

Prior to Loading this Update, Please Read the Following Important Information, Regarding...

- **User Defined Report Configurations** – Please be aware that it is possible that some of your user-defined Report Configurations may be removed from the system or will not work when loading this update. This is due to the fact that some reports have been eliminated from the system, while other reports have been combined together. Because these reports will no longer exist, when they are removed from the database any user-defined configurations that were attached to them will also be removed. See the Reports section of this document for specific details for individual reports.

To assist you in recreating these user-defined configurations (if desired), a report listing all of the user-defined report configurations in the system will be automatically produced prior to the database upgrade process for this release. This report will be saved to the hard-drive and can be accessed at your convenience. Once this report has been printed, you can print another report listing the remaining user-defined report configurations in the updated database. By comparing these two reports, it will be possible to determine which, if any, user-defined report configurations were removed during the database upgrade. These reports will then have to be manually reconfigured.

- **800 x 600 Screen Resolution** – Please be aware that with this release of ChartMaker[®] Practice Manager the screen resolution of 800 x 600 will no longer be supported. The program has been updated to require a display setting of at least 1024 x 768. Users that have a screen resolution of 800 x 600 may experience a limited view of the Practice Manager screen requiring you to scroll to view certain screen items and buttons; and, in some cases, certain objects and function buttons may not be displayed. For information on changing your display settings to 1024 x 768, if needed, please consult the Practice Manager Help System (Contents > About Practice Manager > Change Screen Resolution Setting).
- **Patient Billing – Working Batches** – Please be aware that working batches for Patient Billing will not be converted. Therefore, prior to loading this update it is recommended that you finalize or delete any working batches. After the update has been completed any working batches will still appear in the Reprint Patient Statement tab, however, if you try to access these batches a message will appear stating that the batch cannot be finalized and should be deleted and patient billing will need to be run again to collect these patient billing claims.

After Loading this Update, Please Read the Following Important Information, Regarding...

- **Backup Monitor** — With this release a Backup Monitor has been implemented to monitor your Database Snapshot. When configured, the Backup Monitor will automatically produce a warning message on every workstation that opens Practice Manager, if your Database Snapshot is more than 3 days old, allowing you to quickly remedy the backup configuration. When first logging into Practice Manager an initial message will appear explaining this new feature. See Figure 1. Have your office manager contact Practice Manager Support for further assistance. NOTE: If loading this update from Practice Manager version 2.9.2 or later, then you should have already configured the backup monitor; if you have not please contact Practice Manager Support.

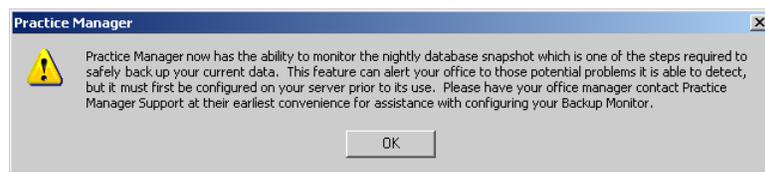


Figure 1 – Initial Database Snapshot Message

- **National Drug Codes** — With this release the manner in which NDC information is entered has changed drastically. These changes have caused the Charge and Procedure screens to be redesigned to accommodate this information. Please see pages 5 and 6 of this document for detailed information. If you have any specific questions, consult the online help, or contact Practice Manager Support.
- **Practice Manager Upgrade Installation Instructions** – Refer to the Practice Manager Update Installation Instructions for additional information on removing and re-adding System Report Configurations, and running the Billing Component Manager.

After Loading this Update, Please Read the Following Important Information, Regarding...

- **Initial Login to Practice Manager** – After the update has completed, if you are updating from version 2.10.2 or a lower version, upon logging into the new 3.6 version of Practice Manager, all users will be prompted to change their password. Once the password is successfully changed you will then be logged into Practice Manager. The following section will walk you through this process. Note: if you are updating from a version higher than 2.10.2, you will not have to perform the following procedure.

The first thing you will notice is that the program has been updated with a new dialog when logging into Practice Manager. See Figure 2. As before, you select the applicable database, enter your **User ID** and **Password** in the corresponding fields and then click the **Logon** button.

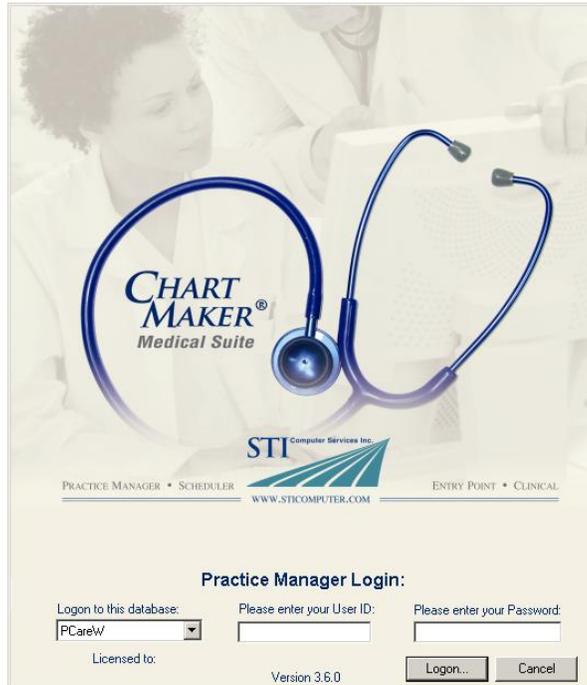


Figure 2 – Practice Manager Login

After you click the Logon button the system will tell you that your password has expired and you will be prompted to change your password. See Figure 3. Click the **Yes** button.

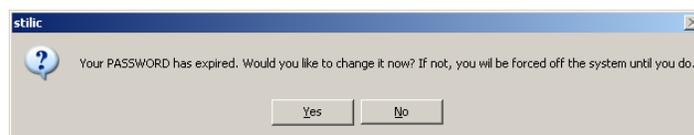


Figure 3 – Password Expiration Warning

In the Change Password dialog, enter your **Current Password**, your **New Password**, and **Confirm New Password** in the corresponding fields. See Figure 4. When finished click the **Save** button. Your new password will become activated and you will be logged into Practice Manager.



Figure 4 – Change Password

General

- **Administration → Practice Tables → Practice** – The Practice dialog has been updated with a new warning whenever a nine-digit zip code is not entered for a practice. See Figure 5. This allows you to save the current information if only a six-digit zip code is entered; however, any claims associated with this practice will not be processed until the nine-digit zip code is entered.
- **Administration → Practice Tables → Provider** – The Provider dialog has been updated with a new warning whenever a nine-digit zip code is not entered for a provider. See Figure 5. This allows you to save the current information if only a six-digit zip code is entered; however, any claims associated with this provider will not be processed until the nine-digit zip code is entered.
- **Administration → Transaction Tables → Facility** – The Facility dialog has been updated with a new warning whenever a nine-digit zip code is not entered for a facility. See Figure 5. This allows you to save the current information if only a six-digit zip code is entered; however, any claims associated with this facility will not be processed until the nine-digit zip code is entered.

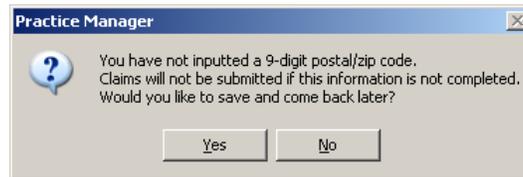


Figure 5 – Nine-Digit Zip Code Warning

- **Administration → Practice Tables → Practice** – The Practice dialog has been updated with a Pay Address button that allows you to enter an alternative address for which payments should be sent. See Figure 6. When an address is entered in a NM1*87 segment will be created containing this information. See Figure 7. Note that when entering the postal code for the payment address, a warning will appear if a nine-digit zip code is not entered. See Figure 5. You have the ability to save the address information if only a six-digit zip code is entered; however, any claims associated with this practice will not be processed until the nine-digit zip code is entered.

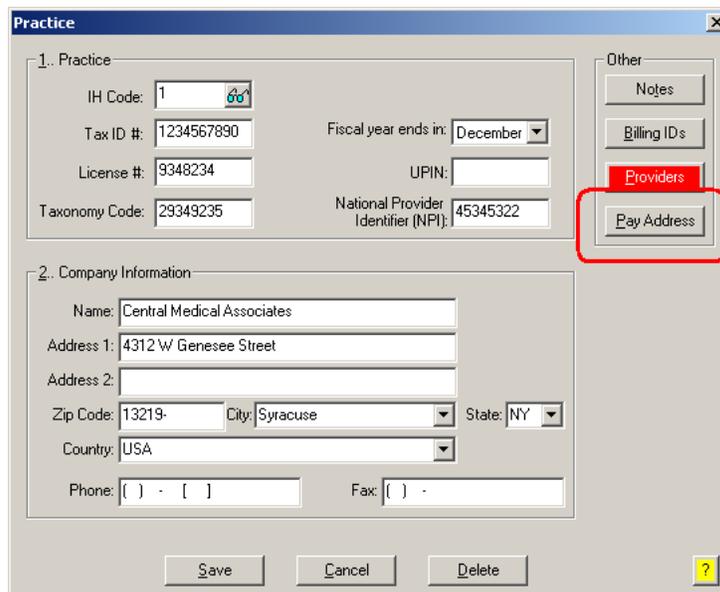
A screenshot of the "Practice" dialog box. It is divided into two sections. The first section, "1. Practice", contains fields for IH Code (1), Tax ID # (1234567890), License # (9348234), Taxonomy Code (29349235), Fiscal year ends in (December), UPIIN, and National Provider Identifier (NPI) (45345322). The second section, "2. Company Information", contains fields for Name (Central Medical Associates), Address 1 (4312 W Genesee Street), Address 2, Zip Code (13219), City (Syracuse), State (NY), Country (USA), Phone, and Fax. On the right side, there is an "Other" section with buttons for Notes, Billing IDs, Providers, and Pay Address. The "Pay Address" button is highlighted with a red rectangle.

Figure 6 – Practice

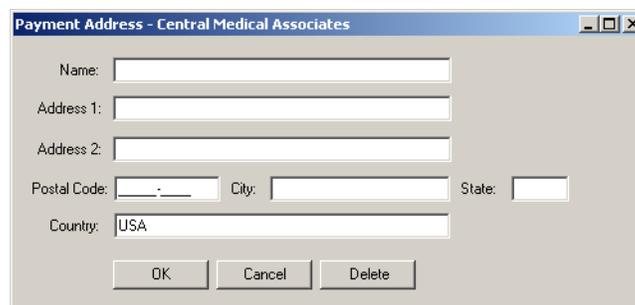
A screenshot of a dialog box titled "Payment Address - Central Medical Associates". It contains fields for Name, Address 1, Address 2, Postal Code, City, State, and Country (USA). At the bottom, there are three buttons: "OK", "Cancel", and "Delete".

Figure 7 – Payment Address – Practice

General (continued)

- **Administration → Practice Tables → Provider** – The Provider dialog has been updated with a Pay Address button that allows you to enter an alternative address for which payments should be sent. See Figure 8. When an address is entered in a NM1*87 segment will be created containing this information. See Figure 9. Note that when entering the postal code for the payment address, a warning will appear if a nine-digit zip code is not entered. See Figure 5. You have the ability to the address information if only a six-digit zip code is entered; however, any claims associated with this provider will not be processed until the nine-digit zip code is entered.

The screenshot shows the 'Provider' dialog box with the following details:

- 1.. Provider:**
 - IH Code: JD
 - Degree: MD
 - Tax ID #: [Empty]
 - License #: 3423452
 - UPIN: 2342342
 - Primary Specialization: GP
 - Second Specialization: [Empty]
 - Default Billing Provider: [Empty]
 - Taxonomy Code: [Empty]
 - National Provider Identifier (NPI): 23423523623
 - Checkboxes: Schedule overbooking requires approval, Cannot Bill For Services, Warn if appointment is made with provider other than primary
- 2.. Name and Address:**
 - Name: First: John, M, Last: Doe, Suffix: [Empty], Qualifier: [Empty]
 - Address 1: 273 Main Street
 - Address 2: [Empty]
 - Zip Code: 13219, City: Syracuse, State: NY
 - Country: [Empty]
 - Phone: (315) 488-1518, Fax: [Empty]
- 3.. Additional Information:**
 - Sex: [Empty], DOB: / /, SSN: - -
- Other:**
 - Buttons: Notes, Billing IDs, Pay Address (highlighted with a red rectangle)
- Bottom:** Save, Cancel, Delete buttons and a help icon.

Figure 8 – Provider

- **Administration → Transaction Tables → Modifier** – The following modifiers have been automatically added to the Modifier table for use in fulfilling applicable ARRA requirements: **1P** for medical reasons (eg, the patient was already assessed, measure is contraindicated), **2P** for patient reasons (eg, patient declined, social or religious reasons), **3P** for system reasons (eg, resources to perform not available, insurance coverage/payer-related limitation), **8P** for reason not specified.
- **Database Performance** – The system has been updated to provide enhanced performance for large databases.

General (continued)

- **Administration → Transaction Tables → Procedure** – The Procedure dialog has been redesigned to allow easier and more efficient procedure information to be entered and modified. See Figure 9. There is now a Procedure proper section along with a Properties section, an Insurance section, and a National Drug Codes section. The Properties section allows you to select whether this procedure is a Quality Measure, Not Otherwise Classified, or if a National Drug Code is required for this procedure. Likewise, you have the ability to add and modify any applicable National Drug Codes for the procedure, which can then be selected when entering charges using this procedure.
- **Administration → Transaction Tables → Procedure** – The Procedure dialog has been updated to include a National Drug Code Required checkbox. See Figure 9. When this option is selected any charges entered for with this procedure will not be able to be saved unless a National Drug Code is entered or selected in the Charge screen.

The screenshot shows the 'Procedure' dialog box with the following details:

- Procedure Section:**
 - IH Code: 67950
 - Description: Canthoplasty
 - CPT 4 Code: 67950
 - Category: [Dropdown]
 - MOD 1: [Field]
 - RVU: 0
 - Amount: 0.00
 - Unit Value: 0
 - MOD 2: [Field]
 - ABU: 0
 - TDS: 2
 - Follow Up Days: 0
 - Recall: [Field]
 - PDS: 0
 - Units: 0
- Properties Section:**
 - Quality Measure
 - Not Otherwise Classified
 - National Drug Code Required
- Insurance Section:**
 - Hard Copy
 - Rev/Rate: [Field]
 - No Copy
 - Billing Instruction: [Dropdown]
- National Drug Codes Section:**

Primary	NDC	Description
<input checked="" type="checkbox"/>	00074372713	SYNTHROID 137 MCG TABLET

NDC: [Field] Description: [Field] [Add] [Delete]

Click in the cell to edit the value.

Figure 9 – Procedure

- **Administration → Transaction Tables → Procedure** – The Procedure dialog has been updated to include a Not Otherwise Classified checkbox. See Figure 9. When this option is selected any ANSI 5010 billing files generated will contain the procedure description for any charges where this procedure is entered. Likewise, when charges are added using these procedures, a pop-up message will appear when saving the applicable charges indicating that the procedure is marked as Not Otherwise Classified, and then asking if you want to update the procedure description. See Figure 10.

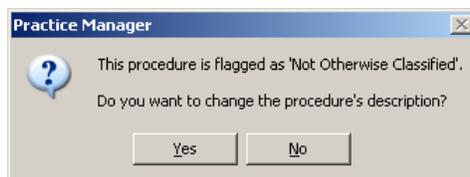


Figure 10 – Not Otherwise Classified Message

Charge

- Enter a Charge** – The Enter a Charge screen has been redesigned to allow you to enter and select National Drug Case information for applicable procedures. See Figure 11. The NDC drop-down field will contain any National Drug Codes that were entered for the procedure, you can either select the applicable code or you can enter a different code as needed. Likewise, you can enter the applicable Quantity, Measurement, Unit Price, and Prescription # as needed. When NDC information is entered, the applicable segments for the charges will be entered in the billing file.

In addition, you now have the ability to edit the procedure description if needed. The procedure description will default from the Procedure table, unless a National Drug Code is selected, which will then default the NDC description. Do note that if the NOC (Not Otherwise Classified) option was selected for this procedure, then whatever in the procedure description field will be sent in ANSI 5010 billing files.

Figure 11 – Charge – Enter a Charge

- Anesthesia Charge** – The Anesthesia Charge screen has been redesigned in a similar manner as the Enter a Charge screen, thereby allowing you to enter and select National Drug Case information for applicable procedures. See Figure 12. The functionality works as described above. You can also edit the procedure description as outlined above.

Figure 12 – Charge – Anesthesia Charge

Inquire

- **Charges Tab** – The Charges tab of the Inquire screen has been updated with a NDC radio button. When the NDC radio button is selected, procedures that have National Drug Code information entered in the charges will be displayed. See Figure 13.

The screenshot shows the '3. Charges' tab in a software application. It features a table with the following data:

End Date	Case Type	Procedure	Charge	NDC	Description Override	Quantity	Measurement	Unit Price	Prescription #	Ins 1	A	Ins 2	A	I	Notes
09/03/2010	NRM	67950	55.00	00074372713	SYNTHROID 137 MCG TABLET		UN	55.00							

Below the table, there are input fields for 'From Service Date: 06/03/2002' and 'To Service Date: 09/03/2010', along with buttons for 'Find Now', 'Show Descriptions', 'What's Changed', and 'Billing History'. On the right side, a 'Views' sidebar contains radio buttons for 'Balance', 'Service', 'Diagnosis', 'Provider', 'Billing', 'Other', 'System', 'Measure', and 'NDC', with 'NDC' currently selected.

Figure 13 – Inquire – Charge

Insurance Billing

- **Bad Claims Report** – The Bad Claims Report has been updated so that a bad claim message will be produced whenever a billing provider address contains a P.O. Box and claims associated with the address will not be included in the current billing batch.
- **Insurance Billing Batches** – The program has been updated so that when the ANSI 5010 format is used the billing file will contain a PXC qualifier for the taxonomy code. When the ANSI 4010 format is used the taxonomy qualifier will be ZZ.
- **Insurance Billing Batches** – The program has been updated so that whenever a Payment Address is entered for a practice or provider, a NM1*87 segment will be created for ANSI 5010 billing files with the applicable alternative payment address information.

Patient

- **Patient → Case Information** – The Case ID field for a patient's case has been updated so that the Case ID number cannot be edited.

Reports

Daily Reports

- **Payment Edit → Short** – This report has been updated with the ability to sort and select by Check Number.