

CGM 4.1.1 What's New?



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Agenda

- Constants Enhancements
- Transactions Management
- Special Programs



Constants Enhancements



Security – User Constants

You can now define a control group for an operator for automatically reposted charges

- Previously posted to system defined control group 997.
- Control group will be used for charges that are automatically reposted following an edit to the primary insurance code.



OPERATOR: TR001

OLD

NAME.....:

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY STATE ZIP:

PHONE.....: EXT:

ALLOW LOGIN ACCESS (Y/N).....: Y

ALLOW PASSWORD EXPIRATION (Y/N): Y

LAST PASSWORD UPDATE: 05/17/2013

SECURITY CATEGORY.....:

CONTROL GROUP RANGE...:

SPECIFIC CONTROL GROUP:

REPOST CONTROL GROUP..

PRINTER NUMBER RANGE...:

SPECIFIC PRINTER NUMBER:

F5=DELETE

F6=EDIT SECURITY

F7=REMOVE CATEGORY

F10=FORCE PASSWORD CHANGE



General Parameters

There is a new General Parameter to define the default age date for reposted charges to Original Age Date.

D Default is Date of Service

G Sets the age to the current Group Management date

NEW:

O Retain the original ageing date on the reposted charge



IN CHARGES, DEFAULT UPDATE PATIENT REFERRAL TO..... (Y/N): N

SHOW PROVIDER CODE ON CHARGE SCREEN? (Y/N): Y

SHOW PROV GROUP PROMPTS ON CONTROL GROUP SCREENS? (Y/N): Y

DEFAULT BILLING AREA INTO CHGS FROM PROV GRP? (Y/N): N

IN CHGS ONLY ALLOW BILLING AREAS FROM PROV GRP? (Y/N): N

USE 3RD AND 4TH DIAGNOSES ON CHARGES? (Y/N): Y

ALLOW RESET AGE BASE DATE PROMPT? (Y/N): N

ALLOW CTRL GRP PROMPT IN PAY/ADJ CORRECTIONS? (Y/N): Y

ALLOW TRANS TO UNAVAIL BILLED INS IN PAY/ADJ? (Y/N): Y

FOR \$.00 PAY/ADJ DEFAULT INSURANCE TO (C)UR OR (N)EXT? (C/N): N

IN COR/REP CHGS DEF AGE DATE TO DOS/GROUP MGT DATE/ORIG AGE DATE? (D/G/O): O

IN COR/REP CHGS, SHOW ORIG CHG/ONLY KEYED CHG? (O/K): O

IN REG SET DEFAULT ETHNICITY (H,N,D,U OR BLANK): U

IN REG SET DEFAULT PRIMARY LANGUAGE (LANGUAGE CODE OR BLANK):



General Parameters – Meaningful Use

There are new fields in General Parameters for Meaningful Use requirements

Set defaults for Ethnicity and Primary Language Defaults when a new registration is created:

```
IN REG SET DEFAULT ETHNICITY ..... {H,N,D,U OR BLANK}:   
IN REG SET DEFAULT PRIMARY LANGUAGE ..... {LANGUAGE CODE OR BLANK}: 
```



Meaningful Use – Ethnicity Values

Based on the final Meaningful Use ruling, ethnicity values have been revised and new values added:

- Hispanic or Latino
- Not Hispanic or Latino
- Declined
- Unknown
- Blank



Meaningful Use– Race Values

Based on the OMB guidelines the race values have been revised:

- 01 - Black, African American
- 02 - Asian
- 03 - White
- 08 - American Indian, Alaska Native
- 09 - Native Hawaiian, Other Pacific Islander
- 98 - Unknown
- 99 - Declined



General Parameters – Meaningful User

Race, ethnicity, and primary language can now be made required fields in registration.

REQUIRED PATIENT REGISTRATIONS FIELDS:		
ADDRESS. (F/B/N) :	<input type="checkbox"/>	F
CITY. . . . (F/B/N) :	<input type="checkbox"/>	F
STATE. . . (F/B/N) :	<input type="checkbox"/>	F
ZIP. . . . (F/B/N) :	<input type="checkbox"/>	F
COUNTRY. (F/B/N) :	<input type="checkbox"/>	N
BIRTH. (F/B/N) :	<input type="checkbox"/>	F
SEX. (F/B/N) :	<input type="checkbox"/>	F
SSN. (F/B/N) :	<input type="checkbox"/>	N
EMPLOYER CODE. (F/B/N) :	<input type="checkbox"/>	N
EMPLOYER NAME. . . (Y/N) :	<input type="checkbox"/>	N
COPY TO/FROM. . . . (Y/N) :	<input type="checkbox"/>	N
PRIMARY LOC. . (F/B/N) :	<input type="checkbox"/>	N
RACE. (Y/N) :	<input type="checkbox"/>	N
ETHNICITY. . . . (Y/N) :	<input type="checkbox"/>	N
PRI LANGUAGE. (F/B/N) :	<input type="checkbox"/>	N



Transaction Message Codes

Transaction message codes have been expanded to allow for a 10 character alphanumeric code to manage ANSI X12 5010 standards.

```
TRANSACTION MESSAGES          CONSTANTS          (CLS) 05/26/13  
  
TRANSACTION MESSAGE CODE : 1234567890
```



General Parameters / Provider Groups - Addresses

The 5010 specification requires a physical mailing address. A post office box is often stored in general parameters and/or provider groups. To support 5010 an additional set of address lines has been added to general parameters and provider groups to allow for a physical address as well as a remittance address.



PRACTICE INFORMATION:

NAME:.....: CLASS PRACTICE
CONTACT:.....:
TELEPHONE NUMBER.....:
EMPLOYER ID.....:
NATIONAL PROVIDER ID.: PRIMARY LOCATION:

BILLING/PHYSICAL ADDRESS:

ADDRESS 1.....:
ADDRESS 2.....:
CITY STATE ZIP CODE.:

PAY-TO/REMITTANCE ADDRESS:

ADDRESS 1.....:
ADDRESS 2.....:
CITY STATE ZIP CODE.:

MISCELLANEOUS DATE 1:	<input type="text"/>	MISCELLANEOUS DATE 6:	<input type="text"/>
MISCELLANEOUS DATE 2:	<input type="text"/>	MISCELLANEOUS DATE 7:	<input type="text"/>
MISCELLANEOUS DATE 3:	<input type="text"/>	MISCELLANEOUS DATE 8:	<input type="text"/>
MISCELLANEOUS DATE 4:	<input type="text"/>	MISCELLANEOUS DATE 9:	<input type="text"/>
MISCELLANEOUS DATE 5:	<input type="text"/>	MISCELLANEOUS DATE 10:	<input type="text"/>



PROVIDER GROUP CODES		CONSTANTS		(CLS) 05/26/13	
PROVIDER GROUP CODE.....:	<input type="text" value="XXXXX"/>	NEW			
PROVIDER GROUP DESCRIPTION..:	<input type="text"/>				
AVAILABLE? (Y/N).....:	<input type="text" value="Y"/>	PRIMARY LOC:		<input type="text"/>	
PROVIDER GROUP CONTACT.....:	<input type="text"/>				
CONTACT NUMBER.....:	<input type="text"/>	EXT:	<input type="text"/>	FAX#:	<input type="text"/>
BILLING/PHYSICAL ADDRESS:			PAY-TO/REMITTANCE ADDRESS:		
ADD LINE 1:	<input type="text"/>	<input type="text"/>			
ADD LINE 2:	<input type="text"/>	<input type="text"/>			
CSZIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TAX ID.....	<input type="text"/>	NPI:	<input type="text"/>	DEFAULT BILLING AREA:	<input type="text"/>
BILLING AREA CODES:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
O	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
V	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	F5 = DELETE	F6 = PAGE FORWARD	F7 = PAGE BACK		



New Adjustment Code - ATR0

A new system assigned adjustment code (ATR0) has been added to the adjustment code constants.

- Used for automatic transfers that may occur
- System assigns a Revenue Center during the upgrade. This should be reviewed to determine if is appropriate.
- ATR0 is excluded when listing transactions. Option available to include when searching transactions.
- If ATR0 is currently an adjustment code in the practice it will need to be renamed after the upgrade. A special program mvpay is available to make this change.



ADJUSTMENT CODE.: OLDDESCRIPTION.....: AVAILABLE? (Y/N).....: PRINT ON STATEMENTS? (Y/N): REVENUE CENTER.....: IS THIS A CAPITATION ADJ CODE? (Y/N).....: IS THIS A BAD DEBT WRITE-OFF ADJ CODE? (Y/N)..: IS THIS A WITHHOLD ADJ CODE? (Y/N).....: IS THIS A CONTRACTUAL WRT-OFF ADJ CODE? (Y/N): ASK FOR CHECK/ABA? (Y/N):.....: BALANCE TYPES TO ADJ:

(P)ERSONAL

(I)NSURANCE PENDING

(W)ORKER'S COMPENSATION

(C)OLLECTION

INSURANCE TYPES TO ADJ:

R = MEDICARE

D = MEDICAID

B = BLUE SHIELD

H = HMO

O = OTHER

S = SELF-PAY



Display	<input checked="" type="radio"/> Summary <input type="radio"/> Detail
Charge Status	<input checked="" type="radio"/> Open <input type="radio"/> All
Payer Status	<input type="checkbox"/> Pending <input type="checkbox"/> Acknowledged <input type="checkbox"/> Informational <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Completed <input type="checkbox"/> Resubmitted
Payment Status	<input type="checkbox"/> Late <input type="checkbox"/> Very Late <input type="checkbox"/> Pending <input type="checkbox"/> Remitted <input type="checkbox"/> Undetermined <input type="checkbox"/> Resubmitted
Sort by	Date of Service <input type="button" value="v"/> <input checked="" type="radio"/> Ascending <input type="radio"/> Descending
Corrections	<input type="checkbox"/> Exclude
Bad Debt	<input checked="" type="radio"/> Include <input type="radio"/> Only

Additional Transaction Filter Options:

▶ Charge

▼ Payment/Adjustment

Pay/Adj Date	<input type="text"/> <input type="button" value="BB"/>	<input type="text"/> <input type="button" value="BB"/>				
Payment Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="..."/>
Adjustment Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="..."/>
Auto Transfers (ATRO)	<input checked="" type="checkbox"/> Exclude					
Type of Payment	All <input type="button" value="v"/>					
Check/Credit Card #	<input type="text"/>					
Payer Reference ID	<input type="text"/>					

▶ Insurance



Payment Codes

A new option in payment code constants indicates whether a payment code should be used to pay insurance or personal balances. When set, this flag will be used to post an ATR0 adjustment code to transfer the balance to the appropriate type before applying the payment. This facilitates personal payments posted before insurance is billed. Turning this on in payment codes will provide tracking of payments by insurance and patients.



Insurance Class

- Increased from 2 characters to 4 characters
- Insurance class when changed applies immediately and retroactively
- Insurance class can be applied using the Constants program and downloading insurance codes
- Think Smart Coding
- Before changing make sure claims and reports are not addressed



Insurance class codes

- Examples of use of 4 character codes:
 - MCPB Medicare Part B
 - MCMA Medicare Advantage
 - Report on all Medicare MC??
 - Report on Medicare Part B only MCPB
 - Report on Medicare Advantage MCMA



Transaction Management



Advanced Payment Tracking (4.1.1)

- EDI added ability to notify from within Group Management when a payment is not received within timeframe expected from the payer, based on statistical calculations
- In Transaction List in Patient Manager, you can see when an expected payment is considered LATE or VERY LATE (available 4th quarter). Ability to run a Payment Status report and push into a Task Management queue to work the charges.
- Within Task Management, new display option to view Payment Status in Task Summary and Task Detail. Also search on Payment Status to limit queue listing to those items that have been flagged as LATE or VERY LATE by the gateway (available 4th quarter).



Display Setup

Select to Display in Task Summary			
Date of Service	<input type="checkbox"/>	Amount	<input checked="" type="checkbox"/>
Provider	<input checked="" type="checkbox"/>	Due Amount	<input checked="" type="checkbox"/>
Provider Group	<input type="checkbox"/>	Personal Balance	<input type="checkbox"/>
Ordering Physician	<input type="checkbox"/>	Insurance Balance	<input type="checkbox"/>
Supervising Physician	<input type="checkbox"/>	Total Balance	<input type="checkbox"/>
Reason	<input checked="" type="checkbox"/>	Payment Status	<input checked="" type="checkbox"/>
Insurance	<input checked="" type="checkbox"/>	Review Date	<input checked="" type="checkbox"/>
Procedure Code	<input type="checkbox"/>	Last Edited On	<input checked="" type="checkbox"/>
Place of Service	<input type="checkbox"/>	Last Edited By	<input checked="" type="checkbox"/>
Billing Area	<input type="checkbox"/>		



Search and Search Results

▼ **Tasks**

Status Codes	exclude <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	...
Last Edit by	exclude <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	...
Payment Status	<input type="checkbox"/> Late <input type="checkbox"/> Very Late <input type="checkbox"/> Pending <input type="checkbox"/> Remitted <input type="checkbox"/> Undetermined <input type="checkbox"/> Resubmitted									

- ▶ Accounts
- ▶ Providers
- ▶ Insurance
- ▶ Billing
- ▶ Dates

Task Summary												Last Updated 05/26/2013		
Sel	Status	Acct	Chg #	DOS	Prov	Reason	Ins	POS	Amt	Due	Pymt	Review	Last Edit	By



Duplicate Charge Checking

Charge entry now gives a soft warning when the system finds a previously entered charge for the same account, patient, provider, place of service, date of service, procedure code, modifier 1 or modifier 2. When entering manual Anesthesia charges, an additional check is made for time. The duplicate charge checking within Anesthesia batch charge entry remains the same as available with previous versions.



Editing, Error Correcting and Reposting

- Now available in the Patient User Interface (PUI) directly on the account
or
- From Quick Links to Transaction Management (equivalent to WFE, Error Corrections/Edits)



What has been added to Edit/Error Correct?

- Expanded search options
 - Search by insurance ,provider and place of service
 - One search criteria screen and detailed listing screen to select charges, payments and adjustments that need to be edited, corrected and/or reposted
 - Displays – able to displays charges by charge number or claim id
 - Ability to select multiple transactions to correct on one screen. When editing or reposting, select multiple transactions to edit and move thru each one selected transaction
 - Repost Workflow –ability to back out of repost workflow without the transaction being corrected immediately



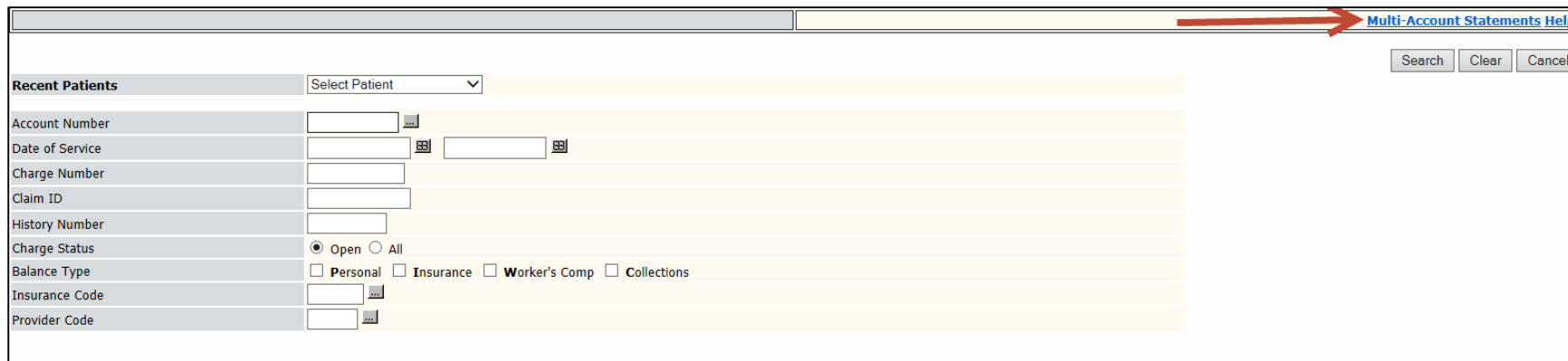
Expanded Search Options

- Ability to suppress claims from being printed on the reposted claim
- Anesthesia payment/adjustment hold file – anesthesia groups correcting and reposting batch anesthesia charges can take advantage of a new payment/adjustment hold file. The hold file will keep track of payments and adjustments that were corrected when their charges were reposted in a batch providing an easier method to repost these payments and adjustments.



Demand Multi-Account Statements in GPP

1. Click on Home
2. Under Financial Management, click on Demand Billing
3. Click on Multi-Account Statements link



The screenshot displays a web-based form for generating multi-account statements. The form includes several input fields and a search section. A red arrow points to a blue link labeled "Multi-Account Statements Help" in the top right corner of the form area.

Recent Patients	Select Patient	▼
Account Number	<input type="text"/>	...
Date of Service	<input type="text"/>	...
Charge Number	<input type="text"/>	
Claim ID	<input type="text"/>	
History Number	<input type="text"/>	
Charge Status	<input checked="" type="radio"/> Open	<input type="radio"/> All
Balance Type	<input type="checkbox"/> Personal	<input type="checkbox"/> Insurance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Collections
Insurance Code	<input type="text"/>	...
Provider Code	<input type="text"/>	...

Search Clear Cancel

[Multi-Account Statements Help](#)



Demand Multi-Account Statements in GPP

4. The Multi-Account Statements screen displays.
5. You can enter up to 60 Account Numbers to print. Click on the arrow to expand the Account Number fields.

Account Number/Patient															

Date of Service SS SS

Charge Status Open All

Current Insurance Code

Current Balance Type Personal Insurance Worker's Comp Collections

Current Insurance Type B Blue Cross R Medicare D Medicaid H HMO O Other S Self-Pay



6. Complete the fields as follows:

Field	Description
Date of Service	Enter a from and optional to date to print statements with a specific date or range.
Charge Status	Select Open to only open charges. Select All to select all charge.
Current Insurance Code	Enter a specific insurance code to print charges with the specified code.
Current Balance Type	Check the insurance types you want to print charges for on the statement. (PIWC)
Print Pay/Adj	Check the box to print payments and adjustments on the statement.
Demand Format Type	Select the appropriate Demand Statement form.
Test Mode	Check the box to generate a demand statement in test mode
Statement Date	Enter the date to print on the statement.
Statement Message	Enter a statement message up to 55 alphanumeric characters.



Demand Multi-Account Statements in GPP

7. Select the Printer Number to print the statement to
8. Select Ready or Hold
9. Click on Print
10. Click on Cancel to return to the Demand Print screen.



Special Programs



Special Program - mvpay

- Moves up to 45 old payment/adjustment codes to 45 corresponding new payment/adjustment codes
- Updates the codes in all areas of Group Management
- May update revenue centers on payments/adjustments



mvpay

Records that will updated:

- Payment/adjustments and corresponding service analysis entries
- Auto/adjust rebill code constants
- Insurance code constants (immediate contractual and capitation adjustment codes)
- Insurance code constants (anesthesia write off adjustment codes)
- Insurance code constants (copay payment code)



mvpay

- Run end of day and backup before running mvpay
- No activity in practice when running in LIVE mode
- Can be run from AIX command line, from the Optional Programs command line or from the Special Programs menu.



mvpay

Defaults to N – If No, the program runs in TEST mode. Reports will be spooled to Printer Management. To run in LIVE, type Y and changes will be made.

```
WOULD YOU LIKE TO SAVE THE CHANGES (Y/N)? N
```



mvpay

Default is N – If Y (yes), old payment/adjustment codes will be marked for deletion and will be deleted when End of Month is run. If running in TEST mode, defaults to N.

CHANGE PAYMENT/ADJUSTMENT CODES		(CLS)
THIS PROGRAM WILL CHANGE OLD PAY/ADJ CODES TO NEW PAY/ADJ CODES.		
YOU SHOULD HAVE A VERIFIED BACKUP BEFORE CHANGING ANY PAY/ADJ CODES.		
MARK OLD PAY/ADJ CODES FOR DELETION (Y/N)	<input type="checkbox"/>	N
UPDATE REVENUE CENTERS IF DIFFERENT (Y/N)	<input type="checkbox"/>	N



mvpay

Default is N (no) – If no, the revenue center on the payments and adjustments will remain unchanged. If yes, the program will change the revenue center to reflect the new revenue center on the new payment/adjustment code. Changes will also be reflected in the service analysis file.

CHANGE PAYMENT/ADJUSTMENT CODES		(CLS)
THIS PROGRAM WILL CHANGE OLD PAY/ADJ CODES TO NEW PAY/ADJ CODES.		
YOU SHOULD HAVE A VERIFIED BACKUP BEFORE CHANGING ANY PAY/ADJ CODES.		
MARK OLD PAY/ADJ CODES FOR DELETION (Y/N)	<input type="checkbox"/>	N
UPDATE REVENUE CENTERS IF DIFFERENT (Y/N)	<input type="checkbox"/>	N



mvpay

You will then be prompted to enter up to 45 payment/adjustment code pairs.

- Enter P or A in the first column to indicate whether this is a Payment or Adjustment code to be changed
- Enter the payment or adjustment codes to be changed in the first set of 45 columns.
- Enter the payment or adjustment codes to be change to in the second set of 45 columns.
- Press [Enter] to run the program



THIS PROGRAM WILL CHANGE OLD PAY/ADJ CODES TO NEW PAY/ADJ CODES.
 YOU SHOULD HAVE A VERIFIED BACKUP BEFORE CHANGING ANY PAY/ADJ CODES.
 MARK OLD PAY/ADJ CODES FOR DELETION (Y/N) N
 UPDATE REVENUE CENTERS IF DIFFERENT (Y/N) N

P/A (F7)			OLD PAY/ADJ CODES			(F8)			NEW PAY/ADJ CODES		
1.	P	01				1.	56				
2.			17.		32.	2.		17.		32.	
3.			18.		33.	3.		18.		33.	
4.			19.		34.	4.		19.		34.	
5.			20.		35.	5.		20.		35.	
6.			21.		36.	6.		21.		36.	
7.			22.		37.	7.		22.		37.	
8.			23.		38.	8.		23.		38.	
9.			24.		39.	9.		24.		39.	
10.			25.		40.	10.		25.		40.	
11.			26.		41.	11.		26.		41.	
12.			27.		42.	12.		27.		42.	
13.			28.		43.	13.		28.		43.	
14.			29.		44.	14.		29.		44.	
15.			30.		45.	15.		30.		45.	

HELP

SEARCH

PRINT SCREEN

OK

CANCEL



Procedure Codes and Alternate Fees



Procedure Codes and Alternate Fees

- More flexibility when defining fees
- Setup and maintenance unities in GPP
- Improved transparency of alternate fees in charge detail
- Ability to work variances in Task Management
 - New report to track payments that are over or under the allowed amount defined in fees. Able to import to Task Management.



Procedure Codes and Alternate Fees

- Define alternate fees by place of service identifier, place of service class, provider specialty, provider groups and insurance class
- Alternate fees now have effective dates and expiration dates
- RVU values for work, expense and malpractice



More on Fees Later



Account Collections



Moving from the WFE to GPP

- Task Management like interface
- More automation of work flow
- Multiple users working in a queue
- Payment plans more efficiently handled
- Ability to manage provider groups
- Case versus account



More on Account Collections Later . . .



Questions?



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