ABT Medical, Inc.

User Guide

ROI+

Version 1.0

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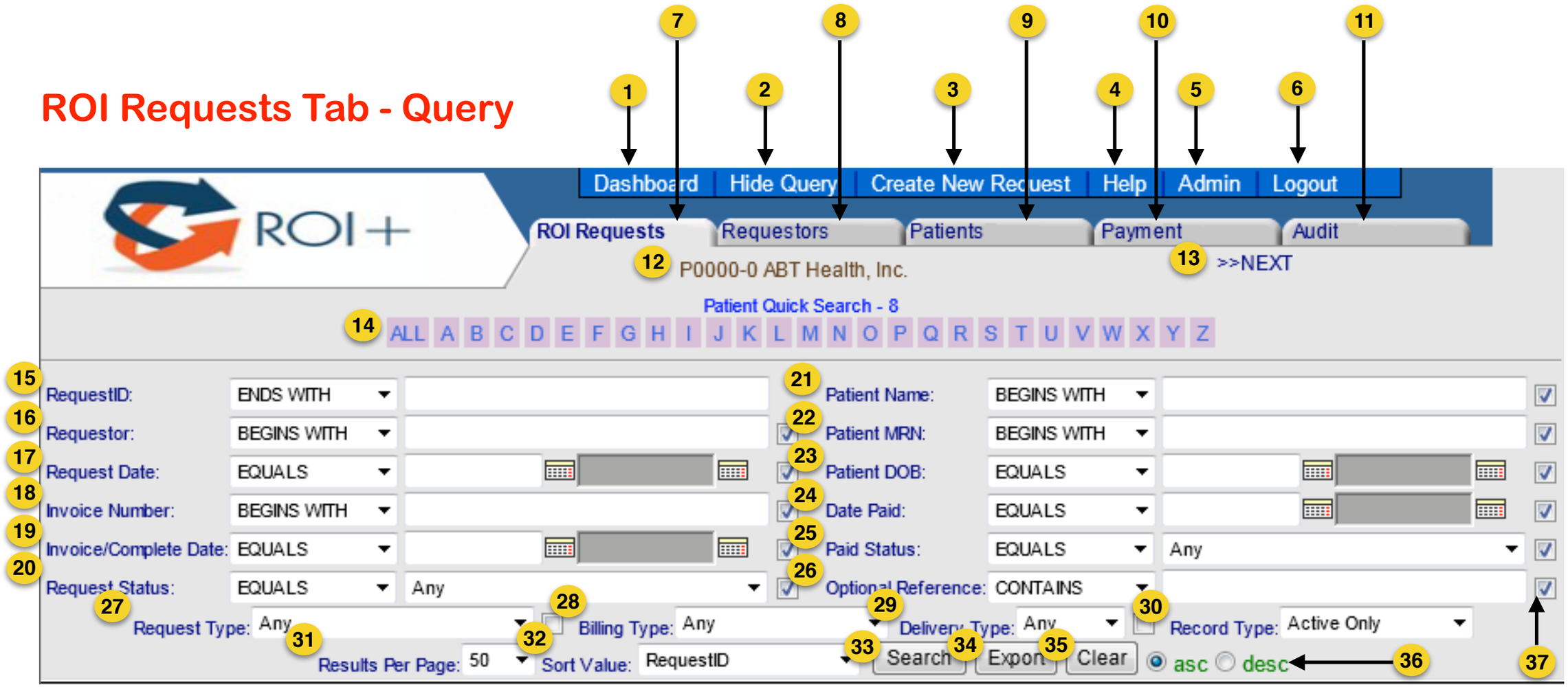
ROI Requests Tab - Query



1. Dashboard - view summary screen of all fulfillment activity
2. Hide/Show Query - hide the search area; click again to unhide (show) the search area
3. Create New Request - log in a new request
4. Help - view User Help Guide
5. Admin - manage access privileges and other system configurations
6. Logout - exit ROI+ system when you are finished
7. ROI Requests tab - manage, review, and search for requests
8. Requestors tab - add and edit Requestors in Requestor database
9. Patients tab - add and edit Patients in Patient database
10. Payment tab - post payments and manage fee collections
11. Audit tab - review permanent detail regarding all activity in system
12. Account and Name of Provider - specifies the account/Provider you are logged in to
13. NEXT - link to CMS/esMD tab and View mode for users with access
14. Patient Quick Search - search by clicking first letter of Patient's last name or click ALL to display all Patients
15. RequestID - search entries by Request ID number
16. Requestor - search entries by name of Requestor
17. Request Date - search using Calendar(s) to specify Request Date or date range
18. Invoice Number - search entries by Invoice Number
19. Invoice/Complete Date - search using Calendar(s) to specify Invoice/Complete Date or date range
20. Request Status - search entries by Request Status, such as Complete and Viewed
21. Patient Name - search entries by Patient name
22. Patient MRN - search entries by Patient's Medical Record Number
23. Patient DOB - search entries by Patient's date of birth
24. Date Paid - search entries by date Invoice was paid using Calendar to specify date(s)
25. Paid Status - search entries by paid status (Paid, UnPaid, or Unpaid - viewable)
26. Optional Reference - search entries by descriptor(s) assigned to the request by user
27. Request Type - search entries by Type of Request, such as Continuing Care or Legal
28. Billing Type - search entries by Billing Type, such as Billable, Non-Billable, or Disability
29. Delivery Type - search entries by Delivery Type, such as Fax, Paper, or Web
30. Record Type - specify type of records to search (Active Only, Archived Only, Active & Archived, Rejected Active, or Rejected Archived)
31. Results Per Page - specify number of results to display per page
32. Sort Value - choose how to sort results, such as by Patient Name or Request Date.
33. Search - click "Search" button after you specify what you want to search on in one or more of the search fields
34. Export - save search results as .csv file to view in a spreadsheet such as Excel
35. Clear - click to clear all search fields from previous search
36. Ascending/Descending - click "asc" to see results in ascending order (1, 2, 3 or A, B, C) or "desc" to see them in descending order (3, 2, 1 or Z, Y, X) for the Sort Value chosen
37. Check boxes - if the box next to a field is checked, that field will appear in the results list

ROI Requests Tab - Results

1 Ref	2 Action	3 Notes	4 Form	5	6 RequestID	7	8 Request Status	9 Request Date	10 Optional Reference	11 Requestor	12 Patient Name	13 Patient DOB	14 Invoice Number	15	16 Invoice/Complete Date	17 Invoice Amount	18 Billing Status	19 Paid Status	20 Date Paid	21 Patient MRN
1	action		view	!	REQ20150430055648357	+	Complete	4/30/2015		CIS	Smith,Jack	12/4/1942	IN20150430055648357	+	4/30/2015	$45.00	Billable	UnPaid		CTHC_25175
2	action		view		REQ20150423112653252	+	Incomplete	4/23/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150423112653252	+	4/23/2015	$0.00	Non Billable	UnPaid - viewable		111111
3	action		view		REQ20150421085349952	+	Incomplete	4/21/2015	ref123	ABT Vault	Burton,Chip	10/11/1952	IN20150421085349952	+	4/21/2015	$15.00	Billable	UnPaid		333333333
4	action		view		REQ20150420144224497	+	Logged	4/20/2015	test 123, test 321	ABT Vault	Burton,Chip	10/11/1952	IN20150420144224497	+	4/20/2015	$0.00	Billable	UnPaid		333333333
5	action		view		REQ20150420144443431	+	Incomplete	4/20/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150420144443431	+	4/20/2015	$0.00	Billable	UnPaid		333333333
6	action		view	!	REQ20150418073228566	+	Notified	4/18/2015		ABT Vault	Manske,Steve	1/9/1945	IN20150418073228566	+	4/18/2015	$28.00	Billable	Paid	5/21/2015	911111
7	action		view	!	REQ20150418093935697	+	Complete	4/18/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150418093935697	+	4/18/2015	$0.00	Billable	Paid	10/13/2015	111111
8	action		view	!	REQ20150130111831883	+	Complete	1/30/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150130111831883	+	2/3/2015	$58.50	Billable	Paid	4/23/2015	333333333
9	action		view		REQ20150127182540982	+	Incomplete	1/27/2015		Patient	Burton,Chip	10/11/1952	IN20150127182540982	+	1/27/2015	$25.00	Billable	UnPaid		111111
10	action		view		REQ20150123075148100	+	Logged	1/23/2015		Patient	Burton,Chip	10/11/1952	IN20150123075148100	+	1/23/2015	$0.00	Billable	UnPaid		111111
11	action		view		REQ20150123091634421	+	Incomplete	1/23/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150123091634421	+	1/23/2015	$36.00	Billable	UnPaid		111111
12	action		view	!	REQ20141219084702454	+	Complete C	12/19/2014		Patient	Burton,Chip	10/11/1952	IN20141219084702454	+	1/13/2015	$25.00	Billable	UnPaid		111111

1. Ref - click line number to edit the existing request
2. Action - click "action" to archive, un-archive, reject, or un-reject a request
3. Notes - click "pen" icon to open notes window and view or write a note; after entering a note and refreshing the screen, the "pen" icon becomes a "note" icon
4. Form - click "view" to see Request Fulfillment Notification Form
5. Exclamation Point - color-coded notification indicator showing fax delivery status (see color code list); click "!" to view brief log of fax activity, including type of fax and fax # used for the Invoice and Request Fulfillment Notification
6. RequestID - click the request identification (ID) # to view uploaded files, access QC (see color code list)
7. Plus sign - click "+" to select requested files from the Patient archive or upload requested files from desktop
8. Request Status - indicates current request status (Incomplete, Complete, Logged, Notified, Rejected, Viewed)
9. Request Date - the date a new request was created (logged)
10. Optional Reference - optional descriptor(s) assigned to a request by the user to help search for the request or post payment
11. Requestor - the name of the entity that submitted the request for records to you
12. Patient Name - the name of the Patient whose records have been requested
13. Patient DOB - the date of birth of the Patient whose records have been requested
14. Invoice Number - click the Invoice Number assigned by the system to view the Invoice you sent to the Requestor
15. Plus sign - click "+" to edit/update the Invoice
16. Invoice/Complete Date - the date the request was marked complete (and the Requestor notified) or the date the Invoice was subsequently modified/updated
17. Invoice Amount - the dollar amount owed by the Requestor, as reflected on the Invoice
18. Billing Status - indicates the type of billing (Billable, Non Billable, Disability, Disability-Non Billable, or Undefined)
19. Paid Status - indicates the payment status of the Invoice (Paid, UnPaid, or Unpaid - viewable)
20. Date Paid - the date a Requestor's payment is logged into the system as "Paid"
21. Patient MRN - the Medical Record Number assigned to a Patient by the Healthcare Provider

COLOR CODES - "!" Notification Indicators (Item 5)
Red - Delivery was not successful.
Yellow - Delivery is pending.
Green - Delivery was successful.

COLOR CODES - Request ID Numbers (Item 6)

Red - No request files have been uploaded. Request Status is Logged.

Yellow - One or more request files have been uploaded. Request Status is Incomplete.

Green - All necessary request files have been uploaded, but the Request Fulfillment Notification has not been sent yet. Request Status is Complete.

Brown - The Request Fulfillment Notification has been sent to the Requestor. Request Status is Notified.

Blue - The Requestor has viewed the requested medical records. Request Status is Viewed.

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Log New ROI Request

Log New ROI Request

ROI Request Information

1 Provider: ABT Default

2 Request Type: Legal (Attorney) *Request Type Help?*

3 Patient Name: Burton,Chip - 10/11/1952 *Add new patient*

4 Requestor: ABT Vault *Add new requestor*

5 Contact: Chip Burton ~(810) 963-6833 *Add new contact*

6 ALERT: Current Requestor on Credit Hold

7 Fax Number: (810) 963-6833
(nnn) nnn-nnnn
WARNING: Sending Patient records to an incorrect fax # is a breach of Patient confidentiality!!! Are you sending this Request package to the correct fax #? Compare the fax # here to the fax # on the original Request document.

8 Dates of Service: From 09/01/2014 To 09/12/2015
mm/dd/yyyy

9 Optional Reference:

10 Billing Type: Billable - UnPaid

11 ☐ Include the Invoice as the first page in the Request Release

12 Delivery Type: Web

13 Request Summary Information
Request Type: Legal (Attorney)
Patient: Burton,Chip - 10/11/1952
Requestor: ABT Vault

14 Save & Log Another Request | 15 Save & Go to Upload | 16 Save & Exit to Result List | 17 Exit Without Saving

Be advised that the Requestor contact information contained in the PHI REQUEST FULFILLMENT NOTIFICATION is originated by Providers, not ABT Global, Inc. Thus, ABT Global, Inc. makes no guarantee as to the accuracy of the Requestor contact information contained in the PHI REQUEST FULFILLMENT NOTIFICATION. By generating the PHI REQUEST FULFILLMENT NOTIFICATION, you agree that confirming the accuracy of all Requestor contact information contained therein remains your sole responsibility as a Provider and that ABT Global, Inc. is not responsible for any errors or omissions in Requestor contact information, whether or not that information is relied upon by you or other Providers.

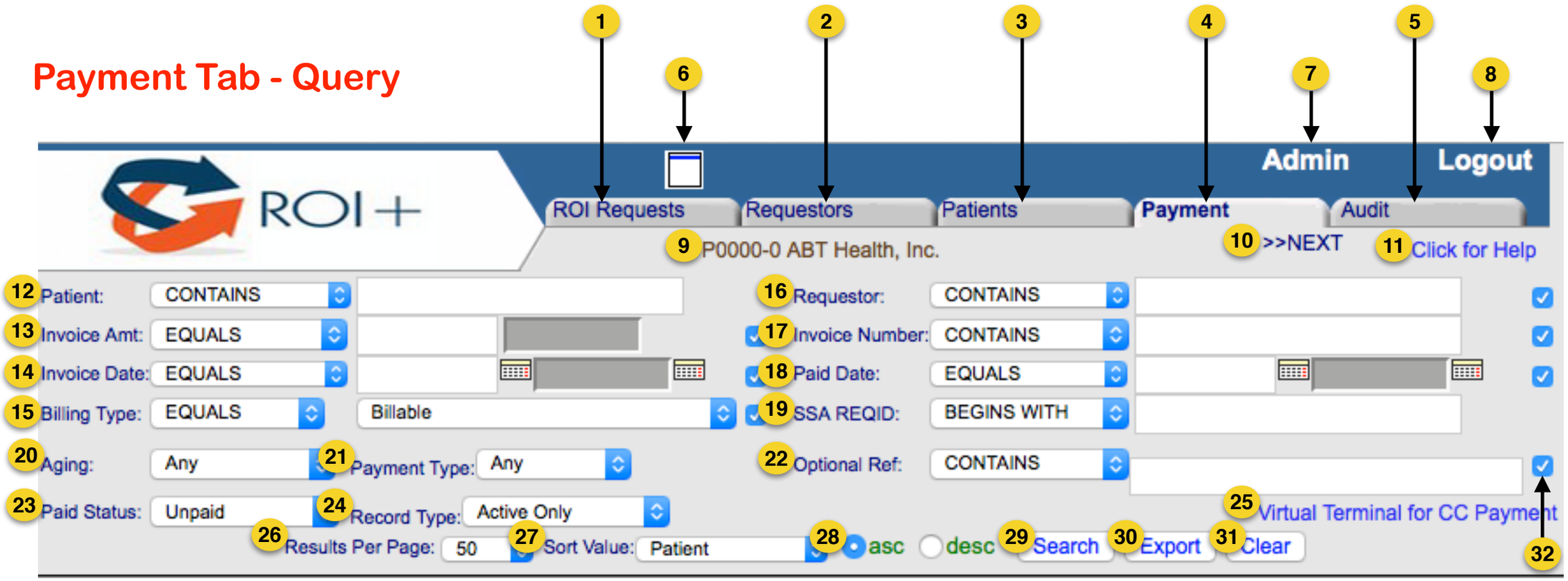
1. Provider - name of Provider; Subprovider options are listed, if applicable
2. Request Type - pull-down menu with the following Request Type options:

Audit	Law Enforcement
Business Office	Legal (Attorney)
Certified	Medicare - Medicaid
Continuing Care	Patient
Disability Determination Services	Peer Review
Disability Non-DDS	Radiology
EMSI	Risk Management
Fax Continuing Care	Services
Government Agencies	Subpoena/Court Order
Hospital Departments - Other	Worker's Comp
In-House	Other (Misc., etc.)
Insurance	

3. Patient Name - name of Patient whose records are being requested. If Patient is not in the drop-down search list, use "Add new patient."
4. Requestor - name of Requestor who submitted a request for records. If Requestor is not in the drop-down search list, use "Add new requestor."
5. Contact - name of the Requestor's Contact Person. If Contact is not listed in the pull-down menu, use "Add new contact."
6. Credit Hold Alert - alert is shown here if you select a Requestor who has one or more requests on Credit Hold for non-payment.
7. Fax Number - Requestor's fax # for delivery of medical records (fills in automatically if the Requestor or Contact is already in the database)
8. Dates of Service - beginning and end dates of service specified in request
9. Optional Reference - an optional field to enter request-related information
10. Billing Type - pull-down menu with the following Billing Type options:
    - Billable - UnPaid
    - Non-Billable - Release for Viewing
    - Disability - Release for Viewing
    - Disability - Non-Billable Release for Viewing
11. Include Invoice - check box to add Invoice as first page of request package
12. Delivery Type - pull-down menu with the following Delivery options:
    - CD/DVD
    - Email
    - Fax
    - Paper
    - Web (default)
13. Request Summary Information - displays a quick review of data
14. Save & Log Another Request - button saves current request and brings up a new form for the next request to be logged
15. Save & Go to Upload - button saves request and goes to Upload screen
16. Save & Exit to Result List - button saves request and returns to Result List
17. Exit Without Saving - button cancels request and returns to the Result List

101015

Payment Tab - Query



1. ROI Requests tab - manage, review, and search for requests
2. Requestors tab - add and edit Requestors in Requestor database
3. Patients tab - add and edit Patients in Patient database
4. Payment tab - post payments and manage fee collections
5. Audit tab - review permanent detail regarding all activity in system
6. Hide/Show Query - click to hide search area; click again to unhide (show) search area
7. Admin - manage access privileges and other system configurations
8. Logout - exit ROI+ system when you are finished
9. Account and Name of Provider - specifies the account/Provider you are logged in to
10. NEXT - link to CMS/esMD tab and View mode for users with access
11. Help - view User Help Guide for Payment Tab, including Credit Hold instructions
12. Patient - search entries by Patient name
13. Invoice Amt - search entries by the dollar amount owed for a request fulfillment
14. Invoice Date - search entries using Calendar(s) to specify Invoice Date/date range
15. Billing Type - search entries by Billing Type (Billable, Non Billable, Disability, Disability-Non Billable, or Any)
16. Requestor - search entries by name of Requestor
17. Invoice Number - search entries by Invoice Number
18. Paid Date - search entries using Calendar(s) to specify Paid Date/date range
19. SSA REQID - search Disability requests using Social Security REQID identifier
20. Aging - search entries by the age of the Invoice (i.e., # of days since the Invoice was sent to the Requestor)
21. Payment Type - search entries by method of payment (Check, Cash, Credit Card, or Any) or by "Credit Hold" status
22. Optional Ref - search entries by descriptor(s) assigned to the request by user
23. Paid Status - search entries by Paid Status (Unpaid, Unpaid-Viewable, Paid, or Any)
24. Record Type - search by type of record (Active Only, Archived Only, Active & Archived, Rejected Active, or Rejected Archived)
25. Virtual Terminal for CC Payment - take credit card payments using Authorize.Net
26. Results Per Page - specify number of results to display per page
27. Sort Value - choose how to sort your search results (Patient, Requestor, Invoice Amt, Invoice Number, Invoice Date, Billing Type, Aging, or Payment Type)
28. Ascending/Descending - click "asc" to see results in ascending order (1, 2, 3 or A, B, C) or "desc" to see them in descending order (3, 2, 1 or Z, Y, X) for the Sort Value chosen
29. Search - click "Search" button after you specify what you want to search on in one or more of the search fields
30. Export - save search results as a .csv file to view in a spreadsheet such as Excel
31. Clear - click to clear all search fields from previous search
32. Check boxes - if the box next to a field is checked, that field will appear in the results list

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Payment Tab - Results

1 Ref	2 Notes	3 Payment		4 Patient	5 Invoice Amt	6 Invoice Date	7 Aging	8 Requestor	9 Invoice Number	10 Request Type	11 Status	12 Paid Status	13 Paid Date	14 Billing Type	15 Payment Type	16 SSA REQID	17 Optional Reference
1		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$46.00	8/26/2015	48	ABT Vault	IN20150825091208640	Insurance	Complete	UnPaid		Billable	None	---	
2		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$25.00	8/26/2015	48	Patient	IN20150826112646588	Patient	Complete	UnPaid		Billable	None	---	
3		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$66.00	9/3/2015	40	ABT Vault	IN20150903045226649	Audit	Complete	UnPaid		Billable	None	---	
4		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$25.00	9/8/2015	35	ABT Vault	IN20150908121052852	Insurance	Complete	UnPaid		Billable	None	---	
5		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$46.00	9/23/2015	20	ABT Vault	IN20150915090524874	Insurance	Complete	UnPaid		Billable	None	---	
6		Payment Option	Select Payment Option	Harrington,Charles (4/22/1950)	$41.00	8/26/2015	48	CIS	IN20150812123820469	Audit	Complete	UnPaid		Billable	None	---	
7		Payment Option	Select Payment Option	Manske,Steve (1/9/1945)	$0.00	9/7/2015	36	ABT Vault	IN20150905204225345	None	Complete	UnPaid		Billable	None	---	
8		Payment Option	Select Payment Option	Manske,Steve (1/9/1945)	$42.00	10/1/2015	12	ABT Vault	IN20151001071939199	Certified	Complete	UnPaid		Billable	None	---	5469,77802

1. Ref - the line number for each entry
2. Notes - click "pen" icon to open notes window and view or write a note; after entering a note and refreshing the screen, the "pen" icon becomes a "note" icon
3. Payment - two-step process for recording payments in the ROI+ system. After selecting a Payment Option from the pull-down menu (Check, Credit Card, Cash, Credit Hold, Release for Viewing, or Set to UnPaid), click the resulting "Set to Paid" button immediately to the right.
4. Patient - the name and date of birth of the Patient whose records have been requested. Clicking here opens the fulfilled request file.
5. Invoice Amt - the dollar amount owed by the Requestor, as reflected on the Invoice
6. Invoice Date - the date the request was marked complete (and the Requestor notified) or the date the Invoice was subsequently modified/updated
7. Aging - # of days since the Invoice was sent to the Requestor
8. Requestor - the name of the entity that submitted the request for records to you
9. Invoice Number - click the Invoice Number assigned by the system to view the Invoice you sent to the Requestor
10. Request Type - indicates the type of request submitted (such as Audit, Continuing Care, Disability Determination Services, Disability Non-DDS, EMSI, Government Agencies, Insurance, Legal, Patient, Services, Subpoena/Court Order, or Workers Comp)
11. Status - indicates current request status (Logged, Incomplete, Complete, Notified, Viewed, or Rejected)
12. Paid Status - indicates the payment status of the Invoice (UnPaid, Unpaid-Viewable, or Paid)
13. Paid Date - the date a Requestor's payment is logged into the system as "Paid"
14. Billing Type - indicates the type of billing (Billable, Non Billable, Disability, or Disability-Non Billable)
15. Payment Type - indicates the method of payment or other payment-related status (Check, Cash, Credit Card, Credit Hold, Release, or None)
16. SSA REQID - REQID identifier assigned by Social Security to a Disability request
17. Optional Reference - optional descriptor(s) assigned to a request by the user to help search for the request or post payment

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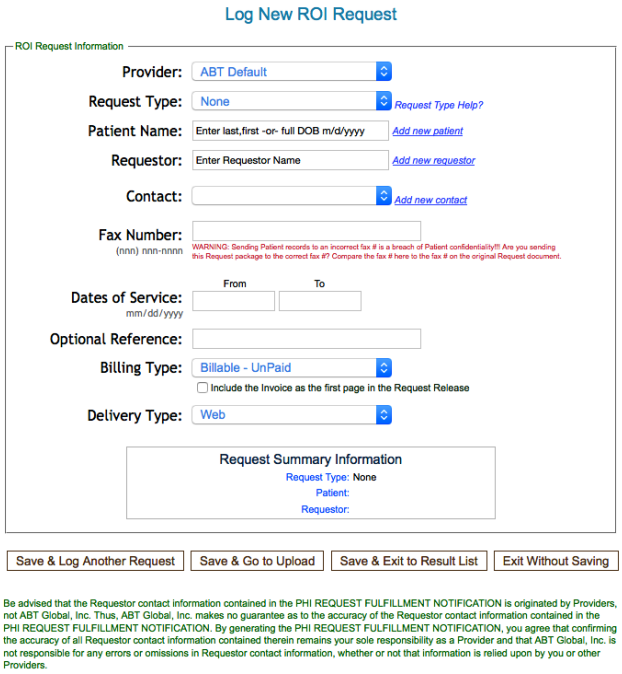
CHAPTER 1.0
PROCESSING A NEW REQUEST

The purpose of **Logging a New Request** is to log the request document that you received from a requesting entity (known as a Requestor) into the ROI+ system for date/time stamp and processing.

You will enter the following data into the **Log New Request** form:

- Request Type
- Patient Name
- Requestor Name
- Requestor Contact
- Dates of Service
- Optional Reference (e.g., Case #)
- Billing Type
- Delivery Method



One important result of your work on the Log New ROI Request form is the **PHI Request Fulfillment Notification**, which will be sent electronically to the Requestor to notify them that their request has been fulfilled and how they can access the results on the **ROI+ Requestor Portal**.

The Notification contains the following data about the original request:

- Requestor Name, Contact Name, Address, Phone #, Fax #
- Requestor Account # and PIN for ROI+ Web Portal security validation
- Provider Name, Provider Contact Name, Address, Phone #, Fax #
- Patient Name and any Patient identifiers
- Instructions for the Requestor on how to access the ROI+ Requestor Web Portal

Continue reading for step-by-step instructions on how to enter a new request into the ROI+ system.

ROI Plus

YOUR OFFICE HAS REQUESTED A PHI FOR THE PATIENT LISTED BELOW

PHI REQUEST FULFILLMENT NOTIFICATION

REQ20150130111831883

Request Date:	1/30/2015	Request ID:	REQ20150130111831883
Requestor Name:	ABT Vault	Patient Name:	Burton,Chip
Requestor Acct:	R10068	Patient DOB:	xx/xx/xxxx
Requestor PIN:	5445	Patient MRN:	333333333
		Patient ID:	

Requestor Contact:
ABT Vault
Chip Burton
3111 ashlock
Any, TX 77802
(832) 541-5155 (p) (810) 963-6833 (f)

Provider Contact:
ABT Health, Inc.
Chip Burton
4828 Williams Creek Drive
College Station, TX 77845
832-541-5155 (p) 810.963.6833 (f)
c/o ABT Default

Your office has requested PHI from the Provider listed above.
You must go to the website below to view the status and content of both pending and completed ROI requests.

WWW.ABTROIPLUS.COM

You must use the Requestor Acct # and Requestor Pin # values that appear in the top portion of this notice, along with the Patient Date of Birth, to view the status and content of both pending and completed ROI requests. Complete instructions are available on the website.

IMPORTANT NOTE:

FORWARDING ROI REQUESTS OR PATIENT RECORDS BY MAIL OR FAX EXPOSES PATIENTS TO THE RISK OF IDENTITY THEFT AND EXPOSES PROVIDERS AND REQUESTORS TO LITIGATION FROM PATIENTS WHO SUFFER IDENTITY THEFT. TRANSMITTALS OF ROI REQUEST FORMS AND PATIENT RECORDS CONTAINING CERTAIN CRITICAL INFORMATION (Patient Name, Social Security Number, Date of Birth) THAT ENABLES IDENTITY THEFT SHOULD BE CLOSELY SAFEGUARDED AND TRACKED TO PROTECT PATIENTS, REQUESTORS AND PROVIDERS FROM POTENTIAL LEGAL AND COMPLIANCE LIABILITIES.

IF REQUESTOR CHOOSES TO TAKE DELIVERY OF PATIENT RECORDS BY MAIL OR FAX, REQUESTOR HEREBY ACKNOWLEDGES, UPON RECEIPT OF THIS NOTICE, SOLE RESPONSIBILITY FOR ALL CONTINGENT LEGAL AND COMPLIANCE LIABILITIES THAT OCCUR AFTER RECEIPT OF TRANSMITTED PATIENT RECORDS.

BEFORE YOU BEGIN! Scan and save the original Request document to the designated folder on your workstation. This should be the first document in the Request file and, therefore, the first document to be read by the Requestor.

STEP #1 - Click the **"Create New Request"** link.

de Query | Create New Request | Help | Admin | Logout

uestors | Patients | Inbox | Audit

0-0 ABT Health, Inc.

Patient Quick Search - 3

ALL A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

RequestID:	ENDS WITH		Patient Name:	BEGINS WITH	
Requestor:	BEGINS WITH		Patient MRN:	BEGINS WITH	
Request Date:	EQUALS		Patient DOB:	EQUALS	
Invoice Number:	BEGINS WITH		Date Paid:	EQUALS	
Invoice Date:	EQUALS		Paid Status:	EQUALS	Any

The **Log New ROI Request** form will appear.

Log New ROI Request

ROI Request Information

Provider: ABT Default

Request Type: None *Request Type Help?*

Patient Name: Enter last,first -or- full DOB m/d/yyyy *Add new patient*

Requestor: Enter Requestor Name *Add new requestor*

Contact: *Add new contact*

Fax Number: (nnn) nnn-nnnn

WARNING: Sending Patient records to an incorrect fax # is a breach of Patient confidentiality!!! Are you sending this Request package to the correct fax #? Compare the fax # here to the fax # on the original Request document.

Dates of Service: mm/dd/yyyy — From / To

Optional Reference:

Billing Type: Billable - UnPaid

☐ Include the Invoice as the first page in the Request Release

Delivery Type: Web

Request Summary Information

Request Type: None

Patient:

Requestor:

Save & Log Another Request | Save & Go to Upload | Save & Exit to Result List | Exit Without Saving

Be advised that the Requestor contact information contained in the PHI REQUEST FULFILLMENT NOTIFICATION is originated by Providers, not ABT Global, Inc. Thus, ABT Global, Inc. makes no guarantee as to the accuracy of the Requestor contact information contained in the PHI REQUEST FULFILLMENT NOTIFICATION. By generating the PHI REQUEST FULFILLMENT NOTIFICATION, you agree that confirming the accuracy of all Requestor contact information contained therein remains your sole responsibility as a Provider and that ABT Global, Inc. is not responsible for any errors or omissions in Requestor contact information, whether or not that information is relied upon by you or other Providers.

STEP #2 - Select the Request Type

Select the appropriate Request Type from the pull-down list labeled **"Request Type."**

Request Type:

- None
- Audit
- Business Office
- Certified
- Continuing Care
- Disability Determination Services
- Disability Non-DDS
- EMSI
- Fax Continuing Care
- Government Agencies
- Hospital Departments - Other
- In-House
- Insurance
- Law Enforcement
- Legal (Attorney)
- Medicare - Medicaid
- Patient
- Peer Review
- Radiology
- Risk Management

***NOTE*: Choose "Disability Determination Services" for all Requests from DDS.**

***NOTE*: Choose "EMSI" for any and all Requests referencing "EMSI."**

***NOTE*: Choose "Patient" for all Requests directly from a Patient.**

STEP #3 - Search for the Patient (search results will give you **Patient Name**, **DOB**, and **MRN**)

Search by Patient Name (format: last,first): Enter *three or more* letters of the Patient's Last Name into the field labeled **"Patient Name."** Once you type at least three letters, a list of Patients whose Last Name **begins with** those three letters will be displayed. If you wish to narrow your list, continue to type additional letters of the Patient's Last Name and, if needed, begin to type the Patient's First Name. Use the following format with *no space after the comma*: last,first. Click once on the correct Patient Name to select it.

OR . . . .

Search by Patient Date of Birth (m/d/yyyy): Enter the Patient's entire Date of Birth using the m/d/yyyy format. A list of Patients with that Date of Birth will be displayed. Click once on the correct Patient Name to insert it.

If you do not find the Patient Name that matches the one in the original request document, click the "*Add new patient*" link to add the Patient to the system. If you believe the Patient is already in the system, you may continue your search by exiting the Log New Request process and clicking the Patient tab to perform additional searches.

Patient Name: burton,chi *Add new patient*

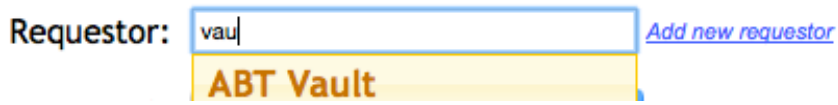
Burton,Chip - 10/11/1952 - 111111

Burton,Chip - 10/11/1952 - 333333333

STEP #4 - Search for the Requestor

Enter three or more letters from the Requestor Name into the field labeled **"Requestor."** Once you type *at least three letters*, a list of Requestor names **containing** those three letters **anywhere in the Requestor name** will appear. As you type in more letters of the Requestor name, the list will continue to narrow down for you. Click once on the correct Requestor to select it.

If you do not find the Requestor name that matches the one in the original request document, click the "Add new requestor" link to add the Requestor to the system.

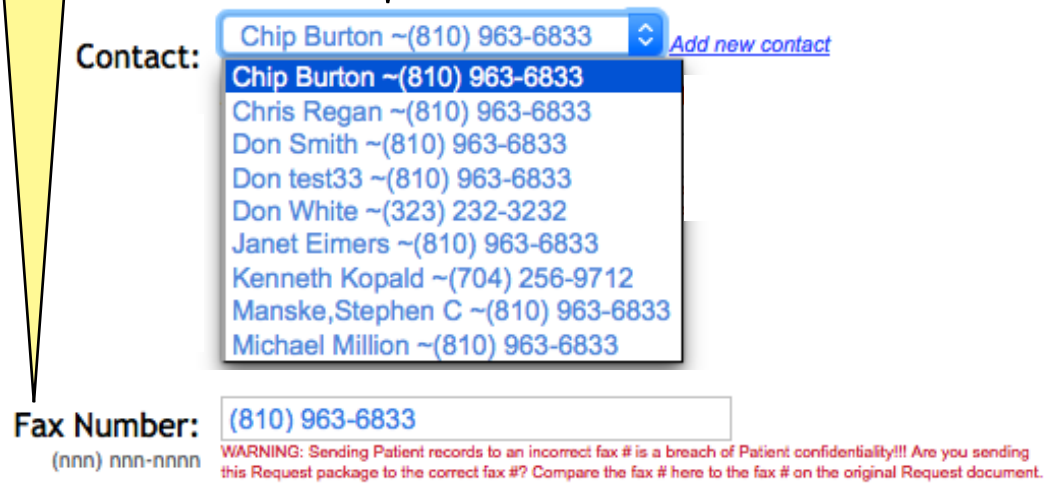


Note: If any of this Requestor's previous requests are currently on Credit Hold, a red **Credit Hold** alert will appear below the Contact field when you select the Requestor. This and any future requests will also be designated automatically by a "**C**" next to Request Status and an "**OVERDUE**" watermark on the invoice.

STEP #5 - Verify the Requestor Contact and Fax

Verify Requestor Contact: If there are already Contacts in the system for the chosen Requestor, a pull-down list will be available to you in the Contact field after you select the Requestor. Choose the Requestor Contact from the list that matches the Contact information in the original Request document. If you cannot find a matching Contact Name, click "Add new contact" to the right of the contact pull-down list. **For HIPAA compliance, you must include a Requestor Contact Name, if possible.**

Verify Fax #: You must also verify that you are using the exact same Fax # as the one listed in the original Request document. To update the Fax # for a specific contact in the ROI+ database, save & exit the Log New ROI Request screen and go to the Requestor tab. However, if you would like to change the Fax # *for this one instance only*, use the Fax Number field (shown below) to delete any incorrect digits and type the corrected digits following this format: (nnn) nnn-nnnn.



STEP #6 - Enter Dates of Service (optional item)

You may enter the Date(s) of Service specified in the original Request document. Use the following format: mm/dd/yyyy.
Note: If the Requestor did not specify the date(s) of service for the requested records, you cannot legally fulfill the Request.

Dates of Service: mm/dd/yyyy From To

STEP #7- Enter the Optional Reference (optional item)

You have the option to enter one or more descriptors for the Request (using letters and/or numbers) to make searching for the Request or posting payments easier. Separate the descriptors by using a comma, with no space before or after the comma. Each descriptor is searchable from both the Payment tab and the main ROI Requests tab.

Optional Reference:

STEP #8 - Select the Billing Type

Select the appropriate Billing Type from the following choices in the pull-down list labeled "**Billing Type**":

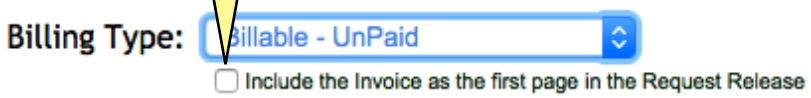
Billable - Unpaid (Requestor is a Billable entity; PHI is not viewable until Requestor pays the invoice)
Non-Billable - Release for Viewing (Requestor is deemed a Non-Billable entity; PHI is viewable upon completion)
Disability - Release for Viewing (Requestor is a Disability Determination Services entity; PHI is viewable upon completion)
Disability - Non-Billable Release for Viewing (Requestor is deemed Non-Billable; PHI is viewable upon completion)

Continuing Care Requests are generally Non-Billable, so the system will default to Non-Billable if you select "Continuing Care" as the Request Type in Step #2.

Billing Type: Billable - UnPaid
- Billable - UnPaid
- Non-Billable - Release for Viewing
- Disability - Release for Viewing
- Disability - Non-Billable Release for Viewing

STEP #9 - Check the Box if including invoice as page 1 (optional)

Mark the checkbox underneath the Billing Type field if the Requestor requires you to include the invoice as the first page of the Request File itself. NOTE: This procedure is required by some Requestors, such as Blue Cross Blue Shield of Alabama, for you to receive payment for the fulfillment. By default, the invoice will be sent separately, unless you check this box.



STEP #10 - Select the Delivery Type

From the pull-down menu, choose the method of delivering the Request. The default delivery method is Web. NOTE: The invoice will NOT contain a Requestor Account # and PIN to access records online if you do not select Web.

STEP #11 - Review the Request Summary Information

At the bottom of the Log New ROI Request form, you will see a summary of the Request Type, Patient, and Requestor you entered. Check to make sure these items are correct. If any information is incorrect, edit it in the fields above. If correct, go to the next step.

STEP #12- Select Your Next Action

Click **"Save & Log Another Request"** to log in another Request using the Log New ROI Request form;
Click **"Save & Go to Upload"** to continue processing the Request you just entered into the system;
Click **"Save & Exit to Result List"** to save your work and return to the Result List; or
Click **"Exit Without Saving"** to return to the Result List without saving your work.

See Chapter 2, Step #2, Option 2

See Chapter 2, Step #2, Option 1

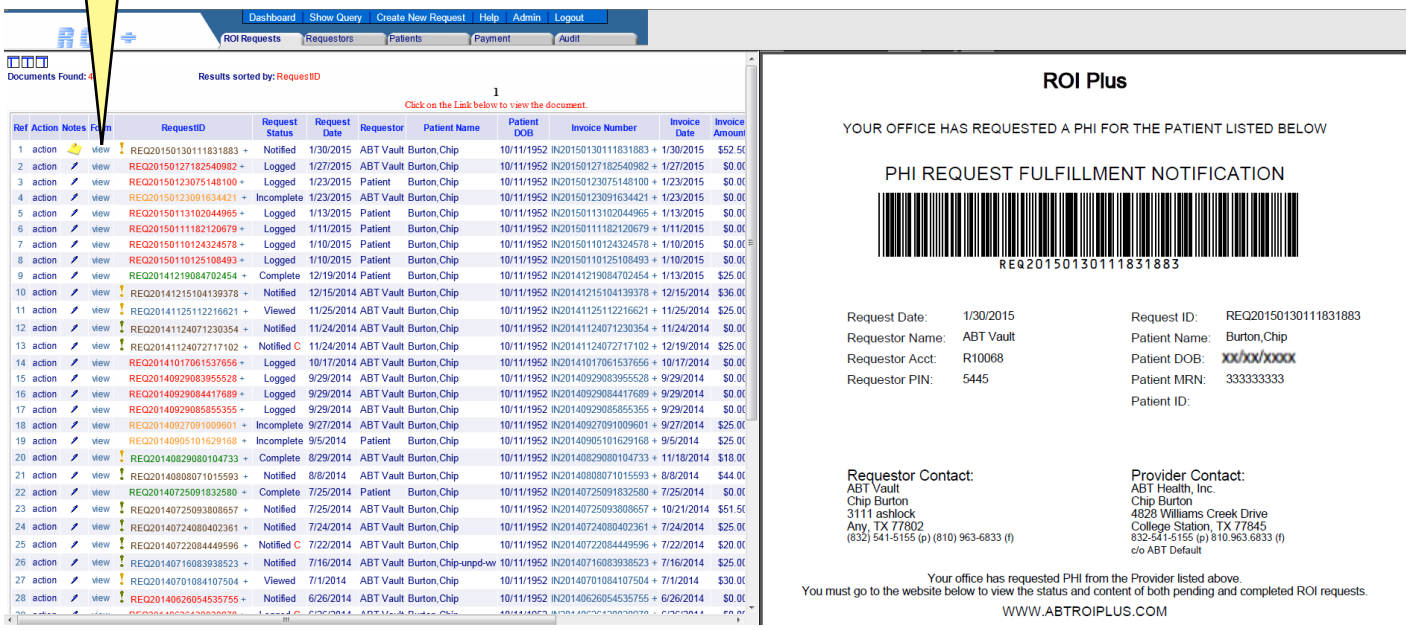
STEP #13 - Verify that the Request Is "Logged"

When you are finished with entering one or more Requests on the Log New ROI Request form, you can go to the **"Result List"** on the ROI Requests tab to verify each new Request is now in the ROI+ system. The Request(s) will have a **"RED" Request ID** in the RequestID column and a status of "**Logged**" in the Request Status column**.** The Request date will be today's date.

Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Requestor	Patient Name	Patient DOB	Invoice Number	Invoice Date	Invoice Amount	Billing Status	Paid Status	Date Paid
1	action		view	REQ20150127182540982 +	Logged	1/27/2015	ABT Vault	Burton,Chip	10/11/1952	IN20150127182540982 +	1/27/2015	$0.00	Billable	UnPaid	
2	action		view	REQ20150123075148100 +	Logged	1/23/2015	Patient	Burton,Chip	10/11/1952	IN20150123075148100 +	1/23/2015	$0.00	Billable	UnPaid	
3	action		view	REQ20150123091634421 +	Incomplete	1/23/2015	ABT Vault	Burton,Chip	10/11/1952	IN20150123091634421 +	1/23/2015	$0.00	Non Billable	UnPaid - viewable	
4	action		view	REQ20150113102044965 +	Logged	1/13/2015	Patient	Burton,Chip	10/11/1952	IN20150113102044965 +	1/13/2015	$0.00	Billable	UnPaid	
5	action		view	REQ20150111182120679 +	Logged	1/11/2015	Patient	Burton,Chip	10/11/1952	IN20150111182120679 +	1/11/2015	$0.00	Billable	UnPaid	
6	action		view	REQ20150110124324578 +	Logged	1/10/2015	Patient	Burton,Chip	10/11/1952	IN20150110124324578 +	1/10/2015	$0.00	Billable	UnPaid	
7	action		view	REQ20150110125108493 +	Logged	1/10/2015	Patient	Burton,Chip	10/11/1952	IN20150110125108493 +	1/10/2015	$0.00	Billable	UnPaid	
8	action		view	REQ20141219084702454 +	Complete	12/19/2014	Patient	Burton,Chip	10/11/1952	IN20141219084702454 +	1/13/2015	$25.00	Billable	UnPaid	
9	action		view	REQ20141215104139378 +	Notified	12/15/2014	ABT Vault	Burton,Chip	10/11/1952	IN20141215104139378 +	12/15/2014	$36.00	Billable	Paid	1/25/2015

STEP #14 - Review PHI Request Fulfillment Notification

You can click **"view"** in the Result List of the ROI Requests tab to display the **"PHI Request Fulfillment Notification"** and verify that the information is correct.



CHAPTER 2.0
UPLOADING PATIENT FILES

Uploading Requested Patient Files is the second step of the Request fulfillment process, after **Processing a New Request**. You will first upload the original Request document followed by all requested PHI.

Before you can upload Patient files, you must first select those Patient files outside of the ROI+ system (with the exception of cases where the Provider uses ABT's MedXpress repository).

One or more of the following steps may be required, depending upon the number of separate medical record repositories used at your Provider location:

- Convert paper or microfilm-based content into **.TIF or .PDF** digital file formats
- Export medical records from EMR/EHR system into **.TIF or .PDF** digital file formats
- Save all digital files to a folder on the **ROI+** designated workstation

A high-speed Internet connection makes the Upload processing of selected files much more efficient. In fact, fast Internet connectivity is essential for uploading very large Patient files.

The Uploaded files will reside in the **ROI+ repository**, which enables both the Provider and the Requestor to view the files. However, it is the Provider who determines the access timeline for Requestors.

Although an infrequent requirement, additional middleware software may be needed to provide downloads in the proper .TIF or .PDF file formats or to bundle multiple files into a single file format, depending on the export capabilities of the specific EMR/EHR being accessed.

AFTER selecting and saving all required Patient files from the Provider EMR/ EHR and any other repositories to your workstation, you will begin the Upload process inside ROI+.

Note: Most users will upload files from their desktop. Only those users accessing files from ABT's MedXpress repository will select files from the Patient Archive.

STEP #1 - Click "+" to Upload the Request files from the designated location

Click **"+"** immediately to the right of the relevant **"Request ID"** in the Result List of the ROI Requests tab to display the **"Upload Request Files"** screen. See "ROI Requests Tab - Results" schematic for color-coding key.

Ref	Action	Notes	Form	RequestID	Request Status
1	action		view	REQ20150123075148100 +	Logged
2	action		view	REQ20150123091634421 +	Incomplete
3	action		view	REQ20150113102044965 +	Logged
4	action		view	REQ20150111182120679 +	Logged
5	action		view	REQ20150110124324578 +	Logged
6	action		view	REQ20150110125108493 +	Logged
7	action		view	REQ20141219084702454 +	Complete

Step #2, Option 1 - Select files from Patient archive

If the Provider uses **ABT's MedXpress repository**, click "here" in the **Select Request File(s) from Patient Archive** section. **Most users will use Step #2, Option 2 instead.**

Select Request File(s) from Patient Archive

Click here to select files from Patient Record Archive for Burton,Chip

-or- Upload Request File(s)

OR .... **Click to exit and return to results**

Click here to exit and return to results

Uploaded files are for the following:

RequestID: REQ20150915133652424 Patient: Burton,Chip

Requestor: ABT Vault DOB: 10/11/1952

Encounter: Base Encounter

Select Upload File button to upload files

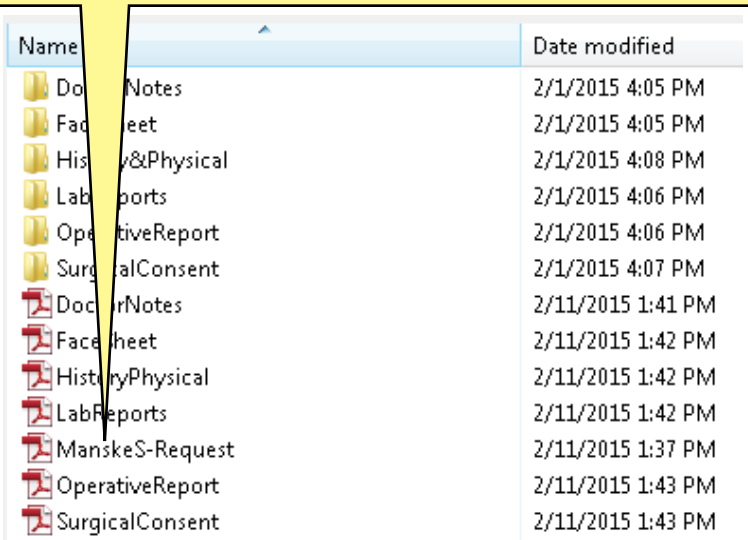
Upload File(s)

Step #2, Option 2 - Upload files from workstation

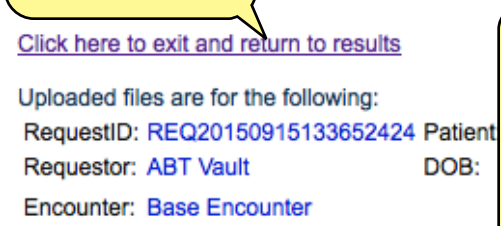
Most users will click the **"Upload File(s)"** button to locate the original Request document AND all processed digital PHI file(s) for the indicated **Patient**. Those target files should have already been placed, by you or a colleague, in the designated folder(s) on your workstation before you started the Upload process.

Step #3 - Choose the Patient Files

A file selection window will appear. Go to the folder that contains the file(s) you need to Upload. Select the file(s), either by double-clicking or by clicking once and clicking "Open."
Repeat Steps #2 and #3 until you have Uploaded all requested files to the ROI+ repository.
Ensure that you upload them in the same order that they should be sent to the Requestor.
THE FIRST FILE IN THE UPLOAD SEQUENCE SHOULD ALWAYS BE THE ORIGINAL REQUEST DOCUMENT FROM THE REQUESTOR.



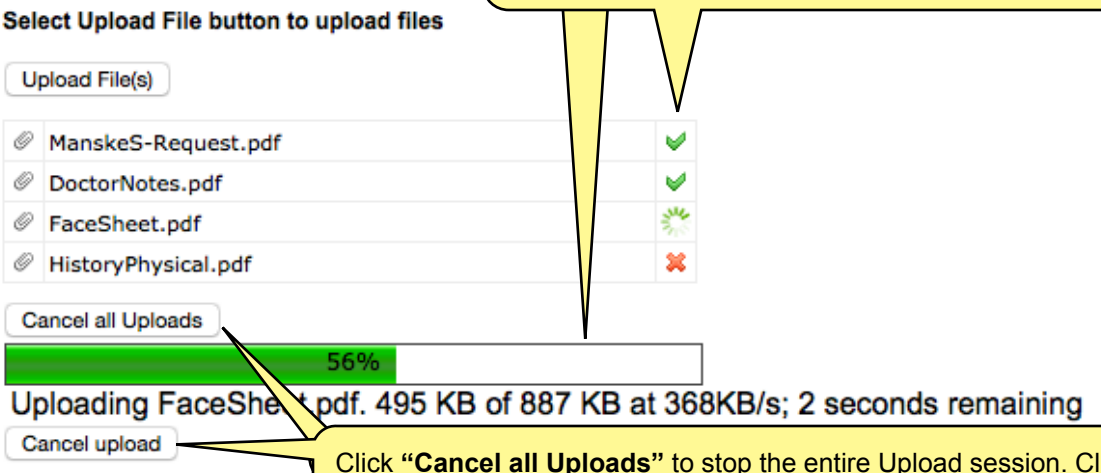
Exit to Results List



Step #4, Phase 1 - Monitor the Upload Process

The green indicator shows the progress for each file as it is Uploading.

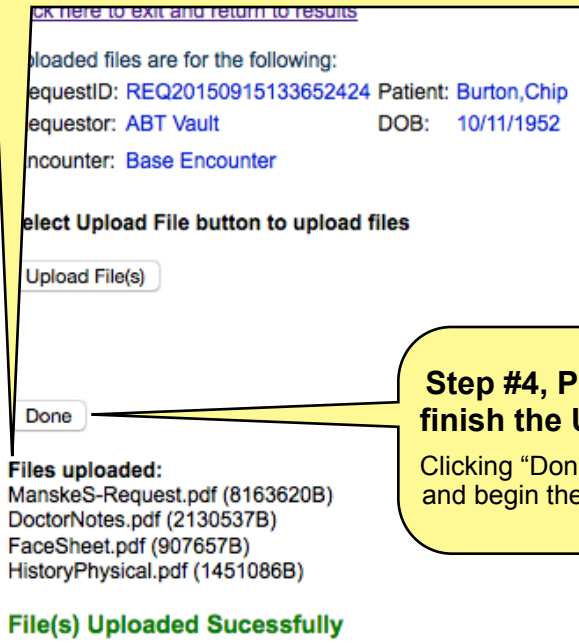
As files Upload, they are listed with a status icon. **Green checkmark** = Upload complete; **Green spinner** = Upload in progress; **Red "x"** = Not Uploaded yet.



Click **"Cancel all Uploads"** to stop the entire Upload session. Click **"Cancel upload"** to stop the Upload for a specific file while it is in progress.

Step #4, Phase 2 - Confirm the success of the Upload

Once the files have been Uploaded successfully, a confirmation message will appear. It gives you the file name, format, and size for each Uploaded file.



Step #4, Phase 3 - Click "Done" to finish the Upload process

Clicking "Done" will finish the Upload process and begin the next process - Page Selection.

NOTE: If a file is unusually large, it might take additional time to compress for easy opening and handling. In this case, you will see the following message on the next screen for QA/QC:

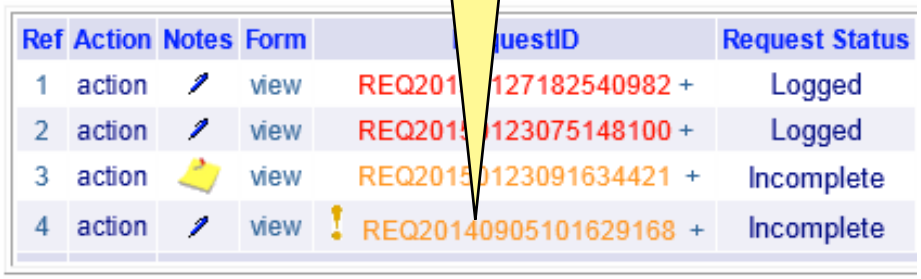
Please be aware that larger files will take more time to finish the file compression process.

You will also see this message next to the relevant file until it has finished compressing for you:

File compression in progress . . . .

Step #5 - Review Uploaded files

Next, you will review the Uploaded files during the Page Selection process. If you choose to do Page Selection later, you can still view the Uploaded files now by going to the ROI Requests tab. The **Request ID** will turn **yellow** once any file has been Uploaded to the ROI+ repository. Click the relevant **yellow** **Request ID** to view the Uploaded file(s).



Ref	Action	Notes	Form		uestID	Request Status
1	action		view		REQ201 127182540982 +	Logged
2	action		view		REQ201 123075148100 +	Logged
3	action		view		REQ201 0123091634421 +	Incomplete
4	action		view	!	REQ20140905101629168 +	Incomplete

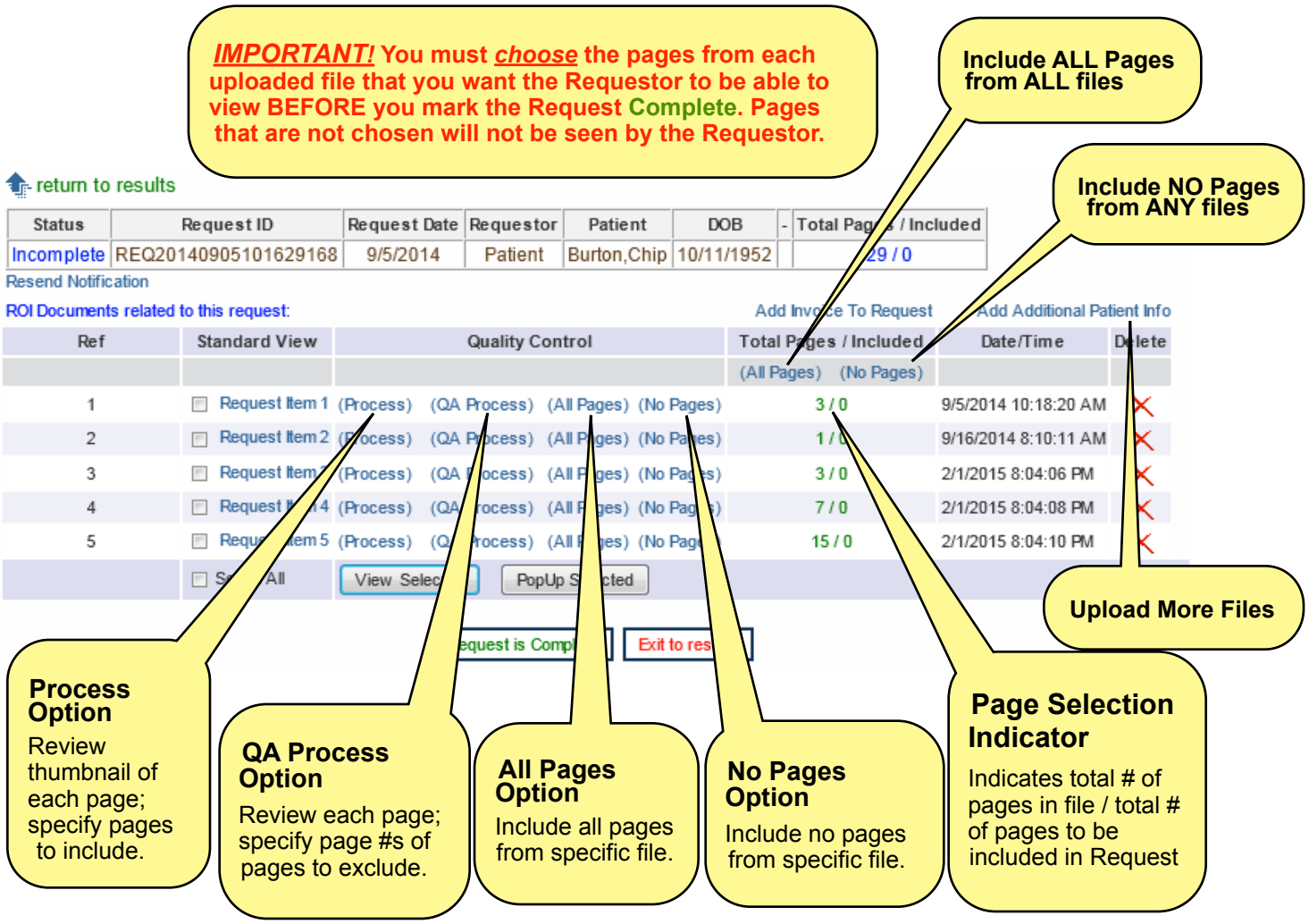
CHAPTER 3.0
PERFORMING QUALITY CONTROL PROCESS

Performing the Quality Control Process by selecting pages from Uploaded files is the third step, after **Processing a New Request** and **Uploading Files**. Sometimes with scanned files or even with EMR systems, it is difficult (if not impossible) to pick just the information being requested. Once files are Uploaded, specific pages within those files can be reviewed and picked more easily to match the requirements of the Request.

You have four options for selecting the appropriate content from each file:

1. **Process Option** - Review pages in a specific file to select the page(s) that meet the Request criteria
   - Manually advance pages or review them in "slide show" mode
   - View pages as thumbnails
   - Use include/exclude list to mark each page that you wish to *include*
2. **QA Process Option** - Review pages in a specific file to select the page(s) that meet the Request criteria
   - View larger, streamed images of each page
   - Use Adobe Acrobat to navigate file
   - Enter page numbers of pages or page ranges to be *excluded*
   - Better for larger files (e.g., over 100 pages in a file) - loads faster, images are larger and crisper
3. **All Pages Option** - Select all pages in the file
4. **No Pages Option** - Select none of the pages in the file

The **"Request is Complete"** button should be clicked only when *all* requested content has been located, Uploaded, and Selected. Once **"Request is Complete"** is clicked, the ROI+ system will automatically send the **PHI Request Fulfillment Notification** via the fax number you selected/entered during the Processing a New Request step.



PROCESS Option, Step #1 - Click "(Process)" next to a specific file to select pages

return to results

Status	Request ID	Request Date	Requestor	Patient	DOB	-	Total Pages / Included
Incomplete	REQ20140905101629168	5/2014	Patient	Burton,Chip	10/11/1952		29 / 0

Resend Notification

ROI Documents related to this request: Add Invoice To Request Add Additional Patient Info

Ref	Standard View	Quality Control	Total Pages / Included	Date/Time	Delete
			(All Pages) (No Pages)		
1	Request Item 1	(Process) (QA Process) (All Pages) (No Pages)	3 / 0	9/5/2014 10:18:20 AM	✕
2	Request Item 2	(Process) (QA Process) (All Pages) (No Pages)	1 / 0	9/16/2014 8:10:11 AM	✕
3	Request Item 3	(Process) (QA Process) (All Pages) (No Pages)	3 / 0	2/1/2015 8:04:06 PM	✕
4	Request Item 4	(Process) (QA Process) (All Pages) (No Pages)	7 / 0	2/1/2015 8:04:08 PM	✕
5	Request Item 5	(Process) (QA Process) (All Pages) (No Pages)	15 / 0	2/1/2015 8:04:10 PM	✕
	Select All	View Selected PopUp Selected			

Request is Complete Exit to results

The following screen will appear, listing each page in the selected file for viewing.

ROI+

Quality Control Process

Save and Exit Cancel and Exit

Play Previous Next

Page1 Include Exclude
Page2 Include Exclude
Page3 Include Exclude
Page4 Include Exclude
Page5 Include Exclude
Page6 Include Exclude
Page7 Include Exclude

CLINICAL PATHOLOGY LABORATORIES, INC.
9200 Wall Street - Austin, Texas 78754
512-873-1600 1-800-633-4757

CAP Accreditation #: 21525-01
CLIA # 45D0505003

15298
BRAZOS PHYSICIANS GROUP
1512 HOLLEMAN
COLLEGE STATION, TX 77840

PATIENT NAME	PATIENT ID.	ROOM NUMBER	AGE	SEX	PHYSICIAN
MANSKE, STEPHEN			59	M	CHRIS IMPERIAL

PAGE	REQUISITION NO.	ACCESSION NO.	ID. NO.	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE & TIME
1	T0454834	BC856888	690-9038	03/19/04 9:40A	03/19/04	03/20/04 7:14A

TESTS REQUESTED
COMP METAB PNL, LIPID PROFILE, CBC, PSA SCRN MC,

TEST	RESULTS (OUT OF RANGE / WITHIN RANGE)	UNITS	EXPECTED RANGE
COMPREHENSIVE METABOLIC PANEL			
GLUCOSE	83	MG/DL	65 - 110
BUN	17	MG/DL	8 - 25
CREATININE	1.0	MG/DL	0.8 - 1.4
CALCULATED BUN/CREAT	17.0		6 - 28
SODIUM	142	MEQ/L	133-146
POTASSIUM	4.0	MEQ/L	3.5 - 5.3
CHLORIDE	105	MEQ/L	97-110
CARBON DIOXIDE	27	MEQ/L	18 - 30
CALCIUM	9.2	MG/DL	8.5-10.5
PROTEIN, TOTAL	7.0	G/DL	6.0-8.4
ALBUMIN	4.2	G/DL	2.9 - 5.0
CALCULATED GLOBULIN	2.8	G/DL	2.0 - 3.8
CALCULATED A/G RATIO	1.50		0.9 - 2.5
BILIRUBIN, TOTAL	0.5	MG/DL	0.1-1.3
ALKALINE PHOSPHATASE	78	U/L	30 - 132
SGOT (AST)	24	U/L	5 - 35
SGPT (ALT)	38	U/L	7 - 56
LIPID PANEL			
CHOLESTEROL	151	MG/DL	< 200
TRIGLYCERIDES	104	MG/DL	<150
HDL CHOLESTEROL	39	MG/DL	>39

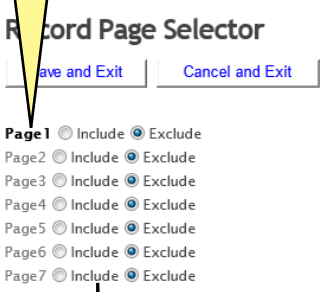
PROCESS Option, Step #2 - View the pages within the specified file

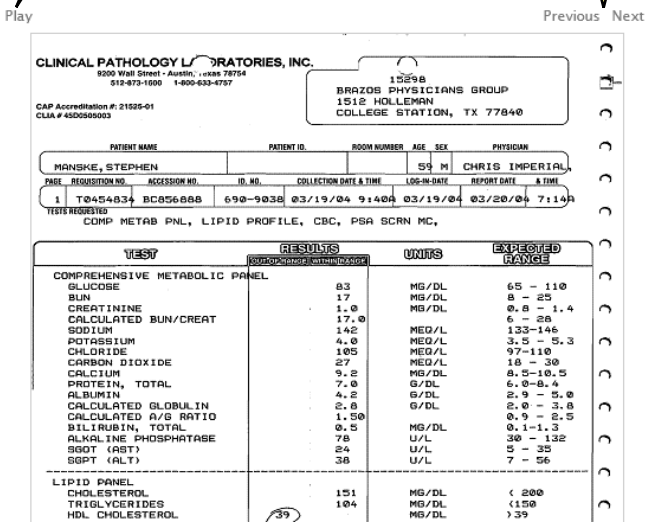
You have three options on the Process screen for viewing the pages, as described below.

A. When you click each page #, the actual page will be displayed to the right.

B. Click “Play” to view the files as a “slide show.” Click “Pause” in the same spot to stop on a page to view it.

C. Click on **Previous** or **Next** to move through the file one page at a time.

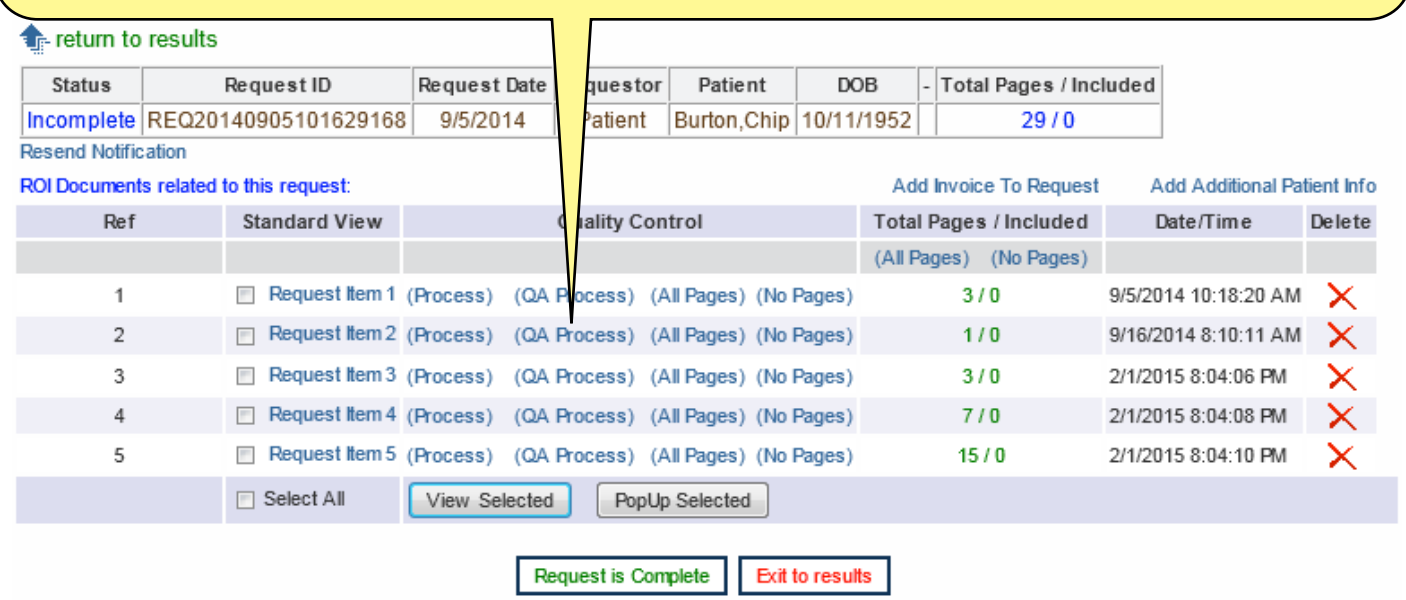




PROCESS Option, Step #3 - Mark pages to be included in the Request

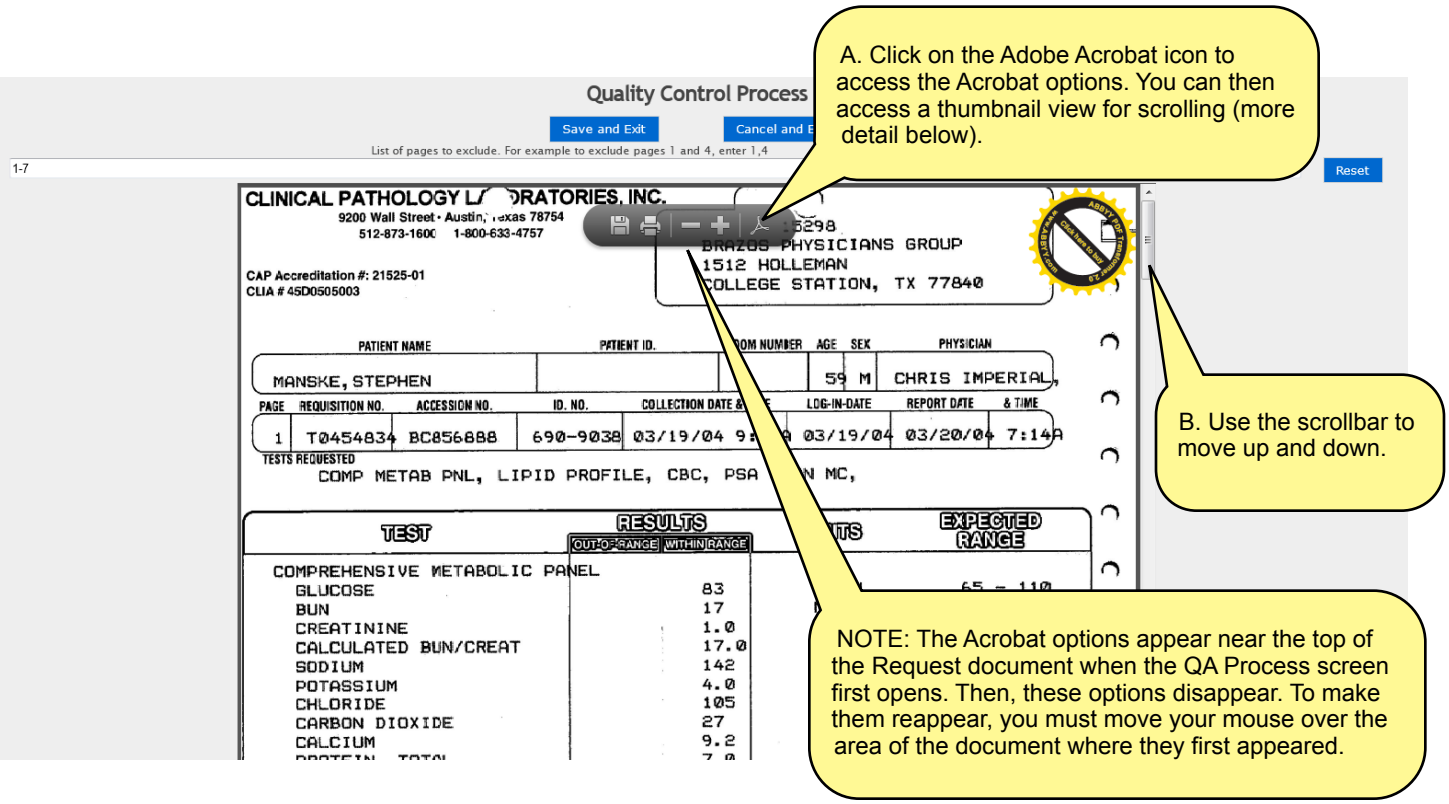
No matter how you choose to view the pages in the Process Option, you must use the pages list to “Include” each page that should appear in the Request file.

QA PROCESS Option, Step #1 - Click "(QA Process)" next to a specific file to select pages



QA PROCESS Option, Step #2 - View the pages within the specified file

On the QA Process screen, you have two options for viewing pages, as described below.

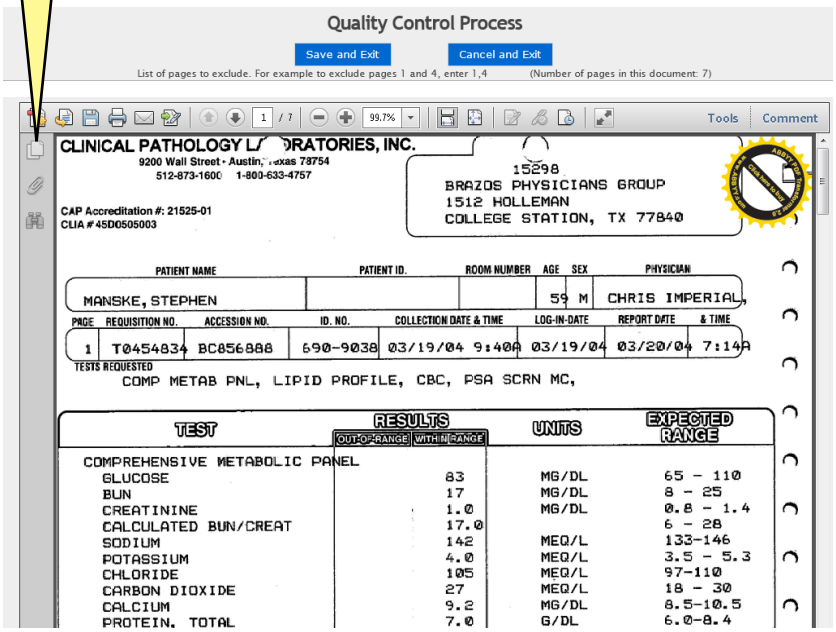


A. Click on the Adobe Acrobat icon to access the Acrobat options. You can then access a thumbnail view for scrolling (more detail below).

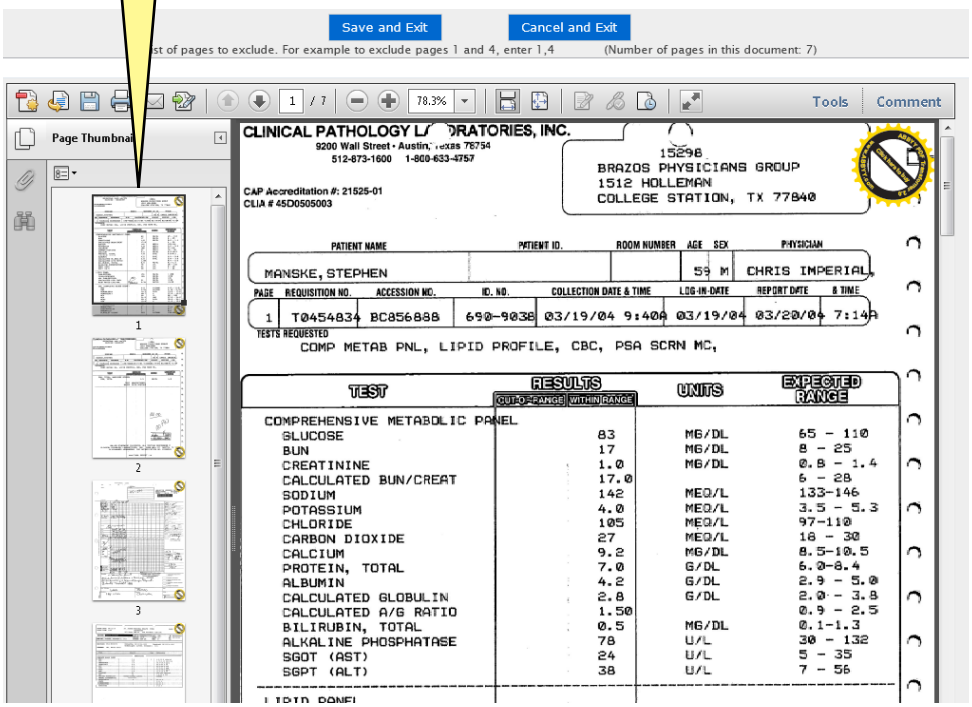
B. Use the scrollbar to move up and down.

NOTE: The Acrobat options appear near the top of the Request document when the QA Process screen first opens. Then, these options disappear. To make them reappear, you must move your mouse over the area of the document where they first appeared.

After clicking the Acrobat icon, the full Acrobat toolbar is now available to you along the top and left side of the Request file. Click the thumbnail icon to see images of all Request file pages.

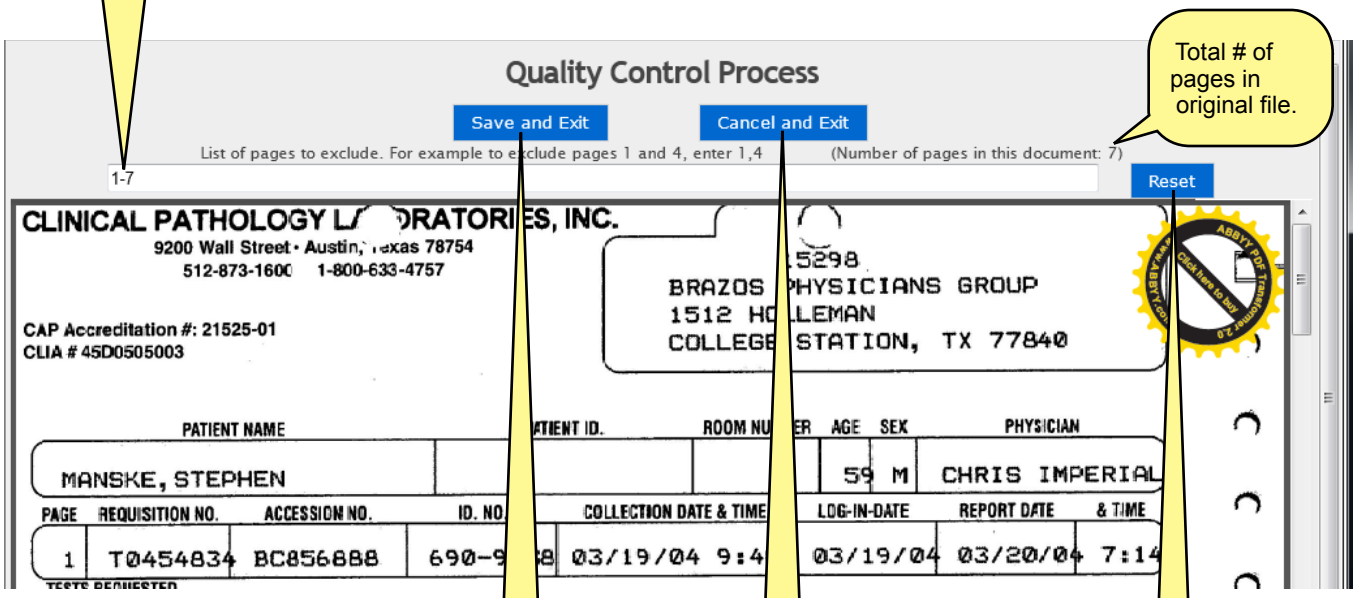


The thumbnail view is shown here. You may scroll up and down to view thumbnails of each page.



QA PROCESS Option, Step #3 - Specify pages to be excluded from the Request

No matter how you choose to view the pages in the QA Process Option, you must “Exclude” each page that should NOT appear in the Request file. As the on-screen instructions indicate, you must type the page #s in the text box above the Request file. Individual page #s and page ranges should be separated by a comma with NO space. For example, 1,3,5-7 means that pages 1, 3, 5, 6, and 7 will NOT be sent to the Requestor. Leave the box blank if you want to include all pages from the file.



Total # of pages in original file.

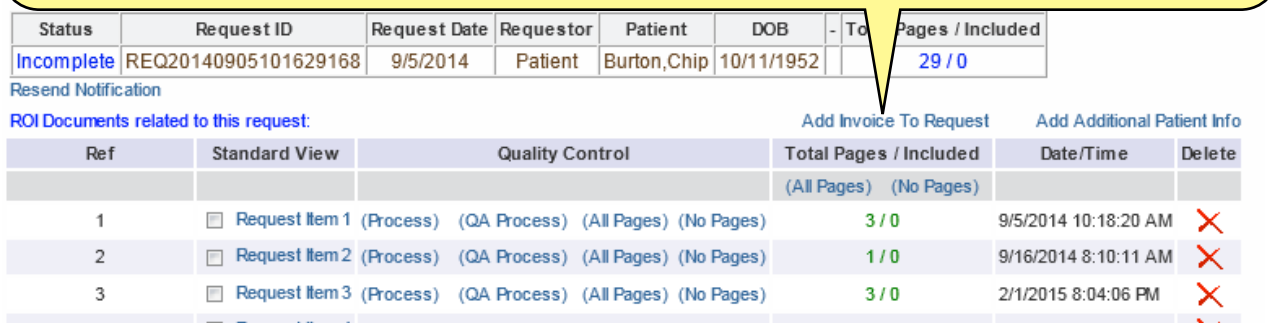
Save and Exit the QC Process screen.

Cancel and Exit the QC Process screen.

Click the “Reset” button to the right of the text box to clear the box and start over.

FINALLY, if the invoice must be included in the Request File, click “Add Invoice to Request.” (You may also choose this option on the Log New ROI Request form.)

If the Requestor requires the invoice to be sent with the Request File for payment to be made, click here. The invoice will be sent as the **first page** of the PHI Request File. Blue Cross Blue Shield of Alabama is an example of a Requestor who requires this format for payment.



CHAPTER 4.0
CONFIRMING THE REQUEST AS COMPLETE

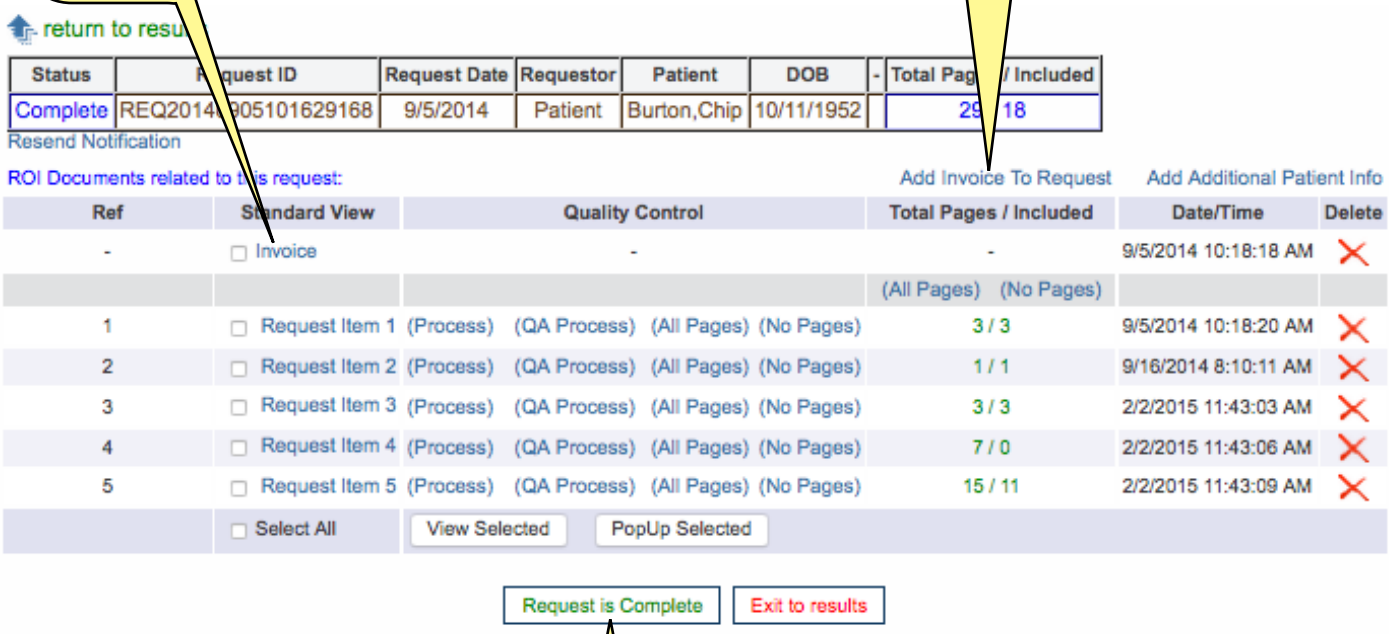
Confirming that the Request has been completed is the fourth step after **Selecting Pages in Uploaded Files**. Confirming that all of the PHI content has been located and uploaded and that the desired pages have been selected or deselected is the last step prior to notifying the Requestor that their request has been completed.

At the same moment the Request is confirmed as being complete, the ROI+ system will forward either an email or fax notification form to the Requestor based on the information contained in the Requestor profile (which you checked against the written Request in the first stage).

OPTION - You may click to add the invoice to the Request File BEFORE marking it "Complete"

If you wish to include the invoice as the first page of the Request File, click "Add Invoice to Request." This procedure is required by some Requestors, such as Blue Cross Blue Shield of Alabama, for you to receive payment for the fulfillment. **By default, the invoice will be sent separately, unless you click here OR mark the checkbox on the Log New ROI Request form.**

Invoice line appears here when added



STEP #1 - Indicate that the Request has been completed

Click the **"Request is Complete"** button to confirm that all files have been located, uploaded, and selected, thereby completing the Request.

STEP #2 - Verify Fax #

To avoid a HIPAA breach, you must check right now to ensure that the fax # listed here matches the one on the written Request. If it does not match, correct it here.

STEP #3 - For *Billable* Requests, specify if the invoice is to be sent with the Notification.

The default is to send it. To exclude it, uncheck this box.

For *Non-Billable* Requests, an invoice is NOT sent; therefore, this option will not appear on your screen.

STEP #4 - Confirm completion

Click **"Yes - Request is Complete"** to confirm that you wish to finalize the Request.

OR to cancel the completion . . .

Click **"Cancel"** to cancel the completion process and return to the previous screen.

CHAPTER 5.0
AUTOMATIC REQUESTOR NOTIFICATION PROCESS

After you click the **Yes - Request Is Complete** button, the ROI+ system will automatically fax or email a copy of the **PHI REQUEST FULFILLMENT NOTIFICATION** form, shown below, to the Requestor. The Notification informs the Requestor that the request has been completed (fulfilled). It also provides the Requestor with the web address to access the **ROI+ Requestor Portal** as well as the Account Number and PIN needed to log on to the Portal. Inside the Portal, the Requestor can review and pay the Invoice (if Billable) and view the PHI content.

PHI Request Fulfillment Notification SAMPLE

ROI Plus

YOUR OFFICE HAS REQUESTED A PHI FOR THE PATIENT LISTED BELOW

PHI REQUEST FULFILLMENT NOTIFICATION

REQ20150130111831883

Request Date:	1/30/2015	Request ID:	REQ20150130111831883
Requestor Name:	ABT Vault	Patient Name:	Burton,Chip
Requestor Acct:	R10068	Patient DOB:	xx/xx/xxxx
Requestor PIN:	5445	Patient MRN:	333333333
		Patient ID:	

Requestor Contact:
ABT Vault
Chip Burton
3111 ashlock
Any, TX 77802
(832) 541-5155 (p) (810) 963-6833 (f)

Provider Contact:
ABT Health, Inc.
Chip Burton
4828 Williams Creek Drive
College Station, TX 77845
832-541-5155 (p) 810.963.6833 (f)
c/o ABT Default

Your office has requested PHI from the Provider listed above.
You must go to the website below to view the status and content of both pending and completed ROI requests.

WWW.ABTROIPLUS.COM

You must use the Requestor Acct # and Requestor Pin # values that appear in the top portion of this notice, along with the Patient Date of Birth, to view the status and content of both pending and completed ROI requests. Complete instructions are available on the website.

IMPORTANT NOTE:

FORWARDING ROI REQUESTS OR PATIENT RECORDS BY MAIL OR FAX EXPOSES PATIENTS TO THE RISK OF IDENTITY THEFT AND EXPOSES PROVIDERS AND REQUESTORS TO LITIGATION FROM PATIENTS WHO SUFFER IDENTITY THEFT. TRANSMITTALS OF ROI REQUEST FORMS AND PATIENT RECORDS CONTAINING CERTAIN CRITICAL INFORMATION (Patient Name, Social Security Number, Date of Birth) THAT ENABLES IDENTITY THEFT SHOULD BE CLOSELY SAFEGUARDED AND TRACKED TO PROTECT PATIENTS, REQUESTORS AND PROVIDERS FROM POTENTIAL LEGAL AND COMPLIANCE LIABILITIES.

IF REQUESTOR CHOOSES TO TAKE DELIVERY OF PATIENT RECORDS BY MAIL OR FAX, REQUESTOR HEREBY ACKNOWLEDGES, UPON RECEIPT OF THIS NOTICE, SOLE RESPONSIBILITY FOR ALL CONTINGENT LEGAL AND COMPLIANCE LIABILITIES THAT OCCUR AFTER RECEIPT OF TRANSMITTED PATIENT RECORDS.

Check the Fax Notification Indicator for delivery status

The color of the exclamation point (**"!"**) to the left of the Request ID on the ROI Requests tab indicates the delivery status of the fax.

"!" = SUCCESSFUL DELIVERY

"!" = PENDING; TAKING PLACE CURRENTLY

"!" = FAILED DELIVERY

Fax Notification Indicator - Failed

The exclamation point (**"!"**) to the left of the Request ID is **RED**, meaning that the fax notification process failed.

Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Requestor	Patient Name
1	action		view	REQ20150130111831883 +	N			
2	action		view	REQ20150127182540982 +	L			
3	action		view	REQ20150123075148100 +	L			
4	action		view	REQ20150123091634421 +	Inc			
5	action		view	REQ20150113102044965 +				
6	action		view	REQ201501111821206	Complete	1/11/2015	Patient	Burton,Chip
7	action		view	REQ20150110124 78 +	Logged	1/10/2015	Patient	Burton,Chip
8	action		view	REQ201501 25108493 +	Logged	1/10/2015	Patient	Burton,Chip
9	action		view	REQ 141219084702454 +	Complete	12/19/2014	Patient	Burton,Chip
10	action		view	REQ20141215104139378 +	Complete	12/15/2014	ABT Vault	Burton,Chip
11	action		view	REQ20141125112216621 +	Viewed	11/25/2014	ABT Vault	Burton,Chip
12	action		view	REQ20141124071230354 +	Notified	11/24/2014	ABT Vault	Burton,Chip
13	action		view	REQ20141124072717102 +	Notified C	11/24/2014	ABT Vault	Burton,Chip
14	action		view	REQ20140905101629168 +	Incomplete	9/5/2014	Patient	Burton,Chip

Fax Notification Indicator - Pending

The exclamation point (**"!"**) to the left of the Request ID is **YELLOW**, meaning that the fax notification process is taking place currently.

Fax Notification Indicator - Successful

The exclamation point (**"!"**) to the left of the Request ID is **GREEN**, meaning that the fax notification process was completed successfully.

Credit Hold Notification

The "**C**" indicates that one or more invoices for this Requestor is on "Credit Hold."

CHAPTER 6.0
REJECTING A REQUEST

You will “reject” a request for PHI when you are unable to fulfill it based on the specifications of the original request document.

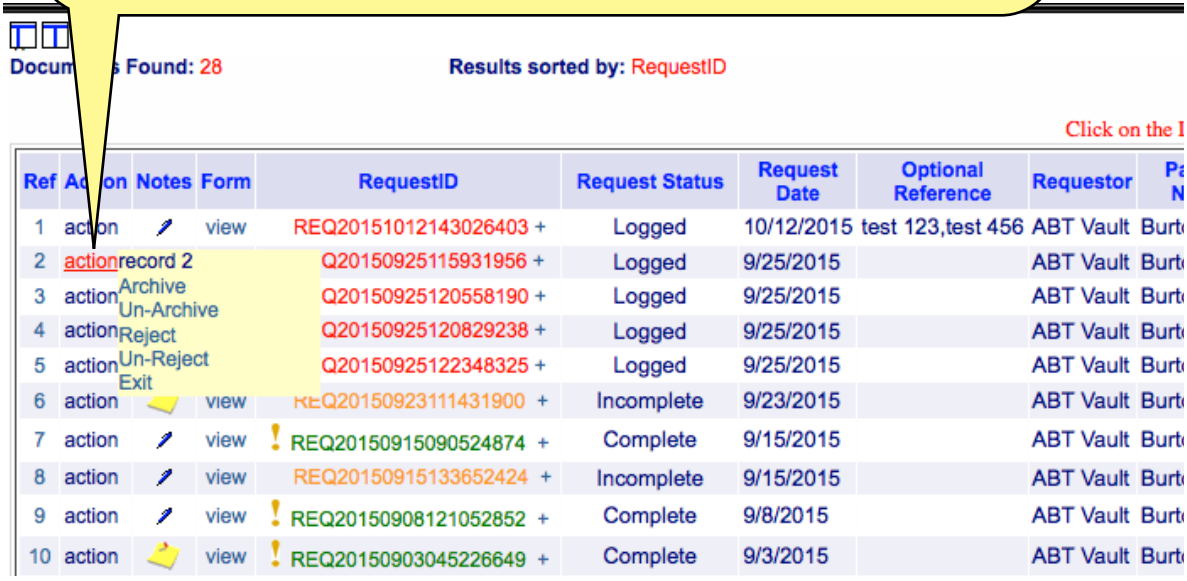
Common reasons for rejection include the following:

- Patient Record Not Found
- Incomplete Patient Record
- Patient is currently hospitalized
- Patient Treatment cannot be found at this facility
- Verified - Patient Treatment cannot be found at this facility
- ROI Request is older than 90 Days
- Date or Signature appears to be invalid
- Workman's Comp missing form 43
- Workman's Comp needs patient authorization

Note that you must work solely from the original written document sent to you by the Requestor. If the request does not have all of the required elements, you will send the Requestor a **Request Rejection Notice**. This notice tells the Requestor why their request could not be fulfilled.

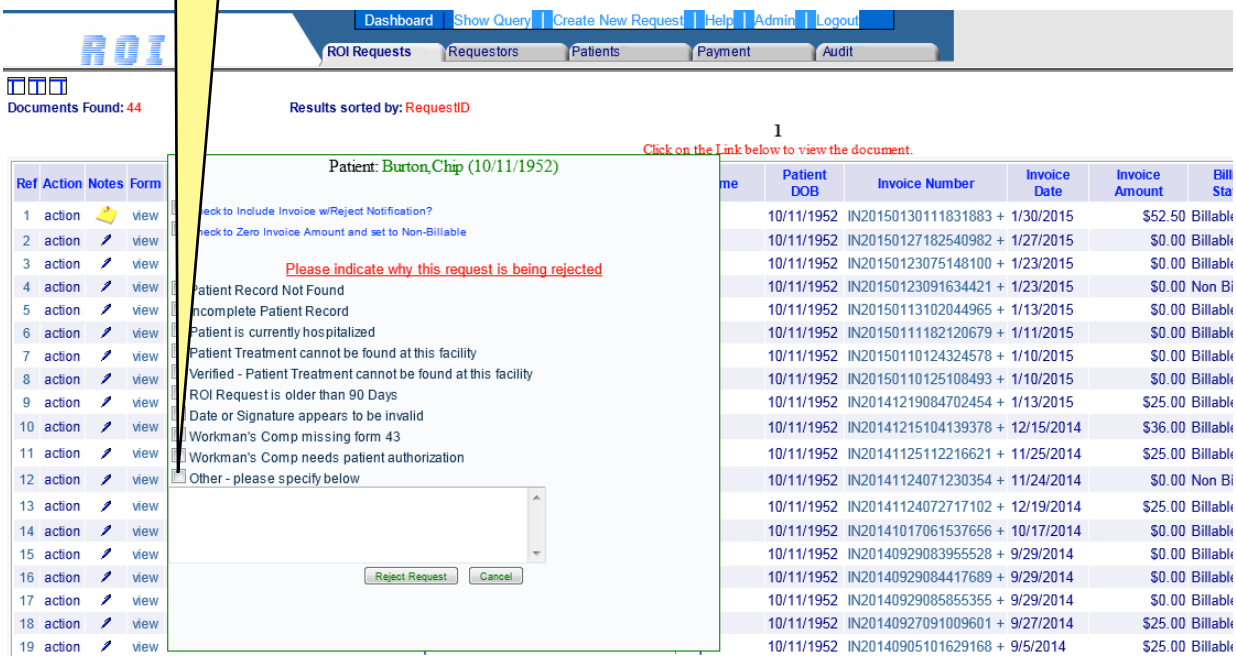
STEP #1 - Choose the “Reject” action

On the ROI Requests tab, click **“action”** on the relevant Request line and choose **“Reject”** from the yellow pop-up options window (shown below). This action will cause the **“Request Rejection”** form to appear.



STEP #2 - Specify the reason for Rejection

The **"Request Rejection"** form states why the request is being rejected. Click the checkbox next to the most appropriate listed reason; however, if none of the listed reasons applies, then click to mark the checkbox for **"Other - please specify below"** and use the box at the bottom to type an explanation of why the request is being rejected.



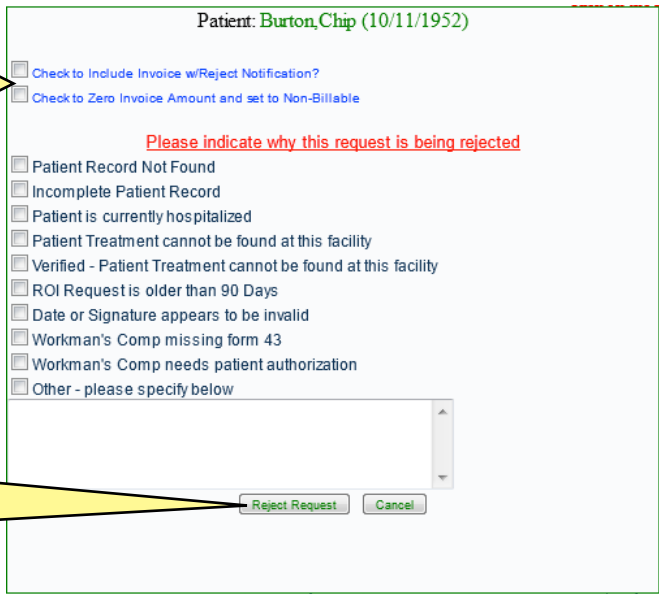
STEP #3 - Add desired options

3a. If desired, check the box to include a copy of the invoice along with the Rejection Notification. Some states allow you to charge the Requestor with a processing/ search fee.

3b. If desired, check the box to zero out the invoice amount (set the invoice to $0 owed) and adjust the Billing Status to Non-Billable.

STEP #4 - Reject the Request

Click the **"Reject Request"** button to complete the Rejection and send the notification to the Requestor, or click the **"Cancel"** button to abort the Rejection procedure.



STEP #5 - Review the Request Rejection Notice

Review the **"Request Rejection Notice."** If you clicked the "Reject Request" button, this page was sent to the Requestor as the *second page* of the **"PHI Request Fulfillment Notification."**

ROI Plus

REQUEST REJECTION NOTICE

This is to acknowledge receipt of your recent inquiry requesting information for the patient identified below. The information you requested is not available because of the reasons listed:

Request and Patient Info:

Request Date:	8/25/2014	Request ID:	REQ20140825071338690
Requestor Name:	ABT Vault	Patient Name:	Burton,Chip
Requestor Acct:	R10068	Patient DOB:	xx/xx/xxxx 10/11/1952
Requestor PIN:	5445	Patient MRN:	111111
		Patient ID:	

Request Rejection Reasons:

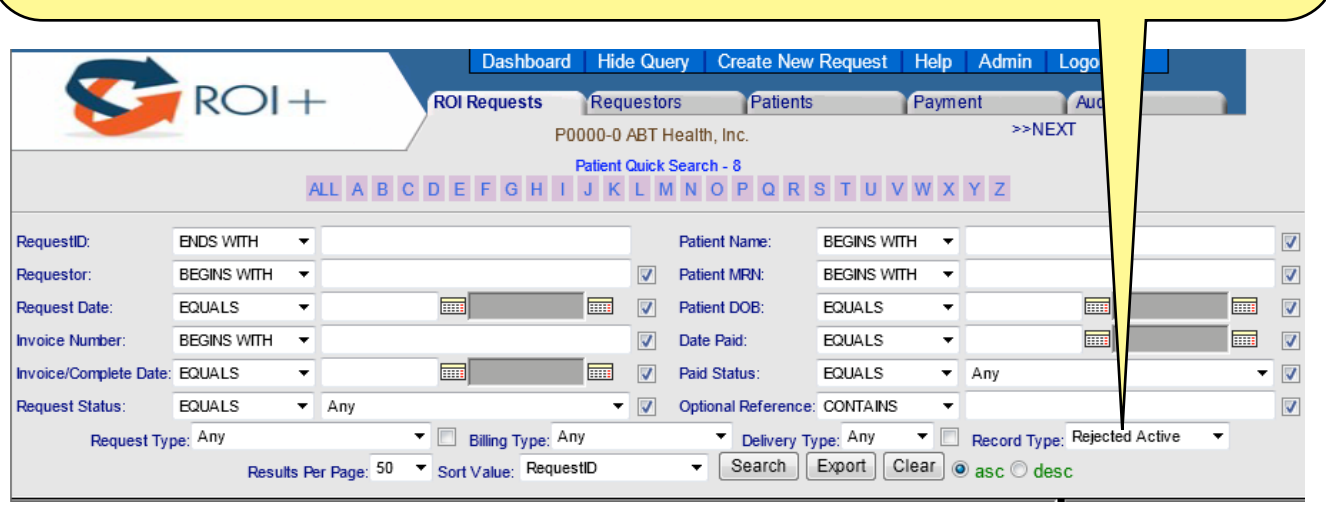
- ☐ Patient Record Not Found
- ☐ Incomplete Patient Record
- ☐ Patient is currently hospitalized
- ☐ Patient Treatment cannot be found at this facility
- ☐ Verified - Patient Treatment cannot be found at this facility
- ☐ ROI Request is older than 90 Days
- ☐ Date or Signature appears to be invalid
- ☐ Workman's Comp missing form 43
- ☐ Workman's Comp needs patient authorization
- ☒ Other - additional information specified below:

Request is missing a Contact Name and Requestor Address.

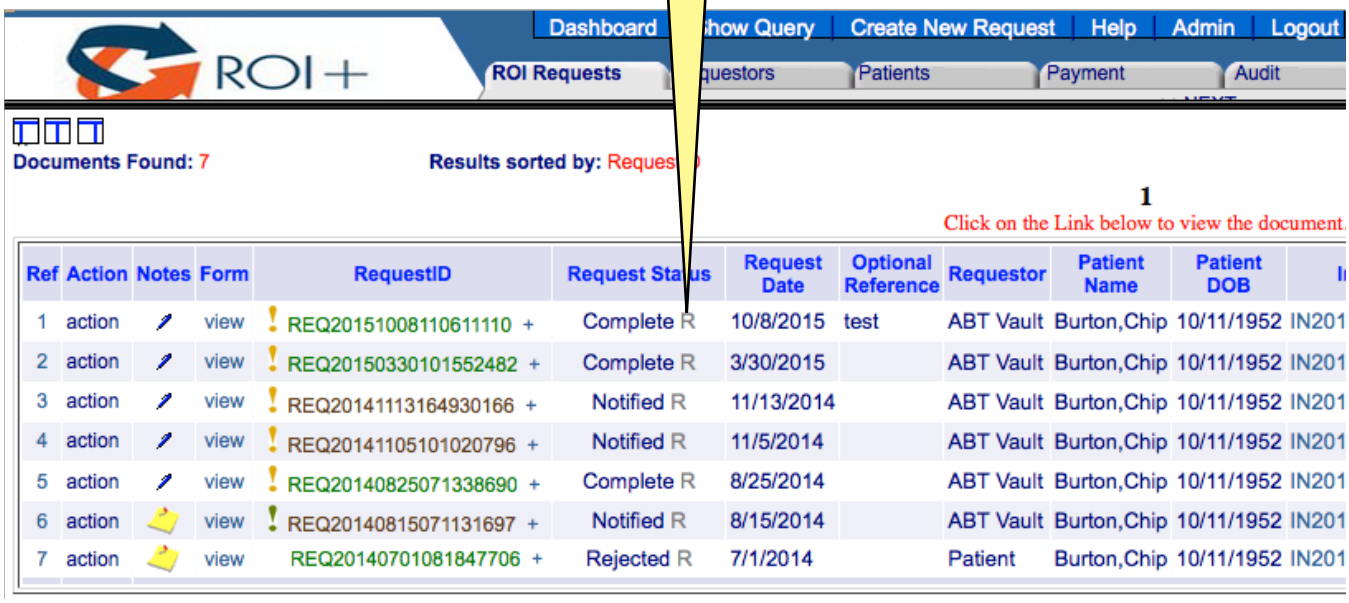
STEP #6 - Verify that Record Type has been set to "Rejected"

The Record Type is automatically set to **"Rejected"** once the Rejection Form has been completed. To verify this change, follow the instructions below.

6a. Go to the ROI Requests tab, choose "Rejected Active" as the Record Type in the Query section, and click "Search."



6b. In your Results List, you will see a list of Rejected items only, denoted by an "R" to the right of the Request Status for each item. Check to ensure that your Request is listed here.



Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Optional Reference	Requestor	Patient Name	Patient DOB	I
1	action		view	REQ20151008110611110 +	Complete R	10/8/2015	test	ABT Vault	Burton,Chip	10/11/1952	IN201
2	action		view	REQ20150330101552482 +	Complete R	3/30/2015		ABT Vault	Burton,Chip	10/11/1952	IN201
3	action		view	REQ20141113164930166 +	Notified R	11/13/2014		ABT Vault	Burton,Chip	10/11/1952	IN201
4	action		view	REQ20141105101020796 +	Notified R	11/5/2014		ABT Vault	Burton,Chip	10/11/1952	IN201
5	action		view	REQ20140825071338690 +	Complete R	8/25/2014		ABT Vault	Burton,Chip	10/11/1952	IN201
6	action		view	REQ20140815071131697 +	Notified R	8/15/2014		ABT Vault	Burton,Chip	10/11/1952	IN201
7	action		view	REQ20140701081847706 +	Rejected R	7/1/2014		Patient	Burton,Chip	10/11/1952	IN201

CHAPTER 7.0
EDITING AN EXISTING REQUEST

You will “edit” an existing Request for PHI when the original information you entered on the Log New ROI Request form needs to be corrected. Editing can occur at any point in the Request fulfillment process.

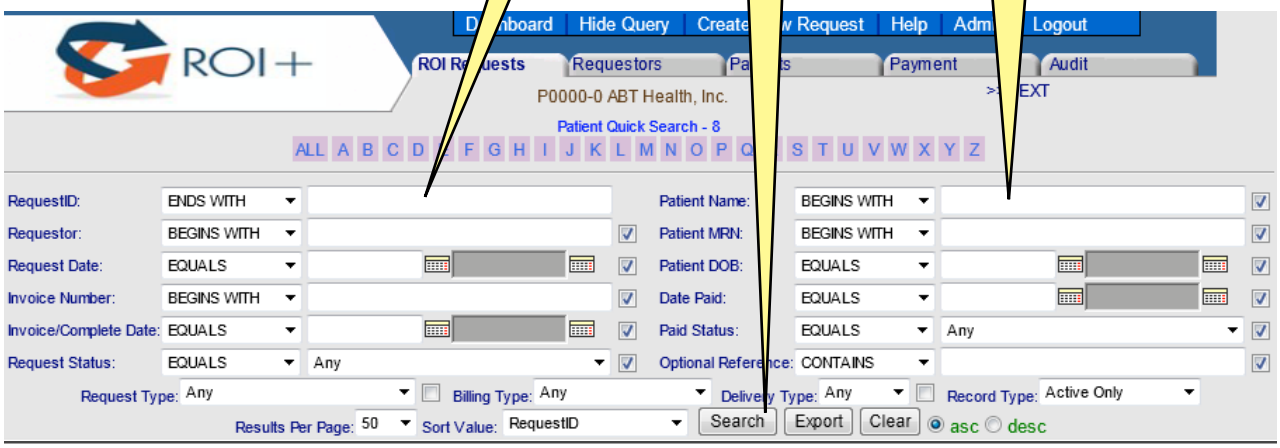
You might need to edit a Request for many reasons, including the following:

- choosing the wrong Request Type (for example, “Continuing Care” rather than “Legal”)
- choosing the wrong Billing Type (for example, “Non-Billable - Release for Viewing” rather than “Billable - UnPaid”)
- choosing the wrong Requestor or Patient

Whenever you edit a Request, you should add a note in the system to explain the reason for your edit(s).

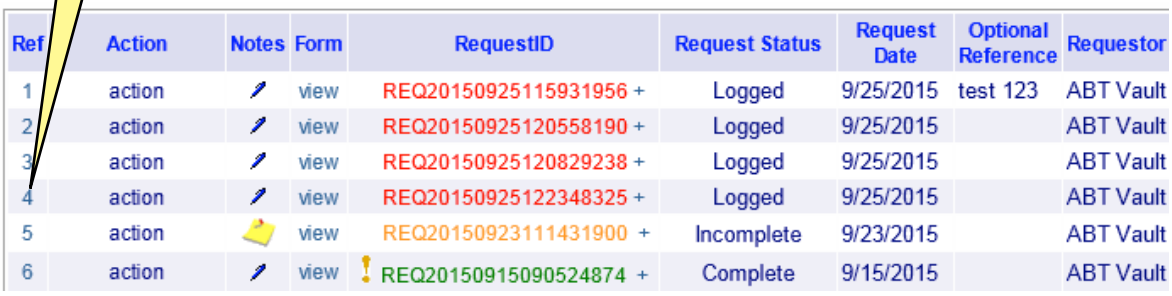
STEP #1 - Search for the relevant Request in the ROI Requests tab

In the ROI Requests tab, you may click “Search” in the Query section to bring up a list of the most recently completed items. However, if the Request was not processed or updated recently, you might locate it more quickly by searching on Patient Name or Request ID.



STEP #2 - Click the relevant line # in the “Ref” column

Click the line # for the Request you need to edit. This action will cause the completed **“Log New ROI Request”** form to appear.



Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Optional Reference	Requestor
1	action		view	REQ20150925115931956 +	Logged	9/25/2015	test 123	ABT Vault
2	action		view	REQ20150925120558190 +	Logged	9/25/2015		ABT Vault
3	action		view	REQ20150925120829238 +	Logged	9/25/2015		ABT Vault
4	action		view	REQ20150925122348325 +	Logged	9/25/2015		ABT Vault
5	action		view	REQ20150923111431900 +	Incomplete	9/23/2015		ABT Vault
6	action		view	REQ20150915090524874 +	Complete	9/15/2015		ABT Vault

STEP #3 - Edit the existing information as needed

Edit Existing ROI Request

ROI Request Information

Provider: ABT Default

Request Type: Audit *Request Type Help?*

Patient Name: Burton,Chip *Add new patient*

Requestor: ABT Vault *Add new requestor*

Contact: Chip Burton ~(555) 555-5555 *Add new contact*

Fax Number: (555) 555-5555
(nnn) nnn-nnnn
WARNING: Sending Patient records to an incorrect fax # is a breach of Patient confidentiality!!! Are you sending this Request package to the correct fax #? Compare the fax # here to the fax # on the original Request document.

Dates of Service: From To
mm/dd/yyyy

Optional Reference: test 123,test 456

Billing Type: Billable - UnPaid

☐ Include the Invoice as the first page in the Request Release

Delivery Type: Web

Request Summary Information
Request Type: Audit
Patient: Burton,Chip
Requestor: ABT Vault

Save & Log Another Request | Save & Go to Upload | Save & Exit to Result List | Exit Without Saving

Be advised that the Requestor contact information contained in the PHI REQUEST FULFILLMENT NOTIFICATION is originated by Providers, not ABT Global, Inc. Thus, ABT Global, Inc. makes no guarantee as to the accuracy of the Requestor contact information contained in the PHI REQUEST FULFILLMENT NOTIFICATION. By generating the PHI REQUEST FULFILLMENT NOTIFICATION, you agree that confirming the accuracy of all Requestor contact information contained therein remains your sole responsibility as a Provider and that ABT Global, Inc. is not responsible for any errors or omissions in Requestor contact information, whether or not that information is relied upon by you or other Providers.

STEP #4 - Click the "Update Request" button

Click one of the first three buttons (depending upon what you would like to do next) to save your updates. An updated **PHI Request Fulfillment Notification Form** will be created. **If your correction affected the Invoice (such as changing Non-Billable to Billable), the Invoice will be updated automatically, but the invoice will not be sent out until you either finish re-processing and click "Request is Complete" or until you act to "Resend Notification."**
To completely cancel your updates and leave the **"Edit Existing ROI Request"** screen, click **"Exit Without Saving."**

STEP #5 - Verify your updates in ROI Requests tab

On the ROI Results tab, find the relevant Request. Based on the types of changes you made, you might see changes to the Fax Notification Indicator color (and the associated fax log that appears when you click the indicator), the Request ID color, the Request Status, the Billing Type, the Invoice Amount, and/or the Billing Status. You may also view the updated PHI Request Fulfillment Notification and the Invoice (if updated).

Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Optional Reference	Requestor	Patient Name	Patient DOB	Invoice Number	Invoice/Complete Date	Invoice Amount	Billing Status
1	action		view	REQ20151012143026403 +	Logged	10/12/2015	test 123,test 456	ABT Vault	Burton,Chip	10/11/1952	IN20151012143026403 +	10/12/2015	$0.00	Billable
2	action		view	REQ20150925115931956 +	Logged	9/25/2015	test 123	ABT Vault	Burton,Chip	10/11/1952	IN20150925115931956 +	9/25/2015	$0.00	Non Billable
3	action		view	REQ20150925120558190 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925120558190 +	9/25/2015	$0.00	Billable
4	action		view	REQ20150925120829238 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925120829238 +	9/25/2015	$0.00	Disability-Non Billable
5	action		view	REQ20150925122348325 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925122348325 +	9/25/2015	$0.00	Billable
6	action		view	REQ20150923111431900 +	Incomplete	9/23/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150923111431900 +	9/23/2015	$0.00	Billable

STEP #6 - Add a note giving the reason for your edit(s)

See Chapter 12: Adding a Note for instructions.

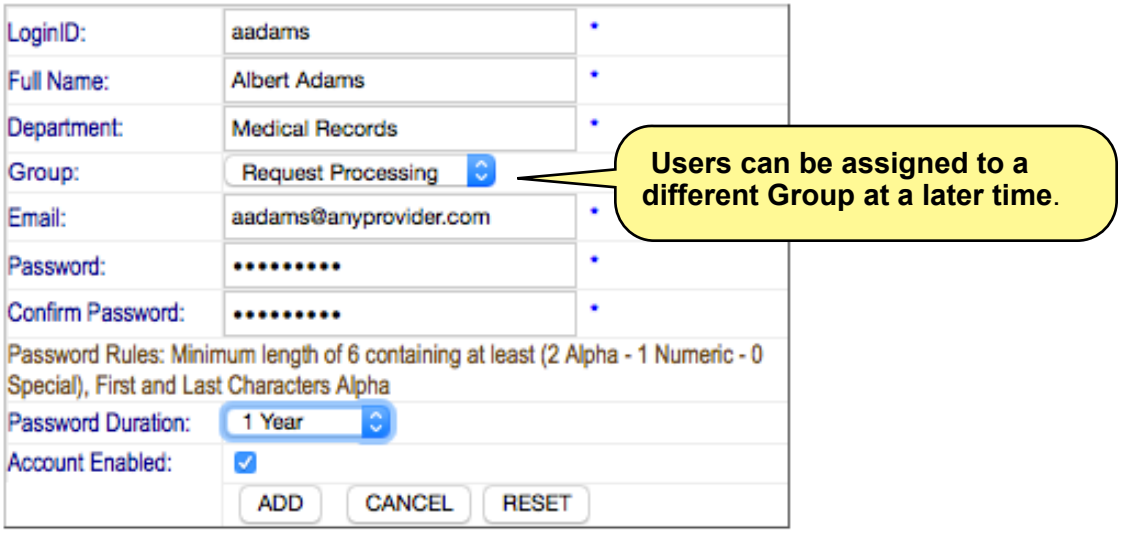
Ref	Action	Notes	Form	RequestID	Request Status
1	action		view	REQ20150209140705622 +	Complete
2	action		view	REQ20150130111831883 +	Notified
3	action		view	REQ20150127182540982 +	Logged
4	action		view	REQ20150123075148100 +	Logged

CHAPTER 8.0
ADMINISTRATION MODULE

The **Administration Module** governs who has access to a given ROI+ account and what feature/function privileges they can execute. There are three (3) sections to the Administration Module: **Groups**, **Users**, and **Misc**. The first two steps that need to be taken after ABT Medical sets up an ROI+ account are to **Add New User(s)** and **Add New Group(s)**. You will be using the following templates to enter the required information:

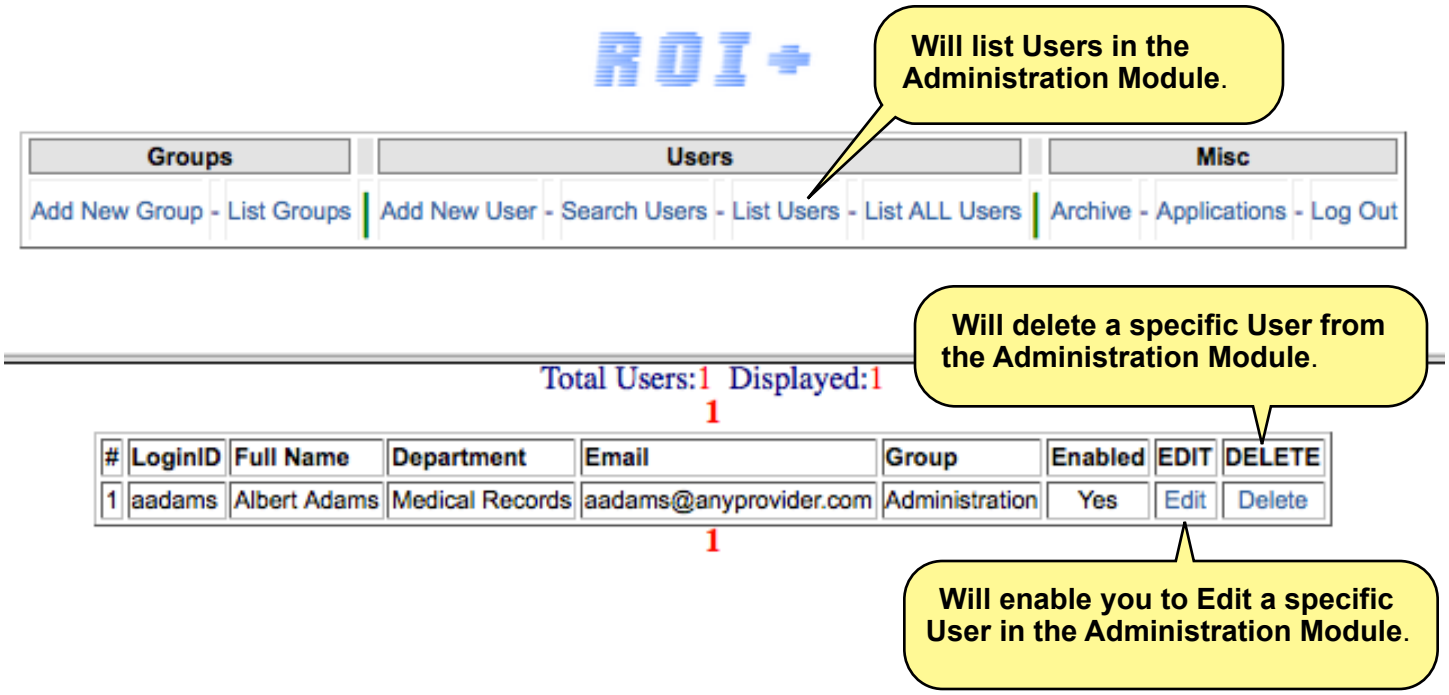
STEP ONE - ADD NEW USER(s)

ADD NEW USER TEMPLATE



1. **Login ID** - a unique 1st part for access validation identifier for each User
2. **Full Name** - the full name for this User
3. **Department** - an optional entry dependent upon the relationship of the User to the organization
4. **Group** - select the Group that contains the feature/functionality privileges (rights) to be assigned to the User
5. **Email** - the email address for this User
6. **Password** - the 2nd part for access validation (note that the password has very specific formatting rules)
7. **Confirm Password** - required second entry to ensure password is entered as intended
8. **Password Duration** - the length of time before the current Password expires
   8.1. The **Expiration Date** will appear once the New User has been added
9. **Account Enabled** - determines whether or not the User is Enabled to log in to ROI+
   9.1. There may be Users that only need Login privileges on a periodic basis
10. **ADD** - clicking on this button will **Add** this **New User** to the **Administration Module**
11. **CANCEL** - clicking on this button will **Cancel** the **Add New User** entry process
12. **RESET**- when Adding a New User, clicking on this button will clear the template
    12.1. When **Modifying** an existing **User**, clicking on this button will Reset all edited values back to their original state

Once you have **Added a New User(s)**, then click on the **List Users** option to insure the **New User** is in the **Administration Module** (see below).



LISTING OF ALL USERS

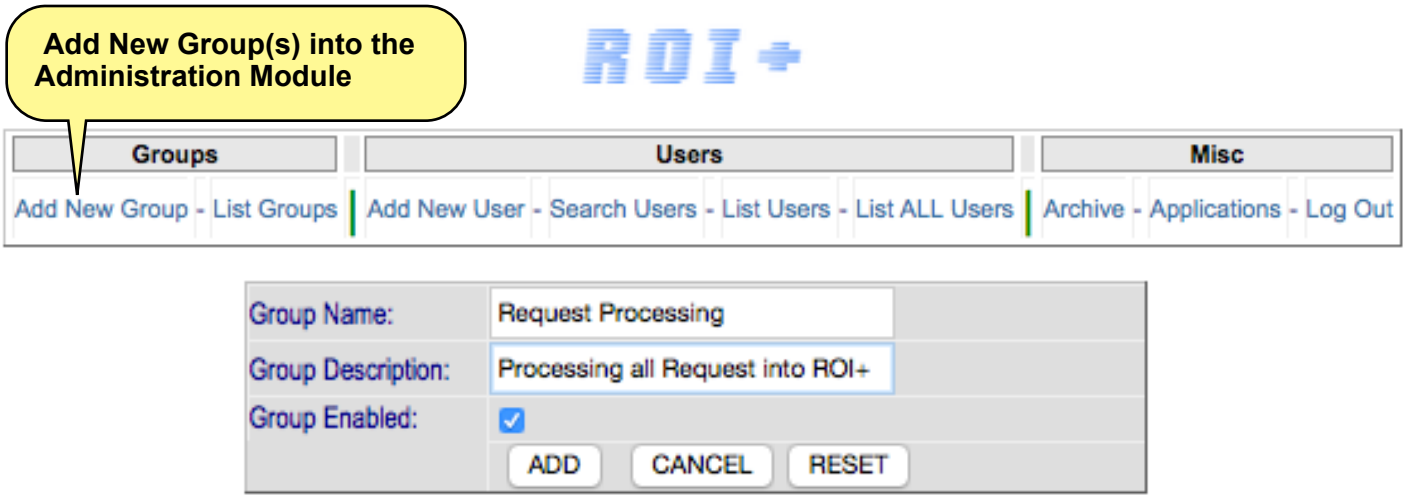
1

#	LoginID	Full Name	Department	Email	Group	Enabled	EDIT	DELETE
1	aadams	Albert Adams	Medical Records	aadams@anyprovider.com	Administration	Yes	Edit	Delete
2	abtsupport	ABT Support	Support	dwhite@abtvault.com	Administration	Yes	Edit	Delete
3	aford	Angela Ford	ABT Support	aford@abtvault.com	Administration	Yes	Edit	Delete
4	cburton	John Chip Burton	ABT	cburton@abtvault.com	Administration	Yes	Edit	Delete

STEP TWO - ADD NEW GROUP(s)

Groups represent a group of **Users** who are entitled to share the same feature/functionality privileges (rights) within the ROI+ system. Groups can be established before or after Adding New Users.

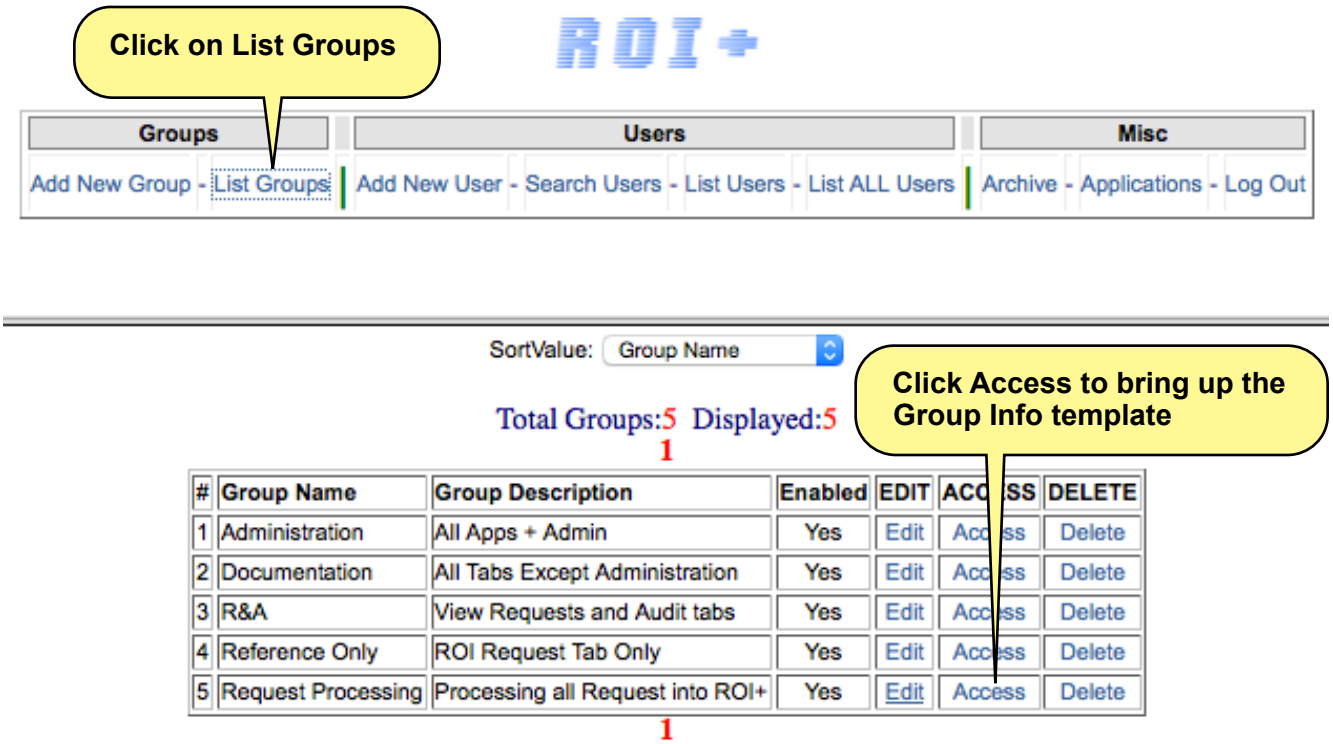
ADD NEW GROUP TEMPLATE



1. **Group Name** - the name of the Group
2. **Group Description** - a more definitive description of the Group (optional)
3. **Group Enabled** - determines whether or not the User is enabled to log in to ROI+
   3.1. There may **Groups** that only need specific feature/functionality privileges on a periodic basis
4. **ADD** - clicking on this button will **Add** this **New Group** to the **Administration Module**
5. **CANCEL** - clicking on this button will **Cancel** the **Add New Group** entry process
6. **RESET** - when Adding a **New Group**, clicking on this button will clear the template
   6.1. when **Modifying** an existing **Group**, clicking on this button will Reset all edited values to their original state

STEP THREE - ADD USER(s) TO A GROUP

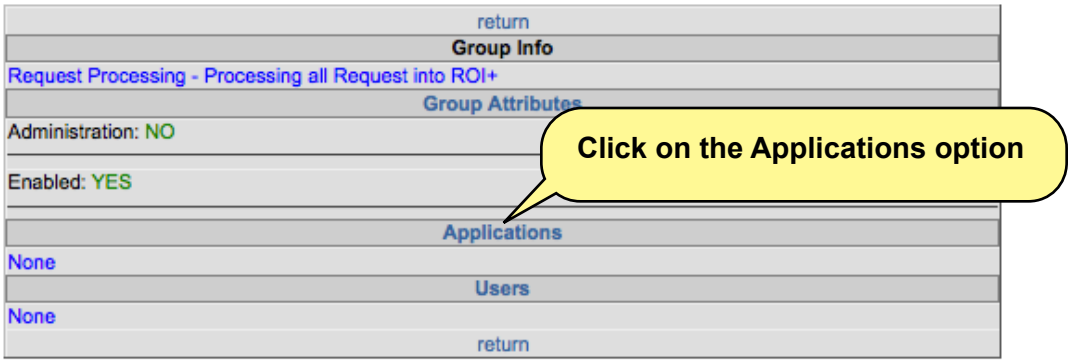
ADDING USERS TO A GROUP



The term **ACCESS** defines what feature/functionality privileges (rights) each Group enjoys and, by extension, what each User in the Group enjoys. Upon clicking the **ACCESS** option for a given Group, the following template will appear. There are two sections to defining Group Attributes (privileges). The first is **Applications** and the second is **Users**. Limit the **Administration Group** to only those few Users who are trustworthy to set privileges for other Users correctly.

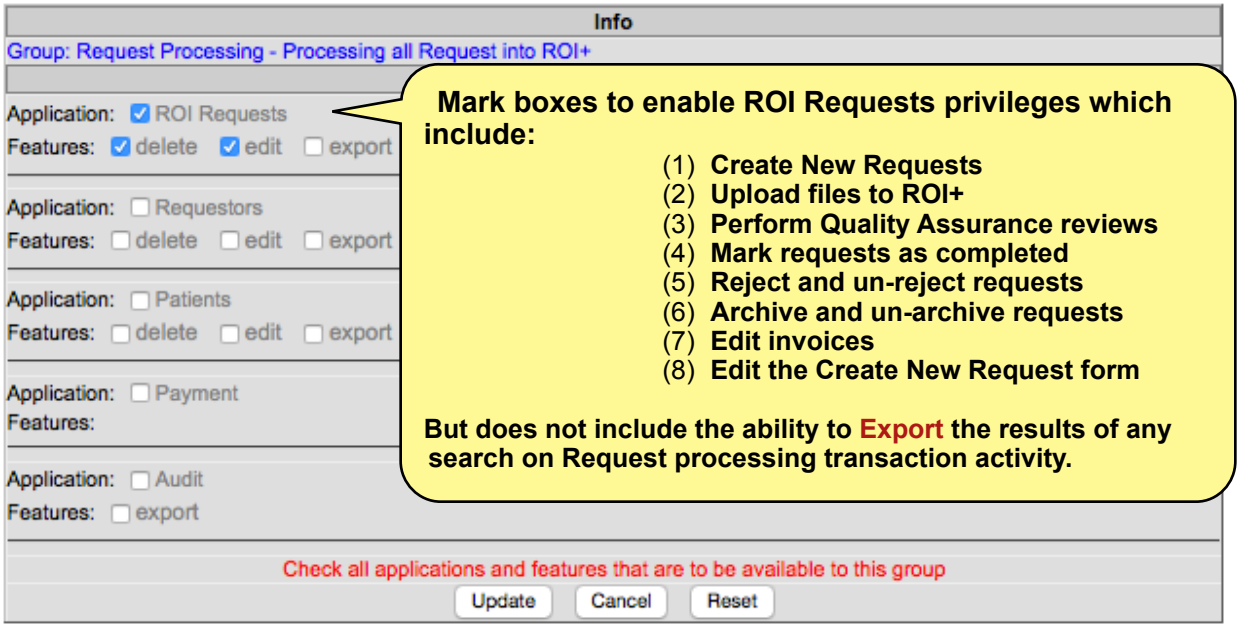
STEP FOUR - APPLICATIONS

SELECTING APPLICATION TEMPLATE



SETTING GROUP APPLICATION PRIVILEGES

There are five (5) sections of Application privileges. For the Group called Request Processing, the only feature/functionality privileges granted are those needed to process requests for patient records, not including the ability to export transactions records reflecting all request processing statistics.



UPDATE - clicking this button will enable all the selected privileges to go into effect
CANCEL - clicking this button will cancel the setting Group Application privileges and return to the Group Info template
RESET - clicking this button will clear all boxes that have been checked

The remaining four (4) sections of Application privileges are detailed below:

Requestors - this refers to all actions that occur within the **Requestors** tab (see screen schematics section)
Patients - this refers to all actions that occur within the **Patients** tab (see screen schematics section)
Payment - this refers to all actions that occur in the **Payment** tab (see screen schematics section)
Audit - this refers to all actions that occur in the **Audit** tab (see screen schematics section)

STEP FIVE - ARCHIVING

What is Archiving?

Archiving is a process of placing selected ROI+ request transaction records into a private “view only” state. An ROI+ request transaction record is archived either by marking it as **Archived** in the **Request tab** (see image below) or being automatically archived, as we will discuss in this section of **ROI+ Administration options**.

Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Requestor	Patient Name
1	action		view	REQ20140320073842405 +	Rejected A	3/20/2014	Patient	Burton,Chip
2	action		view	REQ20140318110806156 +	Complete A	3/18/2014	Patient	Burton,Chip
3	action		view	REQ20140304152136428 +	Logged A	3/4/2014	ABT Vault	Smith JR,Elvin E
4	action		view	! REQ20140303101243728 +	Viewed A	3/3/2014	ABT Vault	Burton,Chip

The gray letter “A” to the immediate right of the Request Status value indicates the records has been marked for Archive.

ROI+ request transaction records that have been marked for **Archive** will not be displayed in the **ROI Requests tab** search Result List unless you specifically indicate that you want to search for Archived transactions. In addition, ROI+ request transaction records marked for Archive will not appear in the **ROI+ Requestor portal**. The basic intent of Archiving is to keep records that are deemed as “no longer pertinent” from cluttering up the listing of ROI+ request transaction records that are still relevant to either the Provider or the Requestor with the bias of relevancy being in the sole discretion of the Provider. In summary, ROI+ request transaction records can be marked for **Archive manually**, one at a time, in the **ROI Requests tab** or **automatically Archived** based on specific event and date schedules in the **Archive section** of the **ROI+ Administration tab**.

SELECTING ARCHIVE TEMPLATE

SETTING ARCHIVE THRESHOLDS

VERY IMPORTANT!

Auto Archive runs every Sunday at 1:00am PST
All setting changes will take affect at the next scheduled run time

Note: An Archived Request can be un-archived at any time

Self-explanatory

#	Archive Type	Days Since Completion	Enabled	Details
1	Completed and Viewed	30	Yes	Any Request that has been Completed and Viewed (Excludes all Unpaid Billable requests)
2	Notified DDS Disability	90	Yes	Any DDS Disability Type Requests that have been Notified
3	Completed Non Billable & Not Viewed	120	Yes	Any Non Billable Requests that has been Completed but NOT Viewed
4	Completed Billable & Not Viewed	45	No	Any Billable Requests that has been Completed but NOT Viewed
	Archive Type	**Days Since Creation**	**Enabled**	**Details**
5	Incomplete	90	No	Any Incomplete Request

Select from pull-down menu

Select from pull-down menu

There are five (5) **Archive Types** which we will expand on:

1. **Completed and Viewed** - The conditions of this status indicate that both the Provider and Requestor have no further active need for the record.
   1.1. **Includes** requests labeled as **Paid** & **Non-Billable**
   1.2. **Excludes** requests labeled as **Unpaid-Billable**

2. **Notified DDS Disability** - Once Disability records have been successfully transmitted to the Social Security Administration (SSN) servers, SSN will transmit those records to the individual State Disability Determination Services (DDS) department's members.
   2.1. Since it takes **DDS** an average of **30-60 days** to pay for request records they have received, you should mark the **Days Since Completed** value to **no less than 90**, so as to be able to track DDS **Unpaid-Viewable** records.

3. **Completed Non-Billable** - **Non-Billable** requests that have been **Completed** but **Not Viewed** are often **Continuing Care** requests that have a short half-life value to the Requestor.
   3.1. Historically, fifty percent (50%) of all **Continuing Care** requests **are never viewed** by the Requestor.

4. **Completed Billable and Not Viewed** - **Billable** requests **Not Viewed** by the Requestor generally will require an aggressive collection or suspension action after 60 days from the date of completion.
   4.1. Therefore, these records should probably not have a **Days Since Completed** value of **no less than 120 days**.

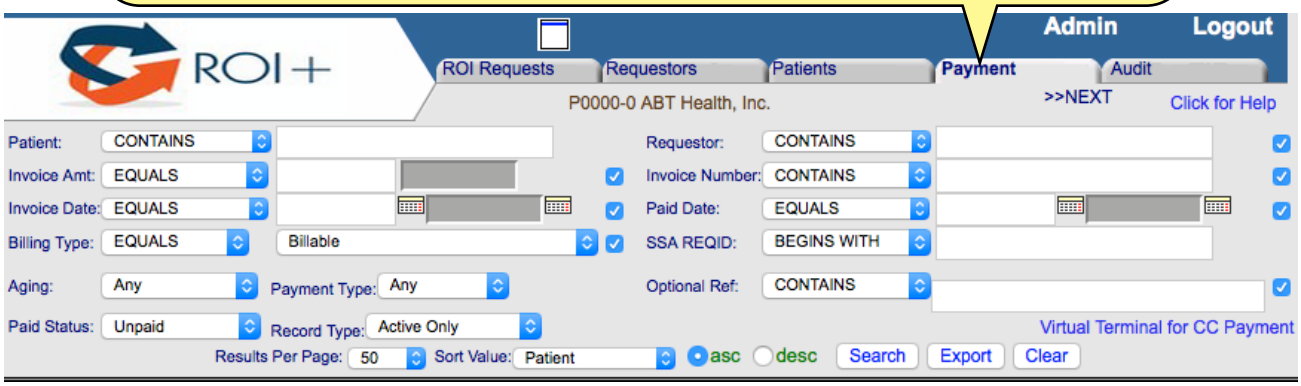
5. **Incomplete** - These are requests that are in various stages of process but have never been marked as Complete. This is a subjective Archive Type in that incomplete requests should, over a period of time, be marked Rejected unless there are extenuating circumstances.

CHAPTER 9.0
POSTING A PAYMENT

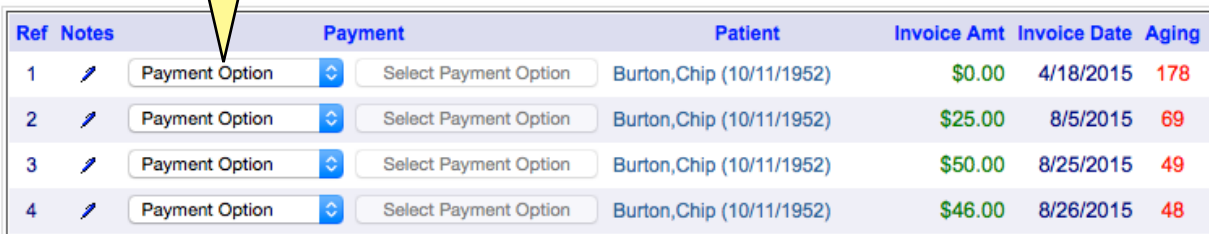
Requestors can pay for fulfillments through the online Requestor Portal and view the requested PHI immediately — if the relevant Provider has subscribed to online payment processing. If the Requestor pays offline with a check, cash, or credit card, you must post that payment in the ROI+ system in a timely manner. Only then can the Requestor access the requested PHI. You can also release the PHI for viewing without (or prior to) payment, if appropriate. Any actions related to payments should be documented in Notes.

STEP #1 - Identify the relevant Request in the Payment tab

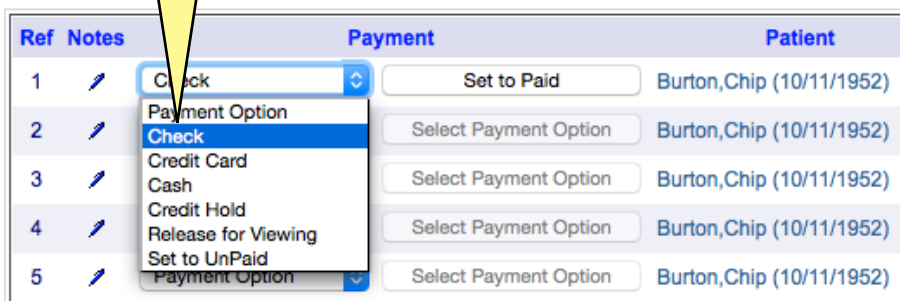
Posting a payment in either the Payment tab or the ROI Requests tab requires user permission. If you have permission, you will see the Payment tab as an option. Click the tab; then use the Query box to search for the relevant Request. The most frequent searches are either by Patient or by Invoice Amt.



STEP #2 - Click "Payment Option" in the Payment column



STEP #3a - Select the correct option



STEP #3b - Click the resulting action button

Ref	Notes	Payment		Patient
1		Check	Set to Paid	Burton,Chip (10/11/1952)
2		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)
3		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)
4		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)
5		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)

STEP #4 - Verify changes in the Paid Status and Payment Type columns

Paid Status	Paid Date	Billing Type	Payment Type
Paid	10/13/2015	Billable	Check

STEP #5 - Add a note to document what was done

Include relevant information, such as the Requestor's check #, type of credit card, or the reason you released an item for viewing without payment if it is Billable.

Ref	Notes	Payment		Patient
1		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)

CHAPTER 10.0
PLACING A REQUESTOR ON CREDIT HOLD

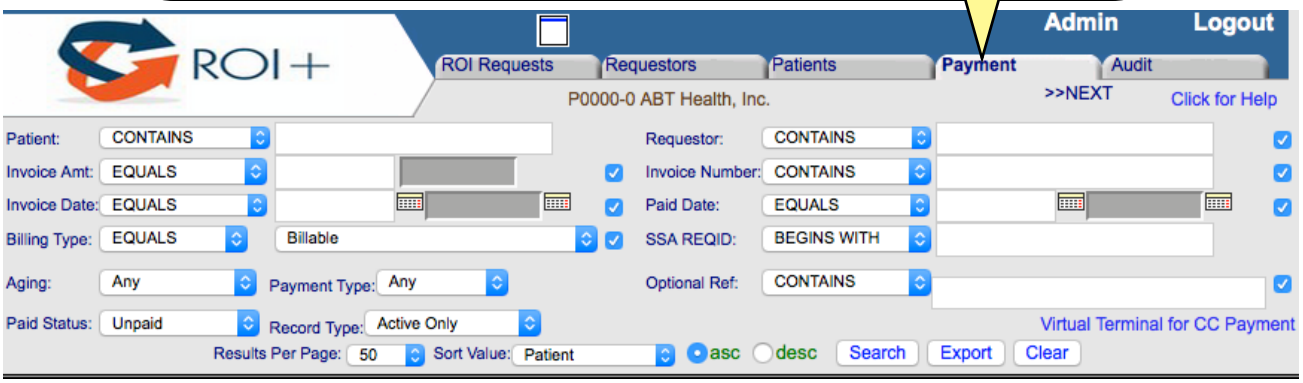
Using the ROI+ Payment tab, you can manage your accounts receivable. When a Requestor has not paid you within a reasonable timeframe for one or more Requests, you might choose to place the Requestor on **Credit Hold**. Unpaid items over 30 days old have a 70% chance of never being paid without vigorous collection action. Placing a Requestor on Credit Hold is the most effective collection action.

Placing a Requestor on Credit Hold offers the following benefits:

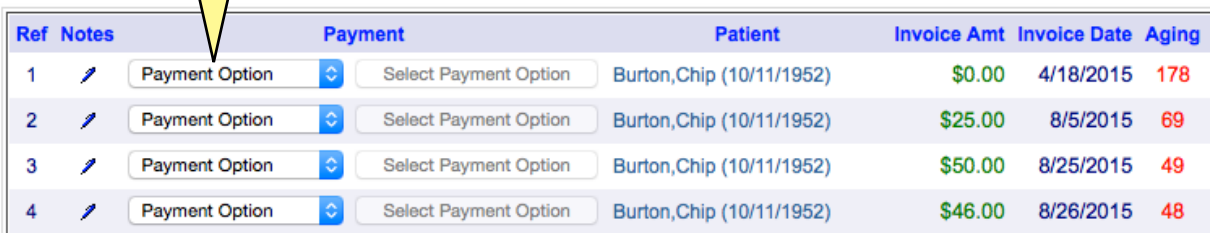
- You can communicate to everyone that there is a payment issue with a specific Requestor.
- You will be warned whenever you begin to log a new request for a delinquent Requestor, so you can respond appropriately. (***The Credit Hold alert system must be enabled on your account for this feature to work.***)
- An "overdue" notice is sent to the Requestor to alert them of the payment issue.

STEP #1 - Identify the relevant Request in the Payment tab

If you have permission to access the Payment tab, you will see the tab. Click the tab; then use the Query box to search for the relevant Request(s). For instance, you might search for all items beyond a certain age by using the Aging field.



STEP #2 - Click "Payment Option" in the Payment column



Ref	Notes	Payment		Patient	Invoice Amt	Invoice Date	Aging
1		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$0.00	4/18/2015	178
2		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$25.00	8/5/2015	69
3		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$50.00	8/25/2015	49
4		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$46.00	8/26/2015	48

STEP #3a - Select "Credit Hold"

Ref	Notes	Payment		Patient	Invoice Amt	Invoice Date	Aging
1		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$25.00	1/13/2015	273
2		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$58.50	2/3/2015	79
3		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$0.00	4/18/2015	178
4		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$25.00	8/5/2015	69
5		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$32.50	8/7/2015	0

Payment Option
Check
Credit Card
Cash
Credit Hold
Release for Viewing
Set to UnPaid

STEP #3b - Click the resulting "Set to Credit Hold" button

Ref	Notes	Payment		Patient	Invoice Amt	Invoice Date	Aging
1		Credit Hold	Set to Credit Hold	Burton,Chip (10/11/1952)	$25.00	1/13/2015	273
2		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$58.50	2/3/2015	79
3		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$0.00	4/18/2015	178
4		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$25.00	8/5/2015	69
5		Payment Option	Select Payment Option	Burton,Chip (10/11/1952)	$32.50	8/7/2015	0

STEP #4 - Verify changes in the Payment tab

1. "C" appears in the Status column (also in ROI Requests tab)
2. "Credit Hold" appears under Payment Type

Status	Paid Status	Paid Date	Billing Type	Payment Type
Complete-C	UnPaid		Billable	Credit Hold

CREDIT HOLD DETAILS:

Once a Requestor is placed on Credit Hold, an alert will appear on the "**Log New ROI Request**" form whenever you select that Requestor for a new request. The new request will *automatically* be placed on Credit Hold. (Older requests must be put on Credit Hold *manually*.)

An "OVERDUE" watermark will appear on invoices for any items on Credit Hold.

To remove the Credit Hold, choose any other Payment Type in the Payment tab.

Contact: Chip Burton ~(555) 555-5555 *Add new contact*

ALERT: Current Requestor on Credit Hold

CHAPTER 11.0
EDITING AN INVOICE

The ROI+ system automatically counts the number of pages in your Request and creates an invoice based on current state ROI fee statutes plus how you have classified the Request; you may then customize the invoice further. Later, if you discover a mistake or need to update the invoice, you have the freedom to edit it at any point.

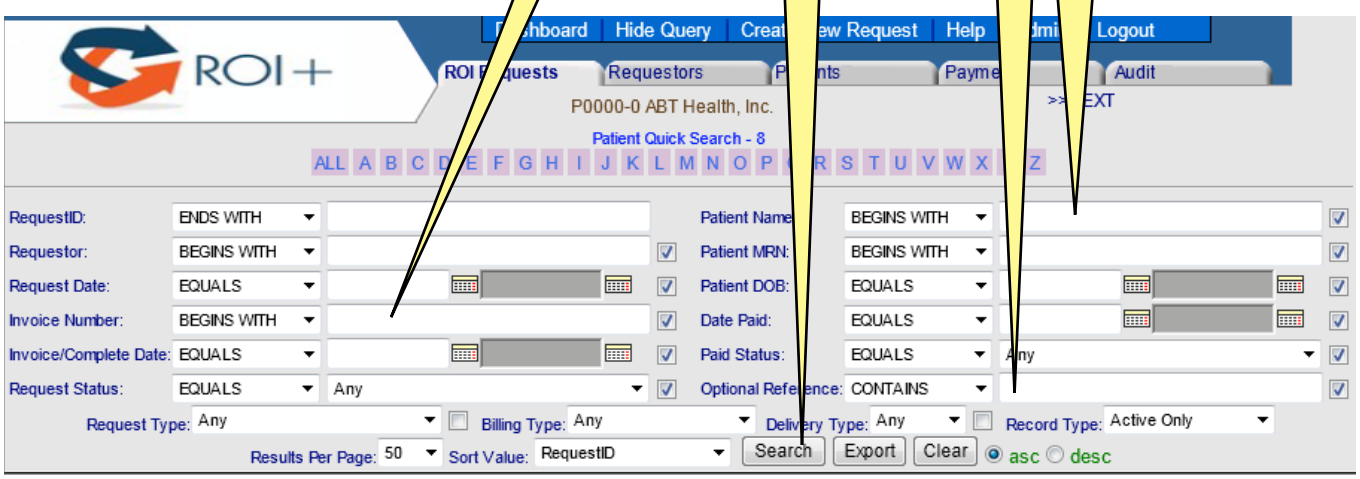
You might need to edit an invoice for many reasons. Here are a few reasons:

- correct the Billing Type (such as “Non-Billable” to “Billable”)
- add a fee (such as notarization or certification fees)
- add information that the Requestor requires for processing (such as a Case #)
- send a finished invoice if the original invoice was sent prematurely
- issue an adjustment in a specific instance
- adjust the total page count by subtracting the number of pages in the original Request document.

Whenever you edit an invoice, you should add a Note in the system to explain the reason for your edit(s).

STEP #1 - Search for the relevant invoice in the ROI Requests tab

In the ROI Requests tab, you may click “Search” in the Query section to bring up a list of the most recent items. You can also search quickly by entering the Patient Last Name (“Begins With” search), the last few digits of the Invoice Number (“Ends With” search), or an Optional Reference (“Contains” search).



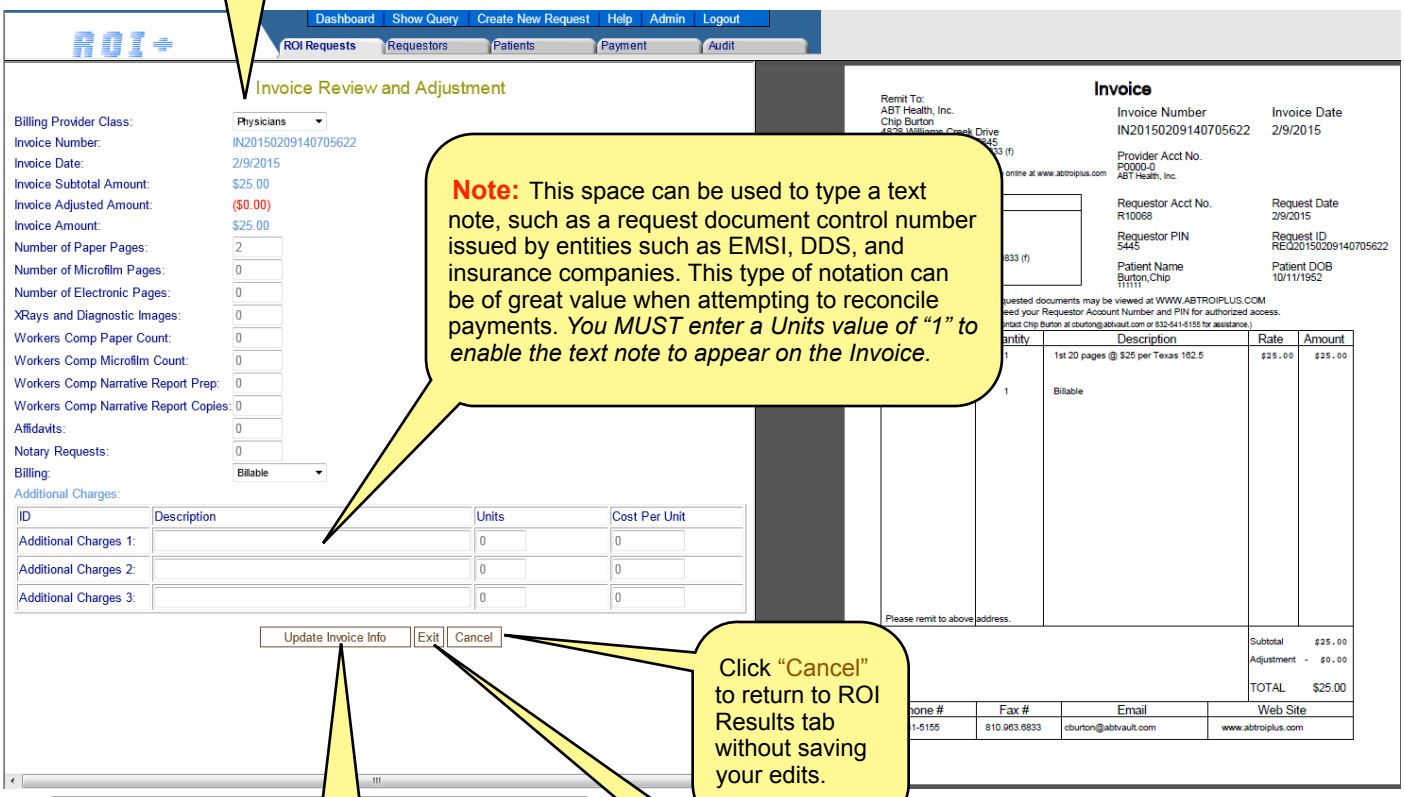
STEP #2 - Click the “+” sign next to the Invoice Number

In the Invoice Number column, click the **“+”** sign next to the relevant Invoice Number to open the invoice for editing. This action will display the **“Invoice Review and Adjustment”** screen.

Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Optional Reference	Requestor	Patient Name	Patient DOB	Invoice Number	Invoice/Complete Date	Invoice Amount	Billing Status
1	action		view	REQ20151012143026403 +	Logged	10/12/2015	test 123,test 456	ABT Vault	Burton,Chip	10/11/1952	IN20151012143026403	10/12/2015	$0.00	Billable
2	action		view	REQ20150925115931956 +	Logged	9/25/2015	test 123	ABT Vault	Burton,Chip	10/11/1952	IN20150925115931956 +	9/25/2015	$0.00	Non Billable
3	action		view	REQ20150925120558190 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925120558190 +	9/25/2015	$0.00	Billable
4	action		view	REQ20150925120829238 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925120829238 +	9/25/2015	$0.00	Disability-Non Billable
5	action		view	REQ20150925122348325 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925122348325 +	9/25/2015	$0.00	Billable
6	action		view	REQ20150923111431900 +	Incomplete	9/23/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150923111431900 +	9/23/2015	$0.00	Billable

STEP #3 - Edit the existing information as needed

On the left side of the screen, you may adjust the invoice in any of the categories shown and/or add your own adjustments at the bottom.



Note: This space can be used to type a text note, such as a request document control number issued by entities such as EMSI, DDS, and insurance companies. This type of notation can be of great value when attempting to reconcile payments. *You MUST enter a Units value of "1" to enable the text note to appear on the Invoice.*

Click "Cancel" to return to ROI Results tab without saving your edits.

STEP #4 - Click "Update Invoice Info"

Click **"Update Invoice Info"** to save your updates. *Updates will NOT be saved otherwise.*

The invoice will be adjusted automatically on the right side of your screen.

The invoice will not be re-sent unless you "Resend Notification" (see Chapter 13).

STEP #5 - Click "Exit" to return to ROI Results tab

STEP #6 - Verify your updates in the ROI Requests Tab

Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Optional Reference	Requestor	Patient Name	Patient DOB	Invoice Number	Invoice/Comp Date	Invoice Amount	Billing Status
1	action		view	REQ20151012143026403 +	Logged	10/12/2015	test 123,test 456	ABT Vault	Burton,Chip	10/11/1952	IN20151012143026403 +	10/12/2015	$0.00	Billable
2	action		view	REQ20150925115931956 +	Logged	9/25/2015	test 123	ABT Vault	Burton,Chip	10/11/1952	IN20150925115931956 +	9/25/2015	$0.00	Non Billable
3	action		view	REQ20150925120558190 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925120558190 +	9/25/2015	$0.00	Billable
4	action		view	REQ20150925120829238 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925120829238 +	9/25/2015	$0.00	Disability-Non Billable
5	action		view	REQ20150925122348325 +	Logged	9/25/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150925122348325 +	9/25/2015	$0.00	Billable
6	action		view	REQ20150923111431900 +	Incomplete	9/23/2015		ABT Vault	Burton,Chip	10/11/1952	IN20150923111431900 +	9/23/2015	$0.00	Billable

STEP #7 - Add a note giving the reason for your edit(s)

See Chapter 12: Adding a Note.

Ref	Action	Notes	Form	RequestID	Request Status
1	action		view	REQ20150209140705622 +	Complete
2	action		view	REQ20150130111831883 +	Notified
3	action		view	REQ20150127182540982 +	Logged
4	action		view	REQ20150123075148100 +	Logged

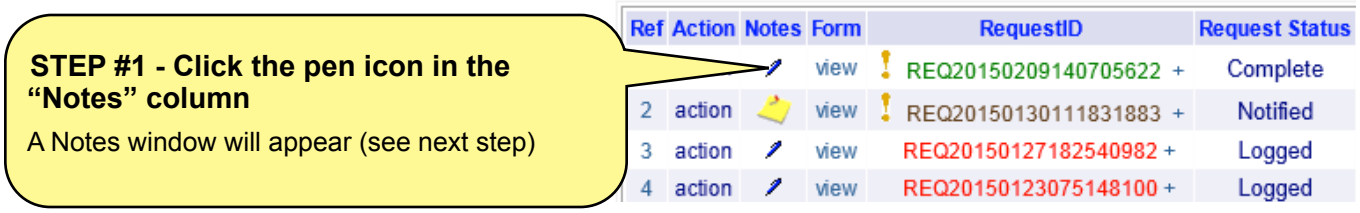
CHAPTER 12.0
ADDING A NOTE

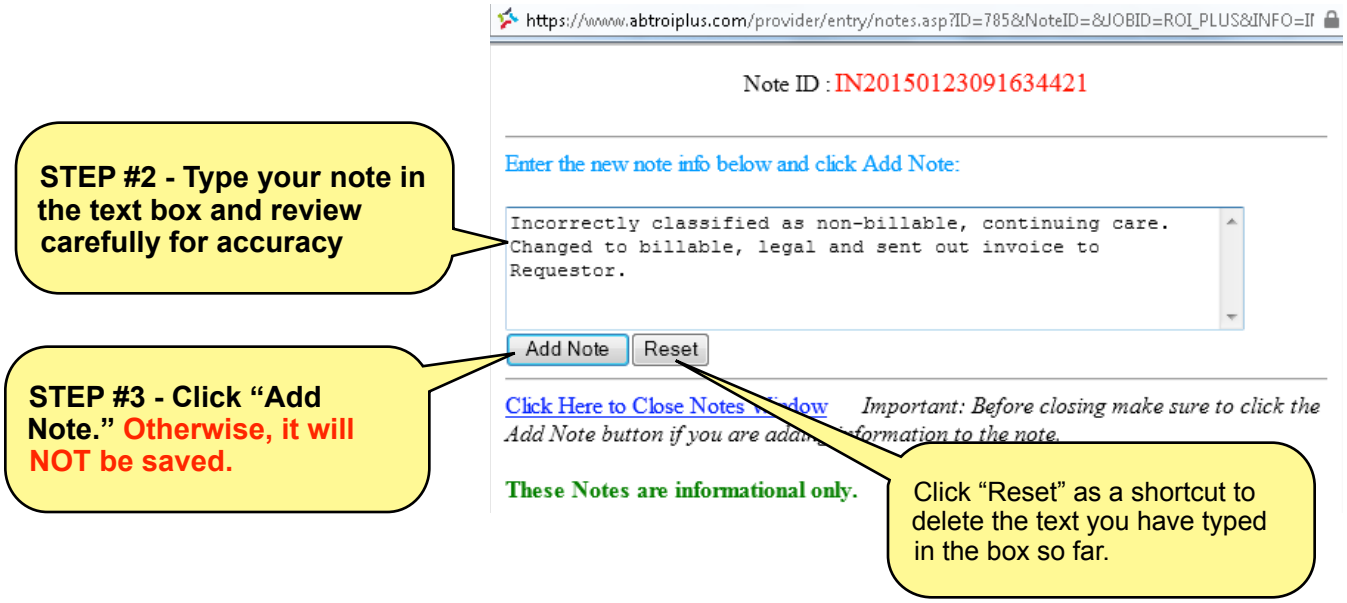
Add an electronic “sticky note” regarding a Request anytime it seems wise and in any situation routinely required by your supervisor.

There is no limit to the number of notes you can add. You may add them at any point in the Request fulfillment process.

It is strongly advised that you add a note to explain and document the following important events:

- editing an existing Request (including changing the Request Type, Billing Type, or Request Status)
- reprocessing a request (marking it “complete” again)
- posting a payment (entering the check #, noting if a payment was a walk-in or an over-the-phone payment, and any other pertinent details that will help verify and track payments)
- learning something about a Request situation that could help other users (including technical support staff who must take calls from Requestors after you have finished processing a Request and retrace what has occurred)
- anything else you deem notable or that your supervisor has instructed you to include.



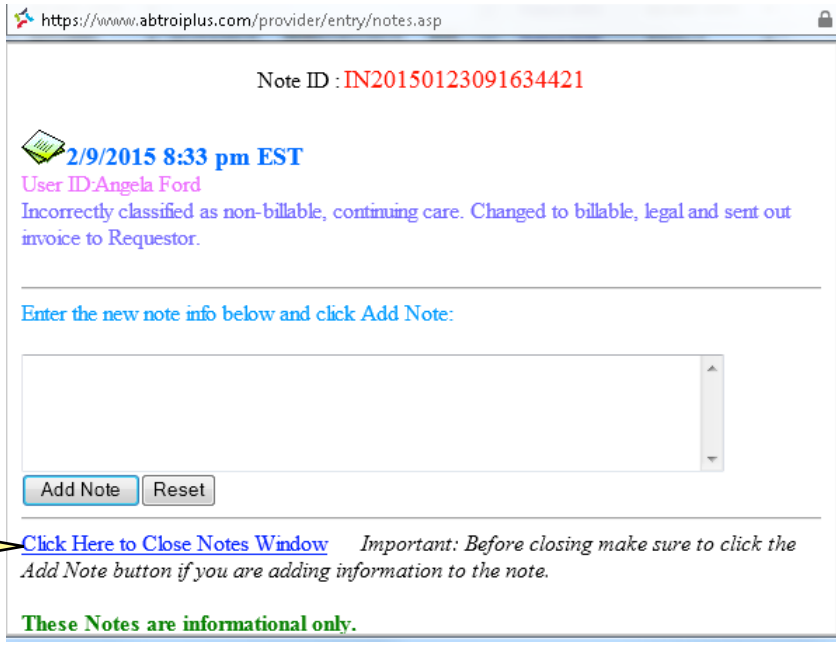


Notes: Once added, this note and any additional notes will be shown above the text box each time the Notes window is opened.

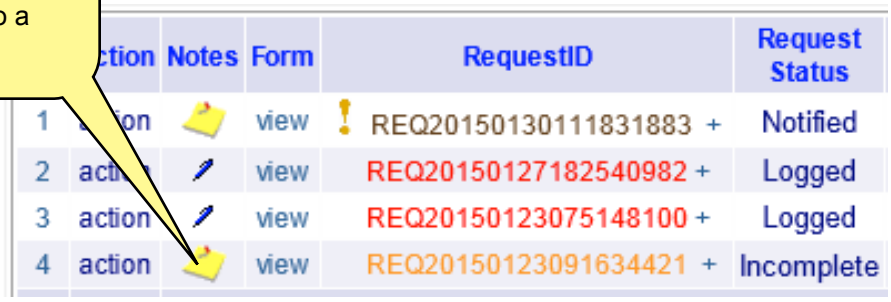
Each note will include time, date, user, and the note itself.

Notes cannot be deleted. They are viewed only by other system users, not by Requestors.

STEP #4 - Click "Click Here to Close Notes Window."



STEP #5 - Refresh your screen.
You may refresh by clicking on another tab and returning to the ROI Results Tab. Once the first note for a Request has been saved in the system, the pen icon changes to a note icon.



	Action	Notes	Form	RequestID	Request Status
1	action		view	REQ20150130111831883 +	Notified
2	action		view	REQ20150127182540982 +	Logged
3	action		view	REQ20150123075148100 +	Logged
4	action		view	REQ20150123091634421 +	Incomplete

CHAPTER 13.0
RESENDING A NOTIFICATION

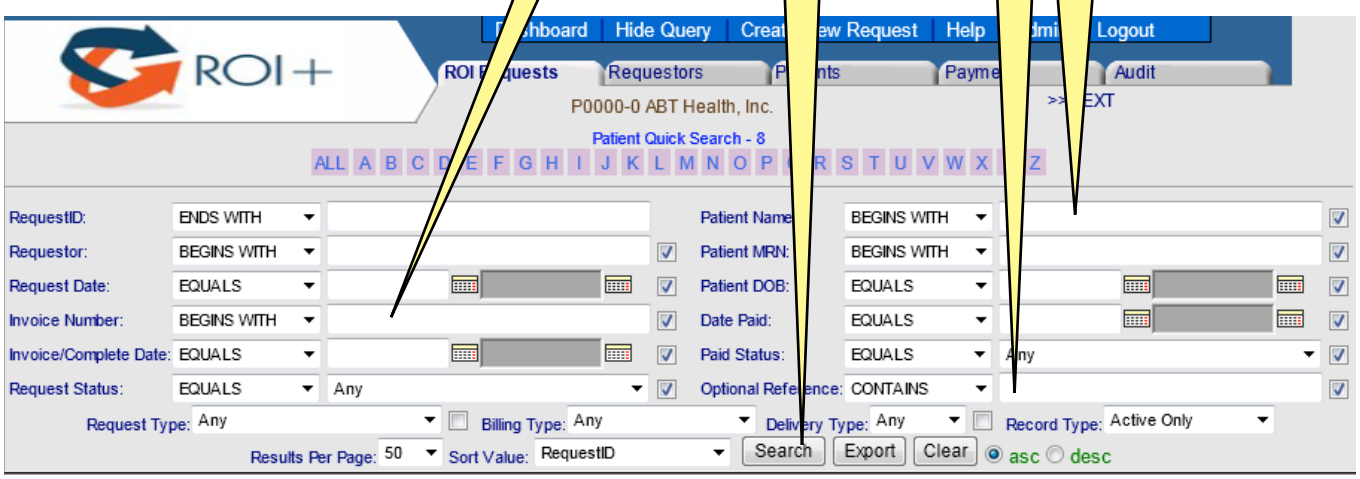
You have the option to resend the **PHI Request Fulfillment Notification** to the Requestor when needed. You may send the invoice along with it. In fact, this feature is often used for the primary purpose of resending the invoice (rather than the Notification).

Here are some common reasons for choosing “Resend a Notification.”

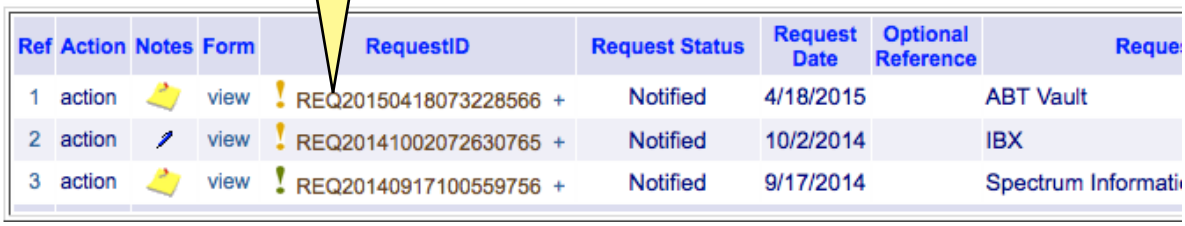
- The Requestor does not have it at-hand.
- You or a coworker did not make sure that you used the fax number on the original Request document. Note: If you send to the wrong fax number, you have committed a potential breach.
- You actually need to resend the invoice, so the Requestor can pay an outstanding item.
- You need to give the Requestor the account log-in information for payment and/or viewing, but you do not want to commit a breach by handing out that information to an unauthorized, unknown individual over the phone, so you advise the Requestor that you will resend to the number authorized number on the original Request document.

STEP #1 - Search for the relevant Request in the ROI Requests tab

In the ROI Requests tab, you may click “Search” in the Query section to bring up a list of the most recent items. You can also search quickly by entering the Patient Last Name (“Begins With” search), the last few digits of the Invoice Number (“Ends With” search), or an Optional Reference (“Contains” search).



STEP #2 - Click the relevant Request ID



Ref	Action	Notes	Form	RequestID	Request Status	Request Date	Optional Reference	Reque
1	action		view	REQ20150418073228566 +	Notified	4/18/2015		ABT Vault
2	action		view	REQ20141002072630765 +	Notified	10/2/2014		IBX
3	action		view	REQ20140917100559756 +	Notified	9/17/2014		Spectrum Informati

STEP #3 - Click "Resend Notification"

return to results

Status	Request ID	Request Date	Requestor	Patient	DOB	-	Total Pages / Included
Notified	REQ20140403102812319	4/3/2014	ABT Vault	Burton,Chip	10/11/1952		22 / 19

Resend Notification

ROI Documents related to this request: Add Invoice To Request Add Additional Patient Info

Ref	Standard View	Quality Control	Total Pages / Included	Date/Time	Delete
			(All Pages) (No Pages)		
1	Request Item 1	(Process) (QA Process) (All Pages) (No Pages)	7 / 4	4/3/2014 10:29:11 AM	
2	Request Item 2	(Process) (QA Process) (All Pages) (No Pages)	15 / 15	4/3/2014 10:29:11 AM	
	Select All	View Selected PopUp Selected			

Request is Complete Exit to results

STEP #4 - In the Re-Send Notification window. . . .

1. Verify that the fax number is correct. If it is incorrect, correct it here.
2. By default, the invoice is included with the Notification. If you do not want to resend the invoice, uncheck the box.

NOTE: This window is one way to determine whether the Request was sent to the correct fax #, even if you do not need to resend anything.

Re-Send Notification

REQ20140403102812319

To resend the notification for this request, click on the 'Send' button below

Notification being faxed to: (810) 963-6833

☑ Include Invoice with Notification

Send Cancel

STEP #5 - Click "Send" to refax the Notification (and invoice, if selected) to the fax listed in this box.

OR click **"Cancel"** if you do not wish to proceed.

STEP #6 - Verify that the fax is resending

Return to the ROI Requests tab to check the color of the Fax Status Indicator. The yellow exclamation point indicates that a fax is in progress.

Ref	Action	Notes	Form		RequestID	Request Status	Request Date	Requestor	Patient Name
1	action		view	!	REQ20140403102812319 +	Complete	4/3/2014	ABT Vault	Burton,Chip
2	action		view	!	REQ20140320121128409 +	Notified	3/20/2014	ABT Vault	Burton,Chip
3	action		view	!	REQ20140319121809841 +	Viewed	3/19/2014	ABT Vault	Burton,Chip
4	action		view	!	REQ20140312224517450 +	Viewed C	3/12/2014	ABT Vault	Burton,Chip

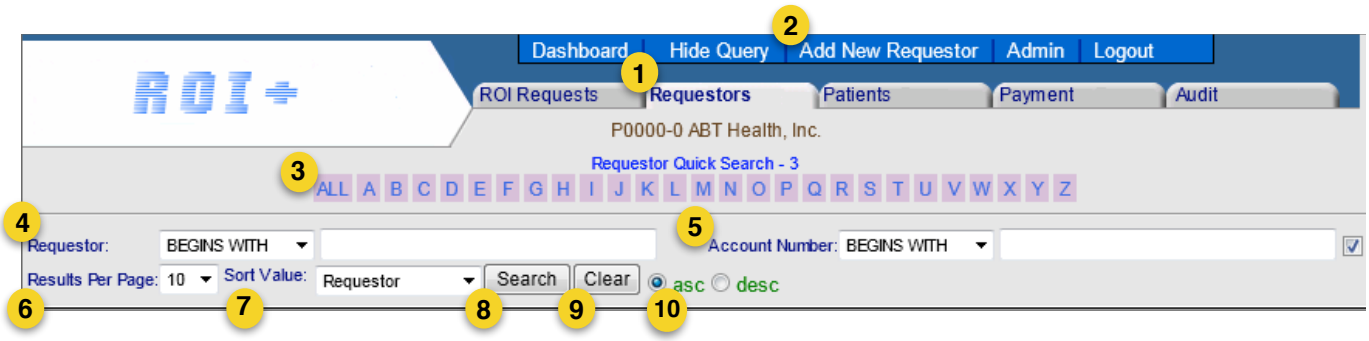
CHAPTER 14.0
REQUESTORS TAB

The **Requestors Tab** enables you to view, add, and edit Requestors and specific Requestor Contacts within the ROI+ Requestor database. You can also search for Requestors by name and/or account number.

For HIPAA compliance purposes, it is important to enter Requestor information accurately and to always include the specific contact information associated with a Request.

The Requestor database is shared across Providers, so you might find that a Requestor is already in the database, even though you did not enter it yourself. Also, because the database is shared, you must pay close attention to ensure that you double-check existing Requestor information for accuracy and ensure that you enter information accurately.

REQUESTORS TAB - SCHEMATIC



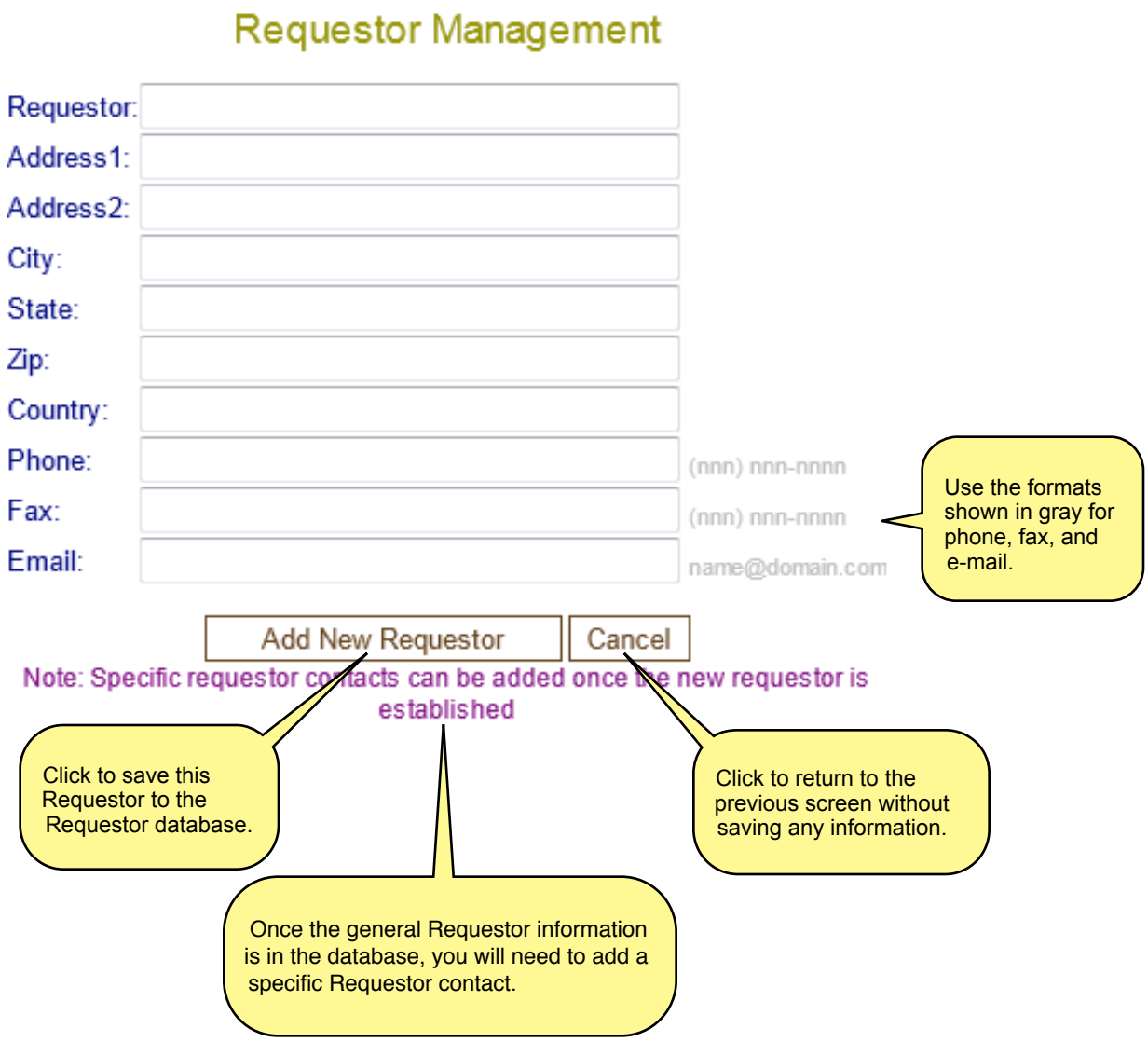
1. Requestors Tab - Click to go to the Requestors Tab.
2. Add New Requestor - Click to add a new Requestor to the database.
3. Requestor Quick Search - Search for a Requestor by clicking the first letter of the Requestor Name or click ALL to display all Requestors in the database.
4. Requestor Name Search - Search by entering the Requestor Name and click Search.
5. Account Number Search - Search by entering the Requestor Account Number and click Search.
6. Results Per Page - Specify how many results you would like to see per page (10, 20, or 30).
7. Sort Value - Specify how you would like the results to be sorted for viewing (by Requestor Name or by Account Number).
8. Search button - Click to execute your search.
9. Clear button - Click to clear the query fields and reset all items to their default settings.
10. Ascending/Descending radio buttons - Click “asc” to see results in ascending order (1, 2, 3 or A, B, C) or “desc” to see them in descending order (3, 2, 1 or Z, Y, X) for the Sort Value you’ve chosen.

ADD A NEW REQUESTOR

BEFORE YOU BEGIN! Search to make sure the Requestor is not already in the ROI+ database. Do *not* create a duplicate entry. You may find that you simply need to add another Requestor Contact to an existing Requestor database record.

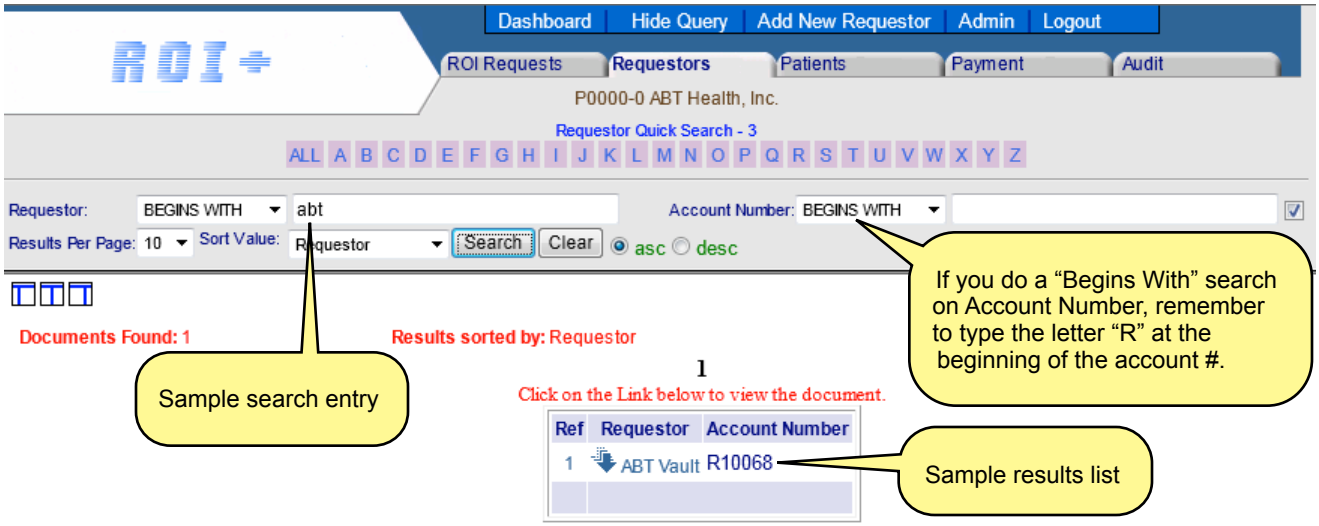
If the Requestor is not in the database, you must add the Requestor, followed by the specific Requestor contact. Click the **"Add New Requestor"** link at the top of the Requestors Tab (see Schematic Item #2) to bring up the **Requestor Management** form.

Fill out the form as completely and accurately as possible. The Requestor cannot be deleted, but it can be edited.



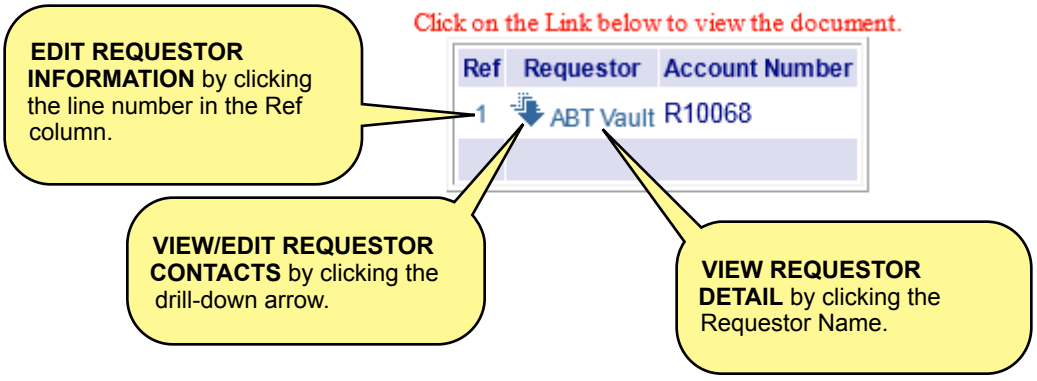
SEARCH FOR A REQUESTOR

After typing the Requestor Name or Account Number, setting your search preferences (results per page, sort value, and ascending/descending), and clicking Search, your results will appear.



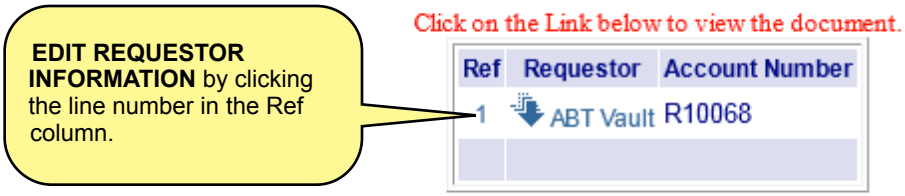
MANAGE YOUR SEARCH RESULTS

You have three ways to manage your Requestor search results, as shown below.

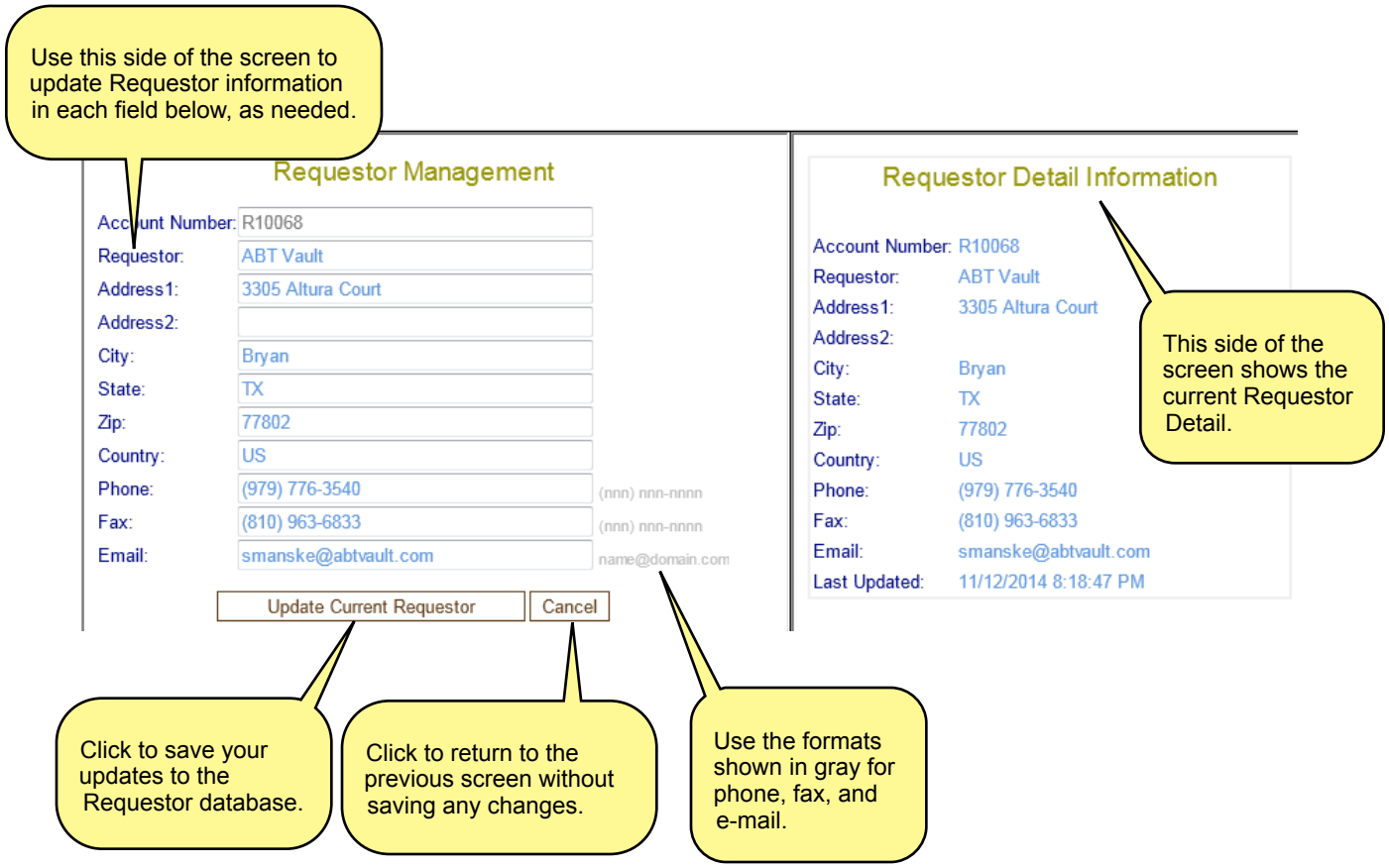


EDIT AN EXISTING REQUESTOR

In your search results list, locate the relevant Requestor. Click the appropriate line number in the Ref column for that Requestor.



The **Requestor Management** form will be displayed for the existing Requestor.



VIEW REQUESTOR DETAIL

In your search results list, locate the relevant Requestor. Click the Requestor Name in the Requestor column.

The **Requestor Detail Information** will be displayed. You cannot edit the information here, but you can view it.

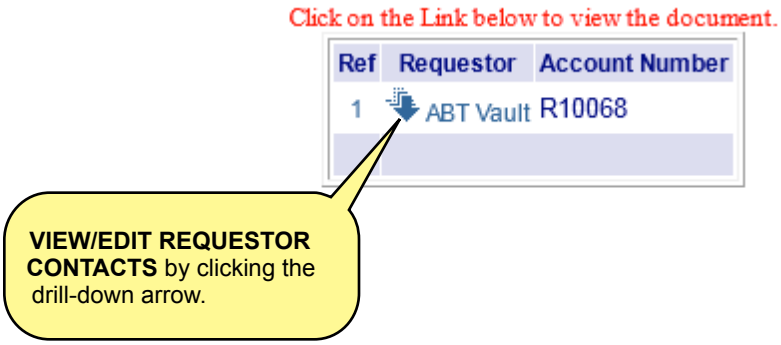
Sample Requestor Detail Information Screen

Requestor Detail Information

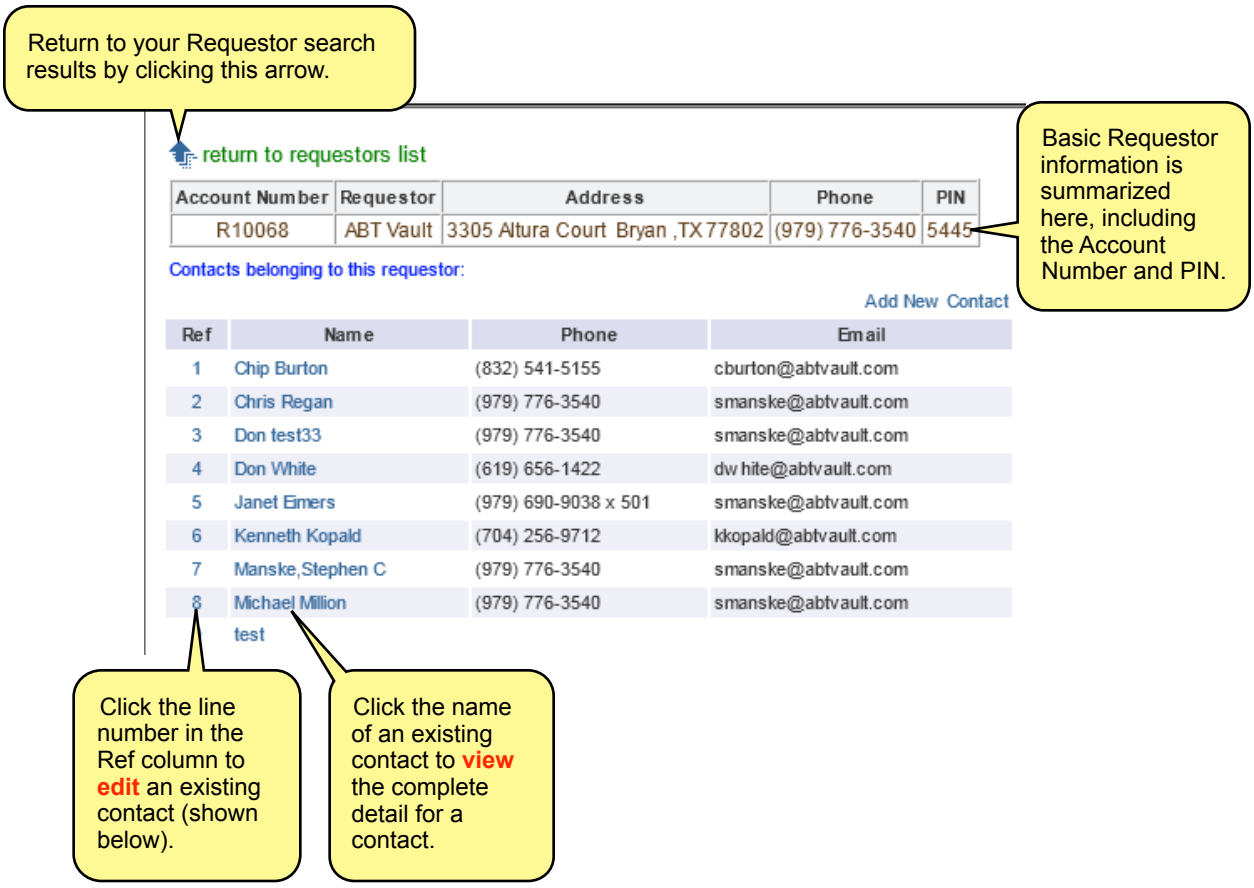
Account Number:	R10068
Requestor:	ABT Vault
Address1:	3305 Altura Court
Address2:	
City:	Bryan
State:	TX
Zip:	77802
Country:	US
Phone:	(979) 776-3540
Fax:	(810) 963-6833
Email:	smanske@abtvault.com
Last Updated:	11/12/2014 8:18:47 PM

VIEW/EDIT AN EXISTING REQUESTOR CONTACT

In your search results list, locate the relevant Requestor. Click the drill-down arrow for that Requestor to see a list of all contacts associated with the Requestor.



If your Contact is in the list, check to ensure that the Contact's information matches the information in your original written Request document.

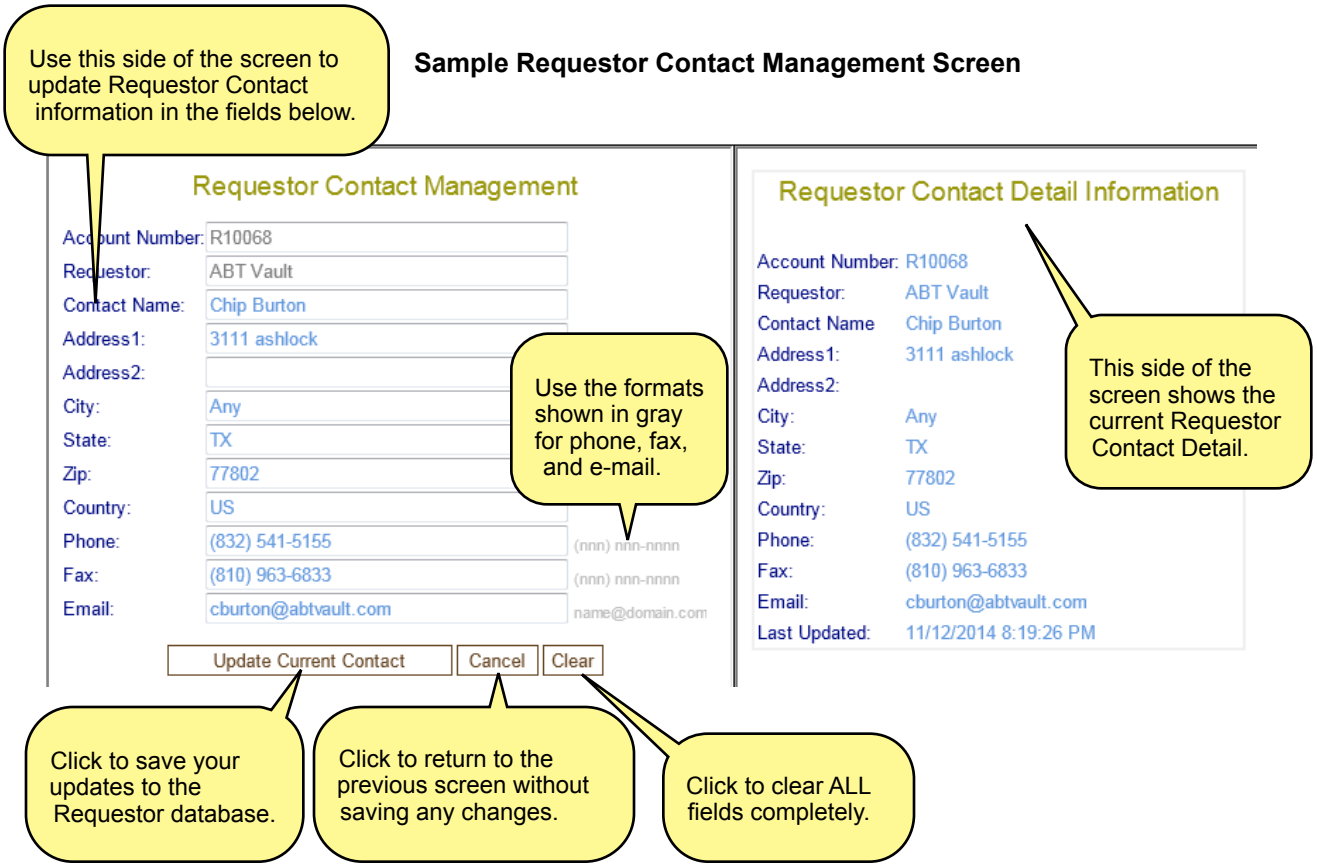


To ***view and verify*** the complete detail for a Requestor Contact, click the Contact's name in the Contacts list. The Requestor Contact Detail Information screen will display.

Sample Requestor Contact Detail Information Screen

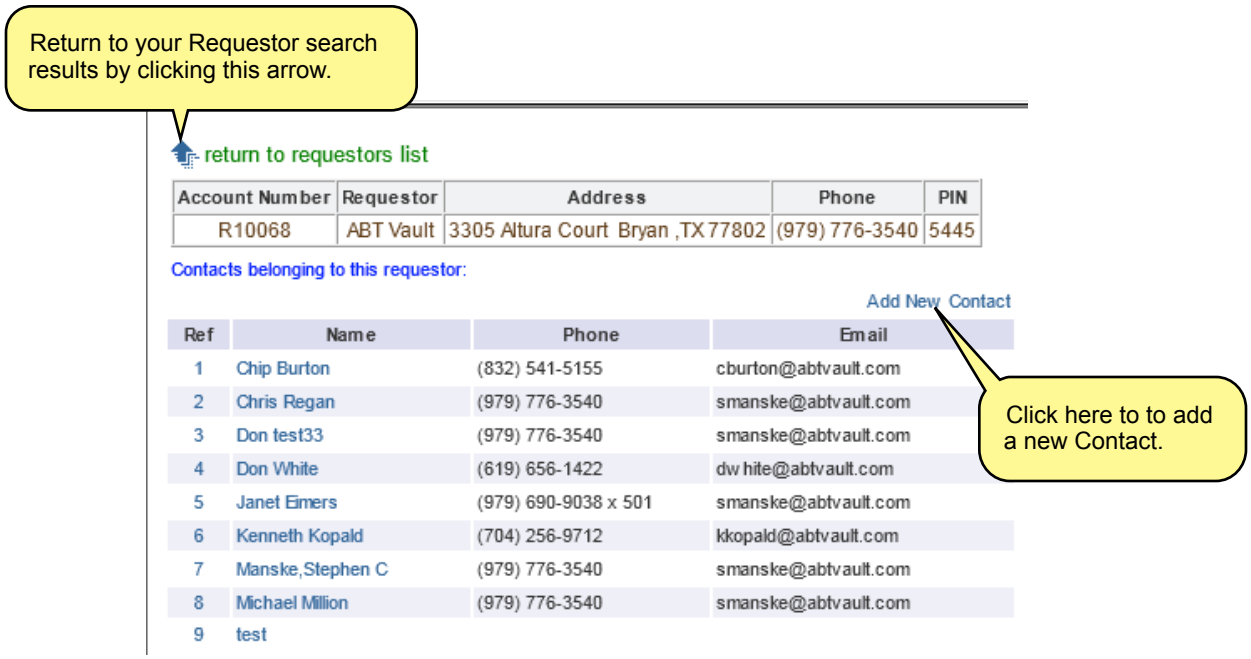
To ***edit*** the information for a Requestor Contact, click the line number next to the Contact's name in the Contacts list. The Requestor Contact Management Screen will display.

Sample Requestor Contact Management Screen



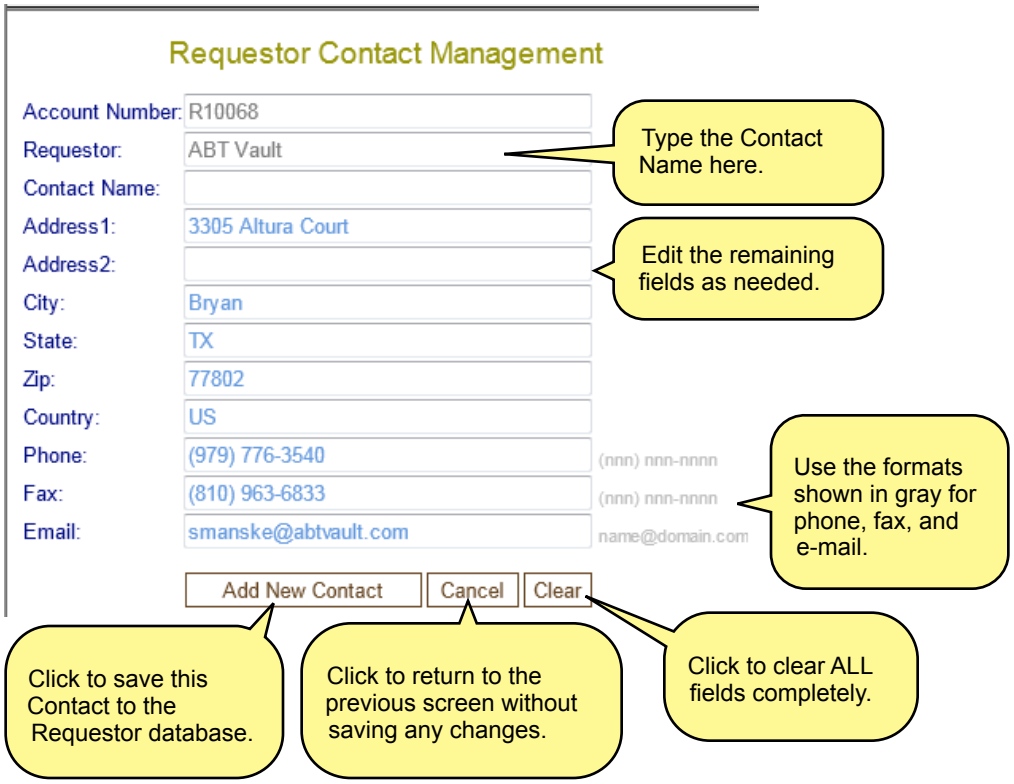
ADD A NEW REQUESTOR CONTACT

If the Contact specified in your original written Request document is not in the list, you must add the new Contact.



When you click to add a new Contact, the Requestor Contact Management Screen displays. You will type the Contact Name from the original written Request document. Then, you will check the remaining details against the original written Request document for accuracy. The address, phone, fax, and e-mail have been completed automatically, using the main Requestor information details. Edit these fields as needed for your specific Contact.

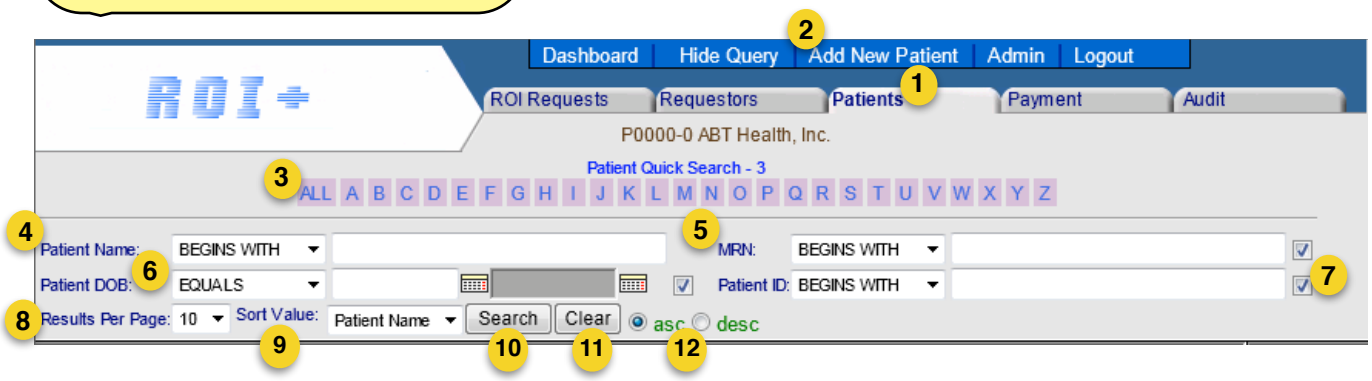
Sample Requestor Contact Management Screen



CHAPTER 15.0
PATIENTS TAB

The **Patients Tab** enables you to view, add, and edit Patients within the ROI+ Patient database. You can also search for Patients by Name, Date of Birth (DOB), MRN, and Patient ID.

PATIENTS TAB - SCHEMATIC



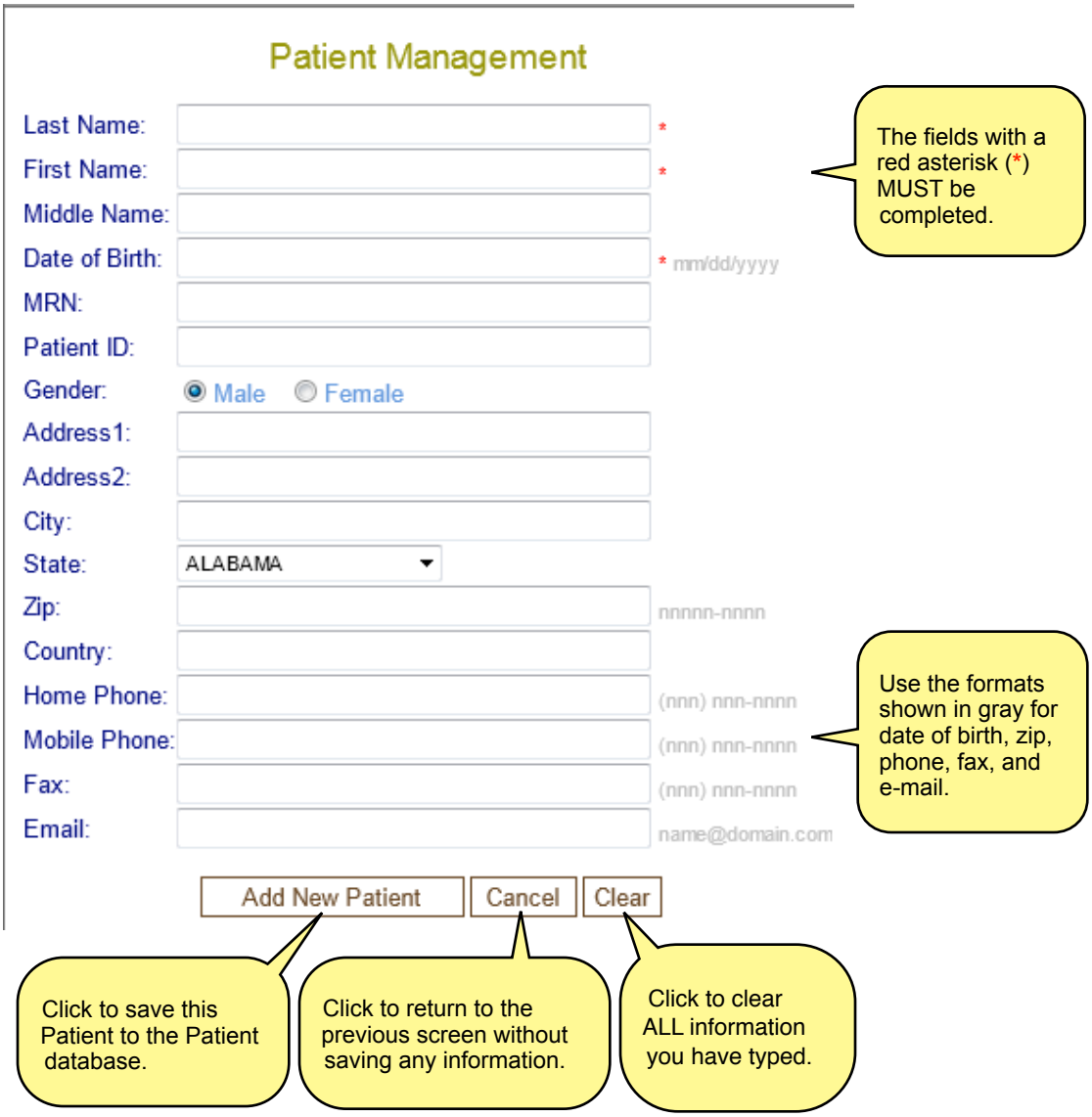
1. Patients Tab - Click to go to the Patients Tab.
2. Add New Patient - Click to add a new Patient to the database.
3. Patient Quick Search - Search for a Patient by clicking the first letter of the Patient's Last Name or click ALL to display all Patients in the database.
4. Patient Name Search - Search by entering the Patient Name and clicking Search.
5. MRN Search - Search by entering the Patient MRN and clicking Search.
6. Patient DOB Search - Using the calendar feature, search by entering the Patient DOB or DOB range and clicking Search.
7. Patient ID Search - Search by entering the Patient ID and clicking Search.
8. Results Per Page - Specify how many results you would like to see per page (10, 20, or 30).
9. Sort Value - Specify how you would like the results to be sorted for viewing (by Patient Name, MRN, Patient DOB, or Patient ID).
10. Search button - Click to execute your search.
11. Clear button - Click to clear the query fields and reset all items to their default settings.
12. Ascending/Descending radio buttons - Click "asc" to see results in ascending order (1, 2, 3 or A, B, C) or "desc" to see them in descending order (3, 2, 1 or Z, Y, X) for the Sort Value you've chosen.

ADD A NEW PATIENT

BEFORE YOU BEGIN! Search to make sure the Patient is not already in the ROI+ database. Do *not* create a duplicate entry.

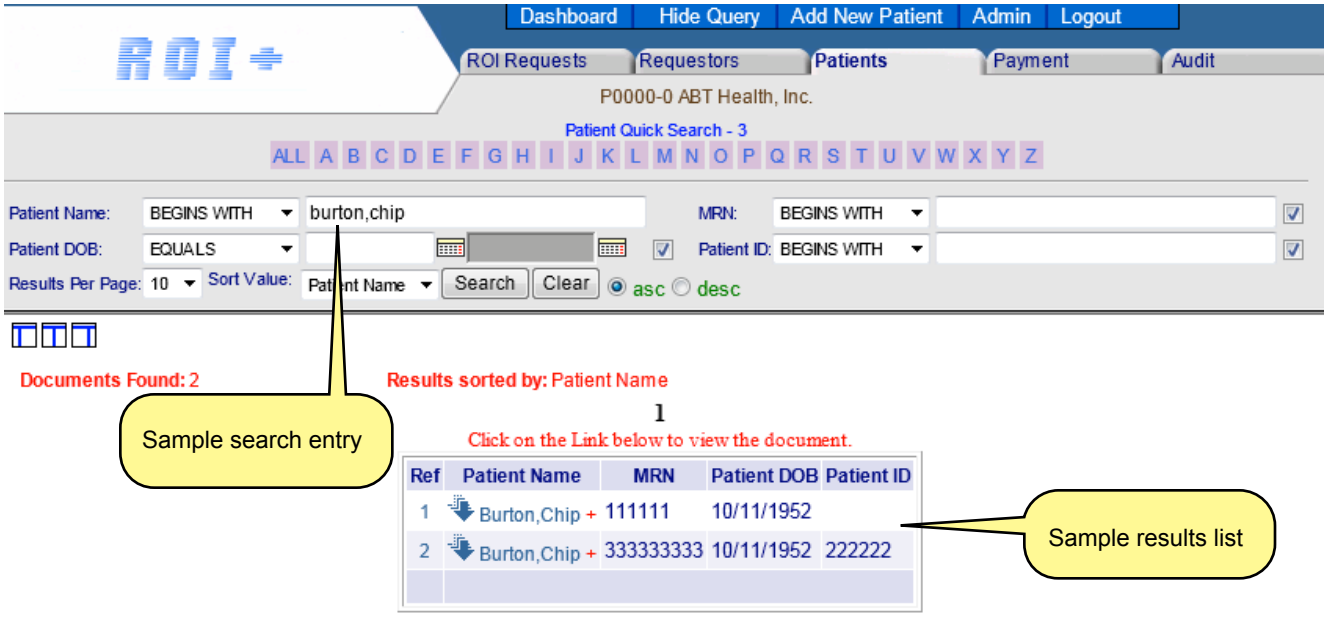
If the Patient is not in the database, click the **"Add New Patient"** link at the top of the Patients Tab (see Schematic Item #2) to bring up the **Patient Management** form.

Fill out the Patient Management form carefully and accurately. Once added to the database, a new Patient record cannot be deleted, but it can be edited.



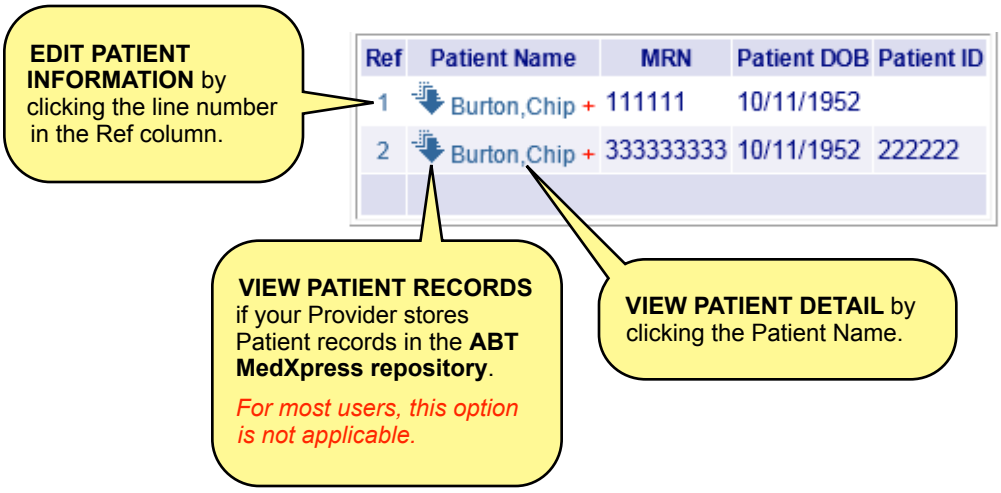
SEARCH FOR A PATIENT

After entering the information you would like to use for your search, setting your search preferences (results per page, sort value, and ascending/descending), and clicking Search, your results will appear.



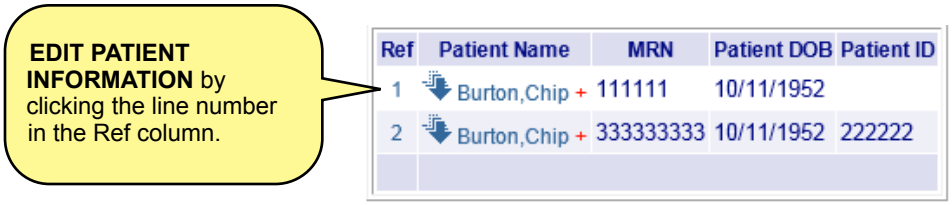
MANAGE YOUR SEARCH RESULTS

You have three ways to manage your Patient search results, as shown below.

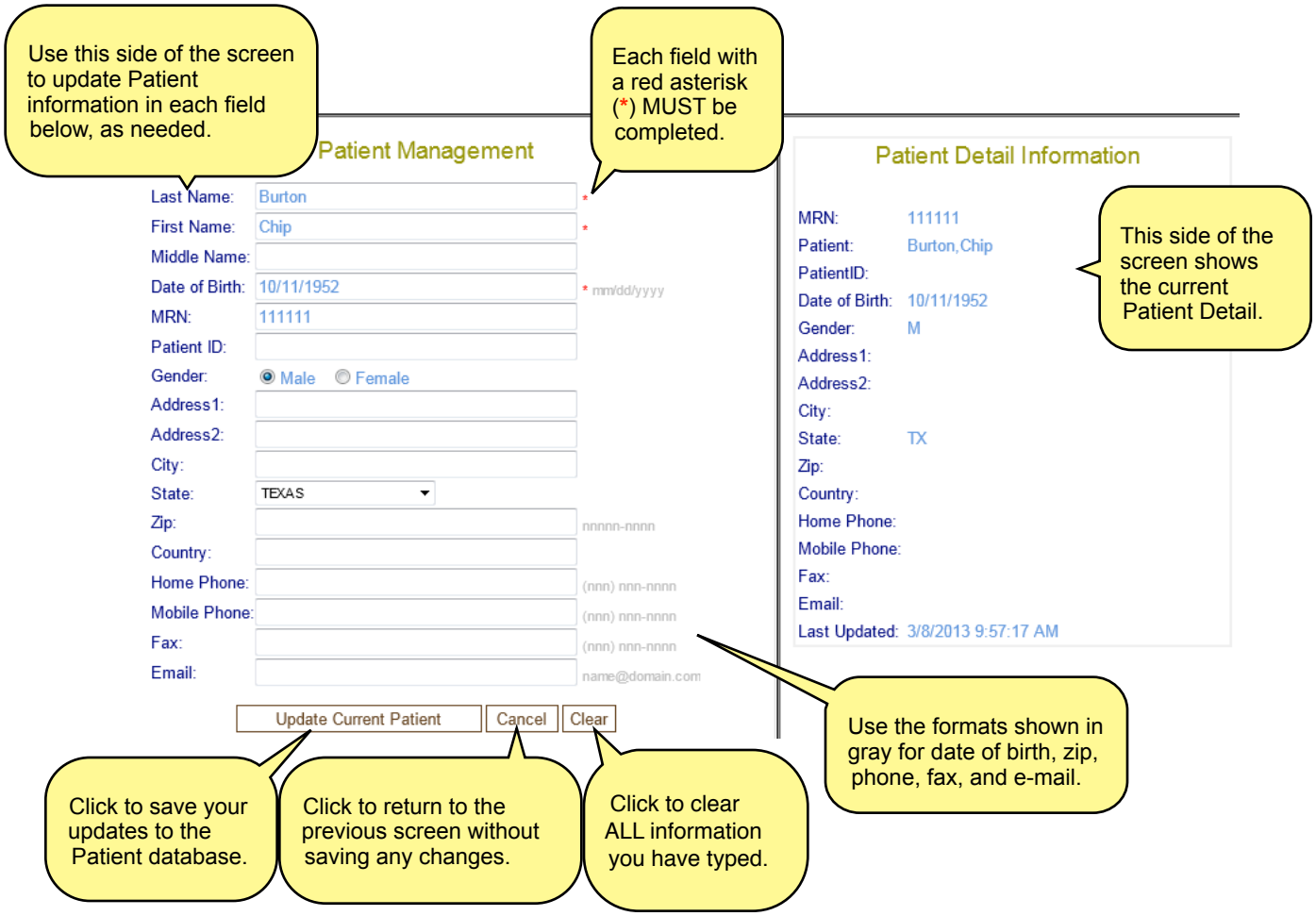


EDIT AN EXISTING PATIENT

In your search results list, locate the relevant Patient. Click the appropriate line number in the Ref column for that Patient.

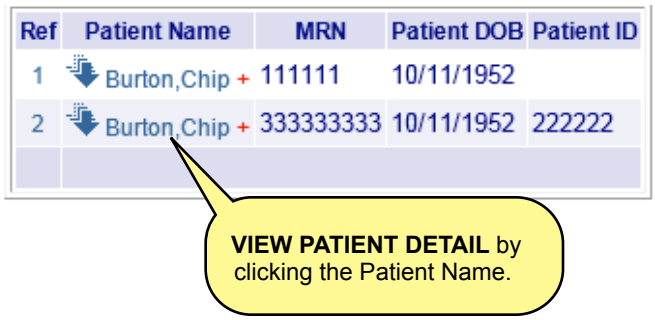


The **Patient Management** form will be displayed for the existing Patient.



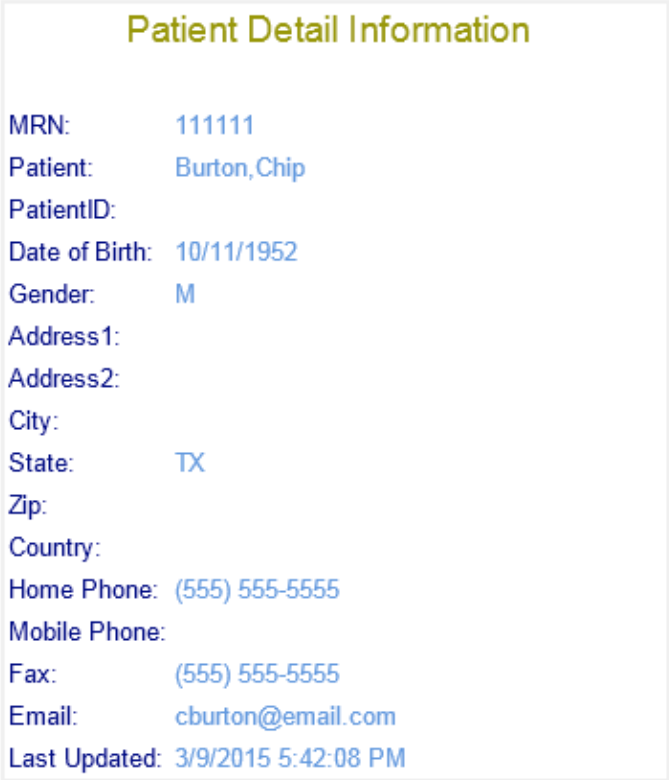
VIEW PATIENT DETAIL

In your search results list, locate the relevant Patient. Click that Patient Name in the Patient Name column.



The **Patient Detail Information** will be displayed. You cannot edit the information here, but you can view it.

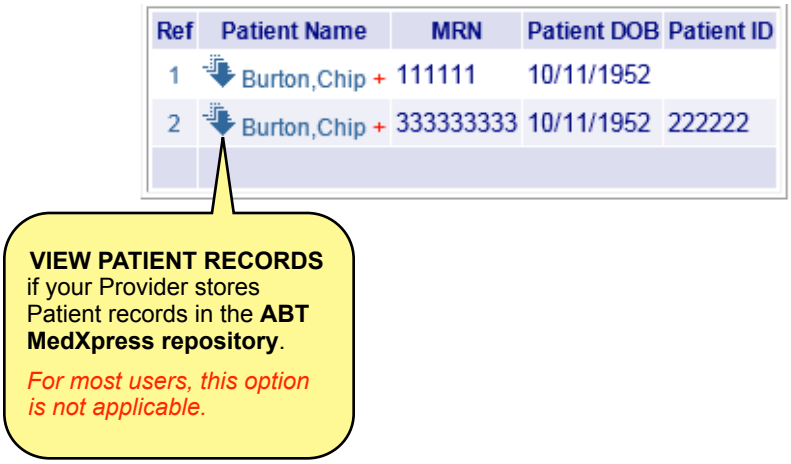
Sample Patient Detail Information Screen



VIEW PATIENT RECORDS

NOTE: *The only Patient records that can be viewed from the Patients Tab are those stored in the **ABT MedXpress repository**. Because most Providers store their records elsewhere, this feature is likely not relevant to you.*

In your search results list, locate the relevant Patient. Click the drill-down arrow for that Patient to see all Patient records *from the **ABT MedXpress repository*** associated with that Patient.



If any Patient records are stored in the **ABT MedXpress repository**, they will be displayed here. However, your Provider most likely stores Patient records elsewhere, so you will receive the message “No Patient Records Found” (see below).