

Orders Management Portal 7.7.1



Product Release Notes

**Orders Manager V7
Release 7.7.1**

6/6/2023

Product Detail and Version

Product Name	Version	Date	Comment
Orders Management Portal	7.7.1	6/6/2023	

Revision History

Date	Version	Description	Author
5/31/2023	1	Release Notes	Lynn Lund

Feature Release list contained in Version 7.7.1

1. Medicare Secondary Payor (MSP) Questionnaire Updates
2. Multi-Parameter Search under Test File Maintenance
3. Compendium export enhancements
4. Updated Advanced Beneficiary Notice (ABN) templates

Detailed Product Release Description

1. Medicare Secondary Payor (MSP) Questionnaire Updates

The OM-Portal application contains a configuration setting allowing for the hospital or lab customer to add the requirement to electronically complete the Medicare Secondary Payer Questionnaire as part of the Standard New Order, Patient management and Order Release modules when the patient has Medicare insurance. With this release:

- Questions are added to the question tree to capture retirement dates for the Patient and Patient's Spouse/Parent If the patient is eligible for Medicare due to Age or Disability

MSPQ Questionnaire

Was the illness/injury due to an accident? Yes No

Are you receiving Black Lung (BL) Benefits? Yes No

Is the service related to a Government Research Program? Yes No

Is this covered under the Veterans administration? Yes No

Is the Patient enrolled in an Medicare Advantage Plan? Yes No

Is the patient eligible for Medicare due to age? Yes No

Is the Patient Employed? Yes No

Is the Patient retired? Yes No

Enter retirement date and select Yes to continue Yes

Reset View MSPQ Save Cancel

Figure 1- MSP Questionnaire Window with additional Patient retirement date questions

MSPQ Questionnaire

Was the illness/injury due to an accident? Yes No

Are you receiving Black Lung (BL) Benefits? Yes No

Is the service related to a Government Research Program? Yes No

Is this covered under the Veterans administration? Yes No

Is the Patient enrolled in an Medicare Advantage Plan? Yes No

Is the patient eligible for Medicare due to age? Yes No

Is the Patient Employed? Yes No

Is the Patient retired? Yes No

Is the patient's spouse/parent currently employed? Yes No

Is the patient's spouse/parent retired? Yes No

Enter patient's spouse/parent retirement date and select Yes to continue Yes

Reset View MSPQ Save Cancel

Figure 2- MSP Questionnaire Window with Patient's Spouse/parent retirement date questions

MSPQ Summary Report Print

MSPQDetailPdf 1 / 1 95%

ACCUMEN TECHNOLOGY SOLUTIONS

Name : LGtest, November DOB : 07/07/1977 Gender: Male

Medicare Secondary Payer Questionnaire

Question	Answer
Was the illness/injury due to an accident?	No
Was the accident related to a car accident?	NA
Was the accident due to an injury at work?	NA
Should this claim be paid by Liability insurance or is a lawyer involved?	NA
Is there a worker's compensation fund set aside?	NA
Are you receiving Black Lung (BL) Benefits?	No
Is the service related to a Government Research Program?	No
Is this covered under the Veterans administration?	No
Is the Patient enrolled in an Medicare Advantage Plan?	No
Is the Medicare Advantage Plan a Medicare Replacement Policy?	NA
Is the patient eligible for Medicare due to age?	Yes
Is the patient eligible for Medicare due to disability?	NA
Should the Medicare cost plan pay on the claim?	NA
Is the Patient Employed?	No
Is the patient's spouse/parent currently employed?	No
Does the Employer have more than 20 employees?	NA
Does the Employer have more than 100 employees?	NA
Is the Patient retired?	Yes
Enter retirement date	05-31-1999
Is the patient's spouse/parent retired?	Yes
Enter patient's spouse/parent retirement date	02-14-2005
Is patient eligible for Medicare due to ESRD?	NA
Is claim within 30 month coordination period?	NA

Final Determination: Medicare is primary

Form Completed by User: lyund01 Date: 05-31-2023 T 11:38:03 AM

Close

Figure 3- Updated MSP Questionnaire Report

- The first time the MSP Questionnaire is answered for a patient, it is not saved to the database until the order is submitted. After the MSP Questionnaire section is completed, but before the order is submitted the user will see an onscreen message: *MSP Questionnaire Entered. MSP Questionnaire will be saved when the order is submitted.*

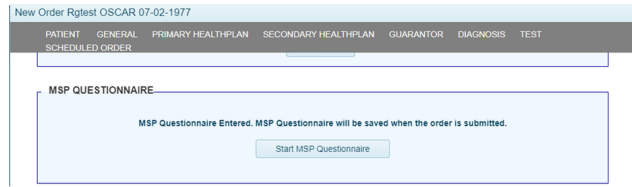


Figure 4- MSP Questionnaire Entered on screen message

2. New Multi-Parameter Search under Test File Maintenance

The Test File maintenance search screen is updated to allow the user to complete a contains search on the Test Code, Test Description, Compendium name or any combination.

Test List

Enter Test Code	Enter Test Description	Enter Compendium	<input checked="" type="checkbox"/> Active Only	Search	Clear
Code	Description	Compendium	Status		
Genlab	Gen lab profile	Legacy Compendium	Active		
CMEP	Comprehensive Metabolic Panel	Legacy Compendium	Active		
HBA1C	Hemoglobin A1C	Legacy Compendium	Active		
TSHGG	TSH	Legacy Compendium	Active		
MG	Magnesium	Legacy Compendium	Active		
IRON	Iron, Total	Legacy Compendium	Active		
FT4	T4, Free, Direct	Legacy Compendium	Active		
HIVAAB	HIV Screening with Reflex to Confirmation	Legacy Compendium	Active		
LVP	Liver Function Panel	Legacy Compendium	Active		

Figure 5- Test File Maintenance search

3. Compendium export

This configurable feature allows the user to export a full compendium, including tests, AOE's, Containers, Temperatures, analytes, etc. This release includes minor updates to the exported report.

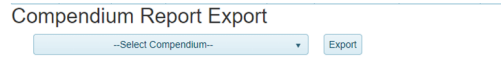


Figure 6- Compendium export page

4. Updated Advanced Beneficiary Notice (ABN) Templates

Updated versions of the Advanced beneficiary notice (ABN) were released by CMS: Form CMS-R-131 (Exp. 01/31/2026). The English and Spanish ABN's in the portal are updated to match.

Notifier:
Patient Name: zztest, Accumen Identification Number: 05032301

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for laboratory test(s) below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the laboratory test(s) below.

Laboratory Tests:	Reason Medicare May Not Pay:	Estimated Cost:
1. PT / INR	1. Medicare does not pay for this test for your condition	\$26.78
		Total Cost: \$26.78

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the laboratory test(s) listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the laboratory test(s) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the laboratory test(s) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- OPTION 3.** I don't want the laboratory test(s) listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You may ask to receive a copy.

Signature: _____ Date: _____

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit www.Medicare.gov/about-us/accessibility-nondiscrimination-notice.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 01/31/2026)

Form Approved OMB No. 0938-0566

Figure 7- English ABN

Notificado:
Nombre del paciente: zztest, Accumen Número de Identificación: 05032301

Aviso anticipado al beneficiario de no cobertura (ABN)

NOTA: Si Medicare no paga por Prueba de laboratorio a continuación, es posible que tenga que pagar. Medicare no paga todo, ni siquiera algunos cuidados que usted o su proveedor de atención médica tienen buenas razones para pensar que necesita. Es posible que Medicare no pague lo que se indica en Prueba de laboratorio a continuación.

Prueba de laboratorio	Razón por la que Medicare no puede pagar:	Costo estimado
1. Hemoglobín A1C	1. Medicare no paga estos análisis para su problema de salud	\$42.03
		Coste total: \$42.03

LO QUE NECESITA HACER AHORA:

- Lea este aviso para que pueda tomar una decisión informada sobre su cuidado.
- Háganos cualquier pregunta que pueda tener después de terminar de leer.
- Elija una opción a continuación sobre si desea recibir la Prueba de laboratorio mencionada anteriormente.
- Note: Si elige la opción 1 o 2, podemos ayudarle a utilizar cualquier otro seguro que tenga, pero Medicare no puede exigirnos que lo hagamos.

G. OPCIONES: Marque solo una casilla. No podemos elegir una casilla por usted.

- OPCIÓN 1.** Deseo la Prueba de laboratorio mencionada anteriormente. Puede solicitar que se le pague ahora, pero también deseo que se le facture a Medicare por una decisión oficial sobre el pago, que se me envía en un Resumen de Medicare (MSN). Entiendo que si Medicare no paga, soy responsable del pago, pero puedo apelar a Medicare siguiendo las instrucciones del MSN. Si Medicare paga, usted reembolsará cualquier pago que le haya hecho, menos copagos o deducibles.
- OPCIÓN 2.** Deseo la Prueba de laboratorio mencionada anteriormente, pero no facture a Medicare. Puede solicitar que se le pague ahora ya que soy responsable del pago. No puedo apelar si no se factura a Medicare.
- OPCIÓN 3.** No deseo la Prueba de laboratorio mencionada anteriormente. Entiendo que con esta elección no soy responsable del pago y no puedo apelar para ver si Medicare pagaría.

Información adicional:

Este aviso da nuestra opinión, no es una decisión oficial de Medicare. Si tiene otras preguntas sobre este aviso o la facturación de Medicare, llame al **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Firmar a continuación significa que ha recibido y comprende este aviso. Puede solicitar recibir una copia.

Firma: _____ Fecha: _____

Tiene derecho a obtener información de Medicare en un formato accesible, como letra grande, braille o audio. También tiene derecho a presentar una queja si siente que ha sido discriminado. Visite www.Medicare.gov/about-us/accessibility-nondiscrimination-notice.

De acuerdo con la Ley de Reducción de Trámites de 1995, ninguna persona está obligada a responder a una recopilación de información a menos que muestre un número de control OMB válido. El número de control OMB válido para esta recopilación de información es 0938-0566. El tiempo requerido para completar esta recopilación de información se estima en un promedio de 7 minutos por respuesta, incluido el tiempo para revisar las instrucciones, buscar recursos de datos existentes, recopilar los datos necesarios y completar y revisar la recopilación de información. Si tiene comentarios sobre la precisión de la estimación de tiempo o sugerencias para mejorar este formulario, escriba a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Formulario CMS-R-131 (Exp. 01/31/2026)

Formulario aprobado OMB No. 0938-0566

Figure 8- Spanish ABN