



CompuGroup™  
Medical

# Idaho Patient Act Setup & Instructions

September 03, 2021

**CGMwebPRACTICE™**  
Fully Web-Based Practice Management Suite

## Table of Contents

Introduction .....	3
System Requirements .....	3
Patient Statements .....	4
Idaho Patient Act Requirements for Patient Statements .....	4
Patient Statement Setup Steps.....	5
Patient Statement Sample.....	7
Consolidated Summary of Services (CSS).....	8
Idaho Patient Act Requirements for CSS .....	8
CSS Setup and Processing Steps .....	9
Idaho Patient Act Integration.....	9
Billing Entities.....	10
Table Codes.....	11
Default Billing Entities.....	11
Procedure Entry and Unposted Procedures.....	12
Print Idaho CSS Letters .....	14
Sample Idaho Patient Act CSS Letter .....	15

## 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 2021.3.0.

## 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:

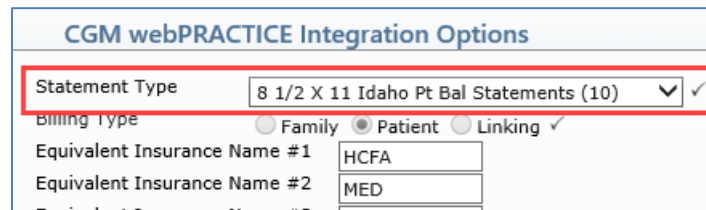
- Name and contact information of patient, including telephone number of the patient.
- Name and contact information, including the telephone number, of the health care facility where the health care provider provided goods and service to the patient. (this equates to the Location code stored for each 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

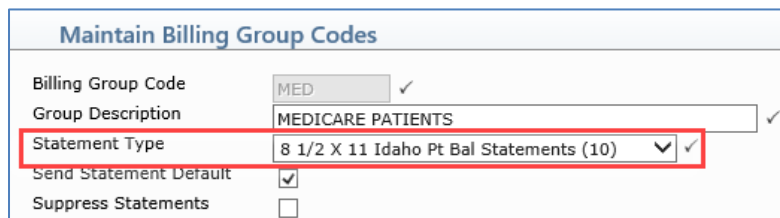
After we have notified you the Idaho Patient Balance Statement has been installed on your system, you will need to perform the following steps prior to sending statements for the first time on or after January 1, 2021.

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



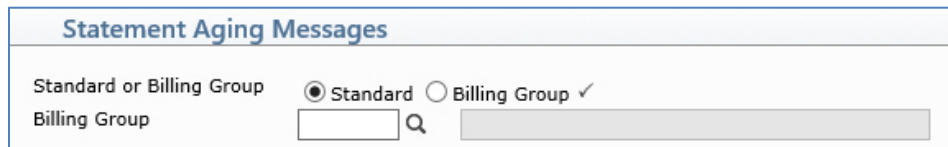
The screenshot shows the 'CGM webPRACTICE Integration Options' form. The 'Statement Type' dropdown menu is highlighted with a red box and set to '8 1/2 X 11 Idaho Pt Bal Statements (10)'. Other fields include 'Billing Type' (Patient selected), 'Equivalent Insurance Name #1' (HCFA), and 'Equivalent Insurance 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.



The screenshot shows the 'Maintain Billing Group Codes' form. The 'Statement Type' dropdown menu is highlighted with a red box and set to '8 1/2 X 11 Idaho Pt Bal Statements (10)'. Other fields include 'Billing Group Code' (MED), 'Group Description' (MEDICARE PATIENTS), 'Send Statement Default' (checked), and 'Suppress Statements' (unchecked).

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.



The screenshot shows the 'Statement Aging Messages' form. The 'Standard or Billing Group' radio buttons are set to 'Standard'. There is a search field for 'Billing Group'.

Statement Aging Messages	
90-Day Message	<input type="text"/> <input type="text"/> <input type="text"/>
120-Day Message	<input type="text"/> <input type="text"/> <input type="text"/>
150-Day Message	<input type="text"/> <input type="text"/> <input type="text"/>
General Message	<input type="text" value="A full-itemized list of goods and services provided is available upon request."/> <input type="text"/> <input type="text"/>

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.

The **Type 10 Idaho Patient Balance Statement** will print in the format of a *Type 6 Patient Balance Open Item* statement but uses the programming of the *Type 8 Insurance/Patient Aging* statement to determine which transactions should print. What this means is that an internal flag will be placed on the patient account to indicate which transactions have been previously printed on a statement. This ensures that only the new transactions that have been posted but never printed on a statement will print, and any balances remaining due for transactions that were previously printed on statements will print as a Balance Forward. The above process occurs when you use the *Generate/Print Patient Statements* function.

If you prefer to have the detailed transactions print more than one time on statements, you have the option of using the *Print History Statements* function, since this allows you to enter the date range you want for the transactions to ensure all of the details print.

If you have to reprint Type 10 statements for any reason, use the *Print History Statements* function and enter the applicable date range.

# Patient Statement Sample

**MAKE CHECKS PAYABLE TO:**  
**EAST SIDE MEDICAL**  
 1234 MAIN ST  
 IDAHO FALLS, ID 83403-2461

**PATIENT: ANDY ANDERSON**  
 BILLING QUESTIONS: (208) 555-5555

0101

**CREDIT CARDS**

CHECK CARD USING FOR PAYMENT  
 Mastercard  Visa  American Express  Discover

CARD NUMBER	CIV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE 06/30/21	PAY THIS AMOUNT 20.79	ACCT. # 23936

PAGE: 1 of 1

**SHOW AMOUNT PAID HERE \$**

ANDY ANDERSON  
 5555 SOUTH ST  
 IDAHO FALLS, ID 83403-2461

**REMIT TO:**  
**EAST SIDE MEDICAL**  
 1234 MAIN ST  
 IDAHO FALLS, ID 83403-2461

34495\*R4U0RLZ46000009

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT**

DATE	CODE #	DESCRIPTION	CHARGES	PAYMENTS CREDITS	INSURANCE BALANCE	PATIENT BALANCE
06-29-21	00142	Balance Forward ANESTH, LENS SURGE CO - CO INSURANCE INSURANCE PAYM MEDICARE ADJ	660.00		0.00	0.00 20.79(2)
06-29-21	TIME	10:48-11:04	0.00	-83.15 -556.06		0.00(1)
07-13-21	00142	ANESTH, LENS SURGE	660.00		660.00	(1)
07-13-21	TIME	10:40-10:56	0.00			0.00(1)
<b>TOTALS</b>		Services provided for ANDY ANDERSON 208-444-4444 5555 SOUTH ST IDAHO FALLS, ID 83404-2461 Service Provided at VISION CARE CENTER OF ID 208-666-6666 4545 W JEFFERSON ST STE 202 MERIDIAN, ID 83642-2890 Prim Ins: MEDICARE ID:908779650 Grp: B3360 (1) - This item has been filed to your primary insurance (2) - This balance is the patient's responsibility YOUR INSURANCE HAS BEEN FILED AS A COURTESY. PLEASE REMIT PATIENT BALANCE WITHIN 15 DAYS.			660.00	20.79

AGING	CURRENT	PAST 30 DAYS	PAST 60 DAYS	PAST 90 DAYS	PAST 120 DAYS	TOTAL
INSURANCE		660.00				660.00
PATIENT	20.79					20.79

**EAST SIDE MEDICAL**  
 BILLING QUESTIONS: (208) 555-5555  
 PATIENT: ANDY ANDERSON  
 ACCOUNT: 23936

**PLEASE PAY THIS AMOUNT >> 20.79**

**STATEMENT**

## 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 became available on December 11, 2020.



## 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:

Idaho Patient Act Integration	
Billing Entities	Enabled <input type="checkbox"/>
Table Codes	
Default Billing Entities	
Adj Code for Letters	IDL ✓ Q Idaho Patient Act Letters
Adj Code for Reprinted Letters	IDLR Q Idaho Patient Act Letter Reprint

- **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.

**Idaho Patient Act Integration - Billing Entities**
System Manager  
EASTSIDE MEDICAL (1)

Add/Edit

Doctor Code

▼

Add

Location Code

▼

Add

Ref Dr Code

Q

Add

Billing Entity

▼

Add

Codes:

Table	Code	Description	
Doctor	1	CATHY CASTNER, MD, DO	<a href="#">(remove)</a>
Billing Entity	LabC	LabCorp	<a href="#">(remove)</a>
Billing Entity	Sonora	Sonora Quest	<a href="#">(remove)</a>
Location	1	MAIN OFFICE	<a href="#">(remove)</a>
Referral Source	FIE	FIELD, DEAN	<a href="#">(remove)</a>

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.

**Idaho Patient Act Integration - Billing Entities**
System Manager  
EASTSIDE MEDICAL (1)

Select  
New  
Next  
Previous  
Print  
Inactivate  
Reactivate  
History

Billing Entity Code

LabC

✓

Billing Entity Name

LabCorp

Address Line One

5555 West Main St

Address Line Two

Zip Code

85286

City

Chandler

State

Arizona (AZ)

▼

Validate Address

Country Code

UNITED STATES (US)

▼

Subdivision

▼

Phone Number

555-555-5555

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.

**Idaho Patient Act Integration - Table Codes**
System Manager  
EASTSIDE MEDICAL (1)

Place of Service Code

Type of Service Code

Codes:

Table	Code	Description	
Place of Service	24	AMBULATORY SURGICAL CENTER	<a href="#">(remove)</a>
Type of Service	4	X-RAY	<a href="#">(remove)</a>
Type of Service	5	LAB	<a href="#">(remove)</a>

### 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.

**Idaho Patient Act Integration - Default Billing Entities**
System Manager  
EASTSIDE MEDICAL (1)

Table Code  ✓

Default Billing Entity  ✓

Location Code

Insurance Plan Code

Insurance Carrier Code

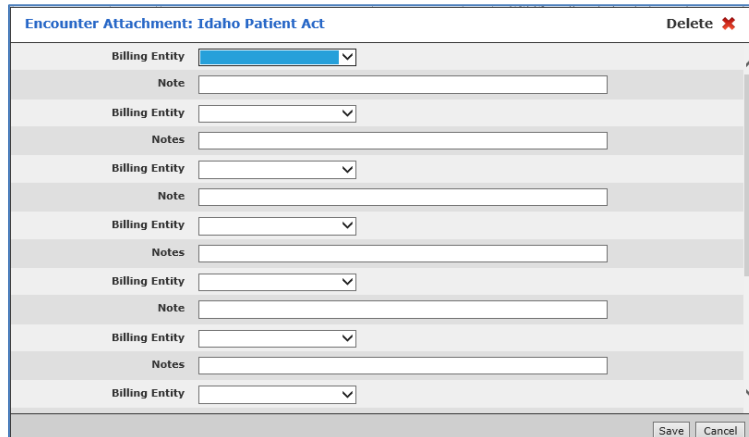
Codes:

Table	Description	Loc	Plan	Carrier	Default	
Place of Service	AMBULATORY SURGICAL CENTER (24)	GSO		GOOD SAM OP		<a href="#">(remove)</a>
Place of Service	AMBULATORY SURGICAL CENTER (24)	STJO		ST. JOSEPH'S HOSPITAL OUTPATIENT		<a href="#">(remove)</a>
Type of Service	X-RAY (4)			FIELD, DEAN		<a href="#">(remove)</a>
Type of Service	LAB (5)			LabCorp		<a href="#">(remove)</a>
Type of Service	LAB (5)		CIG	Sonora Quest		<a href="#">(remove)</a>

## 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.
- The Location Code for the encounter or individual procedures 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, Location Code, Insurance Plan or Insurance Carrier, but can be changed if needed.

**Only one billing entity will default based on the Place of Service. The following order of precedence will be used when determining if there is a Default Billing Entity that should populate the Attachment:**

- 1) Matching Place of Service, Insurance code and Location code
- 2) Matching Place of Service, Insurance plan and Location code
- 3) Matching Place of Service and Location code
- 4) Matching Place of Service and Insurance code
- 5) Matching Place of Service

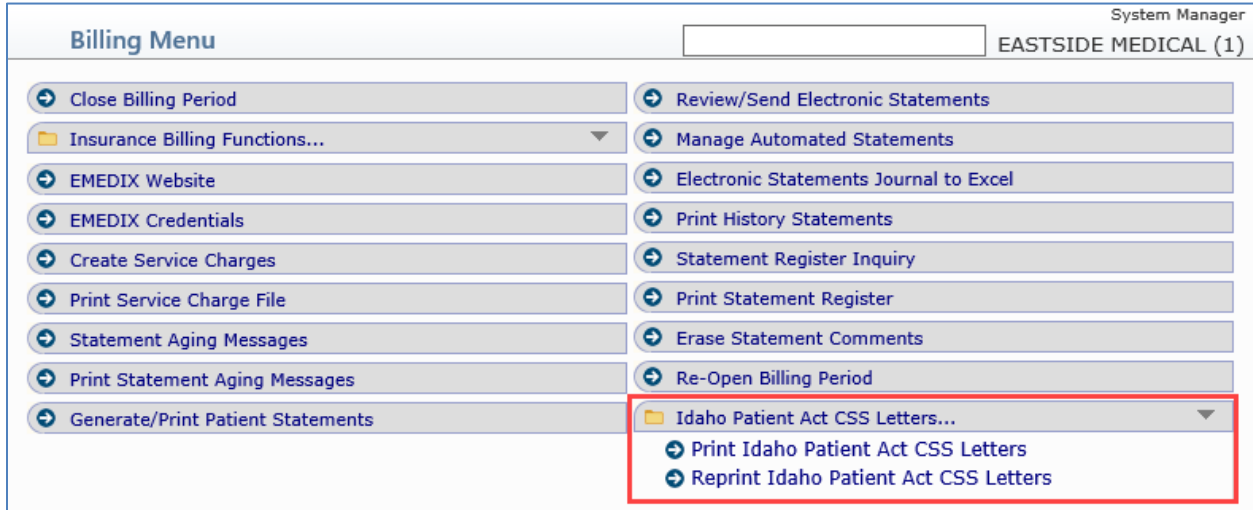
**Only one billing entity will default based on the Type of Service. The following order of precedence will be used when determining if there is a Default Billing Entity that should populate the Attachment:**

- 1) Matching Type of Service, Insurance code and Location code
- 2) Matching Type of Service, Insurance plan and Location code
- 3) Matching Type of Service and Location code
- 4) Matching Type of Service and Insurance code
- 5) Matching Type of Service

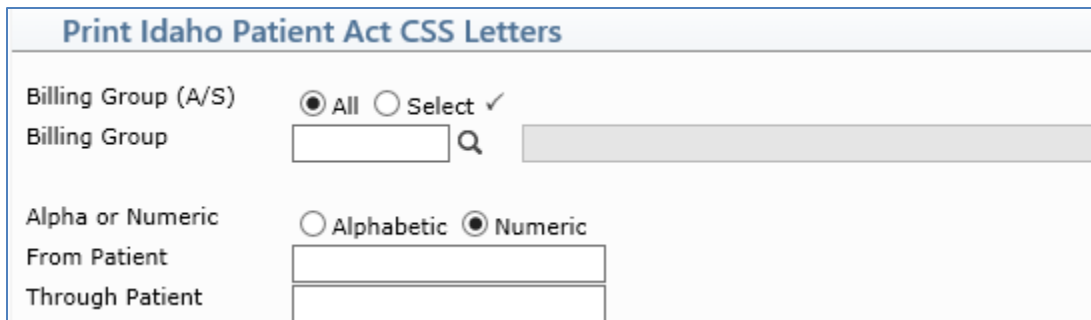
If a **Default Billing Entity** has not been defined for any of the Table codes selected in the Integration and therefore cannot be populated, the Attachment icon will display yellow as a warning in *Procedure Entry* and in *Unposted Procedures*.

## 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*.

Transaction History										SYSTEM MANAGER Eastside Medical - 0002 (1)	
Patient: 32587 - THOMPSON, BOGART ** 10 MAIN ST PHOENIX, AZ 85012 (H) 602-555-1234						A - All Cases All Transactions		Date of Service From: <input type="text"/> Thru: <input type="text"/>		Actions: <input type="checkbox"/>	
Acc/Date	Ser/Date	Case	BG	Code	Description	Org/Amt	Ins/Bal	Pat/Bal I	Img	Act	
12-08-20	12-08-20	0	AET	FF 99214	OV EST LEV 4	124.00		124.00 N		<input type="checkbox"/>	
12-08-20	12-08-20	0		IPA	CSS Letter Sent	0.00				<input type="checkbox"/>	
12-08-20	12-08-20	0		IPA2	CSS Letter Re-sent	0.00				<input type="checkbox"/>	

*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

THOMPSON, BOGART                       THIS IS NOT A BILL. This is a summary
10 MAIN ST                             of medical services you received.
PHOENIX, AZ 85012                     Retain this summary for your records.
602-555-1234                          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.

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
    
```