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**QuadraMed Client Support Manual**
*September 2007*

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*QUADRAMED CORPORATION*
Chapter 1
Support Services

Support Services Overview

QUADRAMED’s Client Support services are provided to all clients with active support contracts and are provided within the limits and terms of those contracts. Your contract stipulates the terms of Client Support provided by QUADRAMED. Enhancements, updates or releases, to any product line are provided on a scheduled basis. The contracts provide that software updates be made available for Federal or State mandated features for processing records and error correction from previous releases. Client Support outside of the above mentioned guidelines is also provided to you at either an hourly rate or as a separately contracted Supplemental Service.

Client Support services are divided, as necessary, among three levels of personnel.

- Call Center Agents - Level 1
- Support Analysts (Functional and Technical) - Level 2 and Level 3

The responsibilities of each level are described in the next section, along with the responsibilities of the hospital’s primary support contact and operational staff.
Supported Applications

Client Support is available on the following QUADRAMED applications:

**PATIENT ACCESS**
- Quadrature Enterprise Scheduling (formerly TempusOne and TempusXpress)
- MO (Medication Ordering)
- Patient Scheduling
- Clinical Documentation (Charting & Assessment, Vital Signs, I & O, Activity Charting)
- Schedule View
- PocMAR, Point of Care Medical
- QuadraMed Medical Necessity
- POE (Physician Order Entry)
- QuadraMed Physician Web Scheduling
- POC (Point of Care) Interventions
- QuadraMed Call-Back Reminder
- Clinical Workstation
- QuadraMed Surgery MDS
- CPOE
- Global Registration
- Clinician Access
- Medical Records Abstracting and Control
- Department Management
- QuadraMed Enterprise Scheduling HL7 Interface
- Medication Charting
- ClinicaMed Enterprise Scheduling
- Order Management
- Clinical Workstation
- QuadraMed Medical Necessity
- Affinity Laboratory
- POE
- QuadraMed Physician Web Scheduling
- CPOE
- QuadraMed Call-Back Reminder
- Clinician Access
- QuadraMed Enterprise Scheduling HL7 Interface
- Order Management
- Global Registration
- Department Management
- Medical Records Abstracting and Control
- Clinical Workstation

**HIM**
- Quantum (Interlink, HL7 Server, JReports)
- Radiology
- Millennium
- Plan of Care
- nCoder+
- Quality Management
- EDM Legacy
- Utilization Management
- EDM Legacy
- Acuity Plus (formerly WinPFS)
- ERM, Executive Report Manager
- Clinical Workstation
- ERM, Executive Report Manager
- Acuity Plus (formerly WinPFS)
- Medcarts: ADT, Billing, Profile, Charges, Pocket/Inventory
- Pharmacy Interfaces (ADT, Billing, Charge Master, Physician Master, Lab, Order Communications ADM (Automated Dispensing Machines))
QuadraMed Client Support's Responsibilities
For each case that is opened with Client Support each of the levels of personnel have various responsibilities and duties they perform to achieve a resolution for your case. The responsibilities include:

- Call Center Agents do the following:
  - Gather your problem information and enter it into the case tracking system.
  - Receive and gather faxed information and ensure it is forwarded to the appropriate personnel.
  - Route case information to the appropriate application and technical personnel.
  - Initiate and expedite escalation procedures to the appropriate personnel.
Support Analysts do the following:

- Do in-depth analysis to determine if the issue is due to a program error or client procedural or training issues.
- Move the case to Development for programming changes if a program error or deficiency has been identified in the analysis of the task.
- Initiate escalation of tasks to the appropriate management.
- Determine possible billable cases and inform the client when this occurs.
- Own the case until the case is resolved.
- Provide resolution via a Task Completion Notice (TCN).
- May provide preliminary technical analysis of programming code.
- May apply programming changes where appropriate.

Primary Hospital Support Contact’s Responsibilities

Client Support works closely with Primary Support Contacts at each facility. Hospitals should appoint Primary Contacts as specified in your contract. Clients will also want to designate an alternate in the Primary Contact’s absence. The Call Center can best respond to and manage calls if they are placed by these authorized callers. The Primary Contact plays a critical role in coordinating the communication of hospital issues to QUADRAMED and resolution back to the hospital staff. The responsibilities of the contact include:

- Interacting with Client Support to gather and organize information to open cases with QUADRAMED. Research program errors and do the initial analysis of all support requests.

- In order for QUADRAMED to successfully program a hospital’s Federal and State requirements, it is imperative that QUADRAMED receives the necessary documentation and information in a timely manner. You can assist us by informing the Call Center of state requirements as soon as they are made known to you. All questions regarding state regulations should be directed to the Call Center.

- Providing any changes or additions to hospital and personal profile information, server login/password information and authorized caller contact information to the Call Center. Every facility should have an assigned Web Self Service Administrator. Please familiarize yourself with your facility’s Self Service Administrator.

- Providing feedback and coordination throughout the hospital regarding support issues. The Primary Contact is also responsible for communicating within the hospital regarding software changes.

- Authorizing expenditures for supplemental services/billable procedural tasks and authorize waivers for data changes.
Working with Application Coordinator Experts to ensure quality assurance when testing occurs and is completed on any modified software in the Support directory prior to release to your Live/Production operational directory.

Working with Hospital Information Systems technical staff to schedule and communicate annual software release activities, and manage the software release process at the hospital.

Log all calls placed to Client Support and review the *Weekly Status Report* to monitor the status of issues and hospital priorities.

QUADRAMED provides documentation updates on CD to Primary Hospital Support Contacts who are responsible for disseminating information.

Working with Application Coordinator Experts and the Hospital System Manager to maintain the Support/Training directory.

Distributing the URL for QUADRAMED’s Monthly Newsletter, as appropriate, to users.

**Hospital Operational System Responsibilities**

QUADRAMED clients have the ultimate responsibility for the proper care and maintenance of their systems. QUADRAMED can assist, advise and research issues to ensure that the system is functioning and will continue to function as it was designed. QUADRAMED offers a complete line of services that can help you complete any of the below tasks. Please contact Eric Jeffery, Manager ATS Support at (703) 709-2449 for more information. To ensure continuity of operations, it is incumbent that your system administrators perform routine system management and oversight. This includes:

- Having a disaster recovery plan and backing up data.
  - Ensure nightly maintenance is current and performed correctly. Without nightly maintenance it is difficult to restore data in the event of a disaster.
  - Even though QUADRAMED systems are designed to have hard disk drive fault tolerance and recovery, good backups are essential for a timely recovery from such events as bad data being written into a database file.
  - QUADRAMED will assist you with automating your backup routines of data. It is the hospital’s responsibility to verify that the automated routine is backing up all of the production data. Backup scripts may need to be modified when databases have grown. Check the backup routines after any storage alteration and verify that it is backing up all the live database devices. Call the Call Center if you have questions.
  - Other pieces of the file system should be backed up after modifications are made into those systems as well. Recovery will only be as complete as the backup available.
  - As a supplemental service, QUADRAMED can help with restoring backups.
• Tapes do have a shelf life, and a tape should be replaced if it is more than two years old. Tapes may need to be replaced sooner, if utilization is excessive. Verification of backups must be performed periodically to ensure that recovery restoration can be executed.

• Backups should be stored in a different location from your servers. Fire and water can destroy many things in a localized area. The data itself may be more valuable to your operations than the actual hardware platform. The restoration of information and supporting systems is crucial to your function and operations.

• Monitoring your system.

• Do not run out of disk space!

You should review your disk space consumption rates periodically and free up disk space. Month End/Year End routines use more disk space and the consumption rate may increase dramatically during these closeout routines. We will assist you with analyzing your disk space utilization requirements as a Supplemental Service. It is your responsibility to perform or to initiate actions required for prevention of a system shutdown due to insufficient disk space.

• Purge data.

Your system can be set to automatically purge data based on your criteria and requirements. It is your responsibility to ensure that the purging criteria are set properly and executing as intended. Verify that you have a good backup of your system before implementing alterations to your purging routines.

• System error detection and recovery.

You should be aware of any warning or error messages and indicators coming from your system. It is your responsibility to notify QUADRAMED and/or the appropriate system support vendor of system problems that may need attention. Failure to attend to problems quickly may aggravate the recovery time.

• Implementing system upgrades

• QUADRAMED tries to keep abreast of the latest in healthcare information technologies. However, we do have limited resources to test all the various configurations and the upgrades available today. At your request, as a Supplemental Service, QUADRAMED can perform a risk assessment, in coordination with the appropriate vendors, for implementing improvements on your existing system. As the system owner, you bear the ultimate responsibility for implementing upgrades to your systems. This includes, and is not limited to, the operating system and third party application software upgrades and patch releases, firmware revisions, and new hardware components. QUADRAMED will recommend the application of system upgrades to improve the reliability and performance on your system. You should apply recommended upgrades at your earliest convenience.
Before you decide to implement and upgrade to your system, you should consider the answers to the following questions:

- What does the update include? If it is a fix for a problem that could affect data integrity, the fix is more important than an update that changes the appearance of a screen.
- Has the update been performed in your Support directory/system or elsewhere?
- Is the update required to stay within the vendor's support window?
- Is the update required for needed functionality or compatibility with other components?

You should weigh these factors in deciding whether or not to update. QUADRAMED recommends that you carefully consider your decision and reminds you to always backup before performing any kind of update, no matter how small. Be prepared to roll back the system to its state prior to the upgrade in case problems occur with the upgrade before implementing any upgrade.

Remember, you own your system.

**Federal / State Requirements - Client Responsibilities**

Prior to implementing Affinity, you may have completed the Initial and/or Detailed State Requirements checklists. At times, reporting requirements are revised or changed. When changes occur, it is imperative that we receive the written documentation of the federal/state regulation in its entirety. You need to obtain this documentation from your federal/state contact. QUADRAMED requests that you highlight the relevant sections of the documentation in order to draw our attention to them. Once you have completed your analysis you must do the following:

- Contact the Call Center to open a Support Case.
- Forward the complete set of documentation from the applicable state agency to us.
- Submit the contact name and telephone number of the person at the state agency in case we have additional questions.
- Provide the effective date of these regulatory changes.
Chapter 2

Reporting a Case

Issue Reporting Overview

QUADRAMED is committed to offering you total support access for its products. You have a variety of methods available to initiate a support request. In this chapter we have detailed how you can submit information to create cases with the Call Center. We have also outlined an introduction to the type of information that should be made available to the Call Center when reporting an issue. The information you provide is essential in tracking software deficiencies and identifying procedural errors.

Case Reporting Methods

You have access to QUADRAMED Client Support staff during normal business hours. Per your contract, you may also have on-call support 24 hours a day, 7 days a week, 365 days a year. You have the following methods to open a case.

- **Web**
  - Use QUADRAMED’s Preferred Method [https://customersupport.quadramed.com/](https://customersupport.quadramed.com/) to contact QUADRAMED by the internet.
  
  QUADRAMED Web Self Service gives you the ability to open *non-critical* cases via the internet. You can also add notes and attachments to existing cases, view a Support Analyst’s notes and comments, and view or update the hospital profile, address, contacts, products and system information. The first step to using QUADRAMED Web Self Service is to identify one person from your organization to be the QUADRAMED Web Self Service Online Support **Web Administrator** (Web Admin). The individual chosen as the Web Admin can request access to

- **E-Mail**
  - clientsupport@quadramed.com

- **Phone/Fax**
  - 87QUADRAME (877-823-7263) / 877-238-2776
QUADRAMED Web Self Service via e-mail. The e-mail should contain that individual’s name, title, hospital name, and contact information. The subject line must read, Hospital Name Support Web Admin and be sent to clientsupport@quadramed.com. QUADRAMED will send the individual a user name and password along with system access instructions within 5 business days.

When the Web Admin receives this information, the authorized contacts can begin to use QUADRAMED Web Self Service. The Web Admin is responsible for creating accounts for other users at the hospital and is the point of contact for any future updates or changes to those accounts. QUADRAMED recommends that the Web Admin give access to all authorized contacts within the hospital. When authorized hospital contacts have access, they can enter cases directly into QUADRAMED Web Self Service and attach any supporting materials to the case. Cases opened via QUADRAMED Web Self Service are routed to the proper support team where each one is assigned to a Support Analyst.

E-MAIL

Use clientsupport@quadramed.com to send information to QUADRAMED by e-mail. You also have the option to send an e-mail to report non-critical cases. Case information can be sent to the Client Support e-mail imbeds at clientsupport@quadramed.com. The e-mail must identify the following:

- The product and version.
- A detailed description of the problem or question.
- How it was discovered.
- Screen shots if available.
- Log files if needed.
- Your name.
- The facility name.
- Contact information.

When the e-mail is received a Call Center Agent enters the information into the database for assignment.
You can phone the Call Center to report a case. The Call Center is staffed from 8:00AM to 8:00PM **Eastern Standard Time** (ET), Monday through Friday, excluding company holidays. Calls received during this period are routed to our daytime Call Center staff. During high call volume periods our Answering Service gathers the necessary information and forwards the information to a QUADRAMED Call Center Agent. Please provide the following information:

- Identify the product and version.
- Detailed description of the problem or question.
- How the problem was discovered.
- As much background information as possible. E-mail or fax supporting documentation, i.e., screen shots, error logs, etc., to completely detail the issue.

When sending support documentation via fax, the cover sheet and attachments must include the following:

- Your name.
- The facility name.
- Contact information.
- Case number.

The Call Center Agent will enter all case information into the database to be assigned.

---


It is extremely important that you, as our client, understand what kind of information QUADRAMED needs to enter a complete support case into QUADRAMED Web Self Service and why it is so important. Complete and detailed information provided during the creation of a case can facilitate speedy analysis and assist in a resolution.
Who?
When initiating a case you must always clearly identify yourself, your facility, and verify your contact information. If you are initiating your case via e-mail, your tag line should contain this information. If you initiate the case in QUADRAMED Web Self Service, you must verify your information there as well. If QUADRAMED has no record of your role at the facility please be prepared to provide your name, title, e-mail address, and phone number. QUADRAMED will request that an unrecognized individual have the Primary Hospital Support Contact report the issue. Per contractual guidelines, each facility must predetermine who can create a support case and setup an internal process to ensure the proper individuals at your facility are made aware of reported cases and issues.

What?
When initiating a case it is important to describe precisely what the problem is by referring to the exact wording of any error messages that are displayed or describing what occurred compared to what is expected. Any desired modifications or setup configurations to the system should be detailed and outline what the end result should be.

When?
Many of QUADRAMED’s systems and applications maintain logs from which an analyst can obtain useful information. Providing the exact date and time when an error or problem occurred to your analyst can speed up the analysis process.

How?
Detail how a problem was encountered and the exact steps taken to produce it. Provide screen shots of the issue in either a Word document or via Fax to help speed resolution.

Why?
Cases should include a reason for the desired priority level and an explanation of the issue’s impact. Please refer to the Guidelines section of this document for more information.

Sending Supplemental Information to Support
As previously covered, you have options when contacting support; web, phone, fax, or e-mail. No matter which option is used, sending supporting documentation, i.e. screen shots, error logs, etc., is an essential element for analysis.
Chapter 2  Reporting a Case

Sending Screen Shots
Screen shots allow the analyst to see exactly what is happening.

Send a Screen Shot
Capturing an image of the screen is very simple. If an error message or other useful information displays on a workstation screen, do the following:

1. Press the PRINT SCREEN key, located in the upper right-hand corner of the keyboard. This action saves an image of the screen into memory.

2. Press the CONTROL and V keys at the same time on a blank Microsoft Word document to paste the screen image on the document.

3. Save the document and attach it to an e-mail to be sent to the Call Center, or you can upload it to the appropriate case entry in QUADRAMED Web Self Service.

Sending Log Files
Log files, when appropriate, are also a good source of information. Sending log files when creating a case gives the analyst the opportunity to begin the analysis process immediately when received, rather than requiring the analyst to log onto the server to view the logs. If the hospital contact knows where the necessary log files are stored, they can be attached to an e-mail or uploaded into QUADRAMED Web Self Service. Once a detailed explanation of the problem has been written the contact can send an e-mail message, along with the screen shots and/or log files. The entire contents of the e-mail will be made available to the analyst via QUADRAMED Web Self Service.

Please always use safe business practices when sending PHI!

Workstation Remote Assistance
Occasionally a Support Analyst may need access to a workstation in order to view the issue first hand and gather information. In some cases an analyst can correct the issue during these sessions. SecureLink, by Enexity, is our standard for remote connectivity to clients. Please contact either your Account Executive or our client support line for additional information. If you are not sure if this is deployed at your site, please contact your IT administrator. As a backup tool, QUADRAMED also uses a web-based application from LogMeIn, Inc. called LogMeIn Rescue. The user needs to have internet access for Remote Assistance via LogMeIn Rescue. Both SecureLink and LogMeIn Rescue comply with HIPAA, Sarbanes-Oxley and other corporate, local, and federal legislation with end-to-end 256-bit SSL encryption. Enexity's SecureLink has the added advantage of detailed auditing and reporting features.
Initiate a Rescue Session via LogMeIn Rescue
If a Support Analyst requires a Rescue Session, use the following steps.

1. Launch an internet browser, i.e. Internet Explorer, Endoscope, Moselle Firefox, etc., and type `www.quadramed.com/remote` in the Address field and press ENTER.

2. Type the 6-digit PIN code when the page loads. The Analyst provides the PIN code, and it expires after each session.

3. Click **Connect to Support Analyst** to open a File Download window.

4. Click **Run** to begin a small file download.
5. When the file download is complete, a Security Warning window is displayed.

6. Click **Run** to open the Chat Window that is used to communicate with the analyst when the session is connected.

7. When the session connects, the following window displays for you to give the analyst permission to view and take control of your desktop.
Click **Yes**. At this point the Analyst can view and manipulate the workstation desktop. This is an essential tool used to gather information about the issue and correct minor issues you encounter within the QUADRAMED applications. After the session ends and the connection terminates, the internet browser displays a small survey.

8. Complete the survey. Please take a few moments to provide feedback on the rescue session for our review.

**Information on the LogMeIn Rescue Product**

Use the following web sites for more information:

- How To Information - https://secure.logmeinrescue.com/HelpDesk/HowItWorks.aspx
Chapter 3

Reporting Checklist

Reporting Checklist Overview
QUADRAMED Support Analysts depend on the initial information you provide to begin their analysis. Creating a case with complete details and supporting documentation can reduce the amount of time an analyst spends gathering details about a reported case. QUADRAMED has compiled a list of topics that can accomplish this task, if made available when creating a support case. In addition, there are lists that address product specific items that should be reviewed prior to reporting a case.

Universal Reporting Checklist
You should consult this checklist before a support case is opened for any of QUADRAMED’s products via one of the four available methods. It is designed to help you verify that every step was taken to provide QUADRAMED with all of the pertinent information to be used to resolve your case as quickly as possible. These include:

- Review Release Notes and Help Screens or Documentation for assistance regarding the issue or question.
- Attempt to recreate the issue in your SUPPORT and/or MODEL directory.

If a resolution or answer cannot be achieved at this point and a support case needs to be opened, continue to follow these bullet points to submit your case or question:

- Verify that you are an authorized caller.
- Provide and verify contact information with the Call Center Agent, in your e-mail, or in QUADRAMED Web Self Service.
- Identify product and version for the application or third-party software/operating system in question.
- Identify which Directory, LIVE, PRODUCTION, SUPPORT, etc., is experiencing the issue. Multi-campus facilities must please specify the Site.
Clearly explain the issue or question being posed.

Detail any changes that have taken place, i.e. upgrades, patches, system or hardware failures, modifications, etc.

Provide the exact error message, specific and detailed examples, screen shots, and/or log files while noting the date and time the issue occurred.

Note exactly who at the facility is affected, i.e. departments, remote locations, specific login ids, and note if they are connected to the application via the hospital network, Citrix or wirelessly.

Note whether the issue can be consistently reproduced.

Explain the exact steps taken to reproduce the issue or provide a detailed description of any setup question or request.

Consult the Product Checklist to learn product-specific items that can supplement the case description.

Product Checklist

After addressing the basic items presented to you in the Universal Reporting Checklist proceed to your respective product’s Product Checklist. The Product Checklist can provide you with product specific questions that can guide you when reporting your case. Answering these product specific questions can provide your analyst with even greater detail about your issue or question. The Product Checklists are organized by product line.

Patient Access

QuadraMed Enterprise Scheduling

This product was formerly called TempusOne and TempusXpress.

Application running slow or cannot log in?:

- Has the drive space on the database server been checked? How much space is free on all drives?

- What is the last completed date for the Cold-Backup and Daily Export tasks on the database server?
Chapter 3  Reporting Checklist

- **Scheduling Issues:**
  - What method of scheduling was used, auto scanning, manual scheduler, or rehab manual scheduler?
  - What patient, procedure, and physician were used to schedule?
  - Were any other prompts used? Facility or resource selection, resource matching, etc.

- **Procedure Maintenance Issues:**
  - What is the exact name of the procedure as it appears in the build?
  - With what rule, unavailability, time frame limit, reservation, etc., do you require assistance or does not function as expected? Specify the rule’s criteria, dates, times, limits, associated procedures, etc., and outline the expected versus the returned result.

- **Organizational Maintenance Issues:**
  - What is the exact path of the resource in question, Facility/Division/Department/Resource Name?
  - What rule, unavailability, time frame limit, reservation, etc., do you require assistance with or does not function as expected? Specify the rule’s criteria, dates, times, limits, associated procedures, etc., and outline the expected versus the returned result.

- **Questionnaire Issues:**
  - Is the questionnaire a procedure type or patient type?
  - What is the exact name of the questionnaire and procedures it is linked to?

- **User Profile Issues:**
  - Identify the user preference or user right in question along with login id.

- **Printing Issues:**
  - Provide as much information about the printer as possible:
    - Is the printer a network or local printer?
    - What exactly are you trying to print and what is the result?

- **Report Issues:**
  - Is the report standard or custom?
  - What is the exact name of the report? Give the menu path.
  - Give the exact selection criteria used, i.e. patient name, resource, date, etc.
  - Is a copy of the report enclosed?
Browser Issues:
- Which browser is causing the issue, i.e. patient browser, resource browser, etc.?
- Give the exact selection criteria used, i.e. patient name, resource, date, etc.

Patient Scheduling
- What is the specific path the user was in?
  - Location
  - Activity
  - Resource
  - Time
  - Dates
  - Appointment Type
- If an error occurred, what specifically was the user doing, at what point in the routine did the error occur?

Schedule View
- What version of Affinity Client (GUI) are you using?
- Please supply all of the following known appointment data:
  - Location
  - Activity
  - Resources
  - Patterns
  - Appointment Date
  - Transaction Date (date appointment was booked)
- If involving the Schedule View Grid:
  - Is this a Dependent or Independent activity?
• Is this a series visit?
• Were you trying to cancel or reschedule?

• If involving a Cancel or Reschedule:
  • Were you canceling the appointment only, or all appointments for the visit or encounter?
  • How far in the process did you get?
  • On what screen, tab, and field did you experience the problem?

QuadraMed Medical Necessity

• Please answer the following for all cases:
  • What is the patient’s name?
  • What is patient’s linked FI Medicare Plan, Part A or B?
  • What is the procedure being scheduled?
  • What is the CPT Code?
  • What is the Diagnosis Code?

QuadraMed Physician Web Scheduler

• Give the URL for your PWS site, i.e. https://scheduling.hospital.org/.
• Scheduling:
  • What patient, procedure, and physician were used to schedule?

QuadraMed Call-Back Reminder

• Has the application ceased making calls? For how long?
• Have the following logs files been reviewed or attached to the case?
  Version 2.x:
  • C:\Program Files\Call-Back\Log\ErrorLog.txt
  • C:\Program Files\Call-Back\Log\StatusLog.txt
QuadraMed Client Support Manual

- C:\Program Files\Envox\CT ADE\Common\Log\ADX.log
- C:\Program Files\Dialogic\log\rtflog-LOCAL-(date)-(time).txt

Version 8.2+:
- ADL log (ADL log) for Call related problems.
- E-mail log (CBREmail.log) for E-mail related problems

- Has the application been restarted?

QuadraMed Enterprise Scheduling HL7 Interface

- Provide channel number and name, i.e. Channel 1 – Inbound-Production, how long it has been down or malfunctioning, and the status message.

- Have the log files been reviewed or enclosed?
  - Passed transaction log PRODLOG.TXT
  - Error message log PRODERR.TXT
  - Patient Merge transaction log PRODPOV.TXT

- For setup cases please detail what information should cross the interface.

Global Registration

- What version of Affinity Client, GUI, are you using?
- Does your facility use CMPI?
- Does your facility use MPI?
- Is this for a New patient or Existing patient?
- Were you trying to Admit, Schedule or Pre-admit a visit?

- Please supply all known patient data, including:
  - Full Name
  - MRUN
  - Account Number
• CID, if CMPI site
• Admit Date
• On what screen, tab and field did you experience the problem?

Medical Records Abstracting and Control

• Does this involve an individual account or a batch processing of accounts?
• If involving Abstract chart, are you using the ABSTRACT CHART procedure or AMBULATORY ABSTRACT CHART procedure?
• Please supply all known patient data, including:
  • Full Name
  • MRUN
  • Account Number
  • INSURANCE
    • Financial Class
    • Discharge Date
• For APC calculation issues, what encoder do you use?
• For Batch Processing, what is the batch date?
• On what screen, tab, and field did you experience the problem?

Medical Records Control

• Does this involve Chart tracking, Correspondence, or Deficiency Control?
• For Chart tracking, please supply the following:
  • Account Number
  • Discharge Date
• For Deficiency Control, what is your Deficiency Filing method?
  • By Terminal Digit?
  • By Doctor’s Box?
Also for Deficiency Control issues, please supply:

- Account Number
- Discharge Date
- Deficiency Party
- Deficiency Item

On what screen, tab, and field did you experience the problem?

HIM

Quantim, Interlink, HL7 Server, JReports

- Which Quantim product, patient/admin tab or report, database, interface, server, or workstation is affected?
- Identify your database, MSSQL or Oracle, and interface, Interlink HL7 Server or Batch, Quantim HL7 Server or batch, or none.
- Identify if you use ad-hoc reporting, custom reports using JReports.
- Identify if Citrix is used with Quantim or the interface.
- Provide example account numbers, MRN’s, codes, names, dates of service and the grouper version.
- Provide example an Account Number or any other relevant information that is associated with the issue.
- Submit the Quantim log, topaz.log, by going to the Quantim home page and clicking on the Complete log hyperlink and saving it to a file.
- For Tomcat errors, capture the entire contents of the error. This may require scrolling down through the error message.
- For edit related issues, provide CMS transmittals or NCD/LCD references that support your case.
Millennium

- Identify your Pervasive SQL DB version.
- Identify one of the following modules experiencing the problem:
  - Chart Completion
  - Chart Locator
  - Correspondence Management
  - Admin
  - Letter Writer
  - Report Module, specify which one.
- Provide an example Account Number or any other relevant information that is associated with the issue.

nCoder+

- Identify if running a Standalone or Client/Server.
  - If Client/Server, is it running on Windows Server or Novell Server?
- Is the problem related to an Interface, nCoder+ Application, database, or workstation?

EDM Legacy

- Is the problem with the web-based version, the 32-bit version, or both?
  - If the problem is with the web-based version, have you restarted the Web Publishing service?
- Is the problem with the HL7 Interface?
- Does the problem occur only when you launch EDM from Affinity?
- Have you restarted the Interpose service?
- Are any drives on the servers low on space?
Have you rebooted the application or database servers?

Provide example account numbers, names, MRN’s, or any other relevant information.

**Care Management**

For all applications provide the following:

- Patient name, account number, MRUN and any other relevant information that is associated with the issue. Also provide associated, location, printer, socket deaf, etc., for the error or problem that was encountered.

- User name and user’s location.

- Menu path as it appears on user menu.

- IT staff has understood, tested and verified the issue prior to calling QUADRAMED. This includes testing in support if a live issue exists.

- Client is to provide evidence that the setup was checked.

**Affinity Pharmacy Acute Care**

- Is your system down?
  - Is your entire system down?
  - What error are you getting?
  - Is the problem with workstations or the fileserver?
  - Are you able to use other workstations?
  - Is your Pharmacy filesver application up and running?

- Does this problem involve one patient or all patients? What is the patients admit number?

- Printing Issues:
  - What is not printing, labels or reports?
  - Which reports or labels?
Chapter 3  Reporting Checklist

✦ What type of printer?
  ✦ Laser?
  ✦ Dot Matrix?
  ✦ Zebra/Thermal printer?

✦ From which workstations are you unable to print?
✦ Are you getting errors on the workstations?
✦ What are they?
✦ Is it a local or network printer?
✦ Which workstation is the print station, if applicable?
✦ Is the print station at a Pharmacy Logon screen?
✦ Can you print a test page to the printer?

Affinity Pharmacy Long-Term Care

✦ Is this a problem with online claims? See Outpatient Pharmacy/Third Party Billing on page 27 for more information.

✦ Is this a charging issue? Give examples such as, Admit #, Order #, Prescription #, etc., and a short description.

Outpatient Pharmacy/Third Party Billing

✦ Is this a problem with submission of claims?
✦ Are there any errors?
✦ Give short description of issue.
✦ Is there a patient name and Rx number?
✦ What insurance?
✦ Is there a rejection? Describe the rejection?
✦ Hospital NABP# or Medicaid #?
Drug Utilization Reports

- What information or fields do you want on your report?
- What dates do you want to include on your report?
- Do you want to include patients currently active in Inpatient Pharmacy?
- Is your system down?
  - Is your entire system down?
  - What error are you getting?
  - Is the problem with workstations or fileserver?
  - Are you able to use other workstations?
  - Is your Pharmacy fileserver application up and running?

ERM (Executive Report Manager)

- Is the error running a report from ERM in the Inpatient Pharmacy program?
- What is the workstation ID where the error is occurring?

pocMAR, Point of Care Medical Administration Records/POE Physician Order Entry

- Missing Order in pocMAR/POE
  - Was the order entered through Inpatient Pharmacy, POE, or from Medcart?
  - Is the order in Failed Interface utility? If YES, did the user try to validate?
  - What is the Admit or Encounter and Medical Record number?
  - What is the Order Number?
- Missing Patient in pocMAR/POE
  - Is the Patient in Inpatient Pharmacy? Give room and bed number, admit number, and the Unit where patient supposedly located.
  - Are they in the Interface Failed Utility window? If yes, did the user try to validate?
  - What day and time were they admitted?
Pharmacy Interfaces

- **ADT**
  - Is the interface running?
  - Is there an error message displaying on the interface? What does it say?
  - What type of transaction is having the issue?
    - Admit?
    - Discharge?
    - Transfer?
  - How many patients are affected?
  - Give patient examples.
  - Are any of the examples in the failed ADT window?

  **PATH:** Inpatient Pharmacy → Interface ADT → Process Failed

- **Billing**
  - Did Pharmacy previously run charges before scheduled Billing Interface time?
  - Is the interface running?

- **Medcart**
  - Is the interface running?
  - How many patients are affected? Give examples with admit and order numbers.
  - Are only certain medications not making it to the Medcart? Give examples.

- **Lab**
  - Is the interface running?
  - How many patients are affected? Give examples with admit number and missing lab result.

- **Socket Utility**
  - Is the socket utility running?
    - Is there a red status on any connections?
    - What grouping is it in?
Can the user close the socket utility, and reopen it?

- Did the messages sent and received number increase rapidly?

**Clinical Workstation**

- Provide your User Code, Password and Link to CW.

- When was the last monthly update installed on Oracle?

- Have you checked to make sure that the network is not down between or among the following servers?
  - If using JBoss, a Web Server, Oracle and Affinity, and they are on 3 individual servers.
  - If using JBoss and Oracle on one server and Affinity on another server or two servers.

- Has JBoss been stopped and restarted?

- For Rx Checking, make sure that the Rx Checking host name and port number are configured correctly under OM/DIC/MDM Database Mtmg menu as per the documentation instructions.

- If possible send the last 300 lines of the text or content from the cope.log file. This typically exists under $CPOE_HOME$/jboss/server/default/logs where $CPOE_HOME$ is the CPOE installation path, i.e. C:\cpoesupp or D:\cpoelive, etc.

**Clinician Access**

- Does this problem occur when Clinician Access is entered from a PC within the hospital network or from a PC dialed into the server?

- What browser and version number is used on this PC?

- What browser and version number is server?

- What Patient list or lists is the user trying to access? Does this user have a preference set up in Affinity on the server?

- Is the problem related to a specific Location? If so, what location?

- What is the Item Name?
Clinical Documentation/Activity Charting

- Patient Location.
- Activity types the user was attempting to chart.
- Is it from the primary, secondary or other menu? Which reports are involved?
- By Patient.
- By Location.
- By Patient Assignment.

Clinical Documentation/Charting and Assessment

- Patient location.
- Patient status.
- List selected.
- Category selected.
- Response selected.
- Initial, Ongoing, Transfer or Final Assessment?
- Is the Assessment marked as VITAL?
- Was the assessment edited or deleted?
- If a specific patient problem is not showing, is it linked to the appropriate responses?
- Which reports are involved?
- Which variables were selected for the report, i.e. date ranges, los, shift, etc.?
- If attempting to print graphs please specify which type, VSIO, EPV, or PVG? Remember that VSIO graphs differ from the PVG or EVG.
- Provide the print categories appropriately assigned in CP and Device Management, including graph print categories. Include the name of the CP location and the socket name.
Clinical Documentation/VS & IO

- Entering Vital Signs:
  - Patient location.
  - Shift types set up correctly.
  - Adding or Editing Vital Signs?
  - Intake or Output?
  - Daily Weight.

- Report Issues:
  - Which report?
  - What variables were entered for the report, Current shift, LOS, User Defined, etc.?

Patient Charting


- User Location.
- Patient Location.
- Patient Service.
- Department.
- Used by NM = YES set up in CENTRAL LOCATION ENTER/EDIT?
- User Profile/Accessible departments.
- Perform Date and Time.
- Version of Affinity Client that you are using?
- Results Tab:
  - If results do not display, provide interface message associated to result.
  - Do any other areas of PC display results other than area defined?
  - Is client using any custom query to display results? If so, restore product and re-test.
Clinical Conditions:
- Can information be retrieved in Classic Affinity?
- Does the information display differently in Classic Affinity?

Reports:
- Which report were you trying to run?
- Who is the User running the report?
- What is the User’s location?
- What is the date, time and length of the report?
- What is the exact path for report information?

Department Management
- Name, location and department.
- Patient service and location.
- Is the Department set up in DEPARTMENT EDIT? If so, what settings?

PATH: CLI Clinicals → DM Department Management → DIC Dictionaries → DEP Department Edit
- What modules of Department Management are being used, i.e. Locator, Transcription?
- Is the OC Item linked to Department Management in ITEM ENTER/EDIT as well as with the appropriate inserts?
- In DEPARTMENT EDIT is OC/DM Integration Active set to YES?

For Transcription Issues:
- Is the item set up to go to the index and is it set to transcribable?
- Order status?
  Has the item been Not Done in Order Management?

Electronic Signature Issues:
- Is the Physician set up in the Central Procedures Dictionary, CLINICIAN ENTER/EDIT? If so, is the user physician link entered?
- Is the physician set up in CLINICIAN ENTER/EDIT and SIGNATURE SECURITY?
- Is it set up to allow signing for others?
Bar Code Printing Issues:

- What type of bar code printer are you using, provide model number?
- What are you trying to sign out, i.e. Master Jacket, Exam, Insert?
- Single Sign Out or Batch Sign Out?
- Are the proper print categories set up in Central locations and Socket Definition?
- Are barcodes turned on for the specific department in DEPARTMENT EDIT?
- Provide CP and socket name.
- Is the sign out label socket field set to BARCODE in DEPARTMENT EDIT?
- Is print labels set to YES in DEPARTMENT EDIT?
- In WORKSTATION ENTER/EDIT is the MJ and insert label print location entered appropriately?

Patient Index Issues:

- Was patient registered?
- Was the patient merged?
- Does patient have a MRUN?

Patient Index Issues:

- Is the correct service location set up in PATIENT SERVICE ENTER/EDIT?
- Have you checked the exception list in the DEPARTMENT EDIT dictionary to validate what it is showing and where it is to print, as well as the default location? If an exception is not built for a specific batch type and location, it will print to the default location.
- Is Chart Copy Batch Print Location specified in DEPARTMENT EDIT?
- Are the correct print categories set up in the CENTRAL LOCATION ENTER/EDIT dictionary in Central Procedures and the SOCKET DEFINITION procedure?
- Provide CP and socket name.
- Are the appropriate departments set up in the DEPARTMENT EDIT and CENTRAL LOCATION ENTER/EDIT procedures?
- Unable to Sign Out Master Jacket Sign Out Capabilities - In the DEPARTMENT EDIT procedure is Allow Sign Out of Master Jacket set to YES?
- Custom Questions not interfacing into Department Management - Is CQ set to go across the interface?

Health Notes

- What HN privileges does the user group have?
- Is the patient registered in Affinity with an MRUN or just in the Application Index?
- Has the patient been merged?
- What version of GUI do you have?
- Which version of MS Office or Microsoft® Word is being run on the PC?
- Is Microsoft® Word installed on the network or on each individual PC?
- Transcription Issues:
  - What is the transcriptionist’s name?
  - To what privileges or user group do they belong?
  - Who is the Dictating Physician?
  - What is the report type?
  - What is the sub-report type?
  - Is there a template set up for this report or sub-report? If so, what is the template name?
  - How large is the transcription?
- What is the type of operating system? Use one of the following:
  - Windows 2000
  - Windows 2003
  - Windows XP
- Have you checked for record locks?
- What is the status of transcription, Primary Text or Addendum?
- Printing Issues:
• How is the report set to print in the report and sub report type dictionaries?
• At what available status can the report print?
• What is the copy type? Use Responsible Party, Custom or Chart.
• What is the report distribution?

• Faxing Issues:
  • Faxed copy? To whom?
  • Type of fax machine?
  • Lengthy transcription, or more than 4 pages long?
• Was the transcription edited?
• Are the proper print categories set up in the SOCKET DEFINITION and CENTRAL LOCATION ENTER/EDIT?
• Is there a re-route on the printer?
• Have you checked the queue manager?

• Batch printing Issues:
  • Printer name of where batches are to print.
  • Copy types set to print to batch.
  • Are proper print categories set up in CP and device management?

Medication Charting

• Patient information:
  • What type of item was involved, single or order set?
  • Type of medication?
  • What was the service date and time of the occurrence?
  • If the item was charted, what was the performance date and time?

• Charting Medication or Activities:
  • Was a medication or activity being charted?
  • What type of charting was being done?
- Charting PRN order?
- Are you trying to view or update?
- Are you trying to enter a co-signature or witness signature?
- Was an occurrence generated?
- If charting against were you in PRN processing?
- Previous generated occurrence?
- No Occurrence?
- Was PRN processing used?
- Are you generating an occurrence while charting?
- Are you trying to chart from a location set up for charting?

**Order Management**

- Patients location, patient service.
- Order numbers and status of order.
- Priority of order.
- Frequency of order.
- Is the order resutable?
- If interfaced, is there an interface code in ITEM ENTER/EDIT?
- What is the status of the item in ITEM ENTER/EDIT, *Active, Department, Inactive*?
- Printing Issues:
  - Nutrition and Meal Labels
    - Name and location of user trying to print labels.
    - In Socket definition for the printer is the correct print category set up as well as the proper form?
    - Is proper form mounted in socket definition?
    - Is the correct print category and area to print to set up correctly in central location?
- Is location and item(s) set up correctly in OC Dictionaries?
  Application Profile?
- What is device protocol?

- Requisitions Not Printing
  - Are requisitions turned on in the OC Application Profile?
  - Is a service location defined In Central Procedures for the patient service e/c dictionary?
  - Are the departments, locations and items set up correctly with the appropriate requisitions in OC Dictionaries?
  - Has the user looked to see where the requisition printed by going into OC/Maintenance/Requisition Print Information?
  - Have you looked in Tool/Operations/Print Manager to see recent print history to see if a flat file was produced?
  - Have you looked in Tool/Support/Device Management/View Reprint for the specific user to see if it printed for that user?
  - Were they logged in using their own code at the time that they tried to print something?
  - Are print overrides set up?

- Graph Printing
  - Are proper print categories set up in socket definition and central locations (Z-Graphics, Z-Graphics M)
  - If Affinity Client (formally GUI) what is the specific path for printing?
  - Did you try to print from graph screen by selecting F6 and then when graph appeared on screen tried to print from either printer icon or from file/print?
  - Did you try to print after selecting a printer?
  - If trying to print graphs from Vital Signs, are all allowable graphs set up in location profile?

- Pharmaceutical Checking
  - What release version are you on of Visual Basic, Java or Caché?
  - Did you update the Medispan Database? What monthly version are you currently on?
• Did you check the Services? Is JBoss up and running?
• Did you check that the MDM set up is correct per the documentation?

Radiology Information Systems

♦ Patient name.
♦ MRUN.
♦ Account number.
♦ Accession number.
♦ Procedures ordered.
♦ Interface issue, includes ADT, scheduling, charges, orders, transcription, and PACS:
  ♦ Make sure the interface from the sending system is up and no messages are queued
  ♦ If applicable make sure the interface engine is active
  ♦ Check the Courier Monitor in the RIS to see if messages are queued and not clearing. Make sure the interface is started and connected to the engine, if applicable.
♦ Billing Issues:
  ♦ Make sure the accession was entered.
  ♦ Make sure the status of all procedures on the accession are either A or R.
  ♦ Confirm the procedure has the proper charge number associated.
  ♦ Confirm correct setup in Enter/Query/Modify Item Numbers and Fees.
♦ If interfaced to Affinity Patient Accounting, check the Patient Accounting exceptions in Affinity. If any are found, note the reason for the exception.

Quality Management

♦ Patient Location.
♦ Patient Service.
♦ Department.
♦ Used by QM field = YES in CENTRAL LOCATION ENTER/EDIT?
♦ User Profile/Accessible Departments.
What type of report was being attempted?

Responsible Party Issues:
- Is the responsible party set up in central procedures?
- Is the responsible party set up in the RESPONSIBLE PARTY ENTER/EDIT dictionary in Quality Management?
- Does the field Convert the QM Responsible data from have an entry, PP, US or NC?

Statistics Issues:
- Has a statistics compile been done?
- Have Midnight Maintenance Tasks been checked to ensure that they have run or that there were no errors?

Utilization Management

- Allowable locations
- Privileges
- Patient service and location
- Has a data set been done?
  - Initialization
  - Did an error occur?
- Type of device used where problem occurred, i.e. Dummy terminal, PC, laptop?
- What functions were trying to be performed?
  - Admission Review.
  - Continued stay Review.
  - Discharge Review.
  - Discharge Planning, within a review or off a menu.
  - Statistical Monitoring, within a review or off a menu.

Custom Question Printing Issue:
- What is the Custom Question?
- Where is it supposed to print?
- Per payer or review type.
• Per general or review type.
• Per Focus Review or review type - have the dates expired?
• CQ Type.
• Sequence.

• Visits Do Not Appear on a Report?
  • Admitted not reviewed.
    • Did someone else do the admission review?
    • Has the visit been discharged?

• Daily Review Schedule?
  • Has the next review date passed?
  • Has the visit been discharged?

• Overdue review?
  • Incomplete - too many visits are appearing?
  • Discharge review has not been complete
  • Issues with Statistics

• Has a statistics compile been done?
• Have Midnight Maintenance tasks been checked to ensure that they have been run or that there were no errors?

**Acuity Plus, formerly WinPFS**

• Patient name, account number or any other relevant information that is associated with the issue, i.e. if a patient was not discharged from a unit, provide screen shot of patient in Patient Selection with Acct Number and Patient Location History.

• Has the search for the patient’s account number been conducted in the HL7 log for day of discharge to look for errors?

• Has the system been upgraded recently?
  • What version did you upgrade from? To what version?
What component of the product does this involve, i.e. Patient selection, staffing, etc.?

What is the IP address of your server?

Patient Revenue

Accounts Payable

What Facility?

What Fund and Period?

APCs

What encoder are you using, i.e. Quantim, 3M product, nCoder+, and version number?

What APC analyzer version number are you using? QuadraMed AA+, 3M APC Finder.

If the problem is with a batch or a specific visit in a batch, provide the batch date and the problem account. Does the problem happen with all batches?

If not able to process an individual case or batch, are you able to process other cases on that workstation? Can the problem case or batch be processed on another PC?

If having trouble with processing batches using QuadraMed APC Analyzer+, can you process a test APC batch …process a sample transaction using the samples provided with AA+? But not through Affinity.

If this is an OCE edit issue, has this been previously reported to your APC grouper software vendor? Vendors include 3M or QUADRAMED HIM support.

If this is a problem with a QUADRAMED product, AA+ or nCoder+, what is the size of the affquadwin.dll file? It is found on the PC where the problem occurred.

What is the exact message that either Affinity or the encoder is presenting that leads you to believe there is a problem? Where are you seeing the message?

APC sunsets in 2008.
Central Business Office

- What is the site and machine where the problem occurred?
- Was Midnight Maintenance (MMT) complete at the individual site? Was MMT complete at the CBO site?
- Is this a report issue?
  - What is the name of the report in question?
  - Was MMT complete prior to running the report?
  - Is this an issue with the Interface Errors report? Please provide the specific error and a copy of the report where applicable.
- If the systems appear to be out of balance, please compare the Transactions Sent report and Transactions Received reports. What is the out of balance issue? Fax the report if this is the issue.
- What are the accounts in question? Include the conversion account number, if applicable.
- What is the correct balance for the accounts?

CMPI (Community Master Patient Index)

- What is the patient’s CID# and account number?
- What is the specific issue with the records?
- Did you receive a message? What is the message?
- Is this an interface issue? If Yes, please see Interface on page 49 for the list of interface questions.
- Are there any exceptions on the Exception Report? What are they?

Contract Management

- What is the contract where the issue lies?
  - Is the contract a specialty contract?
• Is this for one account or many?
• What are the account numbers? Supply three examples if this is for multiple accounts.
• What is the rate category involved? Give specific information regarding what is set up in the rate category and what the expected outcome was.

DRG

• Is there an Encoder involved? If so, which one?
• If the problem is involving an encoder, what DRG is Affinity giving versus what DRG is the Encoder giving?

General Ledger

• What Facility?
• What Period?

Patient Accounting

• If this is a problem with a specific account, please check the exceptions for that account.

   PATH: Patient Accounting ➔ AM Account Management ➔ EXC Exception Inquiry

• Is this a billing issue?
• Is this for one account or many?
• What is the form, UB04, UB92, HCFA 1500, Data mailer, Table Driven Patient Claim Form, or other?
  • If this is for a Table Driven Form, with what form are you having a problem?
• Specific description of what is wrong with the form.
  • If there are CPT/HCPCs, Revenue Centers, and other data not on the form, what is missing?
  • What is the data that is wrong if not missing?
  • What is the form locator?
  • What should be on the form? Fax copies of the form that has the issue.
Is this a Collection Flow issue?
- Is this for one account or many?
- What are the account numbers? Supply three examples if this is for multiple accounts.
- What is the Collection Flow date?
- Give a specific description of what is wrong with the flow or account.

**Payroll/Personnel**

- What Facility?
- Is this for Payroll? If so, what is the pay period in question?
- What is the name of the employee? Include the *First Name, Last Name, Employee ID #* or SSN.

**Registration**

- Is this a Face Sheet issue?
  - What is the name of the form, In Patient, Out Patient, Emergency Room, etc.?
  - What is the name of the printer than is having a problem? Socket name? What is the print area?
  - Does the reprint procedure produce a face sheet correctly?
- Is this a Custom Question issue?
  - What is the Custom Question?
  - Where, or on what screen, is the Custom Question located?
  - What is the specific issue with the Custom Question?

**Affinity Infrastructure**

**Affinity Client, GUI**

- If this is an installation issue for a pre-GM4 version, is this an ICD package or MSI\Setup.exe issue? Have you installed the latest version?
● Is the Internet Explorer version 6.0r?

● For MSI\Setup.exe issues, is the package being deployed with via Active Directory, SMS, Novell ZenWorks or some other third party deployment method? If other method is used please describe it.

● Is a doclaunch.ini file in use for user settings?

● Is Allow Customization set to True or is it set to False?

● If this is an issue in which the OS reports that one or more .dll or .ocx files cannot be registered, does the user have sufficient privileges to install the software? Administrator Privileges are required to install the software.

● Does the Windows Registry have enough space remaining?
  This can be determined by using a tool called dureg, available at http://support.microsoft.com/kb/927229. When the tool is installed, type dureg a at the command field.

  There is a space between dureg and a.

For this to work you must have dureg in the system path or have changed directory to the folder that contains dureg.

● Is the OS using Windows Installer version 2.0 or greater? For GM5, the Installer must be version 3.0 or higher. Windows XP SP2 can install version 3.0 of the Windows Installer engine.

● Have you run the Affinity Client Uninstaller, rebooted the machine and tried the install again?

● If the issue is an installation issue, have you setup Windows Installer verbose logging and run the install again? The following articles describe how to turn on verbose logging:
  * http://support.microsoft.com/kb/223300/
  * http://support.microsoft.com/kb/314852/

● If this is an MSI or setup.exe package issue with a PC that has Windows 2000 installed, what is the current version of the Windows Installer on the PC?

  As of GM5 Windows 2000 is no longer supported.

● If only one PC is affected, did you make any other configuration changes to that PC, i.e. load new unrelated software, set up existing unrelated software, etc.?

● Was the PC built from scratch or was it imaged? If it was imaged using Symantec Ghost, what version of Symantec Ghost was used to image the machine?
Did you just load a new Affinity Client release? If so, what version?

Is the Affinity Client being used with Citrix or Terminal Server or some other application hosting software?

What is the operating system, Windows 2000 or Windows XP, and service pack, SP4 is required for Windows 2000 and SP2 is required for Windows XP?

What is the system configuration? Include the following:
  - CPU Type and Speed.
  - Available physical hard drive space.
  - Available physical RAM.
  - Total physical memory.
  - Connection type and speed, i.e. Ethernet or wireless 802.11, 802.11b, 802.11g or dial up.
  - Are you using a laptop or a desktop?

Does any setup need to be done to recreate the issue and if so, can the user do the setup required or provide instructions?

If the issue is causing an Affinity Client hard error, does an error occur in the error monitor at the time of the Affinity Client error? Can the user setup NetMeeting or other remote connection, along with providing an IP address for the PC and the user name and password for the desktop?

If this is an Affinity Client print issue, was the print job sent to a local printer, i.e., a printer installed via Microsoft® Windows, or an Affinity defined printer?

**SQL Connect/ATLAS**

What version of Affinity and Caché are you running?

Did you get an error running the EXPORT DATA DICTIONARY procedure in the Tool application? If so, what is the error number and message?

Upon completion of running the EXPORT DATA DICTIONARY procedure, Clients can ignore error number 5493 or 5496 if found on the load error report.

Did you get a Windows error, i.e. ODBC call fail or connection failure? The InterSystems ODBC Driver is used by the MS Access SQL end-users, who are connecting to SQL Connect using the InterSystems ODBC driver. Each Caché version requires the InterSystems ODBC driver that is compatible with each version of Caché. Is this a case where the SQL users or Roles have been defined incorrectly, i.e., Query writers, MS-Access users?
Is this a case where the MS Access, or end-users, has been defined incorrectly?

Did you check the user name, password, directory name/I.P. Address on the DSN defined in the InterSystems ODBC driver for that user? Is it used for MS Access connections?

Did you define the MS Access end user, user name, and password in the Caché Security? They are defined through:

- For Caché 5.0 the users are defined through the Caché Client SQL Manager.
- For Caché 5.2 they are defined through the System Management Portal.

Is this a case where the SQL users or Roles have been defined incorrectly, i.e. Query writers?

For Caché 5.2 SQL users only, is this a case where the resources or privileges have not been defined correctly?

If it is just running slowly, did you write your SQL query, Access or Crystal) in such a way as to enable use of an index? Valid for both Caché 5.0 & 5.2

Have stored procedures been deleted recently?

Is it a case where results of the query are inaccurate? Third Party Software?

Advanced Technology Systems

Advanced Technology systems was formerly called Hardware & Systems.

- Verify whether Microsoft® Windows or UNIX and the operating system version.

- Has your system or network gone through a recent upgrade? UNIX O/S, Windows O/S, Network, Cache, New Hardware.

- Caché:
  - What is the error message ID or syntax?
  - Does this affect a single user or all users on the system?

- Backup:
  - Is the backup lock set?
  - Is there a tape drive problem?
  - Did the backup terminate abnormally?
Space:
- Do you have a FILEFULL?
- If you do not have a FILEFULL, how much space do you have left?

Performance:
- Is the backup running?
- Is midnight maintenance running?
- When did the performance problem start?

System Failure:
- Is OpenM/Caché running?
- Is the operating system running?
- Are there any messages on the console?

Interface
- The interface is down or not running:
  - Which interface is down, provide the Name as it appears on the SIN Status Screen & Direction, and In or Out?
  - What message or status is displayed on the status screen, e.g., Running, Crashed, Wait for Build, etc.,?
  - What is the last entry in the Communications Log?
- The interface is running slow:
  - Which interface is running slow, provide the Name as it appears on the SIN Status Screen & Direction, and In or Out?
  - When did the problem start?
  - How many entries are in the queue?
  - What is the last entry in the Communications Log?
Interface Error:

- Is this an error in an inbound interface, outbound interface, one of the procedures on the SIN menus or midnight maintenance?

- Which interface is experiencing the error? provide the Name as it appears on the SIN Status Screen & Direction, and In or Out? It may not be applicable or some procedures.

- Which message type is experiencing the error? It may not be applicable or some procedures.

- Does the error happen on every message or every time you use the procedure?

- If there is an error reported, provide the exact wording and specify on which exception report, SIN, PA, AP, GL, or screen it appears.

- Please provide an example, either as an attachment to this task or by providing a file name or other information necessary to identify a specific message.

Have there been any recent releases or updates to Affinity, the interface engine, or the interfaced system? If so, describe the following:

- If QDX:
  - Thread won’t start or stop Give the name of the thread.
  - Process won’t start or stop. Give the name of the process.
  - Is this Support or Live?
  - Has the Database repair been run?
  - Are there any errors in the log file? If so, what is the error?
  - Are there any translations on the thread?
  - Have any new translations and/or tcl procs been loaded?

Passwords/User Codes

- Is there a User licenses exceeded error?

Printing

- Basic problem can be described as:
  - Non-printing
- Missing data
- Formatting, alignment or form feeds.

- As close as possible, when was the last time this printed without issue?
- Network printer or local printer?
- Is the issue related to any of the following:
  - Report Server
  - Report Batches
  - Adobe Central (Jetforms)
  - Faxing
- Issue on one, several or an area, or all printers?
- One report or form or all?
  - Which report or form?
  - Will it reprint?
  - Under FORM ENTER/EDIT, what is the form name, size and answer to the Page feed before print field?
- Is there an error in the Affinity error monitor related to this issue?
- Are there any pre-conditional factors for the print job that we need to know in order to replicate the issue?
- What is the Affinity printer name, the printer model and/or spool name?
- For what protocol is the printer set up?
- What was the print category in the socket definition? Under Socket Definition, is the Auto Compression field set for YES or NO?
- What is the flat file name?

Query

- Is this a standard product query or a customized product query?
- Is the query protected from release?
- What is the exact name of the query?
What is the query type, download user, etc.?

How is the query being executed, Information Retrieval, Menu path, Report Batch?

What is the name of the report batch?

If updating query code, what editor is being used, GUI query editor or Character based editor?

If there are PreQuery Questions or Front-end questions, what values are you entering for them?

Queue Manager

Is the queue running or stopped?

Is it just one queue category?

Is the slowness intermittent or constant?

If the queue seems to be hung, has the maximum number of allowable Active Collection Managers been met?

If the queue seems to be stuck, have you stopped and then restarted the queue?

If the queue seems to be hanging on a particular category or group of categories, has the maximum number of active collections for the category or categories in question been temporarily bumped up to help move the jobs through?

Release Management

Did the problem occur while loading a release or making a release?

Did it crash, get stuck, or did it just take a while?

What is the origin of the release, site or software release from QUADRAMED?

What is the name of the release?

Report Batches

What type, tape or print?

What is wrong, i.e. data, formatting or nothing coming out?

Do the reports that are not printing correctly work when you run them off the menu?
Are these scheduled, midnight maintenance or on demand?

What is the name of the report batch? The name of the query?

Report Server

Did journaling stop?

Did shadowing stop?

How long ago was the issue first noticed?

Is it just taking a while to get reports off?

Do you feel that the data is out of synch? If so, give an example.

Have you run a timing test?

VSI-Fax, Adobe Central (Jetforms), G-Sharp

Are there any error messages in the Affinity error monitor?

Which of the following software has the issue?

If Adobe Central (Jetforms):

Did Affinity produce its flat files?

What are the names of those flat files?

Is Central installed on UNIX or Microsoft Windows?

Has the platform changed recently?

Is Adobe Central (Jetforms) running?

Has the Adobe Central (Jetforms) log file been reviewed? If the log shows an error or abnormality, what was it?

What was the associated form name?

What was the associated query name?
• If VSI-FAX
  ◆ What is the VSI_FAX version?
  ◆ What type of faxing is affected, long distance, local or all?
  ◆ Is the Fax Server available?
  ◆ Are there messages in FAX STATUS? If so, what are they?

• If G-Sharp
  ◆ Is this a problem printing or viewing the graph?
  ◆ If it is printing, do any graphs print?
  ◆ If this is viewing do any graphs display to the screen?
  ◆ What type of graph is it, and how is it run?
  ◆ Does it just display the template and no data, or is the display incorrect?
Chapter 4
Policies and Procedures

Policies and Procedures Overview
QUADRAMED has implemented a standard set of policies and procedures by which Client Support operates to ensure the best possible service is provided to you. Guidelines for case priority, case work flow, and time tables for resolution have all been laid out as a benchmark to serve you as quickly and efficiently as possible. It is important that you, as our client, become familiar with the policies and procedures that will affect the progression of a case towards resolution once it is received.

Pre-Live and Live Applications
Once a QUADRAMED product has been installed at a facility site it is either in a Pre-Live or Live status. This status determines who you contact at QUADRAMED regarding support issues. It is possible to be simultaneously Pre-Live on some applications and Live on others. You must be sure to report the support case through the proper channels based on the status of each application.

Pre-Live Applications
Pre-Live applications are those that are currently in the implementation process at a facility. The installation and implementation process is managed outside of the Client Support organization. If your facility is Pre-Live on an application, QUADRAMED requests that the assigned Installation Specialist or Project Manager be contacted to address any issues that require attention. If the Installation Specialist and Project Manager indicate they are not available for a period of greater than 24 hours, via voice-mail greeting or Out-of-Office e-mail reply, and the need is critical to the installation schedule, you may call the Call Center to explain the situation. A Support Analyst attempts to resolve the issue. All non-critical issues need to be escalated through the Project Manager for the site.
Live Applications

Your facility becomes Live on an application when all parties at the facility and QUADRAMED have concluded that the installation is complete and systems are functioning properly. An official turnover of that application occurs and Client Support is responsible for all future support issues concerning that application. You can contact Client Support using one of the three methods outlined in the previous chapter.

Determining Case Priority and Service Level Agreements

Each case opened in QUADRAMED Web Self Service by Client Support is assigned a case priority level. QUADRAMED has compiled a brief description of each the four priority levels. The case priority level signifies the severity of a case and has an associated Service Level Agreement. The Service Level Agreement (SLA) is a response and resolution guideline that is based on internal support policies and standard support contract language. The purpose of these guidelines is to set proper client expectations for case status checks, case resolutions, and escalations. A proper work flow is dependent on the correct case priority being assigned to the case when it is opened. Incorrect case priority assignments should be reported at once for review by an analyst. If a case meets the definition of Critical you must phone that issue in and speak to a Call Center Agent. Please make every effort to speak to someone rather than leaving a message. Reporting Critical cases via telephone allows QUADRAMED to immediately address the issue and meet the Service Level Agreement for critical cases. Someone at your facility must be available to work around the clock with the analyst to resolve the issue, if needed.

Guidelines for Determining Case Priority Level

When opening a support case it is important to determine the case’s priority level based on the circumstances or details of the case. The following are the definitions for QUADRAMED Client Support Case Priority Levels on all supported QUADRAMED products.

CRITICAL - Contract Level I Program Error

- The Live directory is not functioning, i.e. hardware, networking, system utilities or operating system failure.
- Nightly maintenance or backups did not complete.
- All users cannot access system due to a record or user lock, records are unavailable because of error, database connection cannot be established, etc.
- Patient care impact or the entire patient care process is unavailable to all users, i.e. cannot make entries to database, access entries in database, access, modify, or print patient records or information, and no workaround is available.
- Interfaces are not working, i.e., patient, ADT or other interfaces. This does not include the master file update interfaces.
Database is full or a the **Wait for Build** message displays.

- Severe financial impact.
- Data integrity issues.
- Inability to support the chart completion process which include the following:
  - Inability to print suspension letters.
  - Inability to locate or retrieve charts for patient care.
  - Inability to run reports against compliance data.
  - Inability to successfully access, scan and/or documents captured via paper or electronically.

**HIGH - Contract Level II Program Error**

- Data Backup issues.
- Pre-Live for release, application or interface in 1-3 week time frame.
- Patient record or application function unavailable to a single user or single user group or department with no workaround.
- Patient care impact but workaround exists.
- Problem with any directory but live within 5 working days of go-live for an application, interface or release.
- Example or process required that has a limited availability on the system, i.e., interface messages, end of month requirements, etc.
- Problem within 5 days of an installer visit that would prevent the installer from accomplishing the purpose of the trip.
- Daily processing of system compounds error, i.e., collection flow, UB04s, etc.
- Outer ring reconciliation requiring completion within 5 days.
- System failure that is impacting productivity.
- Interface failure that is impacting productivity.
- Inconsistencies with codes or code edits.
- Inconsistencies with reporting data.
MEDIUM - Contract Level III Program Error

- Deficiency with a workaround that still needs to be fixed.
- Function unavailable to a single user or a single user group or department with a viable workaround or no patient care impact
- All deficiencies or errors that involve cosmetic changes, i.e. reports that contain layout problems with no patient impact, printing failures with no patient care impact, screen display malfunctions, etc.
- Deficiencies with no patient care impact.
- Financial impact with no available workaround for a single account.
- Hard errors that cannot be consistently reproduced, there may be multiple occurrences over several weeks, with little to no daily patient care impact.
- Outer ring reconciliation not requiring completion within 5 days.
- Intermittent system problems that are not impacting productivity.
- Intermittent interface problems that are not impacting productivity.

LOW - Contract Level IV Program Error

- Suggestions or issues that have no immediate impact on the course of daily business but could improve the performance of the users or the system.
- Functionality, preference, setup or clarification requests.
- Utility modification requests.
- Interface change requests.
- Hardware estimates.
- Information requests.
- Supplemental Services
Service Level Agreement - Goals for Response and Resolution Response

**Service Level Agreements** (SLA) are the guidelines QUADRAMED clients can use to estimate a response and resolution to their case. SLAs are separated into two tiers and are based on product. You can determine your case’s SLA by first determining under which tier it falls and reviewing that tier’s SLA. Enhancement and modification requests are excluded from these response and resolution time frames.

### Tier I Applications

- Caché or MUMPS
- Clinical Workstation (CW)
- Computerized Physician Order Entry (CPOE)
- EDI 835/837
- EDM Legacy
- Interlink
- Issues General Hardware Support
- JReports
- Millennium
- nCoder+
- Operating System Issues
- Quantim
- Quantim HL7 Server
- Standard Interface
- System Down

**NOTE:** nCoder+ Sunsets in 2008.

### Tier I SLA’s

<table>
<thead>
<tr>
<th>Priority Levels</th>
<th>Response Times</th>
<th>Resolution Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>30 Minutes</td>
<td>Until Resolved</td>
</tr>
<tr>
<td>High</td>
<td>12 Business Hours</td>
<td>2-5 Business Days</td>
</tr>
<tr>
<td>Medium</td>
<td>24 Business Hours</td>
<td>20 Business Days</td>
</tr>
<tr>
<td>Low</td>
<td>24 Business Hours</td>
<td>30 Business Days</td>
</tr>
</tbody>
</table>
Tier II Applications

- Account Workflow
- Accounts Payable
- Acuity & Staffing
- Acuity Plus (formerly WinPFS)
- Affinity Client (formerly GUI)
- Affinity Lab
- Affinity Pharmacy Acute Care
- Affinity Pharmacy Long Term Care
- Affinity System Management
- APC’s
- Biller Worklist
- Central Business Office
- Central Procedures
- Clinical Documentation (Charting & Assessment, Vital Signs, I & O, Activity Charting)
- Clinical Outcome Practice Evaluator (COPE)
- Clinician Access
- Collector Worklist
- Community Master Patient Index
- Contract Management
- Department Management
- DRG
- Drug Utilization Reports
- EDI 270/271
- ERM, Executive Report Manager
- General Ledger
- Global Registration/Standard Registration
- Health Notes
- Insight
- Long Term Care Billing
- Medcarts: ADT, Billing, Profile, Charges, Pocket/Inventory
- Medical Records Abstracting and Control
- Medication Charting
- MO (Medication Ordering)
- NJDDCS (QEDIT)
- Order Management
- Outpatient Pharmacy
- Patient Accounting
- Patient Charting
- Patient Scheduling
- Payroll/Personnel
- Performance Management
- Pharmacy Interfaces (ADT, Billing, Charge Master, Physician Master, Lab, Order Communications ADM (Automated Dispensing Machines))
- Plan of Care
- POC (Point of Care) Interventions
- pocMAR, Point of Care Medical
- POE (Physician Order Entry)
- QuadraMed Call-Back Reminder
- QuadraMed Enterprise Scheduling (formerly TempusOne and TempusXpress)
- QuadraMed Enterprise Scheduling HL7 Interface
- QuadraMed Medical Necessity
- QuadraMed Physician Web Scheduling
- QuadraMed Surgery MDS
- Quality Management
- Query Support
- Radiology
- Third Party Billing
- TOOL
- Utilization Management
Tier II SLA's

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<td>12 Business Hours</td>
<td>10 Business Days</td>
</tr>
<tr>
<td>Medium</td>
<td>24 Business Hours</td>
<td>30 Business Days</td>
</tr>
<tr>
<td>Low</td>
<td>24 Business Hours</td>
<td>45 Business Days</td>
</tr>
</tbody>
</table>

Assignment Notification

After information regarding a new issue is received and a case is opened in our case tracking system it is then assigned to an analyst. A case will be assigned and assignment notification will occur within the specified response time based on the case’s priority. The hospital contact who opened the case will receive an automatically generated e-mail containing the case number, the assigned analyst's name, and analyst’s contact information. The assigned analyst will be the primary point of contact for all inquiries and communication regarding that case. The case number should be recorded because it is needed for future reference. Analysts should never be contacted to open a new case. Instead you must follow the process just described.

Supplemental Services

Your requests that fall outside the support agreement are considered a Supplemental Service. When Client Support receives a request that qualifies as a Supplemental Service the assigned analyst will follow the following procedure:

- The assigned Support Analyst evaluates the client request and an estimate of the time required will be determined.
- The assigned Support Analyst prepares and sends a Supplemental Service Form to you for review and approval. The form describes the request and indicates the cost of the service based on QUADRAMED’s hourly rate. Rates vary depending on service rendered.
- You need to follow the instructions on the Supplemental Service Form to execute the agreement.
- Upon receipt of the executed agreement, the Support Analyst coordinates the completion of the request.
The following are examples of requests that qualify as a Supplemental Service:

- Additional application training.
- Interface modifications.
- Report and soft screen customizations.

**Billable Cases**

QUADRAMED can receive a request from you for services not covered by contract and deem it billable. It is QUADRAMED's responsibility to identify those requests, inform you and to provide you with an estimate prior to commencing work on the request. When Client Support receives a request that qualifies as a Billable Case, the assigned analyst follows the procedures listed below:

- The assigned Support Analyst evaluates the case to determine if the case is billable.
- As soon as practically possible, QUADRAMED notifies you if a task is potentially billable and make an entry in the case file to support this decision.
- A regular, internal review is conducted at QUADRAMED to ensure that a task is billable before proceeding with resolution delivery.
- You have the option to pursue the task on your own, once you learn it is billable and have the following options:
  - If you choose to pursue the issue on your own, QUADRAMED closes the task and bill for any work performed, if any, that was already conducted and deemed billable. If you later desire assistance, QUADRAMED will reopen the task and begin work.
  - If you choose to authorize QUADRAMED to continue to work on the case, work will commence unlike a Supplemental Service, and no signature will be required to work this issue.
- Weekly reports will include the following case information:
  - A case type of Billable Procedural appears on this report next to the case, and you are responsible for reviewing this list.
  - In the event you question the billable item, you can elect to discuss the issue with your Client Manager who will work with you to resolve the issue.

Examples of cases that qualify as a Billable Case include:

- Functional setup in use that is contrary to setup parameters addressed in documentation or written recommendations resulting in detrimental effects that require excessive cleanup or rebuild.
Any hardware and systems related tasks a facility could resolve on their own if they had adequate expertise, i.e. checking disk space, reviewing scheduled tasks, installing new software not covered by contract, etc.

- Recovery of information from a database that was deleted by a user who bypassed deletion warning messages.
- Data repair due to client error.

### System Modifications and Product Enhancements

QUADRAMED routinely receives requests from clients who wish to customize, modify or offer suggestions on QUADRAMED products. These requests are processed by various methods. Please consult this section by product line to familiarize yourself with your product’s modification and enhancement methods.

### Patient Access

Clients who wish to request Report or Soft Screen customization for QUADRAMED Enterprise Scheduling products need to submit the necessary forms. They can be obtained from Client Support or the client web portal. There is an associated fee for these customizations of two-hundred dollars per hour with a minimum of one hour. A purchase order is required before any customizations can be made. Please attach the purchase order to the original request and return them via fax at 877-238-2776 or e-mail to clientsupport@quadramed.com. E-mail is the preferable method.
**Custom Report Request Form**

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**QuadraMed Enterprise Scheduling Custom Report Request Form**

QuadraMed is committed to providing your organization with the highest quality products and service in the industry. Please e-mail all customization requests to customersupport@quadramed.com. Each request will be reviewed to determine the amount of development time required for completion. You will receive a price quote based on that time. Our customization fee is $250.00 per hour with a minimum of one hour. A purchase order is required before any customizations can be made. Please attach the purchase order to the original request and return via email to customersupport@quadramed.com or fax to 877-238-2798. We appreciate your understanding as we work to provide you with the highest level of service possible. Please feel free to call Customer Support at 877-238-2798 if you have any questions.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date:</strong></td>
<td>Enter information here</td>
</tr>
<tr>
<td><strong>Client Name:</strong></td>
<td>Enter information here</td>
</tr>
<tr>
<td><strong>Client Contact:</strong></td>
<td>Enter information here</td>
</tr>
<tr>
<td><strong>Current Case Number:</strong></td>
<td>Enter information here</td>
</tr>
</tbody>
</table>

Please answer the following questions:

1. If you want a revision to a Standard Report please specify which report. Give full path name (i.e. Reports → Daily Schedules and Itineraries → Daily Schedule Reports → By Division).

2. What name do you want to appear on the Report Menu?

3. What name do you want on the report? (It is recommended it be the same as the name you specified in #2.)

4. What page breaks do you want and should there be an optional ones? If you chose optional page breaks what should they be?

5. What optional information, if any, do you want the option to include or not include on the report?

6. What selectors do you want on the report? (e.g., filter out certain Facilities, Departments, or Resources)

7. Do you need a Date Range on this report? What date do you want to use? The Appointment Date? The Schedule Date?

8. Do you need a Secondary Date Range on this report? What date do you wish to use? Appointment Date or some other date?

9. Are there any special restrictions that should appear in the request to the database? (i.e. Do you only want data from a certain department?)

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**QuadraMed Corporation**
# Soft Screen Customization Form

**QuadraMed Enterprise Scheduling Soft Screen Customization Form**

Quadramed is committed to providing your organization with the highest quality products and service in the industry. Please e-mail all customization requests to CustomerSupport@Quadramed.com. Each request will be reviewed to determine the amount of development time required for completion. You will receive a price quote based on that time. Our customization fee is $200.00 per hour with a minimum of one hour. A purchase order is required before any customizations can be made. Please attach the purchase order to the original request and return via e-mail to CustomerSupport@Quadramed.com or fax to 877-250-2978. We appreciate your understanding as we work to provide you with the highest level of service possible. Please feel free to call Customer Support at 977-825-7280 if you have any questions.

<table>
<thead>
<tr>
<th><strong>Date:</strong></th>
<th>&lt;&lt;Enter information here&gt;&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Name:</strong></td>
<td>&lt;&lt;Enter information here&gt;&gt;</td>
</tr>
<tr>
<td><strong>Client Contact (please provide name, email, fax and phone):</strong></td>
<td>&lt;&lt;Enter information here&gt;&gt;</td>
</tr>
<tr>
<td><strong>Current Case Number (if no case associated, please put NA):</strong></td>
<td>&lt;&lt;Enter information here&gt;&gt;</td>
</tr>
</tbody>
</table>

Please keep in mind all Soft Screens are global. Please answer the following questions:

1. What is each data field going to be used for?
2. What type of data being asked for? (i.e., data, numeric, character, etc.)
3. If the data type is Character, what length is needed?
4. If the data type is Numeric, where is the decimal placement?
5. Is this a required or read-only field?
6. Define the caption next to each data field that is to be created.
7. Will the data fields need to flow to your interface?
8. Please provide a design layout of your request for our development team. This layout will need to be created in the Microsoft Word or .dot format.

<table>
<thead>
<tr>
<th><strong>For Quadramed Use Only:</strong></th>
<th><strong>Date Received:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRACKING #:</strong></td>
<td><strong>ASSIGNED TO:</strong></td>
</tr>
</tbody>
</table>

**QUADRAMED CORPORATION**

65
Ideas to Market

The purpose of the Ideas to Market (ITM) is to give users of QUADRAmed Enterprise Scheduling and associated products an opportunity to share their thoughts and ideas about improving the products. We encourage users to complete an ITM submission form during the designated annual submission period if you would like to submit an idea for consideration. A submission form is sent to each facility’s Primary Contact at the start of the submission period. Completing the Ideas to Market Form does not guarantee approval of the idea.

ITM Process

The ITM process included the following:

- The completed form is reviewed internally for appropriateness and validity.
- If the ITM meets both of these requirements, clients can vote on the idea for importance and popularity at that year’s Users Group Conference.
- The product development team reviews ITMs that rank above pre-established levels of importance and popularity.
- If approved by all parties, the idea is placed into the current development plan.

Revenue Cycle

For Revenue Cycle products, QUADRAmed reviews requests for single occurrence utility modifications. Typically, a Utility Modification is classified as a Conversion, Interface, and Custom Query, Data Manipulation or Non Regulatory Payer/Billing change. QUADRAmed encourages you to continue to submit requests for product enhancements to the Affinity User Group to be included in the annual voting process.

Utility modifications, once approved, are billable tasks. The scope of work required to estimate a utility modification may also be billable. The estimate may be difficult even if the utility modification is not, i.e., research impact. Should a fixed fee for analysis and sizing be required in addition to the cost of the modification, approval to proceed must be obtained.
Utility Modification Request Process

Requesting a utility modification includes the following:

- Requests are to be submitted by the client, on a QuadraMed Affinity Modification Request Form.

---

QuadraMed Modification Request Form

Please complete this form in full, attach all exceptions (screen shots, documentation, etc) and send to QuadraMed.
You may submit via email (customersupport@quadramed.com), fax: (977) 238-2776, or mail to:

Quadramed Corporation
1211 Sunset Hills Road, Suite 600
Reston, VA 20190
Attn: Customer Support/Modification Request

Date: <<Enter information here>>

Client Name: <<Enter information here>>

Client Contact (please provide name, email, fax and phone): <<Enter information here>>

Current Case Number (if no case associated, please put N/A): <<Enter information here>>

Applications affected by Modification: <<Enter information here>>

Specific procedures and/or reports affected by Modification: <<Enter information here>>

Non-QuadraMed products affected by Modification: <<Enter information here>>

Purpose/Issue: Enter the purpose of your proposed modification. Define the problem that you are trying to solve and how your proposal will solve the problem. Indicate the degree of importance of solving the problem — consider how critical it is for your environment and whether or not other hospitals share the situation.

<<Enter information here>>

Functional Requirement/Statement of Request: State a specific, detailed request. Please give a scenario outlining how your request would work and/or display. Describe what would impact non-QuadraMed applications in both a negative and positive manner. Please remember your proposal will impact a product that is used by many people in many hospitals.

<<Enter information here>>

State any other issues that you wish to have considered in the evaluation of your request:

<<Enter information here>>

System Impact Analysis: Your proposal may have an impact on the system overall. Please consider how your proposed modification will impact application and/or overall system processes. If known, please provide detail below.

<<Enter information here>>

For QuadraMed Use Only:

Date Received:

[ ] Bug [ ] User Solicited [ ] Mod Approved [ ] Mod Declined

PLEASE NOTE: An approval indicates that QuadraMed agrees to complete the required work for this modification; however, a specific product release level/ETA cannot be guaranteed.
Submit a completed form to the Call Center via e-mail at clientsupport@quadramed.com or fax it using the number 877-238-2776. E-mail is the preferable method. An on-line version of the QuadraMed Modification Request Form is available through Client Support.

Client Support is the initial recipient of all modification requests from clients. Within 24 hours of receipt, Client Support opens a case in the QUADRAMED case tracking system and e-mails the case number to the client.

Approval Criteria

Approval criteria is based on the following:

- The request is technically feasible.
- Generally does not require a change to current Affinity product functionality.
- Client satisfaction.

Size & Scope

A utility modification is typically less than one-hundred hours, outer ring client site model or SUPPORT directory. Depending on the change, a support maintenance fee may, or may not, be applied from the time the code is applied until retired.

Approval Modifications Process

The following process is used for approval:

- QUADRAMED notifies the client within thirty days after receipt of the modification that the request has been accepted. The acceptance letter identifies the scope, fixed fee and time frame. The client reviews the notification and determines whether to proceed with a more detailed analysis and cost estimate. The client has thirty days to return the approved document.

- In some cases, a separate case may be opened for a fixed fee of $500.00 to complete the detailed plan. A supplemental service sign-off document is forwarded to the client from their Client Manager. The client has fifteen days to approve the charge and return it to QUADRAMED. The fixed fee is applied to the total price of the utility modification when, or if, it is developed. Upon receipt of the approved request, QUADRAMED, within thirty days, provides the client with the detailed analysis plan, cost and anticipated project completion date. When the detailed plan is forwarded to the client, the supplemental service case that was opened for the sizing estimate is closed and billed.
The client has thirty days to approve, in writing, the project plan and the cost estimate. If a written sign-off is not received in thirty business days from the date of notification, the case is considered inactive and is closed, and the client is notified in writing via Task Completion Notice.

Some modifications require testing. In these instances, the client has thirty days to test the code. Unless notified otherwise, QUADRAMED will close the modification task thirty days after the code is delivered or changes have been made. The client is responsible in that period for testing the modification and reporting any issues to QUADRAMED for resolution. If the client cannot test in this period, Client Support/Interface & Conversion Installer or Query Support must be notified so an alternative plan and time frame can be determined. The task will be closed at the agreed upon time, and the client will be billed. If the task has been closed and the client calls in regarding the modification, a new billable procedural task is opened. The client is informed that the call is billable.

**Denied Modifications Process**

QUADRAMED notifies the client within thirty days after receipt that the request has been denied. The client is also notified in writing via the Advice of Non-Acceptance.

**Rejection Criteria**
The following rejection criteria can apply:

- Request is outside the scope of a Utility Modification category.
- Request cannot be technically accomplished.
- Request asks for enhanced or new functionality in the Affinity product. Those requests should be submitted to the Affinity User Group.
- Exceeds maximum size scope or over one hundred hours.
Clients who wish to submit software enhancement requests for HIM products need to submit the proper form to the Call Center via fax at 877-238-2776 or e-mail to clientsupport@quadramed.com.

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<thead>
<tr>
<th>Facility:</th>
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<tbody>
<tr>
<td>Contact:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
<tr>
<td>Product:</td>
</tr>
<tr>
<td>Request date:</td>
</tr>
</tbody>
</table>

**Description:** (If report, attach sample printout showing format and data elements):

**Purpose:**

**Benefits:**

**Priority:** LOW MEDIUM HIGH

*For QuadraMed use only*

Data Received: ____________ Reviewed: ____________

Action:
Case Life Cycle

When your case is submitted and all supporting documentation has been received, you can track its progression through to completion using the following flowchart. It outlines the various steps a typical case follows from case creation and through to the end as an analyst works to solve your issue or answer your question. You can use the case status as found in QUADRAMED Web Self Service to find where in the flowchart your case is located. Please note that a case status of *Awaiting Response* is an indication to you that the analyst is waiting on you to provide him or her with additional information for analysis.
Case Status Checks
The Call Center or the Support Analyst assigned to a case can be directly contacted if you would like to know the status of a case. You can also check a case’s status and view the analyst’s public notes via the QUADRAMED Web Self Service using the case number provided when the case is opened. The Primary Hospital Support Contact can also elect to receive weekly reports outlining the status of all open cases at their facility. The assigned analyst should never be contacted to open a new case. You should follow the process as previously described.

Case Escalation
QUADRAMED makes every effort to provide excellent client service and prompt resolution to client issues. In the event the guidelines for Service Level Agreements have not been met, QUADRAMED has a method by which you can escalate an issue to achieve resolution and/or explanation of any delay. The management staff will work to ensure everything possible is being done to correct an issue in a timely manner keeping in mind the status of other issues currently being worked. It is important to keep in mind that you should begin the escalation process with the assigned analyst and then follow the chain of command upward. At each point of escalation you are asked if the QUADRAMED staff member below them in the chain was contacted and offered an opportunity to resolve the issue. If that has not been done, you may be asked to do so. Please be prepared with the case number you wish to discuss.

First Escalation
Contact the assigned Support Analyst for your case, who will:

- Evaluate the case with you.
- Conduct research and develop an action plan to resolve problem.
- Provide updates to you per the action plan provided.
- Notify the support Team Leader of the situation.
- Deliver resolution.

Second Escalation
If resolution if not reached with the first escalation, contact the Team Leader, who will:

- Evaluate the case with the assigned Support Analyst.
- Conduct research and develop an action plan to resolve problem.
- Provide updates to you per the action plan provided.
- Notify the Support Manager of the situation.
- Deliver resolution.
Contact Information

REVENUE CYCLE AND PATIENT ACCESS

<table>
<thead>
<tr>
<th>Name</th>
<th>Jim Yakscoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Patient Info and Finance Team Lead</td>
</tr>
<tr>
<td>Telephone</td>
<td>(703) 709-2398</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:jyakscoe@quadramed.com">jyakscoe@quadramed.com</a></td>
</tr>
</tbody>
</table>

Responsible Applications:
- Accounts Payable, Account Workflow, APC’s, Biller Worklist, Collector Worklist, Central Business Office, Community Master, Patient Index, Contact Management, DRG, EDI – 835, 837, 270/271, General Ledger, Insight, Long Term Care Billing, Medical Records Abstracting and Control, Patient Accounting, Global Registration, Patient Scheduling, Payroll/Personnel, Central Procedures, Schedule View

<table>
<thead>
<tr>
<th>Name</th>
<th>John Orr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Access Management Team Lead</td>
</tr>
<tr>
<td>Telephone</td>
<td>(800) 583-6787 ext. 238</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:jorr@quadramed.com">jorr@quadramed.com</a></td>
</tr>
</tbody>
</table>

Responsible Applications:
- QuadraMed Enterprise Scheduling (formerly TempusOne/TempusXpress Scheduling), QuadraMed Medical Necessity, QuadraMed Physician Web Scheduling, QuadraMed Call-Back Reminder, QuadraMed Surgery MDS, QuadraMed Enterprise Scheduling HL7 Interface

<table>
<thead>
<tr>
<th>Name</th>
<th>Eric Schroeder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Technical Team Lead</td>
</tr>
<tr>
<td>Telephone</td>
<td>(970) 639-5495</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:eschroder@quadramed.com">eschroder@quadramed.com</a></td>
</tr>
</tbody>
</table>

Responsible Applications:
- Affinity Interfaces, Affinity Gateway, includes DataGate/CloverLeaf/Quavodx, Affinity Tool/System Management, SQL Connect, Pharmpro Interfaces, PCMAR/POE
### HIM

<table>
<thead>
<tr>
<th>Name</th>
<th>Rob Olsen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>HIM Team Lead</td>
</tr>
<tr>
<td>Telephone</td>
<td>(951) 302-6703</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:rolsen@quadramed.com">rolsen@quadramed.com</a></td>
</tr>
<tr>
<td>Responsible Applications</td>
<td>Quantim, Millennium, nCoder+, EDM Legacy, Interlink, Quantim HL7 Server, JReports</td>
</tr>
</tbody>
</table>

### CARE MANAGEMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Steven Salmon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Pharmacy Team Lead</td>
</tr>
<tr>
<td>Telephone</td>
<td>(800) 343-4962 ext. 205</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:ssalmon@quadramed.com">ssalmon@quadramed.com</a></td>
</tr>
<tr>
<td>Responsible Applications</td>
<td>Affinity Pharmacy Acute Care, Affinity Pharmacy Long Term Care, Outpatient Pharmacy, Drug Utilization Reports, Third Party Billing, ERM, Executive Report Manager, Medcarts (ADT, Billing, Profile, Charges, Pocket/Inventory), MO (Medication Ordering), pocMAR, Point of Care Medical, POE (Physician Order Entry), POC (Point of Care) Interventions, Pharmacy Interfaces</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Tracy Payne</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Care Management Team Lead</td>
</tr>
<tr>
<td>Telephone</td>
<td>(703) 904-5538</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:tpayne@quadramed.com">tpayne@quadramed.com</a></td>
</tr>
<tr>
<td>Responsible Applications</td>
<td>Acuity &amp; Staffing, Clinical Workstation, CPOE, Clinician Access, Clinical Documentation, Patient Charting, Department Management, Health Notes, Medication Charting, Order Management, Affinity Lab, Radiology, Plan of Care, Quality Management, Utilization Management, Acuity Plus</td>
</tr>
</tbody>
</table>
Third Escalation
If resolution if not reached with the second escalation, contact the Support Manager, who will:

- Evaluate the case with the Team Lead and assigned Support Analyst.
- Contact you with new action plan and will escalate internally, including notifying the Director of Client Support, to bring resolution.
- Provide updates to you per the action plan provided.
- Deliver resolution.

Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber Amidzich</td>
<td>Revenue Cycle &amp; Patient Access Manager</td>
<td>(703) 709-2339</td>
<td><a href="mailto:aamidzich@quadramed.com">aamidzich@quadramed.com</a></td>
</tr>
<tr>
<td>Charlie Bottita</td>
<td>HIM Manager</td>
<td>(503) 657-6605</td>
<td><a href="mailto:cbottita@quadramed.com">cbottita@quadramed.com</a></td>
</tr>
<tr>
<td>Garry Hobbs</td>
<td>Care Management Manager</td>
<td>(703) 736-2976</td>
<td><a href="mailto:ghobbs@quadramed.com">ghobbs@quadramed.com</a></td>
</tr>
<tr>
<td>Eric Jeffery</td>
<td>Advanced Technology Solutions Manager</td>
<td>(703) 709-2449</td>
<td><a href="mailto:ejeffery@quadramed.com">ejeffery@quadramed.com</a></td>
</tr>
</tbody>
</table>
Fourth Escalation
If resolution is not reached with third escalation, contact the Director of Client Support, who will:

- Evaluate the case with the Support Manager, Team Lead and assigned Support Analyst.
- Contact you with new action plan and will escalate internally, including notifying the Vice President of Support and Technical Services, to bring resolution.
- Provide updates to you per the action plan provided.
- Deliver resolution.

Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Joe Taraszkiewicz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Director of Client Support</td>
</tr>
<tr>
<td>Telephone</td>
<td>(703) 736-2968</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:jtaraszkiewicz@quadramed.com">jtaraszkiewicz@quadramed.com</a></td>
</tr>
</tbody>
</table>

Fifth Escalation
If resolution is not reached with fourth escalation, contact the Vice President of Support and Technical Services, who will:

- Evaluate the case with the Director of Client Support, the Support Manager, Team Lead and assigned Support Analyst.
- Coordinate with the Director of Client Support to determine why resolution has not been delivered.
- Contact you with a resolution

Contact Information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Todd Tyler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>VP of Support and Technical Services</td>
</tr>
<tr>
<td>Telephone</td>
<td>(503) 399-2650</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:ttyler@quadramed.com">ttyler@quadramed.com</a></td>
</tr>
</tbody>
</table>
Chapter 5

Client Reports

Client Reports Overview
Client Support communicates case statuses and resolution information via two primary reports. Client Reports are mailed to clients as attachments. Those attachments are in Adobe PDF format. The PDF files require Adobe Acrobat Reader which is available for download at www.adobe.com. Clients who have e-mail filters in place to eliminate junk e-mail must set them to allow messages from crm_notification@quadramed.com or they cannot receive their reports. Please refer to your mail program’s help files for the appropriate Safe Sender setup.

Weekly Status Report
The Weekly Status Report gives a current and timely status update of all open cases.

- Note that cases in Awaiting Client Response status are waiting on additional information from you. You should contact the assigned analyst to provide them with the needed information.

- Cases that have been resolved are in a separate section. Inform Client Support when testing is completed and a case can be closed.

Cases requiring client follow-up are automatically closed after thirty days, if no action is taken.
### Task Completion Notice

The *Task Completion Notice*, also known as the Task Completion Notice, can be used as a communication tool with the areas in the hospital that reported each issue. They are your record of the resolution to a case. The report gives the description of the case and its resolution. The notice can also contain technical instructions for the contact to complete in order to implement the full resolution. It is e-mailed to the contact that opened the case when the assigned analyst closes it in QUADRA MED Web Self Service. These reports are attached to the case file and are available on demand by users of QUADRA MED Web Self Service.

#### Weekly Status Report

**Gilead Children's Specialty Healthcare**

<table>
<thead>
<tr>
<th>Case ID</th>
<th>Open Date / Timecode</th>
<th>Product / Case Summary</th>
<th>Application</th>
<th>Priority</th>
<th>Status</th>
<th>Call Owner</th>
<th>Client Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-Open</td>
<td>02/03/2007</td>
<td>Affinity MCAS</td>
<td>Hardware &amp; Systems</td>
<td>4 - Low</td>
<td>01-Open</td>
<td>Dustin Mike</td>
<td>Ref, Greg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QUADRA MED Services - Code 6 Upgrade</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Case Note:</strong> 07/06/2007</td>
<td>DISCUSS THE PLAN WITH OMED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>05-Awry Response</td>
<td>02/11/2007</td>
<td>Affinity MAPS</td>
<td>Hardware &amp; Systems</td>
<td>4 - Low</td>
<td>05-Awry Response</td>
<td>Dustin Mike</td>
<td>Ref, Greg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QUADRA MED Services - Database Refresh Training</td>
<td></td>
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</table>

#### Support Cases

**01-Open**

<table>
<thead>
<tr>
<th>Case ID</th>
<th>Open Date / Timecode</th>
<th>Product / Case Summary</th>
<th>Application</th>
<th>Priority</th>
<th>Status</th>
<th>Call Owner</th>
<th>Client Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>557655</td>
<td>01/08/2007</td>
<td>Tempsite 3.2.6.6</td>
<td>Tempsite</td>
<td>2 - High</td>
<td>01-Open</td>
<td>Santiago Angel</td>
<td>Ref, Brian</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C206 Note: 01/08/2007</td>
<td><strong>Client Attachment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>558152</td>
<td>01/10/2007</td>
<td>Affinity MAPS</td>
<td>Hardware &amp; Systems</td>
<td>2 - High</td>
<td>01-Open</td>
<td>ATS Support (M.J.)</td>
<td>Ref, Greg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single Job Uses 25% Processor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C206 Note: 01/10/2007</td>
<td><strong>Attached file through SelfService at the time of creating the case</strong></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>02 Analysis</td>
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</tbody>
</table>
Task Completion Report

Summa Health System-Akron City Hospital

Case ID: 532699
Category: Error
Contact: Pope, Sharon
Call Owner: Santiago Angel
Case Type: Unknown
Date Created: 6/11/2007 12:25 PM

Problem Description:
Ora.42431 Error when making changes in User Maintenance

Resolution:
Status: Successful Resolution
Details: Copied gdapp.dll from C:\Program Files\Common Files\Crystal Decisions\2.5\ into root Tempo\One directory. Ran TIB, fixed rase and fixed all Foreign Keys (PK, ROU\USER was among them). Now changes can be made to user profiles using User Maintenance.

Release Information:
Must Users be off System?:
Must Interfaces be stopped?:
Must Users be out of Procedure?:
Must Queue Manager be stopped:

Release Cautions:
Support and four directories must always be at the same Affinity release version prior to releasing any procedure.

Release Instructions:
Task Instructions:
Chapter 6
Online Information

Online Information Overview
QUADRAMED has made a vast amount of information about products and services available online for client use. This information is available in the Client Portal or distributed directly to clients via e-mail. In addition, there are methods that will allow clients to communicate with each other. This section describes how to obtain supplemental product and service information and how to utilize e-mail listservs.

Accessing the Client Portal
The Client Portal is accessible from the www.quadramed.com web site and is updated on a regular basis. You must complete a Portal User Login Application Form, available on the web site, before you can be given access to the Client Portal. From the Client Portal you can access the following:

- Support Bulletins.
- Education and Training Information.
- Client Communications.
- Client Support Information.
- User Group Information.

The Client Portal is also the only way for you to receive the latest version of our Affinity Client, GUI, software. It is very important that at least one person at your facility establish user access to this site so that you can download the most current version of the Affinity Client software when it becomes available.
New Client Portal Users
New portal users must gain access to the portal.

Apply for a User Name and Password
Use the following steps to establish user access.

2. Click Request user login located below the Support Sign In frame.
3. Complete the form and select which portal you want to access.
4. Click the Submit button.
5. Your user name and password is sent to you via e-mail within two business days.

Existing Client Portal Users
Once you have received your user name and password you can access the Client Portal by taking the following steps:

Access the Client Portal
Do the following steps to access the portal:

2. Type your User Name and Password in the Support Sign In frame.
3. Click the Sign In link.

Affinity Internet Users List
The Affinity Internet Users List (ListServ) is client run and gives you the benefit of the experiences of other Affinity users with a lively exchange of ideas. All you need to participate is an Internet connection and an e-mail program. The list evolved as User Group leaders, Affinity users, and QUADRAMED, in a voluntary effort, decided to set up an unofficial mailing list for the benefit of all clients. There is a minimal charge to participate. The mailing list process includes the following:

- Subscribers can e-mail an Affinity-related question or comment to the list server.
- The subscriber's message is sent by the list program as an e-mail message to all subscribers.
- Participants can receive these e-mail messages from the list one at a time or as a periodic digest.
- The list is not moderated and the messages are not screened or approve by anyone.
Client sites may choose to have one subscriber or several. If subscriber usage is high, QUADRAMED can divide the list into separate interest areas such as clinical, financial, technical, query language, etc.

The ListServ is managed by the User Group Board.

Use the following sites to gain more information about the Client Portal:

- For general information and subscribing to the mailing list is at:
  http://mailapp.modwest.com/mailman/listinfo/affinity-users

- To no longer participate or change your options, i.e., switch to or from digest mode, change your password, etc., visit your subscription page at:
  http://mailapp.modwest.com/mailman/options/affinity-users/sparochelli%40quadramed.com

After subscribing to post to this list, send your e-mail to affinity-users@affinity-users.com.

HIM Internet Users List

A List Serve has been established for QUADRAMED HIM products. The list provides a way for QUADRAMED HIM product clients to exchange ideas, information, opinions, and suggestions. It is operated, managed and maintained by HIM clients and does not represent QUADRAMED. A limited number of QUADRAMED employees can participate in the list serve, but they will not use the medium as a method of support. Subscription to the list serve is on a per-facility basis with a one-time fee for an unlimited number of e-mail addresses. A participation agreement needs to be completed and sent to the address contained on the agreement. For more information please contact Randy McCleese at jrmccleese@st-claire.org.