you to enter multiple **RVU's** based on the CPT code. Tax Rate calculator integrated with the applicable CPT codes. **Inventory control** based on CPT code.

Explosion Codes:

Explosion codes are customizable to individual practices. An example would be a General Practitioner could typically bill the same 4 procedures for a sports physical. Entering one explosion code would eliminate the need to key 4 entry line items.

Diagnosis Codes:

Real time online **CDC reporting** based on the physician diagnosis and our Drug Interaction utility are only a few highlights of this new dot net technology. As the system is auto loaded with all codes listed in the AMA, the user has the capability to select codes typical to a practice or department. Diagnosis codes may be setup with default information relating to CDC report criteria, applicable to a practice or department or location. Active to and from dates eliminate the possibility of using a deleted code.

Modifier Codes:

As the system is auto loaded with all codes listed in the AMA, the user has the capability to select codes typical to a practice or department. Default information may be entered.

Claims and transaction history:

Default information from patient demographics is transferred to the claim encounter. The charge-posting screen mirrors that of a HCFA1500 form or UB92 form. Drill down options takes the guesswork out of the data entry. Correct coding features will alert you if your codes are incompatible. Claims lookup and rebilling features are based on the filters selected.

Billing Central and Payment Central:

Billing Central allows you to select, based on your filters, the claims that are ready to send via electronic or paper. Text documentation may be entered for electronic claims. Payment Central allows you to select the accounts to post payments against. Monthly Statements or invoices are based on the filters selected. ***Prints on plain paper from a laser printer eliminating the need for preprinted forms.***

Soft and hard collection letters:

Collection letters are initially set up in a boilerplate and auto generated based on user specification.

REPORTS:

Real time customizable reporting features allow unlimited combination of reports that broadens information useful in management, profit and loss projections and powerful administrative capacities. Unlimited reports based on the filters selected will provide the user with nearly any information requested in one report. The reports may be printed or emailed.