



Electronic Health Information Export User Guide for CGM eMDs

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Chapter 1 - Electronic Health Information Export User Guide for CGM eMDs

This document describes the how to extract and read the patient information included in the exported Electronic Health Information (EHI) zip file generated using CGM eMDs.

Guide to your Electronic Health Information (EHI)

You have been provided an Electronic Health Information (EHI) export containing the files, records, and images kept by your provider. The data is compressed in a .zip file named <Patient(lastname, firstname[Account Number]) Date and time file was created.zip that must be extracted to view the contents.

For example, the name of the .zip file created on November 28, 2023 at 3:31pm for Dupree Deptford with the Account Number of DEPDUP0001, would be Patient(Deptford, Dupree[DEPDUP0001]) 2023-11-28 15-31-14.zip

Extract the .zip file data

Most current computer and phone operating systems (OS) can natively process compressed (.zip) files. If your OS does not have the extraction functionality, you can download an application such as WinZip to perform the operation.

Windows

1. On your PC, go to the location containing the .zip file.
2. Right-click on the .zip file and then click **Extract All**.
3. In the **Enter password** window, enter the password you were provided.
4. On the **Select a Destination and Extract Files** window, browse to the location where the files will be extracted, and then click **Extract**.

Macintosh

1. On your Mac, go to the location containing the .zip file.
2. Double-click the .zip file.
3. Enter the password you were provided. The files are extracted in the same folder as the .zip file.

Folders, files, and images

The EHI data included in the .zip file depends on the data maintained and exported by your provider or practice. A list of the possible data included in the .zip file is shown in the tables below. The folder where

you extracted the .zip file data is the default folder. Within the default folder are files containing records or additional folders containing images.

The images in the folders use the following naming convention that correlate to a specific visit (encounter).

<date added to encounter><ID><description>.<extension>

Each file includes a row with heading descriptions and a row for each record.

Here is a list of what files may be in the zip:

- ~README.txt
- [Chart Cover Report.xlsx](#)
- [Entire Patient Chart Report.xlsx](#)
- [Health Summary Report.xlsx](#)
- [Referral Authorization Report.xlsx](#)
- [Trial Balance Report.rtf](#)

Below is a list of what data might be included in the export.

| Possible data included in the .zip file | | | |
|---|---|--|------------------------------------|
| Document category | Description | Location | File type |
| Authorizations | Patient authorizations | Referral and Authorization Report.xlsx | .xlsx |
| C-CCD | CDA file | DocMan Files | .xml, .zip |
| Care Plan | CDA file | DocMan Files | .xml, .zip |
| Claim Payments | Insurance and Patient payments. | Trial Balance Report.rtf | .rtf |
| Claim Charges | ICD and CPT codes billed to patient or insurance. | Trial Balance Report.rtf | .rtf |
| Consents | Patient consent (authorization) forms | DocMan Files | .tif, .pdf |
| Images | Images not associated with orders | DocMan Files | .jpg, .pdf, .png, .bmp, .tif |
| Insurance | Current/previous medical insurance | Chart Cover Report.xlsx | .xlsx |
| Lab Images | Images attached to lab orders | DocMan Files | .hl7, .tif |
| Letters | Patient letters | DocMan Files | .tif, .pdf, .tx, .doc, .docx |
| Past Medical History | Past medical history provided by patient. | Health Summary Report.xlsx | .xlsx |
| Patient Allergies | List of allergies | Health Summary Report.xlsx | .xlsx |
| Patient Demographics | Patient demographic information | Chart Cover Report.xlsx | .xlsx |
| Patient Visit Notes | Clinical visit notes. | Entire Patient Chart Report.xlsx | .xlsx |
| Patient Documents | Miscellaneous patient documents | DocMan Files | .jpg, .pdf, .png, .bmp, .tif, .xml |
| Patient Education | Education documents provided to the patient. | Entire Patient Chart Report.xlsx | .xlsx |

| | | | |
|-----------------------|---|--|------------------------------|
| Patient Immunizations | List of immunizations | Entire Patient Chart Report.xlsx | .xlsx |
| Patient Medications | List of current and past medications | Health Summary Report.xlsx | .xlsx |
| Patient Messages | List of patient messages | Entire Patient Chart Report.xlsx | .xlsx |
| Patient Problems | List of active and inactive problems | Health Summary Report.xlsx | .xlsx |
| Pregnancy History | History of all patient pregnancies | DocMan Files | .rtf, .pdf |
| Procedure Images | Images saved in the patient chart. | DocMan Files | .jpg, .pdf, .png, .bmp, .tif |
| Orders | Orders placed during a clinical visit. | Health Summary Report.xlsx | .xlsx |
| Radiology Images | Images saved in the patient chart. | DocMan Files | .jpg, .pdf, .png, .bmp, .tif |
| Referrals | Patient inbound and outbound referrals | Referral and Authorization Report.xlsx | .xlsx |
| SDOH | Responses to social determinates of health (SDOH) questions | Entire Patient Chart Report.xlsx | .xlsx |
| Social History | Social history provided by the patient. | Health Summary Report.xlsx | .xlsx |

Text Standard Formats

HL7: Data in HL7 format follow the standard detailed at: <https://www.hl7.org/implement/standards/>

CCDA: Data in CCDA format follow the standard detailed at: <https://www.healthit.gov/>

File Details

Below are the details for the files that might be part of your zip file.

Chart Cover Report.xlsx

| | | |
|-------------------------------|--|------------------|
| Description | This report contains patient and guarantor demographic, insurance companies, insurance cards, and current medications. | |
| File Name | Chart Cover Report.xlsx | |
| File Type | Microsoft Excel Spreadsheet (.xlsx) | |
| Data Provided | Title | Data Type |
| Practice Data | Practice Name | String |
| | Practice Address | String |
| Audit Information | Print Date | Date |
| | Print Time | Time |
| | Print User | String |
| Patient Information | Patient Name | String |
| | Patient Address | String |
| | Patient Account Number | String |
| | Home Phone | String |
| | Cell Phone | String |
| | Home Fax | String |
| | Pager | String |
| | Patient DOB | Date |
| | Patient SSN | String |
| | Patient Gender | String |
| | Patient DL # | String |
| | Patient Marital Status | String |
| | First Visit Date | Date |
| | Provider Name | String |
| | Referral | String |
| Financial Group | String | |
| Employment Information | Employer Name | String |
| | Employer Address | String |
| | Patient Position | String |
| | Email | String |
| | Office Phone | String |
| | Office Fax | String |

| | | |
|-----------------------|--------------------------|-------------|
| Guarantor Information | Guarantor Name | String |
| | Guarantor Address | String |
| | Guarantor Account Number | String |
| | Guarantor Home Phone | String |
| | Guarantor Home Fax | String |
| | Guarantor eMail | String |
| | Guarantor Gender | String |
| | Guarantor DOB | Date |
| | Guarantor DL# | String |
| Guarantor SSN | String | |
| Insurance Information | Insurance Company | String |
| | Insurance Address | |
| | Policy Holder | String |
| | Zip | String |
| | Group Number | String |
| | Copayment | Number |
| | Deductible | Number |
| | % Ins | Number |
| | Insurance Card Front | Image |
| | Insurance Card Back | Image |
| Health Summary | Current Problem List | String List |
| | Current Medication List | String List |
| | Past Medical History | String List |
| | Social History | String List |
| | Surgical History | String List |
| | Notes | String |

Entire Patient Chart Report.xlsx

This includes all clinical visit notes, patient medical art, allergies, current medications, problem list, patient messages, past medical history, social history, family medical history, smoking and substance history, and mental health history.

Health Summary Report.xlsx

| | | |
|---|--|------------------|
| Description | A listing of current problems, allergies, scheduled orders, and past orders. | |
| File Name | Health summary Report.xlsx | |
| File Type | Microsoft Excel Spreadsheet (.xlsx) | |
| Data Provided | Title | Data Type |
| Practice Information | Practice Name | String |
| | Practice Address | String |
| | Practice Phone | String |
| | Practice Fax | String |
| Patient Information | Patient Name | String |
| | Patient DOB | Date |
| | Report Date | Date |
| Current Problems (One per line) | Problems | String |
| Current Medications (One per line) | Medication Name | String |
| | Medication Dosage | String |
| | Medication Form | String |
| | Medication Instructions | String |
| Allergies / Adverse Reactions (One per line) | Allergy / Reaction | String |
| Past Medical History | Medical History List | String List |
| | Surgical History List | String List |
| | Family History List | String List |
| | Social History List | String List |
| | Tobacco Status | String |
| | Alcohol Status | String |
| | Supplements Status | String |
| | Substance Abuse History | String |
| | Mental Health History | String List |
| | Communicable Diseases List | String List |

| | | |
|--|-------------|--------|
| Upcoming Test / Health Maintenance Items (One per line) | Date Last | Date |
| | Due Date | Date |
| | Status | String |
| | Description | String |
| Tests and Procedures (One per line) | | |

Referral Authorization Report.xlsx

| | | |
|----------------------------------|---|------------------|
| Description | This report identifies any inbound or outbound referrals and authorizations documented by the clinic. | |
| File Name | Referral Authorization Report.xlsx | |
| File Type | Microsoft Excel Spreadsheet (.xlsx) | |
| Data Provided | Title | Data Type |
| Practice Information | Practice Name | String |
| | Practice Address | String |
| Audit Information | Print Date | Date |
| | Print Time | Time |
| | Print User | String |
| Report Filter Information | Authorization Start Date | Date |
| | Facility | String |
| | Specialist | String |
| | # of Days until Expiration | Number |
| Report Data | Insurance | String |
| | Patient | String |
| | PCP/Referral/Organization | String |
| | Authorization # | String |
| | Type (T) | String |
| | Status (S) | String |
| | Date Range | String |
| | Insurance Phone | String |
| | Visit # | Number |
| | Rem# | Number |

Trial Balance Report.rtf

| | | |
|-----------------------------|---|------------------|
| Description | This report contains all diagnosis codes, charge codes, insurance payments, and patient payments made to their account. Payments and charges are reflective of the dates of services. | |
| File Name | Trial Balance Report.txt | |
| File Type | Text File (.txt) | |
| Data Provided | Title | Data Type |
| Practice Information | Facility Name | String |
| Patient Information | Patient Name | String |
| | Account Number | String |
| | Report Date | Date |

| | | |
|--|------------------------|--------|
| Invoice Header Data (Repeats for each invoice) | Invoice Number | String |
| | Invoice Date | Date |
| | Provider | String |
| | Superbill | String |
| | ICD Code | String |
| | CPT Code | String |
| | Fin. Group | String |
| | Invoice Total | String |
| ICD Code List (One per line) (Repeats for each invoice) | ICD Code | String |
| | Description | String |
| CPT Code List (One per line) (Repeats for each invoice) | CPT Code | String |
| | Description | String |
| | Start Date | Date |
| | End Date | Date |
| | Unit | Number |
| | Unit Fee | String |
| | Fee Amount | String |
| | | |
| Insurance Data (Repeats for each invoice) | Insurance Company Name | String |
| | Group Number | String |
| | Policy Number | String |
| | Copay | String |
| | % Insurance | Number |
| | % Patient | Number |
| | File Status | String |
| | Last File | Date |
| Payment Data (One per line) (Repeats for each invoice) | Payment Date | Date |
| | Patient / Insurance | String |
| | Type | String |
| | Check / Credit Card | String |
| | CPT Code | String |
| | Payment Amount | String |
| | Adjustment Amount | String |
| | Total Amount | String |
| Payment Total Data (Repeats for each invoice) | Patient Payment Total | String |

| | | |
|------------------------|----------------------------|--------|
| | Patient Adjustment Total | String |
| | Patient Complete Total | String |
| | Insurance Payment Total | String |
| | Insurance Adjustment Total | String |
| | Insurance Complete Total | String |
| | Total Payment | String |
| | Total Adjustment | String |
| | Total Complete | String |
| Invoice Balance | Patient Balance | String |
| | Insurance Balance | String |
| | Total Balance | String |