CGM MEDISOFT Release Notes

December 2024

CGM MEDISOFT

Practice Management and EHR

Copyright notice

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Product

CGM MEDISOFT v29

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Table of Contents

Chapter 1 - Enhancements

This chapter presents a high-level description of the following enhancements to the CGM MEDISOFT® system.

Note: you may notice several changes to the software for use with eMEDIX statements which are not yet functional but are there in preparation for an upcoming release that will be fully documented at that time.

Prior to Upgrading

CGM recommends that you always install successive versions of the software when upgrading to ensure proper registration and data conversion.

For example, if you are currently on version 27 and are upgrading to v29, be sure to upgrade to 28 FIRST, register and convert your practice data. Then, from version 28 upgrade to v29.

Note: Acuant is now called IDology. Documentation from earlier releases will still use Acuant.

IMPORTANT NOTE:

eMEDIX Statements

CGM MEDISOFT Basic users only have the option to upload patient statements to eMEDIX manually, due to program constraints. CGM MEDISOFT Basic users also cannot avail themselves of Online Patient Payments, which is a link between eMEDIX Statements and CGM PAY credit card processing.

CGM MEDISOFT Advanced and Network Professional users should only utilize Statement Management for generating and transmitting eMEDIX Patient Statements and never Print Statements from the Reports menu and manually upload those statements. If the manual upload method is used, then it is not possible to use Online Patient Payments.

Also, do not change the Statement format or name that is provided with your CGM MEDISOFT program. An exception would be changing a Dunning Message, which is text. But do not change the Statement format name when saving that change.

Patient Responsibility Estimate with No Insurance

Patient Responsibility Estimate requires a subscription.

Patient Responsibility Estimate has been updated so you can now generate an estimate for patients who do not have insurance (self-pay patients).

Several changes have been made.

Updated Program Options

Updated eMEDIX Estimate tab

There is a new section on the eMEDIX Estimate tab with a default message to be added to Patient Responsibility Estimates for self-pay patients. This message will appear on the estimate. You can make changes to the message and save them.

To create a new paragraph in the Estimate box, use <ctrl> + <Enter>.

In addition, there is a new Reset to Default button. Clicking this button returns the message to the default.

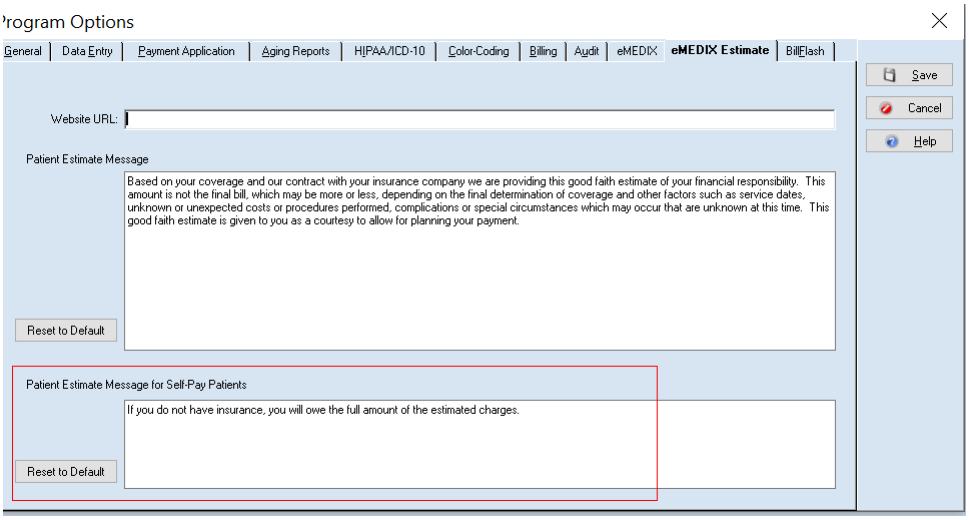

Figure 1. Program Options - eMEDIX Estimate tab

New Insurance Information Not Found screen

This screen will open when you attempt to create an estimate for a patient with no insurance. Click OK to continue.

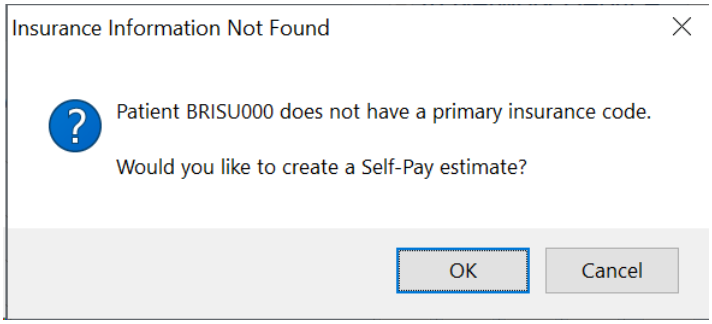

Figure 2. Insurance Information Not Found screen

Updated Patient Responsibility Estimate screen

When the user opens this screen, if there is no primary insurance on the patient, a Payer ID will not be required. Also, the 3-day completed Eligibility response is not required.

The following options will be removed:

- In/Out of Network
- Medicare Part A or B
- Service Type Code
- Allowed Amounts
- Modifiers
- Eligibility Verification button

The system essentially takes the CPT code and Description, along with the Charge Amount and Units to produce a Patient Estimate that can be displayed, printed, and saved in Estimate History.

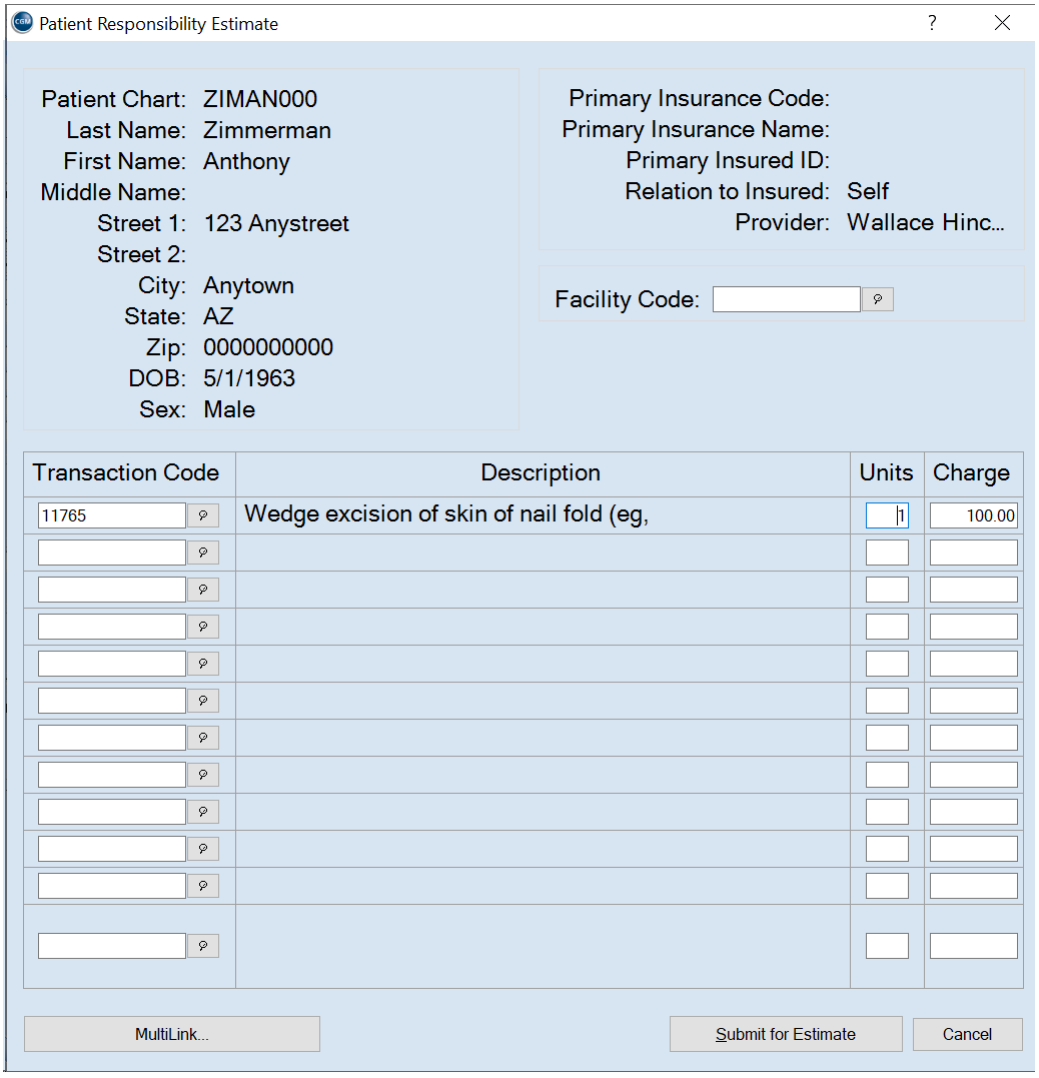

Figure 3. Patient Responsibility Estimate screen

CGM PAY

CGM PAY allows to you process patient payments in the office with credit cards, or bank accounts, and create payment plans for patients. A Payment Plan means that the patient's credit card or bank

account can be set to automatically charge each month. This is also referred to as Recurring Payments. You can also allow patients to pay online for a single payment and choose to allow them to set up a payment plan. Allowing online payment plans can be disabled when you setup this feature in eMEDIX.

Several updates have been made.

Updated Program Options

Updated eMEDIX tab

There is a new field on the eMEDIX tab: Time of Day for Recurring Payments. Use this field to set the time of day that recurring payments for payment plans will automatically be retrieved. Select the check box if you want to activate the time. It is recommended to choose a time when the office is not working in CGM MEDISOFT, such as in the early morning hours before the practice opens.

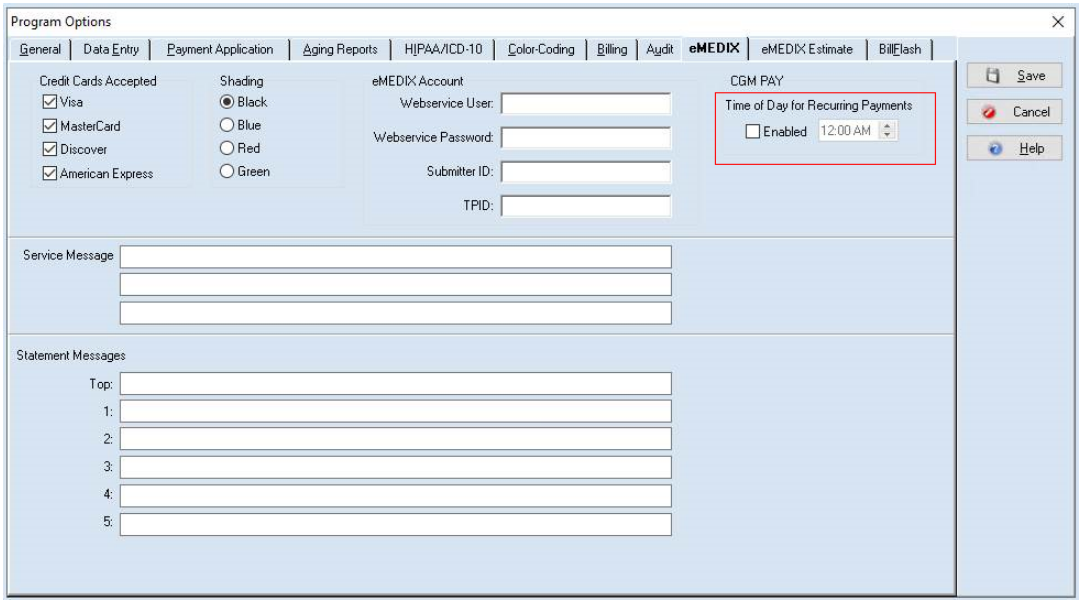

Figure 4. Program Options - eMEDIX tab

Note: Payment Plans are available only in CGM MEDISOFT Network Professional.

Updated Medisoft Security Permission

To use CGM PAY, the user must have access to Electronic Statements eMEDIX on the Statement Management Permission.

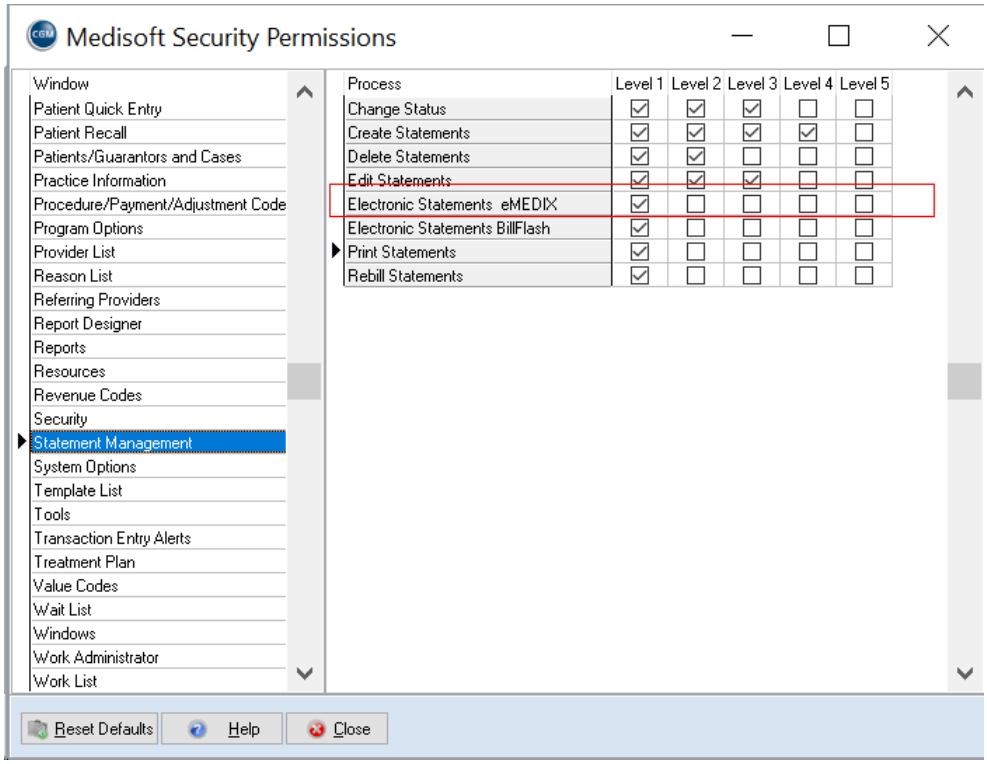

Figure 5. Medisoft Security Permissions

Updated Screens

Certain screens have been updated with a new CGM PAY button. Clicking this button will launch CGM PAY, which you can use to enter the patient's payment information. These include:

- Transaction Entry - Payment section

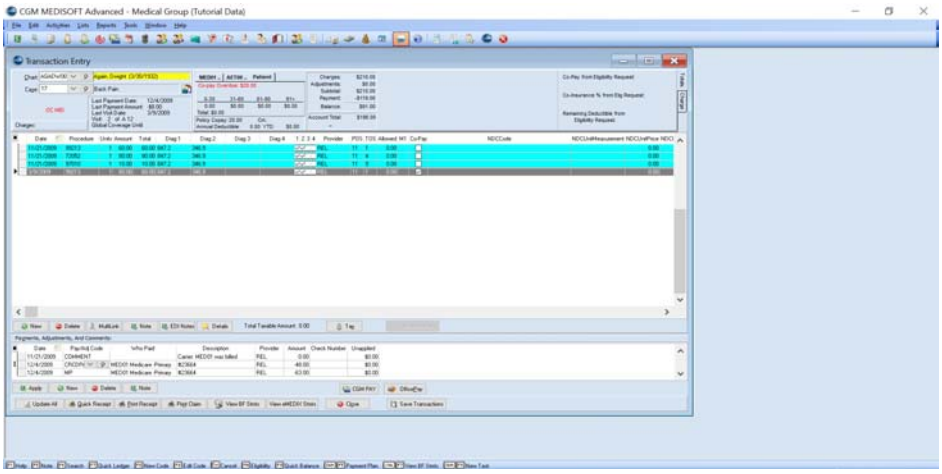

Figure 6. Transaction Entry

- Deposit (new) screen opened from Deposit List

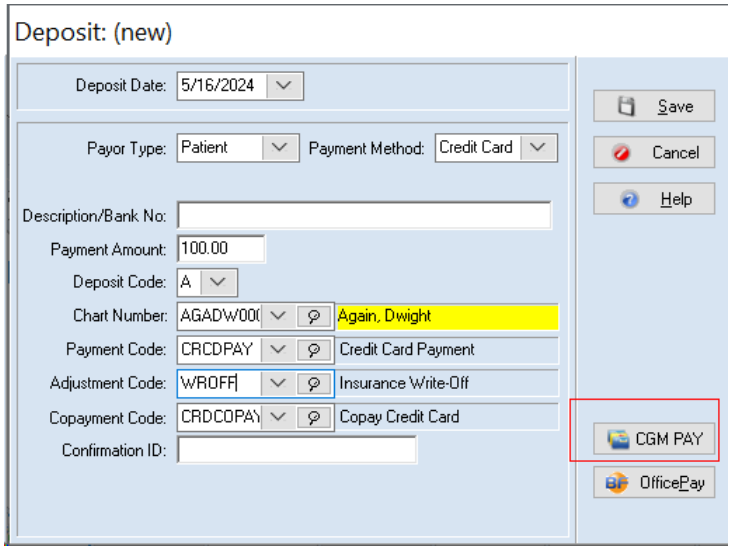

Figure 7. Deposit (new) screen

- Deposit screen opened from Enter Copay in Office Hours (not available in CGM MEDISOFT Basic)

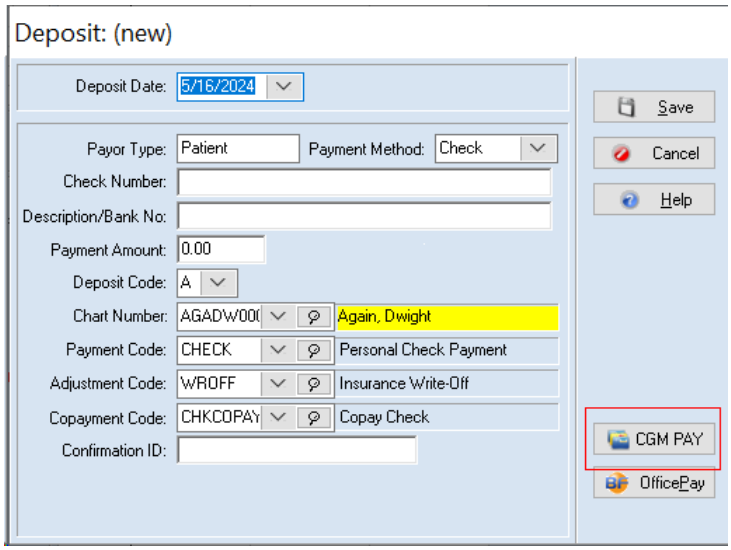

Figure 8. Deposit (new) screen

CGM recommends that you enter Payment Plans from this screen to ensure that a Guarantor is selected in the CGM PAY dashboard which is used with recurring payment plans. This will ensure that the Last Balance for the guarantor remains correct in the CGM Pay dashboard which is used with recurring payment plans.

- Deposit List: The eMEDIX Pay button has been renamed to Fetch CGM PAY Pmts. Click this button to import payments made using CGM PAY.

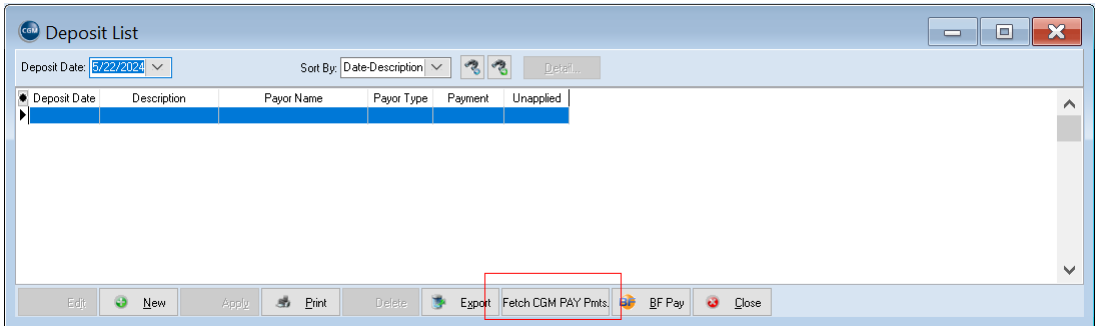

Figure 9. Deposit List

New Menu Item

There is a new menu item on the Activities menu: CGM PAY Dashboard. Select this option to open the CGM PAY Dashboard.

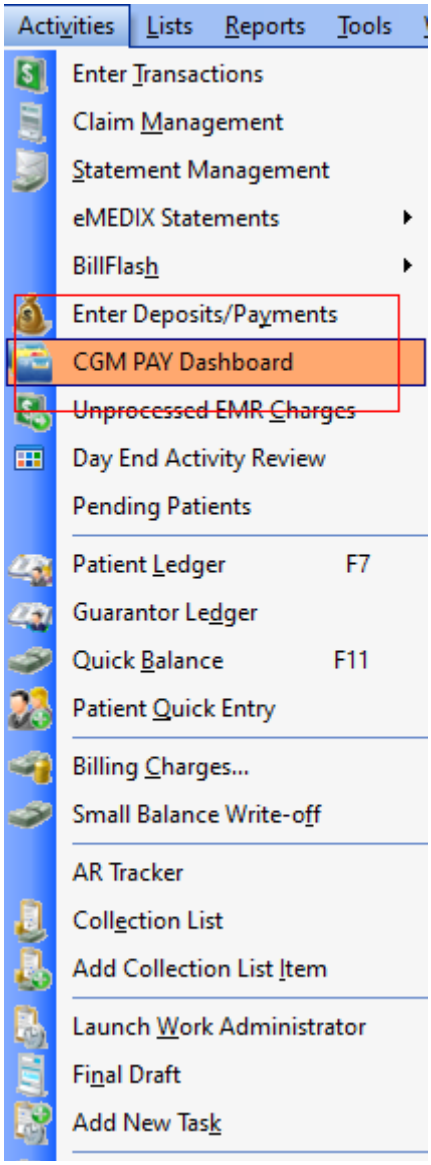

Figure 10. Activities menu

New icon

There is a new icon on the toolbar for CGM PAY:

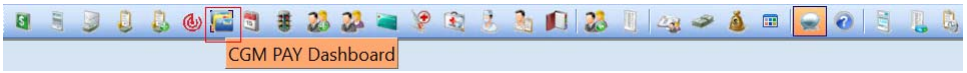

Figure 11. Toolbar

New CGM PAY Dashboard

There is a new dashboard that shows you all of the payments made using CGM PAY. From this screen, you can see the payments, create new payment methods, void payments, and delete recurring payment plans.

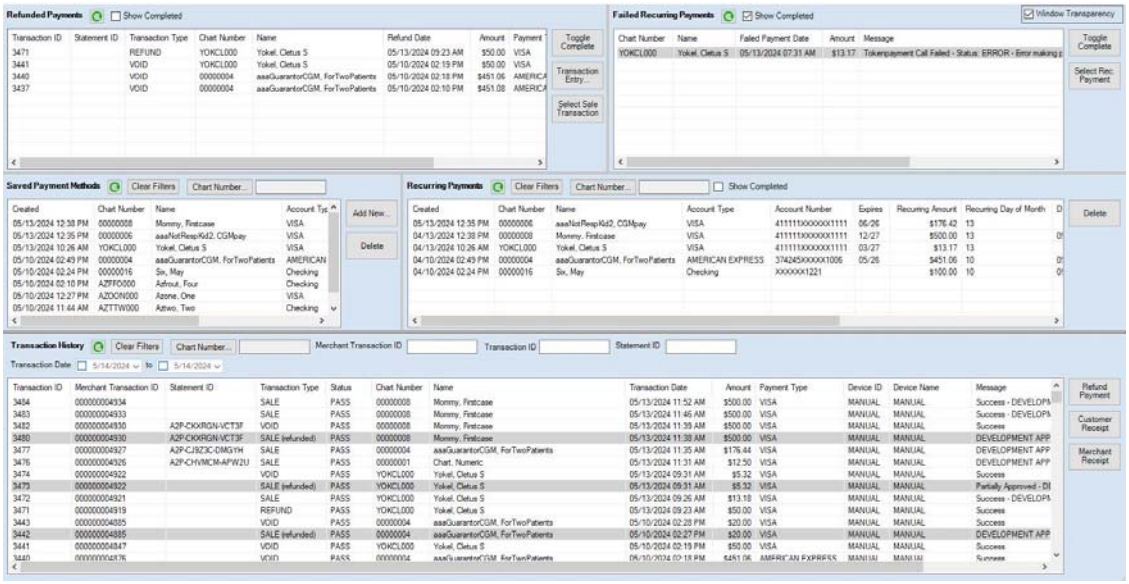

Figure 12. CGM PAY Dashboard

Note: Payment Plans are available only in CGM MEDISOFT Network Professional. Online single payments are available only in CGM MEDISOFT Advanced and Network Professional.

The following button is for the behavior of the screen.

Window Transparency check box	Select this check box if you want the CGM PAY Dashboard screen to be transparent.

The table below describes the elements on this dashboard.

Element	Description
Refunded Payments section This section shows you the payments that were refunded to the patients' credit card. This alerts you to payments which you now need to manually enter a refund for in Transaction Entry to off set the fact that the card has been refunded. Click the green circular arrow button to refresh the list in this section.	
Show Completed check box	Select this check box if you want to see the payments that have been completed.
Toggle Complete	Click this button once you have manually refunded the payment to mark it Completed. It will then be removed from the list. If you need to change it back to not completed, click the button again and it will revert to Pending Status.

Element	Description
Transaction Entry	Click this button to open the Enter Transactions screen. • If a payment can be found for the corresponding sale transaction, Transaction Entry opens to display where that payment was posted. If a payment has been applied to Transaction Entry it should be able to be 'found'. • If it can't be found, Transaction Entry will open and you can navigate to the correct case and Document or Superbill as applicable. • If the Guarantor has more than one dependent (possibly including Self), a popup menu lets you select one before navigating to Transaction Entry.
Select Sale Transaction	Highlight a payment in the Refunded Payments section and click this button to highlight the same transaction in the Transaction History section at the bottom of the screen.
Failed Recurring Payments section This section shows you the recurring payments that failed. Any payments which failed by the payment processor will show here. Additionally, the system will only process one recurring payment at a time for a responsible party. If one is already set up and another is created, the second one will display here as failed. All failed plans will be highlighted red in this section and In the Recurring payments section Click the green circular arrow button to refresh the list in this section.	
Show Completed check box	Click this button if you want to see the failed recurring payments that are complete.
Toggle Complete	Click this button once you have manually refunded the payment to mark it Completed. It will then be removed from the list. If you need to change it back to not completed, click the button again and it will revert to Pending Status.
Select Rec Payment	Highlight a payment in the Refunded Payments section and click this button to highlight the payment transaction that was voided/refunded in the Transaction History section at the bottom of the screen.
Saved Payment Methods section This section shows you the payment methods (credit cards, debit cards, ACH direct debits, etc) that have been saved. You can also add a new saved method here to be used in the future. Click the green circular arrow button to refresh the list in this section.	

Element	Description
Clear Filters button	Click this button to clear the contents of the Responsible Party filter.
Chart Number	Click the button to open the Patient Search screen. Select a patient or guarantor and click OK. The contents of the Saved Payment Methods grid will update.
Add New	Click this button to add a new payment method. When you click the button, a window will open allowing you to select a patient or guarantor.
Delete button	Click this button to delete the highlighted payment method.
Recurring Payments section Shows you the active payment plans. If there are recurring payments to be processed on a particular day of the month and there is some issue (ex. customer Internet down on that day), the system will continue to try to process the plan for entire day from the time set in the Program Option setting. Once the date changes, it will not process until next month on that day. This will show as a missed payment in the Failed Recurring Payments section. Click the green circular arrow button to refresh the list in this section. Once a Plan is complete, it will be removed from the list unless the Show Completed box is selected.	
Clear Filters button	Click this button to clear the contents of the Responsible Party filter.
Chart Number	Click the button to open the Patient Search screen. Select a patient or guarantor and click OK. The contents of the Recurring Payments grid will update.
Show Completed check box	Click this button if you want to see the failed recurring payments that are complete.
Delete button	Click this button to delete the highlighted recurring payment plan.
Transaction History section Shows you all the transactions in the system. Click the green circular arrow button to refresh the list in this section. **To refund a payment** 1. In the Transaction History section, find the transaction to be refunded and highlight it. 2. Click the Refund Payment button to the right of the Transaction History section. 3. Click the OK button on the Confirmation screen. The payment appears in the Refunded Payments section in a Pending state. A refund transaction will display in the History section once processed and will also add a line in the Refunded Payments section to remind the user to add a refund to Transaction Entry.	
Clear Filters button	Click this button to clear the contents of the Responsible Party filter.

Element	Description
Chart Number	Click the button to open the Patient Search screen. Select a patient or guarantor and click OK. The contents of the Transaction History grid will update.
Merchant Transaction ID	Enter a Merchant Transaction ID to filter the list of transactions for that ID. Once you enter the ID, click the Enter key and the list will update. To clear the filter, click the Clear Filters button.
Transaction ID	Enter a Transaction ID to filter the list of transactions for that ID. Once you enter the ID, click the Enter key and the list will update. To clear the filter, click the Clear Filters button.
Statement ID	Enter a Statement ID to filter the list of transactions for that ID. Once you enter the ID, click the Enter key and the list will update. To clear the filter, click the Clear Filters button.
Transaction Date Range	Use the Date fields to filter the list by date range. To clear the filter, click the Clear Filters button.
Refund Payment button	Click this button to refund the highlighted payment. This will refund the credit card. Once it is refunded, it will move to the Refunded Payments section where you will manually add the refund to Transaction Entry.
Customer Receipt	Click this button to open the receipt in your default text editor.
Merchant Receipt	Click this button to open the receipt in your default text editor.

Procedures

Adding a New Payment Method (This will do an authorization on the account to save for future use.)

1. On the Activities menu, select CGM PAY Dashboard. The CGM PAY Dashboard opens.
2. Click the Add New button in the Saved Payment Methods section. The Patient Search screen opens.

3. Select a patient or guarantor and click OK, The CGM PAY screen opens.

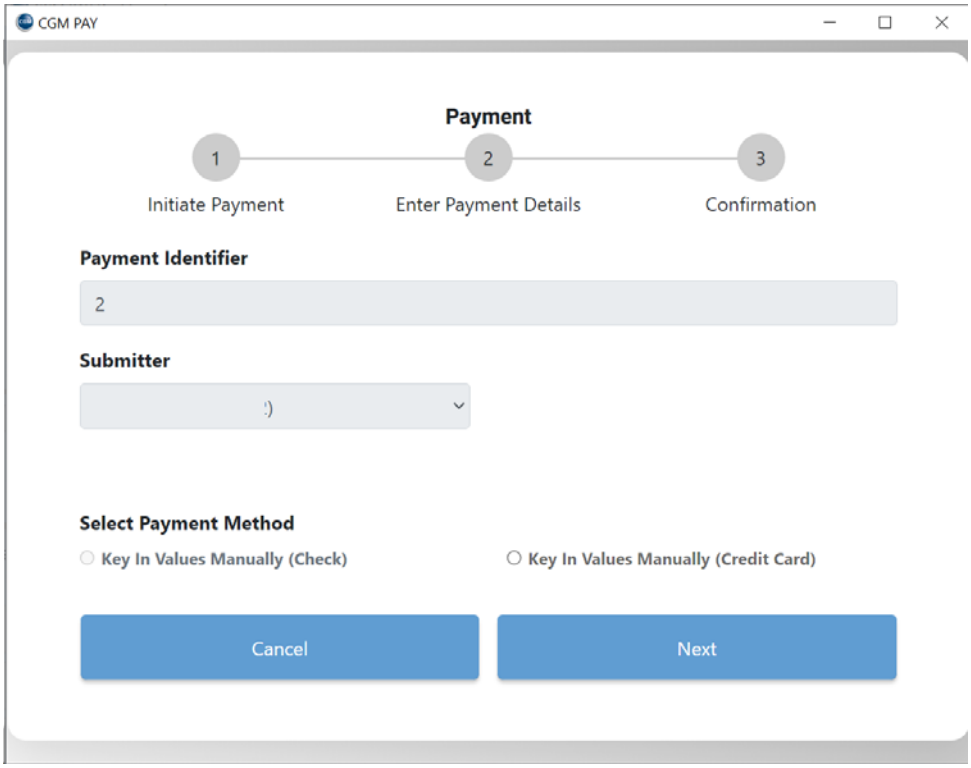

Figure 13. CGM PAY screen

4. Select Payment method corresponding to the payment you are doing. You will see any credit card devices that you have configured on the eMEDIX portal.
5. Once you select Next, you will be prompted to enter the payment method details or use the credit card device.

Payment methods can also be saved while you are making a CGM PAY payment from other screens.

Entering a payment from Transaction Entry

1. In the Activities menu, select Enter Transactions.
2. Select a patient and click New in the Payment section.
3. Select a check or credit card Payment Code and enter an Amount (you can also leave Amount blank and enter it in the next screen).

4. Click the CGM PAY button. CGM PAY opens.

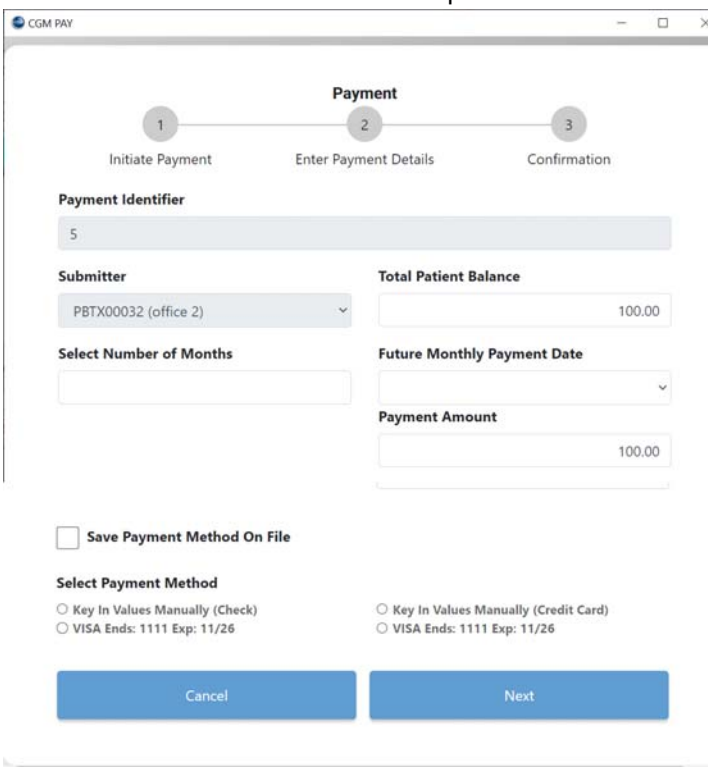

Figure 14. CGM PAY screen

5. Complete the fields on the screen. If you want to save the Payment Method, check Save Payment Method on File and then select a Payment Method. If you have entered an amount in CGM MEDISOFT, it will display in both the Total Patient Balance and Payment amount fields.
6. Click Next. Depending on the options you selected, the screens will vary. Continue until you click Submit.
7. You have the option to print a receipt now or to print one later from the CGM PAY Dashboard.

Using the Deposit List

1. On the Activities menu, click Enter Deposits/Payments. The Deposit List opens.
2. Select New
3. Change Payor Type to Patient
4. Select Payment Method (if the actual payment method you process does not match what you have selected, the system will change this to the correct one for Check or Credit card based on the payment you did once you have completed the CGM PAY payment).
5. Enter a Payment Amount (or you can leave it blank and enter it in next screen)
6. Select a Chart
7. Select the CGM PAY Button. CGM PAY opens.
8. Complete the screens to process the payment.
9. Once saved, apply the payment as you normally would any payment.

Entering a copay from Office Hours

1. On the Activities menu, select Appointment Book. Office Hours opens.
2. Right-click an appointment or edit the appointment and select Enter Copay. The Deposit (new) screen opens.
3. Enter the copay details and click the CGM PAY button. CGM PAY opens.
4. Complete the screens to enter the payment.

Creating a payment plan

1. Click the CGM PAY button on a screen. CGM PAY opens.
2. Enter values in the Select Number of Months and Future Monthly Payment Date. The Save Payment Method for future use will be automatically checked when creating a recurring plan. You can change the Total Patient Balance amount as needed.
3. Finish processing the payment. The recurring payment will appear on the CGM PAY Dashboard.

Important: If you have selected to allow patients to make online payments (single or recurring) or are doing in-office recurring payment plans, you must select the Fetch CGM PAY payments on a regular basis to pull the payments into the Deposit list for posting.

How the recurring payment works:

Every month on the selected date a payment will process as long as the patient has a patient balance.

You can see the system calculated patient balance on the CGM PAY dashboard in the Balance at Last Payment column in the Recurring Payments section.

Important Notes:

- The system will not process an amount more than the patient balance so if the balance is less than the original Recurring amount (ex. If another payment was made in the system or an adjustment to balance was made) the processed amount will be less than the Recurring amount.
- The system **will continue the recurring payment as long as there is a patient owed balance** (not including Insurance owed amounts). For example, if the patient has new charges before the recurring payment plan completes, the card or bank will be charged the next month even though the plan was set to complete this month.
- You may notice a difference between the CGM MEDISOFT balance and the Balance at Last Payment. The Balance at Last Payment will subtract any payments processed via CGM PAY that may not yet have been fetched into the Deposit list as well as those fetched but not yet applied. It will also subtract payments processed via CGM PAY in Transaction entry but not applied to charges. This is done to ensure you do not charge an account for more than an amount owed.
- If you are doing a payment plan, you should do it from the Deposit list so you can select the guarantor chart. Then the system can look at the balance of all patients who have this guarantor. Any payment plans done in Transaction Entry use the Patient chart.

If you have set up online payments with eMEDIX and choose to allow your patients to set up a recurring payment plan online, see eMEDIX documentation for those instructions.

Note: Restrictions set up in eMEDIX like Minimum Amount for a recurring plan are for online payments only. Plans set up in CGM MEDISOFT can be for any amount you want.

Transaction Entry Alerts

New button

There is a new Copy Rule button. Click this to quickly copy the highlighted rule. All of the details of the existing rule will be copied and you can change them as needed.

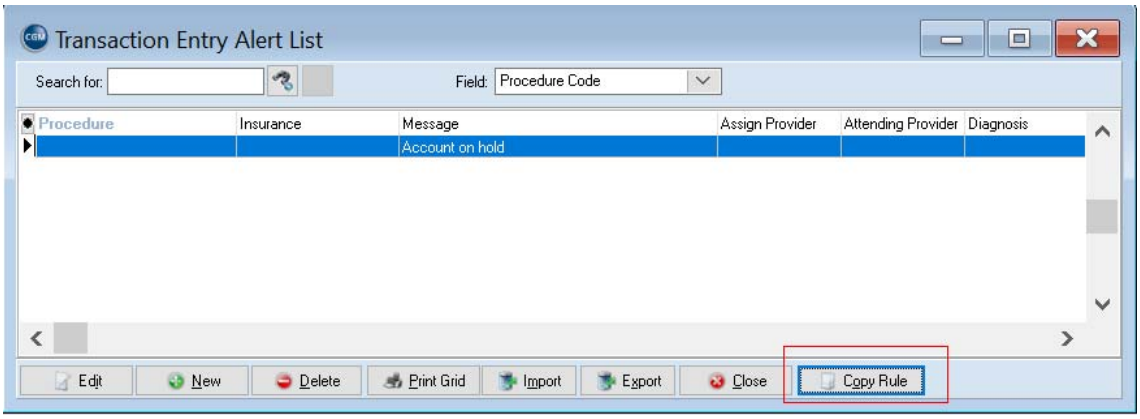

Figure 15. Transaction Entry Alert List screen

New Date Filter

You can now add a date filter to the alerts that appear for transactions.

New fields

There are two new fields: From and To for the Date Filter. Use these to select a range of Dates of Service that will trigger the alert.

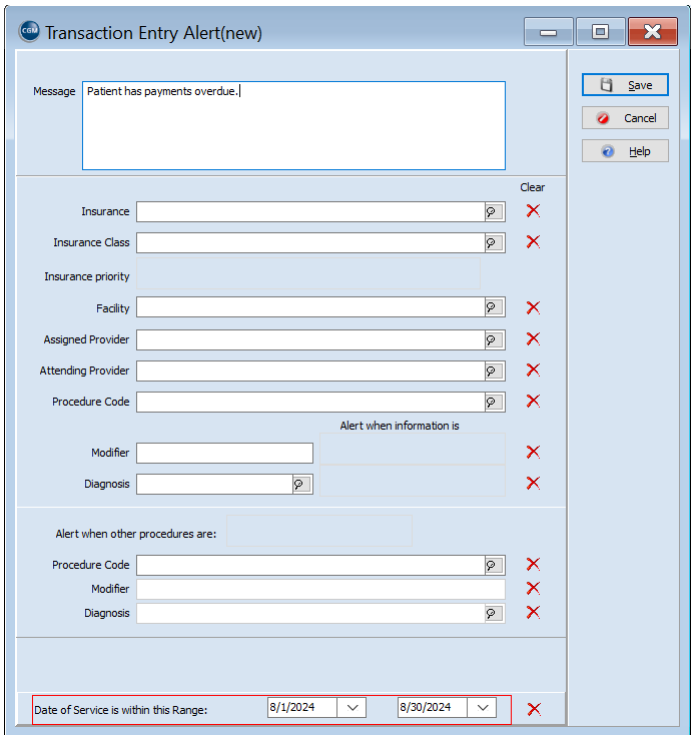

Figure 16. Transaction Entry Alert New screen

Note: Depending on the saved screen size, you may need to extend the bottom of the screen to see these new fields.

- If you want the alert to only be applicable to Transaction Dates of Service prior to a certain date, enter the date only in the "To" field of the range
- If you want the alert to only be applicable to Transaction Dates of Service after a certain date, enter the date only in the "From" field of the range

The date filter will also apply to charges coming into Unprocessed Charges and Unprocessed Edit. In the Unprocessed grid, the items get a yellow check. If you post, the alerts will pop up just like in Transaction Entry.

Program Options

Updated Data Entry tab

New field

There is a new field on the Data Entry tab: Automatically Check Dx Pointers. Use the options in this field to indicate how you want Dx Pointers to be checked in Transaction Entry, and Unprocessed Charges, and MultiLink Codes.

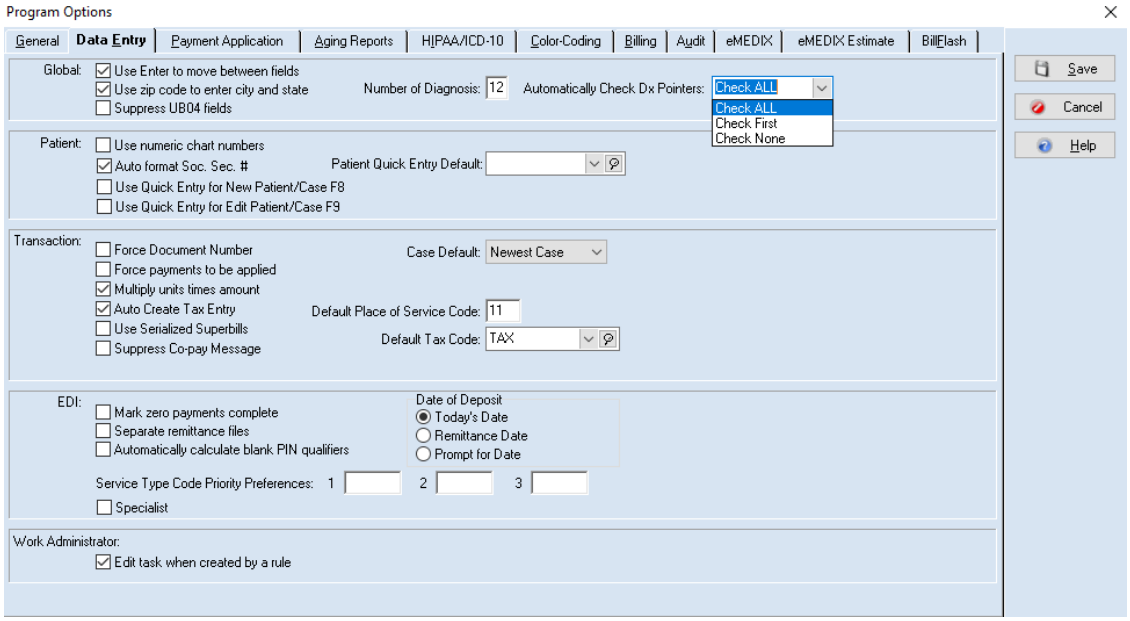

Figure 17. Program Options - Data Entry tab

The table below describes the options on this field.

Element	Descriptions
All	All Dx Pointers are checked when you select the code in Transaction Entry, Unprocessed Charges., and MultiLink codes. This is the default value. This will do what it has always done before v29.
Check First	Only the first Dx Pointer is checked.
Check NONE	No Dx Pointers are checked.

Rules

- Check ALL will be the default for all new installs and upgrades so that functionality remains as it always has been unless this option is changed.
- Previously saved items in Transaction Entry will not change upon conversion.

Note: if previously entered charges are edited after conversion, the new Program Options setting will invoke only if Diagnosis codes are edited.

- Pointers will only be changed by the system reading the Program Option setting on existing saved lines during editing if they are edited and there are Diagnosis code changes (additions, deletions or change of diagnosis codes). For example,. if a CPT or amount is changed, CGM MEDISOFT will not look to change pointers.
- CGM MEDISOFT will do the same for lines during an active session. For Example, a charge line is created and CPT and Diagnosis Codes added, CGM MEDISOFT will read Program Options to check the pointer. If the user changes any of the pointers, CGM MEDISOFT will allow the change and will not re-read the Program Options unless the user changes diagnosis codes as described above.
- Items that exist in Unprocessed Charges will remain as they are and only change if the Program Options setting is changed before items are posted.

Rules for Transaction Entry

- There are no changes to Diagnosis Codes.
- When a new charge line is entered or an existing line is edited and diagnosis codes are added or removed on that line by manual entry, defaulted from case or defaulted from previously edited line like we do now:
    - The system will check the pointers on that line based on the new Program options setting checking All pointers, pointer 1, or not checking any once focus is removed from a diagnosis field if manually entered or as CGM MEDISOFT does now when they are defaulted.
- Users can change the pointers to something different from the new default. For user edited lines: CGM MEDISOFT will re-read Program Options for the pointers **if the corresponding Diagnosis code field has been edited and then it will update the pointer(s) accordingly. It will not update from Program Options for codes not edited. Basically, for initial entry CGM MEDISOFT checks pointers based on the Program Options but if edits are made, it reads the Program Options and only apply any change applicable to the diagnosis code that has been edited.**

  EX.1: If Program Options is set to ALL and an existing line has 3 diagnosis codes on initial entry, CGM MEDISOFT would check pointers 1.2.3. If the user unchecks diagnosis pointer 3 and later again edits that line and adds a diagnosis code 4, CGM MEDISOFT will read the new Program Options and check the pointer 4. It does NOT recheck pointer 3 since diagnosis code 3 was not edited.

  EX 2: If user edits the cell for Diagnosis code 3 and changes the code, CGM MEDISOFT will recheck the pointer. If the user has saved transaction lines and edits a diagnosis field (add code, change code, remove code) and then clicks to add a new line, CGM MEDISOFT will continue to default the codes to that new line but we will read Program Options for the pointers for that line.

  EX. 3: Program Options set to NONE. User enters line with 3 Diagnosis Codes and CGM MEDISOFT defaults to none checked. User checks pointer 1. User later changes Diagnosis 1 to a different code; CGM MEDISOFT will reread Program Options and change to none checked. The User needs to re- check the code.

  EX. 4: Program Options set to first pointer. User enters a transaction line with 4 Diagnosis Codes. CGM MEDISOFT checks pointer 1. They change and uncheck pointer 1 and check 2 and 4. User then edits and changes Diagnosis1 to a different code. CGM MEDISOFT will read Program Options and check pointer 1. It does not uncheck the others since no change was made to those codes.

Warning: if no pointers are selected: When transaction entry is saved, if there are Diagnosis codes on a transaction and there are no pointers checked for the transactions that are being saved, when Save is selected, CGM MEDISOFT does not save and will present a Warning pop up Diagnosis Pointer Missing. At least one Diagnosis pointer is required per line. CGM MEDISOFT will not save until at least one pointer is selected for each line that will be saved. This warning will display after existing popups for Diagnosis Codes (No diagnosis has been assigned and the Diagnosis code set validation). CGM MEDISOFT will display this warning/not allowing save even if there is no insurance just like it does for the diagnosis codes themselves.

MultiLink codes added

When MultiLink Create Transactions is selected and the lines are added to Transaction Entry, CGM MEDISOFT will **not** look at the Program Option for the pointer determination, since they are set in the MultiLink

Once MultiLink items are added/created in Transaction Entry and pointers are defaulted from the MultiLink, they will be treated like manually added transactions if edits are made by the user, since once created, CGM MEDISOFT no longer knows they are from a MultiLink.

Unprocessed Charges Grid and Unprocessed Transactions edit

No change to the actual Diagnosis code functionality has been made. In the grid prior to posting, CGM MEDISOFT will still display codes as they were sent.

Note: if you regularly post charges from the Unprocessed Charges grid, do not set the Program options to None as it will not allow you to post with no pointers selected from the grid.

When posting from the grid:

- If Align Diagnosis codes during Posting is selected, all diagnosis codes sent for each line in the group will display on all lines as they do now when Posted to Transaction Entry. The pointers when posted will use the new Program Option Selection with one exception: ALL in Unprocessed means check as it has always done - pointers are checked for the codes sent over for that line. It does not mean literally ALL pointers for all codes on that line.
- If Align Diagnosis codes during Posting is NOT selected, only the diagnosis codes that are sent in the message per transaction line will display on that line when posted to transaction entry as it has always done. The pointers when posted will use the new Program Option Selection. ALL does mean select all pointers for all codes on that line which is what it always has done.

Exception: If the Program option is set to None, the lines will display with a Red X in Transaction Status and if Post is selected, CGM MEDISOFT give existing error: This record has an error and cannot be posted.

Unprocessed Edit

When the Program Option is set to none, you will see a red X on all lines and cannot post from the grid. Unprocessed charges must be opened in edit mode to select pointers.The system will also not let you post from Unprocessed Transactions Edit unless there is a pointer on each line that has a diagnosis code..

However, If Program Options is set to First or All which means pointers are checked by the system, and a user unchecks all pointers on a line and selects Post, the system will allow it. It will allow this since this is what it currently allows pre-v29; and if a user goes out of their way to uncheck all pointers for a particular office workflow, the system will not prevent it.

If this is something a user does and insurance claims are being sent, they will be rejected and must be edited and pointers checked in Transaction entry prior to billing just as they would need to do now.

Reminder: When edit is open, the actual diagnosis codes will do what they always have, either stay as they were sent (when Align not selected) or all diagnosis codes will display on all lines (Align selected)

MultiLink Codes

You can now add Diagnosis Codes, Modifiers and Units to MultiLink codes.

Updated MultiLink Code screen

New Diagnosis Code fields

There are four new fields for Diagnosis Codes at the top of the screen. Use these fields to add Diagnosis Codes for the MultiLink code.

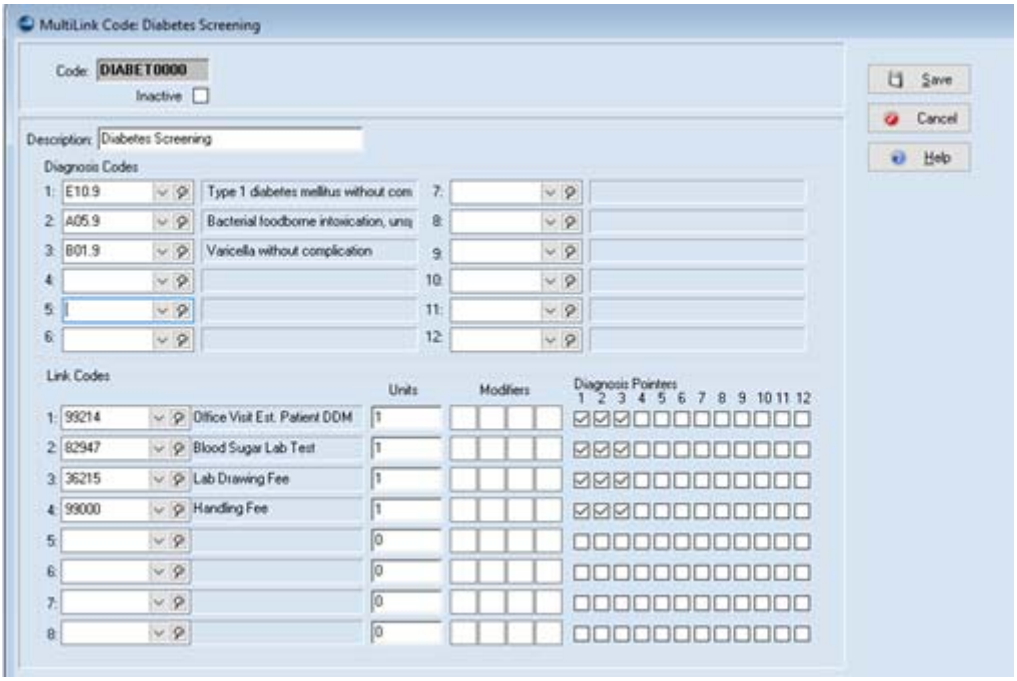

Figure 18. MultiLink Code screen

When you select this MultiLink code in Transaction Entry, the Diagnosis Codes from the MultiLink Code will automatically be used. If there are no Diagnosis Codes in the MultiLink Code, CGM MEDISOFT will use the Diagnosis Codes from the Case, or will use diagnosis codes from last edited line in an active section. as it has done in earlier releases.

New Units, Modifiers, and Diagnosis Pointers

In addition, there are new Units, Modifiers, and Diagnosis Pointers for each Procedure code that is part of the MultiLink Code.

- For Units, the default value is 1. Otherwise, it will use the value in the Procedure Code.
- Modifiers that are part of the Procedure Code will be entered.

MultiLink

- If diagnosis codes are added into a Multilink, it will use the Program Option setting to select the pointers for each line that has a transaction code entered.
- If there is not at least one pointer per transaction line when the Multilink has diagnosis codes entered: upon selecting Save, present the warning and do not allow save. Warning pop up With Header: Diagnosis Pointer Missing and Text: At least one Diagnosis pointer is required per line.
- Uses can change pointers from the default settings.

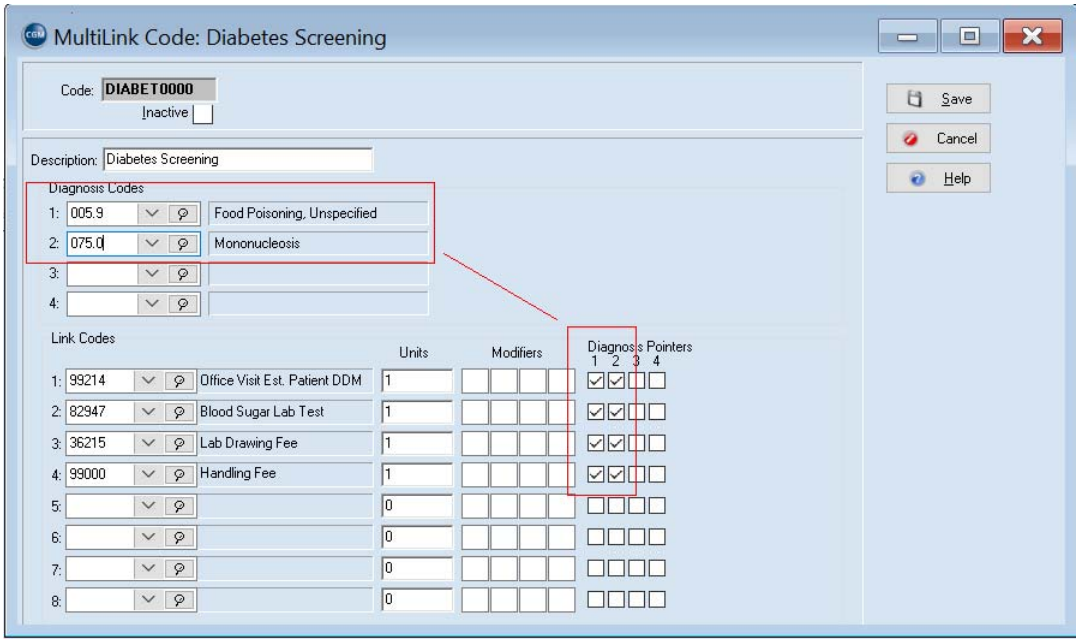

Figure 19. MultiLink Code screen

Updated MultiLink List screen

You can add columns for the Diagnosis Codes to the MultiLink List screen.

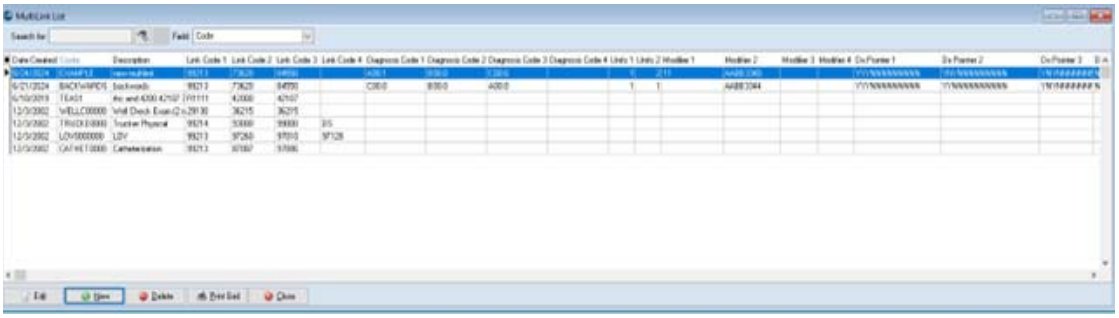

Figure 20. MultiLink List screen

To do so:

1. Open the MultiLink List screen.

2. Click the black do at the top left of the grid. The Grid Columns screen opens.
3. Click Add Fields. The Add Fields screen opens.
4. Select a Diagnosis Code and click Enter. The Diagnosis Code is added to the list in the Grid Columns screen.
5. Repeat for all the Diagnosis Codes you want to display.
6. Use the Move Up and Move Down buttons to arrange the columns.
7. Click the OK button. The grid is updated.
8. Repeat steps to add Units, Modifiers and Pointers to the grid selecting each option.

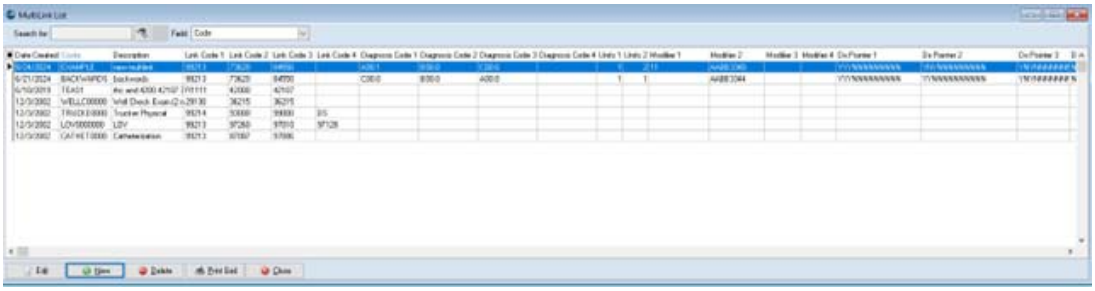

Figure 21. MultiLink List screen

Units, Modifiers and Pointers each have 8 fields, which can be added to the grid. Each has a number after them corresponding to the 8 possible Multilink procedure lines.

For Example:

Modifier 1 will display up to the 4 modifiers which can be attached on the first transaction code in the Mulitilink. Units 1 shows the units on the first transaction line in the Multilink. Dx Pointer 1 will display a combination of Ys or Ns (Y= Yes a pointer is checked or N=No it is not checked) for the first transaction in the Multilink.

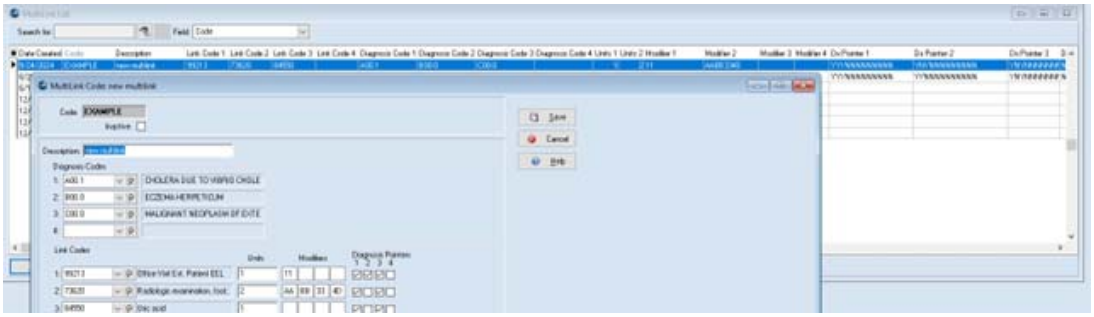

Figure 22. Multi-Link Code screen

Unprocessed EMR Charges

Updated Deletion

You can now select multiple Unprocessed Transactions for deletion at one time. Using the Shift key you can select a range of charges and using the Ctrl key, you can select multiple non-contiguous charges for deletion.

With multiple lines selected, when you right-click, the only options will be Flag for Deletion, Remove Deletion Flag, Delete Flagged Records and Refresh.

You will receive a Confirmation message when you flag the lines.

With multiple lines selected and you Flag for Deletion, you will be prompted with this confirmation.

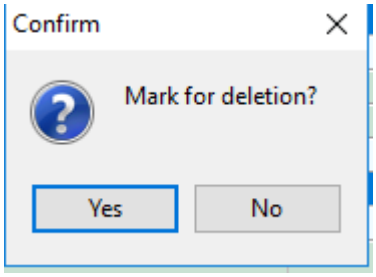

Figure 23. Confirm message

When multiple lines are selected to flag for deletion you will not receive this Confirmation since you could be selecting records from multiple message groups and different patients.

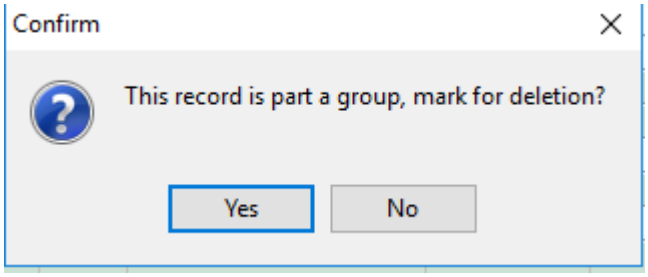

Figure 24. Confirm message

Write-Off Utility

New Check Boxes

There are new check boxes that you can use to filter items that you want to write off.: Responsible Party and Insurance Carrier.

There have been no changes to the write-off functionality.

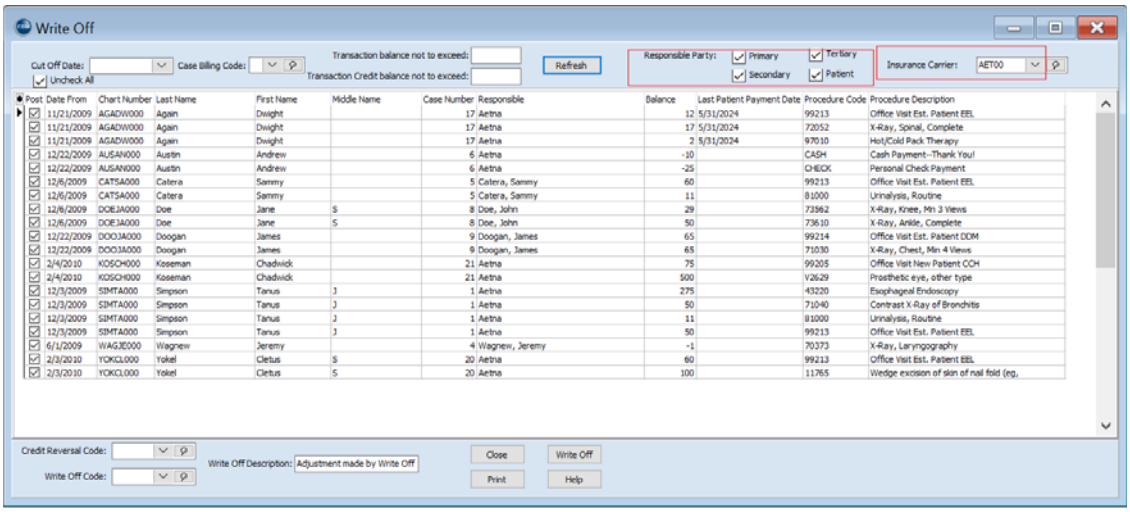

Figure 25. Write-Off Utility

Rules

- The default for all the new check boxes will be checked on new installs and upgrades; so if no user action is taken, the functionality is the same as it was prior to v29.
- When filtering results, Blank Insurance Carrier = all Insurance
- Insurance carrier field will be disabled unless at least one of the Primary/Secondary/Tertiary boxes are checked.
- If an Insurance is selected and then all of the Primary/Secondary/Tertiary boxes are unchecked, the insurance code will be cleared from the field and it will be disabled.

Updated Patient Contact Preferences

The tab for eMEDIX Statement preferences has been updated so you can select check boxes for Preferred Statement Delivery methods. The paper option is selected by default.

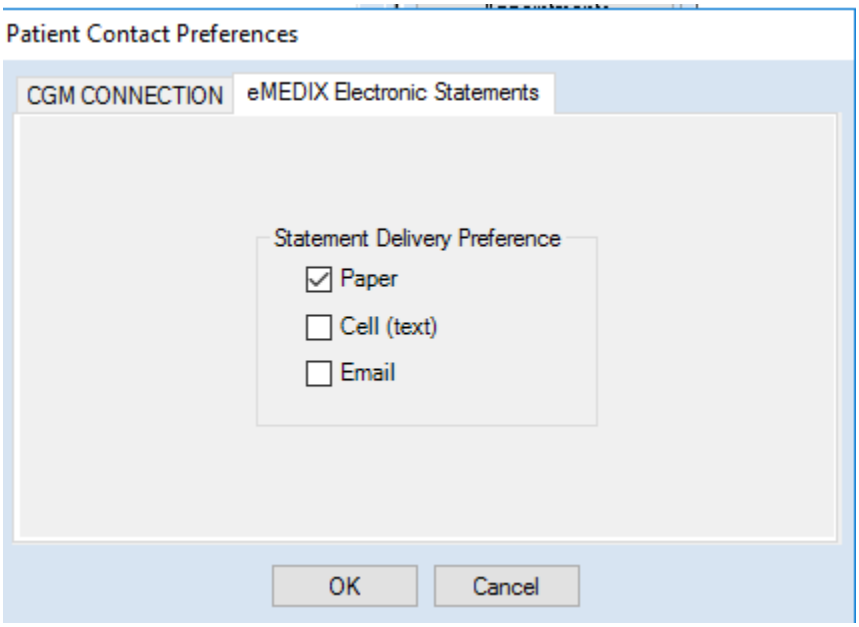

Figure 26. Patient Contact Preferences

The contact preference selected for use by the patient statement formats has been added to the eMEDIX electronic statement custom format which will allow the preference choice to be sent to eMEDIX with each statement produced.

These options allow for you to send statements for one or a combination of these options. For each option checked, a statement will be sent so if you check all three, a patient will get a statement via paper, a text, and an email.

Updated eMEDIX tab in Program Options

There is a new option that allows you to send a paper statement after X number of days when you initially do not send paper statements and statements sent via email or text remain unopened.

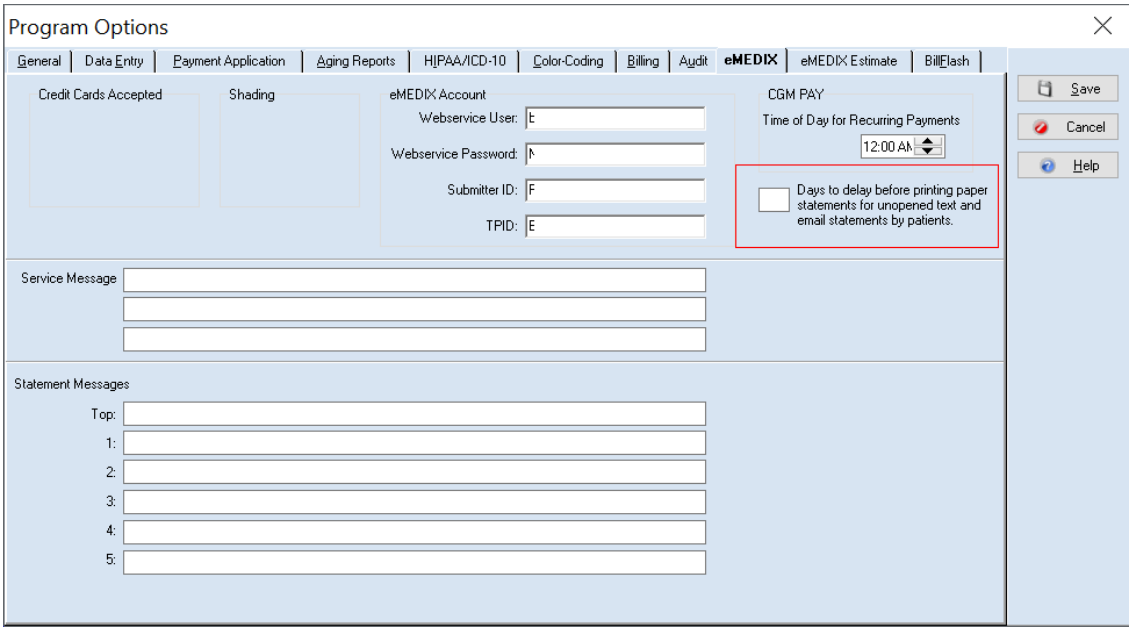

Figure 27. Program Options- eMEDIX tab

This Delay Days option only applies if on the Statement Delivery Preference for a patient you did not select Paper. If paper is not selected and you initially send statements via text or email only and it is detected that the email or text has not been opened, a paper statement will be sent after this number of days.

The default is 0, meaning you do not want a paper statement sent when sending via text or email even when eMEDIX detects they have not been opened.

Updated eMEDIX Statement form

The form that is sent has been updated.

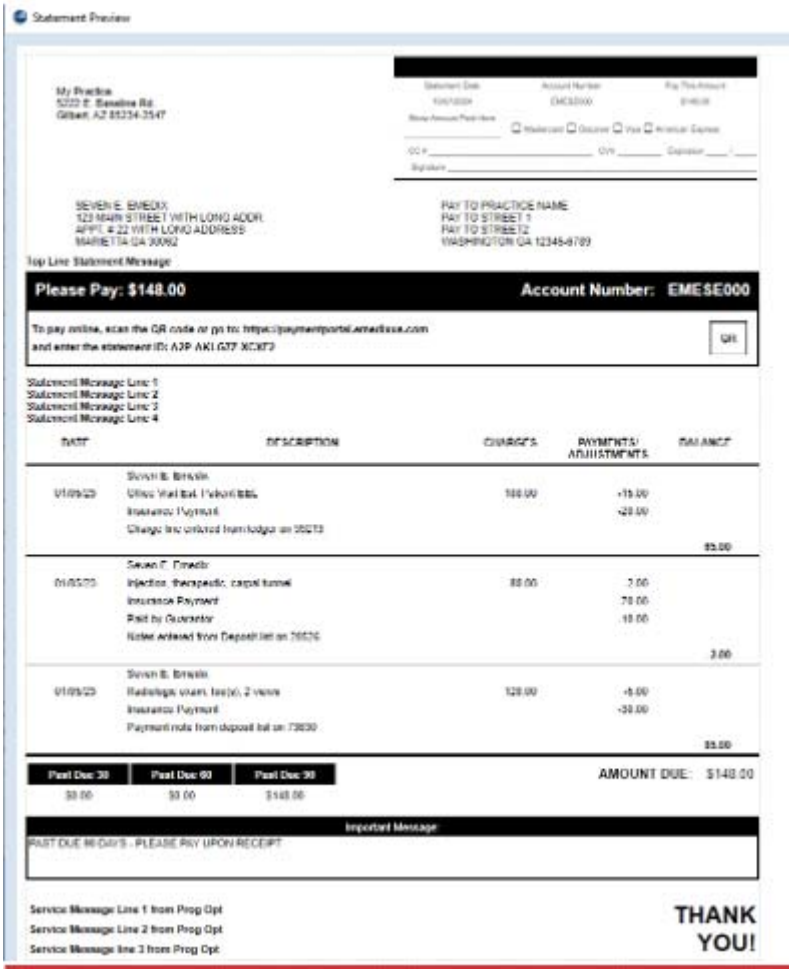

Figure 28. eMEDIX Statement Preview

The statement ID seen on the preview is only applicable if the practice allows online payments. While it will show on all statements in the preview, since the application does not know which practices allow online payments and which do not. It will not be printed on an actual statement if online patient payments has not been set up.

Chapter 2 - Resolved Issues

Below are a list of issues that were resolved with this release.

Resolved Issues

The following issues were resolved with CGM MEDISOFT Release 29.

PBI	Application	Description
68827	Medisoft - Unprocessed EMR Charges	Marking an item for deletion, closing the screen, and reopening will no longer cause the item to be deleted automatically. Steps to recreate 1. In CGM MEDISOFT, select Activities, and then Unprocessed EMR Charges. 2. Right-click and select an item for deletion. 3. Close the screen without deleting. 4. Re-open the screen and verify the item in the grid is still there.
127573	Case	You can now print and save to file from the Multimedia Entry screen. Steps to recreate 1. In CGM MEDISOFT, open a patient's case. 2. Select the Multimedia tab. 3. Click New. 4. Verify that in multimedia Entry Window the Print Image and Save to File buttons are enabled.