

Add-Ins

- **Letters → Recall Letters** – Recall Letters have been updated so that you can now include Provider Code information in the letter which will output the applicable provider's name when printed. Likewise, you can now select and sort Recall Letters by Provider Code.
- **Vaccine Registry Module** – The Vaccine Registry module has been updated so that the Facility field can be utilized, along with the search functionality, with the NYSIIS (New York State Immunization Information System) format.

Appointment

- **Appointment → Select Patient** – The Select Patient tab of the Appointment screen has been updated with a Phone # button that allows you to add and maintain phone numbers for a patient via the Select Patient tab in a similar manner as in the Patient screen. See Figure 3.

The screenshot shows the 'Appointment' screen with the 'Select Patient' tab active. The 'Patient Information' section includes fields for Sal, First, M, Last, Suffix, Address 1, Address 2, Zip Code, City, State, and Country. The 'Additional Information' section includes fields for Primary Home, Primary Cell, Primary Work, Sex, DOB, and SSN. A 'Phone #' button is highlighted with a red box.

Figure 3 – Appointment – Select Patient

Charge

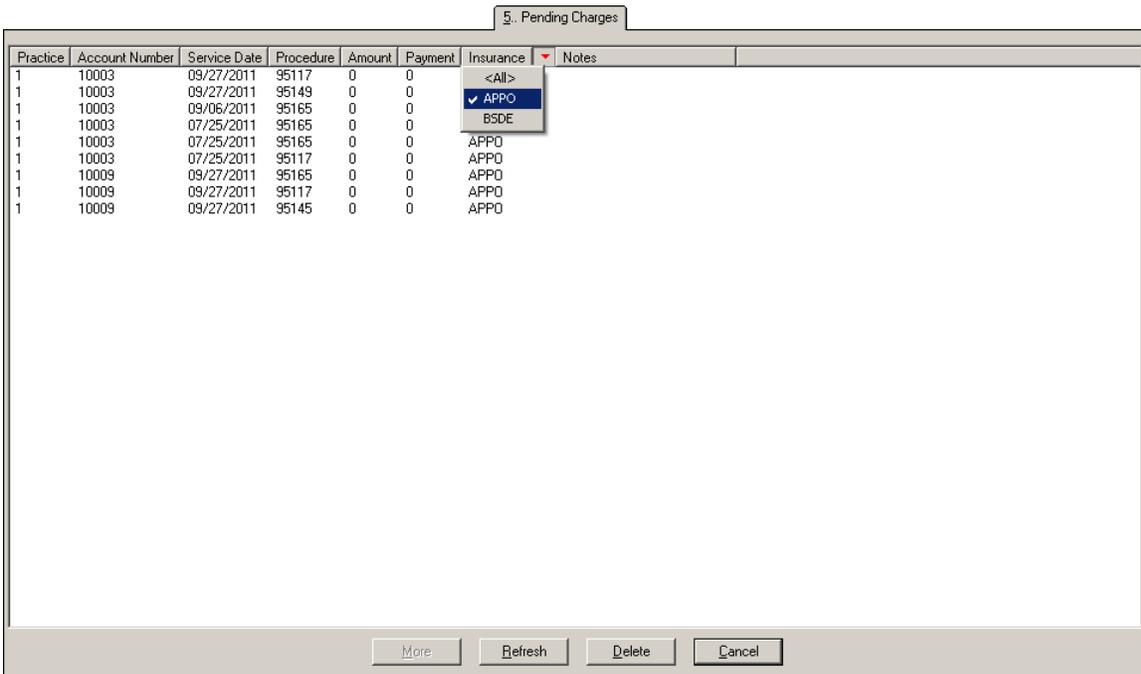
- **Charge → Forms** – The Additional Forms dialog has been updated with a new Attending Psychologist's Report (PS-4) allowing you to configure and print this form when applicable for NY Worker's Compensation. The PS4 form is accessible via the Forms button only when entering charges for a Worker's Compensation with a Category of PS4. The Category is configured in the Patient screen.
- **Charge → Patient Recall** – The Patient Recall tab in the Charge screen has been updated with a Provider field that allows you to enter a specific provider for the patient's recall. See Figure 4. This also allows you to sort and filter applicable recall labels and reports by provider.

The screenshot shows the 'Charge - Patient Recall' screen. It features a 'Recall List' table with columns for Recall Code, Description, Recall Date, Provider, Procedure, Description, Fulfilled, Fulfilled From, and Fulfilled Date. Below the table is a 'Recall Record' section with fields for Recall Code, Appointment, Recall Date, and Provider. The Provider field is highlighted with a red box.

Figure 4 – Charge – Patient Recall

Charge (continued)

- **Charge → Pending Charges** – The Pending Charges tab in the Charge screen has been updated so that you can filter the list of pending charges by a specific insurance. A specific insurance can be selected by clicking the Insurance column drop-down and selecting the applicable insurance. See Figure 5. When a single insurance is selected, the drop-down arrow will turn red to indicate that a single insurance is selected. When <All> insurances are selected, the arrow will be black.



The screenshot shows a window titled "5. Pending Charges" containing a table with the following columns: Practice, Account Number, Service Date, Procedure, Amount, Payment, Insurance, and Notes. The table contains 11 rows of data. A dropdown menu is open over the "Insurance" column, showing options: <All>, APPO (selected with a checkmark), and BSDE. Below the table are four buttons: More, Refresh, Delete, and Cancel.

Practice	Account Number	Service Date	Procedure	Amount	Payment	Insurance	Notes
1	10003	09/27/2011	95117	0	0	<All>	
1	10003	09/27/2011	95149	0	0	<All>	
1	10003	09/06/2011	95165	0	0	APPO	
1	10003	07/25/2011	95165	0	0	BSDE	
1	10003	07/25/2011	95165	0	0	APPO	
1	10003	07/25/2011	95117	0	0	APPO	
1	10009	09/27/2011	95165	0	0	APPO	
1	10009	09/27/2011	95117	0	0	APPO	
1	10009	09/27/2011	95145	0	0	APPO	

Figure 5 – Charge – Pending Charges

Clinical

- **Clinical → Immunizations** – A new Immunizations and Vitals Record report has been created that displays vital sign information (Height, Weight, BMI, and Blood Pressure) that was entered in the Clinical application, along with the applicable Immunization information, in a single report.

Insurance Billing

- **Bad Claims Report** – The Bad Claims Report has been updated so that a bad claim message will be produced whenever a provider's specialty is Ambulance (AMB) and the Origin and Destination Address is blank in the Ambulance screen when entering charges for Ambulance billing.

Labels

- **Labels → Mailing Labels → Recall Labels** – The Additional Field 1 and Additional Field 2 fields have been updated with the ability to select Provider Code so that the provider code can print on the recall label.
- **Labels → Mailing Labels → Recall Labels** – The Select and Sort Criteria has been updated so that you can select and sort recall labels by Provider Code.

Patient

- **Patient → Category** – The Category field in the Patient screen has been updated with a PS4 NY Attending Psychologist’s Report option that allows you to trigger the ability to enter applicable NY Worker’s Compensation information for the Attending Psychologist’s Report (PS-4). The Attending Psychologist’s Report form is accessed when entering charges for the applicable Worker’s Compensation case via the Forms button.

Patient Billing

- **Patient Billing → Reprint Paper Statement** – The Reprint Paper Statement tab has been updated so that whenever a billing batch is deleted, a warning will be generated stating that the Filter by Statement Date functionality will be disabled for the selected batches when making payments. See Figure 6. In other words, once you delete a batch you cannot filter on that batch when making payments.

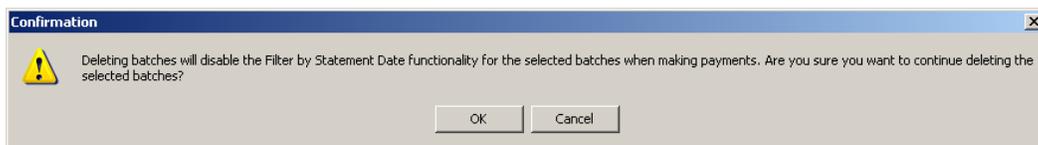


Figure 6 – Patient Billing Batch Warning

- **Patient Billing → Electronic Statement – Practice Setup** – The Electronic Statement – Practice Setup dialog (Add-Ins > Patient Billing > MTA Elect Stmt Setup) has been updated with an Alternate Practice Address section that allows you to enter a Practice Name and Address to use as the return address on the electronic statement that is different than the name and address for the practice. See Figure 7. This allows you the flexibility to determine what name and address appears on the statement.

A screenshot of the "Electronic Statement - Practice Setup" dialog box. It has several sections: "Send Payment To Address" with a checkbox "Use this name and address as the 'Remit To' address on the statement: *", "Credit Cards" with checkboxes for MC, Visa, Disc, and Amex, "Optional Fields" with checkboxes for Last Payment, Collection, Ins Pending, and Next Appt, "Alternate Practice Address" with a checked checkbox "Use this name and address as the return address on the statement: *", and a "Special Message" text area. The "Alternate Practice Address" section is highlighted with a red border. At the bottom, there is a note: "* If name and address are left blank, the Practice's name and address will be used." and buttons for "Save", "Cancel", and a help icon.

Figure 7 – Electronic Statement – Practice Setup

Patient Billing (continued)

- Patient Billing → Preferences – Patient Billing Control** – The Patient Billing Control tab of the System/Practice Preferences dialog (Administration > Preferences > System/Practice Level Preferences) has been updated with a Display this Practice name and address on the bottom of the statement option that allows you to enter the practice name and address to use to print at the bottom of patient billing statements that is different than the name and address for the practice. See Figure 8. This allows you the flexibility to determine what name and address appears at the bottom of the statement.

The screenshot shows the 'Maintain Practice Preferences - 1' dialog box. The 'Patient Billing Control Preferences' section is active. Under 'Billing Control', there are checkboxes for 'Use Automatic Cycling' (unchecked), 'Sort within Practice' (unchecked), and 'Default Case Provider for Billing Fees and Finance Charges' (unchecked). There are also input fields for 'Cycle Days' (28) and 'Min Balance' (0.00). Under 'Other Controls', there are input fields for 'Grace Period' (0), 'Interest Rate' (0), 'Min Interest' (0.00), and 'Billing Fee' (0.00), along with a 'Sort By' dropdown (N). The 'Paper Statement Preferences' section includes 'Statement Heading Left' (Central Medical Associates, 28 Main Street, Syracuse, NY 13219) and 'Statement Heading Right' (empty). A 'Special Message' field is also present. A red box highlights the 'Display this Practice name and address on the bottom of the statement' checkbox, which is checked. Below this checkbox are input fields for 'Name', 'Address 1', 'Address 2', 'Zip Code', 'City', 'State', and 'Country'. At the bottom of the dialog are 'Save', 'Refresh', 'Restore Defaults', and 'Cancel' buttons.

Figure 8 – Preferences – Patient Billing Control

Payments

- Payment → Make a Payment** – The Make a Payment tab has been updated with a Filter by Statement field that allows you to filter the payments for a specific patient statement date when applicable for the patient. See Figure 9.

The screenshot shows the '1. Make a Payment' dialog box. At the top, there are radio buttons for 'All', 'Insurance', 'Patient', 'Collections', and 'Credit'. A 'Filter by Statement Date' dropdown menu is highlighted with a red box and set to '<All>'. To its right is a 'Case' dropdown menu set to '<All>' and buttons for 'Select All' and 'Select By...'. Below these are several columns of data in a table:

Sel	End Date	Case Type	Procedure	Charge	Balance	Allowed	Deductible	Paid	Type	WriteOff	Code	Who Paid	New Bal	Adj. Group	Adj. Reason	Adj. Amou
<input type="checkbox"/>	09/14/2010	NRM	99215	125.00	125.00											
<input type="checkbox"/>	06/14/2011	NRM	99215	125.00	125.00											
<input type="checkbox"/>	10/25/2011	NRM	NOC	100.00	100.00											

Figure 9 – Payment – Make a Payment

Reports

Lists Reports

- Patient Recalls** – The Patient Recall reports (Long Listing 1, Long Listing 2, and Unfulfilled Recalls) have been updated with the ability to sort and select by Provider Code.

Addendum

Medicare E-Prescription/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 PQRI and E-Prescribing procedures to be sent to participating insurances to receive applicable incentive moneys through the Medicare E-Prescribing Incentive Program and 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 PQRI and E-Prescribing. See Figure 10. 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 E-Prescribing and/or PQRI procedures are only billed to participating insurances.

Starting in 2010 there is only one G-Code, G8553, which is required to identify the electronic transmission of a prescription. To configure this procedure enter **G8553** in the IH Code field. The G8553 code will then default into the CPT4 Code field. Next, in the Description field, enter **Prescription Sent Electronically**. 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 (i.e., PQRS and E-Prescribing). When finished, click the **Save** button.

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

- Procedure Section:**
 - IH Code: G8553
 - Description: Prescription Sent Electronically
 - CPT4 Code: G8553
 - 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 (highlighted with a red box)
 - Not Otherwise Classified
 - National Drug Code Required
- 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
 - Instruction: Click in the cell to edit the value.
- Other Section (Right Side):**
 - Notes
 - Proc Override
 - Billing Codes
 - Ins Profile
 - Inventory
 - Immunization
- Bottom Buttons:** Save, Cancel, Delete, ?

Figure 10 – 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 PQRI and E-Prescribing. See Figure 11. 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 E-Prescribing and/or PQRI procedures are only billed to participating insurances.

Insurance

1. Insurance

IH Code: MCRDE Category: MCR Assignment: Y

Billing Type: MCR_EDT Quality Measure Billing Instruction:

Copay: 0.00 Anes Time: Report Category:

Medigap #: 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:

4. Payment Defaults

Payment Type:

Write Off Code:

Withheld Write Off:

5. Company Information

Name: Delaware Medicare Trailblazer

Address 1: PO Box 650094

Address 2:

Zip Code: 75265 City: Dallas State: TX

Phone: () - () Fax: () -

Other

Notes

Billing IDs

Ins Profile

Capitation

Billing Types

Save Cancel Delete ?

Figure 11 – 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 12. 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)

Figure 12 – 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 13.

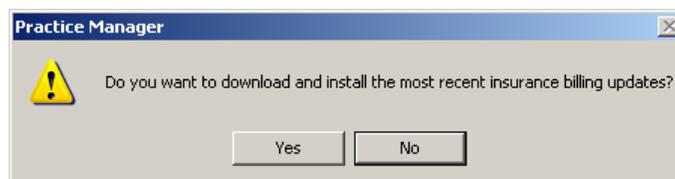


Figure 13 – Insurance Billing Updates Download

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 14. 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.

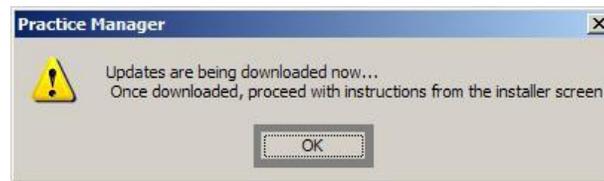


Figure 14 – Insurance Billing Updates Download Confirmation

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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