

5.28 Release Features

This release is chock full of exciting new features, renovated workflows, and tiny changes with big impacts that stretch across the software. Whether you spend your time scheduling, chasing insurance payments, or researching fees, there is a new feature for you.

Early Access

Tracking fees, calculations, code details, and specific insurance plan requirements just got a whole lot easier. The *Code Snapshot* and *Fee Details* pop-up are being replaced with a single unified Fee Slider that includes all the same information and much more. *Carried over from 5.27.*

This new **Code Fee Slider** has three tabs describing everything there is to know about the *Code*, how the *Fee* is calculated, and the impact of the *Insurance Plan*.

The screenshot displays the 'Fee Details (D2752 - Crown - porcelain fused to noble metal)' window. It features three tabs: 'Code Details', 'Fee Details', and 'Plan Details'. The 'Fee Details' tab is active, showing a table with columns for 'Ins Plan', 'Fee Schedule', 'Pat Amt', 'Ins Amt', and 'Action'. The 'Plan Details' tab shows insurance plan information and a table of benefits.

Ins Plan	Fee Schedule	Pat Amt	Ins Amt	Action
MSFT - 50/50 No Ortho	Office UCR	\$226.40	\$905.60	Apply this Fee

Current Fee	Pat. Est	Ins. Est	Total Fee
Current Fee	461.20	670.80	\$1,132.00
Discount	\$0.00		
Sales Tax	\$0.00		
Net Fee	\$461.20	\$670.80	\$1,132.00

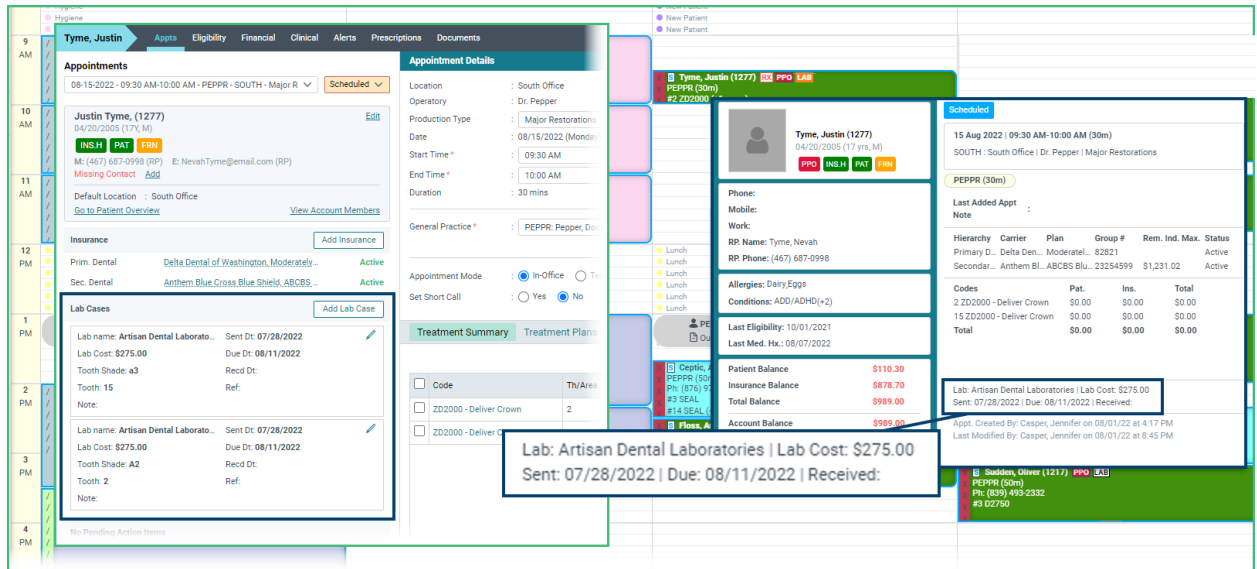
Video Reference: [Fee Slider](#)

Enable or disable the Code Fee Slider for yourself using the **Early Access toggle** on the Dashboard or System menu.

The screenshot shows the CARESTACK dashboard with the 'EARLY ACCESS' toggle switch set to 'OFF'. The toggle is located in the bottom right corner of the dashboard.

Front Desk

- Experience enhanced control when scheduling patients with labs using the new search and filter options on the global Lab Cases list and detailed information within the patient slider too.

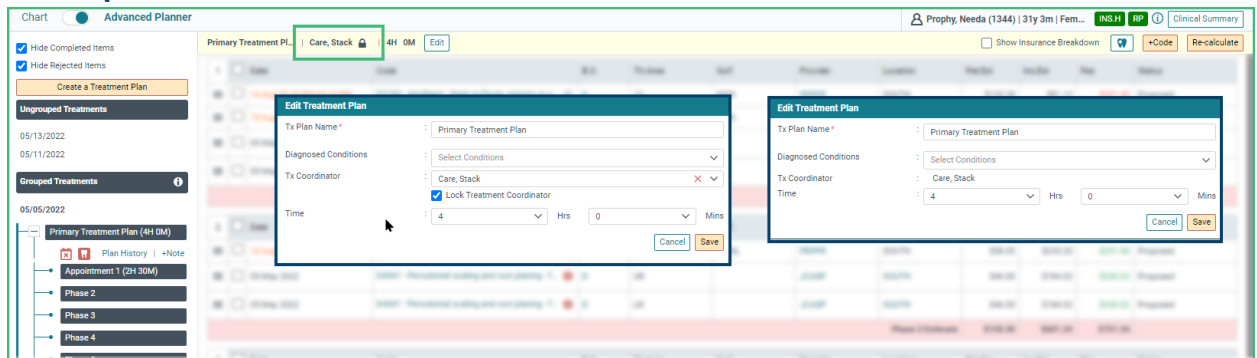


- Attach multiple cases to a single appointment.
- Filter and sort cases for key tasks -upcoming appointment dates, labs without appointments, date order, or overdue lab cases.
- **Video Reference:** [Labs](#)
- Work with your patients to reschedule appointments with more information at your fingertips in the **reschedule queue** slider. Codes with Tooth Numbers and Appointment Notes are now included.
- Find the elusive spot using your **Favorite filters** and offer individual or **consecutive** or **concurrent family** appointments all in the Find Slot slider.
 - **Video Reference:** [Find Slot for Family](#)
- Keep up with your responsibility and insurance tracking by tying the providers to the code directly in the +Code slider as you add treatments. It's easier than ever to change them as fast as your staff.
- In a glance see which of your patients are ortho patients with an **Ortho icon** in your appointment block and the Ortho label on the appointment hover. Add the icon to your block in different views in *Practice Settings > Scheduler > Scheduler Settings*.
- Quickly duplicate your **blocked** areas with the copy and paste option which now includes those critical and sometimes lengthy block notes.
- Save time and clicks now that you can **Assign Benefits to Patients** by insurance plan. Within the plan settings, you can exclude locations or providers. You can even assign benefits to an individual patient within the eligibility slider for complete and accurate fee calculations.
 - **Video Reference:** [Assign Benefits to Patients](#)

- Mark a **whole family inactive** in a flash. Please note, parameters like open claims and balances will still trigger alerts.
- Patients will receive less email from the office with the new 24 hour rule for **Welcome Emails**. For example, if a parent and 3 children are all new to the practice, now only 1 Welcome Email will go out, instead of the previous 4.
- A **location pop-up warning** will now help prevent your team from scheduling a provider at 2 different locations at the same time.
- Eligibility View now prints red instead of orange.
- Minor bug fixes in the Scheduler section.

Clinical

- Track case assignments and Preserve responsibility by locking the Treatment Coordinators for treatment plans. Unlocking requires the original coordinator or a Super Admin.



- Images in **Tigerview**, when rotated, will now show similarly **rotated** in CareStack.
- Quickly activate, deactivate, and add new clinicians to prescribe non-controlled substances in new **DoseSpot via the Practice Settings**. Now this process can be handled by your office to add new providers and even new users, instead of filling out a Support Ticket. This feature can be expected in the release cycle on **Friday, September 21st**.
- Minor bug fixes.



Revenue Cycle Management - Claims

- Break free from CareStack’s claim layering to update the primary payment even if the secondary claim has been sent. Use the same feature to create higher order claims at the same time the primary claim is created.

The screenshot displays the CareStack interface for a patient named 'Sunshine Smiles'. The 'Treatment Summary' table lists several codes: D2950 - Cre, D2721 - Cre, D2950 - Co, and D2752 - Cre. A context menu is open over the table, with the 'Create all Claims' option highlighted. A confirmation dialog box is also visible, indicating that claim(s) were created successfully. Numbered callouts (1-4) highlight key elements: 1 points to the patient info, 2 to the context menu, 3 to the 'Create all Claims' option, and 4 to the confirmation dialog.

- This feature will be released to everyone at the end of the release cycle on **Friday, September 21st.**
- **Reference Video:** [Primary Claim Payment Changes](#)
- **Reference Video:** [Multi Claim Creation](#)
- Find more detailed information, statuses and other valuable information in the upgraded **Pre-Authorization Grid.**
- **Claims View** has been adjusted for patients with DD insurance. The appointment will now show green if a single claim has been created.
- Filter for all iterations of a carrier or patient with expanded search options in the **Claims Grid headers.**

Revenue Cycle Management - Not Claims

- Conveniently transmit Electronic Statements to eligible patients, those that have enabled the Patient Portal and email notifications.

The screenshot displays the 'Batch Statements' interface. At the top, it shows 'Statement Batch #4478' and 'Generated' status. Below this, summary statistics are provided: Statement Date (08/08/2022), Due Date (08/17/2022), Generated By (Casper, Jennifer), No. of Statements (76), Total no. of Patients (100), Total Outst. Amt (\$48,118.92), No. of Sent Statements (Mail) (0), Outst of Sent. Stmtts (Mail) (\$0.00), and Regions (BILLING, CENT, DNTN, EAST, HOS, N.).

The main table lists patient details with columns: Select, Responsible Party, Patient Name, Location, Patient Portal (1 Selected), 0-30, 30-60, 60-90, 90+, Total Balance, Ins. Balance, Notes, Status, and Action. A 'Send Statements' modal window is open, showing the following services available:

- Send via Print & Mail Service: 76 Statement(s) will be sent to the print and mailing service if you proceed with this action. Pricing initiation: \$0.60 per postage (Presort First Class, 2 ounce or less, letter size#10), \$0.15 per paper. Please reach out to invoic@carestack.com if you have any questions.
- Send Email notification for patients who enabled Email Notification: 20 Patient(s) will get Email notification if you proceed with this action.
- Send to Patient Portal: 20 Statement(s) will be uploaded to patient portal and the patients will receive an Email notification. Click here to [Review Email Template](#).

Numbered callouts in the image indicate: 1. Select checkbox, 2. Send button, 3. Send to Patient Portal option, 4. Send Statement(s) to Patient Portal button.

- **Video Reference:** [EStatements](#)
- BluePay Portal is now called the **Patient Transaction List**. Searching can be done by Receipt #, Date, Paying Entity Name, Amount or even Unapplied to target specific payments.
- Collect on past or high balances by offering your patients **payment plans** created directly in your Add Payment slider. Create stand alone plans or plans tied directly to treatments using the wizard. Track and manage ongoing periodic payments in the newly designed Payment Plan tab on the slider. You will have easy access to:
 - All current and previous payment plans for the patient and apply unapplied funds directly from the slider tab.
 - The three step wizard to build a payment plan. You can even go so far as to offer terms over 99 months or try the new alternate weekly payment.
 - An identifying "P" for any codes associated with a payment plan will now display a P for notification.
 - Fixes for some bugs that showed some completed plans showing as active.
 - **Video Reference:** [Create a Payment Plan](#)
- Understand your collections compared to production with more accurate KPIs as CareStack will now set all new adjustments in the **Transfer Adjustment** categories as Production. This may impact some historical figures. See [this article](#) for more information.
- Minor updates to ortho workflow.

Reporting and Analytics

- Unleash the power of the **End Of Day Report**. Do away with checking the Daily Journal, Payment Log and Procedures reports. Capture your office's daily performance numbers here.
 - Start with your opening and closing AR numbers, followed by your Net Production and Collections for the day.
 - Next you will find your Collection Rates and Patient Count for the day.
 - Follow that with your Provider summary showing Daily, Month to Date and Year to Date numbers. At the bottom, the office's totals are available.
 - Payments (both Insurance and Patient) are next. These show by Payment Type and Payment Categories. After that, the office can find a list of all receipts created that day.
 - Lastly, you can see a list of all codes checked out for the day. Finishing the report is a list of all code updates and deletions.
- **Income Allocation**- Now you are able to group by Payment Type and you can see the Payment date.
- **Payment Log Summary**- To help avoid confusion we have included a Breakdown to show how gross collection is calculated. This is also used by the KPIs. Offices can see what is included in the report & what is not.
- **Collection View**- Now will show updates and deletions separately and show refunds.
- **Daily Journal**- Columns such as Gross Production, Transaction Date and Gross Collections show breakdowns like the Payment Log.
- **Aging Reports**- Now see the patient unapplied credit for patients with outstanding balances.
- Legacy Payment Log & Intel Reports have been decommissioned.
- Collection Summary can now show collections by category.

Setup and Administration

- Match Providers and Procedure codes more accurately by designating certain codes with Provider Types. If you've got the wrong provider type, you'll get a warning to change it, saving many claims hours.

Change Provider

One or more of the codes have a provider type mismatch.

Code	Preferred Provider Type	Treating Provider	Treating Dentist
D1110 - Prophylaxis - adult	Hygienist	PEPPR: Pepper, Doct	PEPPR: Pepper, Doct

Note : The changes made could affect the current fee estimates.

Cancel Save

Change Provider

One or more of the codes have a provider type mismatch.

Code	Preferred Provider Type	Treating Provider	Treating Dentist
D1120 - Prophylaxis - child *	Hygienist	PEPPR: Pepper, Doct	PEPPR: Pepper, Doct

Note : The changes made could affect the current fee estimates.
 * Please assign a different provider of the correct type to proceed with adding the code(s).

Cancel Save

- Suggest enhancements and offer feedback anytime. Select **Give Feedback** now from the System Menu.



Beta

- Now your office will be notified which **Spanish Medical Alerts** do not have translated answers with an indicator. Also translation can be toggled from the Practice Settings.
- Welcome to our **Referral Portal Refresh**:
 - To start, a speedier workflow is going to allow your offices to attach documents and larger volumes of clinical images to Referrals.
 - Track and follow up on your existing referrals easier with the **Referral Tracker**. In addition, you can activate and deactivate providers in the portal.
 - Referring office and receiving office can now **communicate directly** via Chat inside the referral. Additionally, referral statuses will be passed between offices when using the Referral Portal.
 - Providers receiving referrals will be sent an email **each time** a referral is generated. Also, offices can resend signup links to offices that need another.
- Utilize a new advanced design for your **statements** with easier to read sections. *Carried over from 5.27*
- Create customized **membership plans** that you manage locally to provide patients with a different way of receiving and paying for dental care without insurance. Requires CareStack Pay so your patients can pay the membership fee via a tokenized card. *Carried over from 5.27*
- Huddle Tab will no longer show **Non-Working Days**. You can still see those days via the show consecutive days checkbox. Reminder, Non-working days can be set up in your office's Practice Settings.