

Exa[®] PACS/RIS

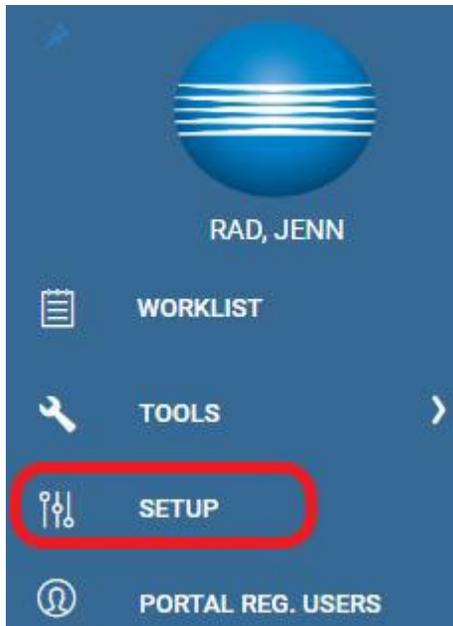
Feature Summary

Adding Resources

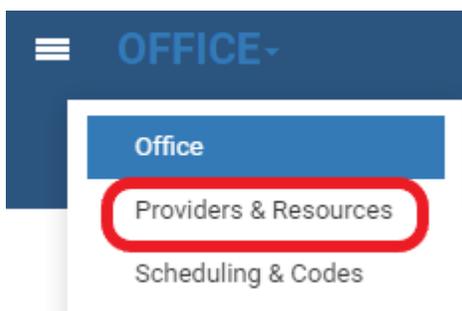
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A resource is an attorney, nurse, provider, laboratory, radiologist, technologist, or referring provider. You can add individual resources and add them to one or more provider groups. You can add resources in this section and in the same area users 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**.



4. 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

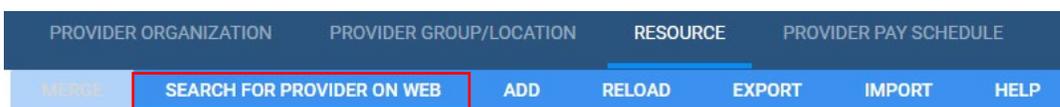
Tab/Sub-tab	Setting	Description
RESOURCE	Type	Select an Exa PACS/RIS provider type.
	Code	Type your internal code for the provider.
	Name	Type the name of the provider.
	Modality	Select the technologist's allowed modalities.
	Title	Type the academic credentials of the provider (e.g. MD)
	NPI No.	Type 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 / Contacts	Code	Type your internal code for the provider. ***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 reports, notifications, or attachments.
	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 Settings	Email/Fax	Select to receive notifications by email and/or fax.
	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**



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

ADD BACK

NPI No.	First Name	Last Name	
<input type="text"/>	<input type="text" value="Kathleen"/>	<input type="text" value="Wnuk"/>	
City	State	ZIP Code	
<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	

CLEAR SEARCH

NPI#	FIRST NAME	LAST NAME	CITY	STATE	POSTAL CODE
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 BAC

<div style="border: 1px solid red; padding: 2px; margin-bottom: 10px;"> Type * <input type="text" value="Referring Provider"/> </div> Code <input type="text"/> <input type="checkbox"/> Inactive	Market <input type="text" value="NONE SELECTED"/>
<div style="border: 1px solid red; padding: 2px; margin-bottom: 10px;"> Name * <input type="text" value="KATHLEEN"/> <input type="text" value="MI"/> <input type="text" value="WNUK"/> <input type="text" value="rph"/> </div> Title <input type="text"/> NPI No. <input type="text" value="1760973606"/> Taxonomy Code <input type="text" value="1835P2201X"/> Dr. Office Name <input type="text"/> SSN <input type="text"/> Federal Tax ID <input type="text"/> EIN No. <input type="text"/> ETIN No. <input type="text"/> Medicare UPIN <input type="text"/>	<div style="border: 1px solid red; padding: 2px; margin-bottom: 10px;"> Facilities * <input type="text" value="NONE SELECTED"/> </div> Specialty <input type="text" value="NONE SELECTED"/> License No. <input type="text" value="RP448518"/> Medicare Provider No. <input type="text"/> Medicaid Provider No. <input type="text"/> Prov. Agreement Code <input type="text" value=""/> ? Max TAT <input type="text" value="1"/> (in min)

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 INFO MARKETING REP

Contact Information

Code *	<input type="text"/>	Office Phone	<input type="text"/>
<input type="checkbox"/> Inactive		Office Fax	<input type="text"/>
Provider Organization	<input type="text"/>	<input type="checkbox"/> Office Fax	
Group	Select provider group <input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>	Pager No.	<input type="text"/>
Contact Name	<input type="text"/>	Phone No.	(703)623-1161
Country	United States <input type="text"/>	Fax No.	<input type="text"/>
Address Line 1 *	1039 SQUARE DR	<input type="checkbox"/> Fax	
Address Line 2	<input type="text"/>	<input checked="" type="checkbox"/> Primary Contact	
City/State/ZIP	PHOENIXVILLE PA <input type="text"/>		
	19460 3599		
Provider Alerts	<input type="text"/>		

Reports to Me

Contact Information *	<input type="checkbox"/> None	Reports to Group	<input type="checkbox"/> Email Report Link
	<input type="checkbox"/> Email Report Link		<input type="checkbox"/> Email Attachment
	<input type="checkbox"/> Email Attachment		<input type="checkbox"/> Postal Mail
	<input type="checkbox"/> Postal Mail		<input type="checkbox"/> Fax
	<input type="checkbox"/> Fax		<input type="checkbox"/> Office Fax
	<input type="checkbox"/> Office Fax		<input type="checkbox"/> HL7
	<input type="checkbox"/> HL7		
Report Password	<input type="text"/>	Reports to Patient Portal	
		Delay	<input type="text"/> (in days)

Image Delivery Options

- CD
- Film
- Paper

Notification Settings

- Email
- Fax
- Receive When Added as CC Provider

6. Select **SAVE**.

SAVE **SAVE & CLOSE** **CLEAR** **BACK**

7. Other sections appear and allow additional configuration.

LOCATIONS/CONTACTS	LOGIN DETAILS	ALT. NAME	MOBILE SCHEDULE TEMPLATES	SIGNATURE	SUMMARY		
PEER REVIEW							
CODE	CONTACT NAME	GROUP	ORDERING FACILITY	ADDRESS 1	PHONE #	MARKETING REP	PRIMARY
 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.

LOCATIONS/CONTACTS	LOGIN DETAILS	ALT. NAME	MOBILE SCHEDULE TEMPLATES	SIGNATURE	SUMMARY	PEER REVIEW
Select User	<input type="text" value="Select user"/> <input type="button" value="LINK USER"/>	(OR) New User *	<input type="text" value="New User"/> Password * <input type="text" value="Password"/> Confirm Password * <input type="text" value="Confirm Password"/> Access Expires After <input type="text"/> days <input type="checkbox"/> One-Time Access Group Name * <input type="text" value="Select User Group"/> <input checked="" type="checkbox"/> Hide AD Groups	<input type="button" value="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.

LOCATIONS/CONTACTS	LOGIN DETAILS	ALT. NAME
NAME		
 Ref - Name,Jenn,		

10. MOBILE SCHEDULE TEMPLATES

11. SIGNATURE

12. SUMMARY

13. PEER REVIEW