

## 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.\*\*\*

### General

- **Help – ChartMaker Medical Suite Update** – The **ChartMaker Medical Suite Update** dialog (Help > ChartMaker Medical Suite Update has been updated with a number of new fields to allow you to schedule automated upgrades to your ChartMaker<sup>®</sup> Medical Suite. See Figure 1.

The **Download Scheduling** section has been updated with a **No Download** option which can be used when the latest update has already downloaded and you want to schedule the update to automatically run at a scheduled time.

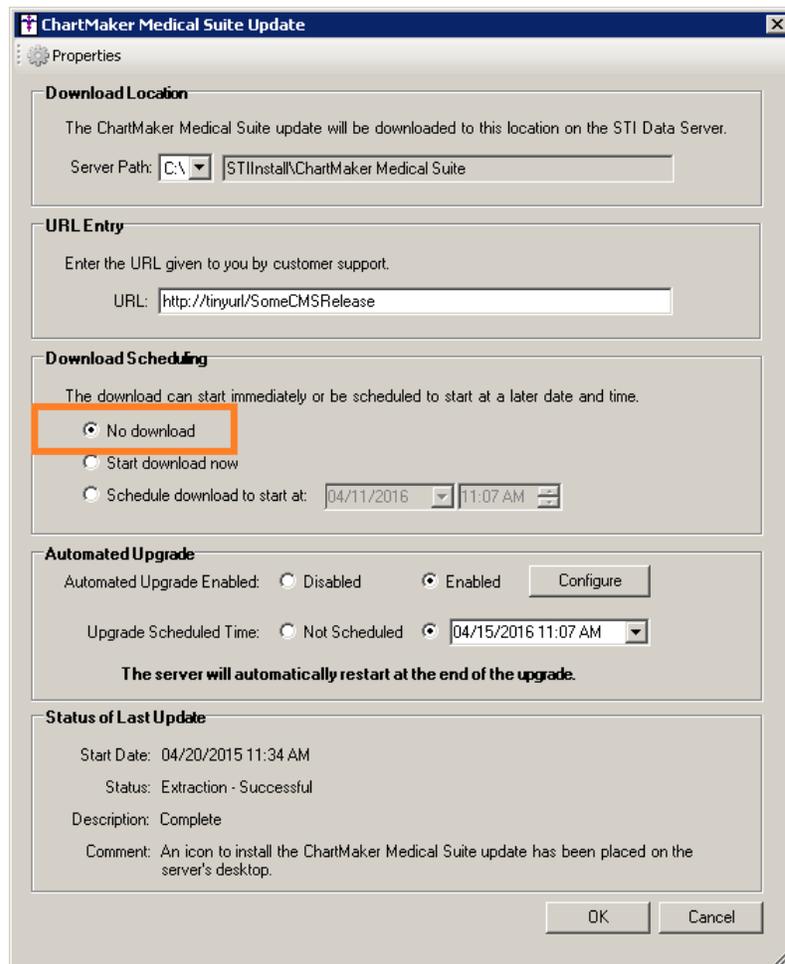


Figure 1 – ChartMaker Medical Suite Update

## General (continued)

### Help – ChartMaker Medical Suite Update (continued)

A new **Automated Upgrade** section has been created to configure the various options for running an automated update. See Figure 2. The **Automated Update Enabled** field allows you to select whether or not you want to activate the automated upgrade. If running the update and the **Disabled** option is selected the upgrade functionally will be performed as in previous versions where an icon is installed on the server's desktop, and you will need to manually trigger the update and continue through the various screens to complete the upgrade.

The **Upgrade Scheduled Time** field allows you to select a date and time when you want the automated upgrade to start. Do note, that if the Update Install Package has already been downloaded, the schedule time can be set for any date and time; however, if the Update Install Package needs to be downloaded, or is in the process of being downloaded, then the **Upgrade Scheduled Time** must be set **at least 24 hours** into the future if the **Start Download now** option was selected in the Download Scheduling section; or, **at least 24 hours later** than the date and time configured in the **Schedule download to start at** field if scheduling the download, to ensure successful download of the Update Install Package.

The screenshot shows the 'ChartMaker Medical Suite Update' dialog box with the following sections:

- Download Location:** Server Path: C:\STIInstall\ChartMaker Medical Suite
- URL Entry:** URL: http://tinyurl.com/SomeCMSRelease
- Download Scheduling:** Radio buttons for 'No download', 'Start download now', and 'Schedule download to start at: 04/17/2016 11:25 PM'.
- Automated Upgrade (highlighted):** Radio buttons for 'Automated Upgrade Enabled: Disabled' and 'Enabled'. A 'Configure' button is next to 'Enabled'. Below, radio buttons for 'Upgrade Scheduled Time: Not Scheduled' and '04/18/2016 11:25 PM'. A note reads: 'The server will automatically restart at the end of the upgrade.'
- Status of Last Update:** Start Date: 04/20/2015 11:34 AM, Status: Extraction - Successful, Description: Complete, Comment: An icon to install the ChartMaker Medical Suite update has been placed on the server's desktop.

Buttons for 'OK' and 'Cancel' are at the bottom right.

Figure 2 – ChartMaker Medical Suite Update

## General (continued)

### Help – ChartMaker Medical Suite Update (continued)

The **Configure** button allows access to the **Automated Upgrade Settings** dialog. See Figure 3. In the **Alternate Backup Location** field you can enter or browse to a specific location for the backup if you do not want to use the default backup location. If this field is left blank, the system will use the default backup location.

The **Email Notifications** section allows you to configure email addresses to notify various individuals about successes and failures of the update process:

- **On Success:** an email will be sent to each address if the upgrade completes successfully.
- **On Failure:** an email will be sent to each address if the upgrade fails during the upgrade process.
- **On Critical Failure:** an email will be sent to each address if the upgrade fails during the upgrade process and the databases fail to roll back.
- **On Prerequisite Failure:** an email will be sent to each address if the upgrade fails on one of the prerequisite checks (stoplights or other various checks performed before the process enters the actual upgrade).
- **On User Failure:** an email will be sent to each address if an upgrade fails due to users still being logged into Clinical or Practice Manager.

Do note, when entering multiple email addresses in the **Email Notifications** fields, each email address should be separated by a comma.

When finished configuring the Automated Upgrade Settings, click the **OK** button to activate the changes. If you click the **Cancel** button, or close out of this screen without clicking **OK**, the changes will be discarded and the previous setting will be kept.



Figure 3 – Automated Upgrade Settings

## General (continued)

- **ChartMaker Medical Suite Update** – In an effort to ensure that users are not installing the ChartMaker Medical Suite upgrades on legacy Operating Systems that are no longer supported, the installation process has been updated with an Operating System Notification dialog that will appear prior to installing the upgrade. See Figure 4. For the upgrade installation to continue, you will now need to enter your name (in the field provided), and **Acknowledge** the warning. After the acknowledgment has been accepted, this dialog will no longer appear on subsequent upgrade installations until there are new Operating Systems that become obsolete and are no longer supported.

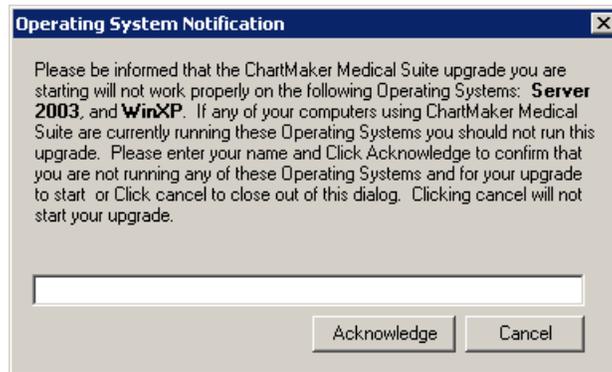


Figure 4 – Operating System Notification

## Add-Ins

- **Patient – Patient Reminder Module** – A new **Patient Reminder Module** dialog (accessed via **Add-Ins > Patient > Patient Reminder Module**) has been created that allows you to import the Patient Reminder Activity Report, as well as update appointment confirmation statuses from Talksoft; and export patient appointment activity, as well as patient reminder preferences for 2 weeks from the selected appointment date to Talksoft. See Figure 5.

When using the **Import** button, the system will attempt to download, import, and convert the confirmation status differences since the last import, or, if this is the first time importing, seven days' worth of status activity. Once the import is complete a printable summary of all the confirmation status changes or errors including account number, patient name, success/error, and new confirmation statuses, will be available. Any changes made will also be tracked in the Audit Trail.

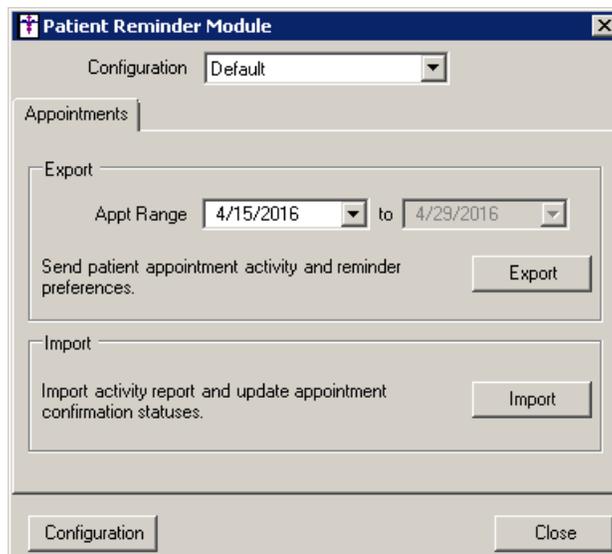
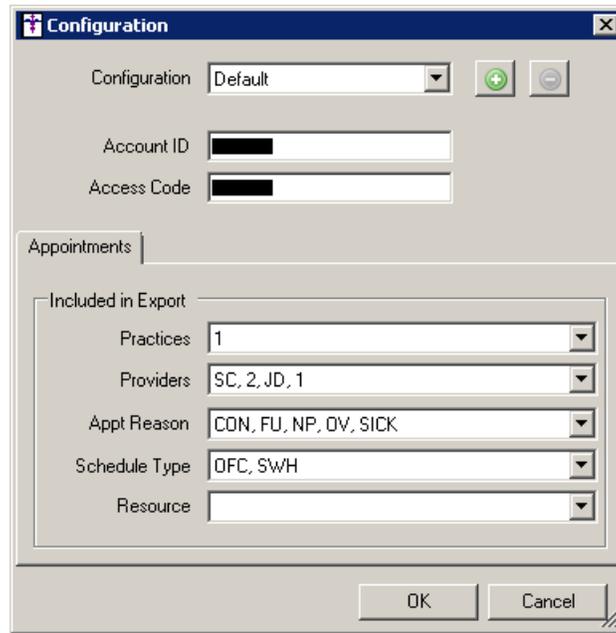


Figure 5 – Patient Reminder Module

## Add-Ins (continued)

### Patient – Patient Reminder Module (continued)

When using the **Export** button, the system will export a file that will contain all appointments for 2 weeks from the selected date, and will include any active appointment except data that is unchecked in the configuration screen. This file is sent to Talksoft and can be viewed under the RemindMe Transmissions link on Talksoft's website. If you click the **Configuration** button at the bottom-left of the **Patient Reminder Module** dialog, you will access the **Configuration** dialog, and in the Included in Export section you can set the Practices, Providers, Appointment Reasons, Schedule Types, and Resources that should be included in the exported file. See Figure 6.



The screenshot shows a 'Configuration' dialog box. At the top, there is a 'Configuration' dropdown menu currently set to 'Default', with a green '+' button and a grey '-' button to its right. Below this are two text input fields: 'Account ID' and 'Access Code', both containing blacked-out text. A section titled 'Appointments' is expanded, showing an 'Included in Export' section with several dropdown menus: 'Practices' (set to '1'), 'Providers' (set to 'SC, 2, JD, 1'), 'Appt Reason' (set to 'CON, FU, NP, OV, SICK'), 'Schedule Type' (set to 'OFC, SWH'), and 'Resource' (empty). At the bottom of the dialog are 'OK' and 'Cancel' buttons.

Figure 6 – Configuration

## Charge

- **Charge – Forms – New York Worker's Compensation Forms** – The **NYWC C4, C4.2, C4.3, and C4 AMR Forms** have been updated to display ICD10 diagnostic codes as well as using the most current forms in a new PDF format for viewing, editing, and printing. Do note, that all legacy data will be available in the older formats for these forms.

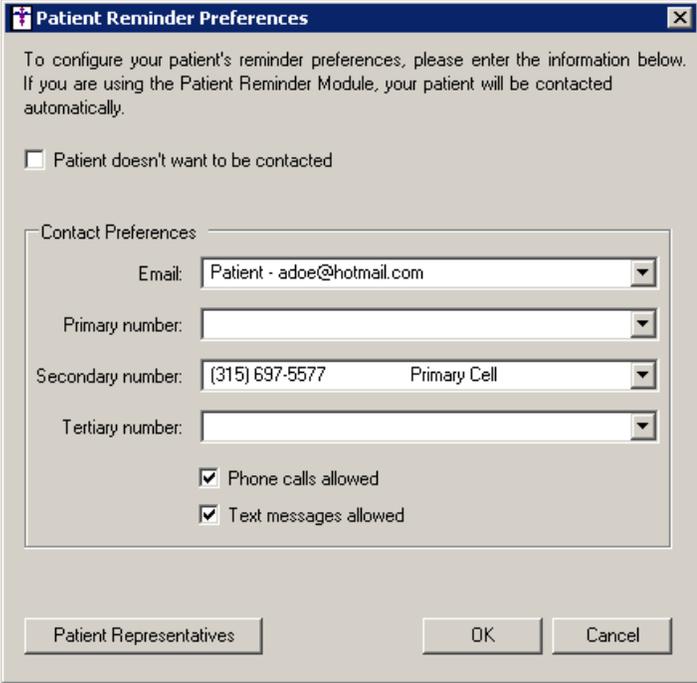
## Patient

- **Patient – Patient Reminder** – The **Patient** screen has been updated with a **Patient Reminders** button that allows access to the **Patient Reminder Preferences** dialog. See Figure 7. In the **Patient Reminder Preferences** dialog you have the ability to configure the contact preferences or to indicate if the patient does not want to be contacted by checking the **Patient doesn't want to be contacted** option. When this option is selected, the **Contact Preferences** section will be grayed out. These preferences will be used to automatically contact the patient when using the Patient Reminder Module.

When selecting the Contact Preferences you can select from any configured **Email, Primary, Secondary, or Tertiary** phone number to use when contacting patients; as well as whether **Phone calls** and **Text messages** are allowed when phone numbers are configured.

Likewise, you can click the **Patient Representatives** button to access the **Patient Representatives** dialog to view and configure patient representative information for this patient.

When finished, click the **OK** button. These options will become active once you click the **Save** button in the **Patient** screen. If Patient Reminder Preference information is configured, the **Patient Reminders** button will become highlighted to provide a visual indicator that preference information has been configured for this patient.



The screenshot shows a dialog box titled "Patient Reminder Preferences". At the top, there is a blue header bar with the title and a close button. Below the header, there is a text area with instructions: "To configure your patient's reminder preferences, please enter the information below. If you are using the Patient Reminder Module, your patient will be contacted automatically." Below this text is a checkbox labeled "Patient doesn't want to be contacted", which is currently unchecked. Underneath is a section titled "Contact Preferences" enclosed in a rounded rectangle. This section contains four dropdown menus: "Email" (showing "Patient - adoe@hotmail.com"), "Primary number" (empty), "Secondary number" (showing "(315) 697-5577" and "Primary Cell"), and "Tertiary number" (empty). Below these dropdowns are two checked checkboxes: "Phone calls allowed" and "Text messages allowed". At the bottom of the dialog, there are three buttons: "Patient Representatives" on the left, and "OK" and "Cancel" on the right.

**Figure 7 – Patient Reminder Preferences**

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

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, and a help icon.

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.

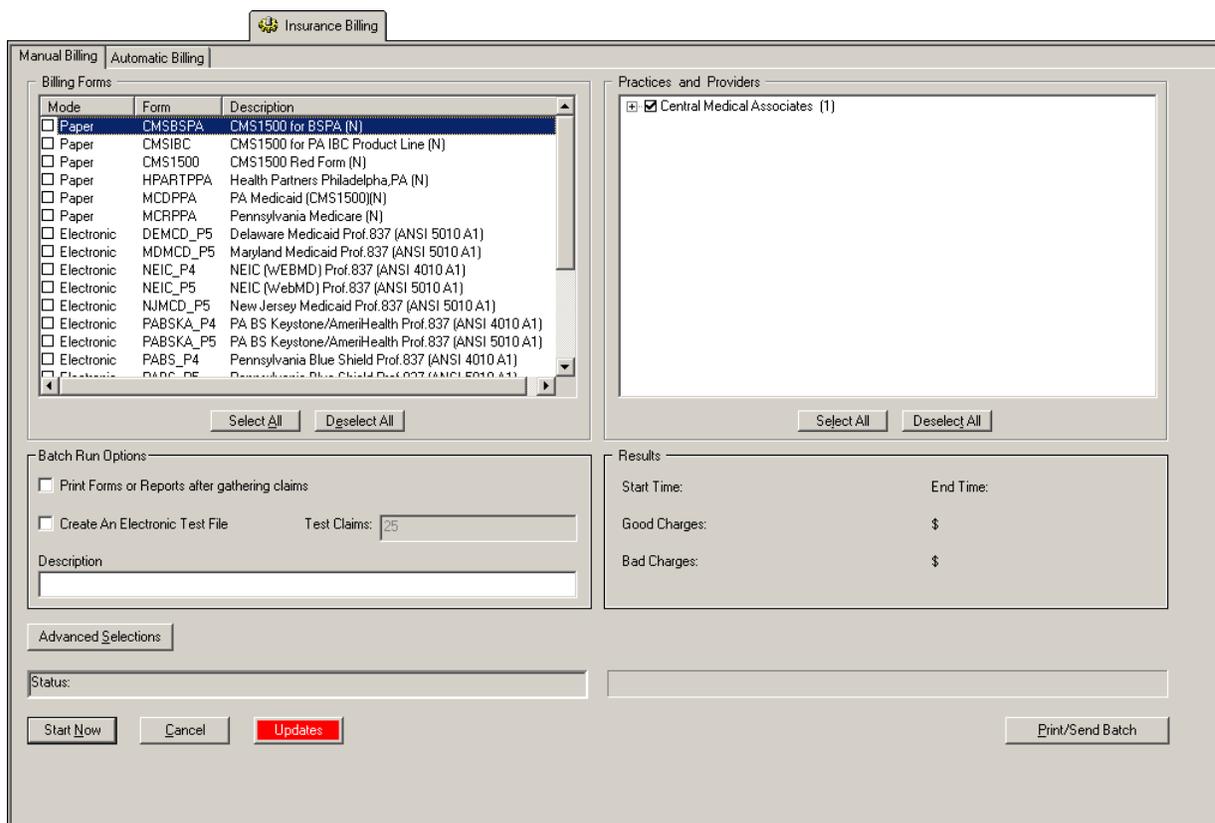


Figure A3 – Insurance Billing – Manual Billing

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.

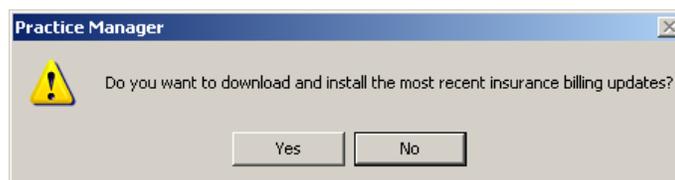
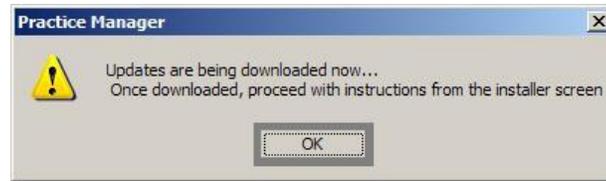


Figure A4 – Insurance Billing Updates Download

## 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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