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The Exchange > Sensei Cloud > SENSEI CLOUD > CMP Weekly Release 0.0.0.4648



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CMP Weekly Release 0.0.0.4648

Care Management Platform (CMP)

Weekly Release

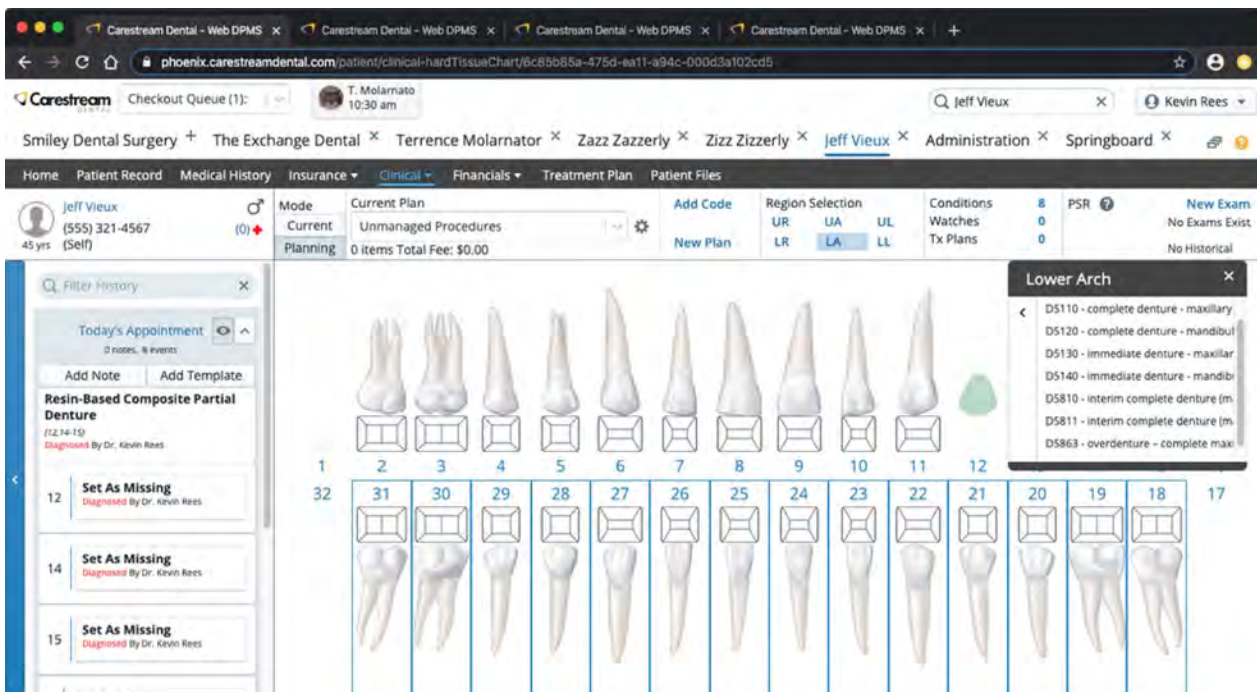
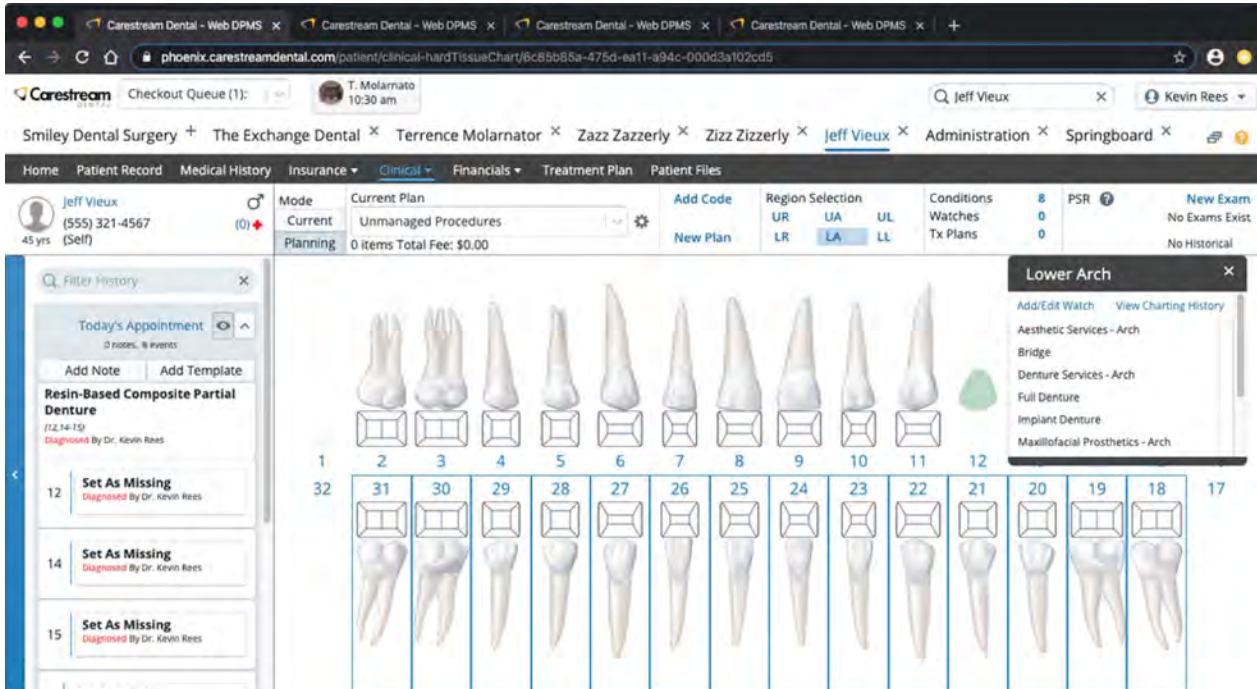
Build 0.0.0.4648 | March 9th, 2020

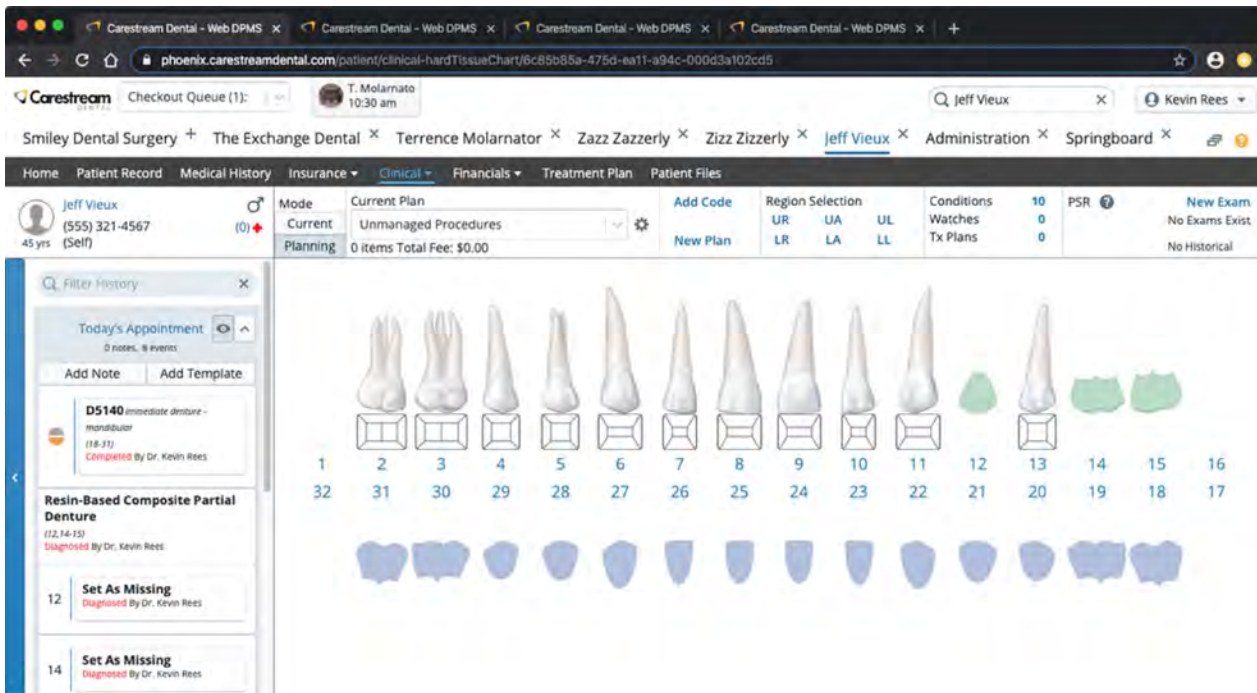
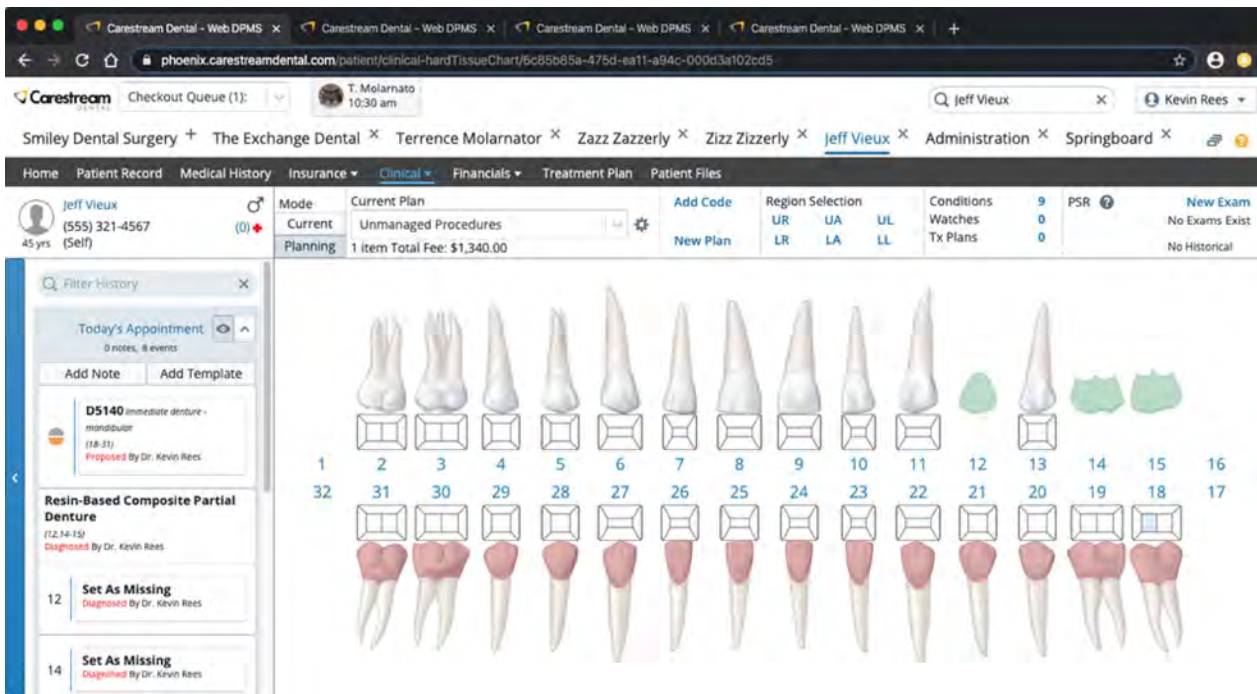
This week's CMP updates continue to expand core application functionality and deliver on several recent customer requests.

Improved Denture Charting

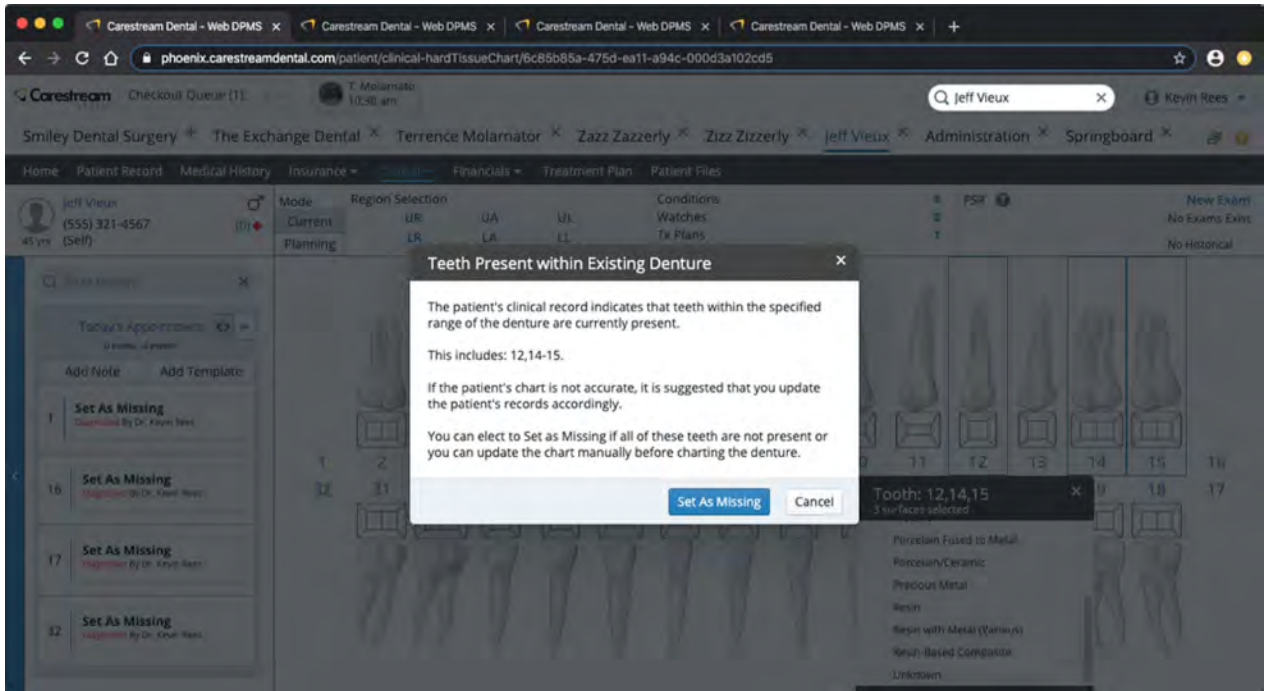
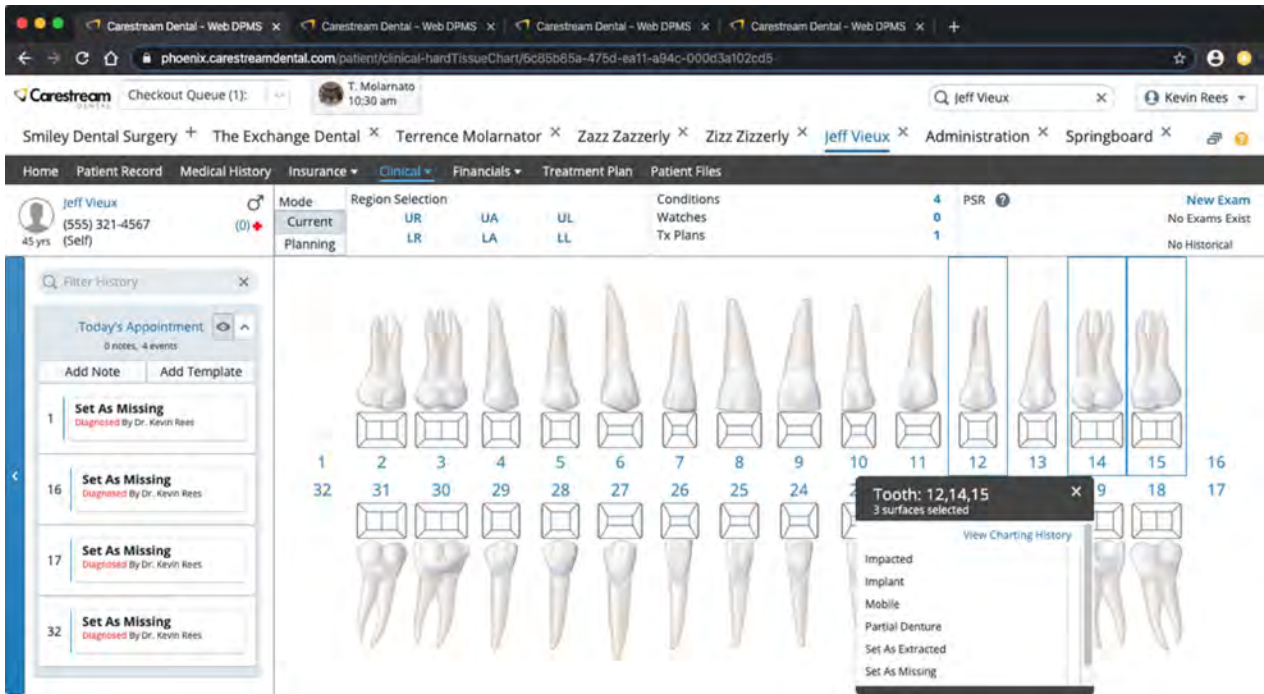
CMP now offers improved workflow support when working with dentures. The charting of full and partial dentures has been improved, allowing users more flexibility when charting, planning, and scheduling. The visualization of dentures and documentation via clinical notes have both been enhanced in the Hard Tissue Chart. Modifications to the user's workflow should improve the user experience, especially for partial dentures.

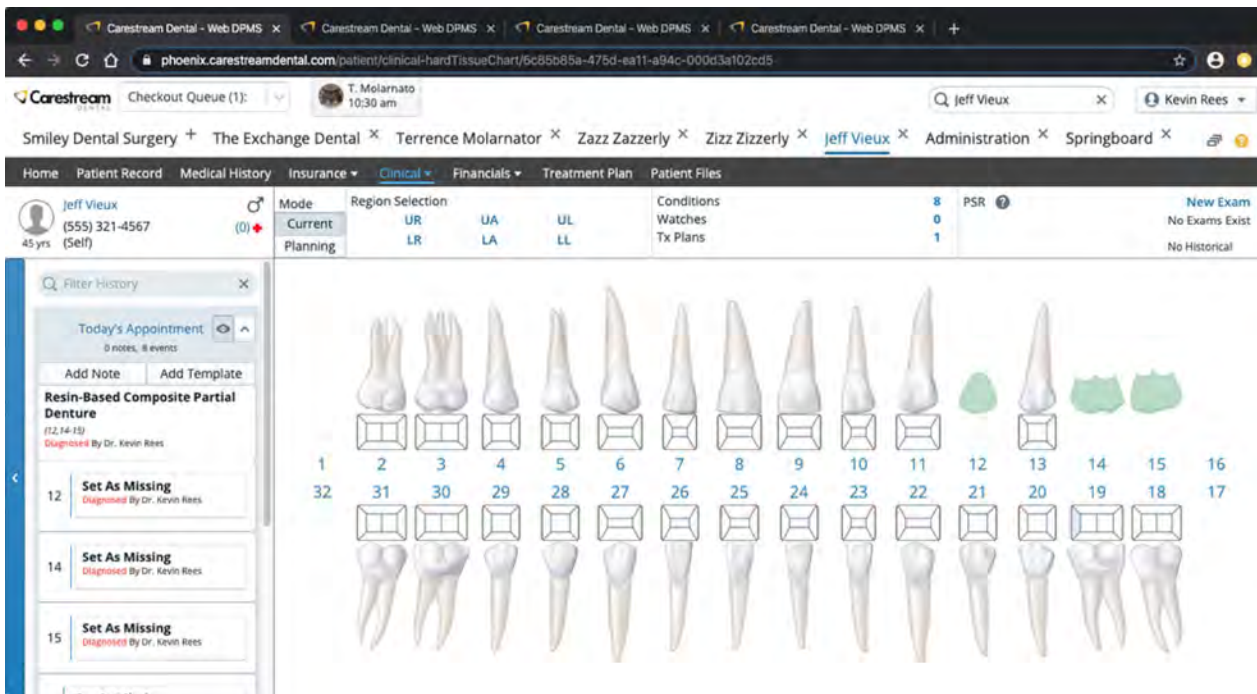
Denture-related charting options are now context sensitive when charting with an arch. For example, a full denture can be quickly and easily charted or planned when an entire arch has been selected. Once the teeth are selected, select the 'Full Denture' option and then specify the associated material (Current Mode) or appropriate procedure code (Planning Mode) to chart the denture. The dentures are now visually represented in the odontogram, removing the surface and root graphics and coloring the associated crowns accordingly (green for existing, red for planned, or blue for completed).



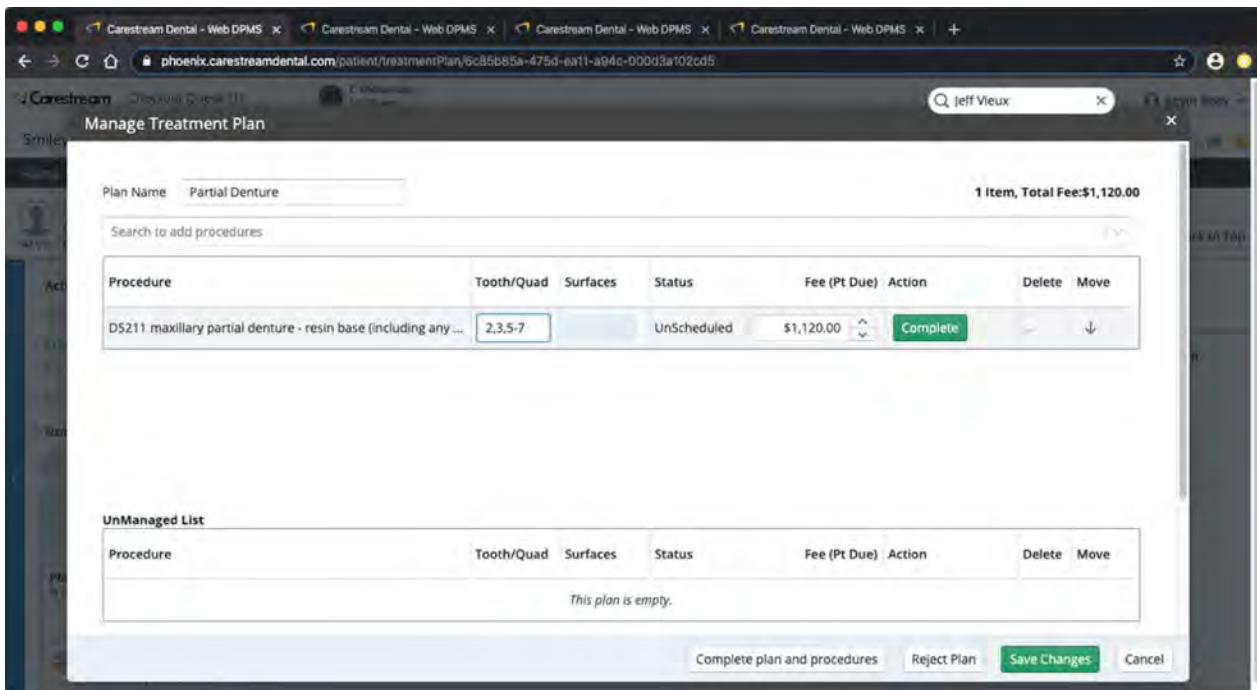


When any combination of teeth are selected within a single arch, a 'Partial Denture' option is now available. As with full dentures, you are prompted to specify the material (Current Mode) or procedure code (Planning Mode) to chart the partial denture. Once charted, the partial denture is visualized in the chart, omitting the root graphics and surface controls (occlusal box) and coloring the crown graphics accordingly. For both full and partial denture, if any of the selected teeth are still indicated as present, you are prompted with options on how to handle them.





The Tooth/Quad field has also been enhanced to accommodate the handling of denture-based procedure codes. You can continue to use anatomy region codes - such as arches and quadrants - when scheduling appointments, creating treatment plans, or posting charges involving denture procedures. However, you can now also enter lists of non-contiguous teeth (using commas) and/or ranges of contiguous teeth (using hyphens) when specifying the anatomy involved in the denture. This enables you to directly schedule or plan the denture without having to first chart the planned work. The result is increased accuracy of clinical documentation, especially for partial dentures.



The screenshot displays the 'Treatment Plan' for Jeff Vieux. The main content area shows a table with the following data:

Procedure	Tooth/Quad	Surfaces	Status	Date Added	Fee (Pt Due)	Claim
D5211 maxillary partial denture - resin base	2-3,5-7		UnScheduled	Today	\$1,120.00 (\$920.00)	

The sidebar on the left contains sections for 'Actions' (Schedule Selected, Create New Plan, Print Selected, Send Pre-Authorization), 'Notes' (Filter History), and 'Today's Appointment' (0 notes, 10 events). A notification at the bottom of the sidebar states: 'Plan 'Partial Denture' Created By Dr. Kevin Rees'.

We look forward to receiving feedback on this improved workflow support for dentures. Possible enhancements include:

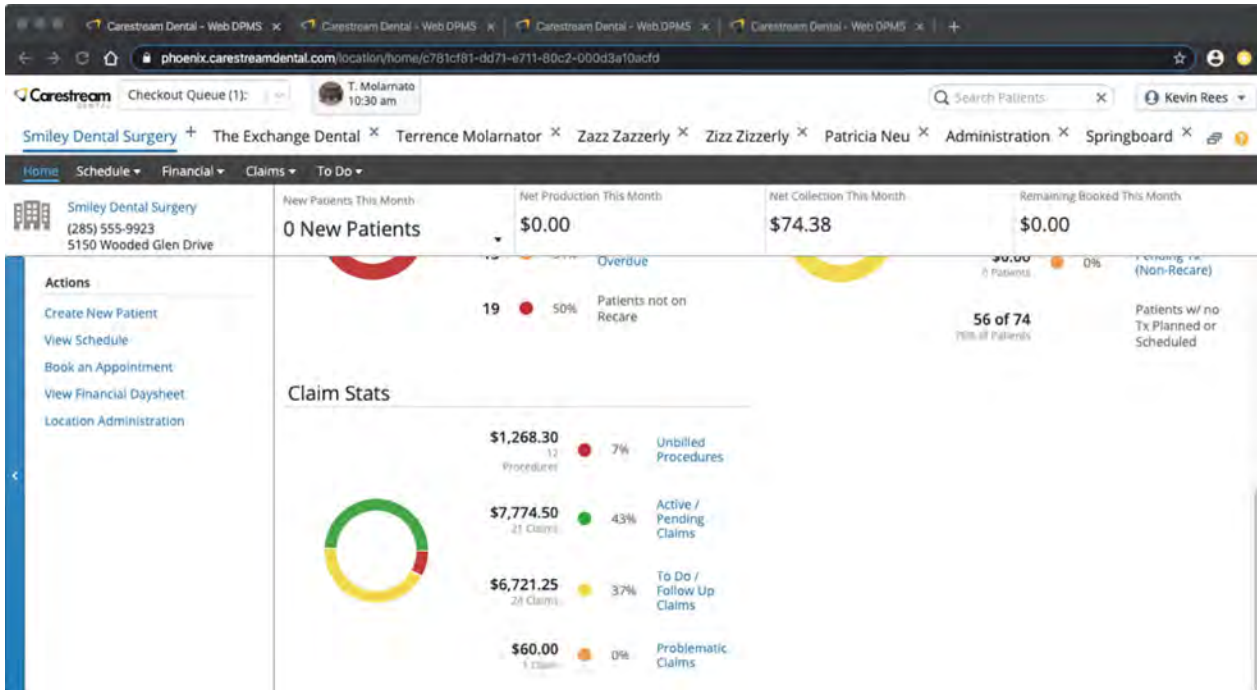
- Extending the Tooth/Quad input enhancement, allowing for entry of tooth lists and ranges, to other procedure codes that involve multiple teeth;
- Improved detection and handling of teeth that are still present within the denture range, enabling you to determine how each tooth should be handled; and
- Further graphical enhancements to improve the visual representation of dentures in the Hard Tissue Chart.

Revenue Capture - Unbilled (Unclaimed) Work

A new To-Do list improves your ability to capture insurance-related revenue. The new 'Unbilled Procedures' worklist enables you to create new insurance claims for work that was previously completed and posted to patient ledgers, but not yet billed to a patient's insurance. This capability already existed in CMP, but was only available on an individual patient basis (accessible via the Patient Ledger). This new worklist UI provides identification of and access to all unbilled work, for all patients, for a given location.

The 'Claim Stats' widget on the Location Homepage has been updated to provide an accounting for the location's unbilled work and a navigational link to the new worklist. Alternatively, you can access the list directly from the Location

Tab, selecting 'To Do' and then 'Unbilled Procedures'. The list of patients with unbilled work is displayed, along with some summary statistics for the unclaimed work for the location. Filters are also available to help refine the list, allowing for filtering by patients, associated service provider, insurance payer, service date(s), or even related revenue value.



The screenshot shows the 'Unbilled Procedures' view in the Carestream Dental Web DPMS. The view is filtered by 'All Patients, All Providers, All Payers, All Production Values, All Times'. Summary statistics for this view are:

- # Patients: 4
- # Procedures: 12
- Production Value: \$1,268.30

The table below lists the unbilled procedures:

Patient	Unbilled procedures	Unbilled Since	Unbilled
Heath Garza	(4) D0120, D1110, D0274, D1330	10/30/2019	\$415.25
Terrence Molarnator	(4) D9310, D0220, D0230, D9310	08/02/2019	\$367.00
Nye Moloney	(2) D9310, D0210	08/15/2019	\$317.00
Kenneth Smith	(2) D0120, D0140	01/07/2020	\$169.05

You can click on a patient to view additional details about the patient's unbilled (unclaimed) work associated with the location. This includes summary information about the unbilled work, the patient's insurance policy, and the

patient's current open claims. From here, you can manage the patient's current insurance claims, review the patient's ledger, or create a new claim for the unbilled work. Clicking on 'Create New Claim' will display the list of unbilled work providing workflow support for creation of one (or more) new insurance claims for the selected procedures.

Unbilled Procedures

Filtered by All Patients, All Providers, All Payers, All Production Values, All Times

Patient	Unbilled procedures	Unbilled Since	Unbilled
Heath Garza	(4) D0120, D1110, D0274, D1330	10/30/2019	\$415.25
Terrence Molarnator	(4) D9310, D0220, D0230, D9310	08/02/2019	\$367.00
<p>Terrence Molarnator (916) 555-2148 39 yrs (Self)</p> <p>4 Unbilled Procedures from 08/02/2019 to 08/20/2019 totalling \$367.00</p> <p>Last claim on 02/13/2020 25 open claims totalling \$8,061.75</p> <p>Metlife CSD Enhanced Group 555111000 ID 0123456789</p> <p>Create New Claim View Ledger Manage Claims</p>			
Nye Moloney	(2) D9310, D0210	08/15/2019	\$317.00
Kenneth Smith	(2) D0120, D0140	01/07/2020	\$169.05

Terrence Molarnator - Create New Claim to Metlife

Unbilled procedures have been posted to the patient account. Select from the list below to bill this work to the patient's insurance. One or more insurance claims will be created and sent out electronically.

3 of 4 unbilled procedure(s) selected

<input type="checkbox"/>	Svc Date	Code	Description	Tooth/Quad	Surface(s)	Provider	Amount
<input checked="" type="checkbox"/>	August 20, 2019	D9310	consultation - diagnostic service provided by dentis...			Kevin Rees	\$150.00
<input checked="" type="checkbox"/>	August 20, 2019	D0220	intraoral - periapical first radiographic image	14		Kevin Rees	\$36.00
<input checked="" type="checkbox"/>	August 20, 2019	D0230	intraoral - periapical each additional radiographic L...	15		Kevin Rees	\$31.00
<input type="checkbox"/>	August 2, 2019	D9310	consultation - diagnostic service provided by dentis...			Kevin Rees	\$150.00

One or more insurance claims to Metlife will be created for 3 selected procedure(s) Total to be claimed: \$217.00

[Create](#) [Cancel](#)

We hope that this new functionality will assist you with your revenue capture and claims management tasks. Possible enhancements include the ability to flag procedures as never to be billed to insurance.

Patient Starting Balances

CMP now provides a way to handle existing accounts, for patients not handled through data conversion or are otherwise carrying an existing balance. The Patient Ledger has been updated to allow the entry of an initial or starting balance. When the patient account has no history of financial transactions, a 'Set Starting Balance' option is displayed on the ledger table. You can now select a starting balance type (Patient Balance or Credit Balance), specify the initial balance amount, and add any comments to clarify the entry.

The screenshot shows the Carestream Patient Ledger for Patricia Neu. The ledger table displays the following data:

Total Due	0-30 Days	31-60 Days	61-90 Days	91+ Days	Insurance Due (inc. write-offs)	Patient Due
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Below the ledger table, a message states: "This patient has no financial transactions." A green button labeled "Set Starting Balance" is visible below the message.

The screenshot shows the "Set Starting Balance for Patricia Neu" dialog box. The dialog contains the following information:

Balance Type: Patient Balance (selected) | Credit Balance

Starting Balance Amount: \$0.00

Comment: [Empty text area]

Buttons: Post, Cancel

A warning message at the top of the dialog reads: "Use this dialog to define this patient's initial, starting account balance. Choose between a positive patient balance or a credit balance and enter the amount. Note that it is not necessary to enter a negative sign for a credit balance. Once posted, this will serve as the starting point of the patient's financial transaction history."

The screenshot displays the Patient Ledger for Patricia Neu. At the top, it shows the patient's name, age (47 yrs), and phone number ((555) 666-8456). The ledger is categorized by due date: 0-30 Days, 31-60 Days, 61-90 Days, 91+ Days, Insurance Due (inc. write-offs), and Patient Due. The total due is -\$87.45, which is marked as 'Paid In Full'. A transaction table shows an initial balance transfer of -\$87.45 on 'Today'. An 'Initial Balance Details' section shows the breakdown: Initial Balance Amount (-\$87.45), Patient Credit (\$0.00), Pre-Balance (-\$87.45), and Post-Balance (-\$87.45).

Once posted, the transaction is displayed on the Patient Ledger and the account balance is recalculated. As with other line items on the Patient Ledger, you can click on the 'initial balance transfer' to view more details about the transaction and adjust, if necessary. We hope that this new functionality meets the needs of our customers when handling account transfers into CMP.

General Workflow Efficiencies

You can now more quickly and easily add a series of procedures when scheduling appointments, treatment planning, or posting charges. With this update, the cursor focus automatically defaults back to the procedure search control following the selection of a procedure. The selected procedure is added to the list below, but the user can now immediately search for and select another procedure to add to the list. This enhancement increases the speed with which you can add multiple procedures to an appointment, treatment plan, or list of charges to be posted. Following the procedure selections, you can then specify any needed anatomical details required for documentation and/or claiming.

We are continuously looking to improve the user experience and workflow support provided by CMP. We appreciate you letting us know what works well for you and what we can improve. Additional upcoming enhancements include:

- Adding location-based recare (recall) defaults to use when creating new patient records;

- Hiding inactive patient records from search results by default;
- Displaying the anatomy details associated with procedures to more screens;
- Adding more appointment details to the Schedule DayView printout;
- Adding more patient and appointment details to the popover displayed when quickly reviewing appointments in the Schedule DayView; and
- Automatically populating certain fields with sensible defaults when creating new Insurance Plans.

Optimizations and Fixes

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

1. Implemented the CDT code base updates for 2020, adjusting associated procedure records accordingly.
2. Addressed a caching issue in which a new patient's scheduled procedures would sometimes show up on an existing patient's treatment plan.
3. Resolved an issue in which the Perio Exam requirement was not being indicated in the claim attachment requirements when required according to payer rules.
4. Fixed a UI defect in which the scroll bar was missing / inaccessible in the Patient Ledger UI.
5. Resolved a bug in which the application would crash when the Treatment Chart UI was accessed for a patient that has unscheduled appointments.
6. Addressed an issue in which the application was unnecessarily reloading / remounting when users would interact with the application tabs.
7. Fixed a defect which would sometimes prevent users from opening the Location Tab for additional, active locations.
8. Resolved a bug in which the estimated insurance writeoff calculation was incorrect if the plan's allowed amount was greater than the office fee.
9. Addressed a gap in the perio exam attachment functionality, adding the display of an attached perio exam to the Claim Details UI.
10. Fixed a bug in which the Patient Tab did not automatically open following the creation of a new patient record.

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