

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

\*\*\*Please note that the ChartMaker Medical Suite can no longer be installed on computers using the Windows XP or Windows 2003 Server operating system. Since Microsoft has discontinued support for Windows XP in April 2014, and Windows 2003 Server in July 2015, we can no longer guarantee the stability of computers using this operating system, and recommend that you upgrade the operating system on any computers currently using Windows XP or Windows 2003 Server.

### Administration

- **Administration – Transaction Tables – Diagnosis – ICD9** – The Diagnosis dialog has been updated with a **Do not produce ICD-10 Readiness warning when used** option that allows you to tag certain ICD-9 diagnostic codes, that are typically used for internal tracking purposes (i.e., no shows, copy fees, etc.), so that the ICD-10 Readiness warning will not appear when the selected diagnosis is used for charge entry. See Figure 1.

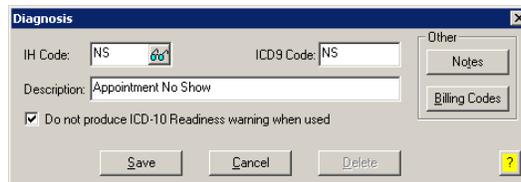


Figure 1 – Diagnosis

- **Administration – Utilities – Audit – Audit Trail** – The method of pagination has been redesigned in the **Audit Trail** to increase performance and enhance the user experience. To initiate an audit trail query you need to click the **Refresh** button. This is typically performed after the applicable **Filter** data has been configured. Likewise, a new progress bar has been added to indicate the record progress of the audit query, and a **Cancel** button has been added to terminate a long running query. See Figure 2.

Event	Group	Audit Date	Operator	Old Value	New Value	Failed	Metadata	Application	IP Address
Login Successful	User	8/7/2015 9:12:47 AM	jd			No	PID=4120, Session ID=2, Wi...	Clinical	192.168.100.96
Logout		8/6/2015 4:57:00 PM	jd			No		Clinical	192.168.100.96
Logout		8/6/2015 4:57:00 PM	jd			No		Clinical	192.168.100.96
Login Successful	User	8/6/2015 2:07:06 PM	jd			No	PID=3460, Session ID=2, Wi...	Clinical	192.168.100.96
Logout		8/4/2015 3:48:16 PM	jd			No		Clinical	192.168.100.96
Logout		8/4/2015 3:48:16 PM	jd			No		Clinical	192.168.100.96
Modified	Note	8/4/2015 3:48:08 PM	jd			No	Account ID=10009, Note ID...	Clinical	192.168.100.96
Viewed	Chart	8/4/2015 10:11:39 AM	jd			No	Account ID=10009	Clinical	192.168.100.96
Query		8/4/2015 10:11:30 AM	JD			No		Clinical	192.168.100.96
Login Successful	User	8/4/2015 10:10:34 AM	jd			No	PID=2116, Session ID=2, Wi...	Clinical	192.168.100.96
Logout		7/27/2015 5:01:54 PM	jd			No		Clinical	192.168.100.96
Logout		7/27/2015 5:01:54 PM	jd			No		Clinical	192.168.100.96
Login Successful	User	7/27/2015 3:42:47 PM	jd			No	PID=3248, Session ID=2, Wi...	Clinical	192.168.100.96
Logout		7/24/2015 3:51:45 PM	jd			No		Clinical	192.168.100.96
Logout		7/24/2015 3:51:45 PM	jd			No		Clinical	192.168.100.96
Login Successful	User	7/24/2015 2:30:51 PM	jd			No	PID=4344, Session ID=2, Wi...	Clinical	192.168.100.96
Login Failure		7/24/2015 2:30:45 PM	jd			Yes		Clinical	192.168.100.96
Login Successful	User	7/24/2015 2:28:51 PM	jd			No	PID=4448, Session ID=2, Wi...	Clinical	192.168.100.96
Logout		6/16/2015 8:47:14 AM	jd			No		Clinical	192.168.100.96
Logout		6/16/2015 8:47:14 AM	jd			No		Clinical	192.168.100.96
Login Successful	User	6/15/2015 10:11:52 AM	jd			No	PID=3636, Session ID=2, Wi...	Clinical	192.168.100.96
Logout		6/11/2015 4:01:37 PM	jd			No		Practice Manager	192.168.100.96
Logout		6/11/2015 4:01:37 PM	jd			No		Practice Manager	192.168.100.96
Login Successful	User	6/11/2015 2:05:01 PM	jd			No	PID=2424, Session ID=2, Wi...	Practice Manager	192.168.100.96
Logout		6/8/2015 1:32:15 PM	jd			No		Clinical	192.168.100.96

Filters: Audit Date From: 1/ 1/2015 Through: 8/ 7/2015 Operator: Failed: Metadata Search Type Value Application: Event: Functional Area:

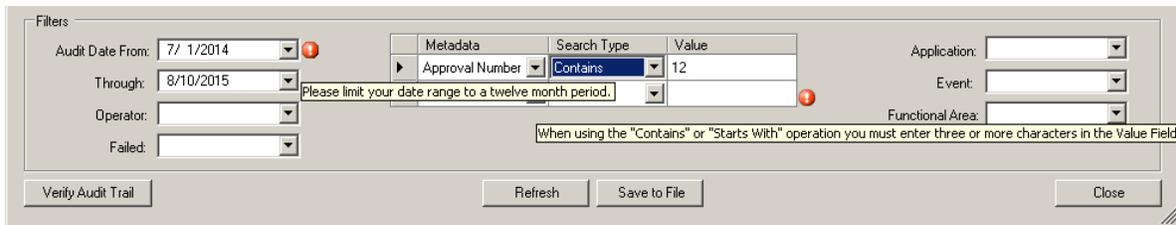
Buttons: Verify Audit Trail Refresh Save to File Close

Figure 2 – Audit Trail

## Administration (continued)

### Administration – Utilities – Audit – Audit Trail (continued)

In addition, the system will not allow you to filter an audit query for greater than a 12 month period, or use less than three characters in the **Value** field when utilizing the **Contains** or **Starts With** search type when configuring **Metadata**. A warning icon will blink next to each of the applicable fields when they contain improper data. If you mouse over the warning icon, a message will appear outlining the warning. See Figure 3.



The screenshot shows a 'Filters' dialog box with several input fields and a table. The 'Audit Date From' field is set to '7/ 1/2014' and has a red warning icon. The 'Through' field is set to '8/10/2015'. The 'Operator' and 'Failed' fields are empty. The 'Application', 'Event', and 'Functional Area' fields are also empty. A table with columns 'Metadata', 'Search Type', and 'Value' is present. The 'Metadata' column has a dropdown menu with 'Approval Number' selected. The 'Search Type' column has a dropdown menu with 'Contains' selected. The 'Value' column has the text '12'. A red warning icon is next to the 'Value' field. A tooltip message is displayed: 'Please limit your date range to a twelve month period.' Another tooltip message is displayed: 'When using the "Contains" or "Starts With" operation you must enter three or more characters in the Value field'. At the bottom of the dialog are buttons for 'Verify Audit Trail', 'Refresh', 'Save to File', and 'Close'.

Figure 3 – Audit Trail – Filter Warnings

## Appointment

- **Appointment – Scheduled Appointments** – The **Appointment Detail** dialog, when accessed via the **Schedule Appointment** tab or **Reschedule Appointments** tab, has been updated so that when using the tab or enter key to sequence through the dialog, the cursor will follow an ordered pattern through the dialog. When the dialog is opened the cursor will start in the **Reason** field, and then the tabbing order will be: **No Charge Slip, Message, Procedure, Ordering Provider, No Show, Referral, Confirmed, Note, Salutation, First, M, Last, Suffix, Address 1, Address 2, Zip Code, City, State, Country, First** phone number field, **Second** phone number field, **Last** phone number field, **Sex, DOB, SSN, Save**, and then **Close**.

## Clinical

- **Clinical – Immunization** – The program has been updated so that the latest immunization codes from the CDC are being used when configuring immunization information.

## Documents

- **Documents – Blank Face Sheet** – The program has been updated with a new **BlankFaceSheetMU.rpt** that will contain **Language, Ethnicity, Race** and **Reminder Preference** fields when you **Print Blank Facesheet** via the **Add-Ins > Document** menu, thereby allowing the patient to configure this information when applicable. Do note, to utilize this new report, the **System Document Setup** for the **Face Sheet – Blank** report type (**Administration > Code Tables > System Document Setup**), needs to be updated so that the new report (**BlankFaceSheetMU.rpt**) appears in the **Report File** field.
- **Documents – Charge Slip** – The program has been updated with a new **chargeslip03L.rpt** (i.e., **Charge Slip Balance Light**) which is now available on standard installs that is similar to the **Charge Slip Balance Plus (ChargeSlip03.rpt)**, but will not have as heavy borders and shading. Do note, to utilize this new report, a new **Charge Slip** report needs to be create via the **System Document Setup (Administration > Code Tables > System Document Setup)**, and the new report (**chargeslip03L.rpt**) needs to appear in the **Report File** field. Likewise, you can also edit an existing **Charge Slip** in this area and update the **Report File** field as well.

## Insurance

- **Insurance Billing – NY Worker’s Compensation – The M-1 Request for Optional Prior Approval** form has been updated with changes made by the NY State Worker’s Compensation Board dated 12-14.
- **Insurance Billing – NY Worker’s Compensation – The M-2 Request for Approval of Variance** form has been updated with changes made by the NY State Worker’s Compensation Board dated 12-14.
- **Insurance Billing – NY Worker’s Compensation – The C-4AUTH Request for Authorization** form has been updated with changes made by the NY State Worker’s Compensation Board dated 12-14.

## Patient

- **Patient – PatientPortal** – The program has been updated so when a user prints the PatientPortal registration letter via authorization dialog, in those instances where the patient does not have an email, the salutation will now include the patient's last name.

## Remittance

- **Remittance – Configuration – Incentive Codes** – The Remittance program has been updated with a new **Incentive Codes** subtab that contains the following default incentive codes: **CO-144**, **OA-144**, **CO-161**, and **OA-161**. These codes will default to an assignment of **Provider**. This is primarily a read-only area where you cannot add or remove incentive codes; however, you can edit the **Assignment** for an incentive code as needed. See Figure 4.

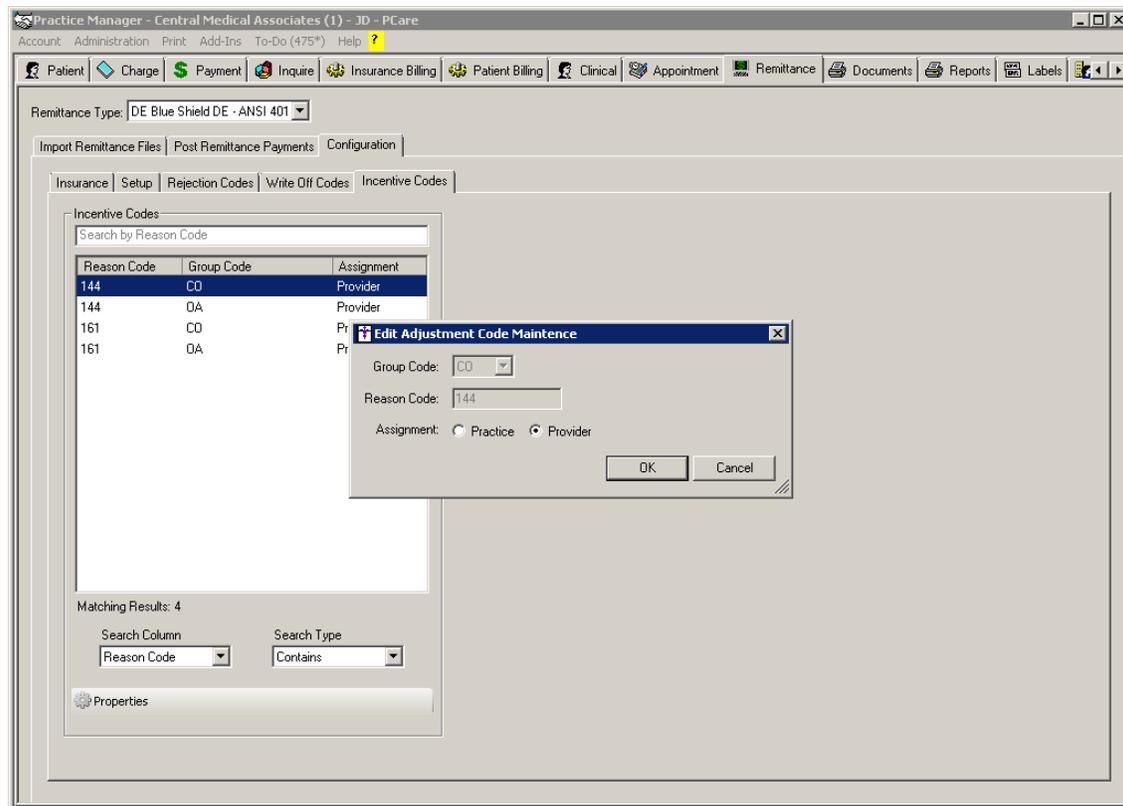


Figure 4 – Remittance – Configuration – Incentive Codes

# 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 fields and options:

- 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
  - Input fields for NDC and Description with 'Add' and 'Delete' buttons
- Other Section (Right Side):**
  - Notes
  - Proc Override
  - Billing Codes
  - Ins Profile
  - Inventory
  - Immunization
- Buttons:** Save, 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.

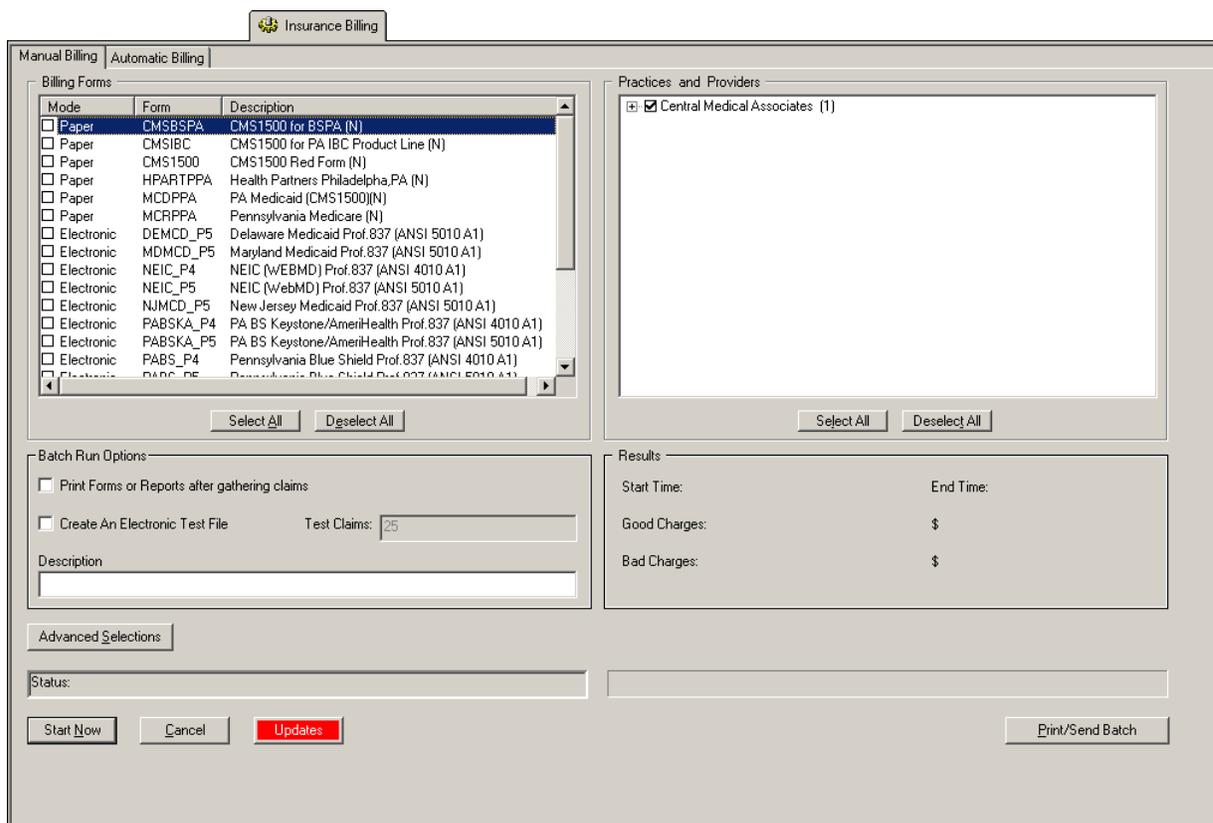


Figure A3 – Insurance Billing – Manual Billing

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.

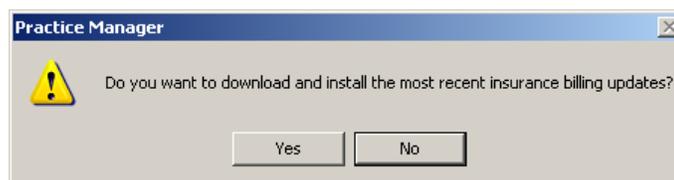
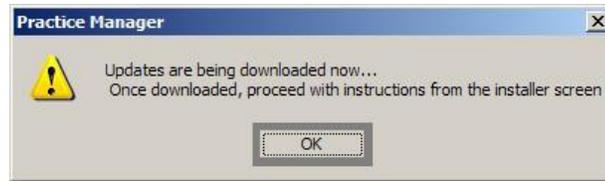


Figure A4 – Insurance Billing Updates Download

## 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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