

ChartMaker® 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

- **Preferences — System Level Preferences – Patient**— The **Patient** tab of the Maintain System Default Preferences dialog has been updated with a **Default Birth Sex** field to provide consistency throughout the ChartMaker Medical Suite applications. See Figure 1. This field replaces the **Default Sex** field in previous versions of Practice Manager. When selecting a Default Birth Sex, you have the ability to select **Female**, **Male**, and **Unknown**.
- **Preferences — Practice Level Preferences – Patient**— The **Patient** tab of the Maintain Practice Preferences dialog has been updated with a **Default Birth Sex** field to provide consistency throughout the ChartMaker Medical Suite applications. See Figure 1. This field replaces the **Default Sex** field in previous versions of Practice Manager. When selecting a Default Birth Sex, you have the ability to select **Female**, **Male**, and **Unknown**.

The screenshot shows the 'Maintain System Default Preferences' dialog box with the 'Patient' tab selected. The 'Default Birth Sex' dropdown menu is highlighted with an orange box. The dialog box contains several sections: 'Patient Related' (with 'Enable Popup Notes' checked and 'Assign Account# Within Practice' unchecked), 'Insurance Related' (with 'Default Insurance Policy to Patient SSN' unchecked, 'Default Insurance Subscriber to Patient' checked, 'Authorized Payment' checked, and 'Signature on File' checked), 'Case Related' (with 'Use Case Type Description in Case Tab' checked, 'Auto Assign Case ID Number' checked, and 'Default Onset Type' set to 'ILL'), and 'Practice Related' (with 'Share Patient Data Between Practices (System Level Only)' checked, 'Synchronize Normal Case Insurance Updates Between Practices' unchecked, and 'Include the following when cloning a patient to another practice:' section with 'All Cases with Insurance' unchecked, 'Normal Case with Insurance Only' checked, and 'Case Data', 'Case Notes', 'Hospital & Disability', and 'Insurance Approvals' all unchecked). The 'Save', 'Refresh', 'Restore Defaults', and 'Cancel' buttons are at the bottom.

Figure 1 – Maintain System Default Preferences

Administration (continued)

- Preferences — Screen Config — Patient**– The **Patient Screen Configuration** dialog has been updated with a **Birth Sex** field to provide consistency throughout the ChartMaker Medical Suite applications. See Figure 2. This field replaces the **Sex** field in previous versions of Practice Manager. When configuring a Default Value you can use **F** for Female, **M** for Male, and **U** for Unknown.

Field Name	Skip Field	Required	Default Value
Activation Date	<input type="checkbox"/>	<input type="checkbox"/>	
Address Line 1	<input type="checkbox"/>	<input type="checkbox"/>	
Address Line 2	<input type="checkbox"/>	<input type="checkbox"/>	
Alternate Account Number	<input type="checkbox"/>	<input type="checkbox"/>	
Authorized Payment	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Sex	<input type="checkbox"/>	<input type="checkbox"/>	
Button - Approvals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Authorize	<input type="checkbox"/>	<input type="checkbox"/>	
Button - Balance View	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Case Notes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Delete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Delete Case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Insurance Delete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Button - Insurance Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Figure 2 – Patient Screen Configuration

Appointment

- Appointment – Select Patient – Additional Information** – The **Additional Information** section of the Select Patient tab has been updated with a **Birth Sex** field to provide consistency throughout the ChartMaker Medical Suite applications. See Figure 3. This field replaces the **Sex** field in previous versions of Practice Manager. When selecting a Birth Sex, you have the ability to select **Female**, **Male**, and **Unknown**. When adding a new patient, this field will default to Unknown unless a specific **Birth Sex** is configured in System/Practice Level Preferences (**Administration > Preferences > System Level Preferences/Practice Level Preferences > Patient** tab).

Select Patient | Schedule Appointment | Schedule Maintenance | Reschedule Appointments | Find Available Appointment | Check-In Status | Documents

Account #: 10040 Practice: Central Medical Associates Patient Portal Balance View

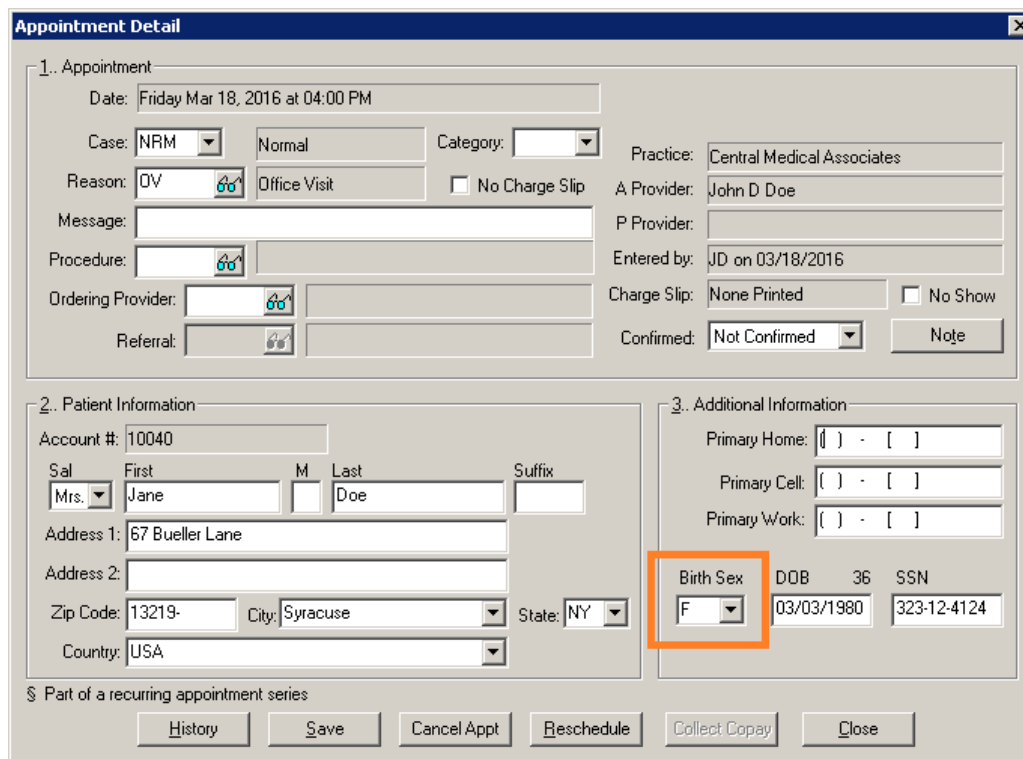
P.. Patient Information
 Sal: Mrs. First: Jane M Last: Doe Suffix:
 Address 1: 67 Bueller Lane
 Address 2:
 Zip Code: 13219 City: Syracuse State: NY
 Country: USA

A.. Additional Information
 Primary Home: () - ()
 Primary Cell: () - ()
 Primary Work: () - ()
 Email: janedoe@yeehaw.com
 Birth Sex: F DOB: 03/03/1980 SSN: 323-12-4124

Figure 3 – Appointment – Select Patient

Appointment (continued)

- Appointment – Schedule Appointment – Appointment Details** – The **Appointment Detail** dialog has been updated with a **Birth Sex** field to provide consistency throughout the ChartMaker Medical Suite applications. See Figure 4. This field replaces the **Sex** field in previous versions of Practice Manager. When selecting a Birth Sex, you have the ability to select **Female**, **Male**, and **Unknown**.



Appointment Detail

1. Appointment

Date: Friday Mar 18, 2016 at 04:00 PM

Case: NRM Normal Category: Practice: Central Medical Associates

Reason: OV Office Visit No Charge Slip A Provider: John D Doe

Message:

Procedure: Entered by: JD on 03/18/2016

Ordering Provider: Charge Slip: None Printed No Show

Referral: Confirmed: Not Confirmed Note

2. Patient Information

Account #: 10040

Sal: Mrs. First: Jane M: Last: Doe Suffix:

Address 1: 67 Bueller Lane

Address 2:

Zip Code: 13219 City: Syracuse State: NY

Country: USA

3. Additional Information

Primary Home: Primary Cell: Primary Work:

Birth Sex: F DOB: 03/03/1980 SSN: 323-12-4124

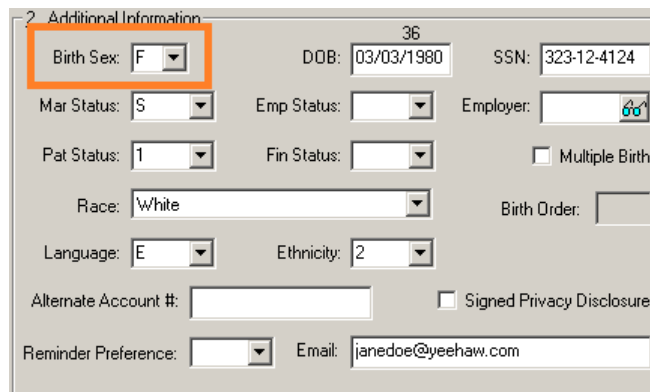
§ Part of a recurring appointment series

History Save Cancel Appt Reschedule Collect Copay Close

Figure 4 – Appointment – Schedule Appointment – Appointment Details

Patient

- Patient – Additional Information** – The **Additional Information** section of the Patient tab has been updated with a **Birth Sex** field to provide consistency throughout the ChartMaker Medical Suite applications. See Figure 5. This field replaces the **Sex** field in previous versions of Practice Manager. When selecting a Birth Sex, you have the ability to select **Female**, **Male**, and **Unknown**. When adding a new patient, this field will default to Unknown unless a specific **Birth Sex** is configured in System/Practice Level Preferences (**Administration > Preferences > System Level Preferences/Practice Level Preferences > Patient** tab), or the Patient Screen Configuration area (**Administration > Preferences > Screen Config > Patient**).



2. Additional Information

Birth Sex: F DOB: 03/03/1980 SSN: 323-12-4124

Mar Status: S Emp Status: Employer:

Pat Status: 1 Fin Status: Multiple Birth

Race: White Birth Order:

Language: E Ethnicity: 2

Alternate Account #: Signed Privacy Disclosure

Reminder Preference: Email: janedoe@yeehaw.com

Figure 5 – Patient – Additional Information

Patient (continued)

- **Patient – Other – More Patient –** The **More Patient Information** dialog has been updated with a **Previous Last Name** field where you can view or configure any last name that the patient may have. See Figure 6. The new **Previous Last Name** field replaces the **Maiden Name** field in previous versions of Practice Manager. Information added or modified in the Previous Last Name field will be updated in the Audit Trail.

The screenshot shows the 'More Patient Information' dialog box with three sections:

- 1.. Additional Information:** Contains fields for Date of Death, Retirement Date, Signature Date, Military Branch, Military Grade, Military Status, Previous Last Name (highlighted with 'Belinski'), Nickname, Weight, Mother's First Name, Mother's Last Name, and Mother's Maiden Name. An 'Advance Directives' button is at the bottom right.
- 2.. Billing Information:** Contains checkboxes for 'Defer Patient Bill' and 'Defer Insurance Claims', and fields for Budget Amount, Start Date, End Date, Last Bill, Cycle Date, Charges From, Charges Thru, and Activation.
- 3.. Patient Representative:** A table with columns: Type, Name, Address, Home, Relationship. Below the table are 'Add', 'Edit', and 'Delete' buttons.

At the bottom of the dialog are 'Save' and 'Cancel' buttons.

Figure 6 – Patient – More Patient Information

Reports

Managed Care Reports

- **Payment Analysis → Insurance Comparison Summary** – This report has been updated with new columns for **Allowed Amount**, **Allowed %Percentage**, **Payment Count**. Likewise, the **Units** column has been renamed to **Charge Units**. In addition an **Average Allowed** amount will display for each procedure, practice, and total.

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. The 'IH Code' field is set to 'PQRS'. The 'Description' field contains 'PQRS Procedure'. The 'CPT4 Code' field is also 'PQRS'. The 'Amount' field is '0.00'. The 'TOS' field is '1'. The 'POS' field is '0'. The 'Quality Measure' checkbox is checked and highlighted with a red box. The 'Save' button is at the bottom left.

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 Insurance dialog box is divided into several sections:

- 1. Insurance:** Contains fields for IH Code (MCRDE), Category (MCR), Assignment (Y), Billing Type (MCR_EDT), Copay (0.00), Anes Time, Report Category, Medigap #, Payor ID# (C00902), and checkboxes for Quality Measure (checked) and Requires Claim Adjustment information for Secondary Insurances.
- 2. Profile:** Contains radio buttons for Group Profile and Billing Profile (selected), and a dropdown for Billing Profile (0).
- 3. Managed Care:** Contains checkboxes for Capitation and Do Not Bill Capitated Services, and a Write Off Code field.
- 4. Payment Defaults:** Contains fields for Payment Type, Write Off Code, and Withheld Write Off.
- 5. Company Information:** Contains fields for Name (Delaware Medicare Trailblazer), Address 1 (PO Box 650094), Address 2, Zip Code (75265), City (Dallas), State (TX), Phone, and Fax.

On the right side, there is a vertical list of buttons: Notes, Billing IDs, Ins Profile, Capitation, and Billing Types. At the bottom, there are buttons for Save, Cancel, and Delete, along with a help icon (?) in the bottom right corner.

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.

Mode	Form	Description
<input type="checkbox"/>	Paper	CMSBSPA CMS1500 for BSPA (N)
<input type="checkbox"/>	Paper	CMSIBC CMS1500 for PA IBC Product Line (N)
<input type="checkbox"/>	Paper	CMS1500 CMS1500 Red Form (N)
<input type="checkbox"/>	Paper	HPARTPPA Health Partners Philadelphia, PA (N)
<input type="checkbox"/>	Paper	MCDPPA PA Medicaid (CMS1500)(N)
<input type="checkbox"/>	Paper	MCRPPA Pennsylvania Medicare (N)
<input type="checkbox"/>	Electronic	DEMCD_P5 Delaware Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	MDMCD_P5 Maryland Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	NEIC_P4 NEIC (WEBMD) Prof.837 (ANSI 4010 A1)
<input type="checkbox"/>	Electronic	NEIC_P5 NEIC (WebMD) Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	NJMCD_P5 New Jersey Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	PABSKA_P4 PA BS Keystone/AmeriHealth Prof.837 (ANSI 4010 A1)
<input type="checkbox"/>	Electronic	PABSKA_P5 PA BS Keystone/AmeriHealth Prof.837 (ANSI 5010 A1)
<input type="checkbox"/>	Electronic	PABS_P4 Pennsylvania Blue Shield Prof.837 (ANSI 4010 A1)
<input type="checkbox"/>	Electronic	PABS_P5 Pennsylvania Blue Shield Prof.837 (ANSI 5010 A1)

Practices and Providers
<input checked="" type="checkbox"/> Central Medical Associates (1)

Batch Run Options

☐ Print Forms or Reports after gathering claims

☐ Create An Electronic Test File Test Claims: 25

Description

Advanced Selections

Status:

Start Now Cancel Updates Print/Send Batch

Results

Start Time:	End Time:
Good Charges:	\$
Bad Charges:	\$

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.

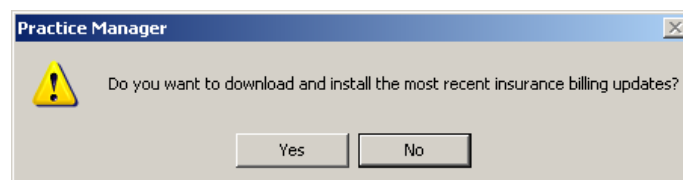


Figure A4 – Insurance Billing Updates Download

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.

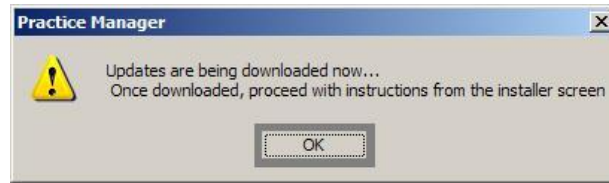


Figure A5 – Insurance Billing Updates Download Confirmation

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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