

Release 14.18.0 - September 23, 2024

Modified on 09/23/2024 2:04 pm EDT

New Features and Updates

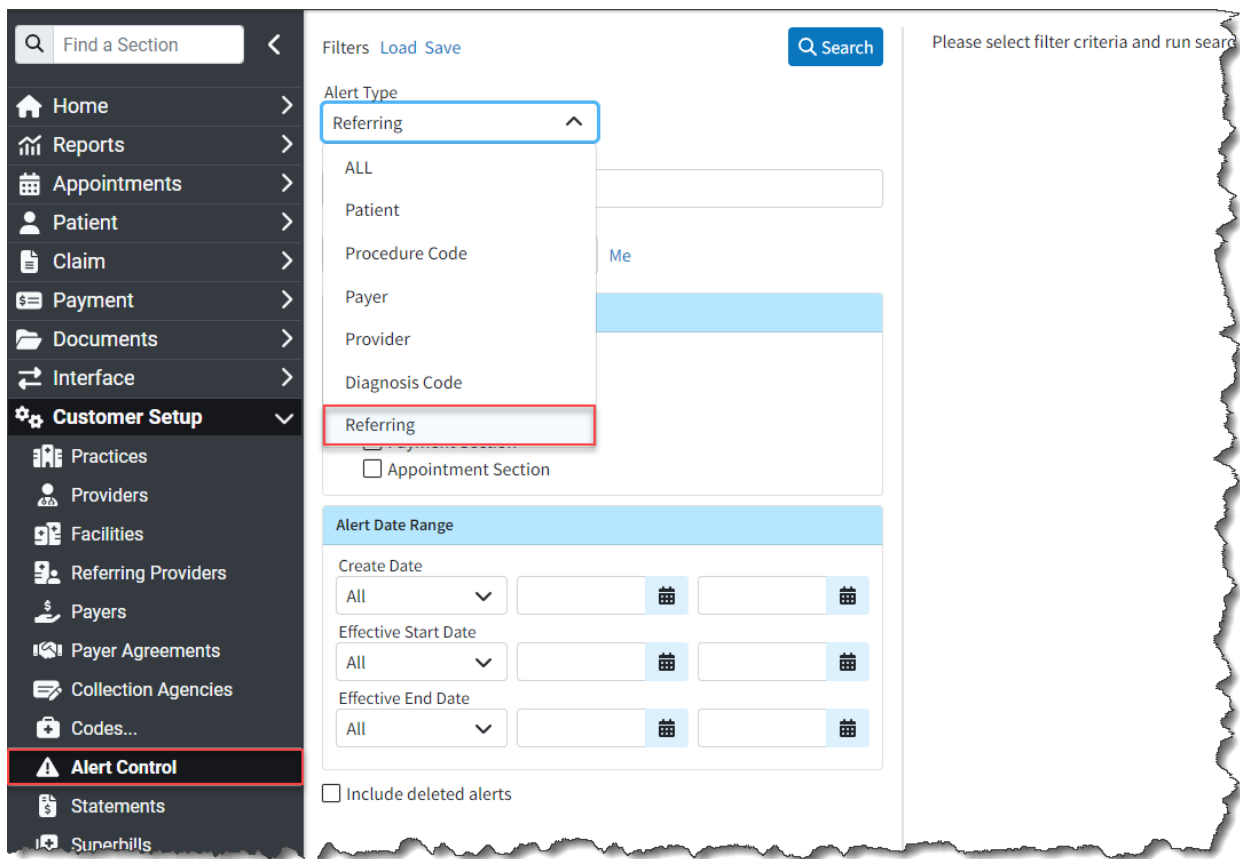
General

Customer Setup

- **New Referring Provider Alerts:** We added the ability to create alerts for Referring Provider records. Previously, we only had alerts for payers, providers, patients, and codes. Users can now add specific alerts to their referring providers, which will appear as a pop-up whenever the referring provider is opened in specific sections of the CollaborateMD application. This will help ensure your team is aware of any important information associated with your referring providers/ordering providers/sales reps.

The screenshot displays the 'Referring Providers' setup form in the CollaborateMD application. The form is divided into several sections: 'Personal Information' with fields for Last Name (FAKE), First Name (DOCTOR), MI, and Credentials; 'Referrer Details' with radio buttons for 'Individual' (selected) and 'Organization', and checkboxes for 'Make this referrer inactive' and 'Do not send referrer on claims'; 'Identification' with NPI and Taxonomy Specialty search fields; and 'Contact Information' with fields for Address (555 PARADISE CV), City (ORLANDO), State (FL), ZIP Code (32802-8806), Home Phone, Cell Phone, Phone (407) 111-2223, Fax, Pager, and Email. A sidebar on the left provides navigation, and a right sidebar shows 'Notes' and 'Alerts' with a '+ Add Alert' button highlighted in a red box.

Additionally, we updated the Alert Control section to include Referring Provider as an option for “Alert Type” when searching for and displaying alerts.

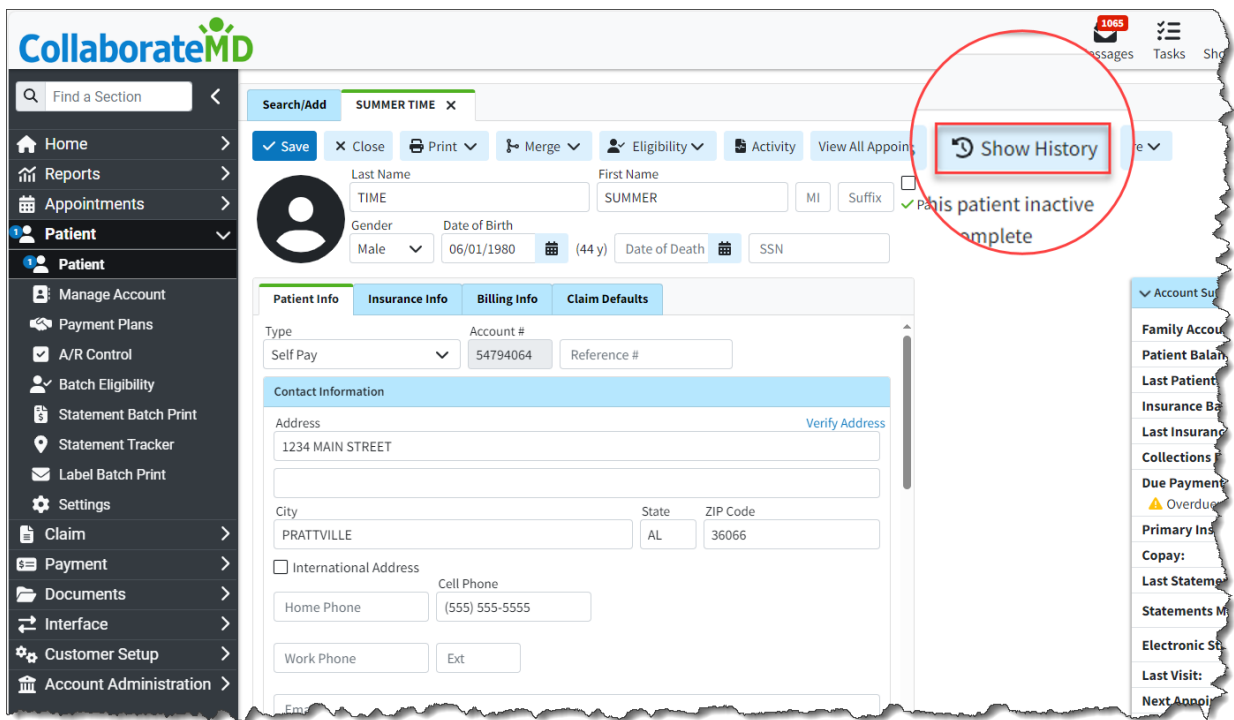


For more information, please visit our [Referring Provider Alerts Help Articles](#).

Patient

- New Enhanced Auditing (Show History) for Patient** CollaborateMD has been working on a new enhanced auditing project that will provide offices with an easy and transparent way of auditing changes made in the application. We previously released our new Enhanced User Auditing feature in the Customer Setup section of the application, allowing users to see a detailed list of changes made to specific records throughout the application.

In this release, we are expanding our Enhanced Auditing functionality to the Patient section enabling users to track modifications, changes, and updates made to patient profiles within CMD for better auditing and accountability. With the new "Show History" feature, you can now determine which user changed specific Patient information in the software and when, by providing an auditing table with all updates or changes made to a record, including the user, date and time, and the item changed.



These new auditing records are also included in our existing User Audit Report, making it an even stronger tool for auditing multiple records simultaneously. The Show History capability has currently been deployed in the Customer Setup and Patient sections, and we will be adding it to other sections of the application systematically.

For more information on using our new Add New Same/Similar Code List feature, please visit our [Enhanced Auditing Help Articles](#).

Claim

- **New Statement Counts in Claim Summary:** When automated statement settings are set to "Separate by Claim," we don't show the Statement Count (mailed or electronic) in the Account Summary tab of the side panel. This is by design. However, we were not showing the statement count on the claim within the Claim Summary tab, causing the user to see only the total statements sent for each claim within the Manage Account screen.

In this release, we updated the Claim Summary tab to display statement counts, showing how many statements were sent for the claim when the statement separation setting is set to "Send separate statements for charges per claim" allowing users to see how many statements were sent for the claim.

Affected Statement Automation Setting:

Find a Section <

Statement Automation Settings

✓ Save ✕ Cancel ↻ Show History

Statement Options Electronic Statements Paper Statements

Frequency for sending paper statements and FDNs:
After electronic statements have been sent (if possible) and every 30 days after.

Statement Separation

- Send one statement for all charges
- Send separate statements for charges per provider
- Send separate statements for charges per practice
- Send separate statements for charges per claim

Number of paper statements to send unless claim balance paid in full:
7

New Statement Counts Displayed in Claim Summary

Claim Summary

Patient: MUNIZ, JOSEPH (Acct #37190993)

DOB: 01/16/1982 (42 y) M

Form Version: CMS-1500 02-12

Total Amount: \$100.00


Ins Payments: \$0.00


Pat Payments: \$0.00

Adjustments: \$0.00

Balance: \$100.00

Patient Credits: \$438.20

Patient Follow Up Date: 

Patient Recall Date: 

Date of Service: 06/03/2024

Date Entered: 06/03/2024

Last Billed Date:

Last Statement: \$123.80 (mailed on 06/03/2024)

Statements Mailed Count: 

Electronic Statement Count: 

Follow Up Date: 

> Estimate

> Patient Notes

> Follow Up Activity

> Alerts

> Tasks

> Documents

> Payment