What's New in

CGM webPRACTICE™ v7.4.27

Updated Final Release Notes

May 19, 2020

CGMwebPRACTICE™

Fully Web-Based Practice Management Suite

Table of Contents

INTRODUCTION

This document provides an overview of new features, resolutions, and enhancements available in the release of CGM webPRACTICE v7.4.27. 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.7.4.27 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
14	CGM webPRACTICE Default Values	Add a **Default Referral Source**, if applicable
15	Auto-Posting Payments Integrations	Select the appropriate settings for your practice
17	Import Fee Schedules	Load the updated files if applicable
17	Load the HCPCS Codes	Load the updated files if applicable
17	Import RVU Unit Values	Load the updated files if applicable
19	Import and Post ERA Files	If you want ERAs stored as PDFs, confirm the *Image Management Integration* function (*System > Database Maintenance Menu > Integrations > Image Management Integration*) has been completed

Summary of Changes to Document

Version 1 of Preliminary Release Notes released May 4, 2020.

Section	Function	Added/Deleted/Revised
Transactions	Import and Post ERA Files	Added ***Action Required***
System	School Integration	Added release note
Collections	Automatic Patient Collection Balance Write-Off	Revised - added a 'Note'
Collections	Work Accounts	Added release note
System	Column Selectable Fields	Added release note

CGM webPRACTICE Enhancements

Printing in CGM WEBPRACTICE

Two new printer options for *Print to PDF* and *Print to PDF via MyReports* are now available for every report, with the exceptions of Rich Text documents or reports where *Print to Excel* is the only printer option.

Desktop Tools - **Inbox Desktop Tool**

To prevent users from not being able to access their **Inbox** due to excessive quantities of unread emails, the caretaker will now check daily to see if any users have over 5000 unread emails and if so, will delete any over the 5000 threshold, starting with the oldest.
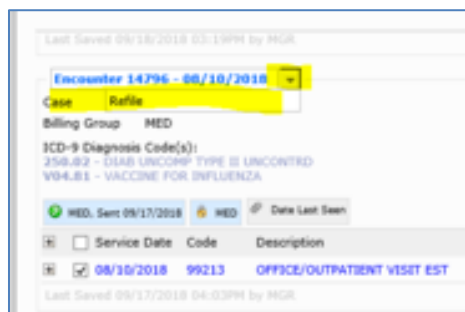
Collections

Work Accounts *(Collections > Patient Collections > Work Accounts)*

Changed the format of the **Last Personal Payment** column, so you can sort it chronologically now. Previously, the **Payment Amount** would display first but now the **Payment Date** will display first.

Work Accounts *(Collections > Insurance Collections > Work Accounts)*

Added a **Refile** Action to the Encounter, so you can refile the encounter directly from within *Work Accounts*.

Collections (cont.)

Work Accounts *(Collections > Patient Collections > Work Accounts)*
Changed the **Balance** column heading to **Patient Balance**, so it clearly reflects this balance is the entire patient balance currently owing. Also added a **Patient Collection Balance** column, so you can see the portion of the patient's balance that is currently in collections.

	Acct	Name	Status	Dr	Last Personal Payment	Next Contact	Loc	Grp	Patient Balance ▲	Wrk	Patient Collection Balance
☐	26240	SHELTON, BLAKE	8	1	03-24-2020 Paid $4.00		1	UHC	12181.36	N	12098.86
☐	25230	SMITHSON, ANDREW	6	3	03-01-2006 Paid $15675.43			BC	5881.26	N	5881.26
☐	26237	POOH, WINNIE	9	1	05-14-2015 Paid $15.00		1	AET	2004.06	N	2004.06

Work Accounts — System Manager EASTSIDE MEDICAL (1) — *** Filter Applied *** (Type of Accounts = 'Unworked')

Two new options added in the Filter so you can select either **Patient Balance** or **Patient Collection Balance** when you want to filter by **Balances Greater Than $.**

Work Accounts Filter — Collection Status, Doctor Code, Location Code, Billing Group, Type of Accounts (○ Worked ● Unworked ○ All), Balances Greater than $ 0.00 (● Patient Balances ○ Patient Collection Balances)

Automatic Patient Collection Balance Write-Off *(Collections > Patient Collections > Turn Over Functions > Automatic Patient Collection Balance Write-Off)*
With this new function, you can easily write off collection small balances for accounts in a Collection Status, without moving the account to the Collection Database. You can also transfer the accounts to a Billing Group and add an Internal Comment to the account.

Automatic Patient Collection Balance Write-Off — All or Select Collection Statuses (● All ○ Select), Collection Status, For Balances Under $ 10.00, No Payment Since 04-09-2020, Transfer to Billing Group COL (COLLECTION PATIENTS), Write-Off Internal Comment **ACCOUNT TURNED TO COLLECTIONS**, Overwrite or Append Comment (○ Overwrite ● Append), Adjustment Code AWO (AUTOMATIC WRITE-OFF), Batch Number

Note: The line item balances will only be written off, when the total patient collection balance for all of the line items is less than the amount entered in the **For Balances Under $ field**.
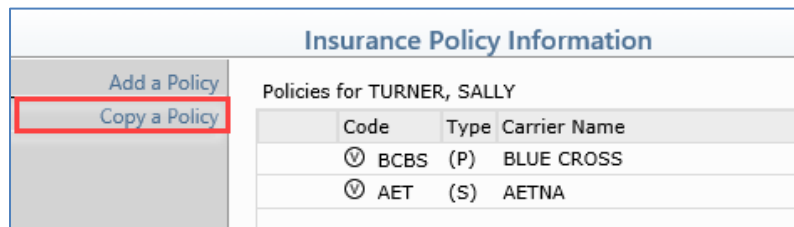
Patient

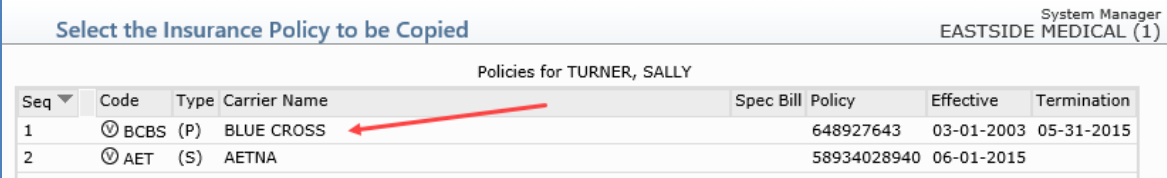**Change Patient Data**

History

Removed the **ICD-10 Preview** option from Encounter view.

Insurance *(Patient > Change Patient Data > Insurance)*

Added a **Copy a Policy** Action Column button, so you can easily copy an existing insurance policy into a new policy on the patient's account.
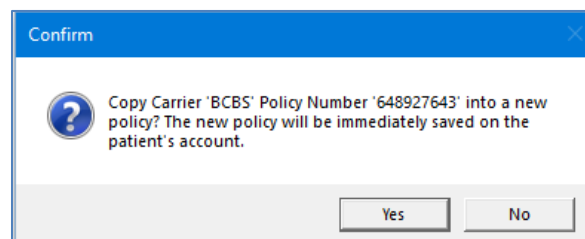

When you select this function, a listing of the insurance policies displays so you can select the policy you want to copy by clicking on it.

After you select a policy, a confirmation message will display. If you click **Yes** to confirm you want to copy the policy, the new policy (along with any insurance card images) will be immediately saved to the patient's account.

Patient (cont.)

Next, the insurance policy screen displays so you can make any necessary edits.

Click **Save** you after you have completed editing the policy or click **Cancel** if no edits are needed. The new policy will then display in the listing of policies.

Patient Registration *(Patients > Patient Registration)*

Added an **Unposted Procedures** column to the *Un-Registered Patients* screen, so you can quickly see if an un-registered patient has any unposted procedures attached to it.


Also added a confirmation message to the **Delete** functionality. Previously, the patient and any unposted procedures attached to it were instantly deleted when you clicked **Delete**, without allowing you to cancel the action if needed.

Reports

Sorted RVS Productivity Reports *(Reports > Statistical Reports > Productivity Analysis Reports > RVS Productivity Reports > Sorted RVS Productivity Reports)*

Created the following new double-sorted RVS Productivity reports:
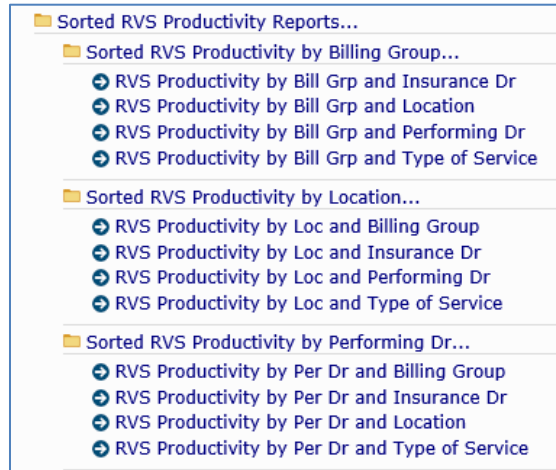
Transaction Detail to Excel Reports *(Reports > Transaction Journals > Transaction Detail to Excel Reports)*

Added options for **Encounter DX Codes** and **Encounter DX Descriptions**, so you now have the option of including all 12 Encounter DXs on reports. If you choose either of these options, 12 additional columns will display on the report for each option. For example, "Encounter DX Code 1", "Encounter DX Description 1", "Encounter DX Code 2", "Encounter DX Description 2", etc.

Student Detail to Excel *(Reports> Student Listings > Student Detail to Excel)* *****School Clients Only*****

Added data elements for **Student Consent Date General** and **Student Consent Date Non-IEP Nursing**.

Reports (cont.)

Aged Accounts Receivable (A/R) for Insurance (all sorting options) *(Reports> Insurance Related Reports > Aged Accounts Receivable (A/R) for Insurance)*

Added **Balances Based On** options, so that when you enter an amount in the **Balances Greater than $** field, you can now select what you want the balances to be based on.

For Balances Older than	0
Balances Greater than $	0.00
Balances Based On	○ Sort Total ● Pt Ins Balance ○ Encounter Balance ○ Individual CPT ✓
Print from List	▼

- **Sort Total** - Generates the report based on the sorting criteria you entered. If the 'Sorted totals' of the report are greater than the value entered in the **Balances Greater than** field, the patient accounts contained in that sort total will be included in the report.
- **Pt Ins Balance** - If the insurance balance for all the open items on a patient's account (that falls between the **Print from Date** and **Print through Dates** entered) is greater than the value entered in the **Balances Greater than** field, the patient's account will be included on the report.
- **Encounter Balance** - If the insurance balance for the entire encounter on a patient's account (that falls between the **Print from Date** and **Print through Dates** entered) is greater than the value entered in the **Balances Greater than** field, the patient's account will be included on the report.
- **Individual CPT** - If the insurance balance for each individual CPT on a patient's account (that falls between the **Print from Date** and **Print through Dates** entered) is greater than the value entered in the **Balances Greater than** field, the patient's account will be included on the report.

Claim Hold by Procedure Code *(Reports > Insurance Related Reports > Claim Hold Reports > Claim Hold by Procedure Code)*

If you had any Procedure Codes that had modifiers attached to them in the Procedure Code table, the Modifier(s) would not print on the report. This has been resolved.

Schedule

Maintain Type of Visit Codes *(Schedule > Scheduling Table Maintenance > Type of Visit Table > Maintain Type of Visit Codes)*

Added a new **Appt Instructions** field so that you can enter instructions specific to each Type of Visit code. Then, when users are scheduling, printing or viewing appointments for that Type of Visit, the Appt Instructions will display so they can inform patients that a Pre-Auth, specific paperwork, preparation, etc. is required for the appointment.

Print Appointment Schedule to Excel *(Schedule > Scheduling Printing Menu > Print Appointment Schedule to Excel)*

Added a new **Appt Instructions** column to the report. For additional information, see the *Maintain Type of Visit Codes* entry under this section of the release notes.

Print Scheduled Patient Detail to Excel *(Schedule > Scheduling Printing Menu > Print Scheduled Patient Detail to Excel)*

Added a new **Appointment Instructions** data element to this report. For additional information, see the *Maintain Type of Visit Codes* entry under this section of the release notes.

Check In/Out Payment Journal *(Schedule > Scheduling Printing Menu > Check In/Out Payment Journal)*

Reformatted the report to present the data more clearly. Moved **Different Amt Posted** to print in the last column and moved any **Remarks** to print below each payment. Also corrected the payment codes that print in the Totals section so they match any codes that print in the **Pmt Type** column.

```
Feb 25, 2020                        EASTSIDE MEDICAL                          Page 1
                               Check In/Out Payment Journal
                                     Sorted by Date
                             From 02-06-2020 Through 02-06-2020

Acct      Patient Name       Date        Pmt      Pmt    User    Loc    Date       Check#       Amount     Different
                                         Type     Code   Code    Code   Posted                             Amt Posted
------------------------------------------------------------------------------------------------------------------
26359     ANDERSON, ANDY     02-06-2020  COP CA   CCA    MGR     1                              10.00
26359     ANDERSON, ANDY     02-06-2020  COP CA   CCA    MGR     1                              40.00
                             REMARKS: X-RAY CO-PAY

                                                              Totals For Date - (02-06-2020) COP CA      50.00*
                                                              Totals For Date - (02-06-2020)            50.00**
                                                              Total # Patients:                    1

                                                              Grand Total for all Dates (COP CA)        50.00*
                                                                                                        50.00**

                                                              Grand Total # Patients:             1

End of Report.  Schedule/Reports/Check In Out Payment Journal
Requested by MGR and completed at 4:31PM on Feb 25 2020
```

Schedule (cont.)

Enter Patient Appointments *(Schedule > Enter Patient Appointments)*

The **Units Sched: #** in the Schedule Views Toolbar will display in red font to indicate when the total units scheduled for the day have exceeded the **Max Units Per Day** for that Doctor stored in *Maintain Doctor Integration Codes*. Previously, if a Type of Visit was entered for an appointment and it contained a **Unit Value**, that was used when determining if the **Max Units Per Day** was exceeded.
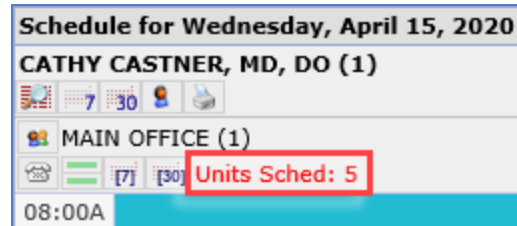
Maintain Type of Visit Codes *(Schedule > Scheduling Table Maintenance > Type of Visit Table > Maintain Type of Visit Codes)*

Deleted the **Unit Value** field since it is no longer used.

System

CGM webPRACTICE Default Values *(System > Database Maintenance Menu > CGM webPRACTICE Default Values)* *****Action Required*****

  Added a **Default Referral Source** field, so you can select if you want to default a specific referral source code whenever you register new patients. You can also enter '0' for no referral source to default or leave the field blank, which will require the field to be manually completed each time a new patient is registered.

5010 Claim Hold Rules *(System > Claims Management Menu > 5010 Claim Hold Rules)*

  Added a new option of **Location**, so you can insert *Rules* based on a location. This was released in Patch #7.4.26.9 on April 1, 2020.

Insurance Doctor Override Rules *(System > Claims Management Menu > Insurance Doctor Override Rules)*

  Added the option to set up Rules for a **Plan Code**.

Column Selectable Fields *(System > Database Maintenance Menu > Column Selectable Fields)*

  Added **Last Date of Service** and **Patient Balance Due** to the list of available fields in the *Unposted Payments* function

Column Selectable Fields *(System > Database Maintenance Menu > Column Selectable Fields)*
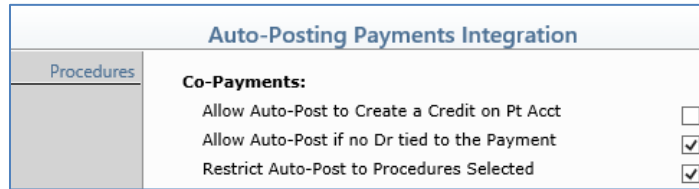
  Added the new **Patient Collection Balance** field to the *Patient Collections - Work Accounts* function.

System (cont.)

Auto-Posting Payments Integrations *(System > Database Maintenance Menu > Integrations > Transactions Integrations > Auto-Posting Payments Integrations)* *****New Functionality*** ***Action Required*****
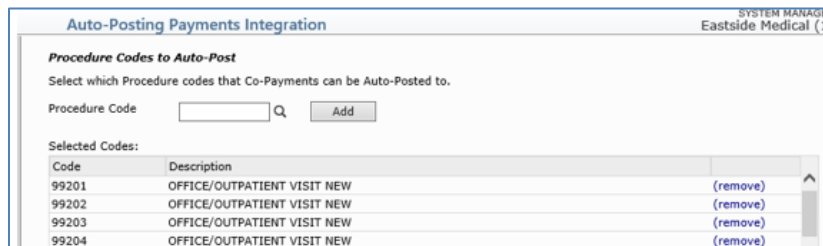
This function provides options for you to control how unposted co-payments are auto-posted if you:

- Selected **Auto-post Co-pays** in the *Procedure Entry Integration* function
- Selected **Manual Posting - Auto-post Co-pays** in the *Unposted Procedures Integration* function
- Auto-post co-payments in the *Unposted Payments* function

- **Allow Auto-Post to Create a Credit on Pt Acct** - If selected, co-pays will auto-post even if it will create a credit balance on the patient's account. This check box will not be selected by default, since this is the way the previous functionality worked.
- **Allow Auto-Post if no Dr tied to the Payment** - If selected, co-pays without a doctor tied to them will be auto-posted. This check box will be selected by default, since this is the way the previous functionality worked.
- **Restrict Auto-Post to Procedures Selected** - If selected, then co-pays will only be auto-posted to procedures selected in the Procedures list. This check box will be selected by default, since auto-posting co-payments has always been restricted to only the E & M procedure codes (between 99201-99499). You can clear this check box to remove any restrictions or you can click the **Procedures** Action Column button to select which procedure codes the auto-posting of co-payments should be restricted to use. The E & M procedure codes 99200 through 99499 are pre-selected. You can add Procedure codes to the list by entering a Procedure code or selecting one using the magnifying glass and clicking **Add**. To remove Procedure codes from the list, click the *(remove)* link to the right of the procedure code description.


For additional information, see the *Unposted Procedures, Procedure Entry Function* and *Unposted Payments* entry in the *Transactions* section of these release notes.

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System (cont.)

School Integration *(System > Database Maintenance Menu > Integrations > School Integrations)*
School Clients Only
Added a new *School Integration* sub-menu, which contains the *Auto-Create Case Integration* function and a new *School Integration* function.
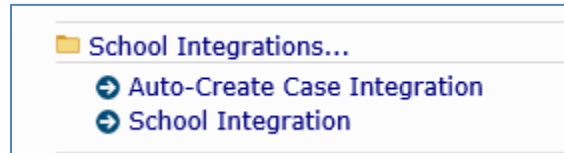
Currently, the *School Integration* function contains one field for you to select if you want to **Hold Medicaid (D) Claims if no General Date of Consent**.
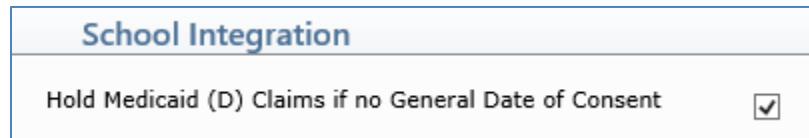
If you select this check box and a student does not have a **General Date of Consent** stored on their account, the claim will be placed on Hold. The *Insurance Never Filed* and *Claim Hold* reports will also print a Reason stating the claim is "Missing General Date of Consent."

Tables

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

The Centers for Medicare and Medicaid Services (CMS) have released the following Fee Schedules:

- 2020 Medicare Physician Fee Schedule, effective April 1, 2020
- 2020 Medicare Clinical Laboratory Fee Schedule, effective April 1, 2020

The updated files are available for import by selecting 2020 in the **Fee Schedule Year** list and the applicable file name in the **Fee Schedule File** list.

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

Updates to the 2020 HCPCS data files, effective April 1, 2020 are available. To receive the updated codes you must load the 2020 file.

Maintain Insurance Denial Codes (*Tables > Insurance Denial Code Table > Maintain Insurance Denial Codes*)

The updated Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC), effective March 1, 2020 have been released.

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

The Centers for Medicare and Medicaid Services (CMS) have updated the 2020 Medicare Relative Value Unit files (RVUs) effective April 1, 2020. To receive the updated codes you must load the **2020** file.

Transactions

Import and Post ERA Files *(Transactions > Electronic Remittance Advice (ERA) > Import and Post ERA Files)*
Action Required

When you import ERA files, the EOBs for the files are now automatically converted into PDF files and stored in the permanent image directory by payer name and check date. You can link an EOB PDF file to a batch or payment using the **Link Image** Action Column function.

When you post an ERA and create a new batch, if you click **Link Image**, the check date will now default. Previously, the current date would default. If you select multiple ERA files to post at the same time, the check date of the first ERA file selected will default.

When you access the **Link Image** Action Column function from *Payment Entry* or when creating or editing a Batch, the Link EOB Image window has also been enhanced to display **Description** and **Check Number** headings.

> **Notes**:
> - EOB PDF files will only be generated for new ERA files imported after the 7.4.27 update has been installed.
> - If you select multiple ERA files to post at the same time and click **Link Image**, only one EOB image file can be linked to the Batch.
> - The **Image Management Integration** (*System > Database Maintenance Menu > Integrations*) must be completed or EOBs will not be stored as PDFs.
> - When PDFs of the EOBs are created, the system will search for an existing EOB Image Type Code (stored in **Maintain Image Types** on the *System > Image Management* menu) with the description equal to the payer name. If no EOB Image Type Code exits, a new EOB Image Type Code will be created.

Import and Post ERA Files *(Transactions > Electronic Remittance Advice (ERA) > Import and Post ERA Files)*
After you select an existing Batch, **Link Image** and **Acquire Image** Action Column functions are now available from the Batch details screen. If an existing image already exists on the batch and you link or acquire a new image, it will replace the existing image with the new image.

Transactions (cont.)

Unposted Procedures (*Transactions > Unposted Procedures*)
Procedure Entry Function (*Transactions > Procedure Entry Function*)
Unposted Payments *(Transactions > Unposted Payments)*

If you:

- Selected **Auto-post Co-pays** in the *Procedure Entry Integration* function
- Selected **Manual Posting - Auto-post Co-pays** in the *Unposted Procedures Integration* function
- Auto-post co-payments in the *Unposted Payments* function

The co-pay auto-posting logic has been updated, so it is now consistent between *Unposted Procedures*, *Procedure Entry* and *Unposted payments*. Now the settings are dependent on how you have completed the options in the *Auto-Posting Payments Integration* function.

	Unposted Procedures/Procedure Entry		Unposted Payments	
	Before	After	Before	After
Restrict Auto-Post to Procedures Selected (E&M codes, by default)	No	Based on Setting in Auto-Posting Payments Integration	Yes	Based on Setting in Auto-Posting Payments Integration
Allow Auto-Post to Create a Credit on Pt Acct	Yes	Based on Setting in Auto-Posting Payments Integration	No	Based on Setting in Auto-Posting Payments Integration
Allow Auto-Post if no Dr tied to the Payment	Yes	Based on Setting in Auto-Posting Payments Integration	Yes	Based on Setting in Auto-Posting Payments Integration
For co-pays tied to appointments, restrict posting to procedures tied to the same appointment	Yes	Yes	No	Yes

Previously, multiple co-payments tied to the same appointment could not be auto-posted regardless of the rules above. This is no longer a limitation for auto-posting.

For additional information, see the *Auto-Posting Payments Integrations* entry in the *System* section of these release notes.

Transactions (cont.)
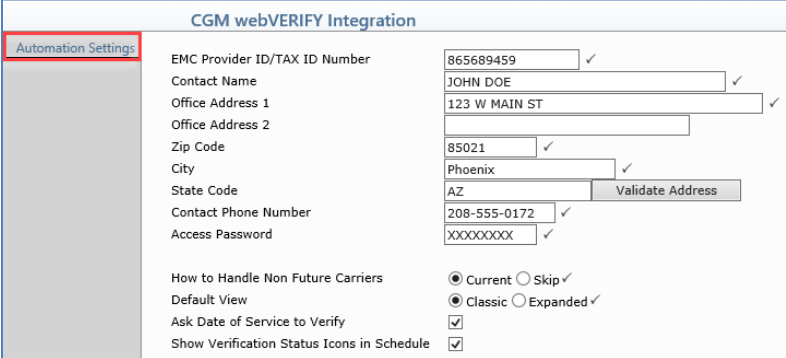
Unposted Payments *(Transactions > Unposted Payments)*

When a co-pay must be posted manually, the reason(s) will now display in red text, to the right of the *This Co-Pay must be posted manually* message. The reason(s) also displays when you point to any of the Co-Payment Status icons. Previously, the reason message would only display for Green Co-Payment Status icons.

Unposted Payments				Eastside N
☐ Status ▼	Source	Account	Patient Name	
☐ ●	Check In/Out	60	LAIN, FORREST *This Co-Pay must be posted manually. Payment already posted to procedure*	
☐ ●	Check In/Out	134	DISHEROON, JOE *This Co-Pay must be posted manually. Payment already posted to procedure*	
☐ ●	Check In/Out	359	ELLIS, HENRY *This Co-Pay must be posted manually. Payment already posted to procedure*	
☐ ●	Check In/Out	25549	BAKER, MARK T *This Co-Pay must be posted manually. Posting payment would create credit, Payment already posted to procedure*	
☐ ●	Check In/Out	25578.1	DANFORTH, CHRIS *This Co-Pay must be posted manually. Posting payment would create credit, Payment already posted to procedure*	
☐ ●	Check In/Out	25587	SMITH, PAULA *This Co-Pay must be posted manually. Payment already posted to procedure, Type of service doesn't match procedure*	

If there is a Doctor tied to the payment:

●	If matching procedure from *Restricted Procedures* list in *Auto-Posting Payments Integration* posted for DOS and DR
●	No Charge posted for DOS and Dr
●	If no matching procedure from *Restricted Procedures* list in *Auto-Posting Payments Integration* posted for DOS and DR

If there is not a Doctor tied to payment:

●	If matching procedure from *Restricted Procedures* list in *Auto-Posting Payments Integration* posted for DOS
●	No Charge posted for DOS
●	If no matching procedure from *Restricted Procedures* list in *Auto-Posting Payments Integration* posted for DOS

Transactions (cont.)

The Co-Payment Status icons are the 'primary' status but can be overridden based on how you have completed the following options in the *Auto-Posting Payments Integration* function.

- **Allow Auto-Post to Create a Credit on Pt Acct** - If selected, co-pays will auto-post even if it will create a credit balance on the patient's account.
- **Allow Auto-Post if no Dr tied to the Payment** - If selected, co-pays without a doctor tied to them will be auto-posted. This check box will be selected by default, since this is the way the previous functionality worked.
- **Restrict Auto-Post to Procedures Selected** - if selected, then co-pays will only be auto-posted to procedures selected in the Procedures list. This check box will be selected by default, since auto-posting co-payments has always been restricted to only the E & M procedure codes (between 99200-99499).

For additional information, see the *Auto-Posting Payments Integrations* entry in the *System* section of these release notes.

CGM webTOOLS™

CGM webVERIFY™

CGM webVERIFY Integration *(System Management Functions > Database Maintenance Menu > Integrations > CGM webTOOLS Integrations > CGM webVERIFY Integration)*
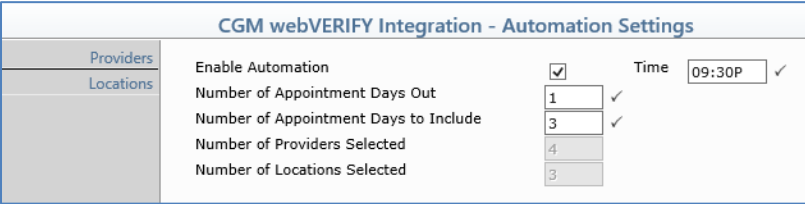***CGM webVERIFY Clients Only***

Added a new **Automation Settings** Action Column button, so you can store the necessary settings to run eligibility requests automatically instead of running them manually each day.

When you click **Automation Settings**, the screen displays with the setting fields and two additional Action Column buttons for **Providers** and **Locations**.

Data Field Information:
Enable Automation - If you want to enable the automation of CGM webVERIFY, select this check box.
Time: Enter the time you want the eligibility to run.
Number of Appointment Days Out - Enter the number of appointment days out from the current date for which appointments will be selected. For example, if the current date is 09/01/2019, and you enter three (3) days, then the first date for selecting appointments will be 09/04/2019.
Number of Appointment Days to Include - Enter the total number of days (of appointments) that you want to send in the batch for verification. For example, if you enter two (2) days, then the number of days (of appointments) to be sent in the batch would be all those appointments scheduled from the (*Number of Appointment Days Out)* date (09/04/2019), so the appointments on 9/4/2019 and 9/5/2019 would be sent in the batch.
Number of Providers Selected - Informational only - shows the number of providers selected.
Number of Locations Selected - Informational only - shows the number of locations selected.

CGM webTOOLS (cont.)

After you have completed the fields, you can use the **Providers** and **Locations** Action Column buttons to select which codes you want to include in the automation process. **Note**: the data you entered in the *Automation Settings* fields will be automatically saved when you click on either the **Providers** or **Locations** Action Column buttons. You can select individual check boxes or use the **Select All** Action Column button to select every check box. You can also clear individual check boxes or use the **Clear All** Action Column button to clear every check box.

Providers

CGM webVERIFY Integration (System > Database Maintenance Menu > Integrations > CGM webTOOLS Integration > CGM webVERIFY Integration) **CGM webVERIFY Clients Only**
Maintain Ins Plan Codes (*Table > Insurance Carrier Table > Insurance Plan Table > Maintain Ins Plan Codes*)
Maintain Insurance Carriers *(Table > Insurance Carrier Table > Maintain Insurance Carriers)*

Enhanced the **Eligibility Verification Frequency** field in the Insurance Carrier Table so that you can define a default value in the *CGM webVERIFY Integration* function. In addition, you can also define a default **Eligibility Verification Frequency** value for specific Insurance Plan codes. Now, when you add a new insurance carrier code, the **Eligibility Verification Frequency** field will default based on your selection in the *CGM webVERIFY Integration* function. Then, if you select a Plan Code for the insurance carrier, the **Eligibility Verification Frequency** field will update based on your selection for the Insurance Plan Code.

CGM webVERIFY Integration *(System, Database Maintenance Menu, Integrations, CGM webTOOLS Integrations)* **CGM webVERIFY Clients Only**

Effective May 28, 2020: all clients will be converted to use the enhanced list of CGM webVERIFY Payers. During this process, the **Contact Name** and **Access Password** fields will be deleted, as they will no longer be used.

CGM webTOOLS (cont.)

Maintain Insurance Carriers *(Tables > Insurance Carrier Table > Maintain Insurance Carriers) ***CGM webVERIFY Clients Only****

Effective May 28, 2020: all clients will be converted to use the enhanced list of CGM webVERIFY Payers. Any Insurance Carrier Codes that currently contain a **CGM webVERIFY Identifier** will be automatically updated with the new Payer ID's placed in the **CGM webVERIFY Payer ID** field and the old **CGM webVERIFY Identifier** field will be deleted. From that date forward, you will need to enter any new carrier Payer ID's in the **CGM webVERIFY Payer ID** field. If you do not have the ID, you can log on to CGM eMEDIX™'s website to obtain the most current list - https://direct.emedixus.com/pub/Elig_No.htm.

CGM webMOBILE™

Alerts Tab *(CGM webMOBILE > Patient Details > Alerts Tab)* **CGM webMOBILE Clients Only**

Added *(Informational only)* messages next to the **Internal Comment** and **Patient Alerts**. The messages should make it clear that these fields are informational only and cannot be edited from within CGM webMOBILE.
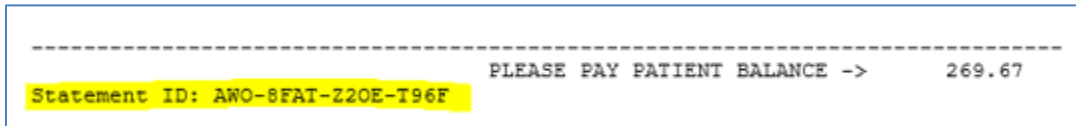
CGM webTOOLS (cont.)

CGM eMEDIX Payment Portal™

Transaction History *(Patient > Change Patient Data > Transaction History)* ***CGM EMEDIX Payment Portal clients only***

When you click on the **ST** icon or the **C** icon on the Transaction History screen to view a patient's statement or CGM ECOLLECTIONS™ letter, the **Statement ID** that is required for making an online payment now prints at the bottom of the image. This **Statement ID** will be the same one that printed on the statement or CGM ECOLLECTIONS letter the patient received. This enhancement enables you to provide the Statement ID to the patient if they call and state they lost their statement or letter.

```
-----------------------------------------------------------------------------
                            PLEASE PAY PATIENT BALANCE ->      269.67
Statement ID: AWO-8FAT-Z2OE-T96F
```

Unposted Payments (*Transactions > Unposted Payments*) *** CGM EMEDIX Payment Portal clients only***

If you have been activated for the *CGM eMEDIX Payment Portal*, any payments received from the CGM eMEDIX Payment Portal from CGM ECOLLECTIONS letters will be stored in the *Unposted Payments* function. The **Source** and **Remarks** will show as **CGM eMEDIX Payment Portal** and you can filter the *Unposted Payments* by using the new **CGM eMEDIX Payment Portal** option for the **Payment Type** field. The **Payment Type** for payments received via the *CGM eMEDIX Payment Portal* will display from the Payment Codes entered on the *CGM eMEDIX Payment Portal Integration* screen.

Print/Send Collection Letters *(Collections > Patient Collections > Print/Send Collection Letters)* *** CGM EMEDIX Payment Portal clients only***

If you have been activated for the *CGM eMEDIX Payment Portal,* a Statement ID will now print on CGM ECOLLECTIONS letters. Patients can then use the Statement ID to make payments online.