CGM MEDISOFT Release Notes

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Product

CGM MEDISOFT v28

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Chapter 1 - Enhancements

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

Note: you may encounter several changes to the software which are currently out of use to accommodate an upcoming release that will be fully documented at that time.

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 26 and are upgrading to v28, be sure to upgrade to 27 FIRST, register and convert your practice data. Then, from version 27 upgrade to v28.

Note: Acuant is now called IDology. Documentation from earlier releases will still use Acuant.

Features to set up prior to using CGM MEDISOFT v28

The features in the table below require setup prior to using CGM MEDISOFT v28.

Feature	Setup items
eMEDIX Statements	• sign up for eMEDIX statements • Enter credentials and options on eMEDIX tab in Program Options (see "Updated Program Options" on page 3).
Patient Responsibility Estimate	• sign up for Patient Responsibility Estimate • Enter options on eMEDIX Estimate tab in Program Options (see "Updated Program Options" on page 15).

eMEDIX Statements

You can now have CGM MEDISOFT create and transmit patient statements to eMEDIX for delivery.

Contact your Value-Added Reseller for information on signing up, and receiving a login for eMEDIX, a unique TPID (Trading Partner ID) number, and the Submitter ID for working with eMEDIX statements.

When it is available, for those practices who subscribe to the online patient payment feature at eMEDIX, we will automatically add a QR code to the printed statements for the patient to scan and more easily navigate to the payment portal.

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

Updated CGM MEDISOFT Security Permissions

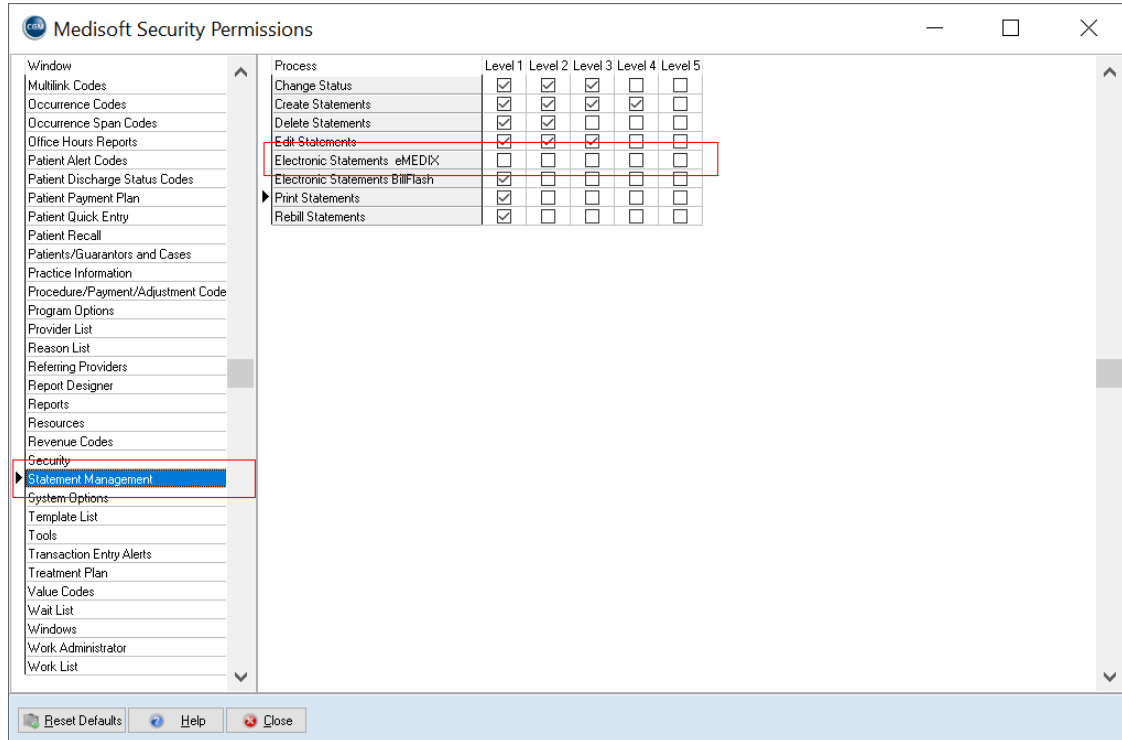There is a new permission that you can use to set up access to eMEDIX Statements.

Figure 1. Medisoft Security Permissions

Updated Program Options

New tab

There is a new tab in Program Options: eMEDIX. Use this tab to enter defaults for eMEDIX Statements. Account login information, messages, credit cards accepted, other options will be entered here by the user for transmitting with the statements to eMEDIX.

Figure 2. Program Options - eMEDIX tab

The table below describes the elements on this screen.

Element	Description
Credit Cards Accepted	Select the credit cards that your practice accepts.
Shading	Optional choice of color for column headings on the statement.
eMEDIX Account	Enter your login credentials. Be sure to complete all fields.
Service Message	Enter any service messages you want to appear on statements.
Statement Messages	Enter any statement messages that you want to appear on statements. NOTE: The statement message line labeled as "Top" is a great place to add a message to the recipient of what phone number you would like to provide if the patient has billing questions. Example: "For billing questions please call our office at (800) 555-1212 during business hours."

New Menu option

There is a new menu option on the Activities menu: eMEDIX Statements.
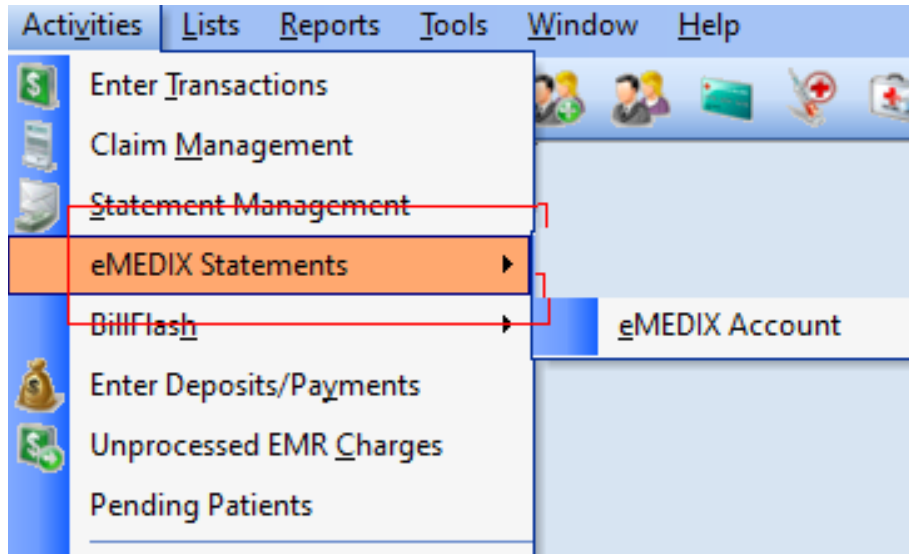
Figure 3. Activities menu

The table below describes the option on the sub-menu:

Option	Description
eMEDIX Account	Launches the eMEDIX web site in your default browser, opening to the Login window. Once you log in, you can see your Account page and navigate to the desired area. eMEDIX reports can also be accessed at this location.

New Statement Format

There are two new default statement formats for eMEDIX patient statements. The format names are:

- _eMEDIX MS1-S Remainder Stmt v28+ (used from Reports – Patient Statements)

- _eMEDIX MS1-SM Remainder Stmt v28+ (used from Statement Management)
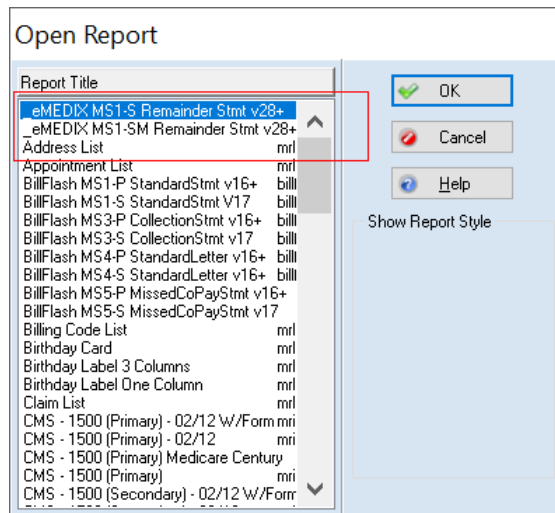
Figure 4. Open Report screen

Do NOT make changes to this format, as it is specifically mapped at eMEDIX for patient statements.

Updated Statement Management screen

Updated button
The button to view BillFlash statements has been updated to: View BF Stmts.

Note: buttons that previously opened BillFlash statements throughout CGM MEDISOFT have been changed to View BF Stmts,

New button
There is a new button: View eMEDIX Stmts. Highlight a statement in the grid and click this button to view eMEDIX Statements for that patient.
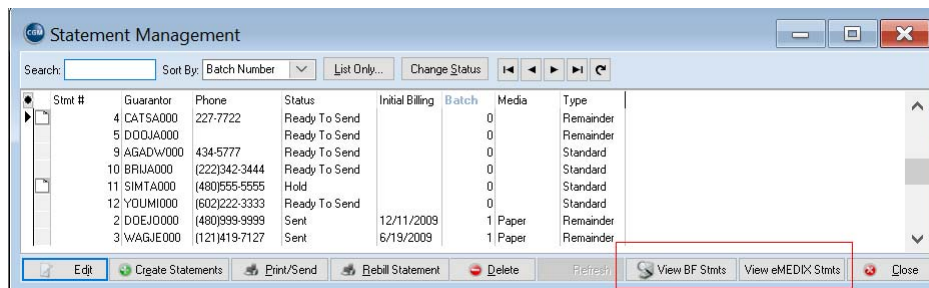
Figure 5. Statement Management

Updated screens

The following screens have a new View eMEDIX Statements button:
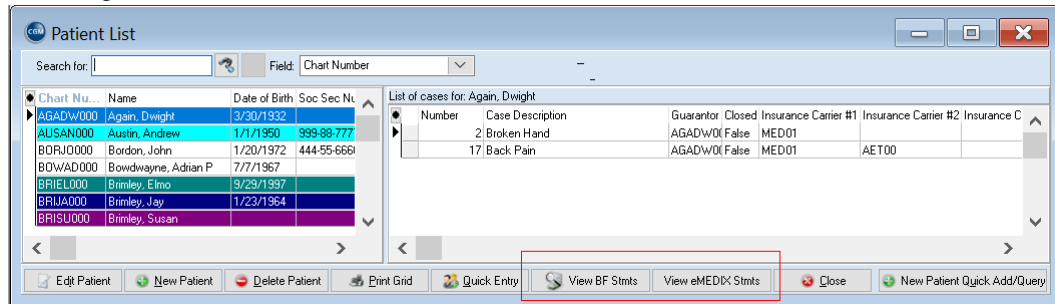
Figure 6. Patient List

- Transaction Entry

- Statement Management

- Edit Statement from Statement Management

- Patient/Case List

- Patient Quick Ledger

- Guarantor Ledger

- Quick Balance

- Office Hours left panel

Updated Print/Send Statements screen

There are two new radio buttons on the Print/Send Statements screen: BillFlash and eMEDIX.
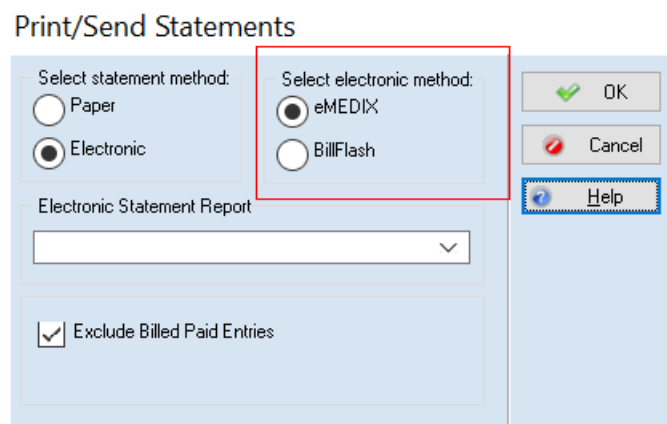
Figure 7. Print/Send Statements screen

If you are sending statements electronically to either BillFlash or eMEDIX, select the appropriate button. You can select only one button. Your selection will be remembered for the next time you access this screen.

Also, select the eMEDIX Statement. This selection will also be remembered the next time you access this screen.

Figure 8. Print/Send Statements screen

New Select Statements to Transmit screen

When you click the OK button on the Data Selection Questions screen, the Select Statements to Transmit screen will open. Use this screen to select the statements that you want to transmit to eMEDIX.

Figure 9. Select Statements to Transmit screen.

The table below describes the options on this screen.

Element	Description
Grid	The grid shows you the statements that are ready to be sent to eMEDIX. They are all selected to be sent by default but you can clear the check boxes as necessary.
View button	Click the View button to see a preview of the highlighted statement on the new Statement Preview screen (for more information, see "New Statement Preview screen" on page 8). You can also double-click a statement to open it.
Color	Click this button to override the color of the statement. When you click the button, a drop-down menu will open showing you the available colors.
Select All button	Click this button to select all of the statements in the grid.
Clear All button	Click this button to de-select all of the statements in the grid.
Transmit button	Click this button to transmit the statements to eMEDIX.
Cancel button	Click this button to cancel the transmission of statements and close the screen.

New Statement Preview screen

This new screen opens when you highlight a statement in the Select Statements to Transmit screen and click the View button or double click on the line. The preview will be similar to how the statement will appear when it is sent.

As mentioned above, please take note of where the various statement messages appear on this preview so you can customize the messages on the eMEDIX tab in Program Options to appear where you want.
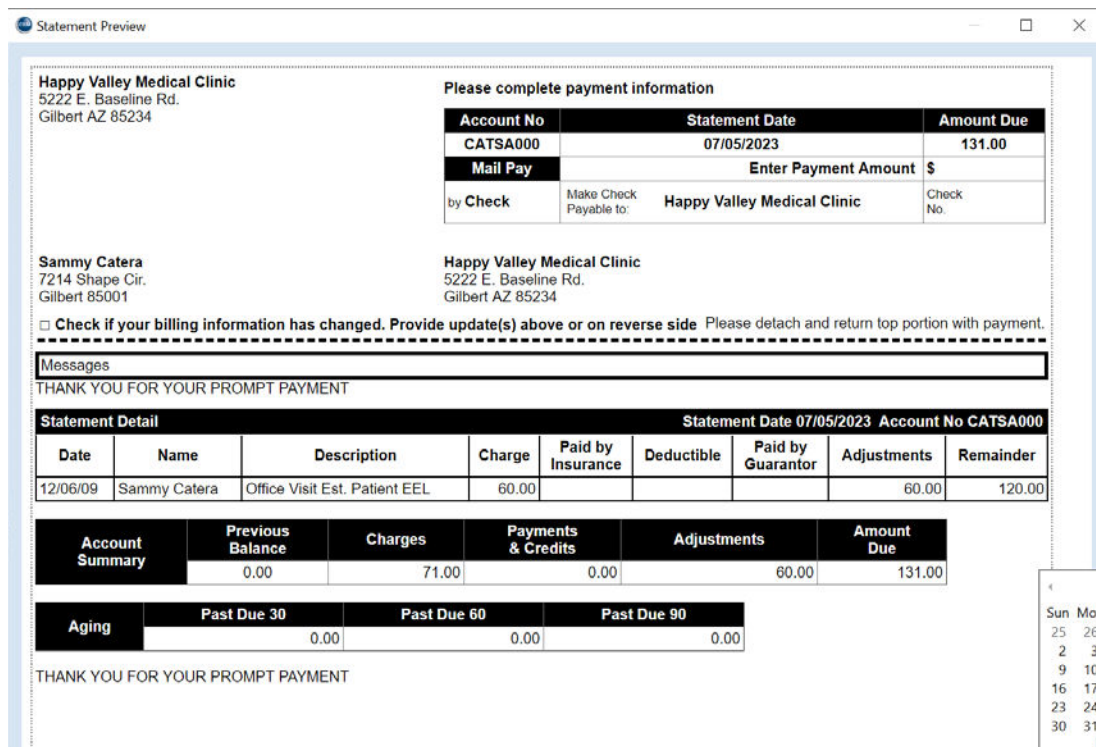

Figure 10. Statement Preview screen

New View Transmitted Statements screen

This screen will open when you click the Statements on the screens listed above. It shows you the statements that have been transmitted to eMEDIX for a particular patient.
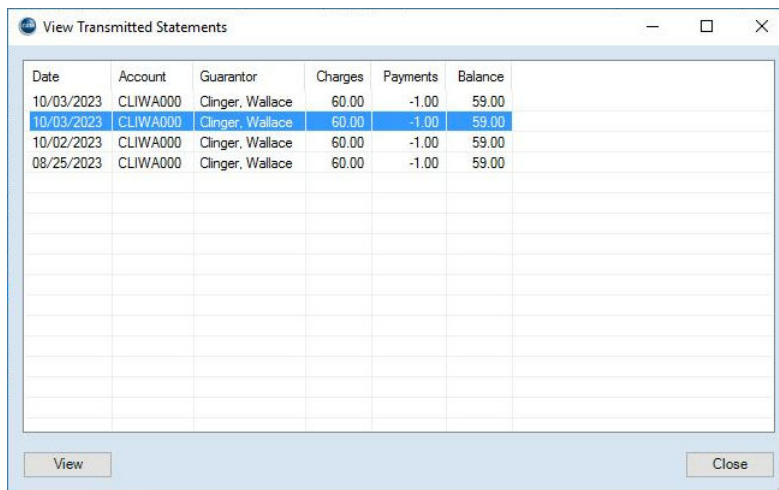

Figure 11. View Transmitted Statements screen

Note: the sort order for this list is descending date but you can click the column headers to re-sort the list.

The table below describes the elements on this screen.

Element	Description
Grid	Displays the statements that have been transmitted to eMEDIX for the patient.
View button	Click this button to view the selected statement. You can also double-click on a line to view that statement.
Close button	Click this button to close the screen.

Procedures

Setting up

After you have signed up for eMEDIX Statements, you'll need to enter your credentials.

1. On the File menu, select Program Options.

2. Select the eMEDIX tab.

3. Enter your credentials in the eMEDIX Account section.

4. Click the Save button.

Sending Statements to eMEDIX

To send statements to eMEDIX,

1. On the Activities menu, select Statement Management. The Statement Management screen opens.

2. Make your selections for the statements you want to print.

3. Click the Print/Send button. The Print/Send Statements screen opens.

4. Select the Electronic radio button.

5. Select the eMEDIX button.

6. Select the new eMEDIX Statement format in the Electronic Statement Report field.

7. Click the **OK** button. The initial generated statement file will be created in the correct format and display the statements list.

8. Make any changes as needed (de-select any from sending, change color).

9. Once ready, select Transmit. If sent successfully, the status will change to Sent.

10. Once you close the Select Statements to Transmit window, the status and applicable dates will be updated for the statements in Statement management and other places as usual (ex. Transaction Entry, Ledgers).

To create statements manually,

1. On the Reports menu, select Patient Statements. The Open Report screen opens.

2. Select the new statement format for eMEDIX Statements.

3. Click the **OK** button. The Print Report Where? screen opens.

4. Select Export the report to a file.

5. Click the Start button.

6. Enter a file name and click the Save button.

7. Log in to your eMEDIX Portal and upload the file you just created.

Updated button

The Connection Prefs button found on the Patient screen along the right side has been changed to Contact Prefs.

Figure 12. Patients screen

These options will now be used for both CGM CONNECTION Appointment reminders as well as to indicate a contact preference if the practice has signed up to use eMEDIX to text or email statements.

Updated CGM CONNECTION Preferences screen

There is a new tab for eMEDIX Statement preferences to select if the patient's preference is Paper, Text or Email. The paper option is selected by default. In the v28 initial release, the text and email

option are disabled. These options will be enabled in a future update once eMEDIX has these options available.
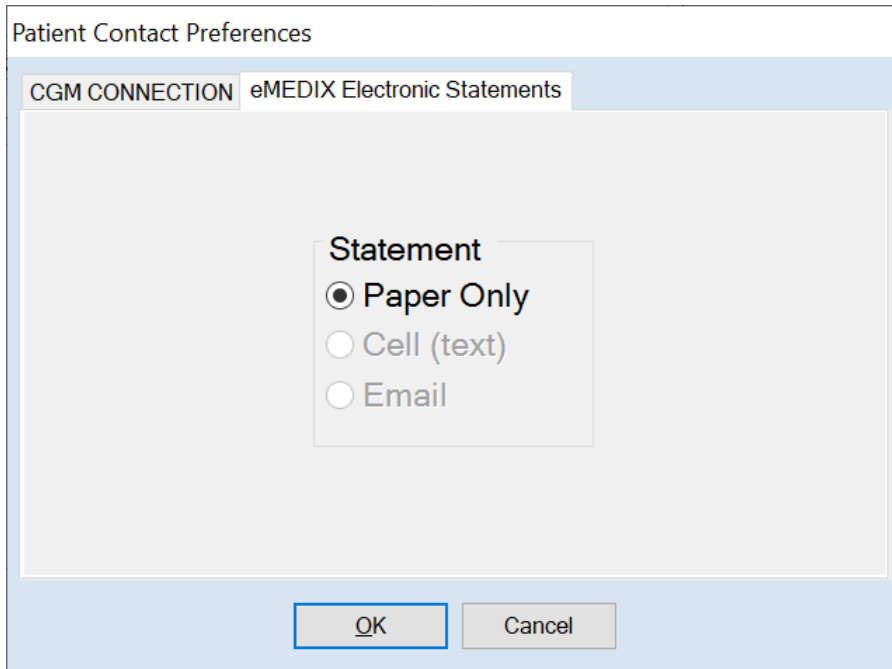
Figure 13. Patient Contact Preferences screen

The contact preference selected for use by the patient statement formats has been added to both Statement Management and Statement custom formats, which will allow the preference choice to be sent to eMEDIX with each statement produced.

Updated Enhanced Eligibility View

For eMEDIX customers, the Enhanced Eligibility view found on the Eligibility Verification Results screen has been updated by an eMEDIX format. For this the "Detailed" tab has been updated to "eMEDIX Detailed."

For non-eMEDIX eligibility customers, the former detail view will still be available.

Figure 14. Enhanced Eligibility

Display

This results screen will contain all the eligibility results returned based on the Service Type codes that the payer includes in the eligibility response.

To provide you with the most pertinent information first we will display results at the top based on the following:

- If there is a Service Type Code entered in the patient appointment , results for that code will display.

- If there is no Service Type Code entered in the patient appointment and there is one entered in Office Hours Program Options, results for that code will display.

- If there is no Service Type Code in Office Hours Program Options, and there is one entered in the first field in Service Type Code Priority Preferences in Medisoft Program Options Data tab, results for that code will display.

- If none of those are populated results for Service type Code 30 will display.

Transaction Entry/Unprocessed Transactions

Updated Diagnosis Code Display Order

The columns are now placed based on your setting in Program Options, HIPAA/ICD-10 tab selection in Default New Diagnosis Version selection. Most users will have this set to ICD-10 so you will now see the ICD-10 Code and Description to the left making it easier to see the codes you use.

Code	Description	ICD-10	ICD-10 Description	ICD-9	ICD-9 Description
A00.1	Local edit CHOLERA DUE TO VIBRIO CHOLERAE 01 BIOVAR	A00.1	CHOLERA DUE TO VIBRIO CHOLERAE 01 BIOVAR ELTOR		
A00.9	CHOLERA UNSPECIFIED	A00.9	CHOLERA UNSPECIFIED		
A01.00	TYPHOID FEVER UNSPECIFIED	A01.00	TYPHOID FEVER UNSPECIFIED		
A01.01	TYPHOID MENINGITIS	A01.01	TYPHOID MENINGITIS		
A01.02	TYPHOID FEVER WITH HEART INVOLVEMENT	A01.02	TYPHOID FEVER WITH HEART INVOLVEMENT		
A01.03	TYPHOID PNEUMONIA	A01.03	TYPHOID PNEUMONIA		
A01.04	TYPHOID ARTHRITIS	A01.04	TYPHOID ARTHRITIS		
A01.05	TYPHOID OSTEOMYELITIS	A01.05	TYPHOID OSTEOMYELITIS		

Figure 15. Transaction Entry

Patient Responsibility Estimate

You can now integrate with the eMEDIX clearinghouse, using Patient Responsibility Estimate to determine an estimate of a patient's financial responsibility for a procedure(s), based on prior payment history information collected by and available from the clearinghouse.

The ability of the practice to know the estimated amount of a charge/procedure and the estimated amount of insurance payment/adjustment (which translates to the amount the Patient may ultimately owe) will increase patient's awareness of costs and payments due and increase collection potential from the patient when a procedure is ultimately performed.

eMEDIX will take the patient and insurance information provided and utilize a provider's previously contracted payments by Payer and by CPT code(s) to produce an estimate of the amount due by the patient, taking into account the patient's co-pay, co-insurance, deductible and out-of-pocket maximums at that particular time.

You can show and store the estimated charge amounts and patient responsibility in CGM MEDISOFT for the patient.

Note: Estimates are NOT part of the Import/Export in Mediutils.

Workflow

- Patient is seen by provider and need for future procedure/services is established.

- Provider or staff documents procedure codes for future services.

- Patient Estimate UI window is launched from new selection in the patient's case.

The estimate will be saved in PDF format and can be recalled and viewed. In this way, you can compare estimates if several are taken for the same service.

Tips and Notes

- A valid, existing eligibility verification must not be more than 3 days old or you must do a new eligibility request before requesting the estimate.

- There is no date for you to enter for the proposed procedure since eligibility responses are provided for that moment in time, not for the future. So estimates based on an eligibility today may not be valid for a procedure scheduled weeks or months in the future.

- Keep fee schedules current in order to send up-to-date allowed amounts---particularly for procedures that you may not have done in the past, since eMEDIX will base estimates on prior payments for that procedure and that provider. If you don't have a history to reference, then the allowed amount sent will be in the estimate.

New Security Permission

There is a new security permission that allows you to control if a user has the right to delete Estimate history. This permission is found under Patients/Guarantors and Cases.
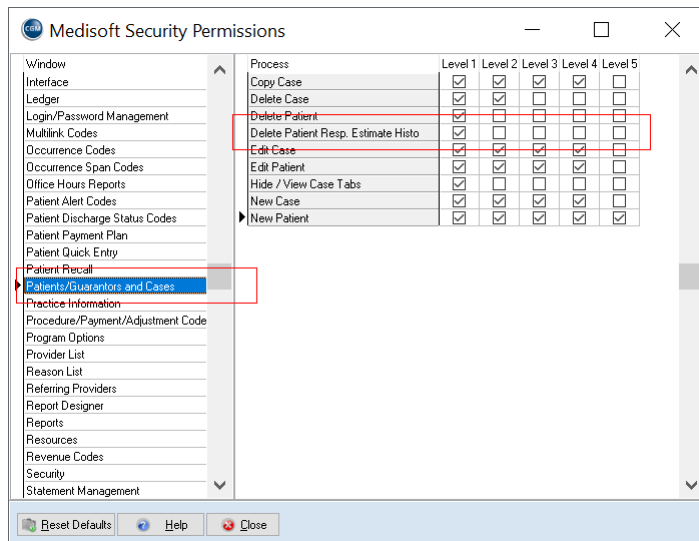
Figure 16. Medisoft Security Permissions screen

Updated Program Options

New eMEDIX Estimate tab

There is a new tab in Program Options: eMEDIX Estimate. The Website URL field is optional and can be used if sending the patient to a website for patient education or for collecting possible deposits/prepays for the proposed procedures. This will print on the Estimate.
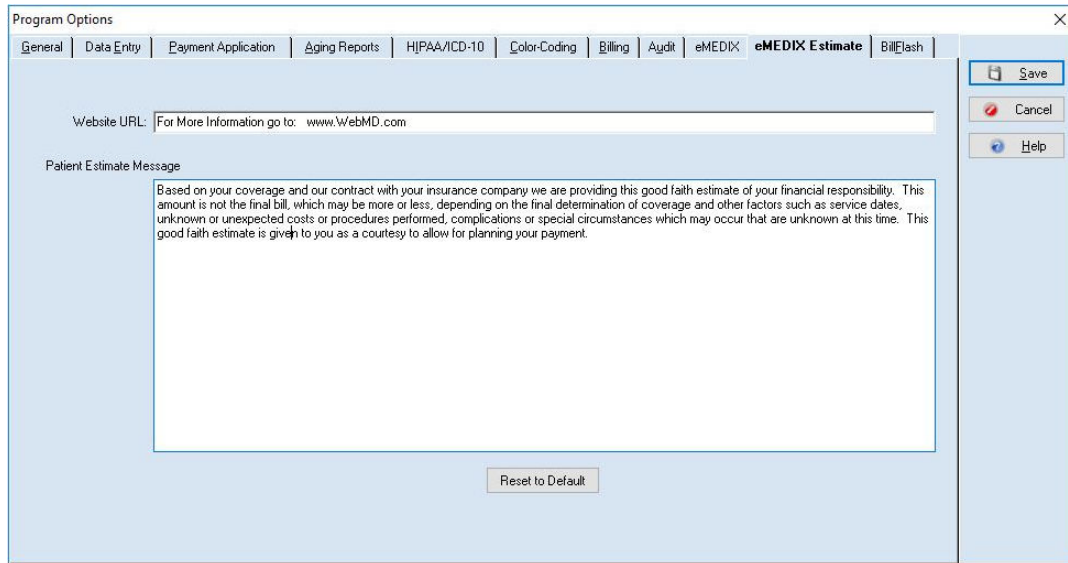
Figure 17. Program Options - eMEDIX Estimate tab

In addition, if you have edited the message, you can restore the original patient message by clicking Reset to Default.

Updated Case screen

There are two new options on the Cases screen: Patient Resp Estimate and Estimate History.

New Patient Responsibility Estimate option

There is a new option on the case screen: Patient Resp Estimate. Click this option to open the new Patient Responsibility Estimate screen (for more information, see "New Patient Responsibility

Estimate screen" on page 18).
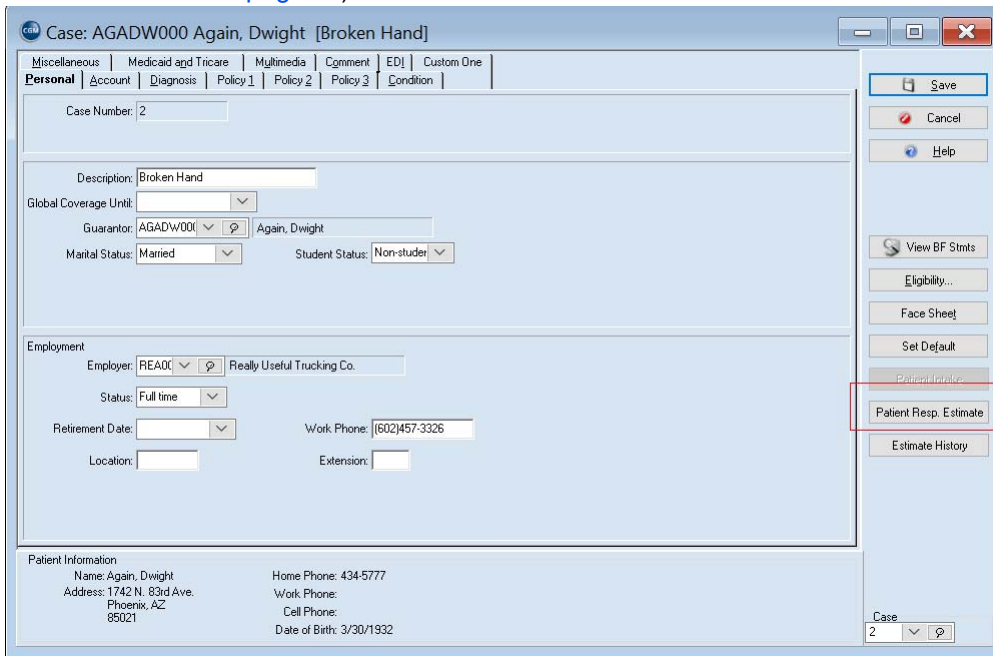
Figure 18. Case screen

To view this option, you will need permission to Real-Time Verification on the CGM MEDISOFT
Security Permissions screen.
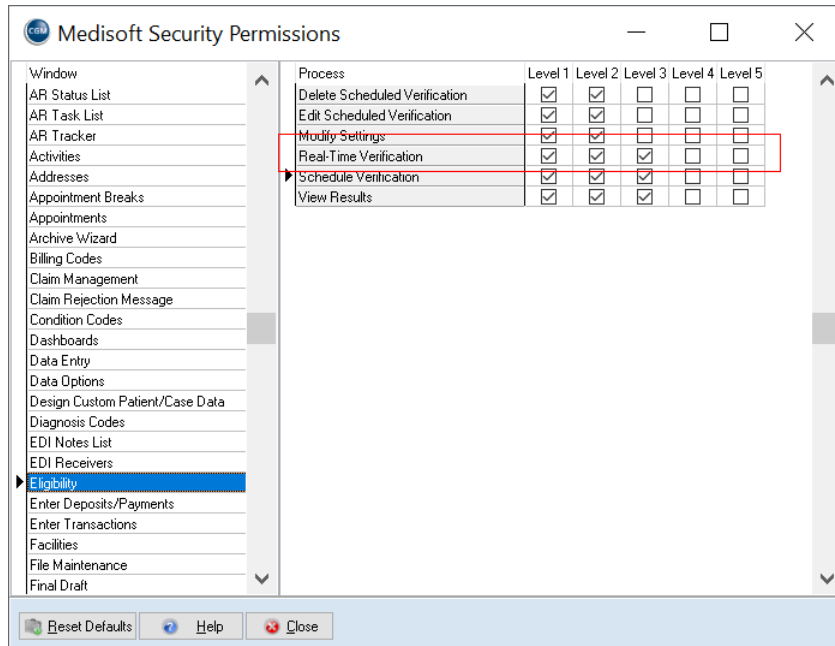
Figure 19. Security Profile screen

New Estimate History Option

There is a new option on the Case screen: Estimate History. Use this option to open the new Viewer screen and view the saved estimates (for more information, see "New Patient Responsibility Estimate History View screen" on page 23).

Figure 20. Case screen

New Patient Responsibility Estimate screen

This screen will open when you select the Patient Resp Estimate option on the Case screen. Use the fields on this screen to prepare the information to be sent to eMEDIX to generate the estimate.

Figure 21. Patient Responsibility Estimate screen

Note: if there is no Claims Payer ID or Eligibility Payer ID entered for the Insurance Carrier, you will receive an error message. You can select the correct Claims and Eligibility Payer ID for the Insurance Carrier on the Insurance Carrier screen - EDI/Eligibility tab.
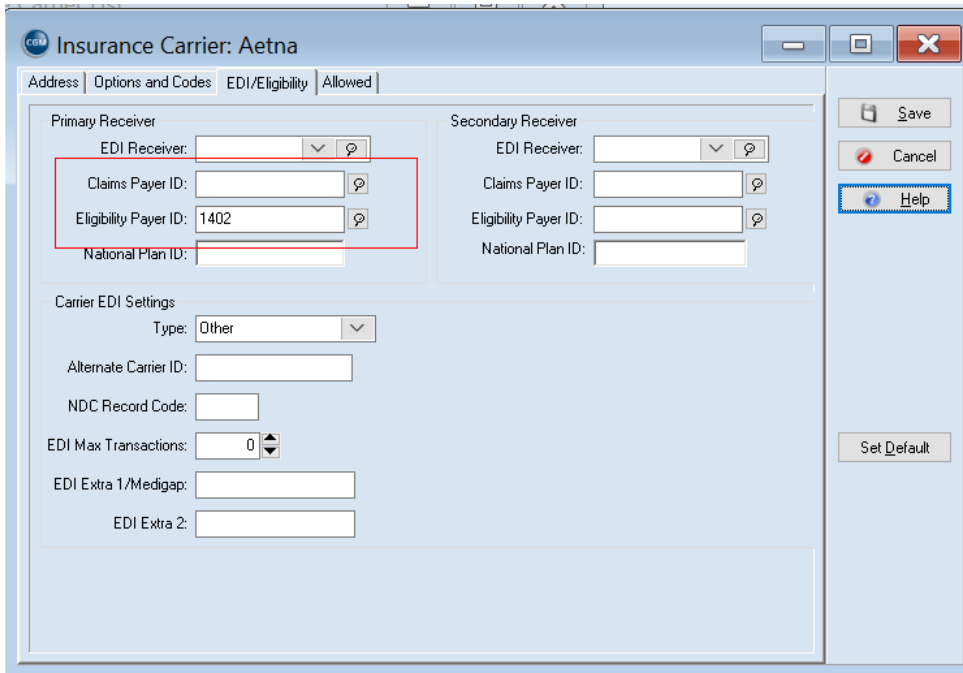
Figure 22. Insurance Carrier screen - EDI/Eligibility tab

The table below describes the elements on the Patient Responsibility Estimate screen.

Element	Description
Left Header section	Shows you the basic information for the patient.
	These fields are display-only and the demographic information may not be changed in this window.
Right Header section	
The insurance information is display only and cannot be changed here.	
Editable fields are listed below:	
Facility Code	Enter or select the Facility Code from the search if you want the facility to print on the estimate.
In Network/Out of Network	Select the appropriate radio button for in or out of network.
	The In Network Service radio button is the default.
Service Type Code	Enter the Service Type Code. The first Service type code from Program Options will default.

Element	Description
Medicare Part A check box	Select this check box if the patient has Medicare Part A
Medicare Part B check box	Select this check box if the patient has Medicare Part B.
Charge Details section Use this section to select the Transaction Codes and Modifiers that will go into the estimate. You can enter up to 12 codes. If you select a Multi-link Code, new lines will be added for each linked code, up to 12 codes. Other fields in the grid will be populated automatically based on the Transaction Code selected. If you send allowed amounts for estimates: if there are previously adjudicated claims for that code/provider/payer, once sent, on the estimate screen you will see the allowed amount from prior claims If there are no prior claims, the estimate screen will display/use will use the amount from the Procedure code sent from core.	
Multi-Link Code	Use this field to select a Multi-link code.
Verify/Eligibility section This section shows you the last date that eligibility was verified for the patient. Text in red indicates the verification is more than three days old. Click the Verify button to check the patient's eligibility again.	
Submit for Estimate button	Click this button when you are ready to generate the estimate. CGM MEDISOFT will first check if the last eligibility check is more than three days old. If so, it will warn you and you can re-verify by clicking the Verify button. When you click the button, the new Eligibility Inquiry screen will launch (for more information, see "New Patient Responsibility estimate Generate screen" on page 20)
Cancel button	Click this button to cancel the process and close the screen without generating an estimate. All entries will be lost.

New Patient Responsibility estimate Generate screen

This is the screen that will display once you submit the estimate. Use this screen to enter or update information for calculating the patient's responsibility. This screen is independent of CGM

MEDISOFT and any changes made here will not be reflected in CGM MEDISOFT patient demographics, charge amounts, allowed amounts, or coverage amounts.

Figure 23. Eligibility Inquiry screen

If you make changes on this screen, you can track these in the audit (for more information, see "New Estimate History Option" on page 17).

If changes are made to options in the top section, the Recalculate button will enable and must be selected for any of your changes to be used in the final estimate.

The table below describes the elements on this screen.

Element	Description
Eligibility Inquiry section	
Benefit Service Type	The displayed selection is based on the Service Type Code you sent. Select if you wish to change.
Calculate as	Select either In Network or Out of Network if you need to change it.
Medicare	Select a Medicare option if applicable.
Eligibility Coverage Details section	Shows deductible amounts, and copayment amounts.
Payer and Procedures section	
Payer	Shows the Payer for the eligibility inquiry.

Element	Description
Procedure grid	• Shows the procedures that were sent. • You can select or clear the procedures as necessary. • If there was prior claim adjudication history for a procedure you will see the allowed amount and any modifiers as applicable. eMEDIX selects the most current closest historical match. If there are multiple matches the **View All** button is enabled. Select it to see all history and select one if it is preferred. • Modifiers sent from core are only used to find an historical match. If there is a match you will not see modifiers sent. • If there was no history for this procedure you will see any modifiers sent and the allowed amount you sent.
Generate button	Click this button to calculate the patient responsibility estimation.
Cancel button	Click this button to close the window without making a calculation.

After you click Generate, the estimate will display. It is automatically saved in the patient's case. You can print it now or retrieve it later from the Estimate History list.

Patient Responsibility Estimate

Robert Leeland
Marietta Office
3251 IStreet 1
Priovider St 2
ICECROWN, GA 30009

Estimate Date: 09/12/2023
Eligibility Date: 09/12/2023

Patient Information	
Member ID	DEMO
Patient Name	Jaime Jackson
Patient Plan	DEMO Cigna
Patient Phone Number	(770)555-1111
Patient Address	456 Patient St 1 Pt St 2 ALPHARETTA, GA 30062

Estimate Details			
Procedure	Description	Charged	Allowed
28285	REPAIR OF HAMMERTOE	$2,500.00	$1,550.99
28285	REPAIR OF HAMMERTOE	$2,500.00	$1,500.00
28292	CORRECTION OF BUNION	$1,500.00	$750.00

Estimated Amount	$6,500.00
Copayment Amount	$0.00
Coinsurance Amount	$660.20
Deductible Amount	$500.00
Allowed Amount	$3,800.99
Total Estimated Patient Responsibility	$1,160.20

Based on your coverage and our contract with your insurance company we are providing this good faith estimate of your financial responsibility. This amount is not the final bill, which may be more or less, depending on the final determination of coverage and other factors such as service dates, unknown or unexpected costs or procedures performed, complications or special circumstances which may occur that are unknown at this time. This good faith estimate is given to you as a courtesy to allow for planning your payment.

Signature: _____   Date: _____

Figure 24. Print Preview

New Patient Responsibility Estimate History View screen

This screen opens when you click the Estimate History button on the Case screen. Use the information here to see previous estimates for the service and to see audit information.

You can also use the information on this screen to determine if any changes were made by the user on the Eligibility Inquiry screen, from the data sent by CGM MEDISOFT and the final estimate returned.
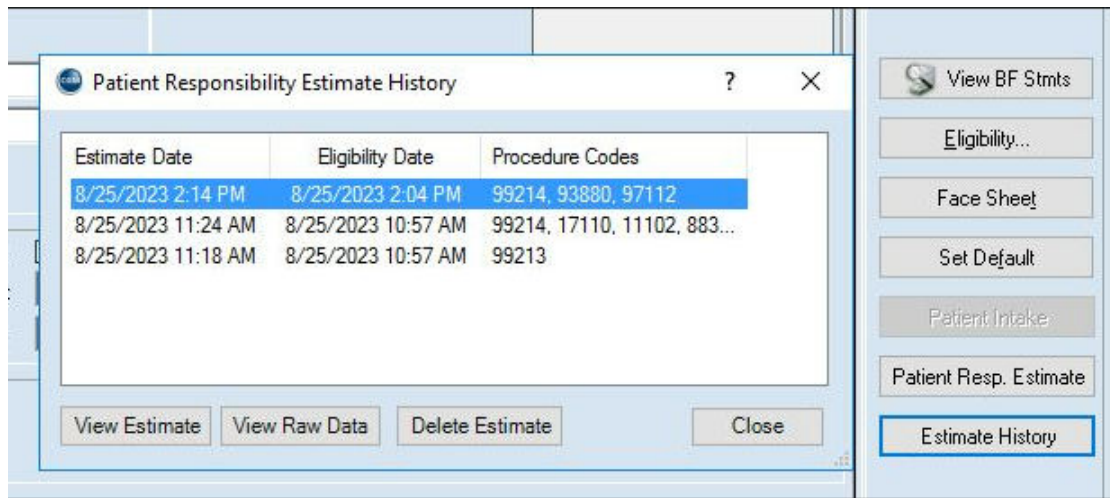
Figure 25. Patient Responsibility Estimate History screen

View Raw Data

As mentioned above, changes made on the Eligibility Inquiry screen are done outside of CGM MEDISOFT so the traditional audit trail cannot track changes. This Raw Data includes the original data sent from CGM MEDISOFT, the Last Coverage Details section of raw data, changes made to the top portion of the Eligibility Inquiry screen if "Recalculate" was pressed, then the final estimate

data sent when "Generate" was pressed. When you click the View Raw Data button, you'll see a screen as below.

638278670031501179.txt - Notepad

File   Edit   Format   View   Help

{
  "InitialCoverages": {
    "CalculationOptions": {
      "ServiceType": "98",
      "InNetwork": true,
      "MedicarePart": "NA"
    },
    "CoverageDetails": {
      "RemainingIndividualDeductibleMessages": [
        "Message: Benefit does apply to member's out-of-pocket maximum",
        "Message: Out of network amounts apply to in-network",
        "Message: Accumulators are shared between Medical AND Mental Health"
      ],
      "RemainingFamilyDeductibleMessages": [
        "Message: Out of network amounts apply to in-network",
        "Message: Accumulators are shared between Medical AND Mental Health"
      ],
      "RemainingIndividualOutOfPocketMessages": [
        "Message: Out of network amounts apply to in-network",
        "Message: Accumulators are shared between Medical AND Mental Health"
      ],
      "CopaymentMessages": [
        "Message: Telehealth through contracted vendor",
        "Message: Benefit does apply to member's out-of-pocket maximum"
      ],
      "CoinsuranceMessages": [
        "Message: Specialist - Virtual Care Included For Specific Services",
        "Message: PCP - Virtual Care Included For Specific Services"
      ],
      "RemainingIndividualDeductible": 500,
      "RemainingIndividualOutOfPocket": 6350,
      "RemainingFamilyOutOfPocket": 12665,
      "Copayment": 25,
      "Coinsurance": 0.0
    },
    "PreferredRemitPayer": {
      "PreferredProcedureCodes": [
        {
          "Code": "28285",
          "ChargeAmount": 2500.0,
          "AllowedAmount": 2000.0,
          "Modifier1": "T6",
          "Units": 1,

Mediutils Export and Import Data tables will not export or import the Statement history list, Patient estimate history, or raw data.

Day End Activity Review

The Day End Activity Review is a single, interactive view that gives a quick listing of collections of appointments and the state of activities that should be done for those visits such as collecting the patient copay for that day's visit and completing claims. This can help you measure several core metrics to quickly identify if you are meeting collection goals (such as whether or not you are collecting co-pays at time of service and billing for missed appointments [if applicable]).

This review is designed to both reconcile appointments on the day's schedule to charges/payments/claims created for those patients on the schedule and also include metrics that include number of appointments scheduled, and percentage of cancellations and missed appointments.

In the display grid, data is accessed through a common right-click menu on the displayed results so you can view further details or to edit something that was not entered correctly by navigating to the desired location. (Example, you could access patient demographics or case, the appointment to view the appointment details, the claim to view the claim details and open transaction entry.) In addition, the display grid provides Expected copay, co-pays collected, total charges, and others.

New Security Permission

There is a new security permission for this feature under Activities, enabling you to control user access to the Review. Level 1 is selected by default.
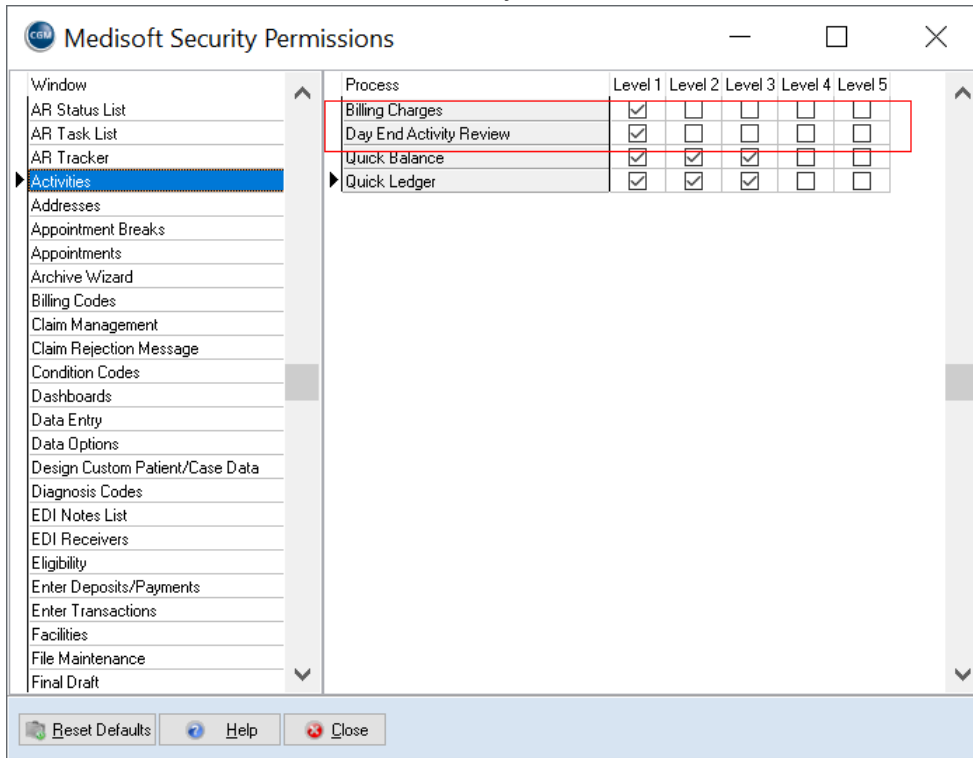

Figure 26. Medisoft Security Permissions screen

New Menu option

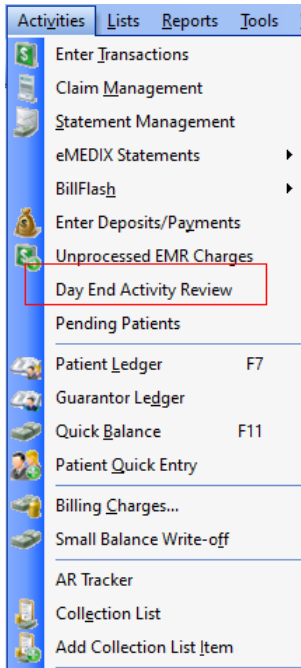There is a new menu option on the Activities menu: Day End Activity Review. Click this to open the Review.

Figure 27. Activities Menu

New Toolbar icon

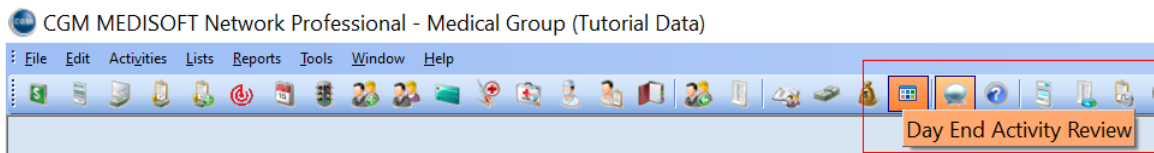There is a new Toolbar icon that you can click to open the Review.

Figure 28. Medisoft Toolbar

New **Day End Activity Review screen**

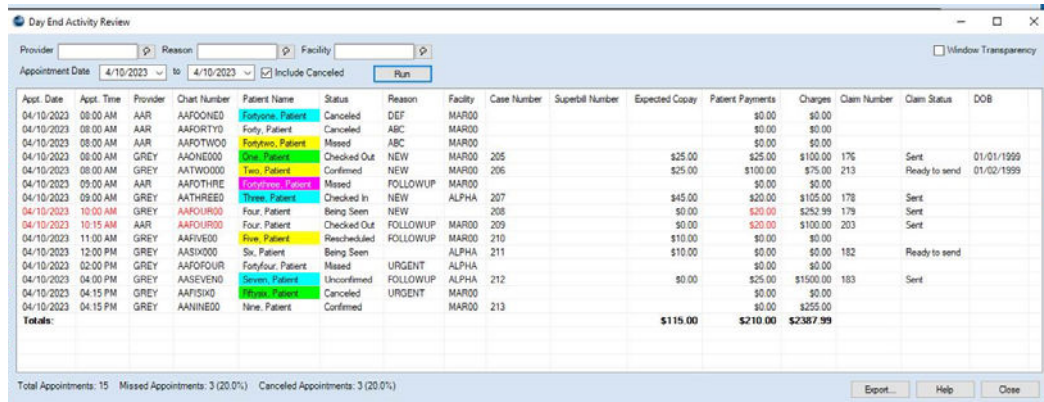Use this screen to review appointment and activity within your practice.

Figure 29. Day End Activity Review screen

The table below describes the elements on this screen.

Element	Description
Header section	
Provider	Use this field to select a provider. If no provider is selected ALL providers will display.
Reason	Use this field to select a Reason.
	If no reason is selected ALL reasons will display in the grid.
Facility	Use this field to select a facility. Not selecting a facility will include all facilities.
Appt Date FROM and Appt Date TO	Allows you to select a date range for the data in the grid.
Include Canceled check box	Select this check box to include appointments with a Status of Cancelled in the grid. If unchecked, Cancelled appointments will be excluded.
	When cancelled appointment are not displayed, those appointments are also not included when calculating the percent of Missed appointments.
Run button	Click this button to refresh the data after you make changes to selections.
Window Options	
Transparency	Select this check box if you want the Day End Activity Review screen to be transparent.
% Cancelled	Shows the percentage of appointments that were cancelled.

Element	Description
Grid section	
The grid shows you the results of the selections made in the Header section.	
• The grid will only display detail lines if the appointment has an associated Patient Chart. If an appointment does not include a Patient Chart Number, it will not be reflected in the results of this query	
• Each distinct appointment that meets filter criteria is displayed separately.	
• If there are multiple appointments for the same patient on the same day, the grid will show each separately since this review is by appointment.	
• If a patient is on the schedule more than once on the same date and payments are made you will see that payment on both appointments since payments in the deposit list do not have a provider for us to match to the appointment provider.	
• The Appt Date, Appt Time, Chart Number, and Patient Payments text will be red text to signify the duplication. Note the duplicate entries for Patient Payments are included in the column totals.	
Footer section	
Total Appointments	Shows appointments in the date range with Patient Chart Numbers) on this list.
Total Missed Appointments	Shows appointments in the date range with Patient Chart Numbers with a Status of Missed.
Total Canceled Appointments	Shows you the number of canceled appointments and the percentage of the total.
Show Patient Tag Color Legend	Select this check box to display the legend for the color coding of the patient names.
Export button	Click this button to export the data from the grid to a CSV file, which can be opened and manipulated in a spreadsheet such as Microsoft Excel.
Help button	Click this button to open help for the screen
Close button	Click this button to close the screen.

Charges: Charge amounts for charges with a date of service and provider matching the appointment date and provider.

Expected Copay

• If Insurance exists and Assignment of Benefits is checked in the Case Policy 1 tab, and Transaction Entry has matching charges we display the Expected copay from Transaction Entry charge lines (positive amount or zero) if the copay box is checked.

• If Insurance exists and Assignment of Benefits is checked in the Case Policy 1 tab and Transaction Entry has matching charges but the copay box is not checked on these charges we display zero.

• If Insurance exists and Assignment of Benefits is checked in the Case Policy 1 tab and Transaction Entry has **no** matching charges, we display the Case copay.

- If the Case does not have Assignment of Benefits checked for the Primary Insurance or there is no insurance a copay does not apply. In that circumstance the patient may owe the full amount of the charges. The copay field will be blank. This will be an indicator to look else where to see what the <u>patient balance</u>

Patient Payment: Patient payments that match the patient on the appointment (or their Guarantor) and date of the appointment display.

If there is more than one match, it will be summed and display.

New Right-click menu

In addition, there is a new right-click menu that has options that allow you to open other screens in CGM MEDISOFT where you can make edits.
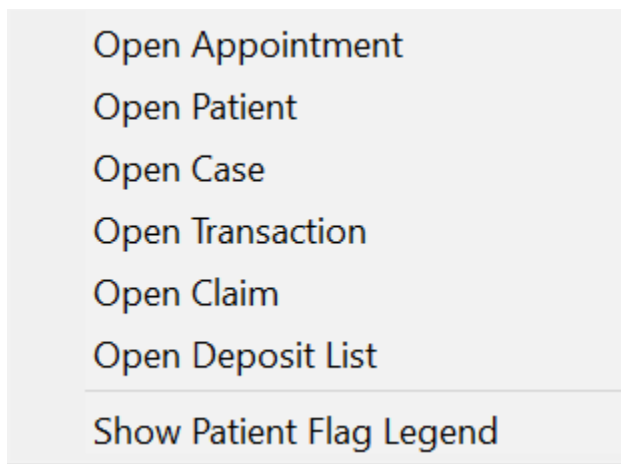
Open Appointment

Open Patient

Open Case

Open Transaction

Open Claim

Open Deposit List

Show Patient Flag Legend

Figure 30. Right-click menu

The table below describes the elements on this menu.

Element	Description
Open Appointment	Opens the selected appointment and allows you to edit the appointment.
Open Patient	Opens the patient's chart and allows you to make changes.
Open Case	Opens the case for the selected appointment.
Open Transaction	Opens the transaction for the selected appointment.
Open Claim	Opens the claim for the selected appointment.
Open Deposit List	Opens the Deposit for the selected appointment date.
Open Patient Flag Legend	Click this to see the patient Legend for the color coding of patient names.

- If Superbills are turned on and the appointment has one superbill printed, when you open transaction the superbill will be selected for you. if there is more than one superbill printed for that appointment, you will need to select superbill in Transaction Entry.

- Document number: When you navigate to Transaction Entry from the grid, the document number will use the date of the appointment not the current Medisoft date.

IMPORTANT NOTE: When you open one of these screens from the right-click menu, it will open as a "modal "screen (that is, it is a "child" screen opened from a "parent" screen that locks the parent screen) and the Day End Activity Review screen will be locked until you close the modal screen. if the Day End Activity Review screen is locked, check the System Tray at the bottom of your computer monitor to verify that a modal screen is open. Close that screen and the Day End Activity Review screen will be unlocked.

Also depending on your screen positions/size, when you navigate from the Day End Activity Review and open another screen which then opens another one or more modal screens, one of those screens may also minimize to the tray or show behind another window. For example, if you open a case from the grid and then on the Multimedia tab select New and Scan from Multimedia Entry, once the scan has completed, the Multimedia Entry tab may be behind the case screen or the case screen may show in the tray. Just click on the screen and they will display.
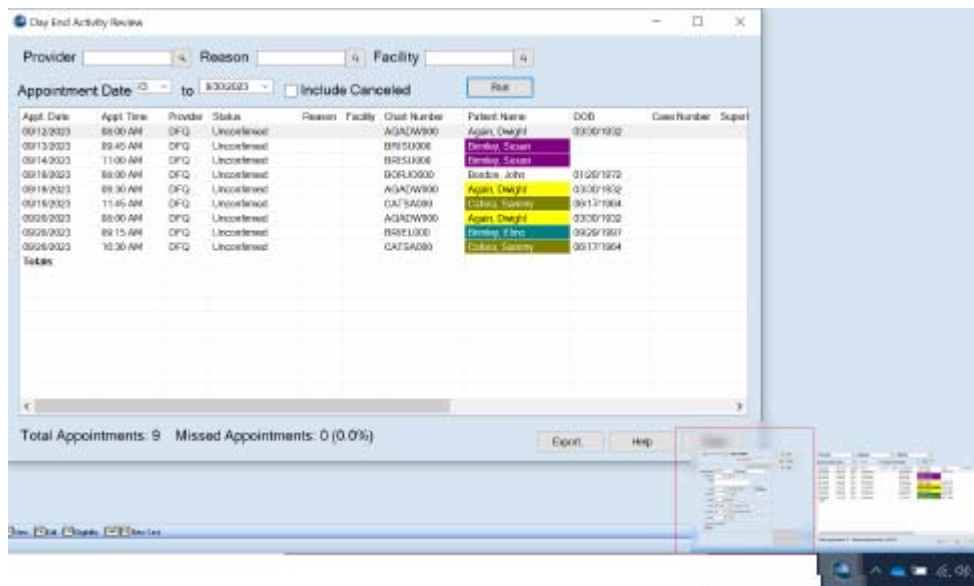

Figure 31. Day End Activity Review screen with open Edit Appointment modal.

If your system is set up so that Office Hours > Program Options is checked to 'Use Transaction Entry to Make copay,' do not navigate from the Day End Activity Review grid to the appointment and use the Enter Copay button in the appointment. This will only open the Deposit list.

To post your Copay from the grid, use the right-click option and select Open Transaction.

Claims

New field

The Original Reference field currently found on the Medicaid and Tricare tab of the patient's case is now also available on the Carrier 1, 2, and 3 tabs of Claim Management.

Figure 32. Claim Management screen - Carrier 1 tab

With the addition of the new field, the number can apply to only just one claim instead of an entire case and does not need to be continuously added and removed.

Updated Claim forms

The existing formats have been changed to accommodate the new location for Original Claim Reference Number, but have not been renamed. The formats will pull the number whether the practice is using the new location or continues to use the existing location in the case.

Note: only the 02/12 1500 claim forms have been updated. Older forms have not been updated.

Revenue Management Updates

The Revenue Management Connection Wizard has been modified to only allow the creation of new Configurations in Revenue Management where the clearinghouse is either eMEDIX or Change Healthcare. All previous standard configurations have been removed from the list except for eMEDIX and Change Healthcare.

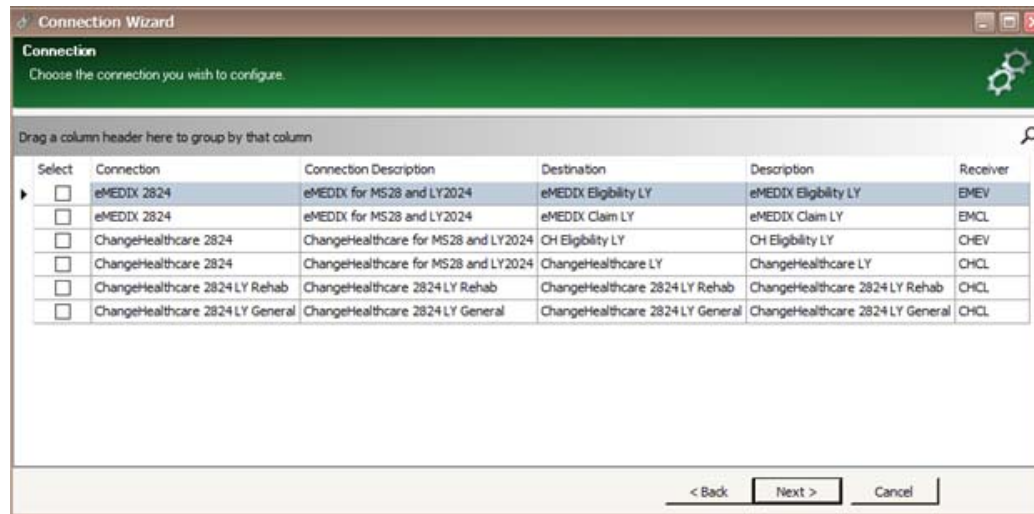NOTE: Existing Revenue Management configurations with other non-partner clearinghouses will NOT be affected.

Figure 33. Connection Wizard

Prior receiver and new receiver prompts no longer appear and the receivers from the connection selected above (EMCL, EMEV, CHEV, and CHCL) will be available.

After selecting the receiver and entering some additional info (e.g., Submitter ID, Password, User ID, Password, TPID, etc.) the wizard creates the new EMCL receiver with specific communication sessions (EMCL, EMCS), and with specific IGuides used for Claims and Claim Status. It presents the Edit Receivers window prompting for any additional changes. This list comes from the practice database (MWECR table).

After these Revenue Management modifications, users can still manually configure Revenue Management to use a non-partner clearing house. However, it will be a more involved process than what is available today.

The Revenue Management Communications list has also been changed to only show sessions applicable to eMEDIX and Change Healthcare. When the communications list is first accessed, a filter will be applied, and the filter parameters will be visible across the bottom of Revenue Management. The filter parameters can be modified using the "Edit Filter" button in the bottom right corner. The filter can also be disabled by unchecking the check box in the bottom left corner. Unchecking this box will restore all hidden sessions.

NOTE: Existing sessions with logins and passwords for other clearinghouses will continue to show in the Communications list.

Figure 34. Communications List

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 28.

PBI	Application	Description
68453	Transaction Entry	You can now toggle between Document Numbers in Transaction Entry after applying a payment. Steps to recreate 1. In Program Options - Data Entry Tab, select Force Document Number and Save 2. Open Transaction Entry and select a patient and case. 3. Click the ellipses on Document Number to open the Search screen. Show All is unchecked. 4. Select a document and apply a payment in the Payments, Adjustments, and Comments portion of Transaction Entry. 5. Attempt to change the Document Number. A popup will appear advising that transactions are not saved. Click Yes to save and the document Search screen will appear. 6. Select a document and click OK. 7. Verity that the Document Number changes and the charges for the document appear.
68794	Audit Generator	The Audit Generator Report now shows details consistently when there is no middle name or birthdate. Steps to recreate 1. Open Program Options > Audit tab. 2. Select All and Save. 3. Select a patient on the Patient List. Click Edit. 4. Make a change to the demographics and Save. 5. Run the Audit Generator report including all users and all tables. 6. Verify that the report shows the detail of the change.

86707	AR Tracker	AR Tracker now shows the secondary policy number with the secondary Insurance. Steps to recreate 1. In Medisoft, select Activities > AR Tracker. 2. Select an Aging Type of Insurance. 3. Click the Apply button. 4. Select the Claims level. 5. Verify that the Secondary Insurance Code shows the Policy of the secondary insurance.
104500/ 109055	Transaction Entry	You will no longer see an information screen asking you to save changes to a case in Transaction Entry when no case has changed. Steps to recreate 1. Open a Medisoft practice, log in, and open Transaction Entry. 2. Pick any patient that has two or more cases with data pre-populated. 3. Select a case to bring up charges in Transaction Entry. Right-click in the case field and select "Edit case." 4. When the case screen appears, do not click inside any field or make any changes to the data. 5. Look in the bottom right corner for the case selection drop-down menu, click it and switch to a different case. 6. Verify that you do not see an information screen to change the changes.
123899	Dashboard	You will no longer receive an Index out of range error when opening the Patient Encounter dashboard. Steps to recreate 1. Launch the Patient Encounter Dashboard. 2. Select the Select Provider button. 3. Select a provider and click OK. 4. Verify there is no error.