Idaho Patient Act

Setup & Instructions

December 11, 2020

CGMwebPRACTICE™
Fully Web-Based Practice Management Suite

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INTRODUCTION

This document provides an overview of the functionality available in CGM webPRACTICE that enables you to comply with the requirements established in the Idaho Patient Act for providing Patient Statements and Consolidated Summary of Services (CSS). It is intended for CGM webPRACTICE Users that are already experienced and trained in the basic functionality of CGM webPRACTICE.

SYSTEM REQUIREMENTS

You must have the latest version of CGM webPRACTICE installed. At the time of this writing, the current version is 7.4.29.

PATIENT STATEMENTS

Idaho Patient Act Requirements for Patient Statements

According to the Idaho Patient Act, you are required to provide the following information on patient statements effective January 1, 2021:
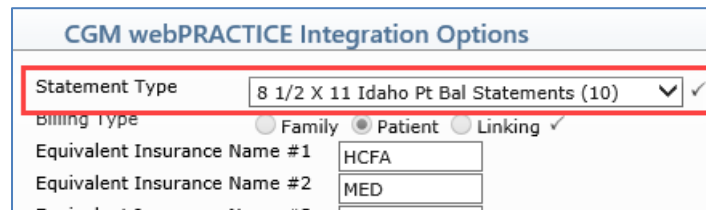
- Name and contact information of patient, including telephone number of the patient.
- Name and contact information, including the telephone number, of the health care facility where the health care provider provided goods and service to the patient. (this equates to the Location code stored for each charge.)
- A list of the goods and services that the health care provider provided to the patient during the patient's visit to the health care facility, including the initial charges for the goods and services and the date the goods and services were provided, in reasonable detail.
- The name of the third-party payors to which the charges for health care services were submitted by the health care provider and the patient's group and membership numbers.
- A detailed description of all reductions, adjustments, offsets, third-party payor payments, including payments already received from the patient, that adjust the initial charges for the goods and services provided to the patient during the visit.
- The statement must contain the message, "*A full itemized list of goods and services provided is available upon request.*"
- The final amount due from the patient.

We created a new Idaho Patient Balance Statement to accommodate all of these requirements. We are automatically coordinating the implementation and installation of the statement with every client located in Idaho, but if you have not been contacted yet or are located outside of Idaho and need this functionality, contact Customer Service to request installation.
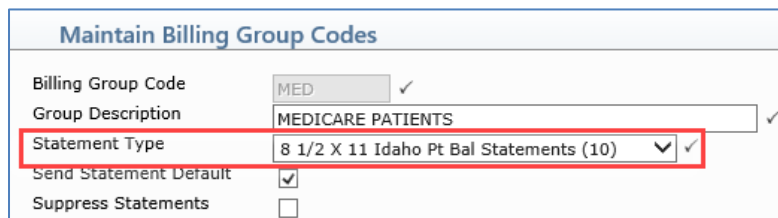
Patient Statement Setup Steps

After we have notified you the Idaho Patient Balance Statement has been installed on your system, you will need to perform the following steps prior to sending statements for the first time on or after January 1, 2021.

Change the Statement Type to 10 in the *CGM webPRACTICE Integration Options* function *(System > Database Maintenance Menu > Integrations > CGM webPRACTICE Integration Options)*.
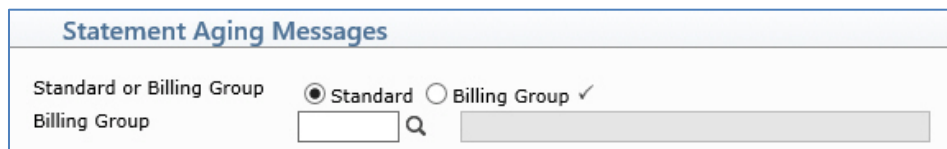
CGM webPRACTICE Integration Options

Statement Type — 8 1/2 X 11 Idaho Pt Bal Statements (10) ✓
Billing Type — ○ Family ● Patient ○ Linking ✓
Equivalent Insurance Name #1 — HCFA
Equivalent Insurance Name #2 — MED

If you have a Statement Type defined for your Billing Group Codes, you will need to change them to Statement Type 10. You can contact CGM Customer Service and request they connect into your system and change them for you, but this only applies if you need EVERY Billing Group code changed.

Maintain Billing Group Codes

Billing Group Code — MED ✓
Group Description — MEDICARE PATIENTS ✓
Statement Type — 8 1/2 X 11 Idaho Pt Bal Statements (10) ✓
Send Statement Default — ☑
Suppress Statements — ☐

Add the message, "A full-itemized list of goods and services provided is available upon request." to the *Statement Aging Messages* function (*Billing > Statement Aging Messages*), so it prints on every patient statement. You should add it to the **Standard** Aging Messages and also for **Billing Groups**, if applicable.

Statement Aging Messages

Standard or Billing Group — ● Standard ○ Billing Group ✓
Billing Group — [ ] 🔍

Statement Aging Messages

90-Day Message

120-Day Message

150-Day Message

General Message   A full-itemized list of goods and services provided is
available upon request.

Proceed with generating and sending patient statements following your normal process. If you were instructed to contact CGM prior to sending your first batch of statements, you should do so the day before you plan to send the file. This will allow CGM time to make any necessary adjustments to the statement mapping.

CONSOLIDATED SUMMARY OF SERVICES (CSS)

Idaho Patient Act Requirements for CSS

According to the Idaho Patient Act, effective January 1, 2021 you are required to provide a CSS to each patient containing the following information each time you provide goods and services, which may cause them to receive a bill from another billing entity.

- Name and contact information of patient, including telephone number of the patient.
- Name and contact information, including the telephone number, of the health care facility where the health care provider provided goods and service to the patient. (this equates to the Location code stored for each charge.)
- The date and duration of the visit to the health care facility by the patient.
- A general description of the goods and services provided to the patient during the patient's visit to the health care facility, including the name, address and telephone number of each billing entity whose health care providers provided the services and goods to the patient.
- A clear and conspicuous notification at the top of the notice that states: **This is Not a Bill**. *This is a Summary of Medical Services You Received. Retain This Summary for Your Records. Please Contact Your Insurance Company and the Health Care Providers Listed on this Summary to Determine the Final Amount You May Be Obligated to Pay.*

We created the following functionality in CGM webPRACTICE to accommodate all of these requirements:

- Idaho Patient Act Integration
- Idaho Patient Act Claim Level Attachment
- Print Idaho Patient Act CSS Letters
- Reprint Idaho Patient Act CSS Letters

The new functionality will be available on your system on December 11, 2020, if you want to perform the setup steps ahead of time. You can access the function again on January 1, 2021 to enable the functionality.

CSS Setup and Processing Steps

The process to generate CSS Letters requires that you:
1. Complete the *Idaho Patient Act Integration* function to create the Billing Entity Table, select which Place of Service or Type of Service Table Codes will require a CSS Letter and define any default Billing Entities, which will save time when posting procedures.
2. Post procedures for patients and include the Idaho Patient Act Attachment that identifies any additional Billing Entities.
3. Print and mail the Idaho CSS Letters. A zero dollar adjustment will be posted to patient accounts for audit tracking and an image of the CSS letter will be stored and accessible from the Patient's Transaction History screen.

Idaho Patient Act Integration

This function was designed to accommodate many different workflows within various types of practices, so you can select which identification method works best for your practice. Upon accessing the function (*System > Database Maintenance Menu > Integrations > Idaho Patient Act Integration*), complete the following fields:

- **Enabled** - You should not select this check box until you have completed all of the Action Column functions. As soon as you select the check box and click **Save**, the system will automatically trigger the *Idaho Patient Act Attachment* for encounters in the *Procedure Entry Function* and *Unposted Procedures* based on the codes you defined in the Action Column functions.
- **Adj Code for Letters** - Create and enter an Adjustment Code to be posted to the patient account when a CSS Letter is printed.
- **Adj Code for Reprinted Letters** - You also have the option of adding an Adjustment Code that would be used when you reprint letters.

Click **Save**.

Billing Entities

Click the **Billing Entities** Action Column button to create a table of all the various Billing Entities needed in order to provide the information for the CSS. You will be able to select codes from the Doctor Code Table, Location Code Table, Referring Source Table or add new Billing Entities. Each time you select a code, click the **Add** button to the right of the field to immediately add the code to the table. Each code you add will display in the Billing Entity list on the screen. You can use the '(remove)' link to the right of each code in the Billing Entity list to remove codes.
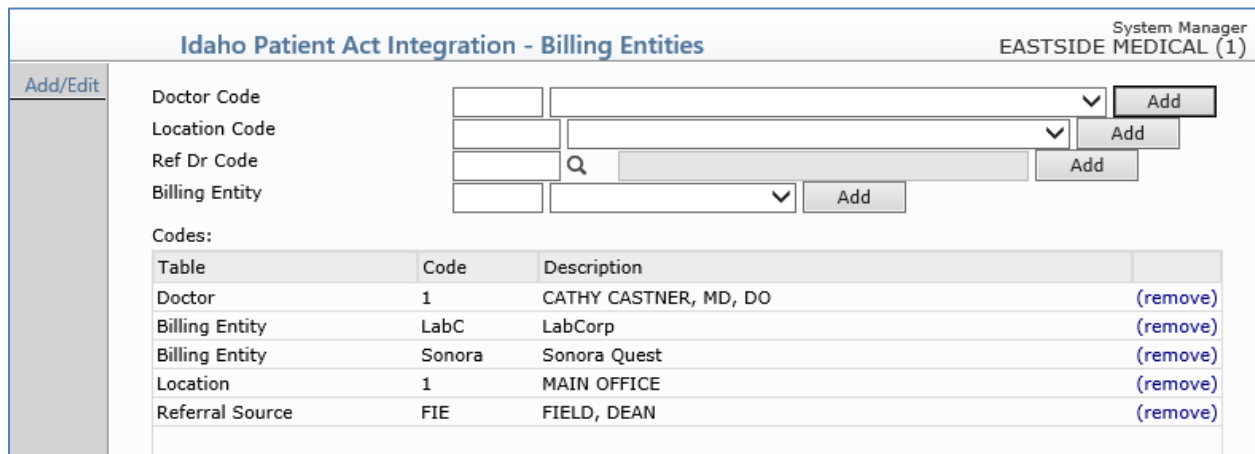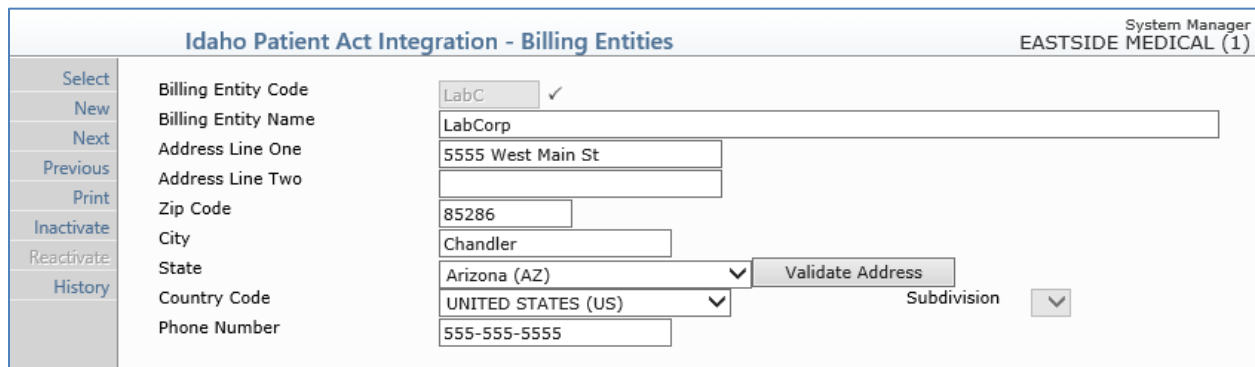

Use the **Add/Edit** Action Column button to review information for a specific code, add new codes to the table, change the information for an existing code, print the table, and inactivate or reactivate a code.

Upon accessing this function, the screen displays containing blank data fields. Complete the fields and click **Save** to save the Billing Entity code.

Click **Cancel** to return to the main Billing Entity screen. When you are done adding codes to the Billing Entity list, click **Save** to return to the main *Idaho Patient Act Integration* screen.

Table Codes

Click the **Table Codes** Action Column button to identify which Place of Service codes and/or Type of Service Codes will require a CSS to be generated. Each time you select a code, click the **Add** button to the right of the field to immediately add the code to the table. Each code you add will display in the Table Code list on the screen. You can use the '(remove)' link to the right of each code in the Table Code list to remove codes. This list of codes will be used in the *Procedure Entry Function* and *Unposted Procedures* to trigger the Idaho Patient Act Attachment.

Default Billing Entities

You can set a **Default Billing Entity** for the Place of Service Codes and/or Type of Service Codes you selected, which will automatically populate into the Idaho Patient Act Attachment and save time when posting charges. Click the **Default Billing Entities** Action Column button, select which Table Code you want, then select the **Default Billing Entity** and click **Add**. You also have the option to make the default be more specific for a specific Insurance Carrier **or** Insurance Plan Code.

Note: It is not 'required' that you set any **Billing Entities as defaults**, since some situations may not have a one-to-one relationship. For example, you may have multiple labs that specimens can be sent to and you need to enter it on a case by case situation.

Procedure Entry and Unposted Procedures

The *Idaho Patient Act Attachment* allows you to assign billing entities to encounters, so you can print the Consolidated Summary of Services (CSS) letters.

The Attachment is only used for the CSS letters and does not affect claims. For each encounter, you can select up to ten billing entities and enter optional notes for each but you must define the Billing Entities in the *Idaho Patient Act Integration* function first, in order for them to be available on the Attachment.

The Attachment will be required when procedures are entered in the *Procedure Entry Function* or are stored in *Unposted Procedures* when any of the following conditions are met:
- Any of the Location Codes entered have a Place of Service selected in the Integration
- Any of the Procedure Codes entered have a Type of Service selected in the Integration
- The patient's Primary Insurance Carrier Code or the Insurance Plan Code for the Carrier has been linked to a Default Billing Entity in the Integration.

Notes:
- Depending on which Table codes you selected in the Integration, each procedure entered can have up to two Billing Entities triggered for the Attachment - one based on place of service and one based on type of service.
- The triggering of the Attachment will only occur if the Idaho Patient Act integration is enabled.
- Charges coming into unposted procedures via interfaces, e-superbills or CGM webMOBILE™ will also trigger the Attachment automatically.
- If you want the Attachment to display in the top portion of the Attachment list in *Procedure Entry,* access the *Procedure Entry Integration* function *(System > Database Maintenance Menu > Integrations > Transactions Integrations > Procedure Entry Integration)* and select the Idaho Patient Act Attachment in the **Claim Level Attachments** section.

If you defined Default Billing Entities in the Integration; when you enter a procedure code the Attachment will be triggered and the Billing Entity(s) automatically populated based on the Place of Service, Type of Service, Insurance Plan or Insurance Carrier, but can be changed if needed.

Only one billing entity will default based on the Place of Service, using the hierarchy below:
1. If there is a default billing entity defined for Place of Service and Insurance Carrier, this value will default.
2. If nothing from #1 and there is a default billing entity defined for Place of Service and Insurance Plan, this value will default.
3. If nothing from #1 and #2, and there is a default billing entity defined for Place of Service, this value will default.
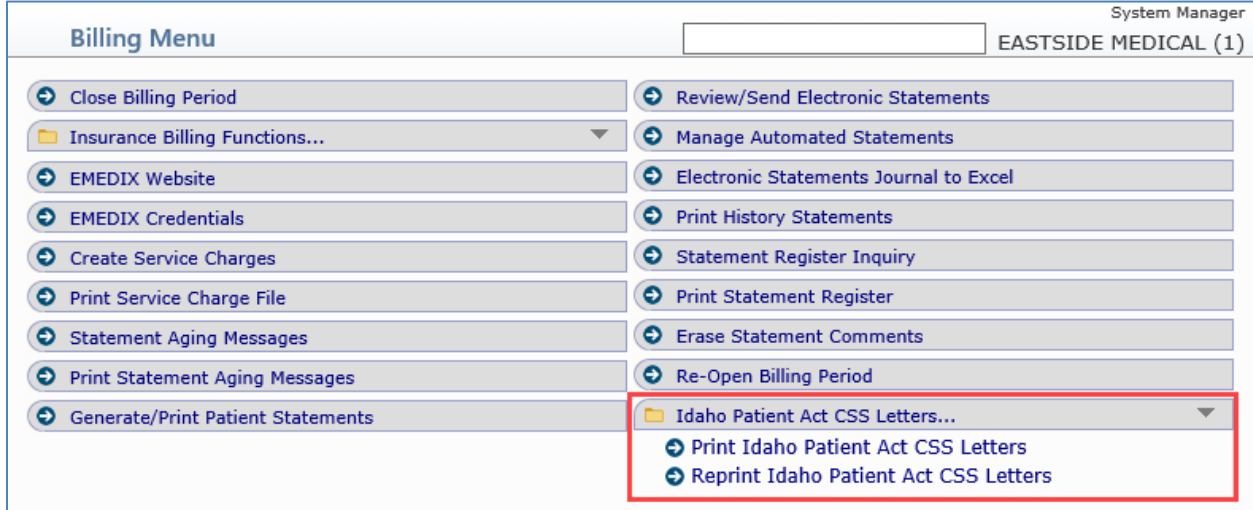
Only one billing entity will default based on the Type of Service, using the hierarchy below:
1. If there is a default billing entity defined for Type of Service **and** Insurance Carrier, this value will default.
2. If nothing from #1 and there is a default billing entity defined for Type of Service **and** Insurance Plan, this value will default.
3. If nothing from #1 and #2, and there is a default billing entity defined for Type of Service, this value will default.

If a **Default Billing Entity** has not been defined for any of the Table codes selected in the Integration and therefore cannot be populated, the Attachment icon will display red for 'required' in *Procedure Entry* and in *Unposted Procedures*, the "*Idaho Patient Act Attachment Required*" warning message will display in red text.
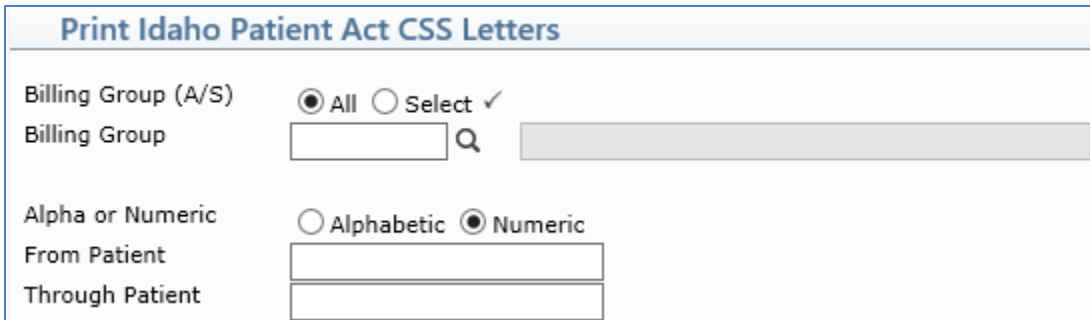
Print Idaho CSS Letters

New functions have been added so you can print and reprint the Idaho Patient Act CSS Letters. We modeled these functions after the printing patient statements function.

You can print for all billing groups or a select billing group, sort patients by Alphabetic or Numeric order and print for all patients or a range of patients. After a CSS letter is printed for an encounter, it will not print again using the *Print Idaho Patient Act CSS Letters* function. To print the CSS letters again, you need to use the *Reprint Idaho Patient Act CSS Letters* function.

One CSS letter will print for each encounter that has an Idaho Patient Act Attachment stored on it.

When the CSS letters are printed for patients, a $0 adjustment is posted to the account and you can view the CSS letter on the transaction history screen, by clicking on the (**ID**) icon under the **Img** column. You can optionally define an adjustment code when reprinting these letters in the *Idaho Patient Act Integration.*

Sample Idaho Patient Act CSS Letter

```
                      CONSOLIDATED SUMMARY OF SERVICES

        Eastside Medical - 0002        PREPARED : December 8, 2020
        1234 MAIN ST                   ACCOUNT #: 32587
        PHOENIX, AZ 85012              PATIENT  : BOGART THOMPSON
        800-555-1258

                                       THIS IS NOT A BILL. This is a summary
                                       of medical services you received.
        THOMPSON, BOGART               Retain this summary for your records.
        10 MAIN ST                     Please contact your insurance company
        PHOENIX, AZ 85012              and the health care providers listed on
        602-555-1234                   this summary to determine the final
                                       amount you may be obligated to pay.


     SERVICES PROVIDED AT:
     PHOENIX OFFICE   602-277-6277
     3003 North Central Ave STE 2100 Phoenix, FL 85012-2512

     SERVICES PROVIDED FOR:
     THOMPSON, BOGART   602-555-1234
     10 MAIN ST PHOENIX, AZ 85012

     ----------------------------------------------------------------------
     LIST OF SERVICES PROVIDED:

     SERVICE DATE    CODE     PROCEDURE DESCRIPTION           PROVIDER
     ----------------------------------------------------------------------
     12-08-2020      99214    OFFICE/OUTPATIENT VISIT EST     BILL BATES, MD


     ----------------------------------------------------------------------

     ADDITIONAL SERVICES - You may receive a bill from the following:

     Quest Diagnostics   602-555-7878
     10 main st PHOENIX, AZ 85012
```