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**MOD kevin\_moloney**

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CMP Weekly Release 0.0.0.3900

## Care Management Platform (CMP)

### Weekly Release

Build 0.0.0.3900 | July 22nd, 2019

These are the highlights of the changes available in this week's Care Management Platform (CMP) release. It should be noted that this week's release contains several Voice of Customer items that deliver on recent requests from customers that are actively using CMP to operate their practices.

### Claim Pre-Authorizations / Pre-Determinations

Following the implementation of electronic Claims Attachments with a previous release, this week's release includes support for submitting Claim Pre-Authorizations (aka Pre-Determinations). CMP users are now able to electronically submit these pre-authorizations to Carestream Dental's clearinghouse, as they have been able to with standard insurance claims for services rendered. Once the Pre-Auth / Pre-D response is received, CMP users can tie the response to the planned treatment and, ultimately, to the eventual claim for services rendered.

Users can generate and submit a pre-authorization claim directly from a patient's treatment plan (Patient Tab → Treatment Plan). Simply select the items (procedures) from the treatment plan to send for pre-authorization and then click the "Send Pre-Authorization" action in the side panel. This will generate the pre-authorization claim, placing it in the Claims Management UI list of claims. Whenever a pre-authorization claim is created for planned work, a summary is displayed in the Treatment Plan UI to inform users of this fact. The claim is readily available for review in a single click via the new Pre-Auth hyperlink control in the Treatment Plan.

**Treatment Plan**  
for Zazz Zazerly

Plan 1 - 07/22/2019  
2 Items Total Fee: \$826.00

Procedure	Tooth/Quad	Surfaces	Status	Date Added	Fee (Pt Due)	Claim
<input checked="" type="checkbox"/> D2642 onlay - porcelain/ceramic - two su...	5	MO	UnScheduled	Today	\$284.00 (\$0.00)	
<input checked="" type="checkbox"/> D2390 resin-based composite crown, ant...	6		UnScheduled	Today	\$542.00 (\$102.55)	

**Treatment Plan**  
for Zazz Zazerly

Plan 1 - 07/22/2019  
2 Items Total Fee: \$826.00

Pre-Authorization claim sent (2 procedures, \$826.00)

Procedure	Tooth/Quad	Surfaces	Status	Date Added	Fee (Pt Due)	Claim
<input type="checkbox"/> D2642 onlay - porcelain/ceramic - two su...	5	MO	UnScheduled	Today	\$284.00 (\$0.00)	Pre-Auth
<input type="checkbox"/> D2390 resin-based composite crown, ant...	6		UnScheduled	Today	\$542.00 (\$102.55)	Pre-Auth

A pre-authorization claim to Metlife for \$826.00 has been created. This claim may require some attachments for submission [View Claim](#)

As with standard claims, since the recent implementation of electronic claims attachments, pre-authorizations including procedures that have been determined to require additional documentation (per payer rules) will be pre-queued to support the attachment of any supporting evidence. Following the existing process for adding claim attachments (or not), as needed, the pre-authorization is submitted to the payer via the clearinghouse. This pre-authorization claim will be visible in the Claims Management UI, as with all other claims, and can be reviewed and managed accordingly.

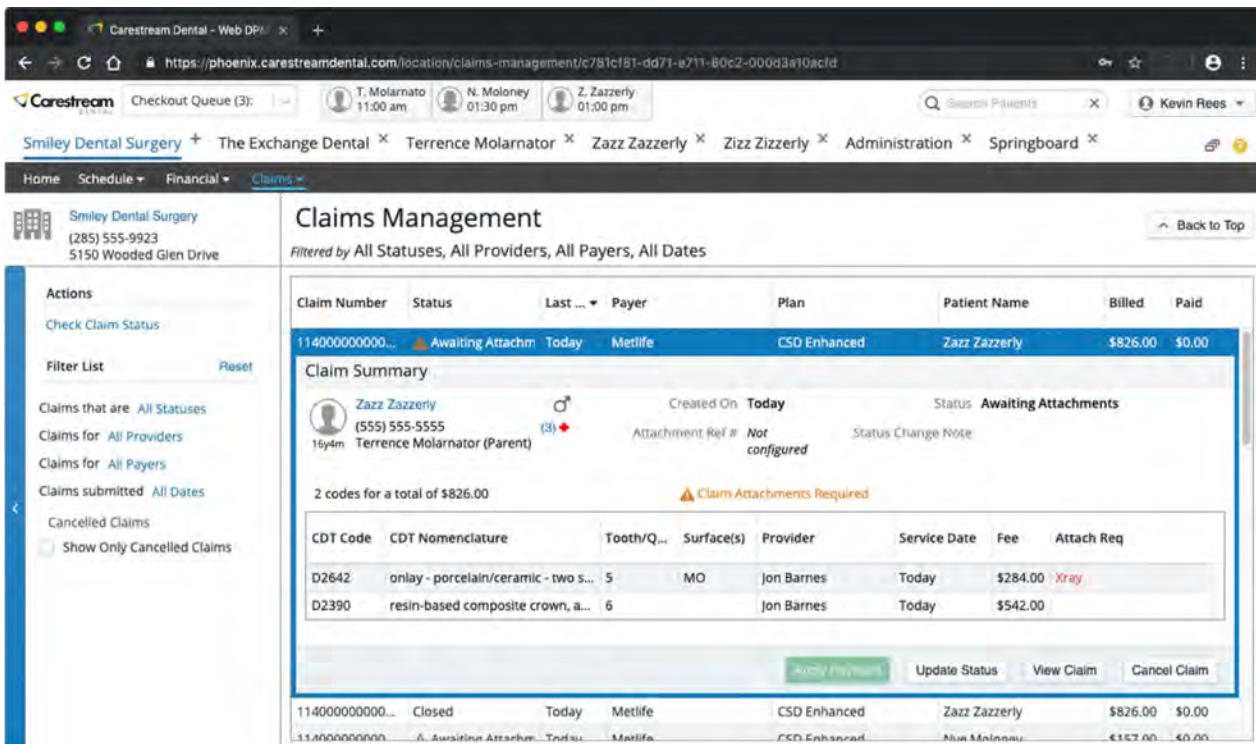
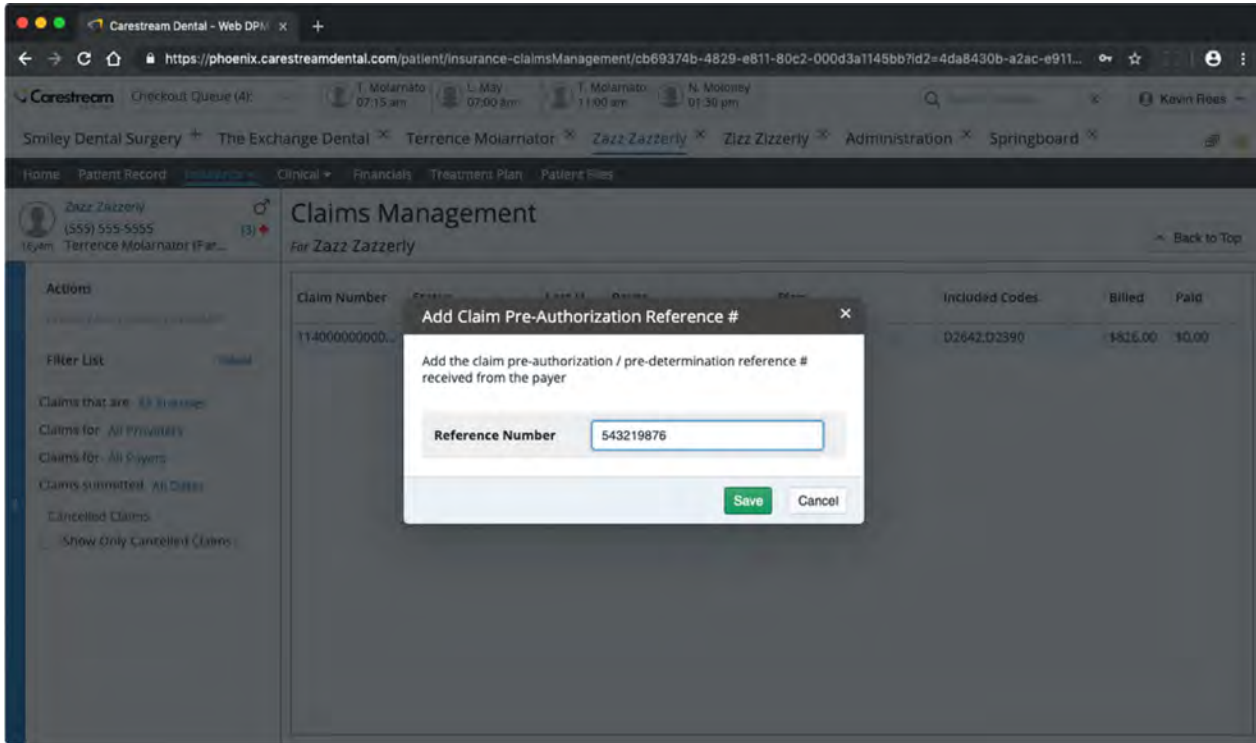
The screenshot displays the 'Claims Management' interface for Zazz Zazerly. A table at the top shows a claim with the number 11400000000, status 'Awaiting Attachm', last updated 'Today', payer 'Metlife', plan 'CSD Enhanced', included codes 'D2642,D2390', billed amount '\$826.00', and paid amount '\$0.00'. Below this is a 'Pre-Auth Claim Summary' for Zazz Zazerly, created on 'Today', with status 'Awaiting Attachments'. The summary includes fields for 'Attachment Ref #' (Not configured) and 'Pre-Authorization #' (Add Reference #). A warning indicates '2 codes for a total of \$826.00' and 'Claim Attachments Required'. A table lists the codes:

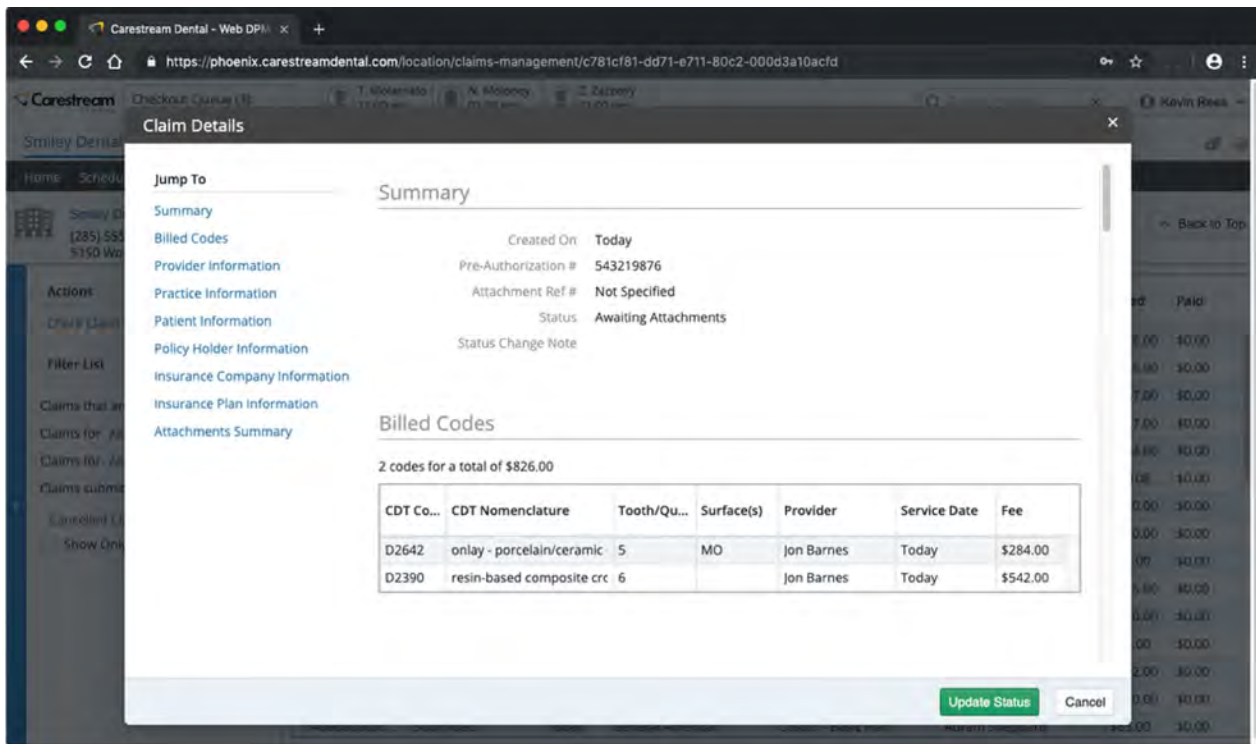
CDT Code	CDT Nomenclature	Tooth/Q...	Surface(s)	Provider	Service Date	Fee	Attach Req
D2642	onlay - porcelain/ceramic - two s...	5	MO	Jon Barnes	TBD		Xray
D2390	resin-based composite crown, a...	6		Jon Barnes	TBD		

At the bottom of the summary are buttons for 'Ready Payment', 'Update Status', 'View Claim', and 'Cancel Claim'.

Once the response is received from the payer, the payer's pre-authorization number can be easily entered in the pre-authorization claim record. Simply click on the "Add Reference #" hyperlink control in the Pre-Authorization Claim Summary UI to add (or edit) this reference code. This reference number will now be associated with the pre-

authorization claim, the associated procedures in the patient's treatment plan, and any subsequent claim(s) submitted once the treatment is completed.





This functionality will provide support for additional claim-based workflows that require the submission of a pre-authorization claim to verify insurance coverage / reimbursement for proposed treatment. We are excited to provide this new functionality to our customers, as it has been a recurring feature request from users. We look forward to receiving user feedback and will implement enhancements, as needed, to the claim pre-authorization workflow support in CMP.

## Optimizations and Fixes

The following fixes and optimizations have been added to CMP this week.

1. Addressed an issue in which procedures from a treatment plan that were subsequently uncompleted (e.g., completed, but not yet posted to the patient's ledger, then uncompleted), generated an exception.
2. Implemented a webjob that automatically repairs / rebuilds indices that may sometimes be affected by backend performance issues.
3. Fixed a defect which would sometimes result in an error when modifying certain properties while bulk editing (multiple) procedures.
4. Implemented a UI enhancement, per customer request, to display appointment information on the Appointment Tile UI while rebooking an appointment (e.g., tile in hover state).
5. Implemented a UI enhancement, per customer request, to display core appointment information in a tooltip when hovering over an appointment.
6. Addressed a gap in the generation of patient financial statements in which statements for previous dates of service did not show procedure details; users can

now generate statements with all financial transaction history and/or the transaction history since the last billing statement.

7. Fixed a defect in which an error would sometimes occur (under certain conditions) when trying to generate and send recare reminders to multiple patients via the Recare List UI.
8. Addressed a defect in which duplicate phone numbers in the Payer and/or Plan records could occur under specific conditions, resulting in errors when trying to update the associated records.
9. Resolved a defect in which a backend error would occur when customers, not configured to use ePayments, tried to access the ePayments Settings UI.
10. Fixed an issue in which newly provisioned customer databases did not have pre-configured, active Schedule / Dayview chairs, which could create issues if the user tries to schedule a patient appointment before setting up the Dayview settings.
11. Implemented a UI enhancement, per customer request, to have the Scheduled appointments list as the default view in the Appointments module of the Patient Homepage UI.
12. Implemented an enhancement, per customer request, adding 'Bank Transfer' as a payment type that can be used when posting payments to the Patient Ledger.
13. Fixed a defect which would sometimes occur when navigating between the Recare List UI and other schedule worklists if a date grouping filter has been set in the Recare List.
14. Addressed an issue in which exporting the Recare List would sometimes generate an exception.
15. Resolved an issue that could occur when uploading Patient Files, in which entered notes would sometimes not be displaying in the UI following the upload of a large file.

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