

## ChartMaker<sup>®</sup> Practice Manager

### General

- **ChartMaker<sup>®</sup> PatientPortal** – The PatientPortal Practice Admin console has been updated allowing you to suspend patient accounts. A Suspend button has been added to the patient list for practice administrators. Likewise, practice administrators now have the ability to view a list of suspended patients which has a reactivate link for those patients. The patient will receive an email when the patient is suspended or reactivated.

When a patient's account is suspended, the patient and any patient representative accounts will not be able to log in to PatientPortal. All data transfer for that patient will be stopped, and the PatientPortal button in ChartMaker Medical Suite (Clinical and Practice Manager) will appear red.

- **System Update – ChartMaker Medical Suite Update** – The ChartMaker Medical Suite Update Status dialog has been updated to display the file size of the update, the current amount that has been downloaded, as well as the amount of time remaining for the download. See Figure 1.

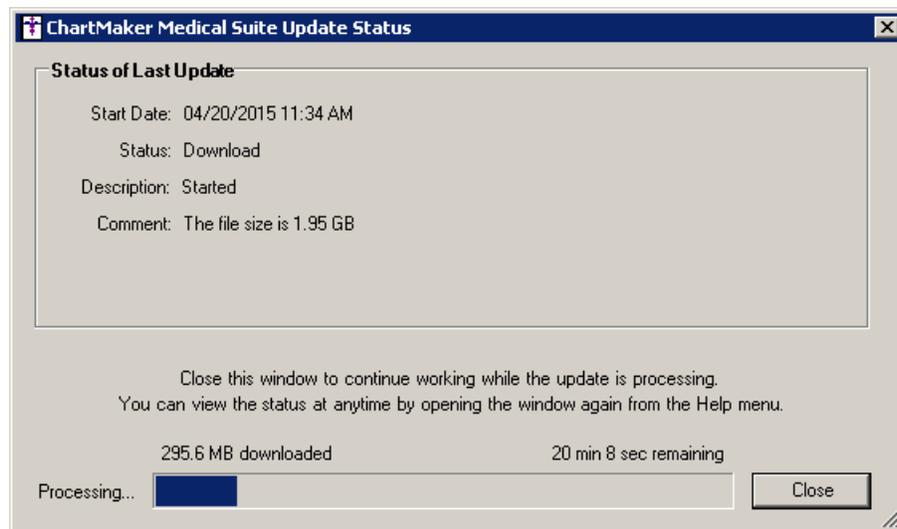


Figure 1 – ChartMaker Medical Suite Update Status

- **System Update – Install Runner** – The Install Runner has been updated so that whenever the Install Runner is executing an update to the ChartMaker Medical Suite, any user that attempts to login while the update is still running will be denied access and a warning message will appear alerting the user that the update is running and they will need to wait until it is finished before logging in. See Figure 2.

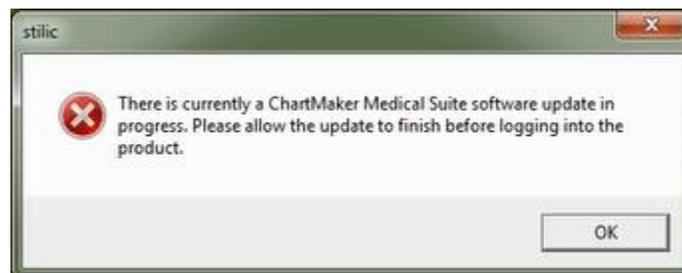


Figure 2 – stlic – Login Warning

## Administration

- **Administration – Miscellaneous – Network Server – Database Backup** – The system has been updated with a new Backup Configuration dialog that allows you to configure multiple databases for backup snapshot monitoring. See Figure 3. You have the ability to Add and Delete databases as needed.

When a database is configured, a warning will appear when logging into Practice Manager if the any of the backup snapshots are older than 3 days old. Databases that were configured in previous versions will be migrated to the Backup Configuration dialog, however, additional databases that were not previously configured, or if there are multiple databases, these databases will need to be manually configured in this dialog.

All activity within the Backup Configuration dialog is tracked in the Audit System, allowing you to track any changes to this area.

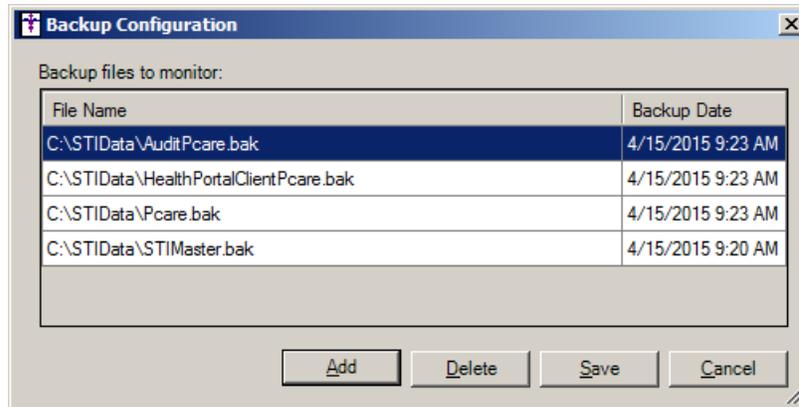


Figure 3 – Backup Configuration

If no databases are configured in the Backup Configuration dialog, a warning message will appear prior to logging into Practice Manager alerting you to this new feature and prompting you to configure this information. See Figure 4.

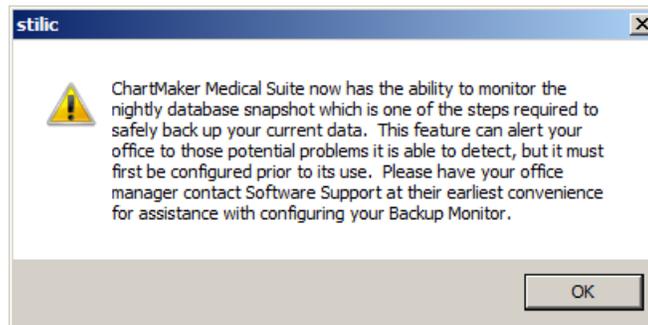
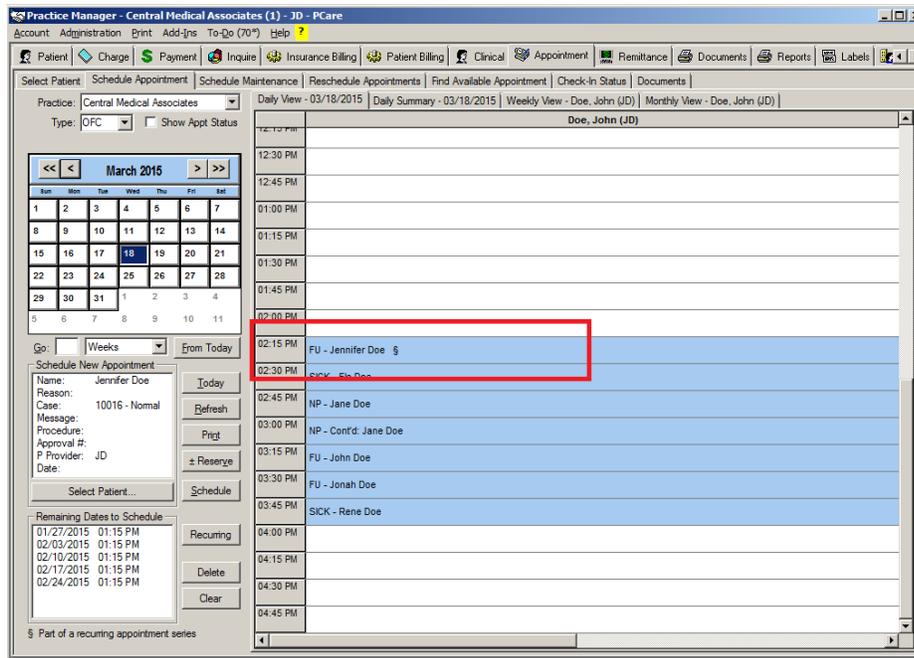


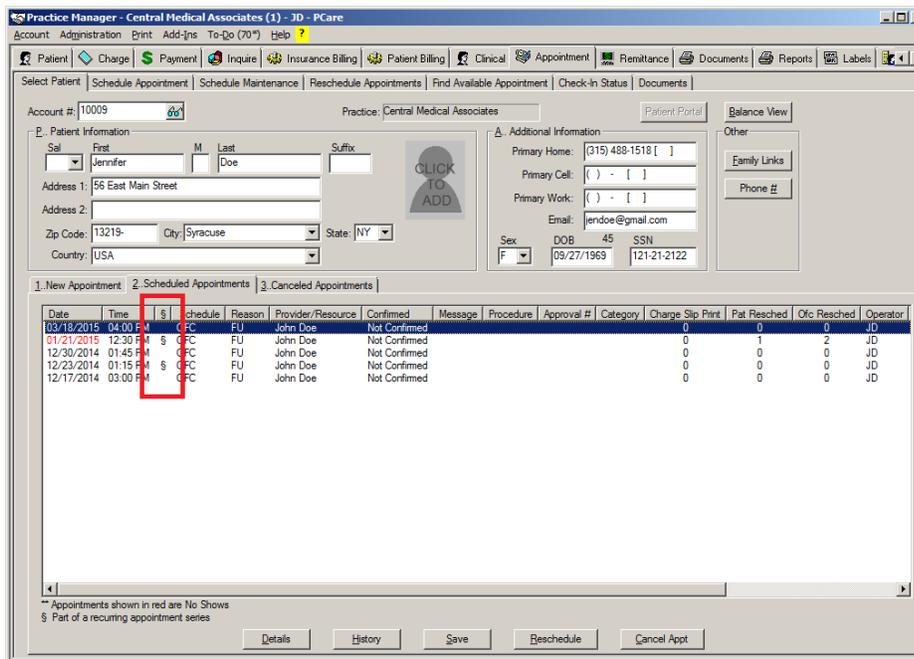
Figure 4 – stilic – Backup Monitor Warning

# Appointment

- Appointment – Recurring Appointments** – The appointment module has been updated to provide a visual indication for appointments that are part of a recurrence. Wherever appointments are displayed, each appointment that is part of a recurring series will either be appended with a § symbol (Appointment Details, Schedule Appointment Calendar, Schedule Maintenance), or have a § symbol appear in the § column heading in applicable areas (Reschedule Appointments, Select Patient > Scheduled/Canceled Appointments), to indicate that appointment is part of a recurrence. See Figure 5 and 6.



**Figure 5 – Appointment – Schedule Appointment – Daily View**



**Figure 6 – Appointment – Select Patient – Scheduled Appointments**

- Appointment – Select Patient** – The Select Patient screen has been updated with a Patient Portal button that allows access to the Patient Portal dialog where you can authorize and suspend the patient for the ChartMaker® PatientPortal. This Patient Portal button in the Select Patient screen offers the same functionality as the Patient Portal button in the Patient screen, but allows for greater convenience when authorizing and suspending patients.

# Charge

- **Charges – Alpha II Code Wizard** – The Alpha II Code Wizard has been updated to utilize ICD10 codes.
- **Charges – Pending Charges** – The Pending Charges tab has been updated with the ability to select and process multiple charges for a single encounter. See Figure 7. To process multiple charges, the selected charges must have the same Account #, Case ID #, and Service Date.

In addition, the Pending Charges screen has been updated with the ability to sort the claims by Service Date or Procedure; several new column headings for modifiers, diagnosis codes, and comments and/or notes; a new Select All Related Charges button allows you to automatically select all charges in the same encounter once an initial charge is selected; and a Deselect All button.

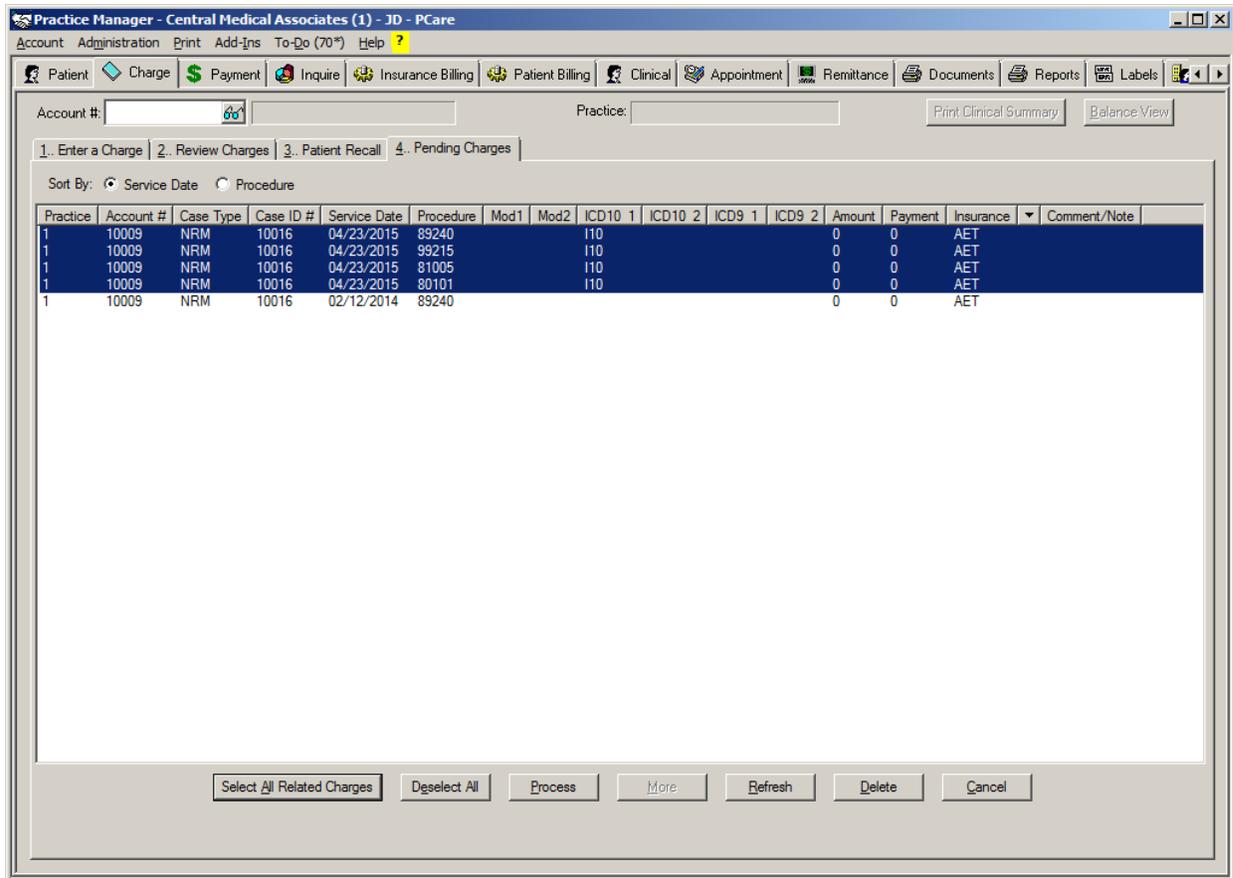


Figure 7 – Charge – Pending Charges

# Charge (continued)

## Charges – Pending Charges (continued)

Once you click the Process button, the system will pop-up any warnings, as well as the floating Charge List which contains the charges selected in the Pending Charges screen. See Figure 8. You can then edit, delete, and resequence the charges as needed. Also, there is a Warnings button at the bottom-left of the Enter a Charge screen that will be highlighted when there are any warnings regarding the charges being processed. If you click the Warnings button, the applicable warning messages will appear. See Figure 9. You have the ability to Print these warnings, if needed.

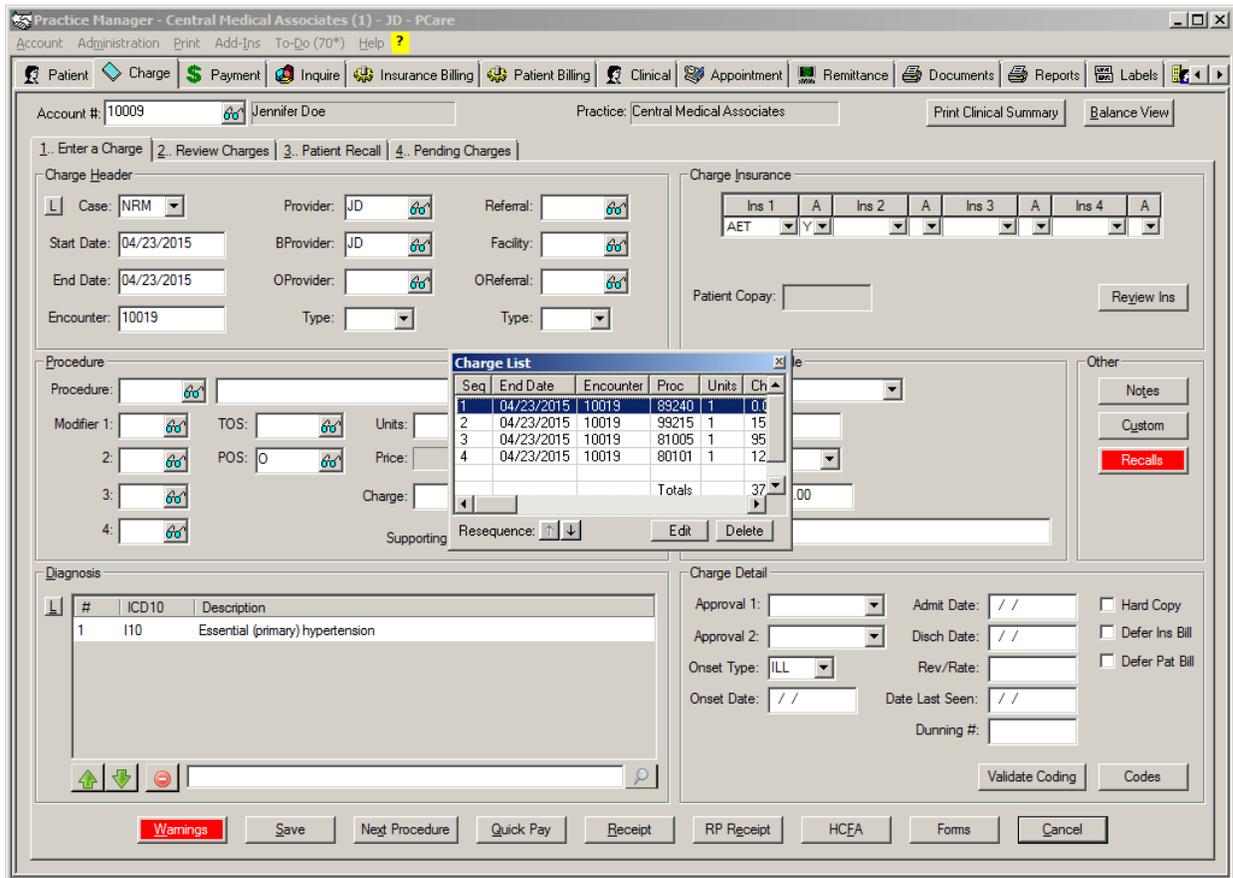


Figure 8 – Charge – Pending Charges

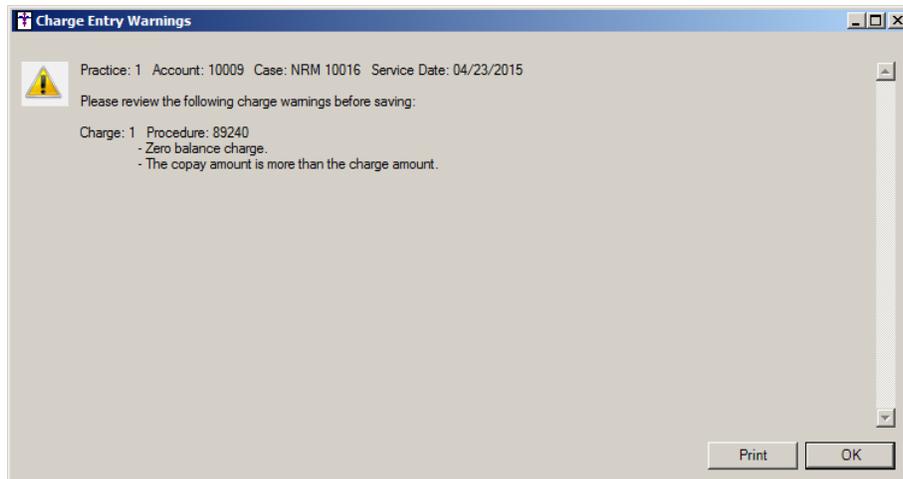


Figure 9 – Charge Entry Warnings

## Insurance

- **Insurance Billing** – The Insurance Billing screen has been updated so the Automatic tab now precedes the Manual tab.
- **Insurance Billing – Advanced Selections** – The Advanced Selections dialog has been updated with a Use Insurance Selection section that allows you to include or exclude selected insurances in or from an insurance billing batch. See Figure 10. When insurances are selected, they will be included or excluded depending upon the radio button is selected. The Include or Exclude option becomes highlighted when selected.

**Figure 10 – Insurance Billing – Advanced Selections**

- **Insurance Billing – SPARCS Submission Summary Report** – The program has been updated with a NY SPARCS Submission Summary Report Test or Production report that allows you to review the information that will be included in the submission prior to sending, as well as indicating if information is missing which would cause a rejection. The report will include: Account #, Date of Service, REV/Procedure code, Diagnosis, E diagnosis, Charge amount, Insurance payer id, Reimbursement Code, SoP Typology Code, Admission date and hour, Discharge Hour, Total time in Opr Room, SPARCS anesthesia Method, and License number

## Insurance (continued)

- **Insurance Billing – Batch Regenerate** – The Batch Regenerate dialog has been updated to allow you to regenerate claims from a previous Billing Batch that only includes those charges with a specified Payor ID. See Figure 11. If a Billing Batch is selected, and a Payor ID is entered in the corresponding field, and you click Search Now, only applicable charges within that batch that has the payor ID entered will be displayed. Likewise, the Batch Regenerate dialog has also been updated to allow you to regenerate claims for a specified Insurance Payor ID. See Figure 12. If the Insurance options is selected, and a Payor ID is entered in the corresponding field, and you click Search Now, only applicable charges with that has the payor ID entered will be displayed.

The screenshot shows the 'Batch Regenerate' dialog box. On the left, under 'Search By', the 'Billing Batch' radio button is selected. Below it, a dropdown menu shows 'Last 3 Days'. The 'Payor ID' text box is highlighted with a red rectangle. Below that, the 'All Insurances' radio button is selected. Further down, there are fields for 'IH Code' and 'Payor ID'. At the bottom left, there are 'Search Now', 'Save', and 'Close' buttons. On the right, a table header is visible with columns: Account, End Date, Procedure, Charge, Balance, N, L, Who, Date Billed, BProvider, Ins 1, A, Ins 2, A, I.

Figure 11 – Batch Regenerate – Billing Batch

The screenshot shows the 'Batch Regenerate' dialog box. On the left, under 'Search By', the 'Insurance' radio button is selected. Below it, the 'Payor ID' text box is highlighted with a red rectangle. Below that, there are fields for 'IH Code' and 'Payor ID'. Further down, there are fields for 'From' and 'To' dates. At the bottom left, there are 'Search Now', 'Save', and 'Close' buttons. On the right, a table header is visible with columns: Account, End Date, Procedure, Charge, Balance, N, L, Who, Date Billed, BProvider, Ins 1, A, Ins 2, A, I.

Figure 12 – Batch Regenerate – Insurance

# Patient

- **Patient – More Patient – Advance Directives** – The More Patient Information dialog has been updated with an Advance Directives button that allows access to the Advance Directives dialog to configure any applicable advance directives for the patient. See Figure 13.

Once the Advance Directives dialog has been accessed, you will see a lists of questions regarding the various advance directives that the patient may have (DNR status, mechanical ventilation, feeding tube, antibiotics, and organ donor information). See Figure 14. Only the first question (Does the patient have Advance Directives?), will be active when initially entering this dialog. This question defaults to Not Asked, and you can change this as needed to No, Yes, or Declined to Provide. The subsequent advance directive questions will only activate if Yes is selected for this initial question. You can then configure the rest of the advance directives as applicable.

In addition, any configured Health Care Proxies, as well as any Notes that have been marked as Advanced Directive in ChartMaker® Clinical will be displayed in the corresponding fields. Likewise, you can access a Note tagged as Advance Directive by selecting the applicable note, and then clicking the Open Note button (you must be logged into the Clinical application for the note to open). You also have the ability to indicate that these directives were Reviewed, and configure the date on which these were reviewed.

The 'More Patient Information' dialog box is divided into three sections: 1. Additional Information, 2. Billing Information, and 3. Patient Representative. The 'Advance Directives' button is located at the bottom right of the 'Additional Information' section and is highlighted with a red box.

Figure 13 – More Patient Information

The 'Advance Directives' dialog box contains the following questions and options:

- Does the patient have Advance Directives? (Yes)
- What is the patient's DNR status? (Partial code)
- Does the patient wish to have mechanical ventilation? (Yes)
- Does the patient wish to be provided nutrition or hydration via feeding tube? (Yes)
- Does the patient wish to receive antibiotics? (Yes)
- Is the patient an organ donor? (Yes)

Health Care Proxies table:

Name	Address	Phone
John Doe	56 East Main Street Syr...	(315) 488-1518

Note marked as Advance Directive in ChartMaker® Clinical: GENERAL Progress Note (04-23-2015) [Open Note]

Date Reviewed: 4/24/2015 [Reviewed]

Figure 14 – Advance Directives

## Patient Billing

- Patient Billing – Advanced Selections** – The Patient Billing module has been updated with an Advanced Selections button that allows you to access the Billing Batch Advanced Selections dialog to configure parameters for the patient billing batches. See Figure 15. Once the Billing Batch Advanced Selections dialog is accessed you can choose filter options for Provider, Patient (by Last Name initial and Case Type), Charge (Entered date, Service Date, Days Elapsed from First Bill Date or Service Date, Charge Balance, and/or Current Charge Dunning), Billing Statement (Statement Total and/or Statement Dunning), and Billing Fees and Finance Charges. When Advanced Selections are configured, the Advanced Selections button will be highlighted and these settings will be retained until they are cleared or modified, or when you close out of the Practice Manager application.

Figure 15 – Patient Billing – Billing Batch Advanced Selections

- Patient Billing – Instant Statements** – The Patient Billing module has been updated so that prior to generating an Instant Statement for a patient or responsible party, a warning will be generated whenever a patient, responsible party, or patient who belongs to a responsible party, is configured to Defer Patient Bill. See Figure 16. You will then be given the option to continue generating the instant statement or canceling the instant statement.

Figure 16 – Deferred Patient Accounts

- Patient Billing – Instant Statements** – The system has been updated so that whenever an Instant Statement is generated for either a patient or responsible party, and regardless of which type of statement is selected (Paper Statement or Electronic Statement), that generated statement will appear in the Recreate the Electronic Statement File section of the Resend Electronic Statements tab, thereby allowing you to recreate and resend that statement as needed.

## Remittance

- **Remittance – Quality Measure Charges** – The Remittance program has been updated to automatically write-off any \$0.01 charges that are linked to a Quality Measure procedure. These \$0.01 charges will be written off with a PQRS write off code.
- **Remittance – Configuration – Write Off Codes** – The Remittance program has been updated with a new Write Off Codes subtab in the Configuration screen that allows you to add and maintain write off and adjustment codes for remittance. See Figure 17. When configuring adjustment codes you can specify the Group Type, Reason Code, and whether or not this code is tied to a Penalty. Once a code is entered, you can modify the Penalty option by clicking the Properties button, or you can delete the code by clicking the Remove button.

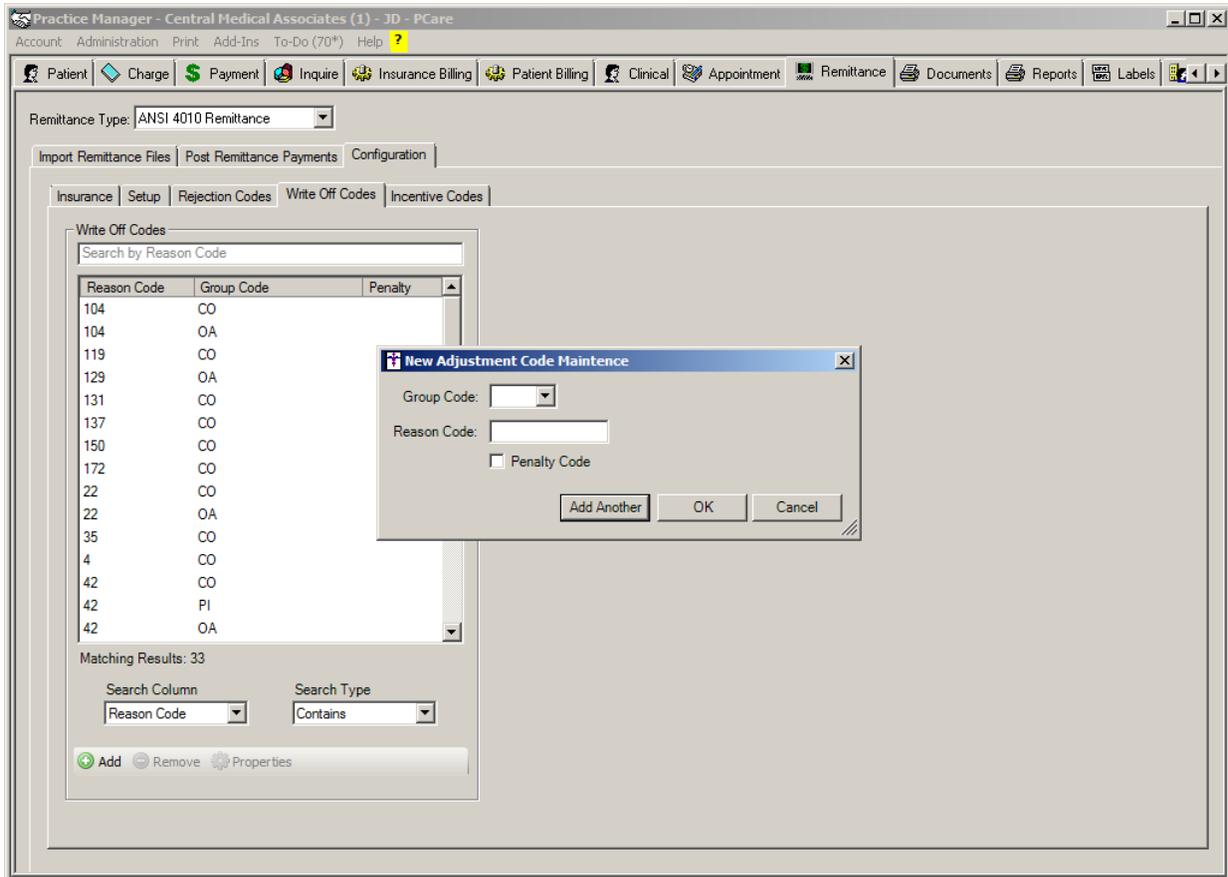


Figure 17 – Remittance – Configuration – Write Off Codes

## Remittance (continued)

- **Remittance – Configuration – Incentive Codes** – The Remittance program has been updated with a new Incentive Codes subtab in the Configuration screen that allows you to add and maintain incentive (CO) codes for remittance. See Figure 18. When configuring adjustment codes you can specify the Group Type, Reason Code, and the Assignment as to whether the incentive is for the Practice or Provider. Once a code is entered, you can modify the Assignment option by clicking the Properties button, or you can delete the code by clicking the Remove button.

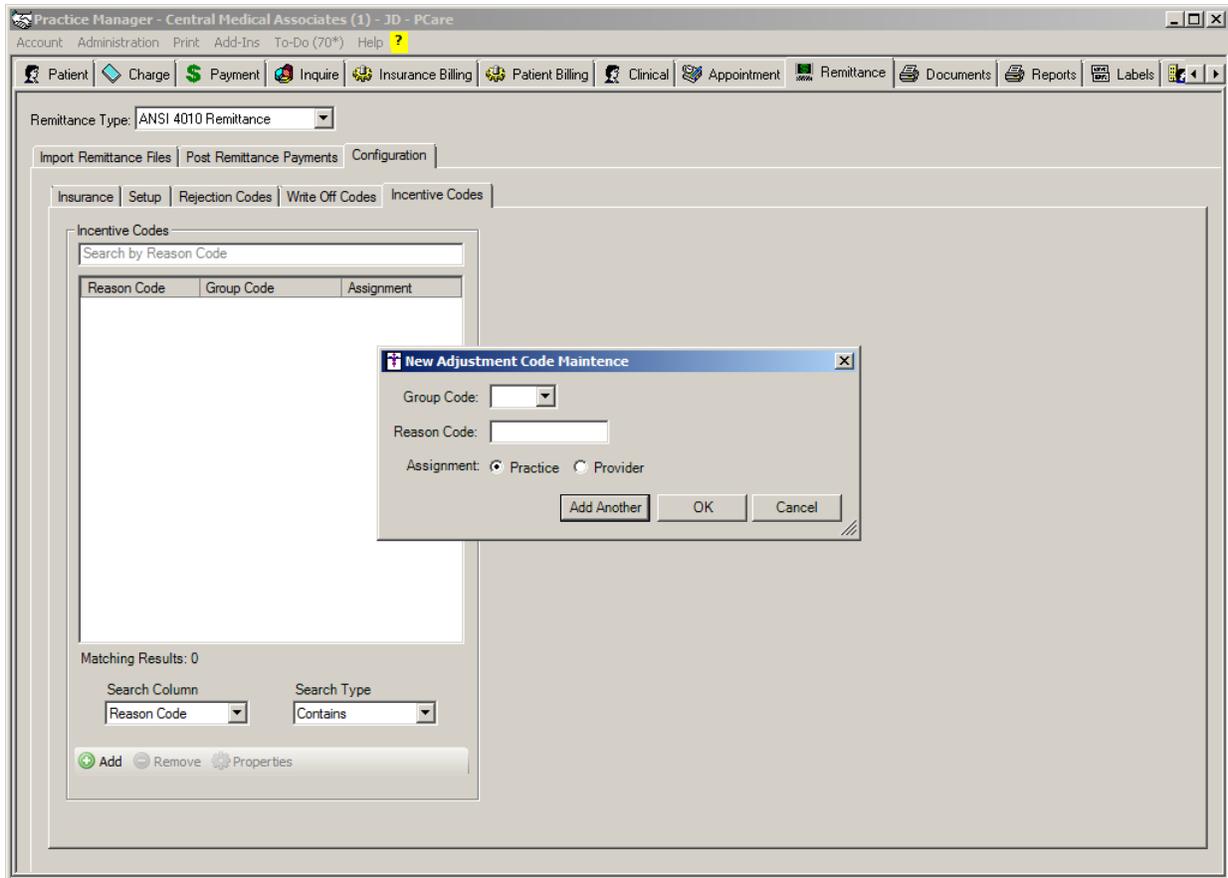


Figure 18 – Remittance – Configuration – Write Off Codes

# Reports

## Lists Reports

- **Patient Profile → Advance Directives** – A new Advance Directives report has been created that will display all active patients in the system along with their Advance Directive Status and any specific directives configured. This report will contain the following information: Practice, Account, Patient Name, D.O.B, Age, Review Date, Advance Directive Status, DNR Status, Mechanical Ventilation, Tube Feedings, Antibiotic, and Organ Donor.

## Managed Care Reports

- **Encounter Analysis → NCQA Requirements** – The NCQA Requirements Encounter Report has been updated to calculate the percentage of Advance Directives Documented in Practice Manager for patients 18 years of age and older.

## Appointment Reports

- **Appointment Lists → Appointment Status** – The Provider/Facility column heading in the Appointment Status report has been updated to Provider/Resource.
- **Appointment Lists → Appointment Status Short** – A new Appointment Status Short report has been created that will display information that appears in the Appointment Status report, but with the audit and demographic information removed. Do note that any user-defined configurations saved for the Appointment Status report will be copied and listed with the Appointment Status Short report.

# Addendum

## Medicare PQRs Incentive Program Reminder

In the version 3.3 release of Practice Manager, there were two important enhancements that were made that allow you to effectively flag applicable PQRs procedures to be sent to participating insurances to receive applicable incentive moneys through the Medicare PQRs (Physician Quality Reporting System) Incentive Program. These enhancements entailed creating a new Quality Measure field in the Procedure dialog and the Insurance dialog. Details of these changes from the Practice Manager 3.3 Release Notes document, along with some additional information about configuring G-Codes, are below. See the Practice Manager help for further details on the respective programs and additional configuration options utilizing the Clinical application.

- **Administration → Transaction Tables → Procedure** – The Procedure dialog has been updated with a Quality Measure checkbox that allows you to flag a procedure as a quality reporting measure for PQRs. See Figure A1. When a procedure is flagged as Quality Measure, the system will only bill charges for that procedure to insurances that are also flagged as Quality Measure. This ensures that the applicable PQRs procedures are only billed to participating insurances.

To enter a PQRs procedure enter the applicable **Code** in the IH Code field. That code will then default into the CPT4 Code field. Next, in the Description field, enter an appropriate **Description**. In the Amount field, enter the **0.00**. In the TOS field, enter the applicable Type of Service, or search for it by clicking the Lookup button, or pressing F3. In the POS field, enter the applicable Place of Service, or search for it by clicking the Lookup button, or pressing F3. Check the **Quality Measure** option to flag this procedure as a quality reporting measure. When finished, click the **Save** button.

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

- Procedure Section:**
  - IH Code: PQRS
  - Description: PQRS Procedure
  - CPT4 Code: PQRS
  - Category: [Dropdown]
  - MOD 1: [Field]
  - RVU: 0
  - Amount: 0.00
  - Unit Value: 0
  - MOD 2: [Field]
  - ABU: 0
  - TOS: 1
  - Follow Up Days: 0
  - Recall: [Field]
  - POS: 0
  - Units: 0
- Properties Section:**
  - Quality Measure (highlighted with a red box)
  - Not Otherwise Classified
  - National Drug Code Required
  - Don't Warn on Charge Screen if Duplicate Procedure Code Entered
- Insurance Section:**
  - Hard Copy
  - Rev/Rate: [Field]
  - No Copay
  - Billing Instruction: [Dropdown]
- National Drug Codes Section:**
  - Table with columns: Primary, NDC, Description
  - Buttons: Add, Delete
- Buttons:** Save (highlighted in red), Cancel, Delete, and a Help icon (?)

Figure A1 – Procedure

## Medicare E-Prescription/PQRS Incentive Program Reminder (continued)

- **Administration → Transaction Tables → Insurance** – The Insurance dialog has been updated with a Quality Measure checkbox that allows you to flag an Insurance carrier as a quality reporting measure for PQRS. See Figure A2. When a procedure is flagged as Quality Measure, the system will only bill charges for that procedure to insurances that are also flagged as Quality Measure. This ensures that the applicable PQRS procedures are only billed to participating insurances.

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

- 1. Insurance:** IH Code: MCRDE, Category: MCR, Assignment: Y, Billing Type: MCR\_EDT, Quality Measure: , Billing Instruction: [dropdown], Copay: 0.00, Anes Time: [dropdown], Report Category: [dropdown], Medigap #: [text], Payor ID#: C00902,  Requires Claim Adjustment information for Secondary Insurances.
- 2. Profile:**  Group Profile,  Billing Profile: 0
- 3. Managed Care:**  Capitation,  Do Not Bill Capitated Services, Write Off Code: [text]
- 4. Payment Defaults:** Payment Type: [text], Write Off Code: [text], Withheld Write Off: [text]
- 5. Company Information:** Name: Delaware Medicare Trailblazer, Address 1: PO Box 650094, Address 2: [text], Zip Code: 75265, City: Dallas, State: TX, Phone: [text], Fax: [text]

Buttons on the right: Notes, Billing IDs, Ins Profile, Capitation, Billing Types. Bottom buttons: Save, Cancel, Delete, [?].

Figure A2 – Insurance Dialog

## Insurance Billing Updates Reminder

In the version 4.1 release of Practice Manager, there was an important enhancement that was made to the Insurance Billing screen to alert you whenever a new insurance billing update is available. Once alerted you can then download these updated billing components at your convenience. **Do note that if you are running the 4.1 version of Practice Manager, the update process needs to be performed on the server.**

In the version 4.2 release of Practice Manager, the system was updated so that billing components reside on each individual workstation. **Therefore, if you are running the 4.2 version or higher of Practice Manager, the update process (described below) will need to be initiated for each workstation that will be doing insurance billing.** If the updates are not downloaded and registered on each workstation that will be doing insurance billing, then claims generated for those workstations may be denied if they are not updated.

- **Insurance Billing Updates** – The Insurance Billing tab has been updated with an Update button that allows you to download the latest insurance billing components if new components are available. See Figure A3. An Update button is available in both the Manual Billing and Automatic Billing sub-tabs and will become highlighted to alert you when new billing components are available.

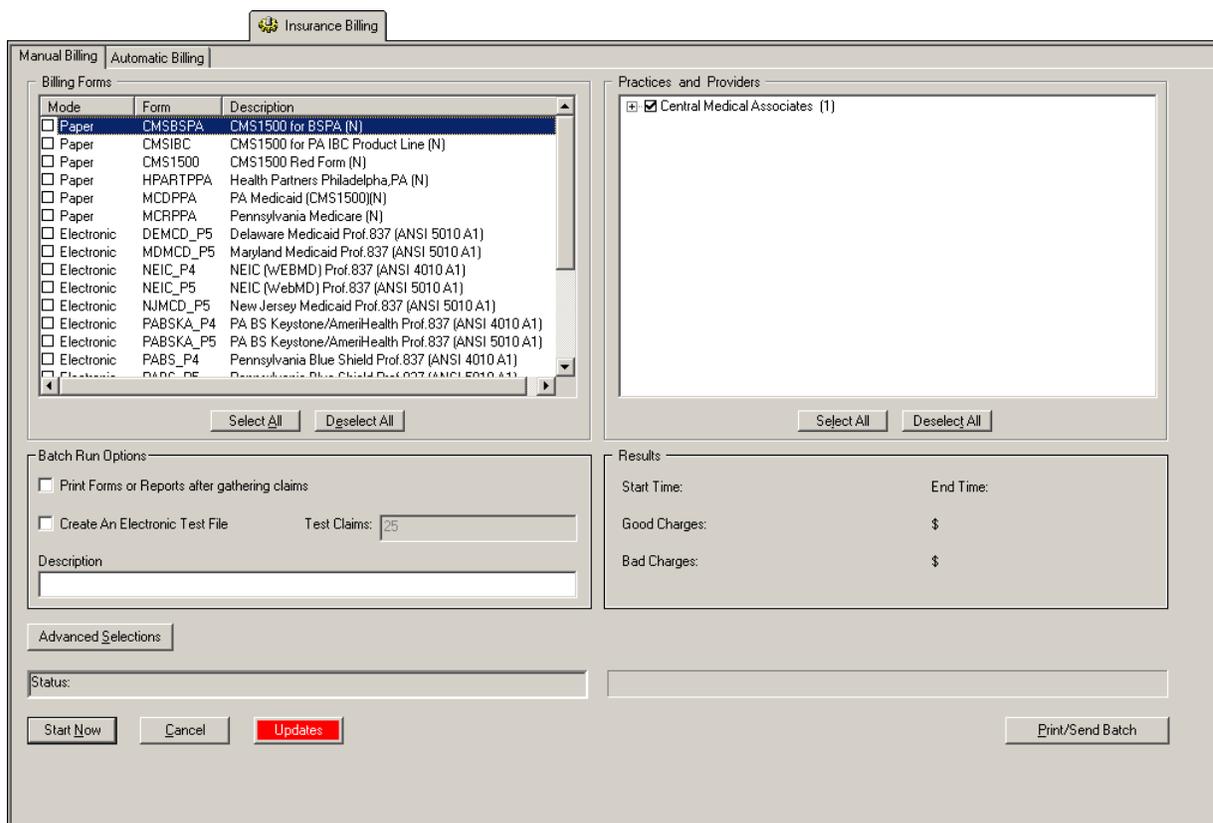


Figure A3 – Insurance Billing – Manual Billing

Once the download is initiated by clicking the **Updates** button, another dialog will appear confirming that you want to download and install the latest billing updates. See Figure A4.

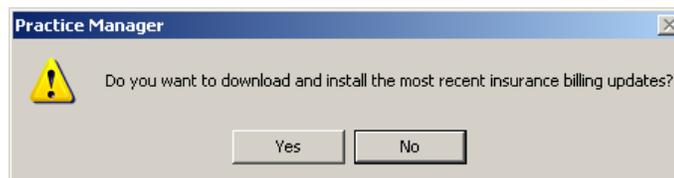
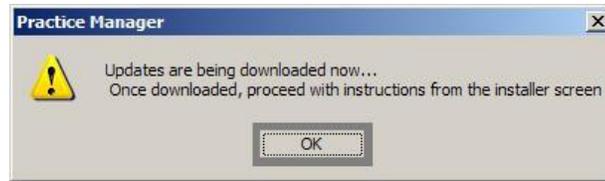


Figure A4 – Insurance Billing Updates Download

## Insurance Billing Updates Reminder (continued)

Once the **Yes** button is clicked the insurance billing updates will start to download and the following message will appear in Figure A5. Do note that once the billing updates are initiated by a user, the Updates button will disable for all users and other users who try to initiate the download will receive a message stating that updates have started from another machine. Once the updates have been downloaded you will be prompted to install the updates, as well as to close out of the Practice Manager application to ensure a successful update.



**Figure A5 – Insurance Billing Updates Download Confirmation**

Once the updates have been successfully downloaded and installed, log back into Practice Manager and be sure to register the Billing Component Manger (Add-Ins > Insurance Billing > Billing Component Manager).

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