

HEALTHCARE IT

Exa® PACS/RIS

Feature Summary

Adding Resources

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500-000710A

A resource is an attorney, nurse, provider, laboratory, radiologist, technologist, or referring provider. You can add individual resources and add them to one or more provider groups. You can add resources in this section and in the same area users can assign usernames and passwords and link to resource accounts. You can also add or link resources in User Management.

1. On the navigation menu, select **SETUP**.



2. Select Providers & Resources.



3. Select **RESOURCE**.



Select Add, and then enter the following settings.
 Note: The settings available differ depending on your selection in the Type dropdown list.

Required fields are indicated by a red asterisk.

- Provider Radiology: Radiologist
- Referring Provider: Ordering/Referring Provider
- Attorney: Attorney's sending patients to the imaging facility
- **Technologist:** Technologists at imaging facilities

Tab/Sub-tab	Setting	Description
RESOURCE	Туре	Select an Exa PACS/RIS provider type.
	Code	Type your internal code for the provider.
	Name	Type the name of the provider.
	Modality	Select the technologist's allowed modalities.
	Title	Type the academic credentials of the provider (e.g. MD)
	NPI No.	Type the national provider identifier of the facility.
	Taxonomy Code	The Medicare/Medicaid taxonomy code (refer to CMS.gov).
	Dr. Office Name	Type the business name of the provider's office.
	SSN	Type the social security number of the provider.
	Federal Tax ID	Type the federal tax ID of the provider.
	EIN No.	Type the employer identification number of the provider.
	ETIN No.	Type the ETIN to be able to use electronic transfers.
	Medicare UPIN	If the provider has no NPI, type the unique physician identification number of the provider.
	Market	Select the market that the resource serves. All facilities in the Facilities dropdown list that are associated with the selected market become selected.
	Facilities	Select all facilities with which the provider is associated.
	Specialty	Select the specialties of the provider.
	License No.	Type the state medical license number of the provider.
	Medicare Provider No.	Type the Medicare provider number of the provider.
	Medicaid Provider No.	Type the Medicaid provider number of the provider.
	Prov. Agreement Code	Type the code for the legal provider agreement code.
	POS Type	Displayed when Referring Provider is selected as the provider type. Select the place of service type for the referring provider's location.
	Fee Schedule	Displayed when Referring Provider is selected as the provider type.
	Max TAT	Assign a maximum turnaround time for the provider, in minutes. Exa PACS/RIS divides this time into 4 segments on the TAT monitor on the worklist.

/		
Locations /	Code	Type your internal code for the provider.
Contacts		***If left blank the system will auto generate a code.
	Organization	Select the provider organization of the provider.
	Group	Select the provider group to which the provider belongs.
	Email	Type the email address of the provider. This is required to receive email
	Contact Name	Type a contact name, such as the name of the administrative assistant of the provider.
	[Address]	Type or select the country or region and address of the provider.
	Provider Alerts	Type any alerts for the provider, such as "only takes referrals."
	Office Phone/Fax	Type the contact information for the provider's office.
	Mobile/Pager No.	Type the mobile and/or pager number of the provider.
	Phone No.	Type the personal phone number of the provider.
	Primary Contact	Select to send reports to the referring provider only.
	Fax No.	Type the personal fax number of the provider.
Reports to Me/Contact Information	Email Report Link, Email Attachment, Postal Mail, Fax, Office Fax, HL7	Select to send reports to the individual provider location/contact and select which methods to use. Note : If you select Email Report Link and/or Email Attachment , you must enter the recipient email address in the Contact Information area.
Reports to Group	Email Report Link, Email Attachment, Postal Mail, Fax, Office Fax, HL7	Select to send reports to all members of the provider location/contact's provider group and select which methods to use.
Report Password		If you selected Email Report Link previously, type the password that the provider must use to view reports generated from exams that they ordered.
Reports to Patient Portal	Delay	Type the number of days to wait before posting reports on the patient portal.
Image Delivery Options	CD, Film, Paper	Select which media to use to deliver images.
Notification	Email/Fax	Select to receive notifications by email and/or fax.
Settings	Receive When added as CC Provider	Select to have the provider receive notifications by email if they are added as a CC (carbon copy) provider.

Add a Provider Resource (Radiologist, Referring, Attorney)

You can add resources manually or search for the provider on web.

• Search for Provider on the Web

PROVIDER	RORGANIZATION	PROVIDER GROU	P/LOCATION	RESOUF	RCE PROV	PROVIDER PAY SCHEDULE		
MERGE	SEARCH FOR PR	OVIDER ON WEB	ADD	RELOAD	EXPORT	IMPORT	HELP	

- 1. Select Search for Provider on Web, enter search criteria, and then select SEARCH.
- 2. Select **ADD** or ⁴ for the provider. This adds information from the registry.

						ADD BACK			
NPI No.	First Name	Last Name							
	Kathleen	Wnuk							
City	State	ZIP Code							
	Select	~							
CLEAR SEA	RCH								
NPI#	FIRST NAME		LAST NAME	CITY	STATE	POSTAL CODE			
No records found	No records found								
No records found									
≗ + 1760973606	KATHLEEN		WNUK	PHOENIXVILLE	PA	19460-3599			

- 3. Select a **Type** of **Referring Provider** or **Radiologist**.
- 4. Add **Facilities** available to the resource. Review all information and edit as needed.

				SAVE	SAVE & CLOSE	CLEAR	BA
Type *	Referring Provider 🗸 🗸		Market		NONE SELECTED -		
Code			Facilities *		NONE SELECTED -		
	Inactive						
Name *	KATHLEEN	MI	Specialty		NONE SELECTED -		
	WNUK	rph					
Title							
NPI No.	1760973606		License No.	R	P448518		
Taxonomy Code	1835P2201X		Medicare Provide	er No.			
Dr. Office Name			Medicaid Provide	r No.			
SSN			Prov. Agreement	Code	∽ ?		
Federal Tax ID			Max TAT	1	(in min)		
EIN No.							
ETIN No.							
Medicare UPIN							

- 5. Add or edit contact information for their office.
 - **Code** auto-generates if left blank.
 - Complete the **Reports to me** section for Referring Providers and Attorneys if the user receives reports from Exa PACS/RIS.

Contact Information Office Phone	CONTACT INFO	MARKETING R	EP.					
Code * Imative Provider Organization Office Pax Group Belect provider group * Mobile No. Image Pager No. Contact Name Pager No. Contact Name Pager No. Country United States * Address Line 1* 1039 SQUARE DR Address Line 2 Image Deliver/DP Chry/State/ZIP PHOENXVILLE Provider Alerts Image Paral Report Link Email Attachment Image Address Provider Maria Image Delivery Options Image Delivery Options Image Delivery Options Image Delivery Options Image Address CP mode	Contact Informatio	'n						
Inactive Office Fax Group Gelect provider group Email Pager No. Contact Name Phone No. Contact Name Phone No. Controt United States Address Like 1* 1039 SQUARE DR Address Like 2 Image DR ChryState/ZP PhoDENXXVILLE Provider Akerts Primary Contact Provider Akerts Image Delivery Options Email Pager No. Image Delivery Options Delay Image Delivery Options Image SC Provider	Code *				Office Phone			
Provider Organization		Inactive			Office Fax			
Broup Select provider group Mobile No.	Provider Organization					Office Fax		
Email Pager No. Contact Name Phone No. Country United States • Address Line 1 + 1039 SQUARE DR Address Line 2 Privater States • Citry/State/ZIP PHOENIX/LLE Provider Alerts Privater States • Reports to Me Email Report Link Email Report Link Postal Mail Postal Mail Postal Mail Fax Goffice Fax Ht.7 Ht.7 Reports to Patient Portal Delay (in days) Notification Settings Notification Settings	Group	Select provider gro	oup	v	Mobile No.			
Contact Name Phone No. (703)823-1161 Country United States Fax No. Address Line 1 1039 SQUARE DR Image Delivery Options Provider Alerts Provider Alerts Provider Alerts	Email				Pager No.			
Country United States Address Line 1 1039 SQUARE DR Address Line 2	Contact Name				Phone No.	(703)623-1161		
Address Line 1	Country	United States 🗸			Fax No.			
Address Line 2 City/State/ZIP Provider Alerts	Address Line 1 *	1039 SQUARE DR			_	Fax		
City/State/ZIP Provider Alerts Provider Alerts Reports to Me Contact Information Email Report Link Email Report Link Email Attachment Postal Mail Pax Office Fax Office Fax Office Fax HL7 Reports to Patient Portal Image Delivery Options Col Film Paper Notification Settings Image Delivery When Aded as CC Provider	Address Line 2				Primary Contact			
Provider Alerta	City/State/ZIP	PHOENIXVILLE	P/	A 🗸				
Provider Alerts		19460	3599					
Reports to Me Contact Information * Image Delivery Options	Provider Alerts							
Reports to Me Contact Information* Image Report Link Image Attachment Postal Mail Fax Office Fax HL7 HL7 Report S to Patient Portal Image Delivery Options Image Delivery Options Cob Film Paper Notification Settings Image Delivery When Added as CC Provider								
Reports to Me Contact Information* Image Delivery Options Cob Image Delivery Options Image Delivery Options Image Delivery Options Image Delivery Options								
Contact Information None Reports to Group Email Report Link Email Attachment Postal Mail Postal Mail Fax Office Fax Office Fax Office Fax Office Fax HL7 Report Password Reports to Patient Portal Image Delivery Options CD Film Paper Notification Settings Email Fax Report Stop Settings	Reports to Me							
 Email Report Link Email Attachment Postal Mail Postal Mail Fax Office Fax Office Fax HL7 ML7 Report Password ML7 ML7 ML7 ML7 ML7 ML7 ML7 ML7 ML7 Notification Settings Imail Fax Fax Fax Fax Fax Fax Fax Fax Fax Fax Fax Fax Fax Fax 	Contact Information *	None			Reports to Group			
 Email Attachment Postal Mail Postal Mail Fax		Email Report Link				Email Report Link		
□ Postal Mail □ Postal Mail □ Fax □ Fax □ Office Fax □ Office Fax □ HL7 □ HL7 Report Password Report Potal □ □ Delay □ □ □ □ □ Image Delivery Options □ □ □ □ cD □ □ □ □ cD □ □ □ □ Paper □ □ □ Notification Settings □ □ □ □ Fax □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Email Attachment			Email Attachment			
□ Fax □ Fax □ Office Fax □ Office Fax □ HL7 □ HL7 Report Password Reports to Patient Portal Image Delivery Options □ □ □ c.D □ □ □ c.D □ □ □ report		Postal Mail				Postal Mail		
Office Fax Office Fax HL7 HL7		Fax				Fax		
□ HL7 Report Password Reports to Patient Portal □ Delay Image Delivery Options □ cD □ Film □ Paper Notification Settings □ Fax □ Receive When Added as CC Provider		Office Fax				Office Fax		
Report Password Reports to Patient Portal Delay (in days) Image Delivery Options CD Film Paper Notification Settings Email Fax Receive When Added as CC Provider		HL7				HL7		
Image Delivery Options CD Film Paper Notification Settings Email Fax Receive When Added as CC Provider	Report Password				Reports to Patient Port	al		
Image Delivery Options					Delay	(in days)		
Image Delivery Options					,			
CD Film Paper Notification Settings Email Fax Receive When Added as CC Provider	Image Delivery Opt	ions						
		CD						
Paper Notification Settings Email Fax Receive When Added as CC Provider		Film						
Notification Settings Email Fax Receive When Added as CC Provider		Paper						
Email Fax Receive When Added as CC Provider	Notification Setting	js						
Fax Receive When Added as CC Provider		Email						
Added as CC Provider		Fax						
	Ac	Receive When ded as CC Provider						

6. Select **SAVE**.

	SAVE	SAVE & CLOSE	CLEAR	BACK
l				

7. Other sections appear and allow additional configuration.

	LOCATIONS/CONTACTS		LOGIN	DETAILS	ALT. NAME		MOBILE SCHEDULE TEMPLATE		ATES	SIGNATURE	SUMMARY	
	PEER REVIEW											
	CODE	CONTACT NA	ME	GROUP	C	ORDERING	FACILITY	ADDRESS 1	PHON	IE #	MARKETING REP	PRIMARY
ð	HCP25RF24							1039 SQUARE DR	(703)	623-1161		Yes

8. LOGIN DETAILS

- You can create usernames or link existing usernames to the resource account.
- Place **Referring Providers** in the **Referring Provider** or the **Portal** group if the site allows access to the Physician Portal.

LOCATION	S/CONTACTS	LOGIN DETAILS	ALT. NAME	MOBILE SCHEDULE TEMI	PLATES	SIGNATURE SU	UMMARY PEER REV	IEW	
Select User	Select u	iser			(OR)	New User *	New User		
	1	LINK USER				Password *	Password		
						Confirm Password *	Confirm Password		
						Access Expires After	davs	~	
							One-Time Access		
						Group Name *	Select User Group		🔹 🗹 Hide AD Groups
									CREATE USER

9. ALT. NAME

 Alternate names for the provider. This typically shows system providers that were converted. By converting system provider accounts you can make your system smarter and automatically associate which account the alt name is associated.



10. MOBILE SCHEDULE TEMPLATES

11.SIGNATURE

12.SUMMARY

13.PEER REVIEW