



June 3, 2010

OVERVIEW

These release notes describe the issues that are fixed, improved, and enhanced. We have also included new features to assist our customers in increasing efficiency and productivity

GENERAL

- An improvement was made to the tool tip appearance when hovering over the menu buttons in major sections of the program. An information bubble will indicate what section you are in and a timer for the duration of the tool tip will be displayed.
- Improved record keeping for historical changes to charge status. This will be used for future improvements to reports.

CLAIM SECTION

- An issue was fixed within the Claim Section Window. The “Select Payer” drop down box now correctly selects the Payer used in a prior claim search when multiple payers have identical names. Payer sequence numbers have been added to better distinguish payers.
- The Drug Code section was improved by defaulting Drug Units for a charge to the Charge Units when the charge’s CPT code has a default drug code present. This automatically populates the Drug Units field in the other information window. For this to automatically occur, a drug code has to be defaulted in the code section. The default drug code for a CPT code is set in the Codes section under Billing & Procedures.
- The ICD fields were improved in both the Professional and Institutional claims to allow eight characters to be entered in support of the ICD-10 specification.
- An issue was fixed where an Institutional claim was deleted when the user went to the Review tab, opened a past Review of the claim, and then clicked the Save button.
- An issue was fixed where the receipt would not print when performing a Review on a new claim that had not yet been saved and a copay was entered with an option to Print Receipt.
- CMS 1500 (08/05)
 - Added a payer edit for CPID 1480. When the associated authorization# for the payer starts with two letters, use the 1D qualifier and the Medicaid# from the referring section in box 17A. Otherwise, leave blank and populate 17B with the referring provider NPI.
 - Added a payer edit for CPID 1453 and CPT 66984. In box 24A, leave the “To DOS” field blank.
 - Added a payer edit for CPID 1488. In box 9A, always print the Insured's Medicaid Assistance# (the member ID).

- Added a payer edit for CPID 1467 Wisconsin Medicaid. When the primary is Medicare, set box 29 to blank.
- Removed a payer edit for CPID 1470 to print the Individual/Group provider ID in box 24J.
- A logic error was fixed that caused the patient relationship to the insured to never change from the default.
- CMS 1450 (UB04)
 - Added a payer edit for CPID 1473. In box 42, leave the Rev Code field blank.

DOCUMENTS SECTION

- The Configuration tab will now only be visible to CollaborateMD Client Services. This field may no longer be changed by users.
- An issue was fixed within the Properties pop-up window. A document will now display if a user selects “Remove Associations”, clicks “No” to the confirmation, and tries to open the Properties pop-up window again for the same document. Previously, when “No” was selected, the properties window would not open if “Remove Associations” was selected.

PATIENT SECTION

- A defect was fixed when a patient record, which contains a primary insurance and other insured, is saved after an eligibility check or statement has been printed; an invalid warning message would appear.
- The Default ICD fields were improved to allow eight characters to be entered in support of the ICD-10 specification. (Same as Claim Section)
- The Insured tab in the Patient Section was improved to allow 20 characters in the first name space.

PAYMENT SECTION

- A defect was fixed in the EOB Posting and Line Item Posting. When two payers listed on a claim had identical payer names, the Line Item Status could never be changed to the secondary payer. These payers are now listed in sequential order to distinguish the appropriate payer. When a balance is sent back from the primary insurance, it is now sent automatically to the secondary insurance.
- EOB Auto Apply was improved by migrating queue-based processing to support long-running transactions.
- EOB Auto Apply and EOB Posting were improved to save time and optimize patient balance calculations.
- The “Viewed” column was removed in the Remittance Checks section of EOB Auto Apply. This was previously internal to CMD employees and was never implemented correctly.
- A problem in EOB Auto Apply within the Payer Generated Reports was fixed. When reports were printed, the first line of the report was being cut off.

- Transaction maintenance was improved by no longer showing redistributed payments by the EOB Auto Apply payment redistribution models, which was marked as AAEOB. This was removed to eliminate user confusion and enhance redistribution.

SCHEDULER SECTION

- An issue was fixed within the Day View Panel. When choosing to Show Unavailable Times, the end-of-day “Unavailable” time block was not displaying correctly.
- Daily and Weekly Schedule reports were improved. As a result, comments entered in the Comments window in the Appointment tab will no longer be cut off.
- An issue was fixed where the Department field would contain department names, but the drop down box would be grayed out when switching to another customer account when selecting the “Switch Account” button in the System section.
- An alignment issue was fixed regarding the panels in the Search tab in the Scheduler section.
- The Schedule Appointment window was improved by defaulting the Appt Type field to show global appointment types. When the Department field is changed, the Appt Type field will refresh to display the global and department specific appointment types for that department.
- A change introduced in 8.3.2 was reverted to post patient alerts when rescheduling an appointment.
- An issue was fixed regarding printing the Weekly Schedule. When the first appointment of the day is a “Block”, and the user chooses not to print Blocks, the day of the week will be displayed on the first appointment.
- An intermittent issue was fixed where occasionally switching between the Scheduler and Search tabs would not result in the correct number of matches in the status bar being correctly updated for the tab that had been selected.
- The Appointment Window Insurance tab was improved by increasing the field length of the first name to 20 characters.

SUPERBILLS

- A problem was fixed due to the customer Superbill XML Tags not being uniquely recognized.
- A change introduced in 8.3.2 was reverted that will always print the generated date in the Date field of the CollaborateMD default Superbill. If printed from the Scheduler, it will print the appointment date by default. An override option available in the Admin section – Configuration – Superbills – Add or Find – “Always Use Date Generated in Date Field.” To generate the report and show the actual date of report, check the box. To generate the report by appointment date, leave the box unchecked. This change only applies to the CollaborateMD Default Superbill.

TRACKING

- Added to the Claim Control Tab is a date range filter for the Charge Status Range (also known as Line Item Status). This allows you to quickly filter through and drill down specific claims by the charge’s bill to status that occurred within a larger date range.