



CompuGroup™
Medical

Idaho Electronic Patient Statement Registration Packet

August 2024

CGMwebPRACTICE™

Fully Web-Based Practice Management Suite



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NOTICE

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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). Full details for registering for electronic patient statements are also included. This document 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 2024.2.0.



ELECTRONIC STATEMENT SETUP

How does it work?

You create your patient statements and print them to a file. Within CGM webPRACTICE you can review and edit your statements. You also have options to; enter additional notes; discard statements from the file and to print individual statements to the printer. After you approve the statement file, you send the file to CGM US.

Setup Process

The setup process usually takes one week to complete and then you will be ready to send your patient statements to CGM US.

- Step 1: This is an information gathering process. You will need to complete the Statement Registration Form.
- Step 2: CGM US will install the statement program, perform the setup and create a test batch of statements.
- Step 3: The next step is to send the test batch of patient statements to CGM US. The statement mapping will be performed for your statements and a sample will be emailed to you for approval.

What happens to the statements at CompuGroup Medical?

When CGM US receives your patient statements, they are processed and mailed out no later than the next business day.

Prior to printing the statements, they are processed through special U.S. Postal Mailing software to add the zip + 4 and barcoding to ensure the accuracy of addresses so your statements can be delivered quickly and efficiently with fewer mail returns.

Any patient statements that do not pass successfully through the mailing software are placed on the *Confirmation/Exception* report. You will be able to review this report via EMEDIX Online (which also includes the total number of statements mailed) every time you send statements to CGM US. The *Confirmation/Exception* report allows you to make the necessary corrections to your patient accounts.

STATEMENT REGISTRATION FORM

Complete the following and return to your Implementation consultant. This information is required a minimum of one week prior to the estimated *go-live* date to ensure a smooth installation. If you have multiple databases that will be sending Electronic Patient Statements, complete a separate packet for each database. In addition, you will need to assign an individual to be responsible for all Electronic Patient Statement activity.

Client #	_____	Database #	_____
Practice Name	_____	Contact Person	_____
Address	_____	Contact Phone #	_____
City, ST, Zip	_____	Contact Email	_____
Phone #	_____	Fax #	_____

Setup Information

The name and address of the practice and/or physician that prints on the patient statement is taken directly from the statement file that you send to CGM US. This information can be found in the *Change Database Parameters* function (*System > Database Maintenance Menu*) for each database in your system. If you **need a different practice name** to be printed on the patient statement, fill out the following:

Practice Name: _____

of Days for Statement Cycle: _____

Credit Cards our office accepts: MasterCard Visa Amex Discover None

Billing Office Phone #: _____

Practice and Patient Information to print on each patient statement

You have four lines of data available that can print in the lower-left portion of the statement. Typically, this includes your Practice Name, Billing Questions Phone #, Patient Name and Patient Account # as shown in the sample below:



This area can be customized to meet your needs though. For example, if you want to include Doctor Names, the data can be shifted around to do so, as shown below:

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	AMOUNT DUE:	\$24.43
\$24.43	\$0.00	\$0.00	\$0.00	\$0.00		

CGM MEDICAL PRACTICE, LLC
 BILLING QUESTIONS: (443) 555-0123
 PATIENT: JAMES K POLK ACCOUNT#: 21
 JOHN ADAMS, MD & GEORGE WASHINGTON, MD

THANK YOU!

Type 6 Statement sample - front side - with payment portal option

Page 1

Indicate below if you want the standard data to print, otherwise complete the fields with the data you want to print on the four lines at the bottom of the statement:

Print Standard Data:

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

If you need additional information to print on each patient statement, such as Billing office hours, Billing email address, etc., you should add that information to the **General Message** in the Statement Aging Messages (*Billing > Statement Aging Messages*). **Note:** *The additional information should only be entered in the **General Message** section and not each Aging Category Message, otherwise it will print multiple times on each statement.*

Statement Aging Messages

90-Day Message:

120-Day Message:

150-Day Message:

General Message:



Statement Customization Options:

Statement Aging

The first option is to decide how you want the statement aging calculated. The standard format is to calculate the aging based on when the balance of the transaction was placed in the **Patient Balance** column. You can choose to have the aging calculated instead, by the **Accounting Date** of the transaction.

Balance Used to Create Statements

The next option is to decide which balance you want to use when you create statements. You can select either the **Whole Account Balance** or just the **Balance in the Patient Balance column**.

Indicate below which options you want:

Aging: Patient Balance Accounting Date

Balance Used to Create Statements: Patient Balance Whole Balance

Client Name

Date

Signature

Title

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.

The Idaho Patient Balance Statement (Type 10) accommodates all of these requirements.

STATEMENT TYPE 10 DESCRIPTION

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.

- Any denial reasons for each charge print right below the charge description.
- There is a section that displays any payments received in last 30 days.
- The aging displayed is broken down between insurance and patient balances.
- The *patient balance* is printed for the prompt “Pay this Amount”.
- This statement can only be printed through *Billing, Print Patient Statements*.

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.

CGM MEDICAL PRACTICE, LLC
10901 STONELAKE BLVD
AUSTIN, TX 78759

Statement Date	Account Number	Pay This Amount
04/02/24	21	\$24.43
Show Amount Paid Here	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
CC # _____	CVV _____	Expiration ____/____/____
Signature _____		


JAMES K POLK
 1111 POLK PLACE
 PITTSBURGH, PA 15111-1111

CGM MEDICAL PRACTICE, LLC
10901 STONELAKE BLVD
AUSTIN, TX 78759



Please Pay: \$24.43 **Account Number: 21**

To pay online, scan the QR code or go to: <https://paymentportal.emedixus.com>
 and enter the access code: **111-1ABC-DEF2-G3HI**



DATE	CODE #	DESCRIPTION	CHARGES	PAYMENTS CREDITS	INSURANCE BALANCE	PATIENT BALANCE
03-05-24	99214	Balance Forward			0.00	180.00
		OFFICE/OUTPATIENT	240.00			0.00 (1)
		MED PAYMENT		-119.50		
		MED ADJUSTMENT		-120.50		
		Services provided for JAMES POLK 845-555-7777 1111 POLK PLACE PITTSBURGH, PA 15111-1111 Services provided at IDAHO MEDICAL CNTR 208-555-7777 4001 S STREAMSIDE AVE Ste 256 Idaho Falls, ID 83404-6371 Prim Ins: MEDICAID ID: 7777777777 Grp: (None on file)				
03-18-24	MED	Payments received in last 30 days:				
		MED PAYMENT		-119.50		
03-22-24	CC	CREDIT CARD PAYMENT--		-155.57		
TOTALS					0.00	24.43

(1) - This item has been filed to your primary insurance
 THANK YOU FOR MAKING PAYMENTS! PLEASE
 NOTIFY THE OFFICE IF YOU ARE UNABLE TO
 MAKE YOUR SCHEDULED PAYMENT!
 A FULL ITEMIZED LIST OF GOODS AND SERVICES PROVIDED
 IS AVAILABLE UPON REQUEST.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	AMOUNT DUE:	\$24.43
\$0.00	\$0.00	\$24.43	\$0.00	\$0.00		

CGM MEDICAL PRACTICE, LLC
BILLING QUESTIONS: (443) 555-0123
PATIENT: JAMES K POLK
ACCOUNT #: 21

THANK YOU!

PLEASE COMPLETE IF THERE ARE ERRORS OR CHANGES IN ADDRESS OR INSURANCE INFORMATION:

Responsible Person's Name		Home Phone Number ()		Work Phone Number ()		e-Mail Address		
Address			City		State	Zip	MARITAL STATUS <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	
Primary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number	
	Insurance Company Name		Insurance Company Address				City	State Zip
	Employer Name		Insurance Phone Number ()		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		
Secondary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number	
	Insurance Company Name		Insurance Company Address				City	State Zip
	Employer Name		Insurance Phone Number ()		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		

CGM MEDICAL PRACTICE, LLC
10901 STONELAKE BLVD
AUSTIN, TX 78759

Statement Date	Account Number	Pay This Amount
04/02/24	21	\$24.43
Show Amount Paid Here	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
CC # _____	CVV _____	Expiration ____/____
Signature _____		

JAMES K POLK
 1111 POLK PLACE
 PITTSBURGH, PA 15111-1111

CGM MEDICAL PRACTICE, LLC
10901 STONELAKE BLVD
AUSTIN, TX 78759



Please Pay: \$24.43 **Account Number: 21**

DATE	CODE #	DESCRIPTION	PAYMENTS CHARGES	INSURANCE CREDITS	PATIENT BALANCE	BALANCE
03-05-24	99214	Balance Forward			0.00	180.00
		OFFICE/OUTPATIENT	240.00			0.00 (1)
		MED PAYMENT		-119.50		
		MED ADJUSTMENT		-120.50		
Services provided for JAMES POLK 845-555-7777 1111 POLK PLACE PITTSBURGH, PA 15111-1111 Services provided at IDAHO MEDICAL CNTR 208-555-7777 4001 S STREAMSIDE AVE Ste 256 Idaho Falls, ID 83404-6371 Prim Ins: MEDICAID ID: 7777777777 Grp: (None on file)						
03-18-24	MED	Payments received in last 30 days:				
		MED PAYMENT		-119.50		
03-22-24	CC	CREDIT CARD PAYMENT--		-155.57		
TOTALS					0.00	24.43

(1) - This item has been filed to your primary insurance
 THANK YOU FOR MAKING PAYMENTS! PLEASE
 NOTIFY THE OFFICE IF YOU ARE UNABLE TO
 MAKE YOUR SCHEDULED PAYMENT!
 A FULL ITEMIZED LIST OF GOODS AND SERVICES PROVIDED
 IS AVAILABLE UPON REQUEST.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	AMOUNT DUE:	\$24.43
\$0.00	\$0.00	\$24.43	\$0.00	\$0.00		

CGM MEDICAL PRACTICE, LLC
BILLING QUESTIONS: (443) 555-0123
PATIENT: JAMES K POLK
ACCOUNT #: 21

**THANK
 YOU!**

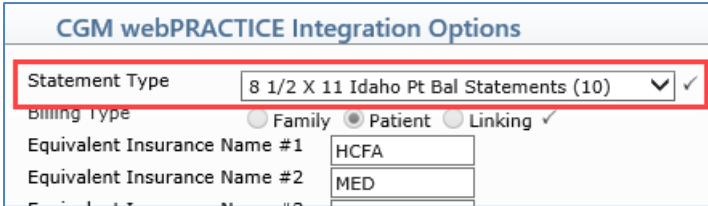
PLEASE COMPLETE IF THERE ARE ERRORS OR CHANGES IN ADDRESS OR INSURANCE INFORMATION:

Responsible Person's Name		Home Phone Number ()		Work Phone Number ()		e-Mail Address		
Address			City		State	Zip	MARITAL STATUS <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	
Primary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number	
	Insurance Company Name		Insurance Company Address				City	State Zip
	Employer Name		Insurance Phone Number ()		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		
Secondary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number	
	Insurance Company Name		Insurance Company Address				City	State Zip
	Employer Name		Insurance Phone Number ()		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		

Patient Statement Setup Steps

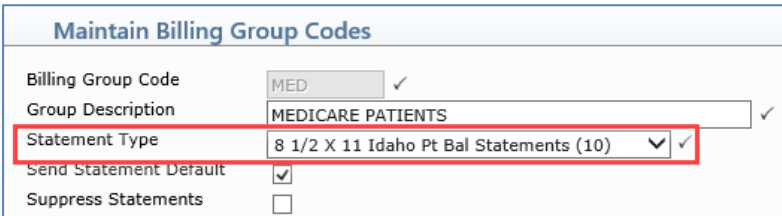
After we have notified you the Idaho Patient Balance Statement has been installed on your system, you will need to perform the following steps prior to sending statements for the first time.

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



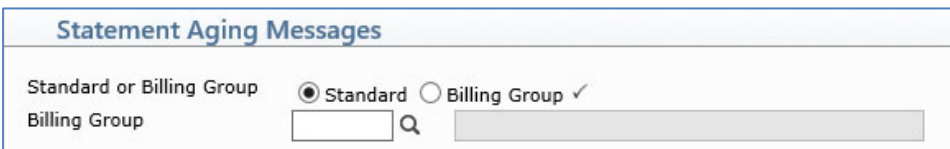
The screenshot shows the 'CGM webPRACTICE Integration Options' form. A red box highlights the 'Statement Type' dropdown menu, which is set to '8 1/2 X 11 Idaho Pt Bal Statements (10)'. Other visible fields include 'Billing Type' with radio buttons for 'Family', 'Patient', and 'Linking' (checked), and two 'Equivalent Insurance Name' fields with values 'HCFA' and '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. A red box highlights the 'Statement Type' dropdown menu, which is set to '8 1/2 X 11 Idaho Pt Bal Statements (10)'. Other visible 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' section has radio buttons for 'Standard' (checked) and 'Billing Group'. Below this, there are two search fields for 'Billing Group' with magnifying glass icons.

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.

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.***

The following functionality in CGM webPRACTICE accommodates 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

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

Location Code

Ref Dr Code

Billing Entity

Codes:

Table	Code	Description	
Doctor	1	CATHY CASTNER, MD, DO	(remove)
Billing Entity	LabC	LabCorp	(remove)
Billing Entity	Sonora	Sonora Quest	(remove)
Location	1	MAIN OFFICE	(remove)
Referral Source	FIE	FIELD, DEAN	(remove)

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 ✓

Billing Entity Name

Address Line One

Address Line Two

Zip Code

City

State

Country Code Subdivision

Phone Number

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	(remove)
Type of Service	4	X-RAY	(remove)
Type of Service	5	LAB	(remove)

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

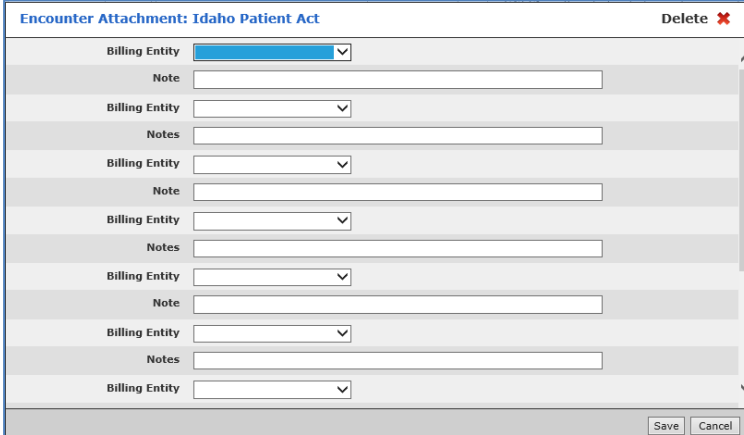
Codes:

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

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.

Billing Menu		System Manager
	<input type="text"/>	EASTSIDE MEDICAL (1)
➔ Close Billing Period	➔ Review/Send Electronic Statements	
📁 Insurance Billing Functions...	➔ Manage Automated Statements	
➔ EMEDIX Website	➔ Electronic Statements Journal to Excel	
➔ EMEDIX Credentials	➔ Print History Statements	
➔ Create Service Charges	➔ Statement Register Inquiry	
➔ Print Service Charge File	➔ Print Statement Register	
➔ Statement Aging Messages	➔ Erase Statement Comments	
➔ Print Statement Aging Messages	➔ Re-Open Billing Period	
➔ Generate/Print Patient Statements	📁 Idaho Patient Act CSS Letters...	
	➔ Print Idaho Patient Act CSS Letters	
	➔ Reprint Idaho Patient Act CSS Letters	

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.

Print Idaho Patient Act CSS Letters	
Billing Group (A/S)	<input checked="" type="radio"/> All <input type="radio"/> Select ✓
Billing Group	<input type="text"/> 🔍 <input type="text"/>
Alpha or Numeric	<input type="radio"/> Alphabetic <input checked="" type="radio"/> Numeric
From Patient	<input type="text"/>
Through Patient	<input type="text"/>

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: [] Thru: []		Actions:	
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	99214	OV EST LEV 4	124.00		124.00 N	(ID)		
12-08-20	12-08-20	0	IPA		CSS Letter Sent	0.00			(ID)		
12-08-20	12-08-20	0	IPA2		CSS Letter Re-sent	0.00			(ID)		

Sample Idaho Patient Act CSS Letter

CONSOLIDATED SUMMARY OF SERVICES

Eastside Medical - 0002 1234 MAIN ST PHOENIX, AZ 85012 800-555-1258	PREPARED : December 8, 2020 ACCOUNT #: 32587 PATIENT : BOGART THOMPSON
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THOMPSON, BOGART
 10 MAIN ST
 PHOENIX, AZ 85012
 602-555-1234

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.

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