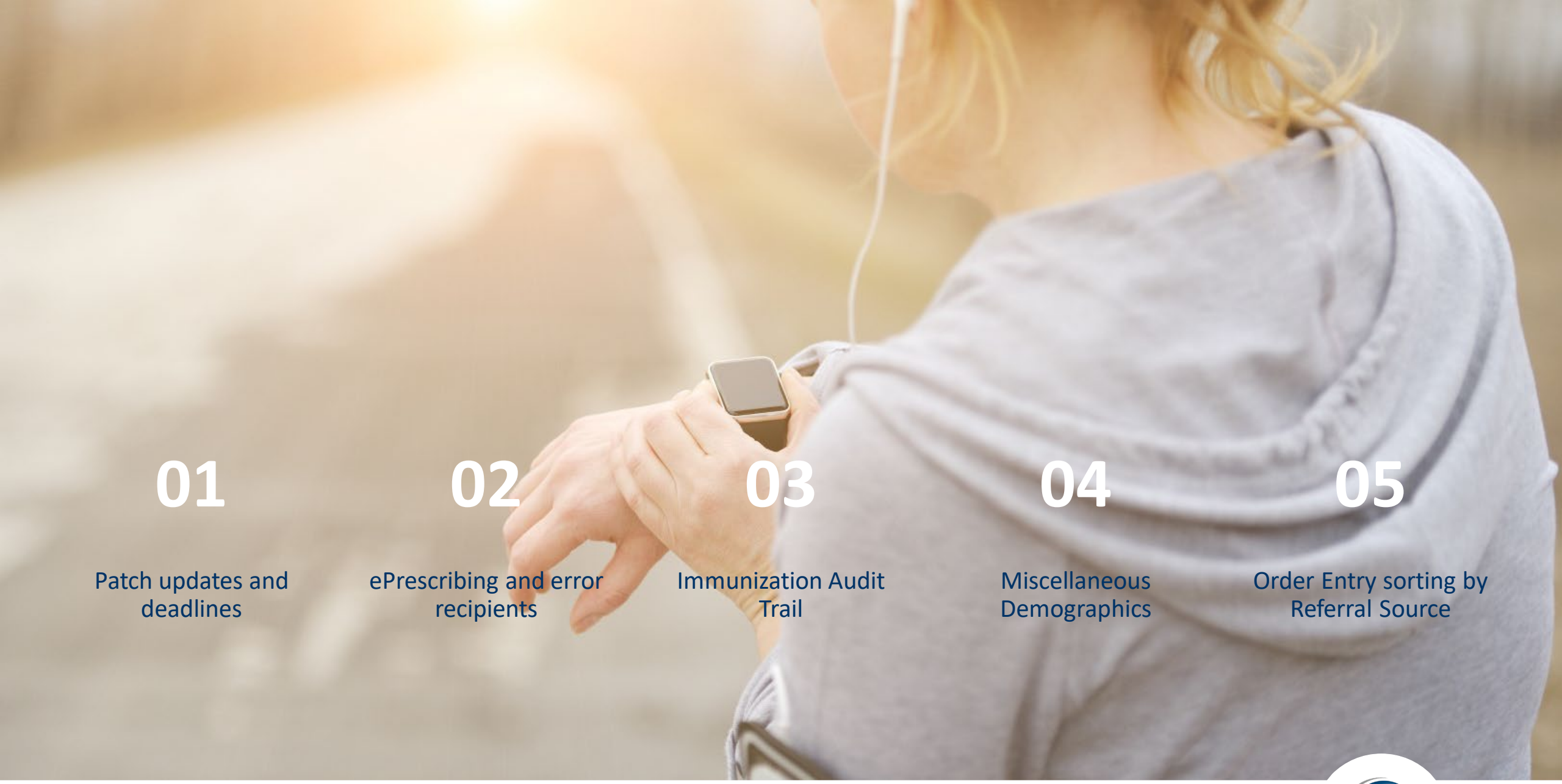
CGM PRACTICE PARTNER LUNCH AND LEARN RECENT PATCH ENHANCEMENTS

Patches released 12/7 and 12/15



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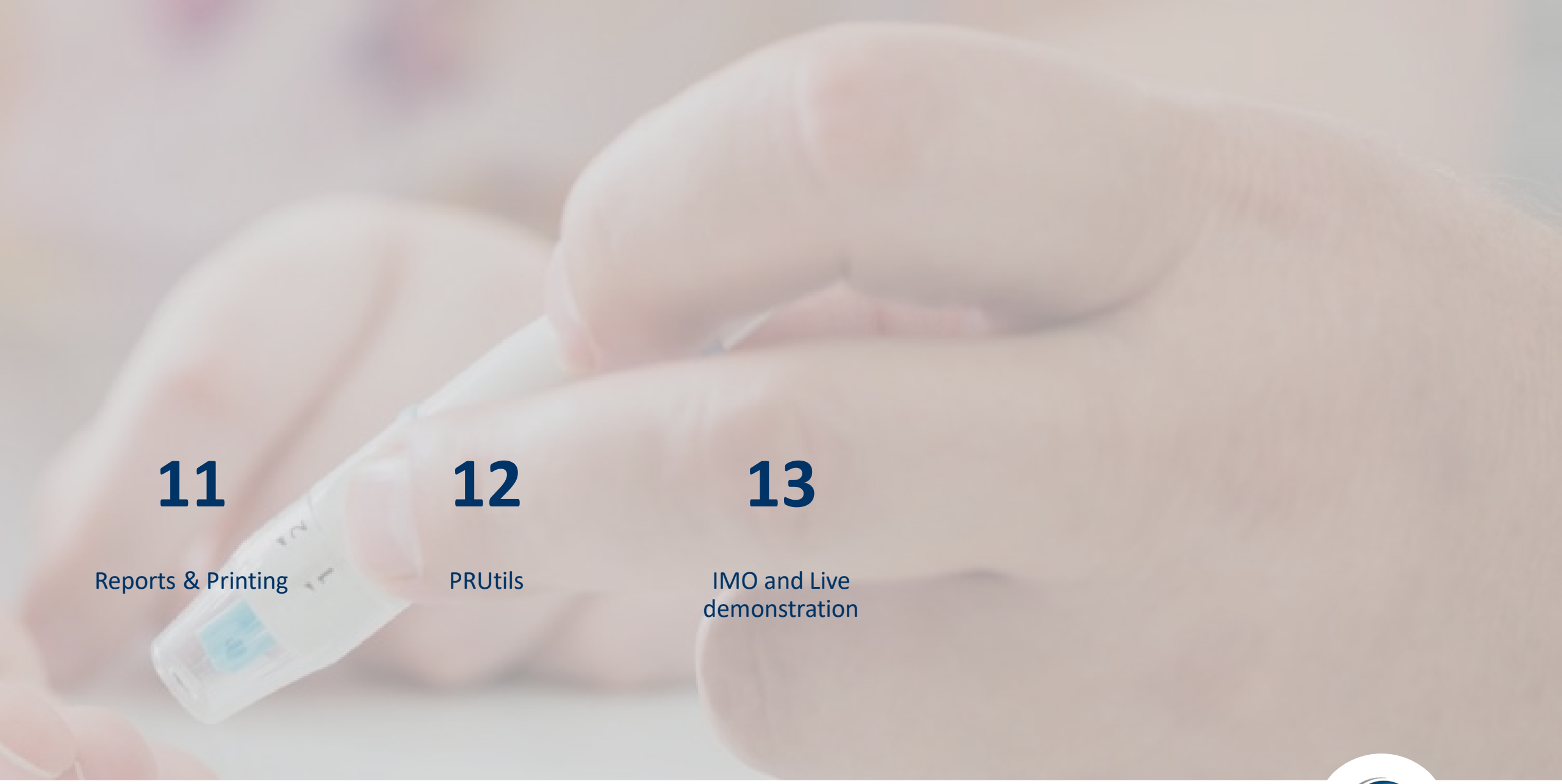

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01

Important information

Important!!

- Diagnosis/problem code searching now will be performed through intelligent Medical Objects (IMO) instead of through Health Language, Inc. (HLI). The switch from HLI to IMO will occur on **March 31, 2024**. You must install this patch prior to that date; otherwise, you will not be able to perform diagnosis/problem code lookup. IF YOU ARE BEHIND ON PATCHES, YOU MUST GET COMPLETLEY PATCHED UP TO INSTALL DECEMBER 7 AND DECEMBER 15 PATCHES.

- Some updates also have been made to the embedded browser to crate a smoother and more consistent experience. In the past, some customers have had issues with the updated browser and have reverted to using the legacy Chromium browser. For the best experience with IMO, remove the following ppart.ini setting or set to OFF.

```
[BuiltinBrowser]
ForceCEF =
```

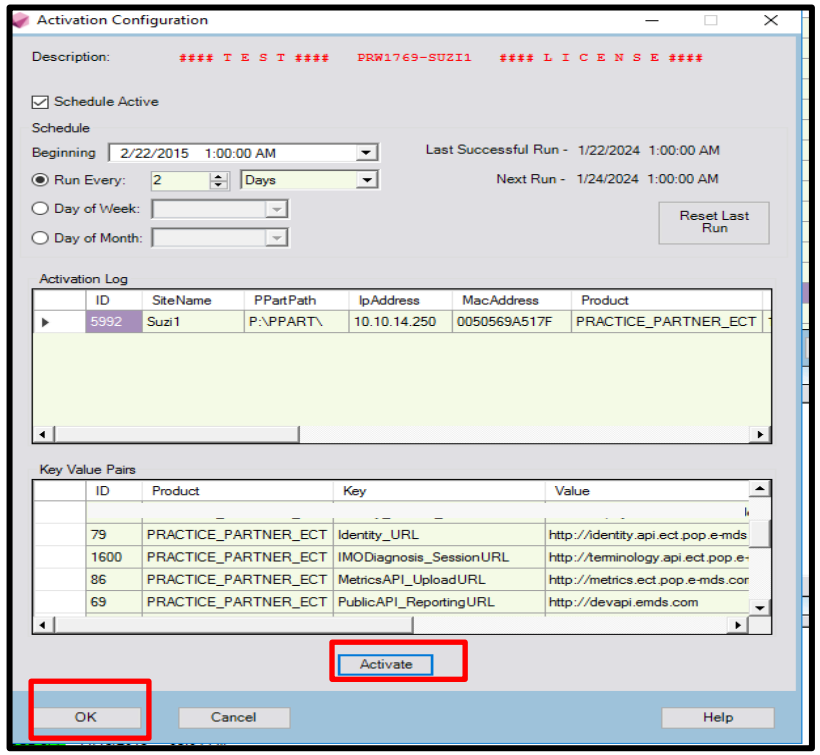
- **Stand alone Practice Partner Medical Billing** sites should not install this patch until the February Patch release.

- The IMO lookup won't display for some patients, but it does in the Diagnosis table – the cause is there is a call to get data out of the PPExtd table and there is not record for the patient, the work around for now is to add the **patient Race, Ethnicity in patient demographics.**

- We will be releasing the next Patch early February; this will include the signing certificate which expires March 8, make sure you get completely patched up!

Important!!

- In this release, Practice Partner is changing terminology content providers
  For Your network's security policies may need to be updated to allow connections to *.emdscloud.com for terminology lookups to function.
  After the patches if you receive an error when trying to use the IMO, go to External systems > Activation Keys>activate then select OK



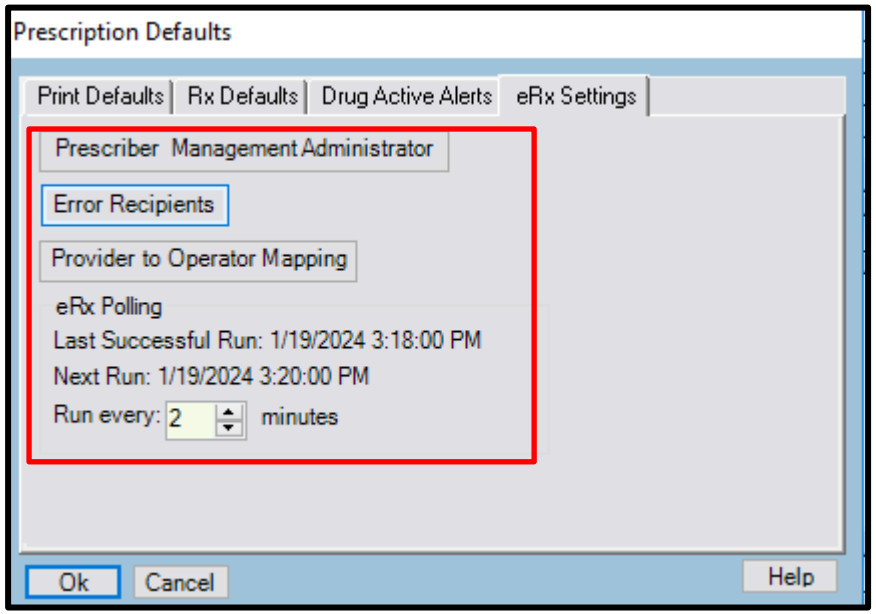
02

ePrescribing and error recipients

eRx Settings

A new eRX Settings tab in Prescription Defaults(**Maintenance>Configuration>Prescription Defaults)** has been added to the Prescriptions Defaults screen. This tab contains the following options:

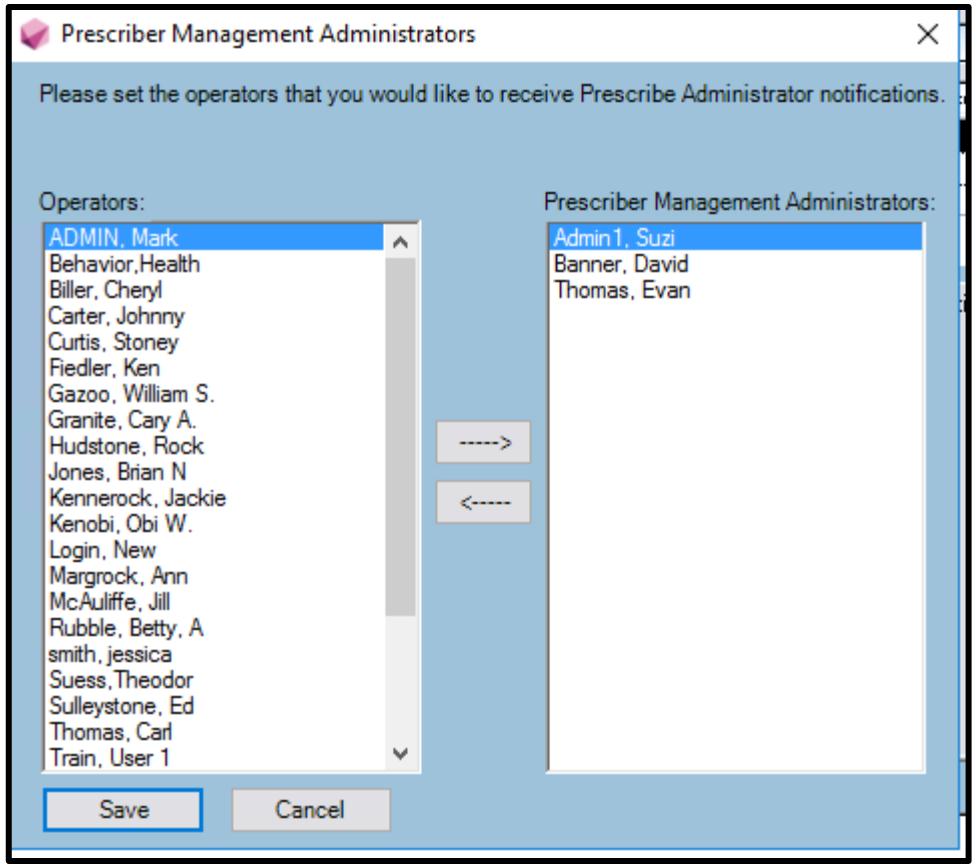
- **Prescriber Management Administrator**
- **Error Recipients**
- **Provider to Operator Mapping and an eRX Polling area.**



Use the Prescription Defaults screen to view and change defaults for adding prescriptions and to control how the Current Tab on the Rx/Medications screen works.

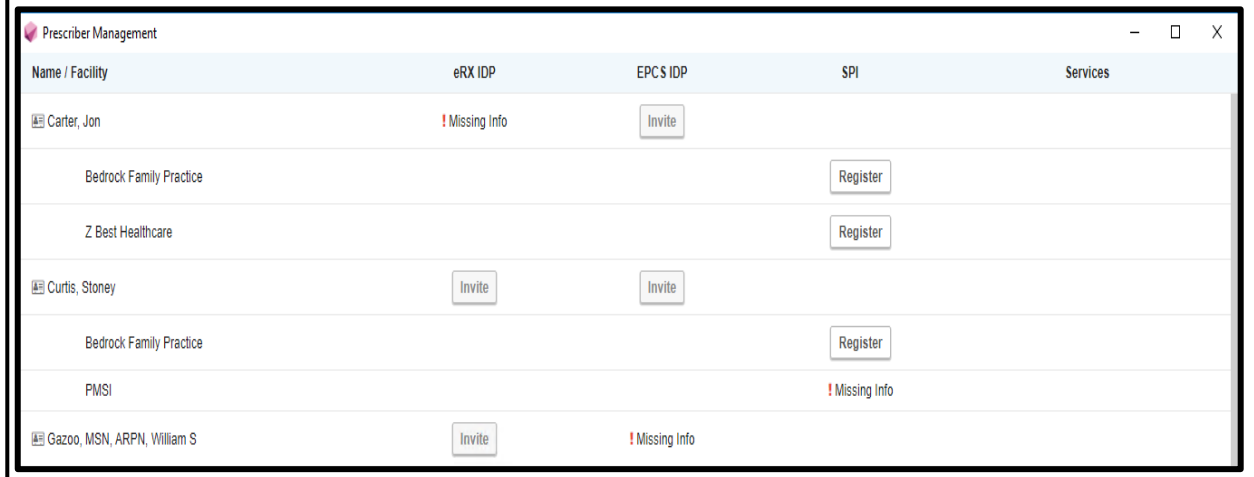
Printing Prescriptions. Set the default printing method, such as eRx transmission or handwritten.
Prescriptions Defaults. Set the option to append prescription additions or changes to the end of progress notes or messages recorded as progress notes.
Drug Interaction Checking. Set the minimum alert type to display during drug interaction checking.

Prescriber Management Administrator

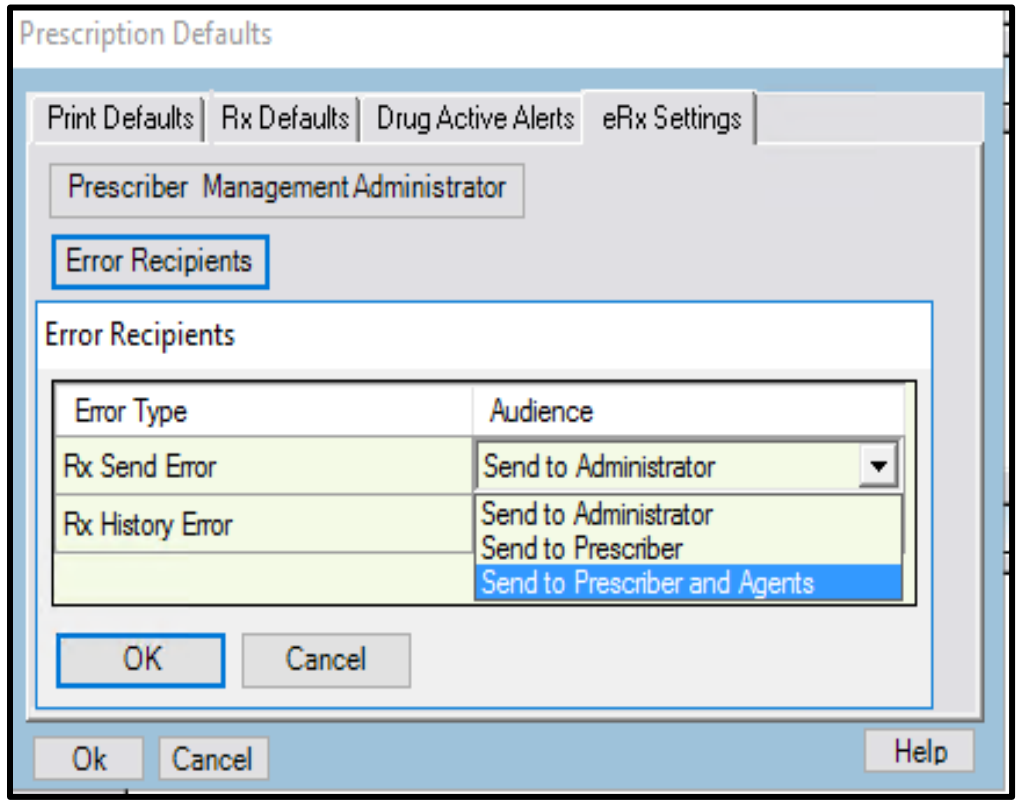


Prescriber Management Administrator screen allows you to add/remove operators who will receive Prescribe Administrator notifications. This screen will update the **PrescriberManagementAdministrators=** setting in the ppart.ini file.

(Prescribe Management window)



Error Recipients



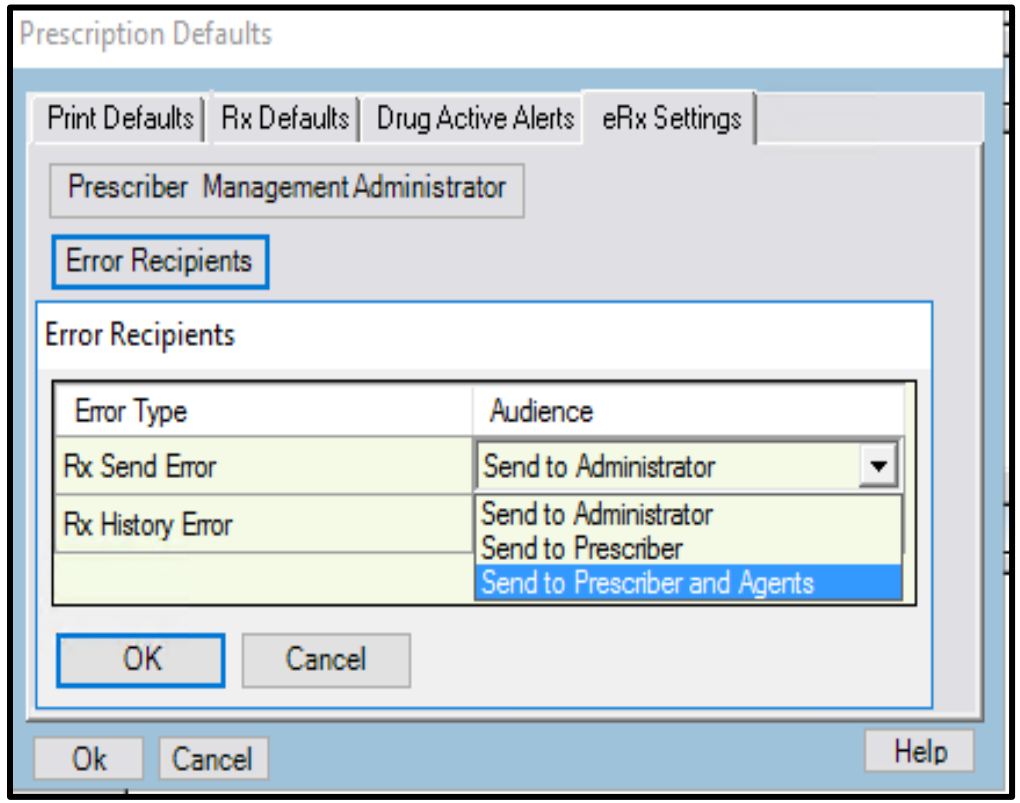
This window allows for selecting the recipients who will receive messages for each error type.

Send to Administrator – the error message will be sent to all active operators indicated in the Prescriber Management Administrator screen and the **PrescriberManagementAdministrator**=setting in the ppart.ini file.

If no administrators are identified in the ppart.ini file, the message will be sent to **all active operators** who have an access level that provides them **Maintenance>Setup>Prescriber Management** access.

If no prescriber administrators are found with **Maintenance>Setup>Prescriber Management Access**, then the message will be sent to all active operators who have an **access level that provides them with Maintenance>Setup>Access levels access**.

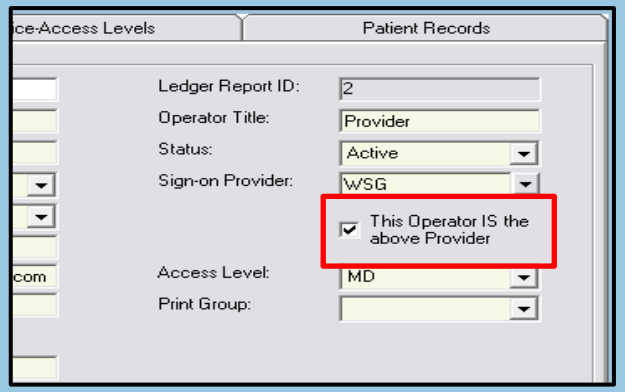
Error Recipients



This window allows for selecting the recipients who will receive messages for each error type.

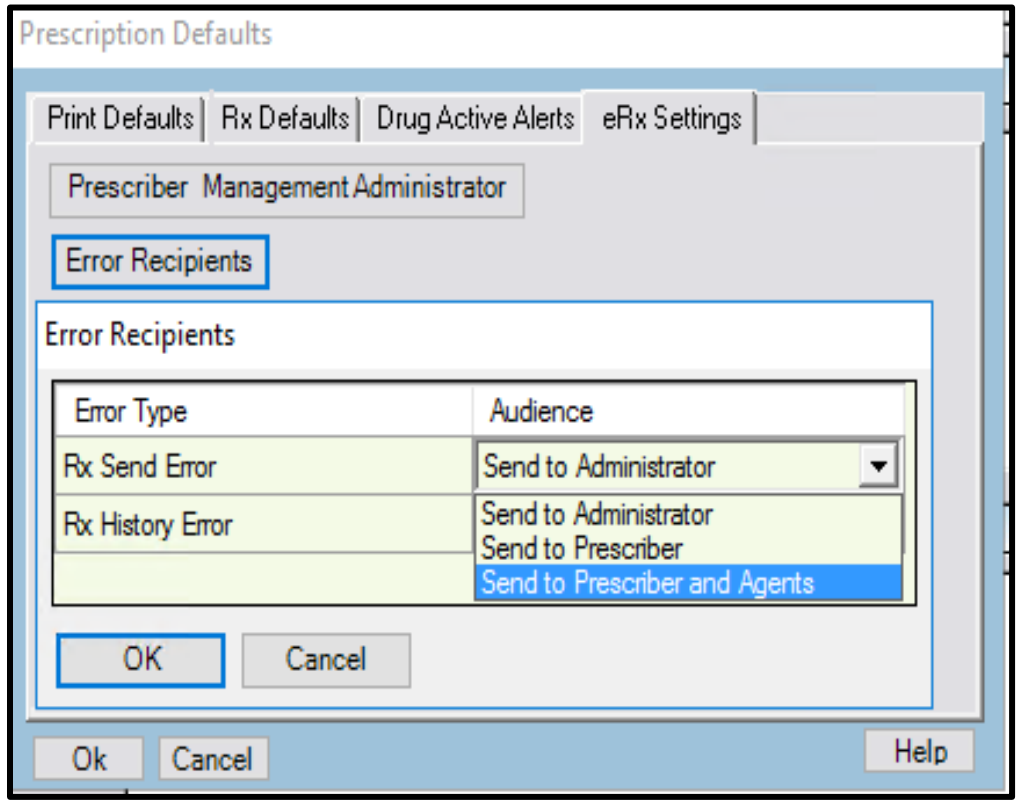
Send to Prescriber – will send error message to the operator set in the Provider to Operator Mapping Screen for the identified provider. If no Provider/Operator mapping exists, then the following logic will be used:

The message will be sent to the operator who has the This Operator IS the above Provider check box in the Operator Maintenance window for the identified Provider.



If no prescriber match can be found, the **Send to Administrator** logic will be used for the error message.

Error Recipients

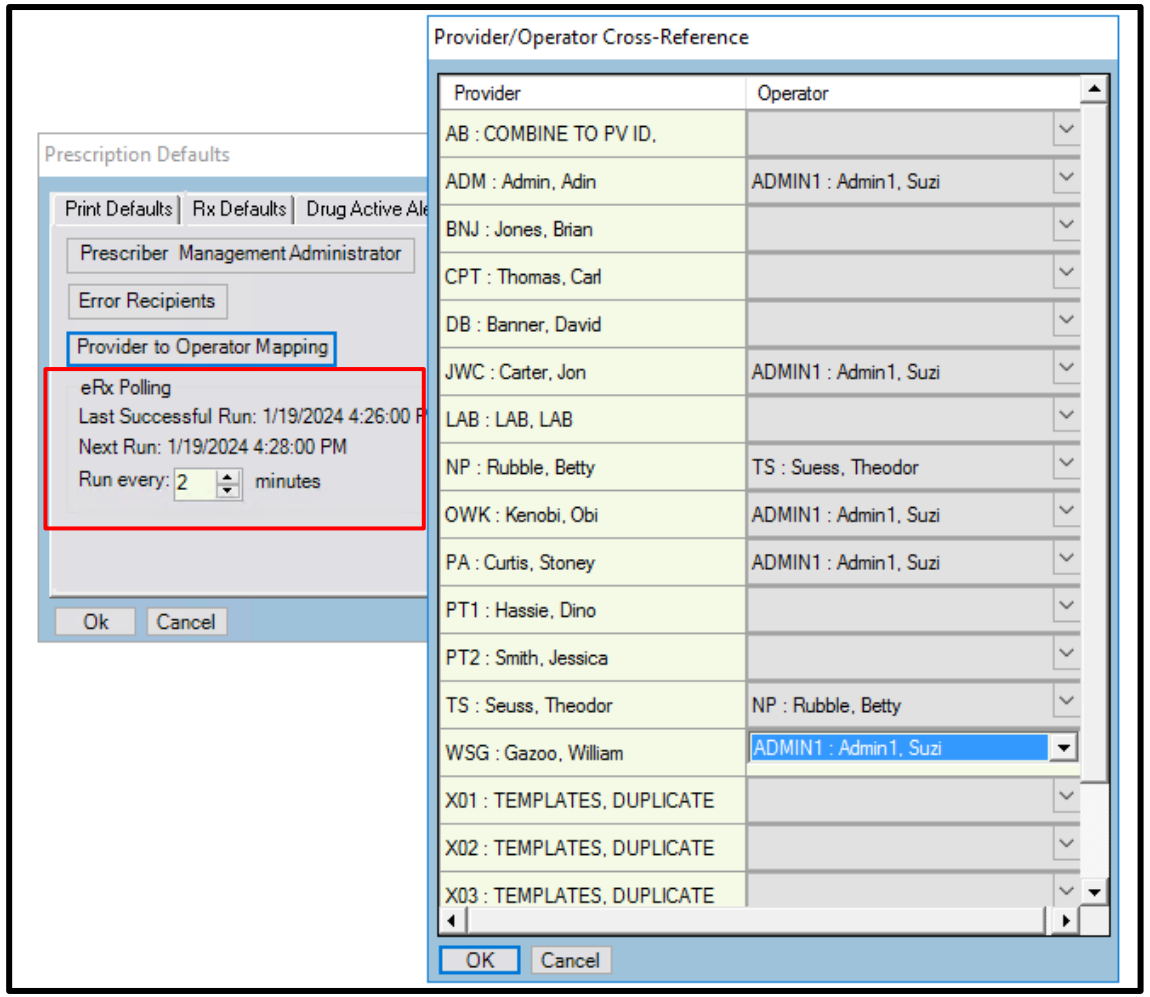


This window allows for selecting the recipients who will receive messages for each error type.

Send to Prescriber and Agents logic will be used to locate the prescriber's operator and send error message to them. In addition, any prescribing agents for that prescriber also will receive the error messages.

If the prescriber operator cannot be identified, messages will not be sent to anyone.

Provider to Operator Mapping



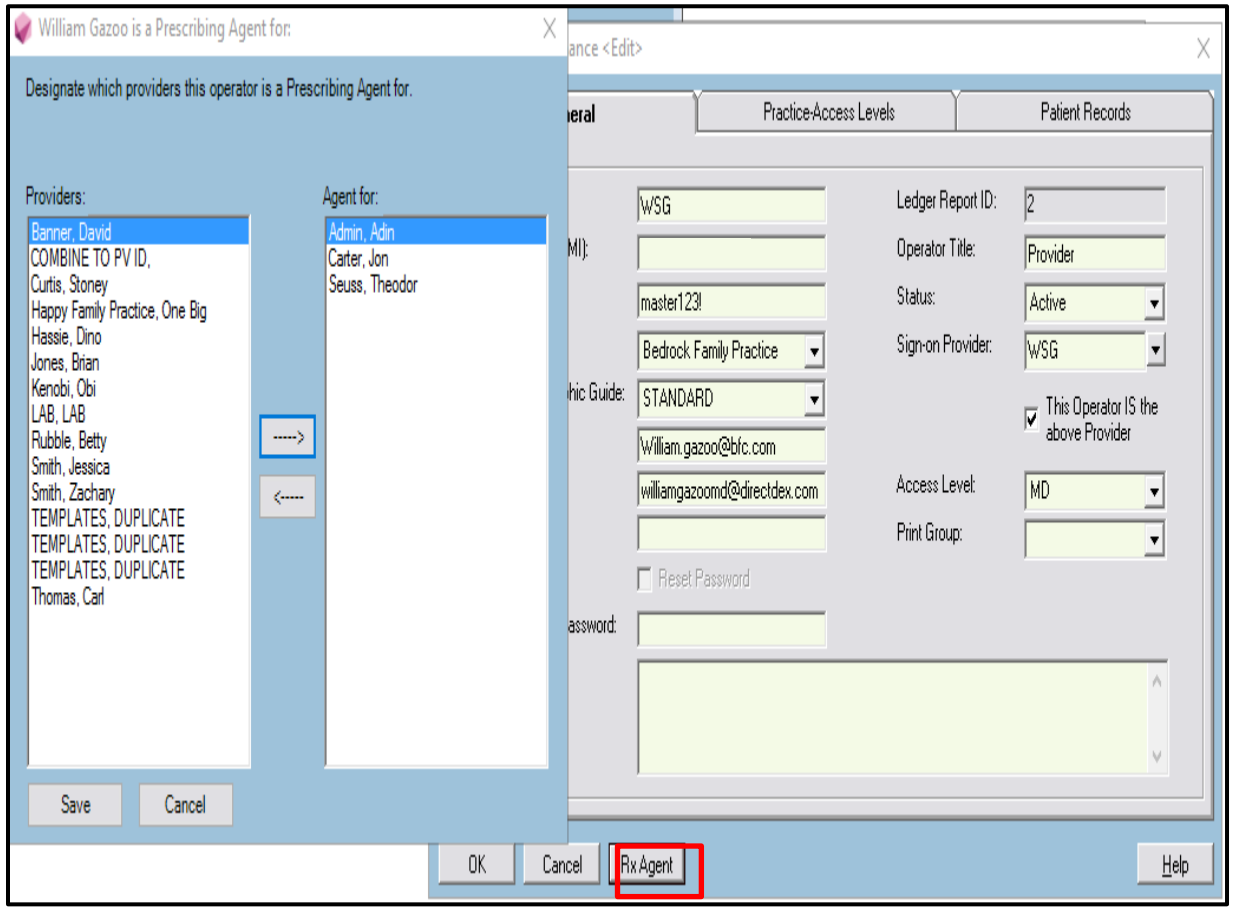
The **Provider to Operator Mapping** button opens the new Provider/Operator Cross Reference screen, where you can select an operator to map to a provider.

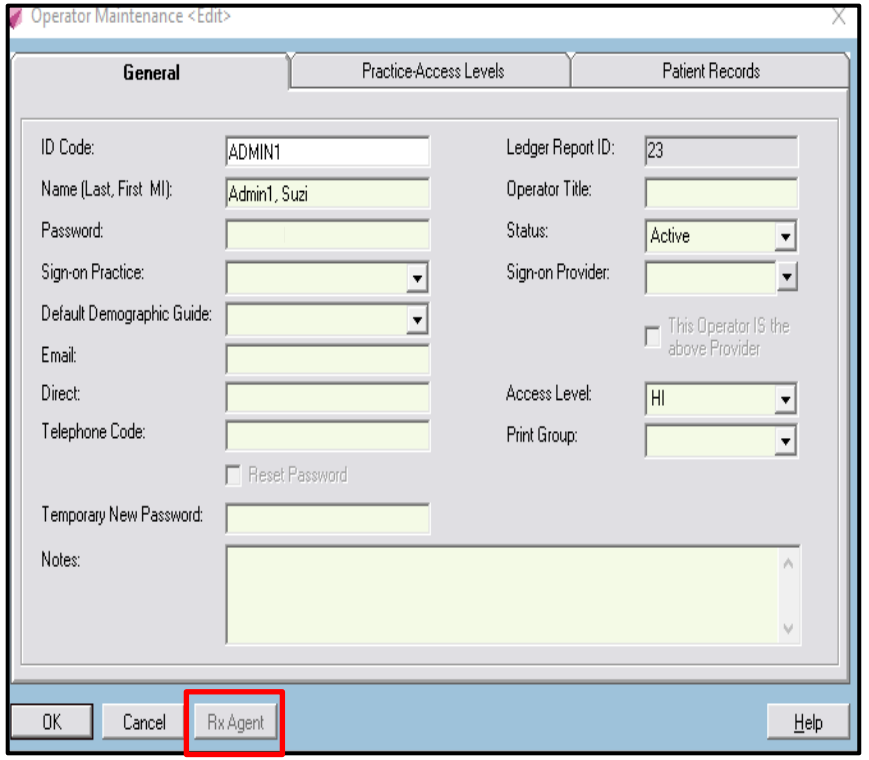
Use the Run every field in the eRX Polling area to set the polling interval for the eRXPolling external system available **in-Patient Records**. The minimum value is 2 (minutes) and the maximum value is 30 minutes.

The Last Successful Run field displays the date and time of the last successful run of eRX Polling and the Next Run field displays the date and time of the next scheduled run of eRX Polling.

Operator Maintenance

A new RX Agent button has been added to the Operator Maintenance screen. Click this button to access the new Prescribing agent screen, where you can assign an operator as an agent to one or more provider. Like Provider Maintenance, you cannot set yourself up as an agent in Operator Maintenance. The Rx Agent button will be disabled while editing your own operator record. There are two ways to define prescribing agents for a prescriber: Prescribers (providers) can select which users can prescribe on their behalf, or when you are setting up a user, you can add all the prescribers for whom the user is an agent.





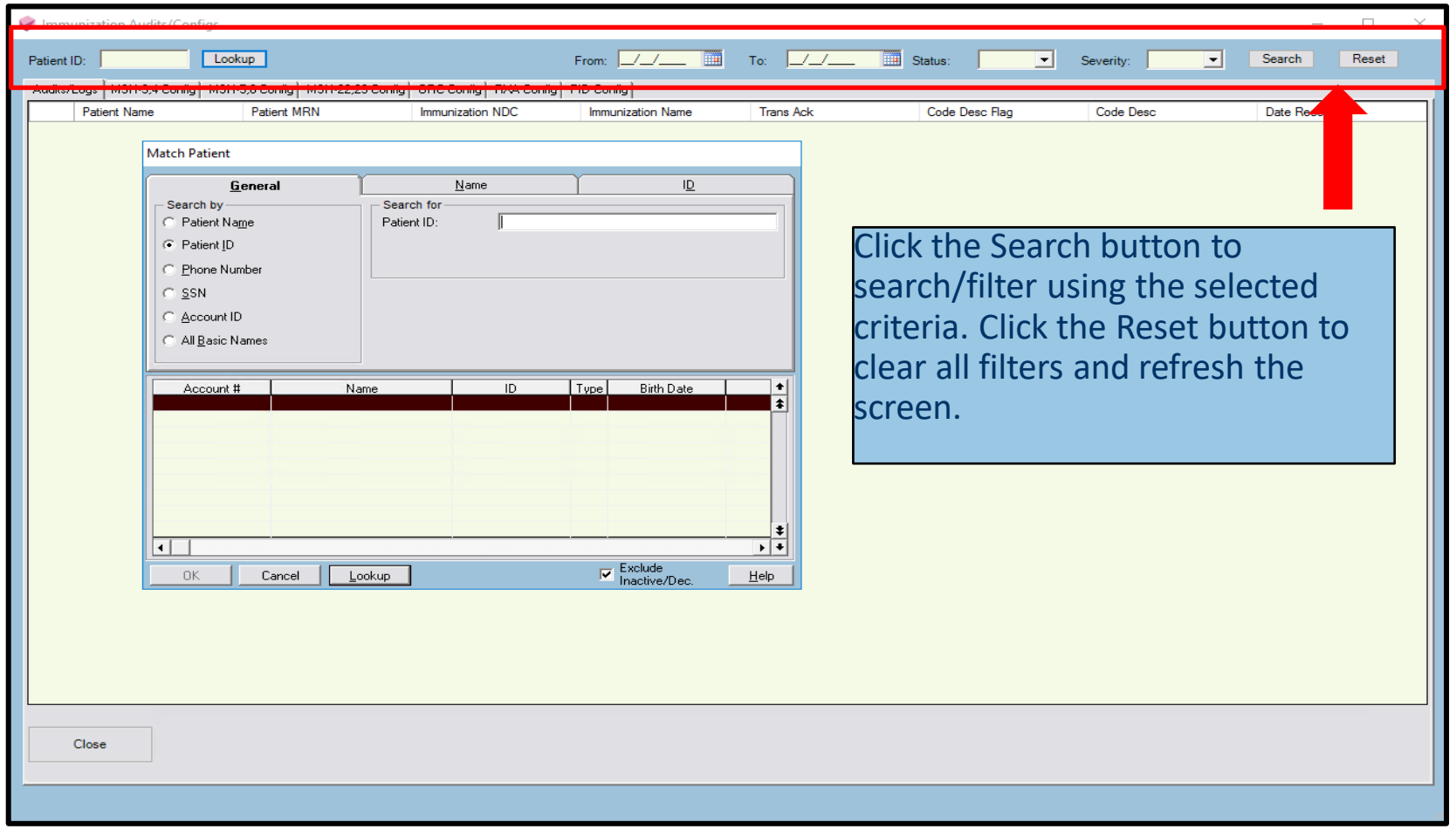
03

Immunization Audit Trail

Immunization Audit Trail

A bar containing the following fields an buttons has been added to the top of the immunizations Audits/Configs screen. Use these fields to search and filter results on this screen. **(Reports>Immunization Audit Trail)**

- Patient ID (with Lookup button)
- From Date (with Calendar)
- To date (with Calendar)
- Status
- Severity

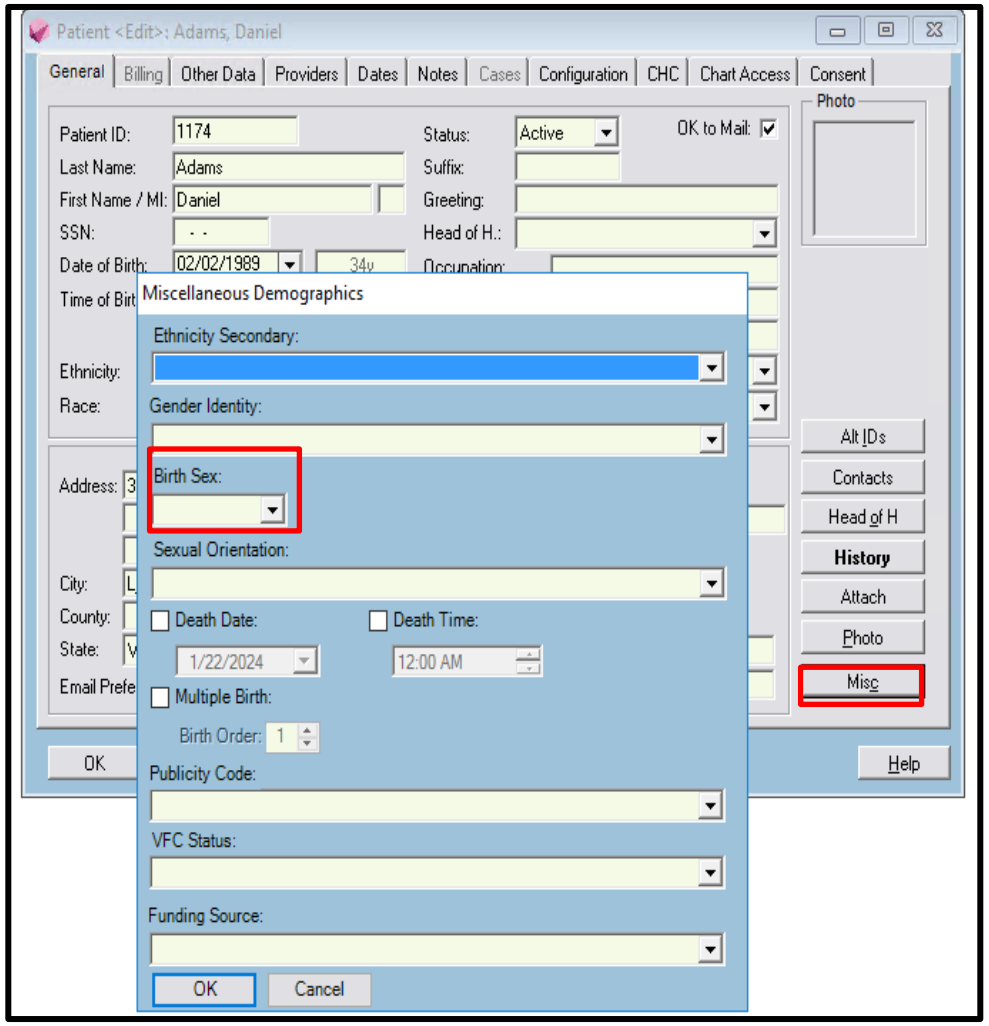


04

Miscellaneous Demographics

Miscellaneous Demographics

A new Birth Sex field has been added to the Miscellaneous Demographics screen. Available values are Male and Female.



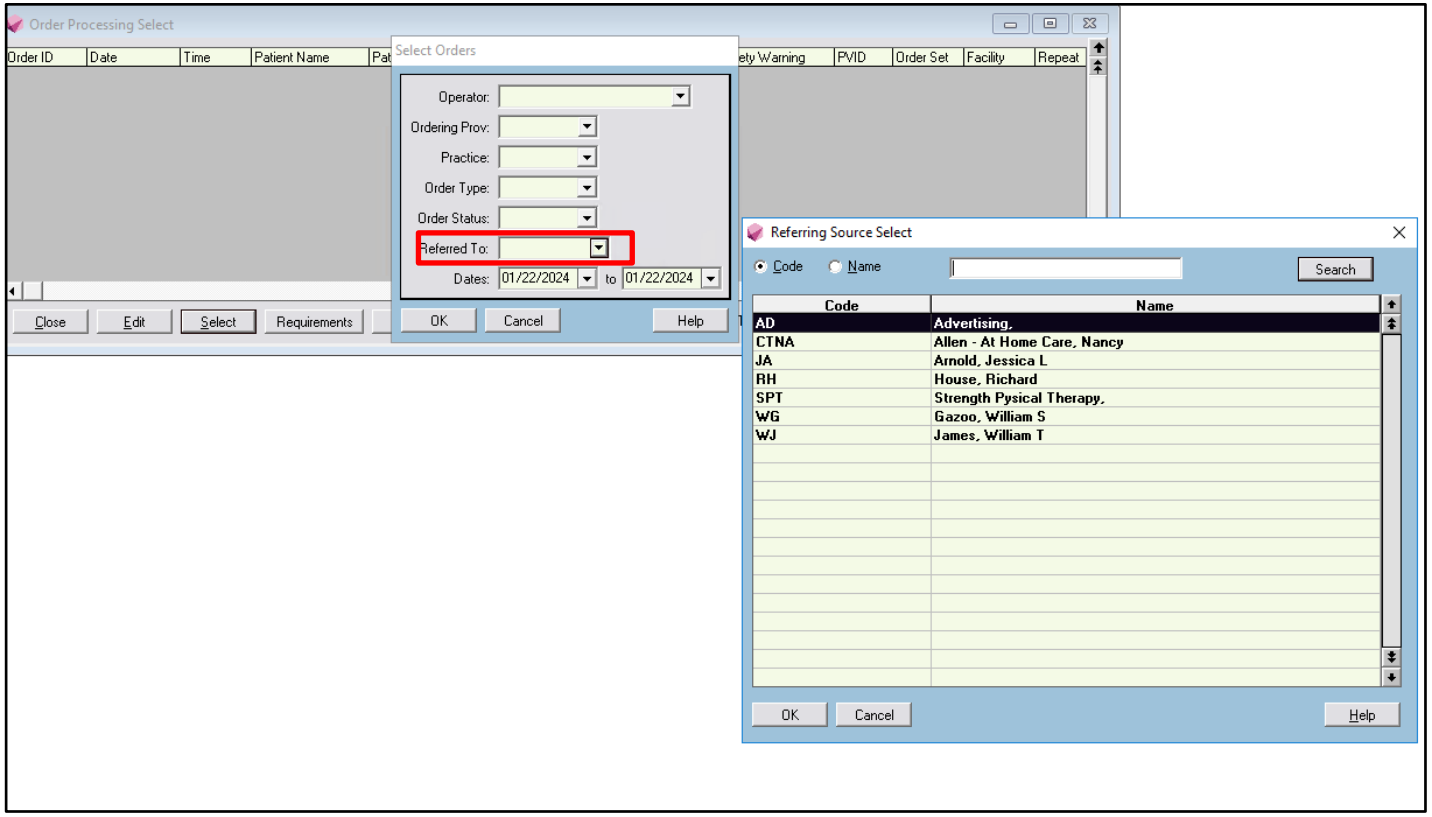
When a CCDA is generated and the patient has a **Birth Sex** value of **Male** or **Female**, the birth sex information will be included in the **Social History** section. If the **Birth Sex** value is blank, then no birth sex information will be included in the **Social History** section. The birth sex information is included in the CCDA export but **is not visible in the CCDA view.**

05

Order Entry

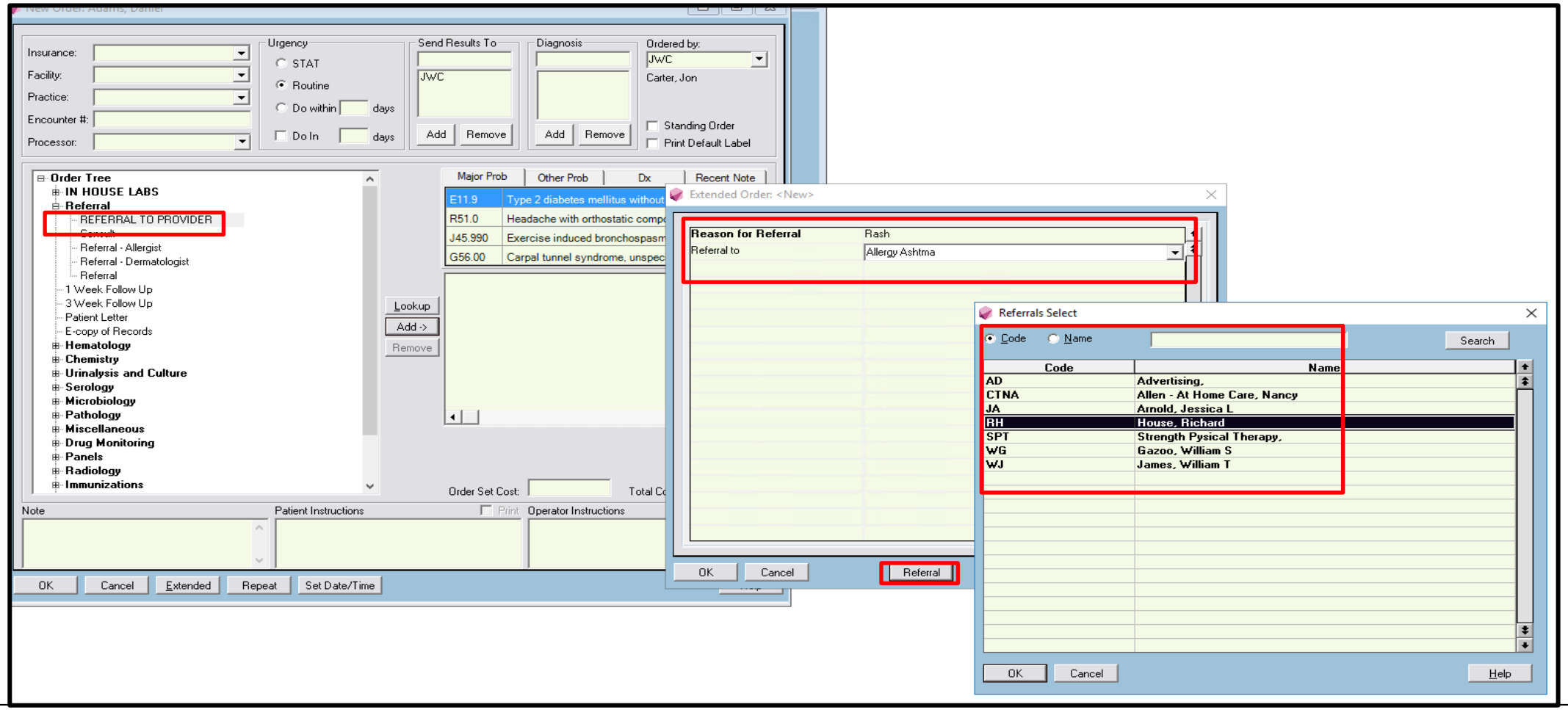
Order Entry

A new **Referred to** field has been added to the Select Orders screen for Patient Orders, Provider Orders, Order Processing, and Overdue Orders. Use this field to filter the orders by the referring sources. You can type the ID of the referring source in the field or select the drop-down, which will allow you to search for and select the referring source.



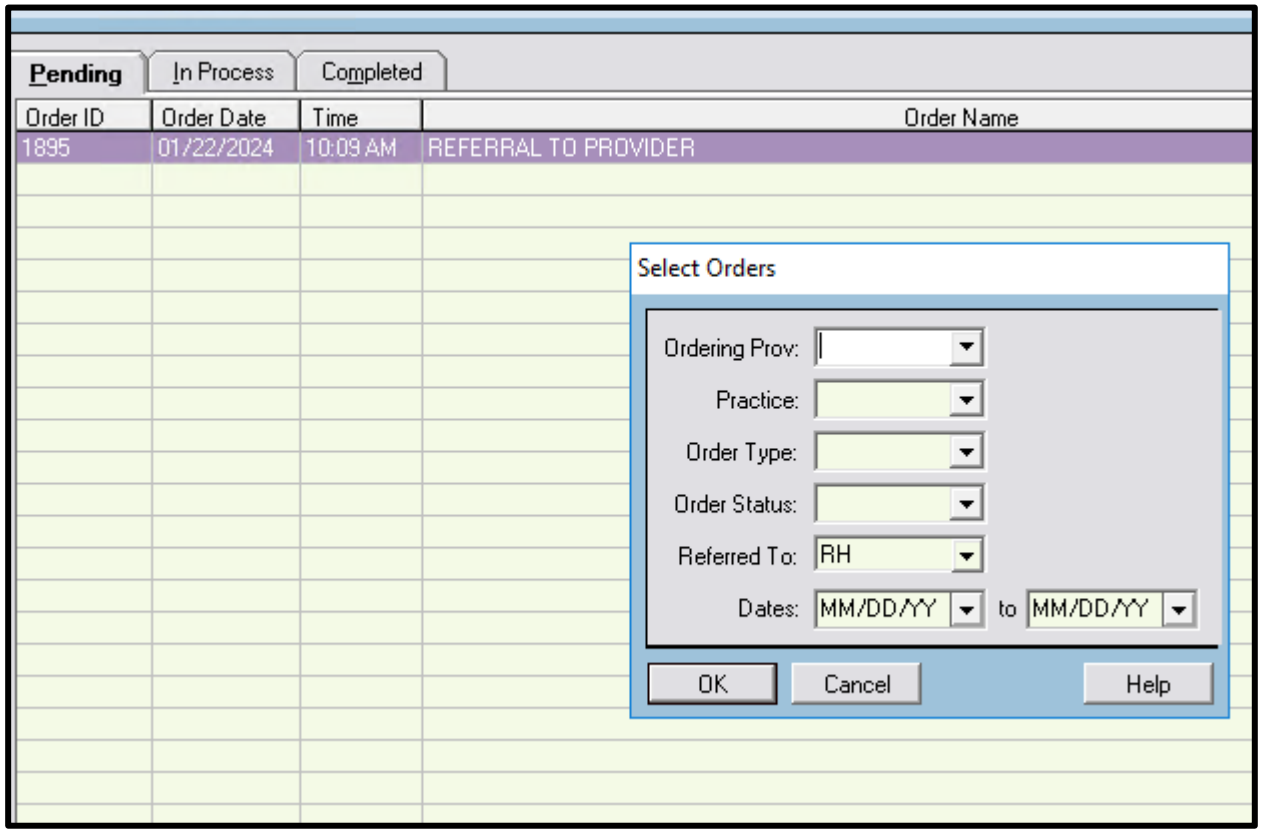
Order Entry

Workflow within Order Entry to allow tracking by Referring Provider:



Order Entry

Workflow within Order Entry to allow tracking by Referring Provider:

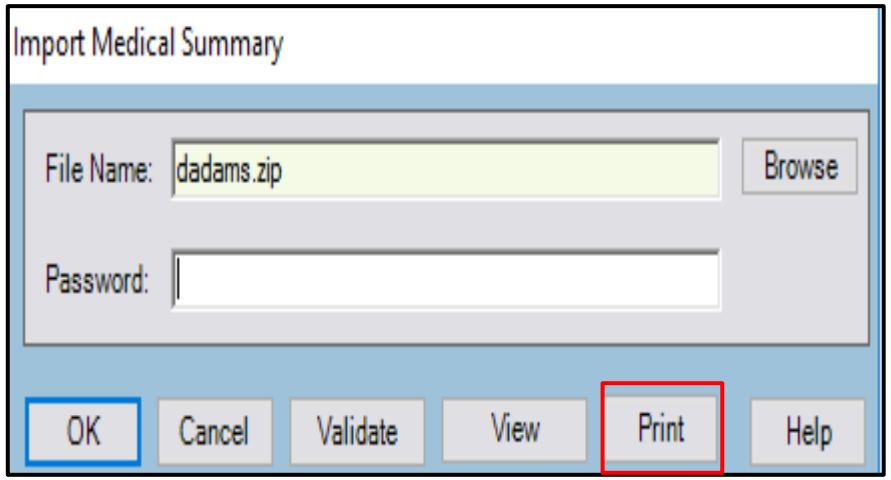


06

Import Medical Summary & CCDA Changes

Import Medical Summary

A new **Print** button has been added to the Import Medical Summary screen. Click this button to print the same information that displays when you click the **View** button. An audit record will be created when this information is printed.

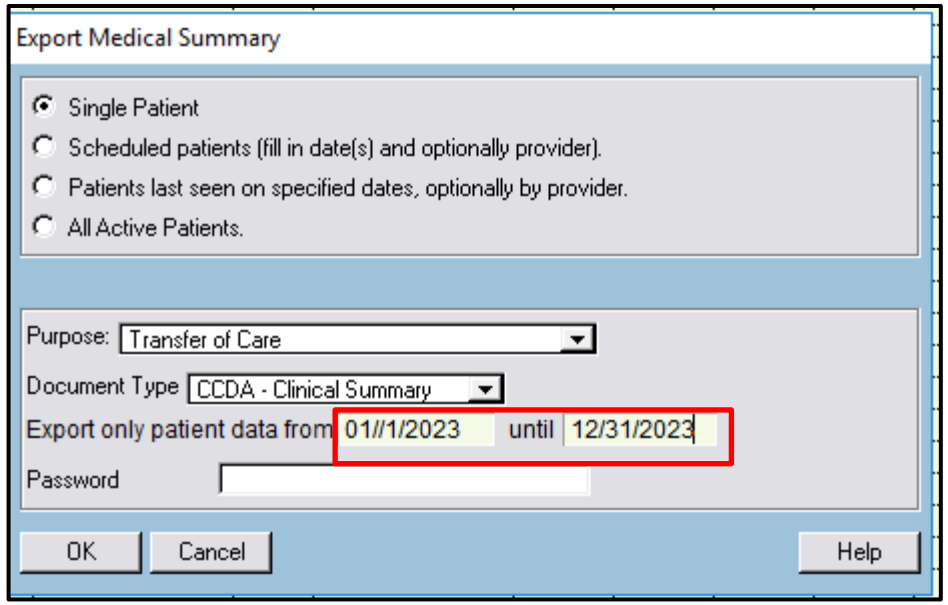


CCDA

- Previously, when a numeric result was included in a CCDA, but no unit was specified (for example, it was loaded via interface or manually entered via Lab Data Tables), Practice Partner would produce an invalid <value/> for that observation.

- Now Practice Partner will process these results differently to avoid **invalid Values**

- CCDAs that you produce with date **range constraints** now respect that date range regarding clinical notes that are included. This applies to both manually created CCDAs and CCDAs create by external systems.



07

Letter Codes

Letter Codes

A new letter code ||PAT_NOSHOW|| has been added to Practice Partner. This letter code will output the patient's last appointment with the status of NS or equivalent.

The ||PAT_NOSHOW|| letter code supports the following output attributes.

Output attribute	Description
[-CountSinceLastAppt]	The letter code will instead provide a count of the patient's appointments with a status of **NS** or equivalent since the last appointment to which the patient presented.
[-CountTotal]	The letter code will instead provide a count of the patient's appointments with a status of **NS** or equivalent for all time.

Letter Codes

||PAT_NOSHOW||

	12:00 PM	Johnson, Carole	74 ye	F		15	NS	EP	Follow up	N			
	12:15 PM					15							

These pull from the schedule and NS or equivalent status codes

01/24/24

Dear Carole,

This letter is to inform you of your No Show appointment on 01/24/24

→ |||PAT_NOSHOW||

Dear patient,

As you are aware, our No Show Policy allows for 3 no show appointments. Currently we show you have 3 no showed appointments since your last appointment.

→ ||PAT_NOSHOW[-CountSinceLastAppt]||

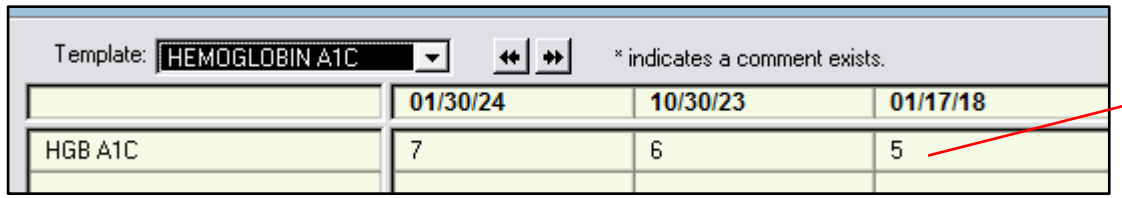
Dear Patient,
We are reaching out to advise you that we will no longer be scheduling you for appointments as our records indicate you have continuously No Showed for a total of 5 visits.

→ ||PAT_NOSHOW[-CountTotal]||

Letter Codes Labs from earlier Patch

=SpecificDate:CCYYMMDD (for specific date, where CCYYMMDD is the format for the date)
=LastVisitDate (for last visit)
=TodaysDate (for today's date)
=Last#

When you use the **=Last#** filtering attribute, the letter code will insert that number of the **most recent results for that lab name**, each on a separate line. Each line of lab data will include any other output attributes that have been specified. If there are fewer rows of data than is specified in the filtering attribute (for example, **=Last6** but only four results exist), all of the existing data will be included. The limit of labs to request is 10. Any request over 10 will be treated as 10.



||LAB<HGB A1C>[=LAST6]||

HGB A1C: 7
HGB A1C: 6
HGB A1C: 5

Last Visit: ||LAB<HGB A1C>[=LastVisitDate]||

Today's Visit: ||LAB<HGB A1C>[=TodaystDate]||

Last Visit: HGB A1C: 6
Today's Visit: HGB A1C: 7

Letter Codes Labs from earlier Patch

=SpecificDate:CCYYMMDD (for specific date, where CCYYMMDD is the format for the date)

Template: HEMOGLOBIN A1C * indicates a comment exists.

	01/30/24	10/30/23	01/17/18
HGB A1C	7	6	5

||LAB<HGB A1C>[=SpecificDate:20180117] → HGB A1c on Jan 17, 2018 HGB A1C: 5

HGB A1c on Jan 17, 2018:||LAB<HGB A1C>[=SpecificDate:20180117]||
HGB A1c on October 30, 2023:||LAB<HGB A1C>[=SpecificDate:20231030]||
HGB A1c on January 30, 2024:||LAB<HGB A1C>[=SpecificDate:20240130]||

→

HGB A1c on Jan 17, 2018:HGB A1C: 5
HGB A1c on October 30, 2023:HGB A1C: 6
HGB A1c on January 30, 2024:HGB A1C: 7

Letter Codes Labs from earlier Patch

=Since:CCYYMMDD (for all results for that lab name going back to [and inclusive of] the specified date)
Each line of lab data will have any other output attributes that have been specified included.

Special case: If the **=Since:LastVisitDate** attribute is used, the **LastVisitDate** will be substituted as the **CCYYMMDD** that is being used.
By using date filtering attributes, you can check whether data is available for a specific date for a specific lab, vital sign, or health maintenance. When using filtering attributes, enclose them with brackets: [ ].

For example, if you type: **||LAB<Iron>[=TodaysDate]||** in your template, the letter will display "Iron: 10". This means that there was a lab of iron with a value of 10 performed today for the patient.
Output attributes can also be used to display data available for a patient.

Output attributes available are:
Name
Date
Value
Status
Range
Units
Flag
Comments

Letter Codes Labs from earlier Patch

Vital signs can have name, date, and value outputs.
Labs can have name, date, range, units, flag, and comments outputs.
Health Maintenance can have name, value, status, and date outputs.

When using output attributes, enclose them with brackets [ ].
For example, if you type: **||LAB<Iron>[-Date]||** in your template, "Iron: 10 on 12/31/13" displays on the letter. This means that there was a lab of iron with a value of 10 performed on 12/31/13 for the patient.

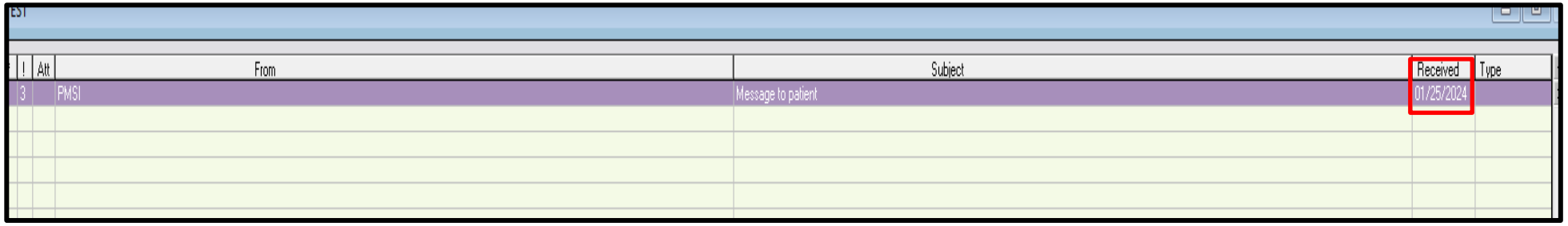
08

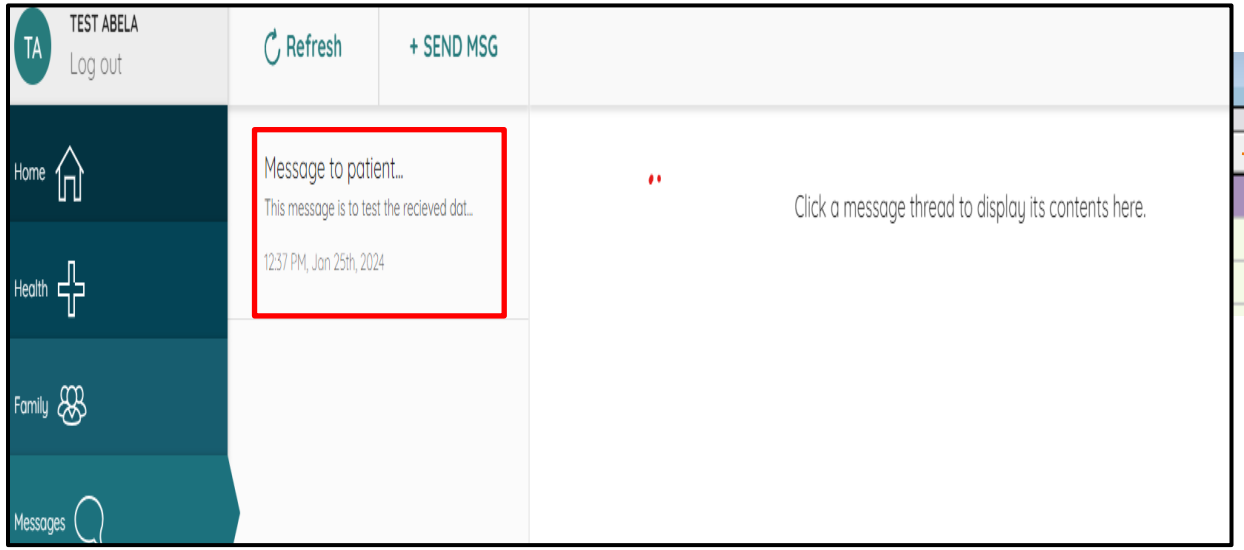
Messaging

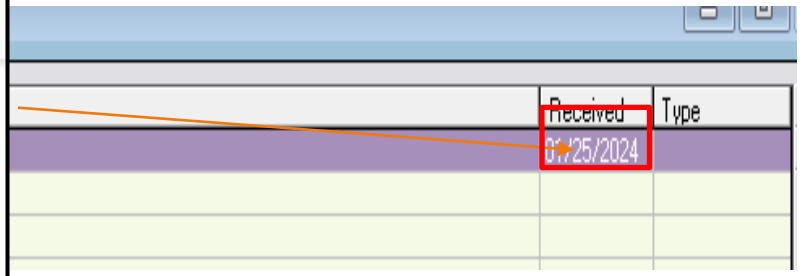
Messaging

When a message is sent to a patient via the portal, the **Received Date** field in the **Patient Msg** section of the patient chart now will indicate the date the message was received by Updox. Later, if a read receipt is received for the portal message, the **Received Date** field will be updated with the read receipt date.

Sent out of Practice Partner and Received at Updox





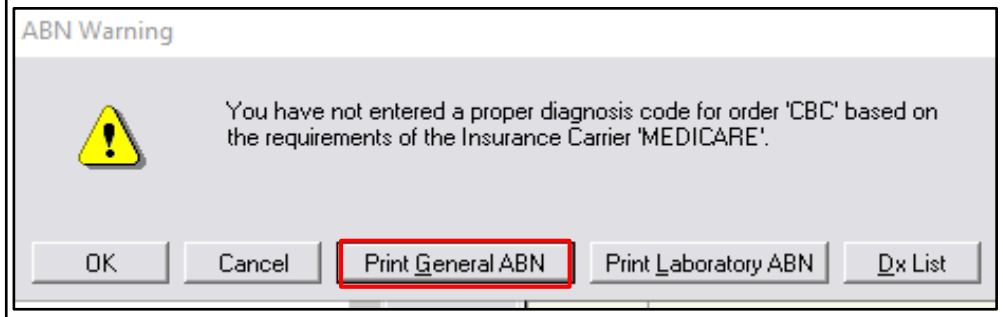


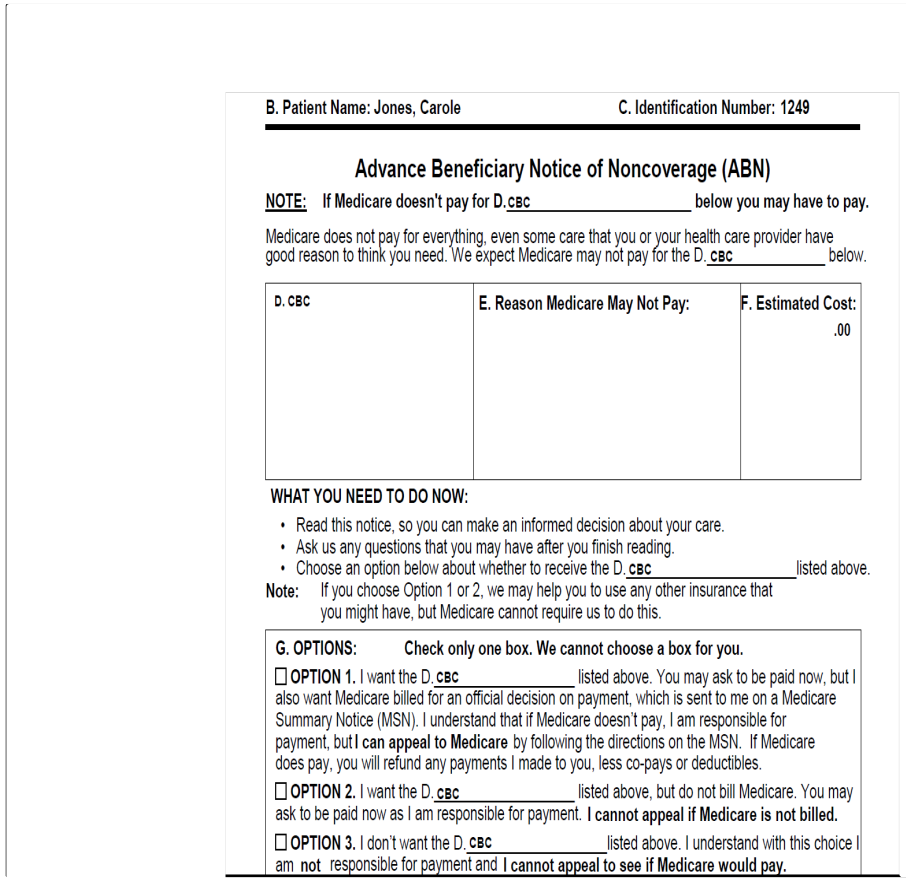
09

ABN Forms

ABN Form

The ABN form has been updated to the 2025 Standard





B. Patient Name: Jones, Carole C. Identification Number: 1249

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. CBC below you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. CBC below.

D. CBC	E. Reason Medicare May Not Pay:	F. Estimated Cost: .00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. CBC listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: **Check only one box. We cannot choose a box for you.**

☐ **OPTION 1.** I want the D. CBC listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the D. CBC listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

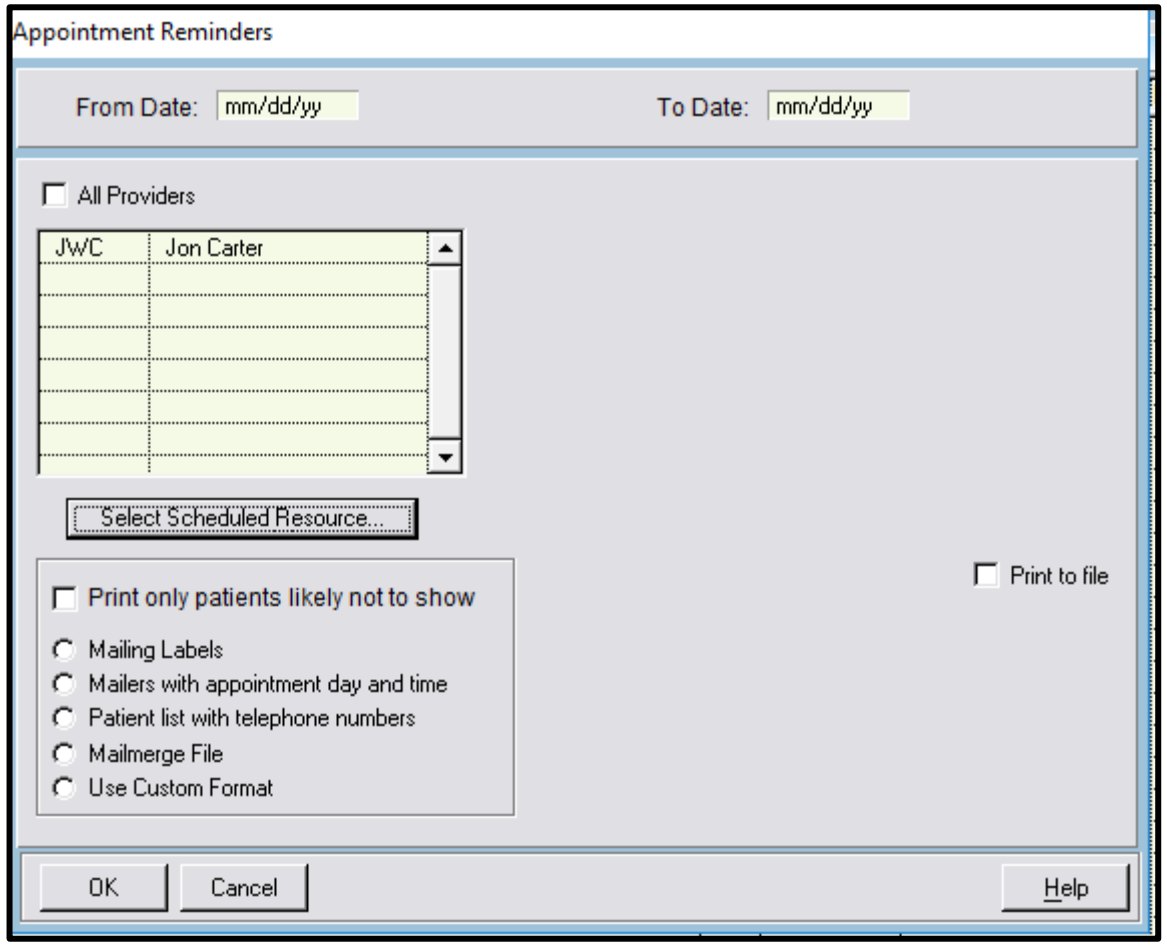
☐ **OPTION 3.** I don't want the D. CBC listed above. I understand with this choice I am **not** responsible for payment and **I cannot appeal to see if Medicare would pay.**

10

Appointment reminders

Appointment reminders

The number of supported Characters in appointment reminders has been increased from 800 to 1500



11

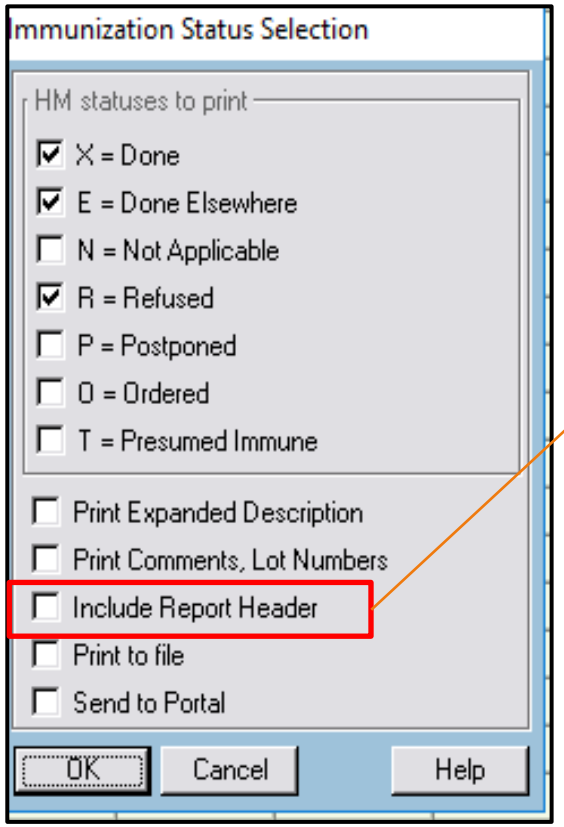
Reports & Printing

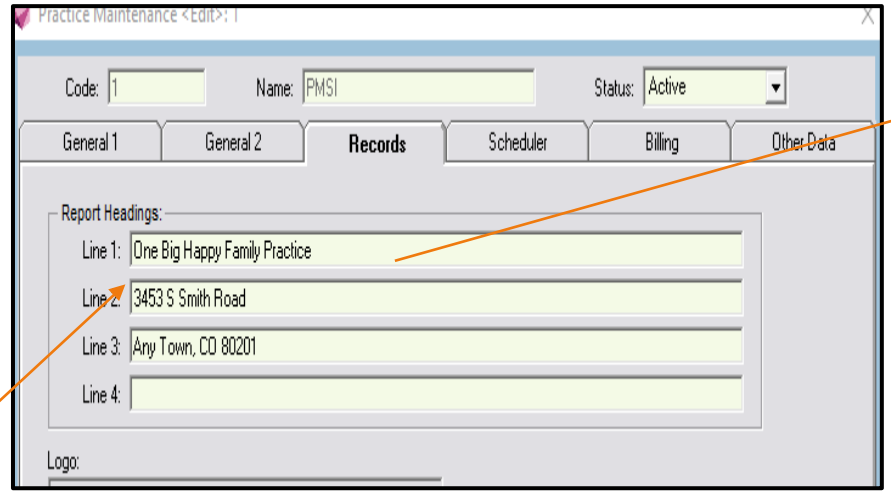
Printing

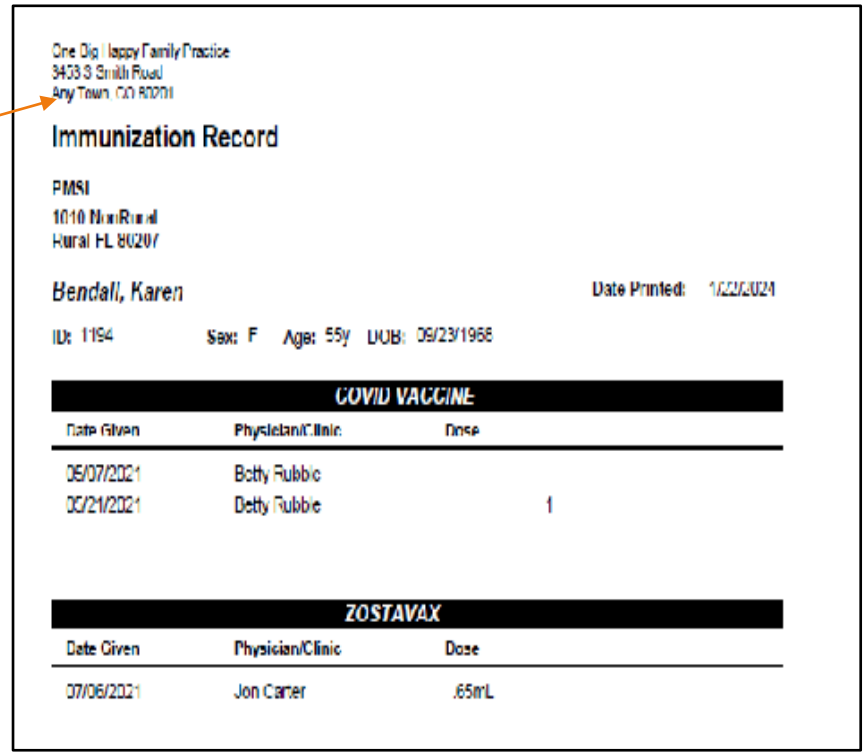
If Adobe Reader is not installed on the client and you print a note with a PLINKed PDF, a warning now appears informing you that the PDF will not be printed.

Immunization Reports

Two new check boxes have been added to the Immunization Status Selection screen: **Include Report Header** and **Send to Portal**. Select the **Include Report Header** check box to print at the top of Immunization report any header lines the practice has set up in Practice Maintenance. Select the **Send to Portal check box** to produce the report as a PDF and queue it as a message to send to the Poral account of the selected patient(s).

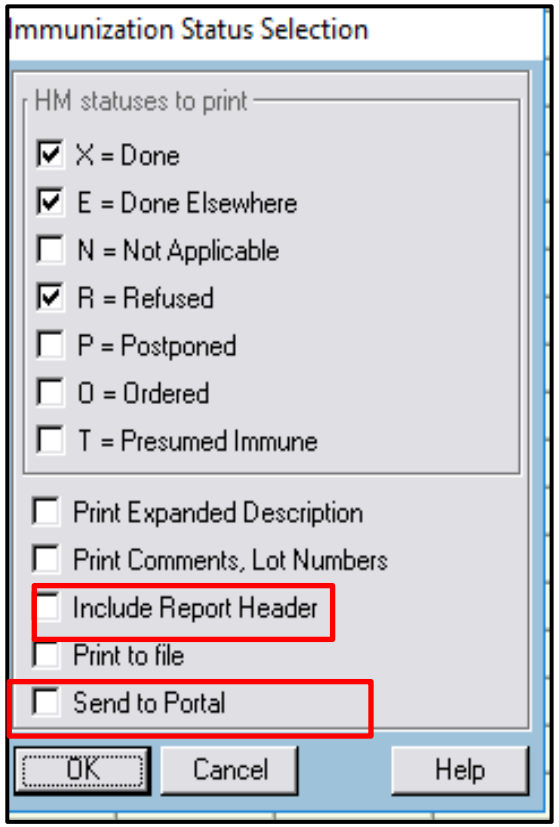


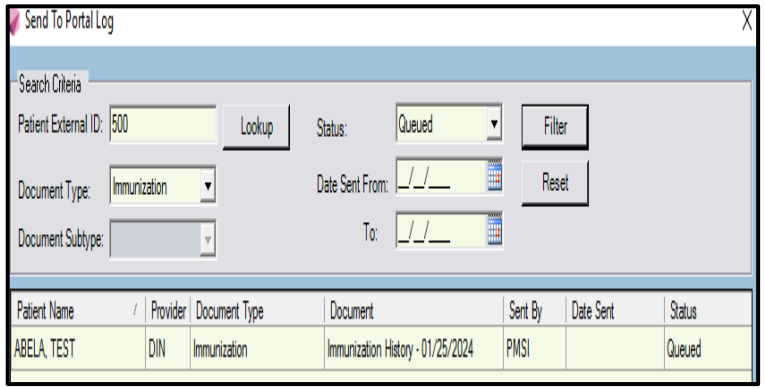


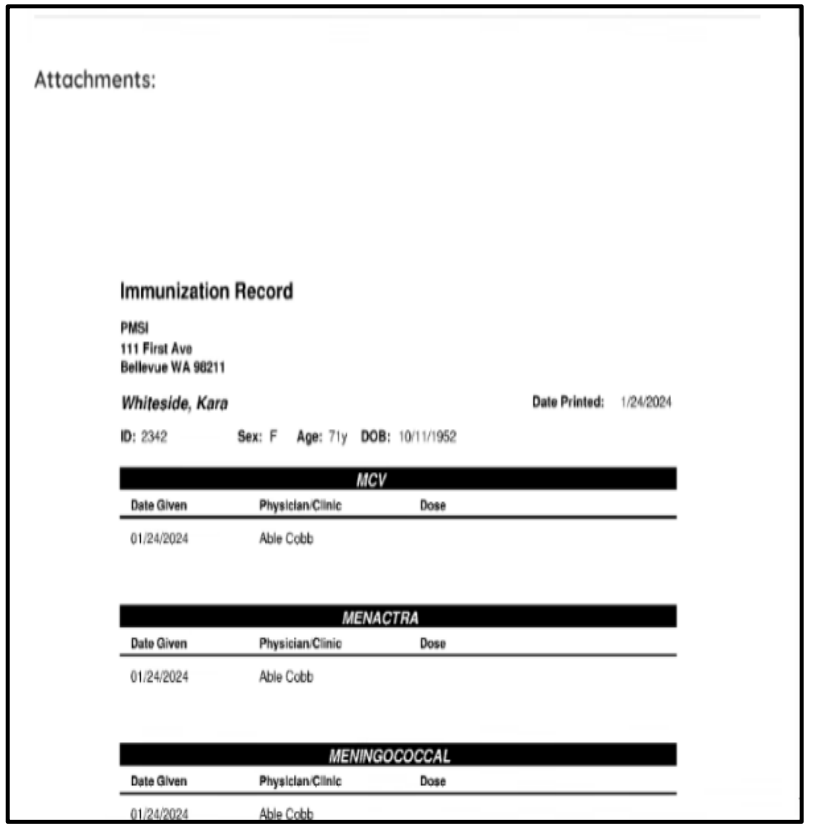


Immunization Reports

Two new check boxes have been added to the Immunization Status Selection screen: **Include Report Header** and **Send to Portal**. Select the **Include Report Header** check box to print at the top of Immunization report any header lines the practice has set up n Practice Maintenance. Select the **Send to Portal check box** to produce the report as a PDF and queue it as a message to send to the Poral account of the selected patient(s).



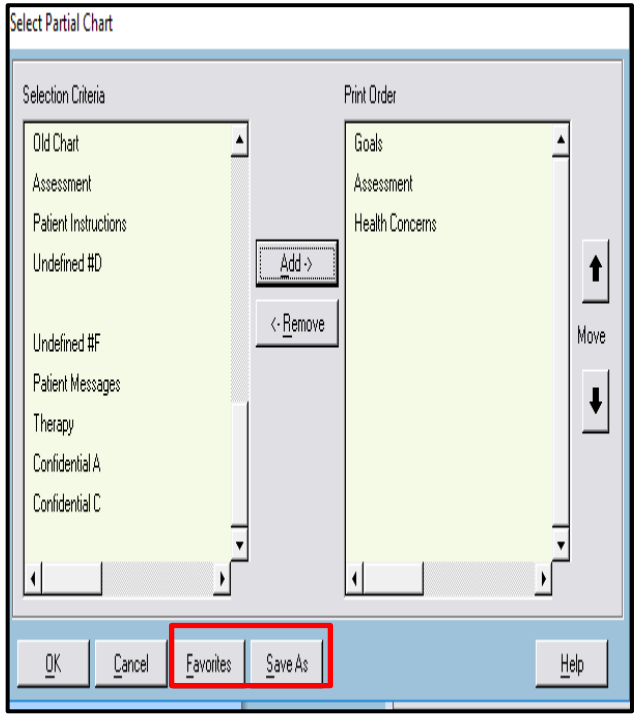


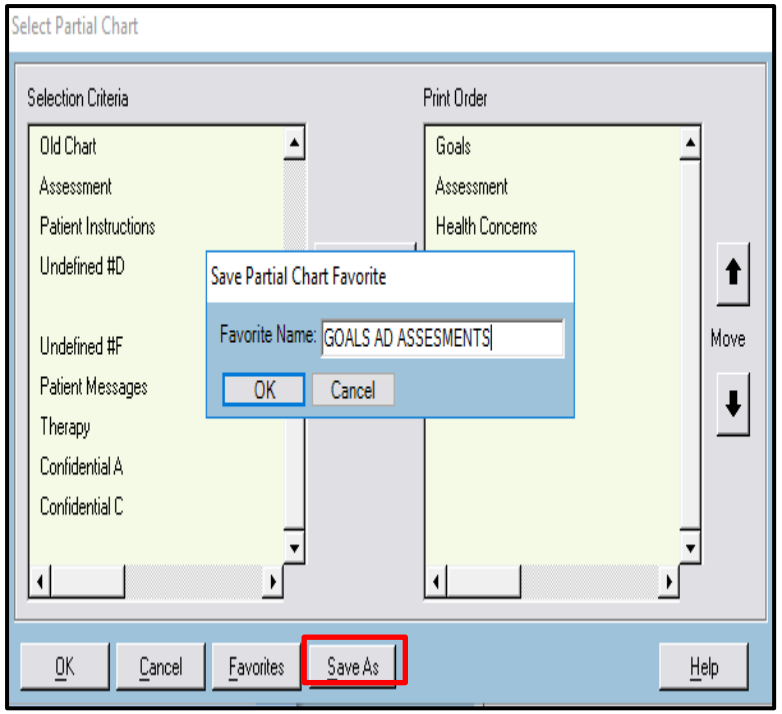


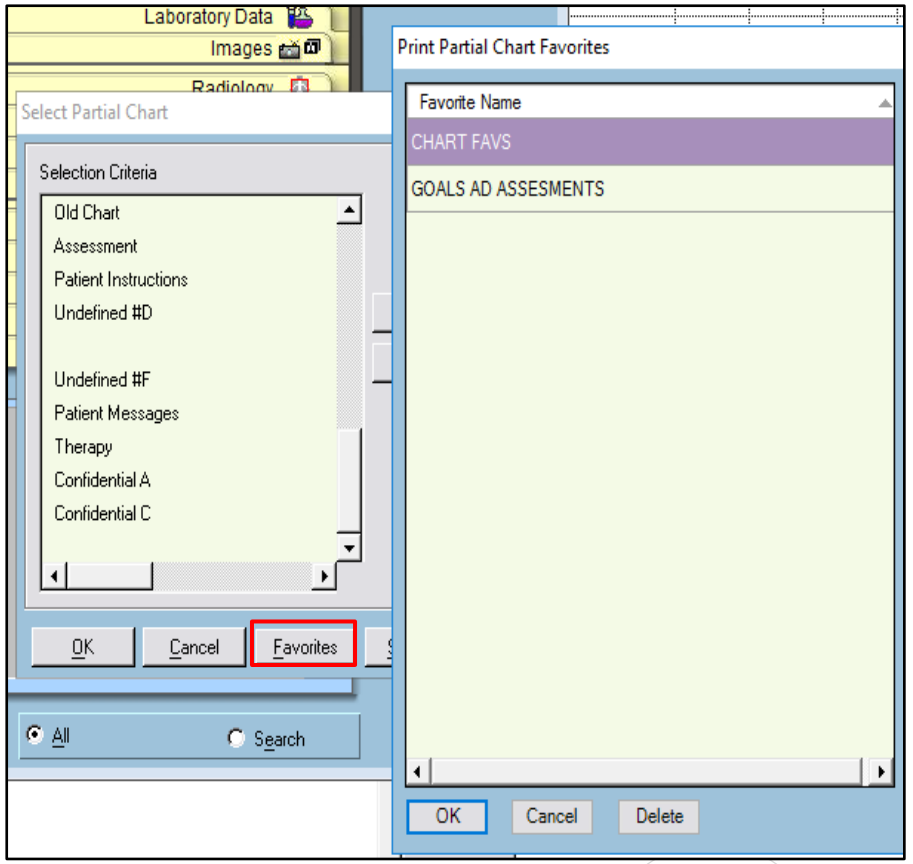
Print Partial Chart report

The selection criteria for the Print Partial Chart report has three new options. **Goals, Assessment,** and **Health Concerns**. When you select one or more of these option, notes of the selected type(s)will be included in the create report.

Two new buttons have been added to the Select Partial Chart screen: Favorites and Save As. Click the Save As button to open the new Partial Chart Favorite screen, where you can enter a name for the selected print order and save it as a favorite.

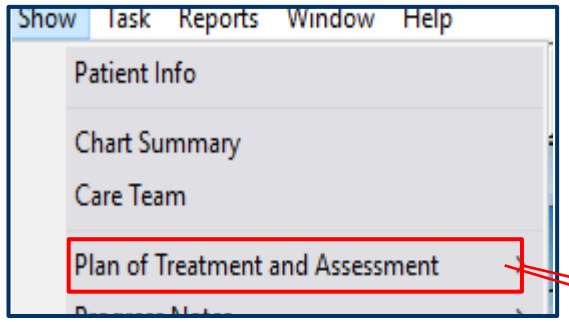






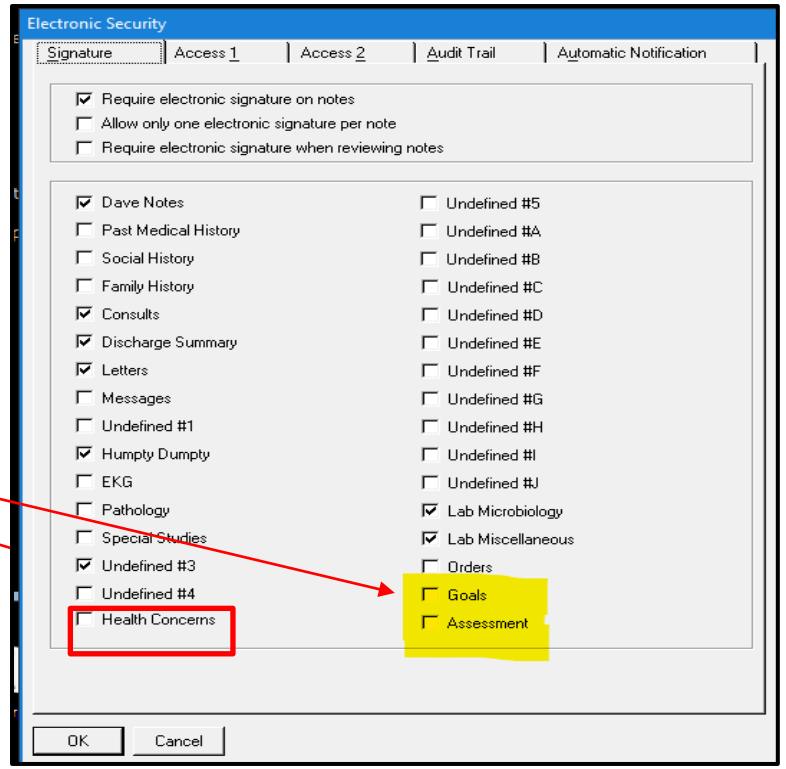
PRUtils

Three new options for signature requirements have been added to PRUtils. Check boxes for **Goals, Health Concerns, and Assessment** note types have been added to the Electronic Security screen – Signature tab. When you save a note in any of those sections and the corresponding check box is selected, you will be prompted to sign the note.



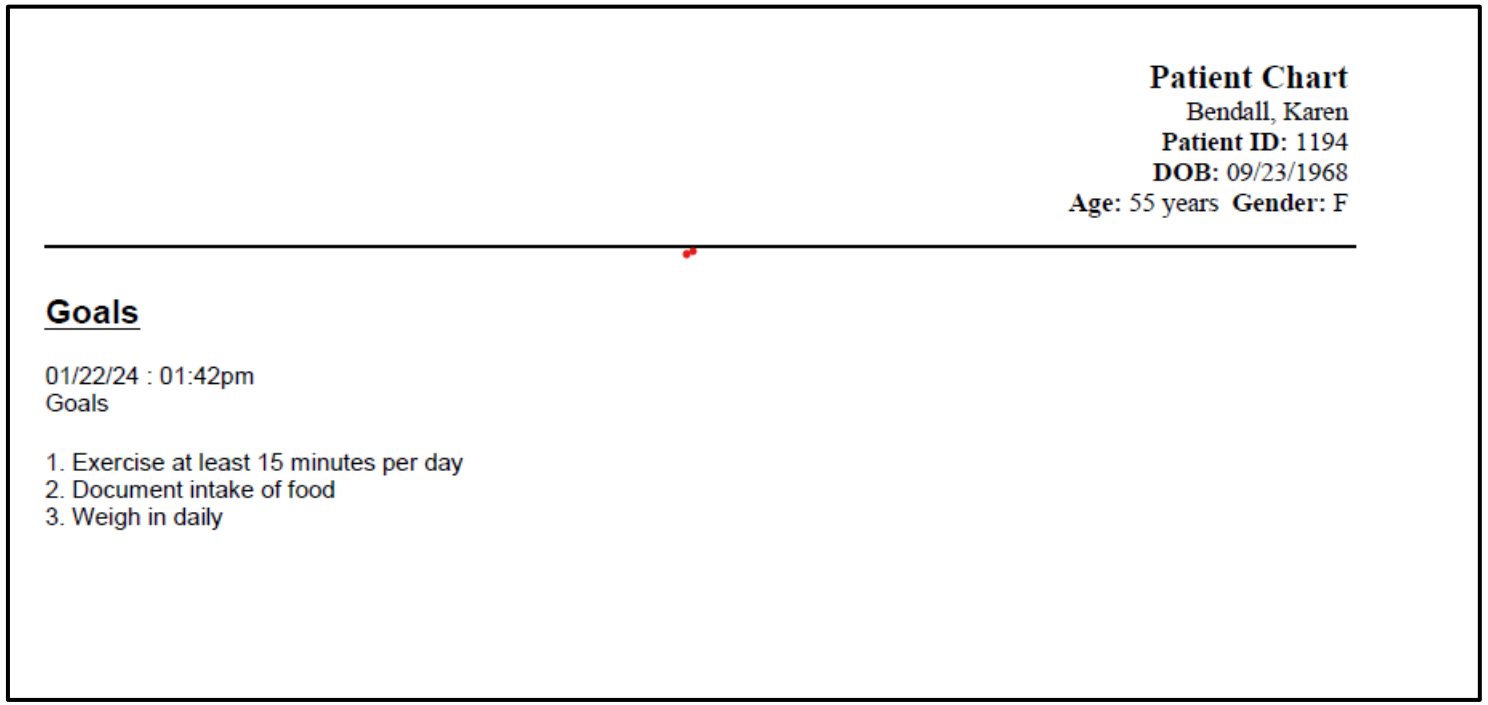
Plan of Treatment and Assessment hold Goals, Health Concerns and Assessment note types.

Updating PRUtils will require signatures on these Notes.



Print Complete Chart

The Print Complete Chart report now includes three new note sections: **Goals, Assessment,** and **Health Concerns.** These new sections will be grouped with the other note sections and will be ordered by note type in descending date order.



Patient Chart
Bendall, Karen
Patient ID: 1194
DOB: 09/23/1968
Age: 55 years **Gender:** F

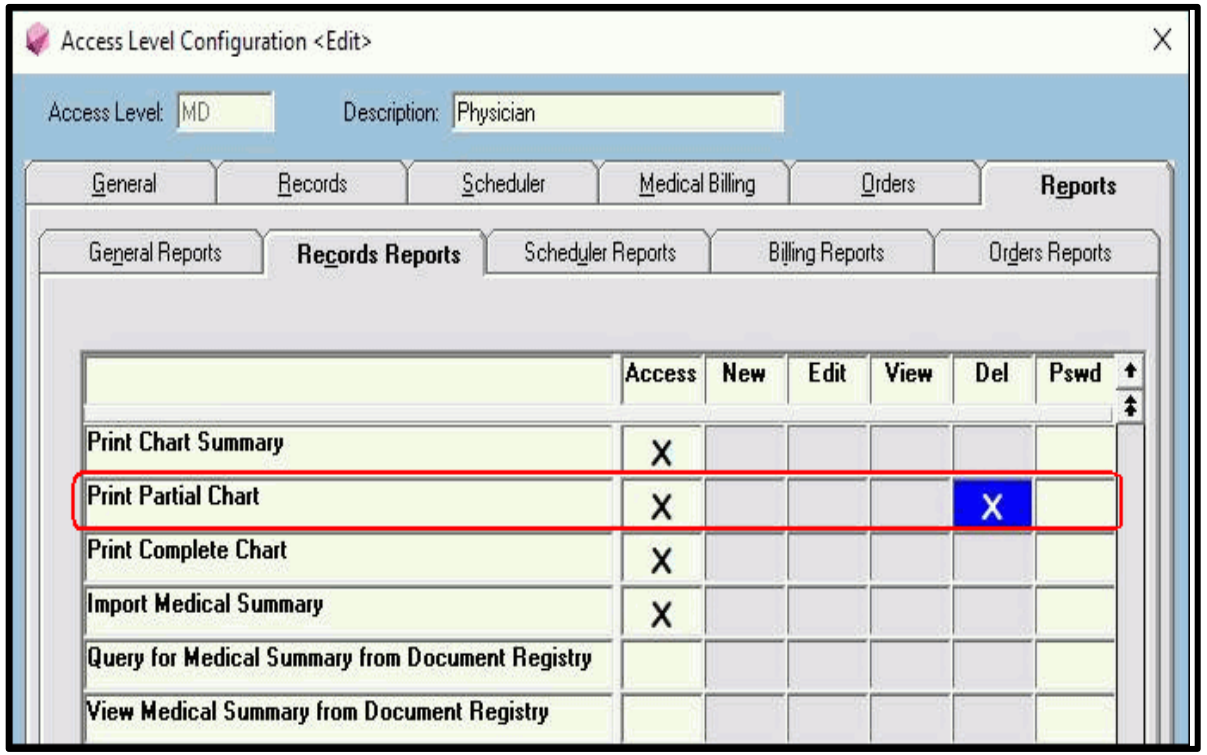
Goals

01/22/24 : 01:42pm
Goals

1. Exercise at least 15 minutes per day
2. Document intake of food
3. Weigh in daily

Access Levels

On the Access Level Configuration screen – Reports tab- **Record Reports** subtab, the **Del** access level setting has been added for **Print Partial Chart.** This access level seeing controls usage of the Delete button on the Print Partial Chart. Favorites screen. The setting is disabled by default.



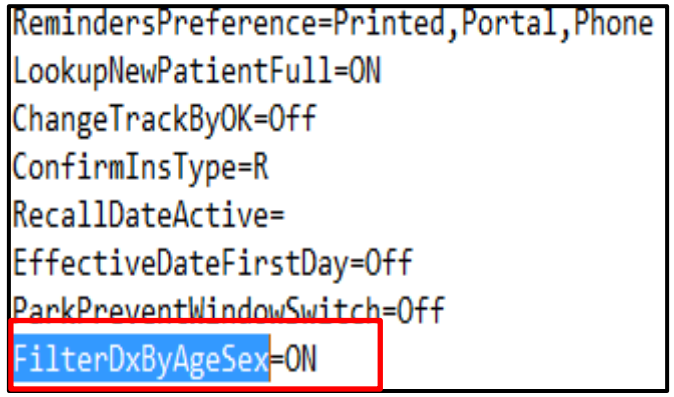
12

Intelligent Medical Objects (IM0) and Live demonstration

CGM CompuGroup Medical

Important!!

A new **FilterDxByAgeSex=** setting has been added to the **[Demographics]** section of the ppart.ini file. Set this setting to **ON** to send age and gender information when performing diagnosis lookups, using the patient's birth sex. Set this setting to **OFF** to not send age or gender information when performing diagnosis lookups. The default setting is **ON**.



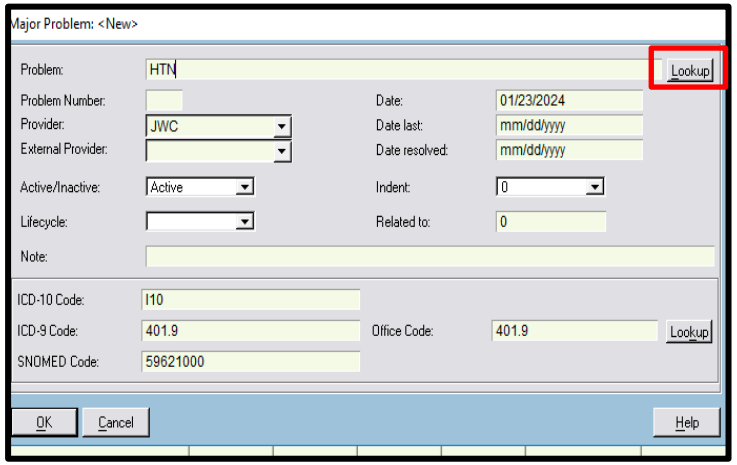
The new **IncludeAdditionalCodings** flag now is permanently set to **True** so that a triad of codes is returned, not just the ICD-10 code. Access to code lookup has been removed from the following locations:

- **Code screen:** The **Lab Name Code Lookup** button has been removed; the **Version** field is editable and has a maximum value length of 10 characters.
- **Clinical Elements Maintenance screen:** The **Lookup** buttons next to the **Code 1** and **Code 2** fields have been removed; the **Version** field is editable and has a maximum value length of 10 characters.
- **Lab Code Mapper utility:** The double-click lookup on the **Code** fields has been removed; the **Version** field is editable and has a maximum value length of 10 characters.

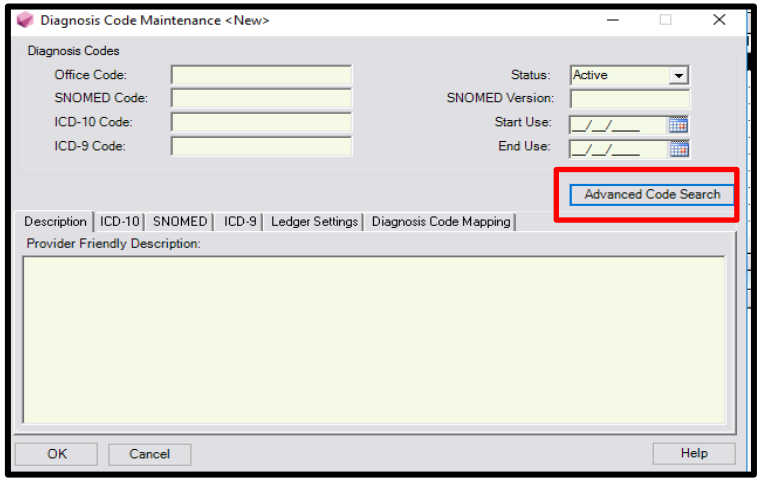
Intelligent Medical Objects (IM0)

The IMO is available where the HLI was accessed:

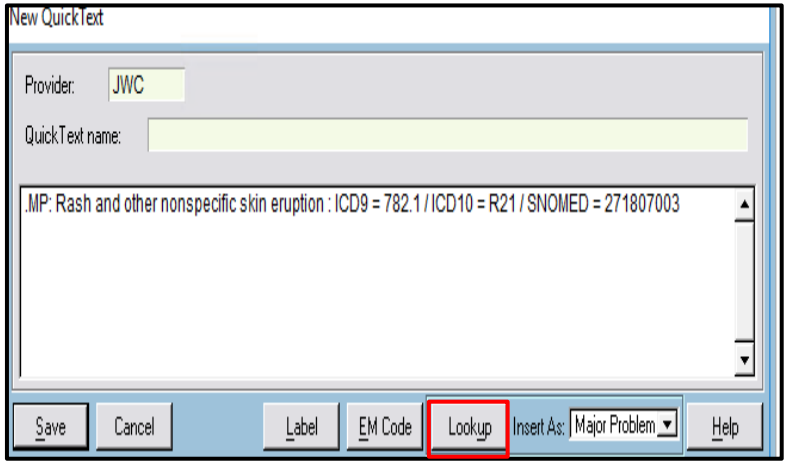
The Problem List Lookup



Diagnosis Code Maintenance Advance Code Search



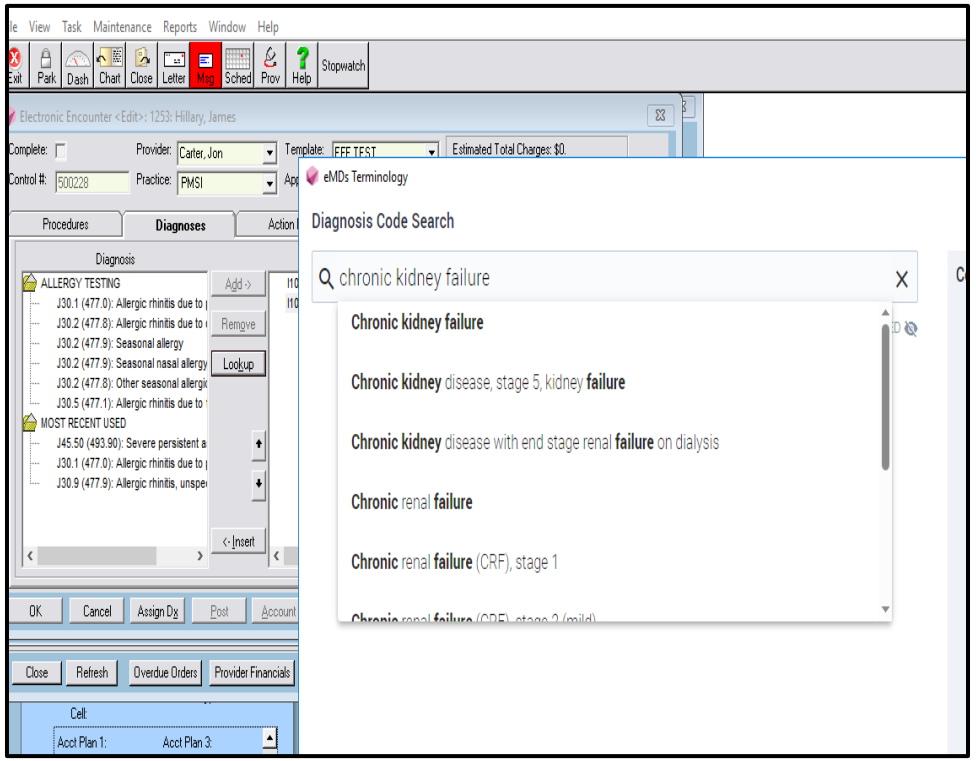
Quick Text Lookup button



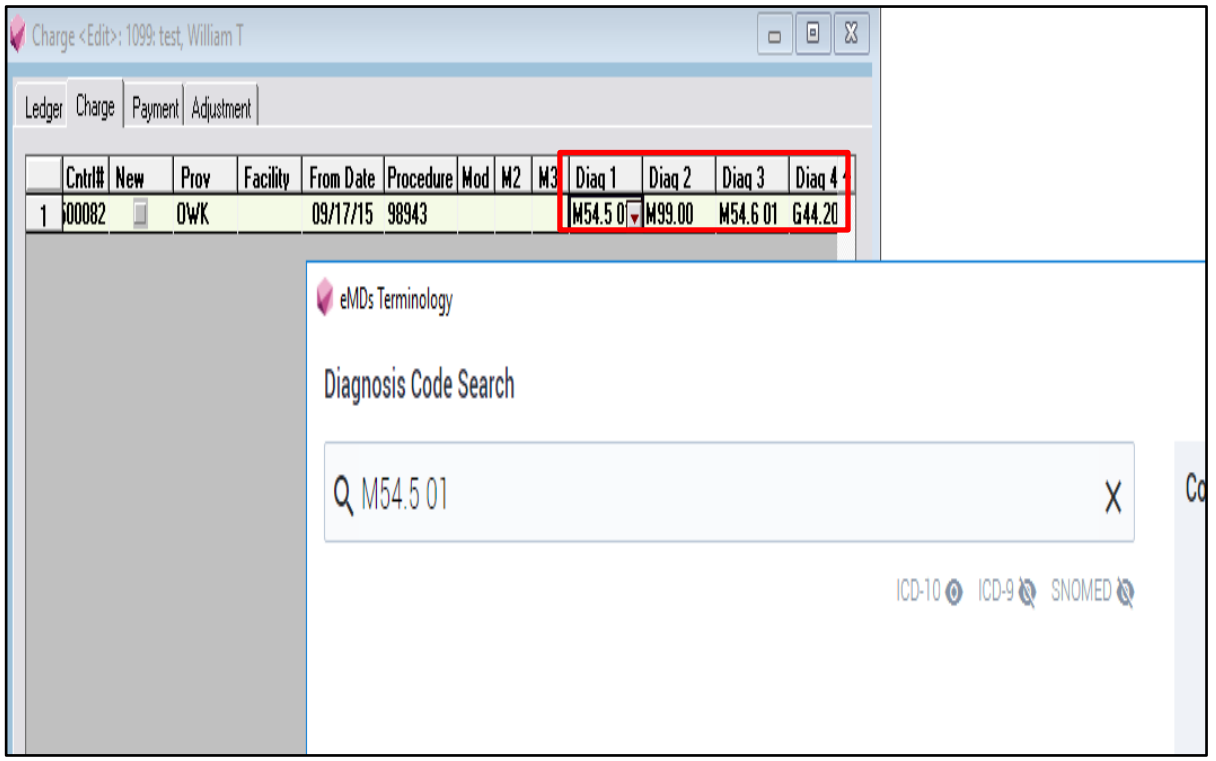
Intelligent Medical Objects (IM0)

The IMO is available where the HLI was accessed:

EFF Diagnosis Tab Records and Billing



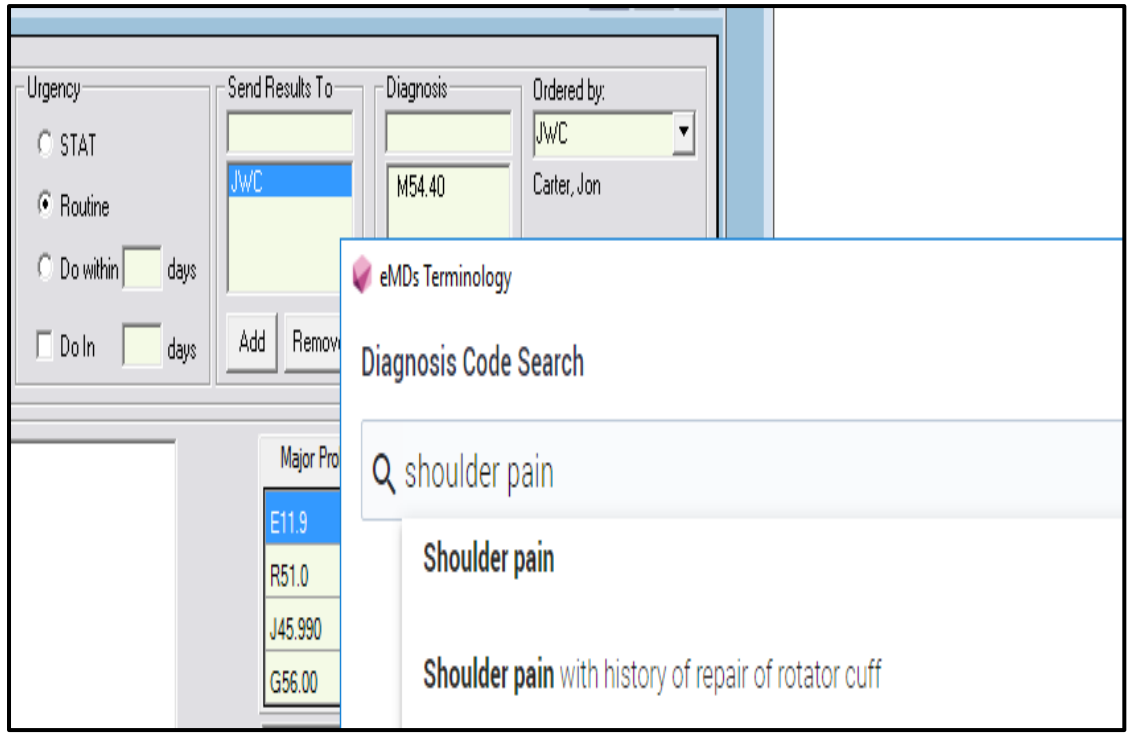
Ledger Medical Billing



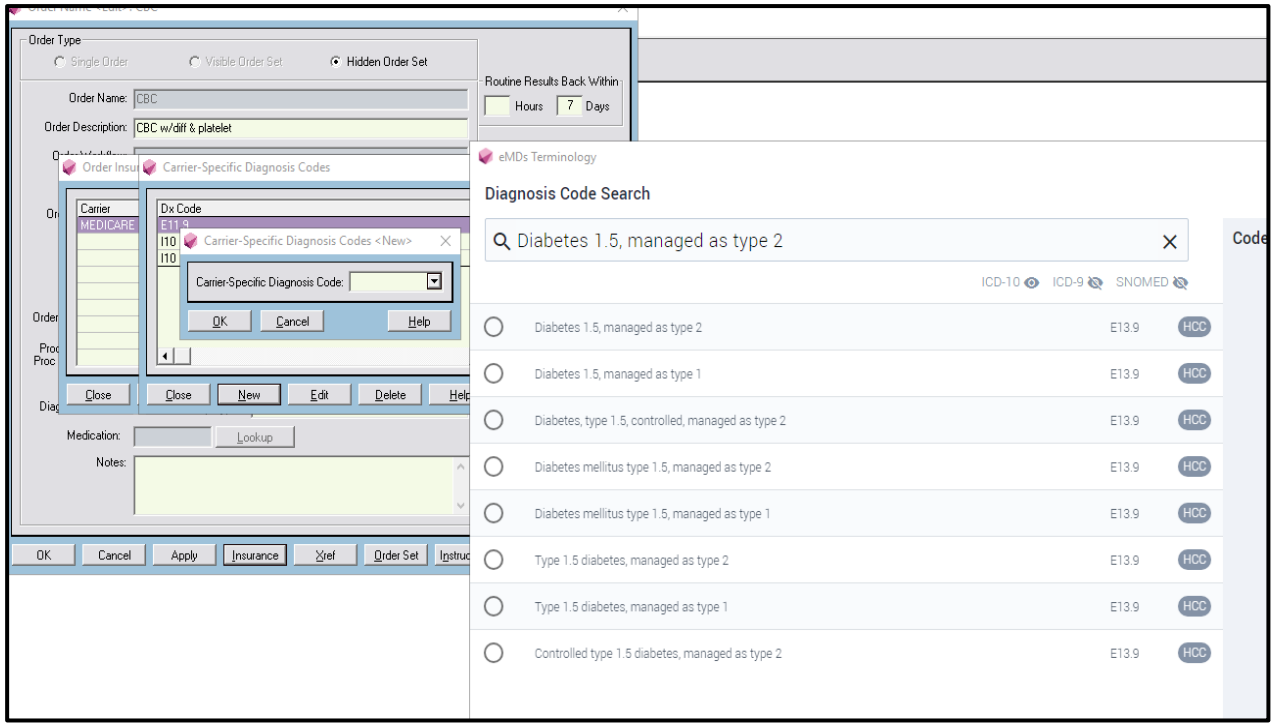
Intelligent Medical Objects (IM0)

The IMO is available where the HLI was accessed:

Order Entry

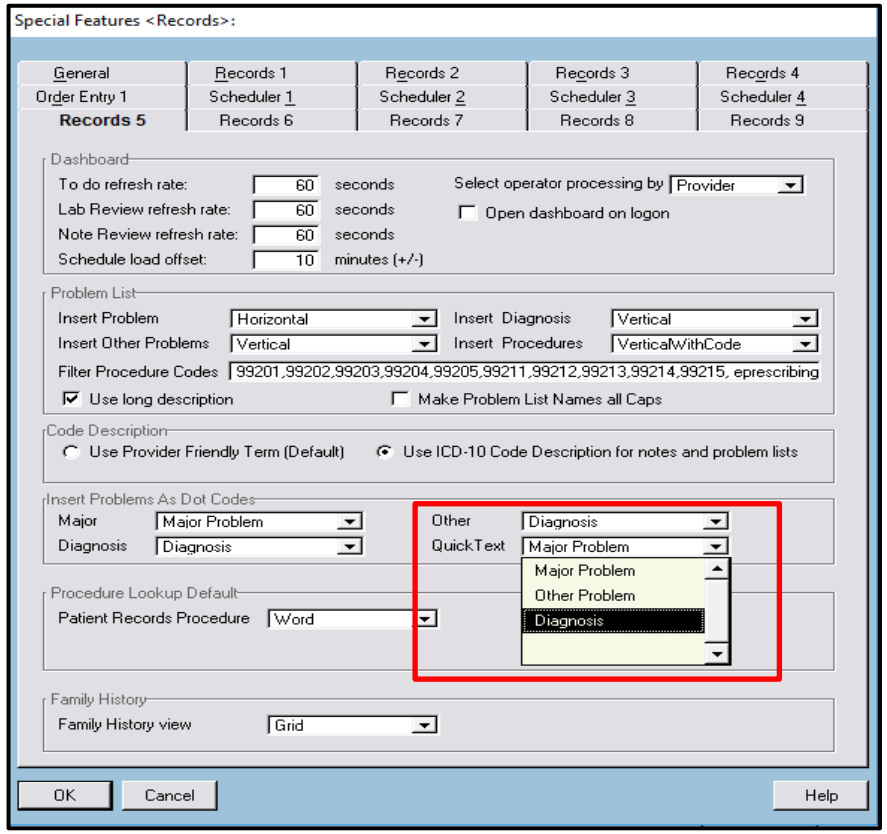


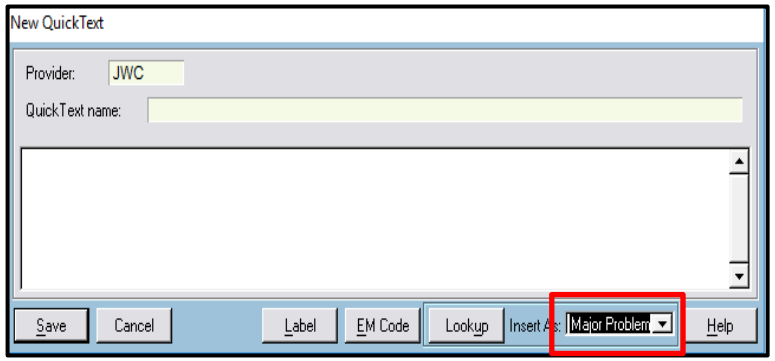
Order Names>Insurance>Codes

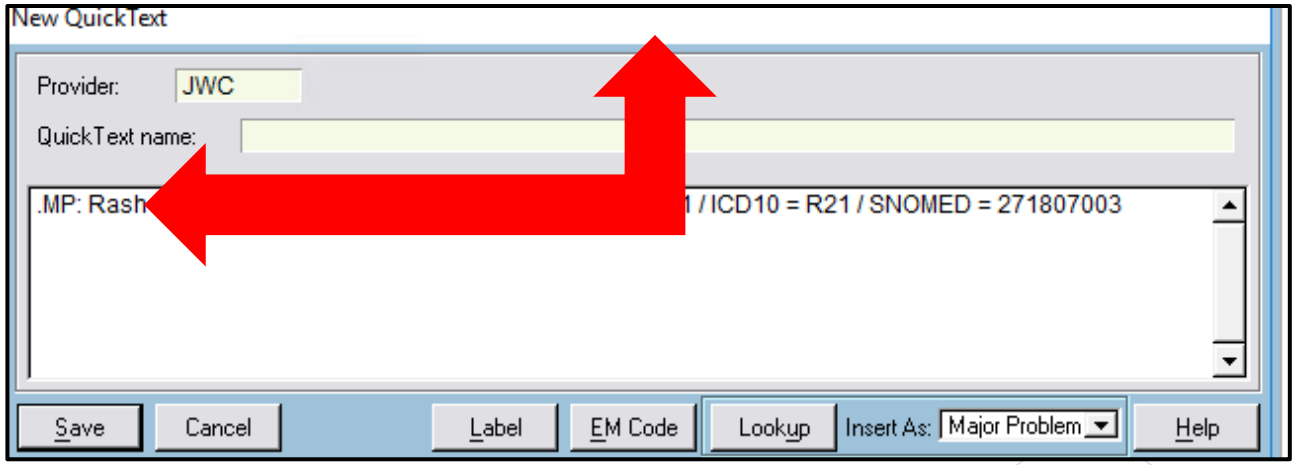


Quick Text

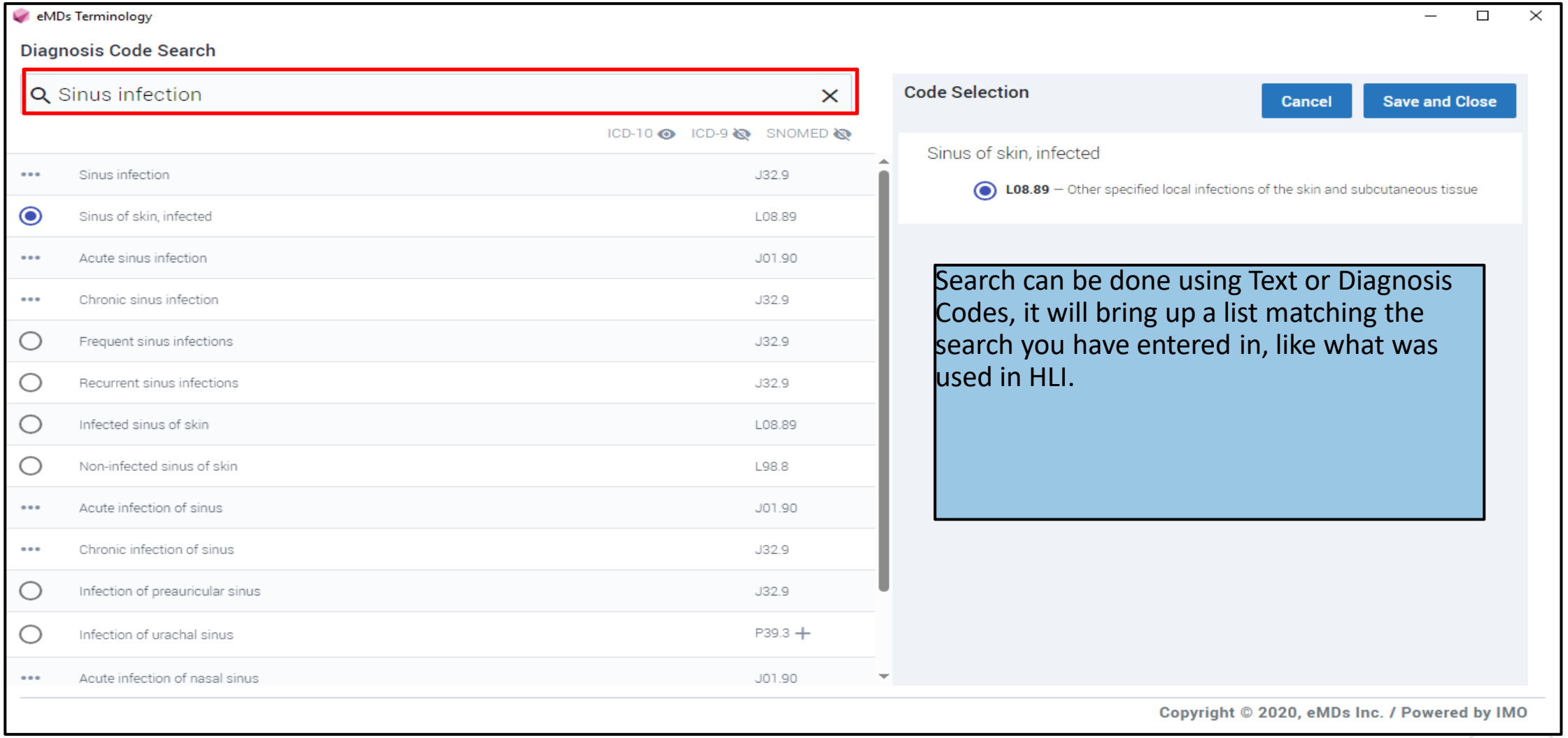
A new Quick Text setting has been added to the Insert Problem as Dot Codes area on the Special Features screen-**Records 5** tab. This setting will have the same options as the other settings in the Insert Problem as Dot Codes area (Major Problem, Diagnosis, or Other Problem). This is directly associated to inserting problems into the Quick Text.



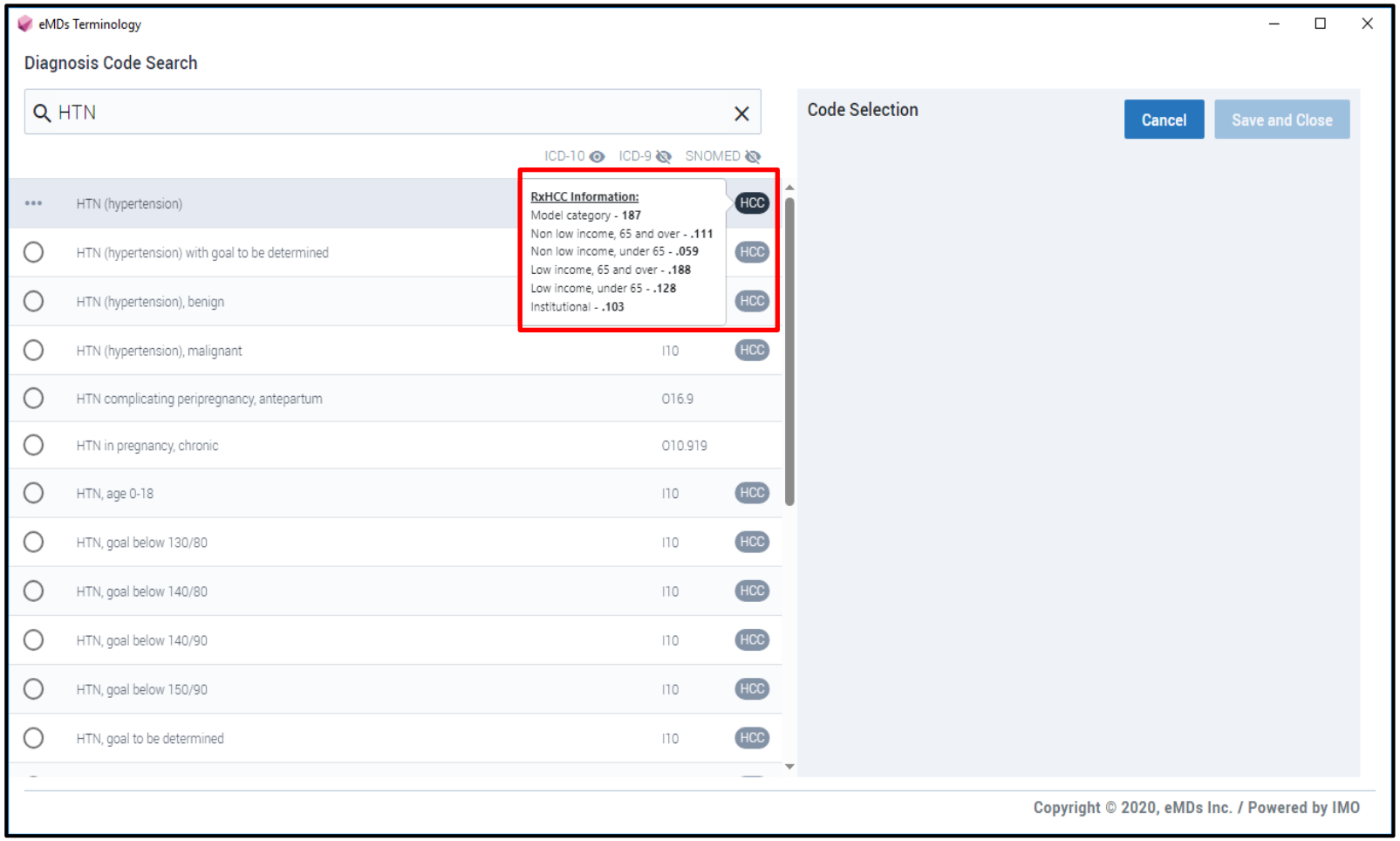




Intelligent Medical Objects (IM0)



Intelligent Medical Objects (IM0)



The HCC button will show RXHCC Information for HCC coding.

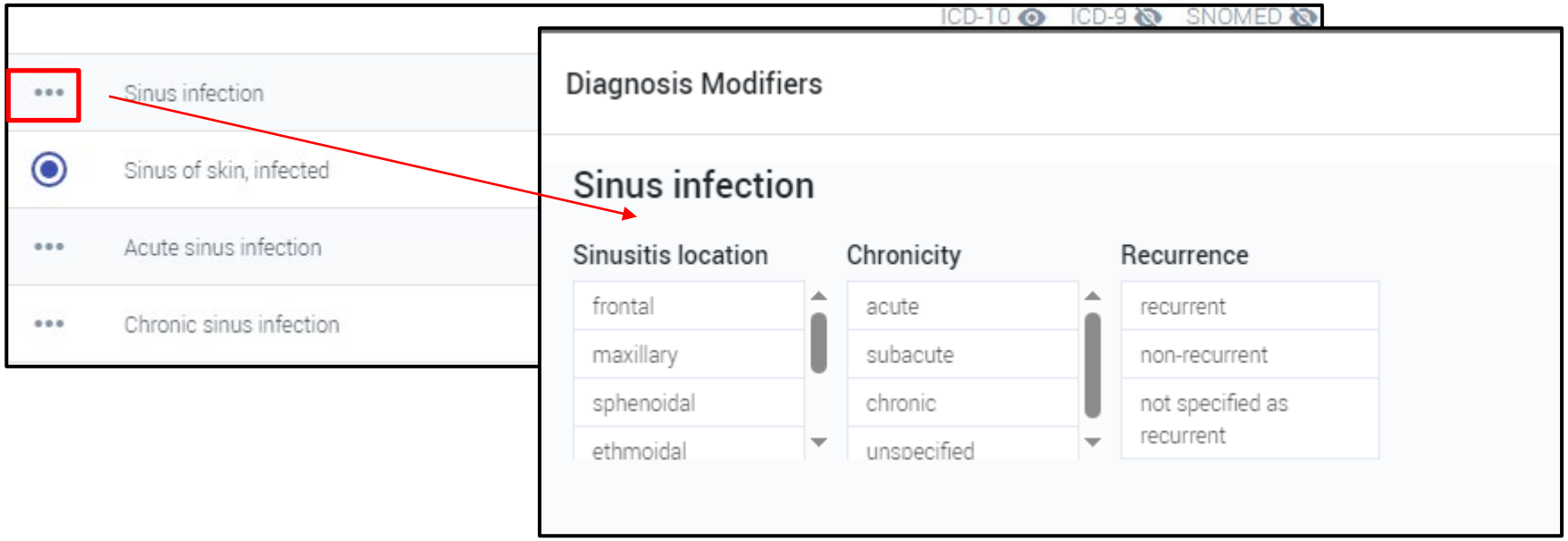
HCC's or HLIrarchical Condition Categories, are sets of medical codes that are linked to specific clinical diagnosis.

HCC's are used to calculate payments to healthcare organizations for patients who are insured by Medicare Advantage plans.

The HCC icon demonstrates the RAF score which is used to calculate payments to healthcare organizations.

This system doesn't not calculate the score for you, it is informational only.

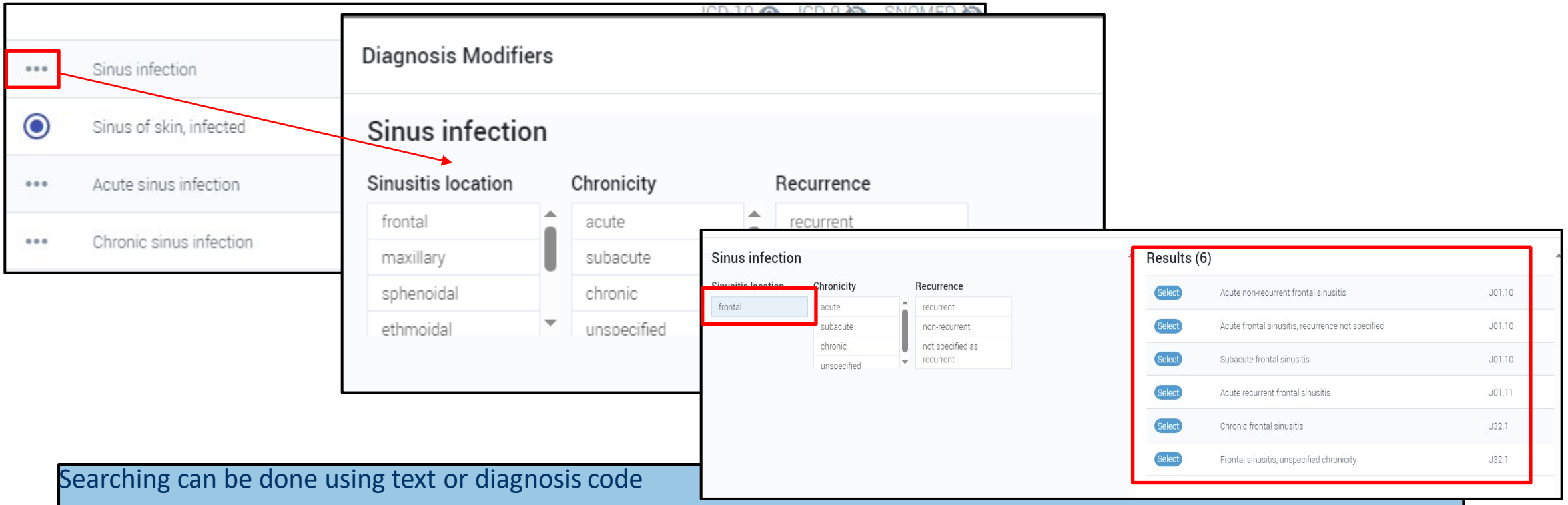
Intelligent Medical Objects (IM0)



Searching can be done using text or diagnosis code

Selecting the … will open diagnosis modifers allowing to code to more specificity specific to the patient's condition.

Intelligent Medical Objects (IM0)



Searching can be done using text or diagnosis code

Selecting the … will open diagnosis modifers allowing to code to more specificity specific to the patient's condition.

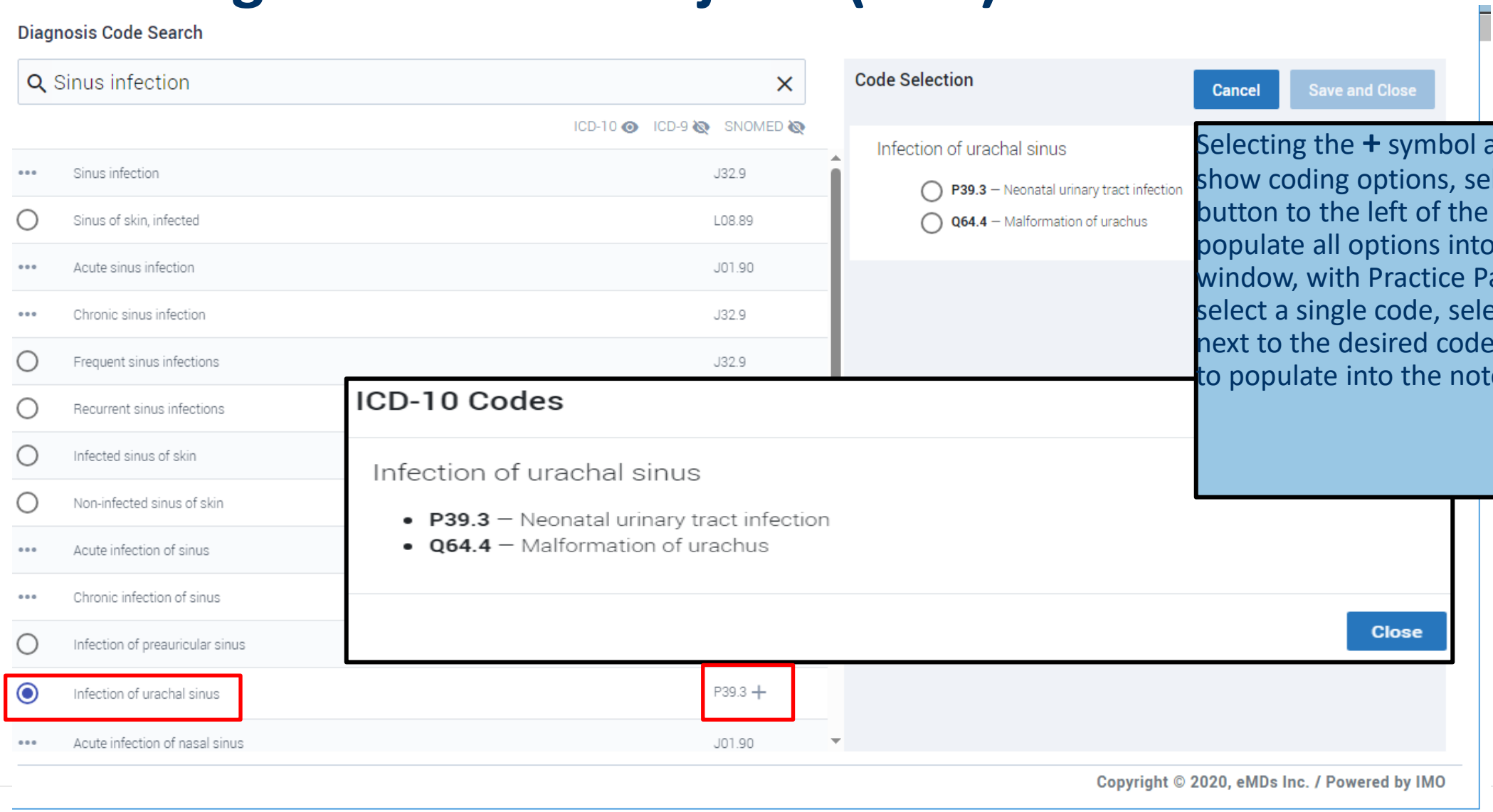
Selecting a section will then offer more specific codes per the information entered in the Modifers

Intelligent Medical Objects (IM0)

Symbols in IMO radio button means one code and will bring it over to be able to select

Radio button next to a Diagnosis selection will select that code, select Save and Close to push this code to the note. At this time, it will push as a .DX. This will be updated in a later patch to allow to push to .MP or .OP.

Intelligent Medical Objects (IM0)



Selecting the + symbol after the code will show coding options, selecting the radio button to the left of the selected code will populate all options into the Code selection window, with Practice Partner you can only select a single code, select the radio button next to the desired code then Save and Close to populate into the note.

CONTACT

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