

General

- Administration → Transaction Tables → Procedure** – The Procedure dialog has been updated with a Don't Warn on Charge Screen if Duplicate Procedure Code Entered option. See Figure 1. When this option is selected for this procedure, the system will not produce a duplicate procedure warning when entering charges and this procedure has already been entered for the patient for the configured date of service.

Figure 1 – Procedure Dialog

- STI Patient Portal** – The forthcoming STI Patient Portal provides you with an interface with an abundance of features that allows you and your patients to communicate electronically with each other, thereby increasing efficiency and productivity with the management of their health care. You will have the ability to configure the patient portal so that the screens your patients see contain your practice logo and information.

Some highlights of the STI Patient Portal include secure messaging that allows you to communicate with your patient as well as allowing your patients to make appointment requests, refill requests, billing inquiries and questions, as well as healthcare questions and general messages. Patients will also have the ability to complete forms online pertaining to patient demographics, preferred pharmacies, current medication they are taking, allergies, as well as patient, surgical, and family history information. Patients will additionally have the ability to view and print their clinical summaries, as well as other features.

Appointment

- **Appointment → Select Patient** – The Additional Information section of the Select Patient tab in the Appointment screen has been updated so that 3 phone numbers in the correct order will be displayed for the patient when configured and will match those displayed in the Patient screen. See Figure 2.

The screenshot shows the 'Select Patient' form. The 'Patient Information' section includes fields for Sal (Ms.), First (Abby), M (C), Last (Doe), Suffix, Address 1 (69 Main Steet), Address 2, Zip Code (13219), City (Syracuse), State (NY), and Country (USA). The 'Additional Information' section, highlighted with a red box, contains three phone number fields: Primary Home ((315) 498-1518), Primary Cell ((315) 343-4344), and Primary Work ((315) 488-6445). Other fields include Sex (F), D.O.B. (09/28/1965), and SSN (123-).

Figure 2 – Appointment – Select Patient

Clinical

- **Clinical → Immunizations** – The Immunization tab of the Clinical screen has been updated with a Show Descriptions option. See Figure 3. When this option is selected the Provider, Eligibility, Manufacturer, and Relationship columns will display the description of the respective data. When this option is disabled (unchecked) the IH Code will be displayed for the respective data for these items.

The screenshot shows the 'Immunizations' table. The table has columns for Service Date, Procedure, Description, Provider, VIS Date, Eligibility, Manufacturer, Lot Number, Expiration Date, Dose, Route, Site, Consent, and Consent. The 'Show Descriptions' checkbox is checked and highlighted with a red box. The 'Show Deleted' checkbox is unchecked. The 'History' button is also visible.

Service Date	Procedure	Description	Provider	VIS Date	Eligibility	Manufacturer	Lot Number	Expiration Date	Dose	Route	Site	Consent	Consent
04/26/2011	0180T	64 LEAD ECG W I & R ONLY										N	
05/29/2012	90471	IMMUNIZATION ADMIN				Aviron	123123	05/04/2013				N	
05/29/2012	90471	IMMUNIZATION ADMIN	John Doe			Acambis, Inc	141234					N	

Figure 3 – Clinical – Immunization

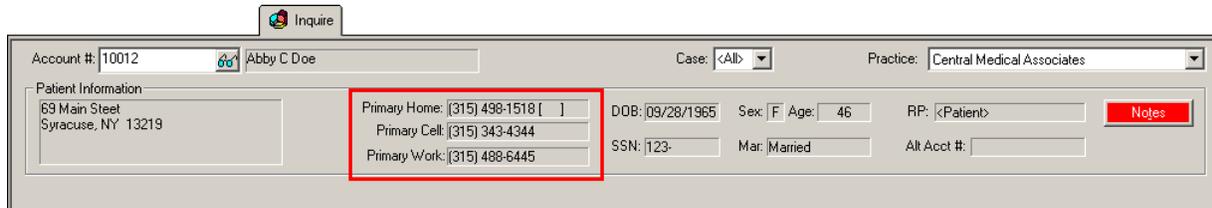
- **Clinical → Immunizations** – The system has been updated with the ability to generate a HL7 file for the Virginia Immunization Information System (VIIS). Once the applicable file has been created, it can then be uploaded to Virginia Immunization Information System website.

Documents

- **Signature Capture – Patient Account – Face Sheet** – The system has been updated to work in conjunction with the Topaz Signature Pad to allow a patient's signature to be captured electronically in a Face Sheet document.

Inquire

- **Inquire** – The Patient Information section of the Inquire screen has been updated so that the 3 primary phone numbers will be displayed for a patient when configured. See Figure 4.



The screenshot shows the 'Inquire' window for patient 'Abby C Doe'. The 'Patient Information' section contains the following data:

69 Main Street Syracuse, NY 13219	Primary Home: (315) 498-1518 [] Primary Cell: (315) 343-4344 Primary Work: (315) 488-6445	DOB: 09/28/1965	Sex: F	Age: 46	RP: <Patient>	Notes
		SSN: 123-	Mar: Married		Alt Acct #:	

Figure 4 – Inquire

Labels

- **Labels → Mailing Labels** – The Charge Labels have been updated with the ability to Select and Sort by Case Type.

Patient

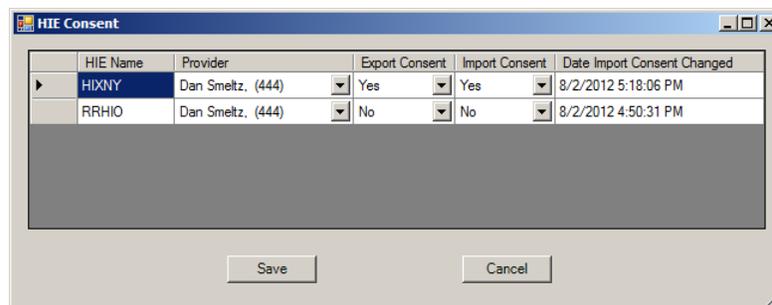
- **Patient** – The Other section of the Patient screen has been updated with a Consent button. See Figure 5. When you click the Consent button you access a HIE (Health Information Exchange) Consent dialog that allows you to configure the patient's consent for importing and exporting data, as well as the Provider for whom consent is given for each applicable HIE. See Figure 6. An audit event will be tracked in the Audit Trail each time the information in the HIE Consent dialog is modified.



The 'Other' section contains the following buttons from top to bottom:

- Notes
- More Patient
- Patient Stmt
- Family Links
- Phone #
- Consent

Figure 5 –ID Tab – Patient



The 'HIE Consent' dialog box displays the following table:

HIE Name	Provider	Export Consent	Import Consent	Date Import Consent Changed
HIXNY	Dan Smeltz, (444)	Yes	Yes	8/2/2012 5:18:06 PM
RRHIO	Dan Smeltz, (444)	No	No	8/2/2012 4:50:31 PM

Buttons: Save, Cancel

Figure 6 – HIE Consent

Payer Inquiry

- **Payer Inquiry** – The program has been updated to accommodate various changes for the ANSI 5010 format.

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 Figure7. 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
 - 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.
- Buttons:** Save, Cancel, Delete, and a help icon (?)

Figure 7 – 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 8. 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.

The screenshot shows the 'Insurance' dialog box with the following fields and options:

- 1. Insurance:**
 - IH Code: MCRDE
 - Category: MCR
 - Assignment: Y
 - Billing Type: MCR_EDF
 - 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: [] - []

Buttons: Save, Cancel, Delete, ?

Figure 8 – 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 9. 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 9 – 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 10.

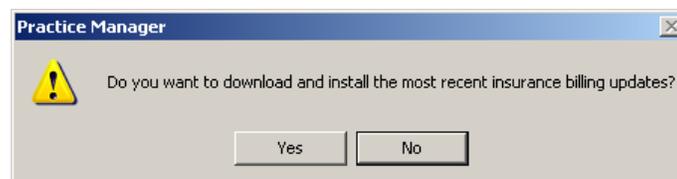


Figure 10 – Insurance Billing Updates Download

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 11. 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.

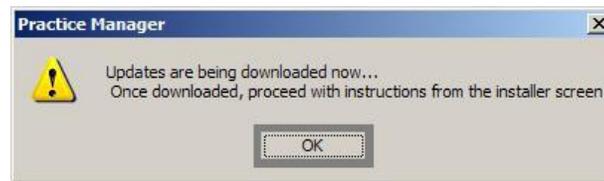


Figure 11 – Insurance Billing Updates Download Confirmation

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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