CollaborateMD
Helping Healthcare Act As One

8.3.2 Release Notes

OVERVIEW

These release notes describe the issues that are fixed, improvements and new features to assist our customers in increasing efficiency and productivity.

REPORTS

- Improved report tree listing by sorting categories and report names in alphabetical order.

- Improved the following reports to optionally display the breakdown of the balance due to insurance payers (Primary, Secondary, and Tertiary)
  - A/R Management Reports
    - A/R Aging Summary
    - A/R Aging Summary with Payment Info
  - A/R Reports
    - Charges Due Insurance - by Aging Range

- In the A/R Reports
  - Denials - Fixed an Issue with dropdown not filtering per the session customer
  - Adjustment Reasons – Fixed bug with username dropdown not filtering per the session customer.

- In the Daily/Monthly Reports
  - Claims Billed/Entered Report – Added Summary and Detailed Options.
  - Daily/Monthly Charges and Payments Report– Added an option to show payer name on insurance and adjustment sections of report.

- Added Facility Reports back into the application.

- In Facility Reports
  - Facility Charges Details report - When multiple Copays existed for a single charge - Fixed issue with the charge that may have appeared twice on the report.

- In the Management Reports Category
  - User Audit Report - Fixed an Issue with dropdown not filtering per the session customer.

- In the Miscellaneous (Misc) Reports
    - Credit Adjustment – Added Summary and Detailed Options.

- In the Patient Reports Category
    - Patients with Statements Printed X Times - Fixed an issue with account type field not being reflected on the report.
    - Inactive Patients report - Added referring provider and ICD code as filter options.
    - Patients with Account Credits - Added an optional filter to only return patients with account credits that are due patient.

ENHANCED REPORTING (CUSTOMER PORTAL) - Functionality will be available March 17, 2010

- Improved the following reports to optionally display the breakdown of the balance due to insurance payers (Primary, Secondary, and Tertiary)
    - A/R Management Reports
        - A/R Aging Summary
        - A/R Aging Summary with Payment Info
        - A/R Reports
            - Charges Due Insurance - by Aging Range

- In the A/R Management Reports
    - A/R Aging Summary with Payment Info - Added a check box option to include charges that are set at Review.
    - AR Aging Summary -Charge Aging Details - Fixed the charge amount not appearing in a currency format.

- In the A/R Reports
    - Charges Due Insurance by Aging Range – Removed non-functional columns from report.

- In Claim Reports
    - Claim Details Report
        - This new report was copied from application to portal.
        - Added existing application report to the enhanced reporting.

- In the Daily/Monthly Reports
    - Claims Billed/Entered Report – Added Summary and Detailed Options.
    - Daily/Monthly Charges and Payments Report – Added an option to show payer name on the insurance.
    - Daily/Monthly Copays/Ins Pay/Refunds report – This is a new report and will display Patient Copays, Insurance Payments and Refunds.

- Under Management Reports
    - See What Insurance Paid Report - Improved report to show Payer Name(s).
    - Sales Rep Charges Report – Improved reliability on the “Select By” field. Originally date type was always being set as the Date of Service regardless of selection.

- Sales Rep Receivables Report – Redesigned and Improved reliability of report by removing the adjustments, date entered column and corrected the pull down payment amounts. Use the applied amount instead of received amount.
- Referring Mailing List Report – This is a New Report. Creates a list of referring providers by cross-referencing the referring provider set on the patient and when the patient was added. Report is intended for Excel export to create a mailing distribution list.
- Marketing Source Report – This is a New Report. Shows the number of new patient appointments per office location/referral type/zip code and patient age with percentage breakdowns.

- In the Miscellaneous (Misc) Reports
  - Credit Adjustments Report – Added Summary and Detailed Options.

- Under Patient Reports
  - Inactive Patients report - Added filter options for referring provider and ICD code.
  - Patients with Account Credits – Improved reliability by adding an optional filter to only return patients with account credits that are due patient.

CLAIMS SECTION

- Payer Edit for Michigan Medicaid CPID 2480
  - When a patient has more than one insurance and Medicaid
    - Place the primary insurance in box 11 and the secondary insurance in box 9.
  - When a patient has primary insurance and Medicaid
    - Place the primary in box 11 and nothing in box 9.
    - Box 4 should correspond to box 9 and box 1 should be set as Medicaid.

- Improved claim scrubbing history to order records by Transaction ID.

- Added edit to print the Provider ID in both boxes 51 and 57 of the UB04 form for payers with CPID 1526.

- Added feature to recall the last selected claim type when creating new claims.

- Added patient acct number as a column to Claim Search window.

- Added a warning message when sending claims to South Carolina Payers with a Processing Mode set to “Clearinghouse Will Print and Mail Claims”. Warning will indicate that clearinghouse cannot print and mail claims to South Carolina payers.

- Fixed issue with the search feature not being able to find content in auto-apply reports that were created starting in 2010. This only affected the button "Click to Load Auto-Apply Reports".
- Fixed issue with payments not being applied to charges with modifiers in a different order from the line item in the ERA file. Some payers rearrange the modifiers, which prevented the system from identifying the correct line item to apply.
- Fixed issue with blank memo lines being added to activity when the info line option is set on a remit code but the memo line text is not set.
- Improved functionality to support patient payment redistribution. When an applied payment causes an overage on a charge, all patient payments on the claim will be removed and redistributed after all insurance payments are applied. Any patient credits left over will be saved as an account credit. This logic also applies if a charge appears to be paid in full due to a patient payment.
- Improved functionality to support unit level payments. When a payer limits the units of service that it will pay on, a line item may be listed twice on an ERA, once for the paid units and once for the unpaid units.
- Improved functionality to not allow adjustments to be created when either remit-code pending (133) or duplicate (18) is present.
- Improved functionality to not allow adjustments on denials.
- Improved functionality to include in denial processing remit codes with actions set to "Denied at Insurance".
- Improved functionality to allow the secondary insurance to pay as primary on a charge when it can be determined that the primary payer has processed a charge as an exclusion, paying nothing and adjusting nothing.
- Improved functionality to properly record the source of an account credit as insurance or patient based on if the credit was created by an insurance overage or patient payment overage.
- Added support for processing reversals when the payment and adjustment being reversed can be found.

PATIENT SECTION

- Fixed issue with the Review button’s hot key (ALT+R) conflicting with the Referring/PCP tab’s hot key. Changed the Review button hot key to ALT+V.
- Fixed issue with the Patient Balance balloon tip showing balance with or without credits not using the system defaults option.
- Under the Misc. Info Tab - Added new referral types: Insurance Company, Family, Screening, and Lecture.

PAYMENT SECTION

- Fixed issue with the activity report showing the active patient regardless of what patient was open in the current section.

TRACKING

- Added new feature to Statement Tracking that allows users to update Patient Address information with Forwarded Address information returned by the clearinghouse.
    - Right-click on a forwarded address node in the tree to view a popup with the update options. Users can select between updating only the "Mail Stmt To" address on the patient, or search and replace all instances of original address on the patient. These functions can also be run in batch for all forwarding addresses returned by right clicking on the root node in the tree.
- Added option "Open Payment" on the popup menu for Claim Tracking. Will open to Line Item Posting.

SCHEDULER

- Fixed issue with resource not available message being displayed when resources is actually available.
- Fixed issue with not being able to move an appt from outside the active date range into the active date range.
- Fixed issue with day view panel not properly refreshing when an appointment is moved to another day.
- Fixed issue with the Week View where using the arrow button on the horizontal scrollbar would result in the date jumping ahead by more than 1 day when clicked once.

- Fixed issue with the Appointment window not properly reflecting resource settings.
- Fixed issue with double-clicking to create a new appointment not working after previously double-clicking to create an appointment the same time on a different day.
- Improved to show the number of appointments displayed in the bottom status bar.
- Improved to show patient alerts when rescheduling appointments.
- Added an option to print the referring provider name in daily and weekly schedule reports**.**

PAYER

- Improved the Provider ID Management table to allow group numbers to be entered for a provider without an individual number.
- Added an edit to check for South Carolina payers with a server-processing mode of "clearinghouse print and mail". When attempting to save a payer with these settings a warning will be displayed explaining that by law the clearinghouse cannot print an mail claims to South Carolina payers.
- Added an option "Remove the Insured's ID# in box 1A" to the Options - CMS-1500 (08/05) tab. This option, required by specialty payers, will cause the insurance id not to print in box 1A of the CMS-1500 (08/05) form.

PRACTICE

- Added an option "Treat the FDN as a Statement" under Statements - FDN Tab. If this option is selected when printing FDNs, the patient will be updated to reflect that an additional statement was sent. The fields updated on the statement include last statement date and statement mailed x times.

DOCUMENTS

- Fixed issue with removing document associations. Clicking a document's "Remove Assoc." popup menu option will now cause the properties window to properly show that the association has been removed.

CODES

- Fixed issue with allowing inventory codes to be saved with an extra space at the end, preventing them from being retrieved properly in the application.

SUPERBILLS

- Improved the wording of "Add Patient Credit to Patient Balance" option. Changed it to say "Show Patient Balance Without Credits".
- Added option to include patient balance on default superbills.
- Added option to include Next Appointment Date and Time on custom superbills.

BATCH CLAIM IMPORT

- Fixed issue with import not setting setting claim ID, subtype, credit type on payments from XML import.
- Fixed issue with claim status not getting set to paid for charges with zero balance.

WINDOWS COMPATIBILITY

- Fixed issue with default look and feel on Windows 7 not setting to Windows mode.
- Improved Windows 7 and Windows Vista compatibility. System now works better with User Account Control (UAC) turned on. All local storage files including cache, updates, logs, and option settings have been move to the user's directory under the ".collaboratemd" folder. Upgrade from prior 8.3 versions should automatically copy cache files to prevent reloading cache when upgrading.
- Added new 64-bit installer to support 64-bit windows systems.
- Added new 32-bit installer to correct executable compatibility problems with Windows 7 systems.