



CGM MEDISOFT Release Notes

December 2022

CGM MEDISOFT

Practice Management and EHR

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Chapter 1 - Enhancements

This chapter presents a high-level description of the following enhancements to the CGM MEDISOFT® system.

Prior to Upgrading

CGM recommends that you always install successive versions of the software when upgrading to ensure proper registration and data conversion.

For example, if you are currently on version 25 and are upgrading to 27, be sure to upgrade to 26 FIRST, register and convert your practice data. Then, from version 26 upgrade to 27.

IMPORTANT; If you send appointments to CGM CONNECTION, read this BEFORE upgrading for actions you may need to take before you upgrade.

Please review the instructions here before upgrading: [“Updated Data Transfer to CGM CONNECTION” on page 28.](#)

Features to set up prior to using CGM MEDISOFT 27

The features in the table below require setup prior to using CGM MEDISOFT 27.

Feature	Setup to do
Patient Alerts	<ol style="list-style-type: none">1. Set up Permissions2. Create alerts3. Assign alerts to patients
Merge Patients	<ul style="list-style-type: none">• Set up Permissions
Move Charges	<ol style="list-style-type: none">1. Set up Permissions2. Add MoveCharges field to available grid columns on the Transaction Entry screen
CCRD (Co-Pay, Co-Insurance, and Remaining Deductible Results from eMEDIX) If you do not use eMEDIX as your clearinghouse, you may skip this step.	<ol style="list-style-type: none">1. Enter preferred Service Type Codes on the Data Entry tab of Program Options. <hr/>Be sure to put the codes in preferred order BEGINNING with Code 1. Do NOT leave Code 1 blank and fill in the others.<hr/>

Desktop display

There is a new hover-over for the practice name when the practice is minimized on the desktop. This will allow you to quickly see which practice is open.

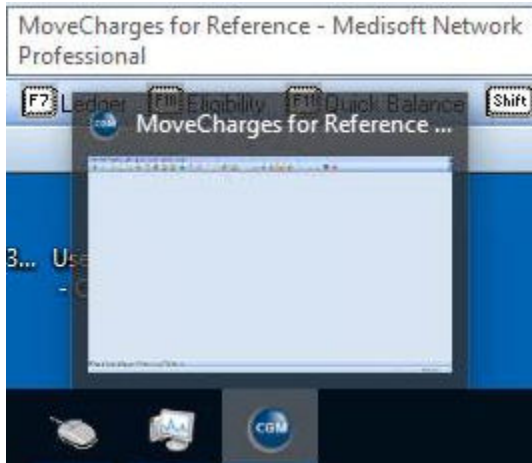


Figure 1. Hover-over on practice

Patient Alerts

You can now create Patient "Alert Codes," which can be assigned to a patient from the patient level.

Each patient can have up to five Patient Alert Codes assigned to them, as well as one free-text alert. These alert codes are user-defined and user-created and can be assigned in the patient record. The Patient Alert Codes can be used as warning messages to the practice, assigning a status, as a reminder to the practice, categorize the patient into a group, and so on.

You can set up alerts to open on one or up to four screens in CGM MEDISOFT, based on selections you make when creating the alert:

- If the Display on New/Edit Transaction Entry is checked, a pop-up window will open with the alert(s) when the user creates or edits a transaction for the patient. The alerts will display immediately after the patient is selected.
- If the Display on New/Edit Patient is checked, a pop-up window will appear with the alert(s) when the user creates or edits a patient. The alerts will display immediately after the patient is selected.
- If the Display on New/Edit Case is checked, a pop-up window will appear with the alert(s) when the user creates or edits a case for the patient. The alerts will display immediately after a case is selected.
- If the Display on New/Edit Appointment in Office Hours is checked, a pop-up window will open with the alert(s) when the patient is selected on a new or edited appointment in Office Hours. The alerts will display immediately after the patient is selected.

Free text alert will display on all of the above.

If multiple Patient Alert Codes are chosen for a patient and that patient is chosen in one or more of the four optional pop-up areas of CGM MEDISOFT, all selected messages will appear in one window.

New Permission

There is a new Permission for the Patient Alert Codes List: Patient Alert Codes. Use this to set the access levels for Patient Alert Codes.

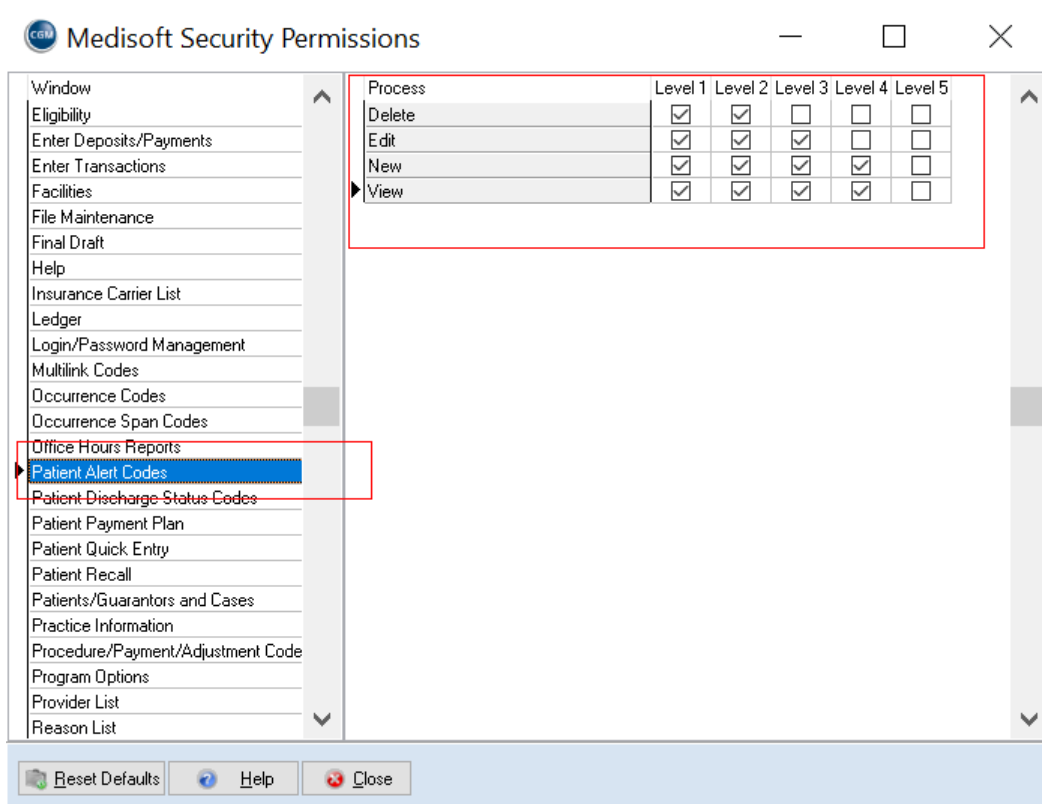


Figure 2. CGM MEDISOFT Security Permissions

New Menu item

There is a new item on the Lists menu: Patient Alert Codes. Select this option to open the Patient Alert Codes List screen.

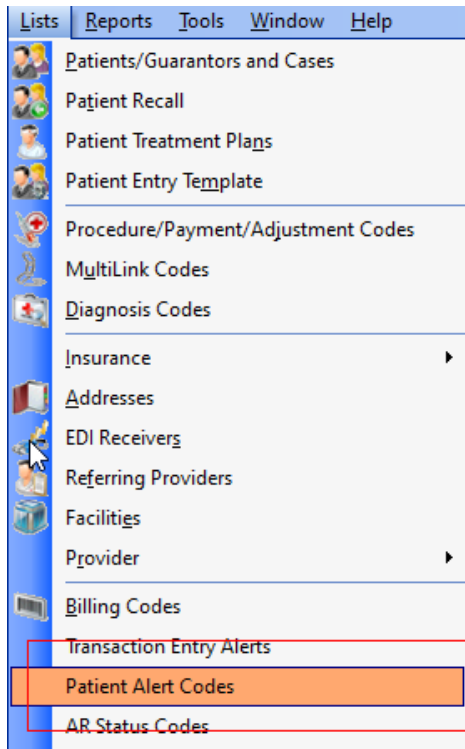


Figure 3. List menu

New Patient Alerts list

Use this window to view, search for, and filter alerts that have been created. Use it also to create, edit, and delete existing alerts.

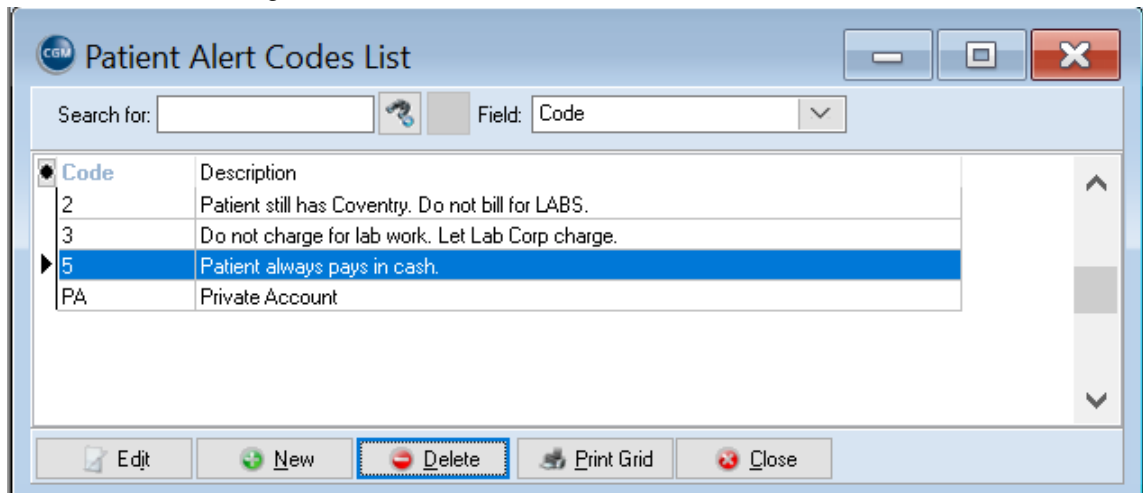


Figure 4. Patient Alerts List screen

The table below describes the elements on this screen.

Elements	Description
Search for	Enter a Code to search for. As you type characters, the grid will automatically filter.
? button	Click to open the Locate Patient Alert screen, which you can use for advanced searching.
Field	Select the type of data to search for, either Code or Description
grid	This shows you the list of codes. <hr/> Note that in the Description column, you will only see the first line of an Alert Codes that have multiple lines in their Description fields. <hr/>
Edit button	Click this button to edit a selected alert in the grid.
New button	Click this button to create a new alert.
Delete button	Click this button to delete a selected alert in the grid.
Print Grid button	Click this button to print the information in the grid.
Close button	Click this button to close the List screen.

New Patient Alert Code Entry

Use this screen to create and edit alerts. You can give the alert a description and specify on which areas of CGM MEDISOFT you want the description/message to open.

Figure 5. Patient Alert Entry screen

The table below describes the elements on this screen.

Element	Description
Code 1	Use this field to enter a code for the alert, up to 9 characters.
Inactive	Select this check box to mark the alert as inactive.
Description	Use this field to enter a description of the code. This information will appear on the Alert Popup when it is triggered on one of the 4 screens. This field can be up to 70 characters.
Display on new/edit Appointment in Office Hours	Select this check box if you want this alert to display when a patient is selected in Office Hours appointments.
Display on new/edit Transaction Entry	Select this check box if you want this alert to display when a patient is selected in Transaction Entry.
Display when editing Patient Record	Select this check box if you want this alert to display when the patient's record is opened.
Display on new/edit Case	Select this check box if you want this alert to display when the patient is selected for the case.
Save button	Click this button to save the new alert or the changes for an edited alert.
Cancel	Click this button to close the window without saving the alert or changes to an alert.
Help	Click this button to open the Help for this screen.

Updated Patient - Other Information tab

The Other Information tab of the Patient screen now includes fields for up to five Patient Alert codes and one Free Text alert. Use these fields to select the codes or enter free text that you want to display when the patient is selected in the designated areas.

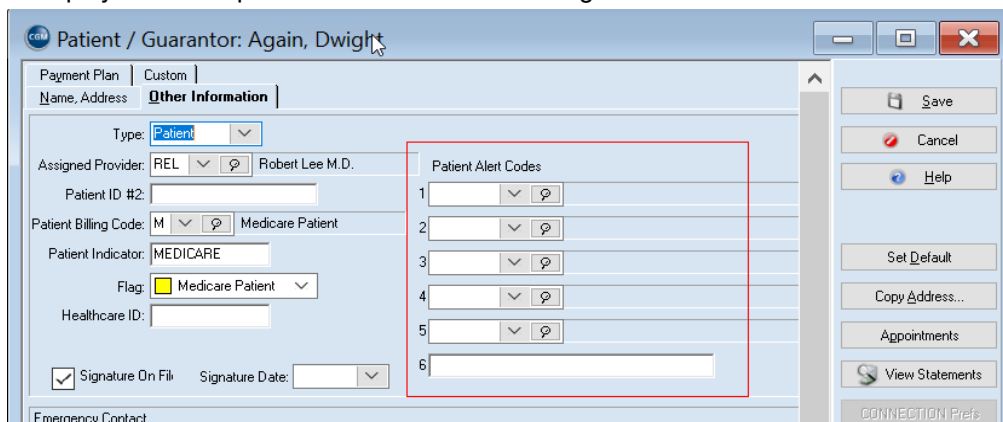


Figure 6. Patient screen - Other Information tab

In addition, there is an optional sixth, user-defined alert that is specific to that patient.

The drop-down arrow to the right of the Patient Alert Code field will display the list of existing alerts, as well as the settings of the check boxes for that alert.

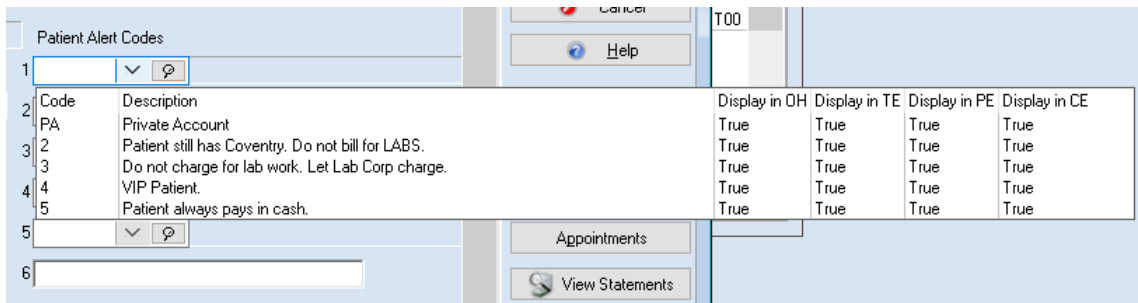


Figure 7. Other Information tab - Patient Alert Codes section

Clicking the magnifying glass to the right of the Alert Code field will open a search window that you can use to find a particular code.

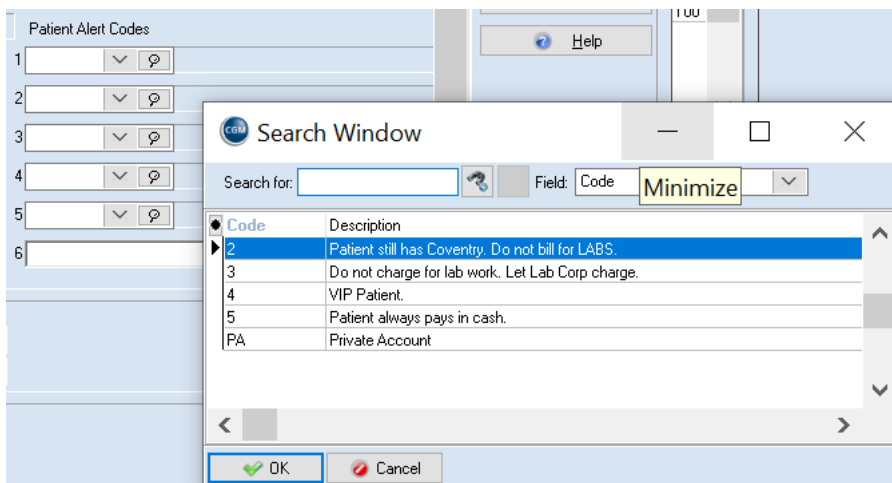


Figure 8. Search window

New Patient Alert Code Messages screen

This screen will open when an alert is triggered for the patient.

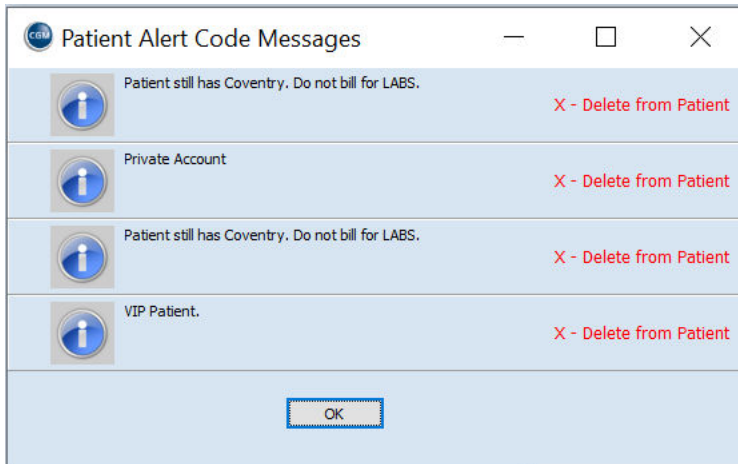


Figure 9. Patient Alert Message

When the alerts are displayed in the pop-up window, they display in the order of the code field in the patient.

The message will show ALL of the alerts specified for that patient in that area. For example: if you have 2 alerts flagged to display in Transaction entry and 1 to display in appointments, when you launch transaction entry for that patient, you will see the 2 transaction entry alerts; you will not see the one flagged for the appointment.

You have the option in certain places of deleting an alert from the patient's record. When you click on an alert, it will turn Red to indicate which one is selected to delete. If you click on it again to de-select it from deletion it will turn black again. If there are no red items, the cancel button will be removed.

When you do, the Cancel button will appear at the bottom of the screen.

- When you are done, click OK. Any codes you selected for deletion from the patient's record will be deleted and you can continue your work.

Click Cancel if you have clicked on the X to delete and change your mind to keep the alerts in the patient's record. Then, click OK to close the screen and continue your work.

Due to record-locking limitations, the Delete from Patient option on the pop-up window is not available when the pop-up displays when accessing the Patient or from Transaction entry.

Merge Patients

CGM highly recommends that you make a full backup prior to merging patients! In addition, be sure to process any Unprocessed Transactions for the patient whose record you are merging to another patient record. If you interface with an EHR, do not allow other users to add appointments for the source patient while a merge is in process.

In addition, CGM recommends that:

- No other users are accessing the source or target patient while the merge is in process.

- Close the Patient list and Office Hours prior to merging patients.

You can now merge two patient records if there are duplicates in your system. When you merge, the following data will be merged:

- All Cases (and all information inside those cases including images) from the Move From (source) patient will be added to the Move Into (target) patient so that the Move To (target) patient has any original cases, as well as the ones added via the merge.

Warning note: Potentially, now that cases have been moved, the 'last used' case on the Move To (target) patient will be different.

- Everything in Transaction Entry (all transactions--charges, payments, adjustments, statements, and claim notes, etc.) will now be associated with the Merge To (target) patient
- All claims from the Move From (source) patient will now be associated with the Move TO (target) patient
- All Statements from the Move From (source) Patient will now be associated with the Move To (target) patient
- All appointments will be moved to the Move To (target) patient
- **Phone numbers in appointments/recalls/waitlist:** if the numbers in the most current appointment are the same as the numbers in the FROM patient, all appointments will have the number of the TO patient when merged.
- If there are "one-off" phone numbers in the most recently added appointment of the FROM patient, where a number was changed in that appointment so it differs from the one(s) in the patient record, the merge will place that number in all appointments of the From patient once merged. The Waitlist and Recall will also have these number(s) after the merge.
- If there are no appointments for the FROM patient and the patient is on the Waitlist or has a Recall set and there are one-off numbers in FROM patient in Waitlist or Recall. after the merge the numbers in the Waitlist and Recall are left as they were entered in Waitlist and Recall on the FROM patient
- All AR tracker items (tasks, status, notes, etc., will be moved).
- All Archived records are merged
- Final Draft: **No changes will be made during the merge.**

If you have any Final draft documents, you will need to manually change the file name of any documents saved with the From patient to the TO patient.

Final draft documentation Information or document text will NOT be changed during the merge. You must do this after the merge has taken place.

- If the Move From Patient (source) was a Guarantor or Policy Holder for any other patient, the Move To (target) patient will be replaced in those patients' corresponding fields.

What will not be merged

Demographic data (name, address, telephone number, etc.) will NOT be moved between patients. The system assumes that the Move To patient's demographics are correct and the most current.

It is recommended to do the merge when others are not using the system, However, if you do a merge while other users are in the system, you may encounter an error during the Merge because another user has a record in use/locked:

- If there is an issue anywhere during the merge, you will need to fix the issue and start again. Otherwise, the Merge From patient will still exist and there will still be entries in tables not processed with the old patient until you finish the process.

Refresh

The Patient List and Office Hours grids do not refresh automatically after the merge. Consequently, if someone is merging, other users may still see that patient on the list until they close and reopen the list. Be sure to instruct them to refresh the Patient List.

If the Patient List is open and cursor focus is on the move FROM patient and the user opens the Patient ledger, the ledger will open with the chart of the patient who is no longer there and the name of first patient in the patient list. In this case, simply pick another patient or close the list and reopen to refresh

Merging Patients and Interfaces with CGM MEDISOFT

If you are merging patients and use an EHR: CGM MEDISOFT does not send a Merge HL7 message, so with some EHRs there is some pre- or post-work that needs to be done.

For all EHRs:

The CGM MEDISOFT Office side needs to communicate with the EHR side to no longer use the source patient to send charges.

If your EHR has a merge option, it should be done immediately after merging in Medisoft. No one else in the system should be doing any activities involving the Merge From or To patients while the merge is in process.

If your EHR does not have a merge option, mark the From [patient inactive](#) in the EHR or do whatever process is applicable in that clinical system so that chart is no longer used to send charges

If there is a patient already in Unprocessed Charges before the merge, and then the merge is performed, the merge process will update the chart in Unprocessed with the Merge TO chart and, in most cases, will work as normal and can be posted. However, if the name, date of birth, or SSN are different between the patient in Unprocessed (the original FROM patient) and the current patient record (the Merged TO patient), there will be a mismatch error and that charge cannot be posted. That charge will have to be manually added in Transaction Entry and deleted from Unprocessed Transactions.

To avoid this, check Unprocessed Transactions prior to doing a merge and post the charges prior to the merge.

The most likely scenario for this is if there was a From patient who got married and the TO patient was added with the married/different name.

The table below describes the steps to perform (if any) for each EHR.

Interface	Actions necessary
CGM APRIMA	Use the Patient Merge feature in CGM APRIMA to merge the same two patients. For more information, see the CGM APRIMA Online Help topic “Merging Patient Records.”
CGM MEDISOFT EHR (Clinical)	Use the Patient Merge feature in CGM MEDISOFT EHR (Clinical) to merge the same two patients. For more information, see the online Help topic in CGM MEDISOFT EHR (Clinical): “Merge Patients Utility.”
Plus	<u>Appointments/Demographics</u> Nothing needs to be done. Any existing appointments for the FROM patient get updated with the TO patient and the highest case updates.
CGM MEDISOFT Mobile	CGM eMDs recommends that you do not do a merge while anyone is using these patients on a mobile device

New Permission

There is a new permission under Tools that you can set to control access to Merge Patients.

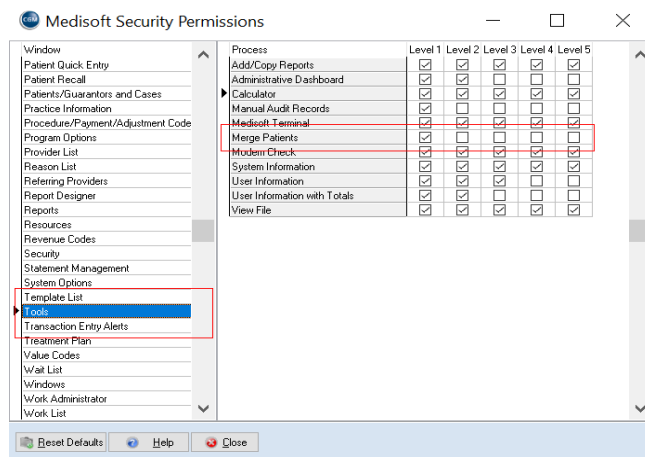


Figure 10. Medisoft Security Permissions

New menu option

There is a new option on the Tools menu: Merge Patients. Select this option to launch the merge patient process.

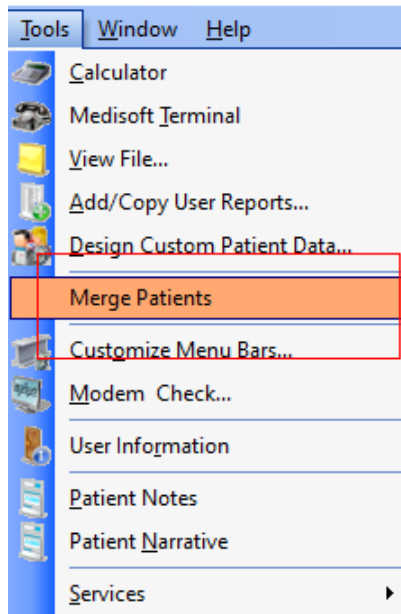


Figure 11. Tools menu

New Merge Patient Warning message

This message reminds you of the changes to your patient records that will be made when you merge patients. Click Yes to proceed.

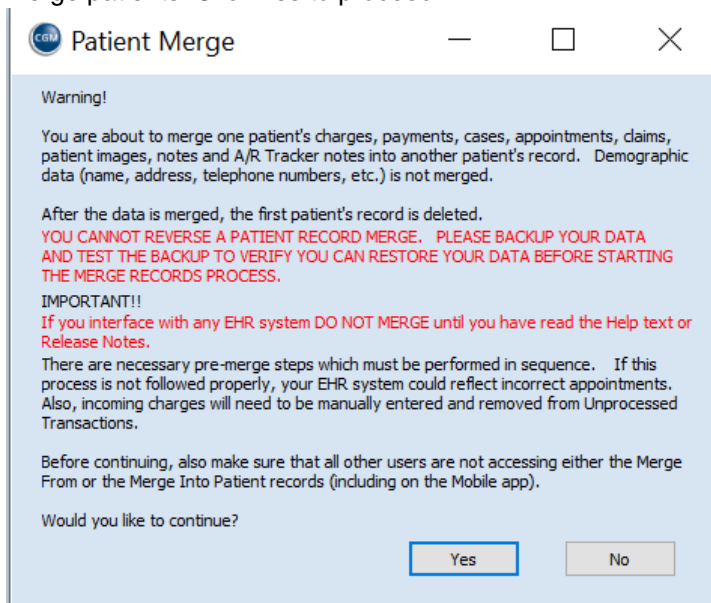


Figure 12. Merge Patient Warning message

New Merge Patient screen

Use this screen to select the patient records that you want to merge.

- In the Merge From Patient field, select the record that you want to be merged with the Merge Into Patient field. The Merge From Patient record will be DELETED when the process is complete.
- In the Merge Into Patient field, select the record that will receive data from the Merge From Patient record. This record will be RETAINED in CGM MEDISOFT after the process is complete.

Figure 13. Merge Patient Utility screen

If you leave either field blank, you will receive an error message if you try to proceed.

Click Merge Now to merge the records.

NOTE: CGM highly recommends that you make a backup BEFORE you merge records. In addition, process any Unprocessed Transactions for the FROM patient and close Office Hours.

Move Charges

Transaction Entry has been updated so that you can move charges, copays, and fully-applied patient payments from one case to another. You can choose specific charges from an existing source case and move it to a new target case without having to re-key the transaction. This will be of help when patients change insurance and fail to tell the practice until after charges have been created in a case with the old insurance.

Important note: To use the Move Charges functionality, you **MUST** add the new grid column for the Move Charges check box to the Charges grid in Transaction Entry. For more information, see ["New grid column"](#).

Rules

The following rules apply to moving charges:

- When Charges are selected to be moved to the target case, also move any patient payment that has been **Fully** applied to the charges being moved.
- Charges (and any associate claims or statements for these charges) and payments [patient payments only]) applied to these charges will be deleted from the source case once moved to the target case. This is logged in the Audit report.
- All fields (other than exceptions noted below) for the transactions that are being moved will move to the target case and remain the same on the new target case (Moved charges/ payments will keep the original document/ superbill numbers, original transaction Entry number, original Created date, etc.)
- If the charges to be moved have a claim associated, that claim number will **not** be transferred to the new target transactions. The moved charges will be eligible to be put on a new claim when claims are created.
- Claim Comment will be deleted from the source and NOT moved to the target.
- Charges that have a **zero amount** Insurance payment (ex., in case of a Denial) applied to the source Case transactions can be moved to the target Case but the zero payment DOES NOT move to the target Case.
- If charges to be moved have a statement associated, that statement number will not be transferred to the new target transactions.
- Statement Comment will be deleted from the source and NOT moved to the target
- If the source Case had used custom Case fields or smart screens, data in that Case will not be touched. When users move charges to the target Case, they will need to populate those again as needed.
- If the source Case had used the UB-04, that will not be touched and will remain in the source Case. When they move charges to the target Case the user will need to populate those again as needed.
- Once the charge move has taken place, all behind the scene calculations in all needed tables will be updated to ensure both target and source Case balances are accurate.
- Visit Series: When moving charges from one Case to another, the following changes will be made to adjust the Visit Series information based on the move: On the From (source) patient, decrement the Last Visit Number and update Last Visit Date to the new actual last visit (if the last one is being moved).
- On the To (target) patient Case: Increase the Last Visit number and update last visit if it was the last, based on the date of service. If the Authorized number of visits is blank, on the To (target) Case populate with 100 as it normally does when a new charge is added when there is no value. If there is already a number there, do not overwrite or change this value.
- If the move of charges takes the visits over the number in Authorized then start a new Series ID.

Note: No other changes are made to the case itself other than above defined changes to the Visit Series.

Limitations

The charges and patient payments applied to those charges will NOT be allowed to move in these scenarios and an error message will appear if they are encountered.

- The Guarantor in the target Case is different from the source Case.
- If positive insurance payments or adjustments are applied to the source Case charges.
- If there are patient payments only partially applied to the charges.
- If Document Number or Superbills are turned on you cannot move charges with the Show all box checked.

Document numbers and Superbills

When you move charges, the original document or superbill number is moved with the charge if Program Options is set so that Document numbers or Superbills are being used at the top of Transaction entry:

Superbills

If one or more charges are tied to a superbill number, the superbill number moves to the Moved To case. If that case also had charges they will be on a different superbill number. You will need to select the Show all check box to see all of the charges (original and moved) displayed in the transaction grid.

To see each charge individually, you will select the superbill tied to that charge from the superbill field at the top of transaction entry.

Document number

- If the document number on the Move From case is the same as the document number on the Move To case, all charges will be seen in the transaction grid once you move them.
- If the document number on the move from case is different than the one on the charges on the Move To case, you will need to select the Show all check box to see all of the charges (original and moved) displayed in the transaction grid.
- To see each charge individually, you will select the document number tied to that charge from the Document number field at the top of transaction entry.

\$0.00 Insurance payments

When there is a \$0.00 Insurance payment, CGM MEDISOFT will allow charges to move but the \$0.00 insurance payment will remain on the original case. Consequently, CGM recommends that when you move a charge that has had a zero payment (as in a denial), be sure to add a note in the Description field of the payment that it was from a moved charge. In this way, later on you will know why the zero payment is there.

New Permission

There is a new security permission under Enter Transactions for this feature: Allow Move Charges to New Case. Use this permission to set the access to this feature for users.

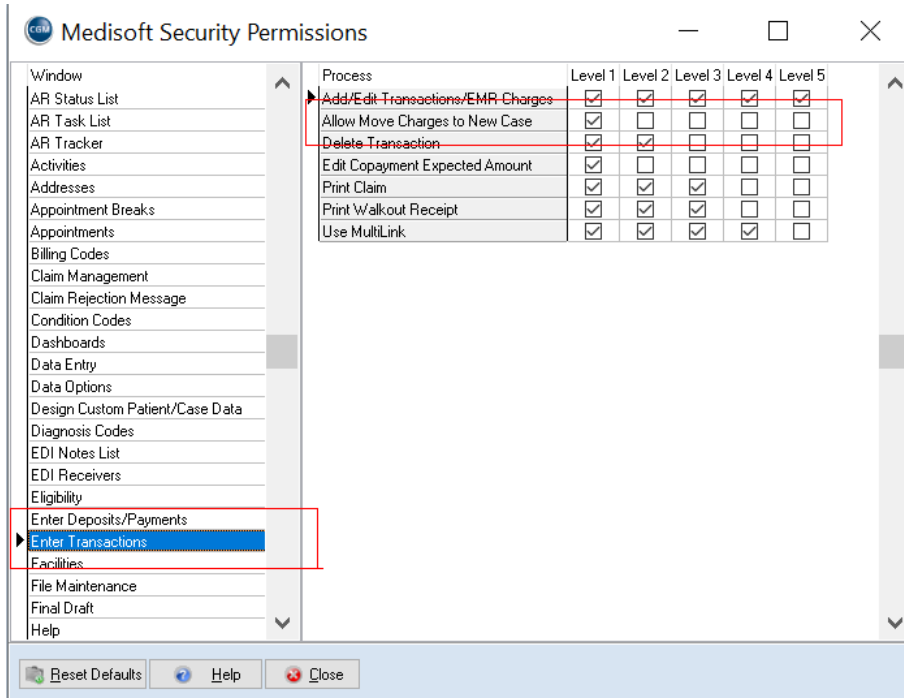


Figure 14. Medisoft Security Permissions screen

Updated Add Fields screen

When you are modifying the grid columns that display in the Transaction Entry screen, there is a new field that you can select on the Add Fields screen: MoveCharges.

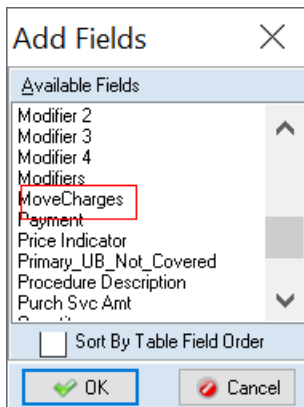


Figure 15. Add Fields screen

NOTE: you MUST add this field to display the corresponding column on the Transaction Entry screen to enable the Move Charges button.

New grid column

There is a new column you can add to the Charges section of Transaction Entry: Move Charges (MC).

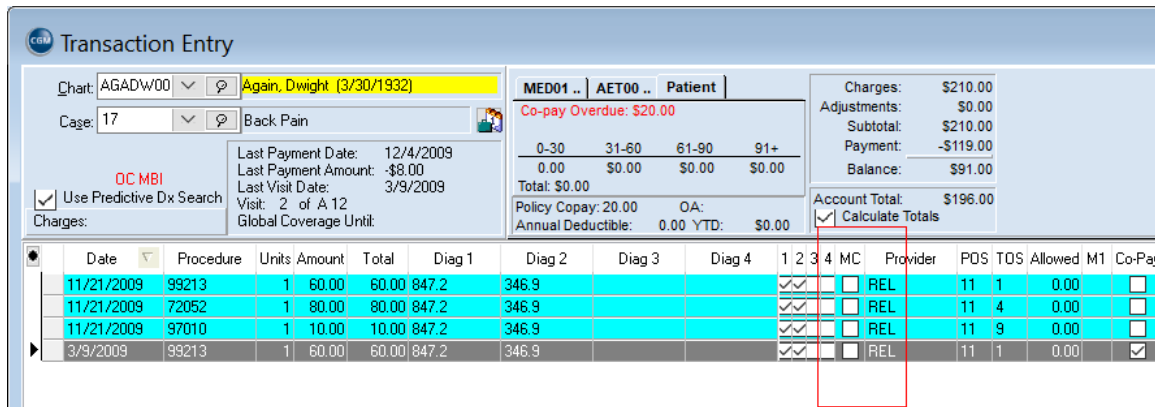


Figure 16. Grid Columns screen

Updated Right-click menu

When the check mark is selected for a charge in the Move Charges column, you can right-click and select Move Charges to open the Select Case to Move Charges To screen (for more information, see [“New Select Case to Move Charges to screen”](#) on page 18).

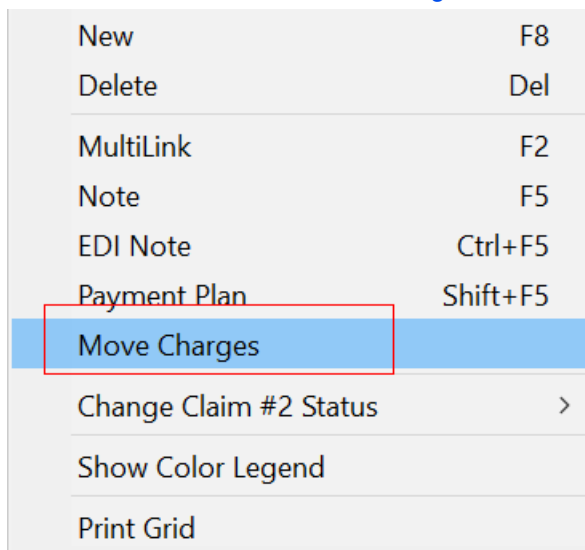


Figure 17. Right-click menu

Note: you can select check boxes for multiple charges. In this case, you are indicating that you want to move the charges and copays from ALL these line items to another case.

New Move Charges button

There is a new button in the Charge Entry section of the Transaction Entry screen: Move Charges. Click this button to move a charge or copay from one case to another case.

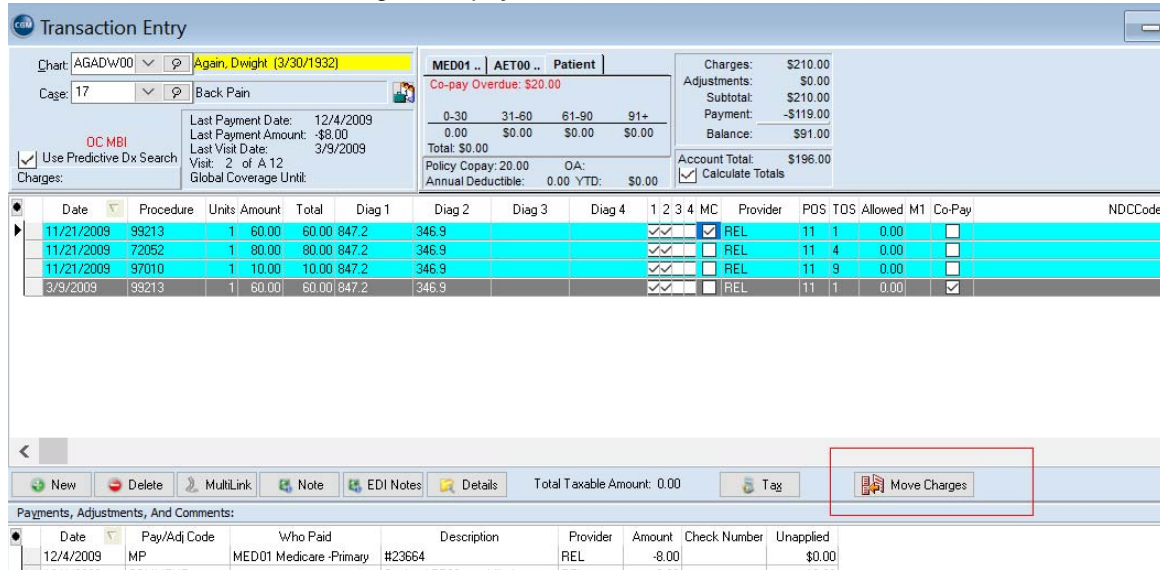


Figure 18. Transaction Entry screen

Once you have selected the check box in the MC column, click the Move Charges. The Select Case to Move Charges to screen opens.

New Select Case to Move Charges to screen

This screen will open when you select the Move Charges button or the right-click menu for a selected charge. Use this screen to select the case that you want to move the charges and copays to.

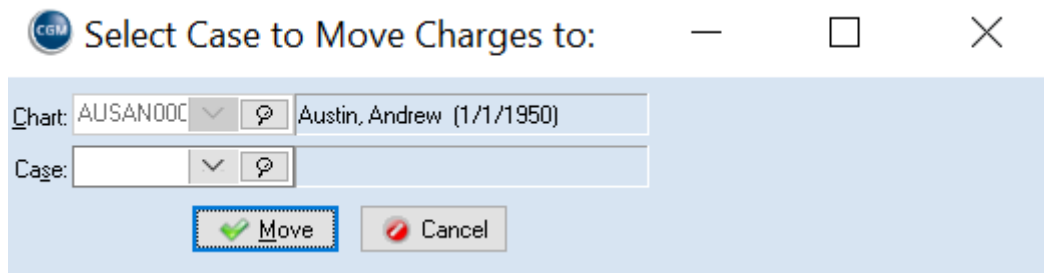


Figure 19. Select Case to Move Charges to screen

Select a case and click the Move button to move the charges.

Procedures

To update the Charges Entry grid,

1. On the Activities menu, select Enter Transactions. The Transaction Entry screen opens.
2. In the Chart Number field, select a patient.
3. Select a case.

4. On the Charges grid, click the black dot at the top left corner. The Grid Columns screen opens.
5. Click the **Add Fields** button. The Add Fields screen opens.
6. Scroll down to the MoveCharges field. Select it. Click the **OK** button. The Move Charges column header is added to the Grid Columns screen at the bottom
7. Use the Move Up button to move the column header to the place you want it in the grid. Click the **OK** button.
8. The Move Charges column header appears on the grid as MC.

To move a charge

To move a charge from one case to another,

1. On the Activities menu, select Enter Transactions. The Transaction Entry screen opens.
2. In the Chart Number field, select a patient.
3. Select a case with charges already saved.
4. Select the check box in the MC column for the charge that you want to move to another case.
5. Click the **Move Charges** button (or the right-click option). The Select Case to Move Charges to screen opens.
6. Select the case.
7. Click the **Move** button.

Once the move is complete, the system remains on the source case, allowing you to move more charges from this case; or if you are finished, you can navigate to any other patient/case or close Transaction Entry as needed.

Store PDF Documents

You can now save and store PDF files in a patient's case. In addition, you can select to print a single image or multiple images stored in a patient's case.

Previously, if you received a PDF document, you couldn't store it or view it in the Multimedia tab. Now, you can import that document easily and view it directly from the multimedia tab.

Updated Multimedia tab

Updated CGM MEDISOFT Advanced and Basic

You can now save multimedia images and files in the Patient Record in CGM MEDISOFT Advanced and Basic.

Storage of PDFs

You can now import PDF documents to a patient's record using the Multimedia tab using the Load From File button. These PDFs can be saved, displayed, and exported from the Multimedia tab.

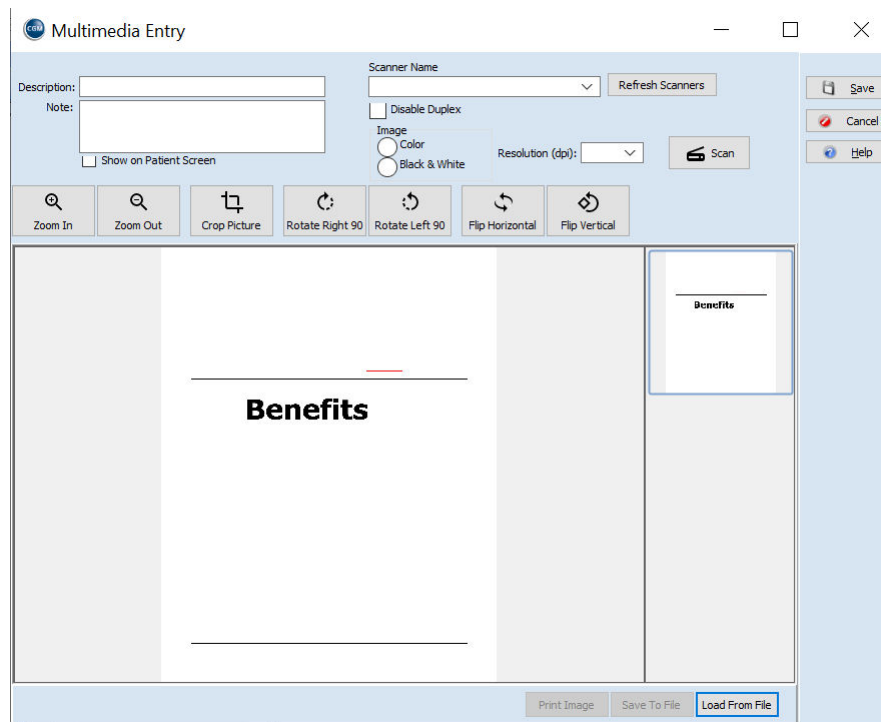


Figure 20. Multimedia Entry screen

When you import a PDF, CGM MEDISOFT first converts the PDF file into a TIFF file. You will see a conversion Progress Bar while the conversion is occurring.

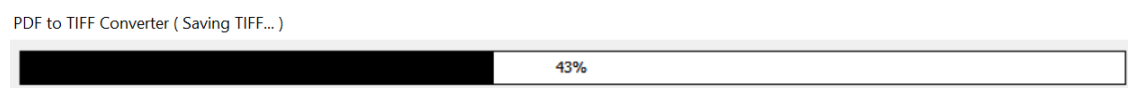


Figure 21. Conversion Progress Bar

Once the image is saved, you can double-click it on the Multimedia tab to enlarge it for viewing.

Updated Multimedia Entry screen

You can now select to print either a single image or all pages of a multi-page document.

On the Multimedia tab, there is a new option that you will see when you select an image or images and click the Print button: Single image or All images.

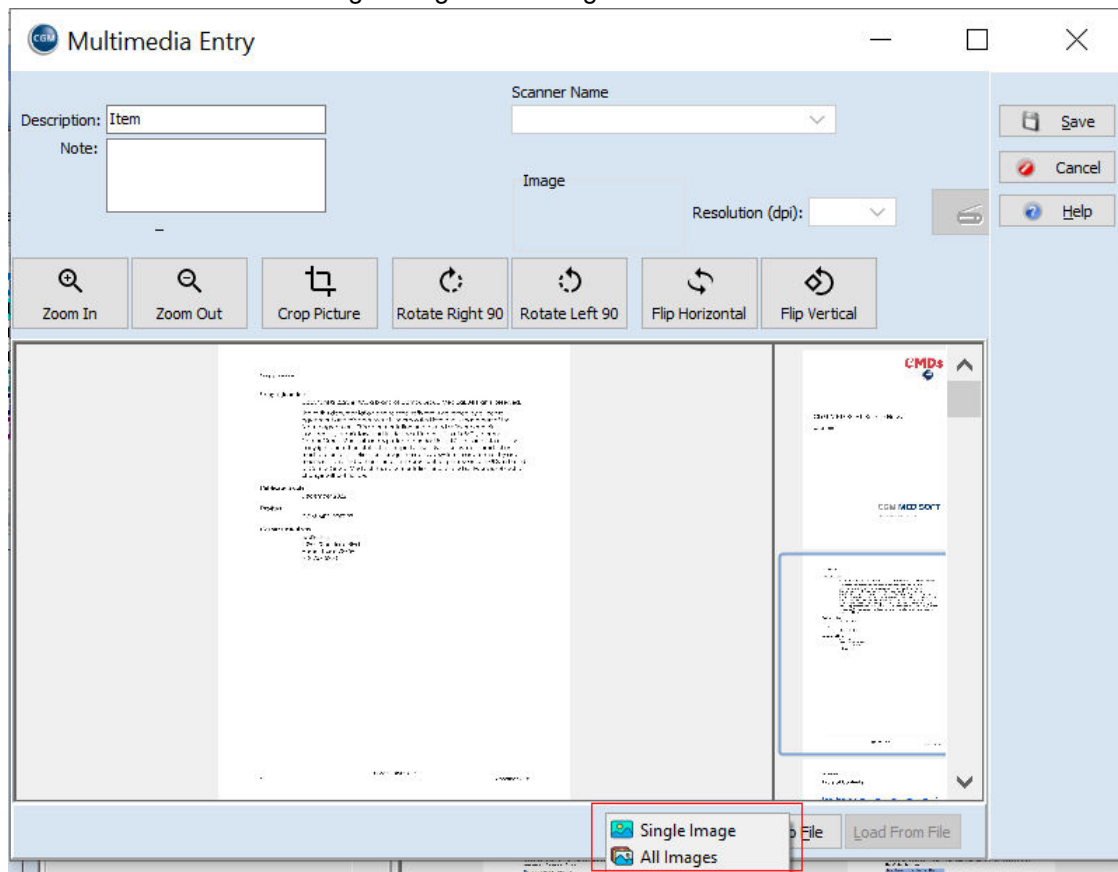


Figure 22. Multimedia Entry screen

Procedure

To Import a PDF

1. Open a patient's case in Medisoft.
2. Select the Multimedia tab.
3. Click the New button in the left panel. The Multimedia Entry screen opens.
4. Click the Load From File button.
5. Navigate to the folder where the PDF is stored.
6. Select the PDF and click the Open button. The PDF appears as an image on the Multimedia Entry screen. The first page appears in the center and other pages appear to the right.
7. Enter a Description, Note, and any other information.
8. Click the Save button. The PDF appears on the Multimedia tab. PDFs with multiple pages will show the first few pages and you can scroll down in the right panel to see the other pages.

Office Hours

You can now add a facility to an appointment.

New Facility list

New menu item

There is a new menu item on the Lists menu in Office Hours: Facilities List.

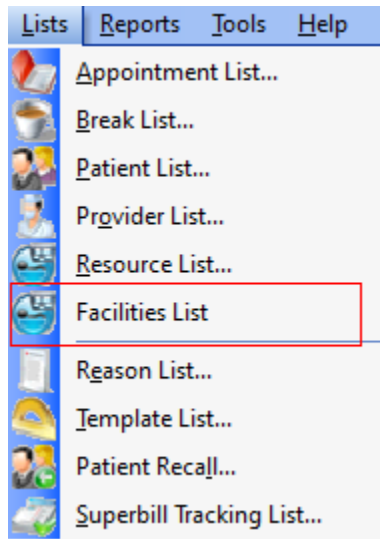


Figure 23. Lists menu

New Facility List screen

Use the Facility List screen to create or view facilities from Office Hours. This accesses the same Facility List that is in CGM MEDISOFT.

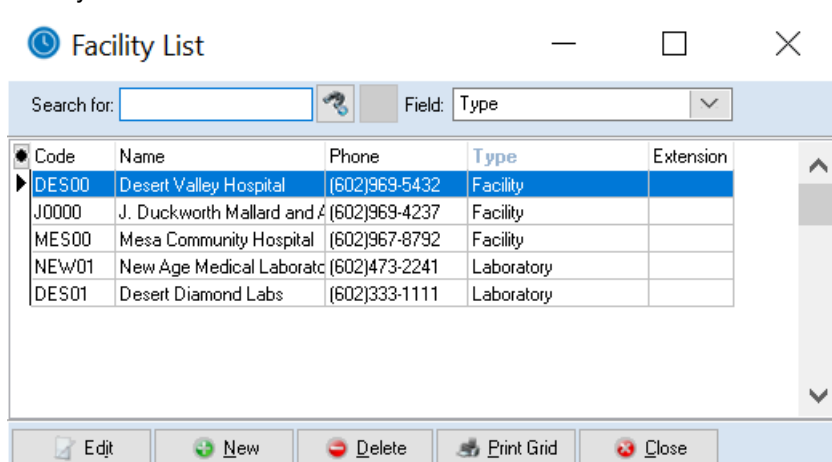


Figure 24. Facility List screen

The table below describes the elements on this screen.

Element	Description
Search for	Enter a Code to search for. As you type characters, the grid will automatically filter.
? button	Click to open the Locate Facility Alert screen, which you can use for advanced searching.
Field	Select the type of data to search for, either Code or Description
grid	This shows you the list of facilities.
Edit button	Click this button to edit a selected facility in the grid.
New button	Click this button to create a new facility.
Delete button	Click this button to delete a selected facility in the grid.
Print Grid button	Click this button to print the information in the grid.
Close button	Click this button to close the screen.

Updated Appointment Entry screen

New field

There is a new field on the Appointment Entry screen: Facility.

New Appointment Entry

Chart: AGADW0 **Again, Dwight** Account Alert OC MBI

Patient has Future Appointment CONNECTION Prefs

Home Phone: 434-5777 Cell Phone:

Resource:

Note:

Case: 17 Back Pain Service Type Code

Reason:

Length: 15 minutes

Color: Silver

Date: 5/27/2022 Time: 8:00 am

Provider: DFQ Queaveman, Dean

Facility: DES00 Desert Valley Hospital

Repeat: No Repeat

Change

Save

Cancel

Help

Status

- Unconfirmed
- Confirmed
- Checked In
- Missed
- Cancelled
- Being Seen
- Checked Out
- Rescheduled

Need Referral

TeleHealth

Copay: \$20.00

Overdue: \$20.00

Enter Copay

Balance

CGM CONNECTION

AR AutoRemind

Save & Query

Figure 25. Appointment Entry screen

The facility selected here can be sent to CGM CONNECTION as part of that interface with CGM MEDISOFT.

Updated Appointment Information section

When the appointment is selected in the grid, the Facility selected for the appointment will appear in the left-hand section along with other appointment information.

August 2, 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

◀ Day ▶
◀ Month ▶

◀ Week ▶
◀ Year ▶

Again, Dwight

Birthdate: 3/30/1932 (90 yrs)

Home Phone: 434-5777

Cell Phone:

Time: 8:00 am

Length: 15 minutes

Resource:

Facility: Desert Valley Hospital

Chart: AGADW000

Copay: \$20.00 **\$20.00**

Remainder:

AR Status:

Insurance 1: MED01

Insurance 2: AET00

Insurance 3:

Amount Due:

Payment Due:

Payment Due Every:

TeleHealth Visit:

Elig. Last Checked:

CONNECTION Status:

CoPay from Elig. Request

Co-Ins % from Elig. Req.

Rem. Ded from Elig Req.

Figure 26. Appointment information display

Updated Appointment List

You can now add Facility to the displayed columns on the Appointment List.

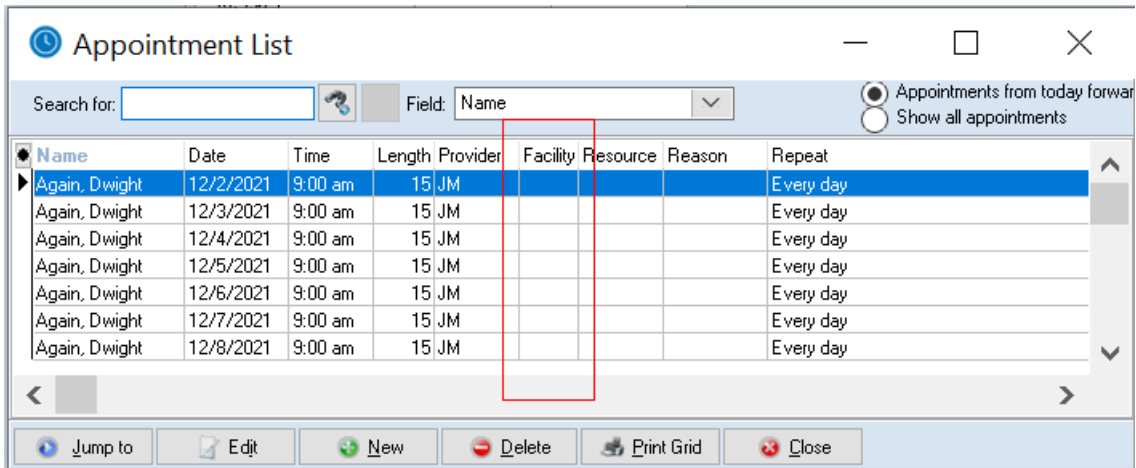


Figure 27. Appointment List with Facility column

Updated Add Fields on the Grid Columns screen

Facility is now available on the Add Fields screen when you open the Grid Columns screen.

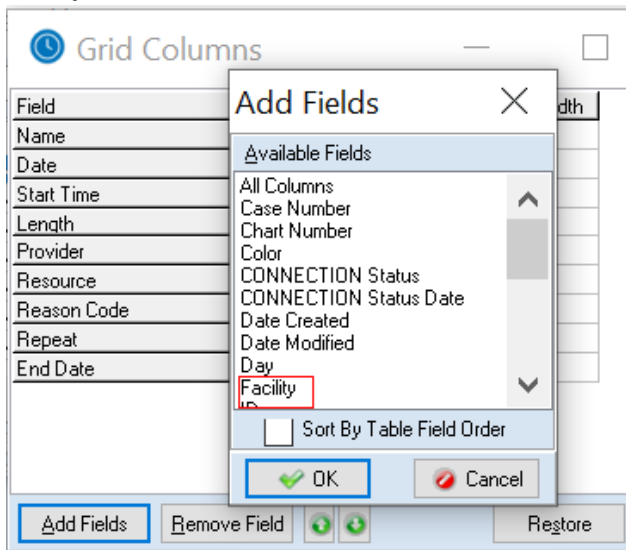


Figure 28. Add Fields in Grid Columns screen

Procedure

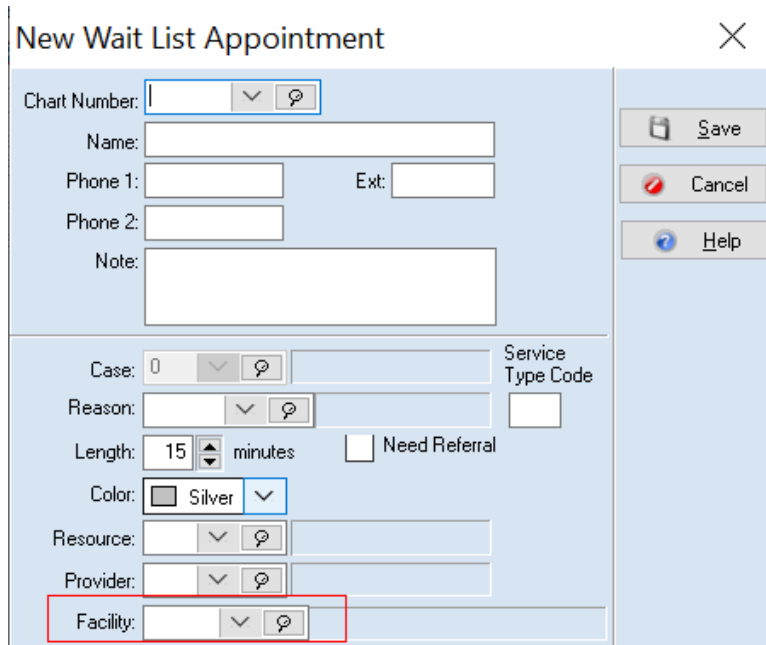
To add the Facility column to the Appointment List screen

1. In Office Hours, select Appointment List from the Lists menu. The Appointment List screen opens.
2. Click the black dot in the top left of the grid, to the left of the Name field. The Grid Columns screen opens.
3. Click the **Add Fields** button. The Add Fields screen opens.

4. Select Facility and click the **OK** button. Facility is added to the Grid Columns screen.
5. Use the Up and Down buttons to move Facility to the column position you want.
6. Click the **OK** button. The Facility is added to the Appointment List screen.

Updated New/Edit Wait List Appointment screen

You can now include the Facility on the New/Edit Wait List Appointment screen.



The screenshot shows the 'New Wait List Appointment' dialog box. It contains several input fields and buttons. The 'Facility' dropdown menu at the bottom is highlighted with a red box. The fields include: Chart Number (dropdown), Name (text), Phone 1 (text), Ext (text), Phone 2 (text), Note (text area), Case (dropdown), Reason (dropdown), Length (spinner, 15 minutes), Need Referral (checkbox), Color (dropdown, Silver), Resource (dropdown), Provider (dropdown), and Facility (dropdown). On the right side, there are buttons for Save, Cancel, and Help.

Figure 29. New Wait List Appointment screen

Updated Grid Columns/Add Fields

You can now add the Facility column to the Wait List screen in the same way as the screens above.

Updated Scheduled Appointments List (CGM MEDISOFT Core)

In addition to having the new Facility field on the Appointment List in Office Hours, the field is also available on the Scheduled Appointments screen for the patient.

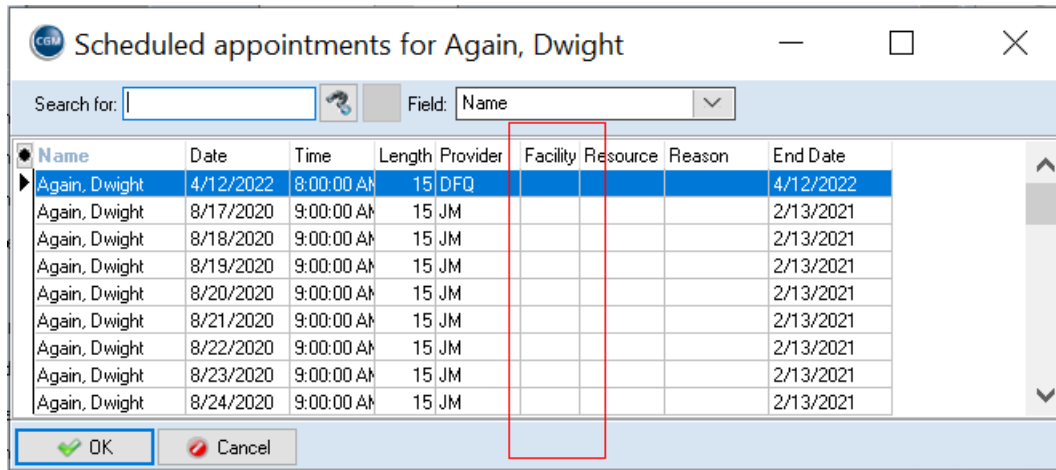


Figure 30. Scheduled Appointments list

Updated Grid Columns/Add Fields

The Facility field is also available to be added to the Grid Columns screen for Scheduled Appointments using the Add Fields screen.

Note: These are the ONLY places that Facility has been added. There have been no changes to Office Hours grid views or Reports for Facility. The main use for adding Facility in this release is to allow the Facility to be sent to CGM CONNECTION.

Updated Data Transfer to CGM CONNECTION

The Facility that is part of the appointment will be sent to CGM CONNECTION.

Be certain to enter a Facility in the appointment if your reminder templates in CGM CONNECTION are constructed for a Facility. Be sure to review your templates to make certain you are utilizing the data tables actually being populated.

For those already using CGM CONNECTION, and using LOCATION in your reminder templates, follow the procedure below when upgrading to CGM MEDISOFT 27.

1. When ready to upgrade, disable the CGM CONNECTION interface in CGM MEDISOFT.
2. Perform the upgrade.
3. Create and fill-in Facilities in existing appointments.
4. Update the template in CGM CONNECTION to use the Facility information now in LOCATION,
5. Re-enable the CGM CONNECTION interface in CGM MEDISOFT. This will re-synch the data between CGM MEDISOFT and CGM CONNECTION.

You can use the new list of appointments which includes the new Facility field to determine which appointments are lacking a Facility and need to be updated.)

Existing users of CGM CONNECTION may also want to revise their Rules in CGM CONNECTION to account for existing Providers who populated the CGM CONNECTION LOCATION table previously and are no longer needed/wanted.

Updated Chart drop-down

Inactive Patients have an Inactive column in Chart drop-down in the appointment chart field appointment.

The screenshot shows the 'New Appointment Entry' window. At the top, there is a 'Chart:' dropdown menu. Below it is a table of patient selection options. A red box highlights the 'Inactive' column in this table. The table contains the following data:

Chart Number	Inactive	Name	Date of Birth
AGADW000		Again, Dwight	3/30/1932
AUSAN000		Austin, Andrew	1/1/1950
BDRJO000		Bordon, John	1/20/1972
BOWAD000		Bowdwayne, Adrian P	7/7/1967
BRIEL000		Brimley, Elmo	9/29/1997
BRIJA000		Brimley, Jay	1/23/1964
BRISU000		Brimley, Susan	
CATSA000		Catera, Sammy	6/17/1964

Other fields on the screen include: Case: (dropdown), Reason: (dropdown), Length: 15 minutes, Color: Silver, Date: 9/26/2022, Time: 8:00 am, Provider: DFQ (dropdown) Queaveman, Dean, Facility: (dropdown), Repeat: No Repeat, and various action buttons like 'Save', 'Cancel', 'Help', 'Enter Copay', 'Balance', 'CGM CONNECTION', 'AR AutoRemind', and 'Save & Query'.

Figure 31. New Appointment Entry screen

CGM CONNECTION

Updated CGM CONNECTION Configuration screen

New button

There is a new button on the CGM CONNECTION Configuration screen: Set Global Patient Preferences. Click this button to set global preferences for contacting patients.

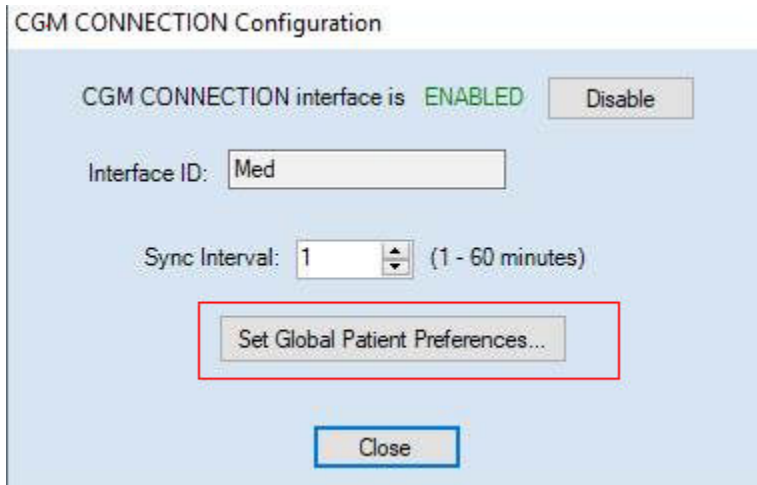


Figure 32. CGM CONNECTION Configuration screen

New Set Global Patient Preferences screen

There are new options on this screen to allow you to set global patient contact preferences, enabling you to set preferences without having to do so for each patient individually. If you want all patients to have the same set of contact preferences, use the fields here to set them.

Set Global Patient Preferences

This will set preferences only for patients who do not have the master Opt-Out preference checked, or who have Opt-Out selected from the dropdown for all 3 preferences.

If you have patients who did not want to be contacted at all and they are set with Opt-Out in the dropdowns but you do not have the master Opt-Out checked, these patients will be changed from this utility.

Telephone Call (opt-out) ▼

Text Message (opt-out) ▼

Email (opt-out) ▼

Set Global Preferences

Progress

Close

Figure 33. Set Global Patient Preferences screen

Any choices made in the new global opt-in preferences will NOT change any existing preferences set for a patient if ANY of the contact preferences for the patient are anything other than Opt-Out or if the master opt-out check box for the patient has been checked (at the top of the Preference window).

CCRD (Co-Pay, Co-Insurance, and Remaining Deductible Results from eMEDIX)

For more information on eMEDIX, contact your CGM representative or you can visit: <https://marketplace.emds.com/partner--eMEDIX-5JE-714ZM.html>

If your practice uses eMEDIX for its eligibility requests, you will now see the following information displayed in the patient's case - Policy 1 tab, the sidebar in Office Hours when a patient appointment is selected, and in Transaction Entry.

- Co-Pay (from Eligibility Request)
- Co-Insurance Percentage (from Eligibility Request)
- Remaining Deductible (from Eligibility Request)

This newly displayed information may be more current than what was scanned from the card on file or manually entered. If the eligibility response co-pay is different than what was entered by your users, it is highlighted for your review.

CGM MEDISOFT will parse and display results for Individual (IND) in EB02 (Benefit Coverage Level Code) when available. If Individual is not available, then CGM MEDISOFT will parse the results as follows:

For Remaining Deductible if IND is not populated:

- if there are results with EB02 blank, CGM MEDISOFT will select it.

For Copay or Coinsurance:

- If IND is blank, CGM MEDISOFT will select the first result with any value in EB02 (Family/Employee/Spouse, etc)

On Medicare results we will exclude Medicare Part A for all values.

The system will always parse and display In-Network coverage (not Out-of-Network).

For this feature, several updates have been made to CGM MEDISOFT.

Updated Program Options

New fields on Data Entry tab

There are three new fields for Service Type Code Priority Preferences, as well as a check box to indicate Specialist.

The screenshot shows the 'Program Options' dialog box with the 'Data Entry' tab selected. The 'EDT' section is highlighted with a red box. The 'Specialist' checkbox is checked. The 'Service Type Code Priority Preferences' are set to 1, 1, 3, 3, 5. The 'Date of Deposit' section has 'Today's Date' selected. The 'Work Administrator' section has 'Edit task when created by a rule' checked.

Figure 34. Program Options - Data Entry tab

There is no lookup provided for the codes. The Service Type Code fields can be alphanumeric with a maximum length of 3 characters. You must obtain the Service Type Codes from your own search. A possible source is: <https://x12.org/codes/service-type-codes>

The new Specialist check box will be used by the practice if you wish the Co-Pay amount to be parsed from the 271 Eligibility Response for a Specialist (if it is returned), not a Primary Care Provider. With this box checked, CGM MEDISOFT will ALWAYS attempt to parse the Specialist Co-Pay from the EB01 B segment that has a message segment indicating specialist.

Rules

- If you have completed any of these new Service Type Code fields, when the 271 Eligibility Response is received, CGM MEDISOFT will parse and display the results for the 1st Service Type Code chosen.
- If there are no results from the first Code, it will parse and display the results from the 2nd Service Type Code.
- If there are no results to parse from the 1st or 2nd Codes, then CGM MEDISOFT will parse and display the results from the 3rd Service Type Code.
- If there are still no results obtained, then CGM MEDISOFT will parse and display the results from a “general” 30 Service Type Code.
- If you have NO values entered for the Service Type Code fields, CGM MEDISOFT will return results for 30.

Important: If you have no value in Service Type Code 1 but STC 2 or 3 is populated, it will return results for 30. The system will NOT look in 2 or 3 if 1 is left blank!

- If the Eligibility Responses return a 0.00 for the new fields, the system will display a value of 0 or 0.00.
- If the Eligibility Responses return an empty value, it will display an empty value rather than a zero.

There is a difference between having a zero Co-Pay, Co-Insurance, or Remaining Deductible and not having any data (empty) for a Co-Pay, Co-Insurance, or Remaining Deductible.

Updated Case - Policy 1 tab

There are three new read-only fields on the Case - Policy 1 tab. These fields will display:

- Co-Pay from Eligibility Request
- Co-Insurance % from Eligibility Request
- Remaining Deductible from Eligibility Request

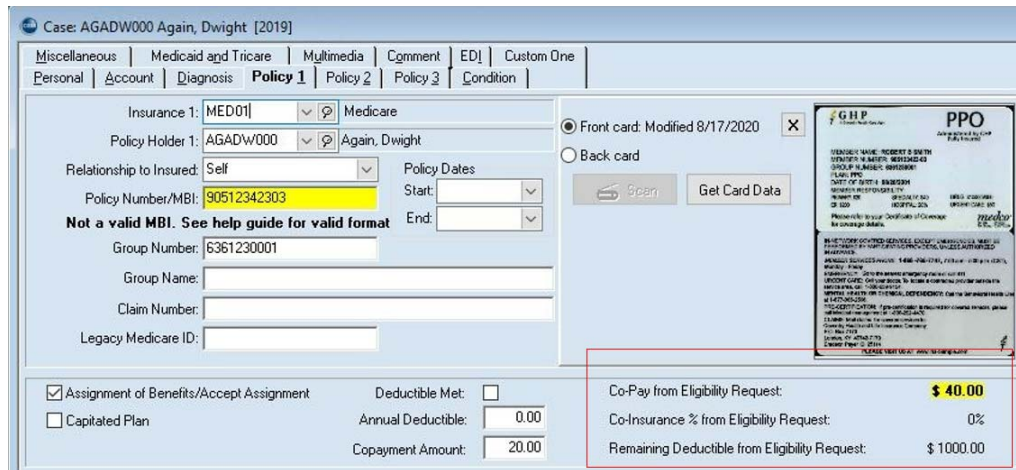


Figure 35. Case - Policy 1 tab

Note: The existing Copayment Amount field in the Policy 1 tab has no changes in this release and is not read-only. It can currently be manually entered, or an amount can be populated through an Acuant OCR scan of the patient's insurance card.

If the Co-pay amount returned from eMEDIX eligibility is different from the amount currently in the Copayment Amount field, the amount returned will appear in with a yellow highlight to notify you that you may want change the value in the existing Copayment Amount field.

Note that if a blank is returned, no value will display,; if a 0.00 is returned, that will display.

Updated Office Hours Left panel

Three new fields have been added to the bottom of the left panel and appear when an appointment is selected:

- CoPay from Elig Request
- Co-Ins % from Elig Req
- Rem Ded from Elig Req

Cell Phone:
 Time: 10:15 am
 Length: 15 minutes
 Resource:
 Facility:
 Chart: BESH0000
 Copay: \$45.00
 Remainder:
 AR Status:
 Insurance 1: CIGEM
 Insurance 2:
 Insurance 3:
 Amount Due:
 Payment Due:
 Payment Due Every:
 TeleHealth Visit:
 Elig. Last Checked: 8/23/2022
 CONNECTION Status:

CoPay from Elig. Request: **\$ 40.00**
 Co-Ins % from Elig. Req: 0%
 Rem. Ded from Elig Req: \$ 1000.00

Figure 36. Office Hours Left panel

If the CoPay from eligibility request is different than the value in the existing CoPayment Amount field from the case used in that appointment, then Office Hours will display the value highlighted in yellow.

Note that if a blank is returned, a blank will display; in addition, if a 0.00 is returned, that will display.

Updated Transaction Entry

Three new fields have been added to the Transaction Entry screen:

- Co-Pay from Eligibility Request
- Co-Insurance Percentage from Elig Request
- Remaining Deductible from Eligibility Request

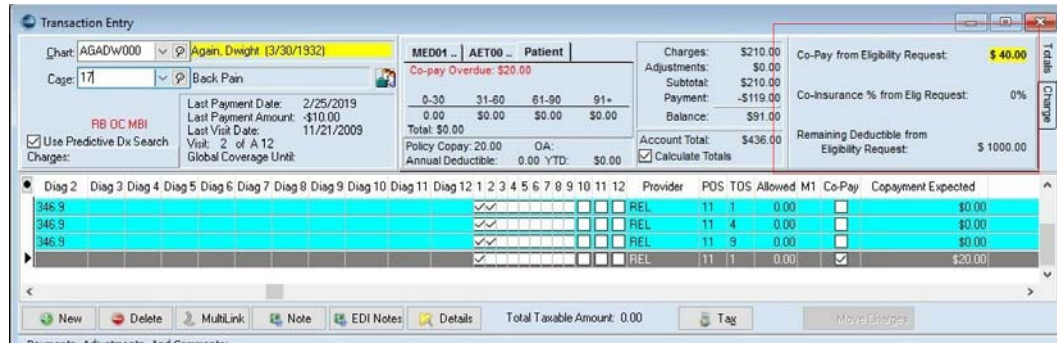


Figure 37. Transaction Entry

If the CoPay from the eligibility request is different than the value in the existing CoPayment Amount field (from the case), then Transaction Entry will display the value highlighted in yellow.

Note that if a blank is returned, a blank will display; in addition, if a 0.00 is returned, that will display.

Unprocessed Transactions

Updated Grid Columns/Add Fields

You can now add a Source App column to the Unprocessed Charges screen.

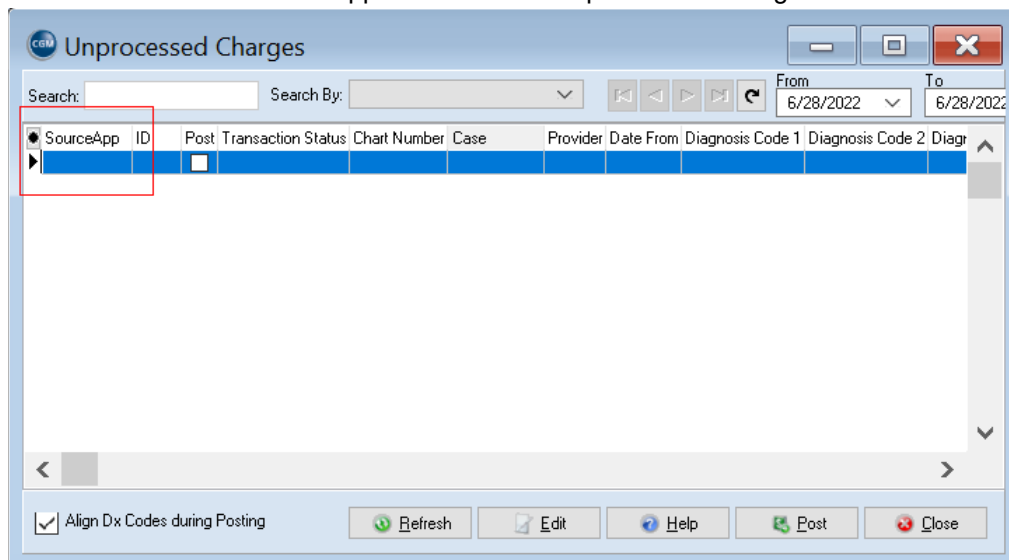


Figure 38. Unprocessed Charges screen

Updated Add Fields

The Source App column is now available on the Add Fields screen when you modify the displayed columns on the Unprocessed Charges screen.

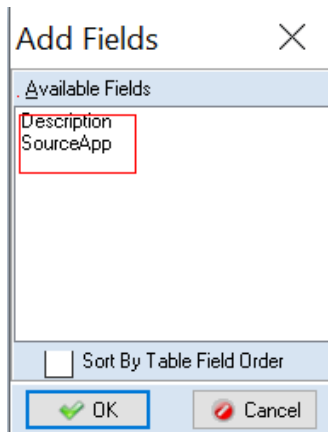


Figure 39. Add Fields screen

This column will show you the source of the transaction, either Other, Mobile, Plus, or CGM APRIMA. The table below shows the correspondence between the number in the Creating App column and the Name in the Source App column.

Creating App Number	Source App Name
0	Other (charges from CGM Practice Partner or charges from any external system prior to version 27)
1	Mobile
2	CGM PLUS
3	CGM APRIMA

CGM APRIMA Interface

New fields

Several new demographic fields have been added to the CGM MEDISOFT to CGM APRIMA Interface. The information in these fields in the CGM MEDISOFT patient record will be transferred to CGM APRIMA. These include:

- Birth Sex
- Gender Identity
- Sexual Orientation

To learn which versions of CGM APRIMA can accept the updates for the new demographic fields, always consult the latest CGM APRIMA Interface Guide, available on the VAR Portal.

Final Draft

Final Draft has been updated for this release and you must open and save your template files. When you open a template file, you'll receive a notice that you must save it.

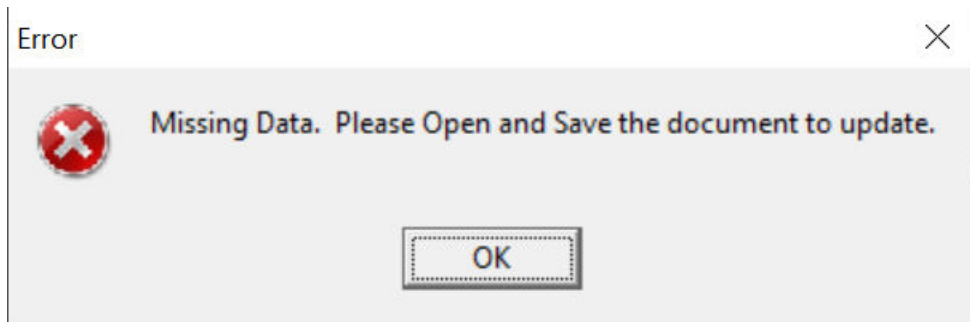


Figure 40. Error message

Line Spacing

With the update to Final Draft, the line spacing buttons in the toolbar will update the spacing both above and below the line the cursor was on when the spacing button was clicked. Previously, the spacing button would affect only lines below the cursor.

This will affect both new and existing documents.

Chapter 2 - Resolved Issues

Below are a list of issues that were resolved with this release.

Resolved Issues

The following issues were resolved with CGM MEDISOFT Release 27.

PBI	Application	Description
68843	UB-04 Claims	<p>The pagination displayed on UB-04 forms is now correct. A claim will no longer display the wrong number of pages for long claims.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. In CGM MEDISOFT, create a case with 23 procedure transactions. 2. Open Claims Management and print the claim to paper on a UB form. 3. Verify that the pagination reads 1 of 1.
68905	Medisoft Reports	<p>The Daily Activity Summary report will now print all pages. Previously, it would only print the first page.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. In CGM MEDISOFT, select Reports > Medisoft Reports. 2. Run the Daily Activity Summary for enough days for multiple pages. 3. Print the report and verify that all pages print.
68979	Patient/Guarantor Ledger	<p>Pressing the F5 key in Patient or Guarantor Ledger with Transaction Entry open will now open the note associated with the patient or guarantor in the Ledger rather than the note in Transaction Entry for the transaction selected.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. In CGM MEDISOFT, open Transaction Entry. 2. Select a patient and click on a transaction to select it. 3. Open Patient Ledger and select a patient. 4. Press the F5 key and verify that the note associated with the patient in Patient Ledger opens.

71033	Mediutils	<p>The Repair Practice Data tool in Mediutils will now repair or add the MWTEA (Transaction Entry Alert) table for a practice.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. Open Mediutils and select Repair Practice Data. 2. Select Repair Practice Data and click the OK button. 3. Click Backup Data Now. 4. Create the backup and close the Back up screen. 5. Click Start on the Repair Practice Data screen.
71471	Cases	<p>When you load a multi-page document in Cases, you can now see all pages of the document. Previously, you could only see the first page.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. In CGM MEDISOFT, open the case. 2. Select the Multimedia tab. 3. Click the New button. 4. On the Multimedia Entry screen, select Load from File. 5. Select a multi-page Tiff document. 6. Click the Save button. Verify you can view all pages.
80160	Medisoft Reports	<p>The Date From filter is now working for the Billing - Payment Status report in Medisoft Reports.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. In CGM MEDISOFT, select Reports > Medisoft Reports. 2. Click the Medisoft Reports folder. 3. Double-click the Billing - Payment Status report. 4. Enter dates in the Date From and Date To fields. 5. Click the OK button. Verify that the report detail is correct.
94583	Archiving	<p>All charts and cases will now appear when archiving.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. On the File menu select the Archive command. 2. On the Confirm window click Yes to review the open cases. Verify that all cases appear.

98765	Reports	<p>The Electronic Claims Analysis - Summary/Detail Reports will now generate properly.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. On the Reports menu, select Analysis Reports, and then Electronic Claims Analysis, either Summary or Detail. 2. On the Print Report/Where? screen, click Start to preview the report to screen. 3. On the Filters screen, set your options and click OK. 4. Verify that the report prints.
102709		<p>When using the AR Write Off tool, CGM MEDISOFT will now populate the Date Created field for the adjustments in Transaction Entry.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. In CGM MEDISOFT, open AR Tracker. 2. On the Filters screen, select Patient and set your parameters. Then, click the Apply button. 3. Select the Patient tab. 4. In the grid, right-click on the line item you want to write off. 5. Select Write-Off/Adjust. 6. Enter the information and click the Save button. 7. Go to Transaction Entry and verify there is a Date in the Date Created column.

<p>01639420 /100030</p>		<p>You will no longer receive an error when editing/adding Supervising/operating Provider on case via OHP.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. Open Office Hours. 2. Create a New appointment. 3. Press F9 to edit the case. 4. Navigate to the Account tab. 5. Fill in a supervising provider. 6. Click Save. 7. Edit the case again. 8. Navigate to the Account tab again. 9. Select the Supervising Provider field. 10. Verify there is no error. <p>Note:</p> <p>When adding a new case or editing a case from OHP and adding a new Supervising, Operating or Other Provider, Referral Source, Attorney there were other issues discovered:</p> <ol style="list-style-type: none"> 1 The new entry not automatically displaying in the case field after it has been added (fixed) 2. Newly added record not showing in the drop-down (fixed) 3 Window focus (not fixed; see below) <p>Since Supervising, Operating or Other Provider, Referral Source, Attorney are not part of Office Hours, if you edit or add a new case from an appointment and then do a new or edit for any of these on the Case Account tab, the window positions will not have the focus you would expect. Some windows will go behind others and or minimize. You will need to manipulate/ close windows manually if you use this process. The newly edited or added providers will be added with no error and will be refreshed and added to the drop-down so you can select them, but they will not be automatically populated as they are when doing these actions directly from the case. This process can be somewhat cumbersome so the best practice is to add these from the CGM MEDISOFT case directly.</p>
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69401	Referring Provider	<p>Referring providers created in Patient Quick Entry will now appear in the Referring Provider list. Previously, they appeared under Providers.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. Set up a new Patient Quick Entry template that includes the Referring Provider field. 2. Create a new patient/ case using Patient Quick Entry. 3. In the Referring Provider field, right-click and choose New 4. Create and save a referring provider. 5. Go to Lists, Provider, Providers. 6. Verify that the new referring provider does NOT appear. 7. Go to Lists, Referring Providers. Verify that the new provider appears here.
68920	Pending Patients	<p>Adding a patient from Pending patients will now add a Created Date to the Patient record.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. Send an Intake from mobile to pending patients. 2. Open Pending and create a case and save the patient. Verify that the patient record has a Created Date.
68948		<p>AR Tracker Filter will no longer show all AR Status codes in the Patient AR Status drop down.</p> <p><u>Steps to recreate</u></p> <ol style="list-style-type: none"> 1. Open CGM MEDISOFT. 2. Open AR Tracker. 3. Click on Selected Filters and Options> Click to Change. 4. Click the drop down arrow in the Patient AR Status field. Verify that only Status codes set as Patient appear.

