MicroMD PM Release Notes, Version 16.0

MicroMD PM Version 16.0 has been released with advanced new features and enhancements to existing features that are briefly described in this document. For a more detailed description of these new features and enhancements, refer to the *MicroMD PM Version 16.0 Update Guide*.

Enhancements

- **Display Only Those Eligibility Statuses You Want to See on the Appointment Schedule (25659)**: For those practices with MicroMD ECM, the system can filter the schedule and the Eligibility Response window to display only those statuses related to your practice.

- **Reasons Added to Rescheduling and Cancelling Appointments (28764)**: Practices can now establish reasons for a patient's rescheduled or cancelled appointment and generate reports based on the appointment's status and reason.

- **Added the Ability to Close Schedules for Multiple Providers at Once (28765, 30129)**: Practices can now set schedules for multiple providers at the same time. Enhancements also include setting repeating practice schedules.

- **Filter Functionality Added to the Appointment Request Window (28767)**: New filters on the Appointment Request window allows users to search the list of appointment requests quickly and efficiently.

- **MicroMD PM Updated to Accommodate Changeover from Moneris/Vantiv to Worldpay (28739)**: MicroMD PM can now accommodate the transition from Moneris/Vantiv to the new company name: Worldpay. This transition will occur during the 16.0 update process.

- **ICD-9 Codes No Longer Appear in the PM/EMR (28150)**: With version 16.0, ICD-9 codes no longer appear through the system. They still exist in the system for reporting purposes.

- **Updated OCR Scanning with Updated Acuant Software Development Kit (29980, 30207)**: The Acuant scanning module was updated with their new SDK to automatically capture fields for more insurance cards.

- **Restrictions Added to MicroMD DMS Notes to Improve Audit Trail (27901)**: Users can no longer edit or remove existing notes or comments on a document or page once saved. This is similar to laboratory result notes and phone message comments.

- **Added New View Options to MicroMD DMS (29820)**: New *View* icons were added to MicroMD DMS ribbon that allow you to open a different view (e.g., opening the *Folder* view from the *Search* view).

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Fixes

- **Log ID 29128**: Corrected an issue in the CHC Module where the system adjusted individual line items when there was no procedure override set up, instead of applying at the sequence level.

- **Log ID 29400**: When copying a patient to another practice in the database, the system will no longer pull across Transworld data if the destination practice is not set up with Transworld.

- **Log ID 29491**: Corrected an online patient payment issue where subaccount payments went to the guarantor account, not to the subaccount. The payment now posts to the appropriate subaccount.

- **Log ID 29597**: Resolved a printing issue with secondary Alabama Medicaid claims where the system did not print the Pay To address in Box 33 as expected.

- **Log ID 29645**: In AutoCharge Posting, if a procedure has a sixth digit, the system would mark the sequence as invalid and not allow the user to save the sequence without clicking the pink bar and choosing a code. This has been resolved and will appear as a warning not an error.

- **Log ID 29651**: Resolved a speed issue with retrieving the *EB Summary Report* for our hosted-environment clients.

- **Log ID 29703**: Made adjustments to the database to allow longer data (e.g., longer plan names and policy numbers) sent by payors in eligibility responses. The longer-than-expected data fields resulted in blank displays in the EMR.

- **Log ID 29819**: Resolved an issue where the fees imported using the Import Fee Schedule utility did not display on the **Procedure Allowed** tab on the *Plan Detail* window when associating with a specific practice in the utility (rather than applying to all practices).

- **Log ID 29869**: Resolved an issue in AutoPayment Posting to display the proper information in the green *Payment Calculation - Primary Insurance Plan* window when deductible only applies. Remits in this status, where nothing is written off and nothing is paid, still need to be posted manually.

- **Log ID 29888**: Resolved an issue where the *Patient Detail* window froze when practices created a patient account with a chart number greater than 10 characters and then tried to create sub-accounts for that account.

- **Log ID 29894**: Corrected an issue with Line 9 in the UDS Table 6a report that did not recognize diagnosis O24 but did exclude diagnosis O24.41.

- **Log ID 29896**: Improved performance speed of Scheduled Visits.

- **Log ID 29910**: Corrected an issue that allowed users to transfer a payment to a sequence currently out to the collection agency. The collection sequence no longer appears in the list of available sequences when the user right-clicks a payment and selects **Transfer**.

- **Log ID 30063**: Resolved an issue where the credit card receipt would not print when using the new insurance credit cards for payment.

- **Log ID 30069**: Resolved an issue where the *Allowed Exceptions* section on the Day Sheet included all payments for a patient's claim, not only the shortages.

- **Log ID 30098**: Resolved an issue where a visit would count in the UDS report under each provider that appears in the sequence as expected.

- **Log ID 30186**: Resolved an error message that occurred when the user ran the Collection Process - Sequence report and removed the check mark from the *Balance Forwards* checkbox.

- **Log ID 30198**: Modified rule 133 in the Rule Manager to only look at professional claims to prevent secondary Medicare institutional claims from being blocked when they do not have an Insurance Type code. The institutional 837 was also modified to remove SBR05 since it cannot be used for an institutional claim.

- **Log ID 30210**: Corrected an issue where the OCR duplex scan failed when a Microsoft® Windows user account contained a period (.) in the file path.

- **Log ID 30291**: Corrected an issue where a blank page printed after each page containing data on the Procedure History report.

- **Log ID 30379**: Corrected a printing issue for Ohio Medicaid wraparound claims using the CMS 1500 0212 form where the procedures and fees did not print as expected.

- **Log ID 30436**: Corrected an issue when manually posting an incentive program payment in the Adjudication window. A null Posting Date value caused the program totals in the Day Sheet and on the Program Report not to match.

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