

What's New in

CGM webPRACTICE™ v7.4.16

Final Release Notes

June 19, 2017

Hosted Clients Release Date: June 21, 2017

Self-hosted Clients Release Date: June 28, 2017





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INTRODUCTION

This document provides an overview of new features, resolutions, and enhancements available in the release of CGM webPRACTICE v7.4.16. Each section defines the specific feature and/or enhancement associated with the new CGM webPRACTICE release, as well as any resolved issues.



NEW FEATURES AND ENHANCEMENTS

This section is not meant to be cumulative and only contains information associated with the CGM webPRACTICE v.7.4.16 release.

Note: You will need to complete the ***Action Required*** items (where applicable) to make sure your system functions properly with this updated version.

As with all updates, for all new menu functionality, you will need to identify which users you want to have access to the new menu functions. Then, you must activate the new menus using the *Model User Menus* function located on the *System, User Management* menu. You must also set the security level that you want on the new menus using the *Change Function Security* function located on the *System, User Management, Function Security Menu*.

Summary of Action Required Items

Page #	Function	Action				
12	Import Fee Schedules	Load the updated files if applicable.				
12	Load the HCPCS Codes	Load the updated files if applicable.				
12	Import the RVU Unit Values	Load the updated files if applicable.				



CGM webPRACTICE Enhancements

New Patient Action Column Button

Security has been improved in the *Patient Look-up* and *Scheduling* functions to determine if a User should be allowed to register new patients. If a User does not have access to the *Patient Registration* function, they will not be allowed to use the **New Patient** button to register new patients.

Billing

Print Exception Report (Insurance Billing Functions, Electronic Claims)

The *Carrier ID Missing* message has been changed to *Missing Electronic ID # for Ins Carrier* and the functionality has been modified.

- Professional Claims If the Electronic Form Number selected for the Insurance Carrier generates
 electronic claims and the Electronic ID # field is blank or contains '00000', the claim will be placed
 on the Exception Report.
- Institutional Claims If the Electronic Form Number selected for the Insurance Carrier generates electronic claims and the UB Electronic ID # field is blank or contains '00000', the Electronic ID # will be used instead. If the Electronic ID # field is blank or contains '00000', the claim will be placed on the Exception Report.

See the *Maintain Insurance Carriers* entry in the *Tables* section of these release notes for additional information.

Note: Previously, '00000' was a valid entry in these fields, but that option is no longer sustainable and will cause claims for Insurance Carriers containing that code to be placed on the Exception Report. You should obtain the correct **Electronic ID** # either from the patient's insurance card or by contacting the carrier directly. The Electronic ID # is also commonly known as the "Payer ID."

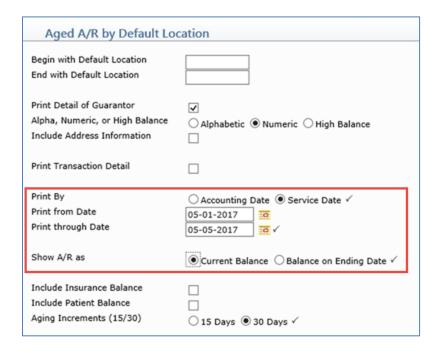


Reports

Aged Accounts Receivable (A/R) Reports and Double Sorted Aged A/R Reports (Sorted Aged A/R Reports)

The Ending Date for Report field has been removed and the following fields have been added to expand the printing options:

- **Print By** select to print by Accounting Date or Service Date
- Print from Date Type the date you want the report to start with or click the calendar icon to select a date or leave the field blank to print every open item up through the selected 'through Date'.
- **Print through Date** Type the date you want the report to end with or click the calendar icon to select a date.
- Show A/R as select to show the A/R for the Current Balance or the Balance on the selected Ending Date (Print through Date field):
 - Current Balance: If you want the A/R to print the current open item balance(s)
 - Balance on Ending Date: If you want the A/R to print the open item balance(s) up through the Ending Date, select this option. The balance(s) will not include any payments or adjustments applied after the selected Ending Date.





Reports (cont.)

Transaction Journals Summary to Excel (Transaction Journals) *New Functionality*

This new Excel report provides a summary of the Charge, Payment and Adjustment totals and can be printed for the Performing Doctor or the Location on the transaction and can also be printed by Accounting Date or Service Date. It also includes the following data:

- The number of patients billed
 - Note: This is the number of unique patient accounts; not units, line items or claims per day. If a patient was seen multiple times in one day and had multiple claims/encounters, they would only be counted once for that day. If the patient was seen multiple times during the selected date range and had multiple charges posted throughout the selected date range, the patient would be counted one time for each date seen.
- Average Charge per Patient
- Average Payments per Patient
- % of Total Visits
- % of Total Charges
- % of Total Payments

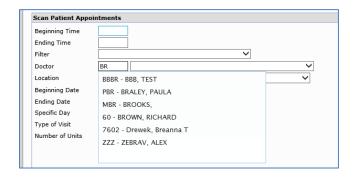
1	А	В	С	D	E	F	G	Н	I	J	K
1	5/15/2017										
2	EASTSIDE MEDICAL										
3	Transaction Journals Summary to Excel										
4	Accounting Date 04-01-2017 to 04-30-2017										
5	Performing [Ooctor All Codes									
6											
7	Per Dr Code	Per Dr	Patients	Charges	Payments	Adjustments	Avg Chg/Pt	Avg Pmt/Pt	% Total Visits	% Total Chgs	% Total Pmts
8		Totals:	22	13,146.00	-269.16	-975.22	597.54	-12.23	100%	100%	100%
9	1	CATHY CASTNER, MD, DO	18	4,096.00	-269.16	-975.22	227.55	-14.95	81%	31%	100%
10	2	ANDREW BAKER, MD	2	1,500.00	0	0	750	0	9%	11%	0%
11	4	RANDY DAVIS, MD	1	50	0	0	50	0	4%	%	0%
12	MBR	BROOKS	1	7,500.00	0	0	7,500.00	0	4%	57%	0%
13	End of Report. Transactions/Journals/Transaction Journals Summary to Excel										
14	Requested by MGR and completed at 11:37AM on May 15 2017										



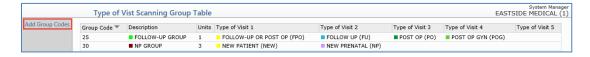
Schedule

Enter Patient Appointments – Scan function

The **Scan** function has been improved so you can more easily select the Doctor, Location and Type of Visit. Each field has been enhanced to provide an 'auto-complete' list. When you start typing the name or code you want, any matching values will appear in a list below the text box. If you type a code, you can press TAB and the code will populate in the text box. If you type a name or description of a code, you can use the down arrow or mouse to highlight the code and then press TAB to populate the text box.



Type of Visit Scanning Groups (Scheduling Table Maintenance, Type of Visit Table) *New Functionality*
With this new Table, you can create Type of Visit Scanning Group Codes to scan for available reserve appointments for multiple Type of Visit codes. Each group code can contain up to five different Type of Visit codes. Upon accessing the function, a list of any existing group codes will display. You can edit an existing group code by clicking anywhere in the row containing the group code information. To add a new group code to the table, click the Add Group Codes Action Column button.



In addition to selecting the Type of Visit Codes contained in the group, you have the option to set a default number of units when scanning for available reserve appointments in the **Number of Units** field. You can also assign a **Color** to the group code. For additional details, see the *Enter Patient Appointments-Type of Visit Scanning Groups* entry under this section of the release notes.

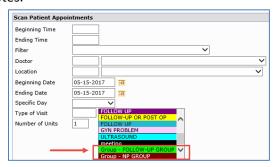




Schedule (cont.)

Enter Patient Appointments – Type of Visit Scanning Groups

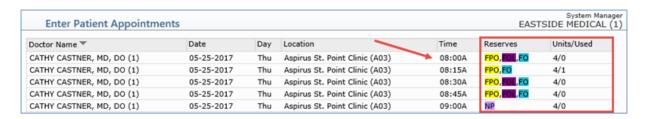
The **Type of Visit** list in the **Scan** function has been enhanced to display Type of Visit Scanning Group codes at the bottom of the list. For additional details, see the *Type of Visit Scanning Groups* entry under this section of the release notes.



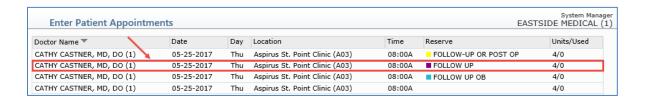
Note: To select a Type of Visit Scanning Group, you can either type the code or select the group you want from the Type of Visit list. The auto-complete functionality does not display Type of Visit Scanning Group Codes.

Enter Patient Appointments – Scan function results

The results displayed for the **Scan** function have been enhanced. Additional information for each appointment time will display in two new columns on the Scan results screen. The available reserve appointments will display in the **Reserves** column and the maximum number of units per appointment time and number of units already scheduled will display in the **Units/Used** column. Click anywhere in the row of an available appointment time with multiple reserves to proceed with scheduling the appointment.



After selecting the appointment time, the available reserve appointments will display. Click anywhere in the row of the reserve appointment to proceed with scheduling the appointment.





Schedule (cont.)

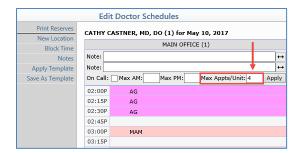
Enter Patient Appointments – Scan function results (cont)

Workflow navigation has also been improved for those times when you need to perform a different scan. If you click **Cancel** on the Scan results screen, you will be returned to the Scan function screen now instead of the main schedule screen and the previously entered data will be populated.

Edit Doctor Schedules (Doctor Schedule Maintenance)

Enhancements have been made so that you can edit the **Max Appt/Unit** on existing Doctors' Schedules. When you edit the value stored in the **Max Appt/Unit** field and click **Apply**, the schedule will be updated for that Doctor, Location and Date.

Note: If you want to change the **Max Appt/Unit** for a range of dates, you need to use the **Set Max Patient Loads** function.



When creating a new schedule or editing an existing schedule, the following hierarchy determines which value will default for the **Max Appt/Unit** field if one has not already been stored:

- 1. Default the value stored in the **Max Appts per Unit** field in the *Set Max Patient Loads* function, if one is stored for the Doctor Code/Location Code combination.
- 2. Default the value stored in the **Max Appts per Unit** field in the *Maintain Doctor Integration Codes* function, if one is stored for the Doctor Code.
- 3. Default the value stored in the Max. Appt./Unit field in the Scheduling System Integration.

For additional information, see the *Maintain Doctor Integration Codes* and *Set Max Patient Loads* entry under this section of the release notes.



Schedule (cont.)

Set Max Patient Loads (Schedule Table Maintenance, Doctor Code Integration Table) and **Maintain Doctor Integration Codes** (Schedule Table Maintenance, Doctor Code Integration Table)

A new **Max Appts per Unit** field has been added to both of these functions, so you can set a default value for the maximum number of appointments allowed per unit. In the *Maintain Doctor Integration Codes* function, the value is stored for an individual Doctor Code and in the *Set Max Patient Loads* function; the value is stored for a Doctor Code/Location Code Combination.

Using the *Set Max Patient Loads* function, you can also edit the **Max Appts per Unit** for existing schedules and extend the changes through a date. For additional information, see the *Edit Doctor Schedules* entry under this section of the release notes.

Maintain Type of Visit Codes (Scheduling Table Maintenance, Type of Visit Table)

A new **Security for Overwriting TOV on Reserve** field has been added so you can assign a security level to individual Type of Visit codes to control which users can change that Type of Visit code for a reserved appointment when scheduling appointments. You can add a different level of security to specific codes that overrides the default security level set in the *Scheduling System Integration* function. For information on assigning a default security level to every Type of Visit code, see the *Scheduling System Integration* entry under the *System* section of these release notes.

System

Scheduling System Integration (Database Maintenance Menu, Integrations, Schedule Integrations)

A new Security for Overwriting TOV on Reserve field has been added so you can control which Users can change the Type of Visit for a reserved appointment. The security level you store in this field is the default security level used for every Type of Visit Code. Only Users with the same or higher security level will be allowed to change a Type of Visit on reserved appointments when scheduling appointments. For information on assigning security level requirements to individual Type of Visit codes, see the Maintain Type of Visit Codes entry under the Schedule section of these release notes.



Tables

Import Fee Schedules (Fee Schedule Tables) ***Action Required***

The Centers for Medicare and Medicaid Services (CMS) have released the 2017 Medicare Physician Fee Schedule effective April 1, 2017. These updates were released in Patch # 7.4.15.4 on April 17, 2017. The updated files are available for import by selecting 2017 in the **Fee Schedule Year** list and the applicable file name in the **Fee Schedule File** list.

Import RVU Unit Values (Relative Value Schedule Table) ***Action Required***

The Centers for Medicare and Medicaid Services (CMS) have updated the 2017 Medicare Relative Value Unit files (RVUs) effective April 1, 2017. These updates were released in Patch # 7.4.15.4 on April 17, 2017. To receive the updated codes you must load the **2017** file.

Load the HCPCS Codes (Procedure Code Table) ***Action Required***

Updates to the 2017 HCPCS data files, effective April 1, 2017 are available. These updates were released in Patch #7.4.15.4 on April 17, 2017. To receive the updated codes you must load the 2017 file.

Maintain Insurance Carriers (Insurance Carrier Table)

The **Electronic ID #, UB Electronic ID #** and the **Additional Payer ID #** fields can now contain up to 80 alphanumeric characters. See the *Print Exception Report* entry in the *Billing* section of these release notes for additional information.

Note: Previously, '00000' was a valid entry in these fields, but that option is no longer sustainable and will cause claims for Insurance Carriers containing that code to be placed on the Exception Report. You should obtain the correct **Electronic ID** # either from the patient's insurance card or by contacting the carrier directly. The Electronic ID # is also commonly known as the "Payer ID."