Add-Ins

- **Letters → Recall Letters** – Recall Letters have been updated so that you can now include Patient Reminder Preference Description information in the letter which will output the patient’s reminder preference when printed. Likewise, you can now select and sort Recall Letters by Patient Reminder Preference Description.

- **Letters → Recall Letters** – The program has been updated so that just prior to printing Recall Letters (after the Sort and Select Criteria have been selected, and the Print Letters button has been clicked), a Name Your Letter dialog will appear allowing you name the batch of the letters you are printing. This letter name will appear in the Inquire screen in the Letters Sent sub-tab. Likewise, this dialog also allows you to update the applicable recalls that you just printed with a Postal Mail notification. See Figure 1. This Update Recalls with Postal Mail notification option gives you the ability to have the system count these recalls for the applicable Meaningful Use objectives and measures. However, this will only update the applicable count when the Postal Mail reminder preference matches the reminder preference configured for the patient (in addition to Not Asked and No Preference). In other words, if a patient has a reminder preference of Phone Call, then those patients will not be counted as notified and a pop-up message will appear outlining this information as well as instructions on how to manually configure this information. See Figure 2.

![Figure 1 – Label Print Preview](image1)

![Figure 2 – Non-Matching Reminder Preference Warning](image2)
Charge → Enter a Charge/Edit a Charge — The Unfilled Recalls dialog has been redesigned to accommodate the new recall control features. See Figure 3. You have the ability to sort the recall data by clicking the applicable column heading. Likewise a Show Descriptions option has been added to the Unfilled Recalls dialog that when checked will show applicable descriptions for the applicable recall data instead of the in-house codes.

![Unfulfilled Recalls](image)

**Figure 3 — Unfulfilled Recalls**
Charge (continued)

- **Charge → Patient Recall** – The Patient Recall tab in the Charge screen has been redesigned to accommodate the new common recall controls that work in conjunction with the Clinical application. See Figure 4. The column headings have been updated so you can sort the configured recall data by clicking the applicable column heading, and for the Fulfilled column you can display recall information for a selected Fulfilled option (Yes, No, All). Likewise, the patient’s current Reminder Preference will be displayed in the corresponding field at the bottom of the Patient Recall tab. In addition, a Show Descriptions option has been added to the Patient Recall tab that when checked will show applicable descriptions for the applicable recall data instead of the in-house codes.

![Figure 4 - Charge - Patient Recall](image)

When entering or editing a recall, the Enter/Edit Recall dialog will allow you to add or modify Recall Type (previously Recall Code), Recall Date, Provider, Procedure, and Fulfilled options as before. See Figure 5. In addition, the Show on Clinical Facesheet option allows you to display the recall information on the facesheet in the Clinical application when checked. Likewise, you are able to manually configure how you contacted that patient for a recall reminder in the Reminder Method field. When the Reminder Method field is configured, the system will utilize this information when calculating applicable Meaningful Use objectives and measures.

![Figure 5 - Edit Recall](image)
Inquire

- **Recalls Tab** – The Recalls information has been redesigned to accommodate the new recall control features. The Recalls tab has been updated with two radio buttons to display this information: a Recall radio button, and a Reminder radio button. The Recall radio button will display recall information as in previous versions with new Last Reminder and Preference columns that will contain the last reminder preference for that recall (configured from printed letters, labels, or manually via the Charge > Patient Recall tab) and the reminder preference configured in the Patient screen, respectively. See Figure 6.

![Figure 6 – Inquire – Recalls – Recall](image)

When the Reminder radio is clicked any patient reminders will be displayed for the selected (highlighted) recall. See Figure 7. The information displayed will be the date of the reminder, the method of the reminder and the patient’s reminder preference that was configured in the Patient screen.

Likewise, the patient’s current Reminder Preference will be displayed in the corresponding field at the bottom of the Recalls tab. In addition, a Show Descriptions option has been added to the Recalls tab that when checked will show applicable descriptions for the applicable recall data instead of the in-house codes.

![Figure 7 – Inquire – Recalls – Reminder](image)
Insurance Billing

- **New York Worker’s Compensation (4.5.1)** – The program has been updated so that whenever printing New York Worker’s Compensation charges by case, whether individually or in a batch, the charges will print in the order that they were entered.

- **New York Worker’s Compensation – C-4.3 Doctor’s Report of MMI/Permanent Impairment (4.5.1)** – The New York Worker’s Compensation C-4.3 form has been updated with the Worker’s Compensation Board’s updated 1/12 form. See Figure 8. The new form uses the enhanced Forms functionality that allows you to enter, select, and modify data, right into the C-4.3 form you will be printing for the patient. The system will automatically populate the form with data entered in the charge along with the applicable doctor information based on the selected options at the top of the form: you have the ability to select the Billing Type (By Provider or By Practice), how to Load Charges (By Encounter or By Case), to populate the form with information from the previous form by clicking the Get Last button, as well as the ability to select the Print Later option, Save the form, or Print the form.

![Figure 8 – C-4.3 Doctor’s Report of MMI/Permanent Impairment](image)

*Figure 8 – C-4.3 Doctor’s Report of MMI/Permanent Impairment*
Insurance Billing (continued)

- New York Worker’s Compensation – C-4 AUTH Attending Doctor’s Request for Authorization and Carrier Response (4.5.2) – The New York Worker’s Compensation C-4 AUTH form has been updated with the Worker’s Compensation Board’s updated 2/13 form. See Figure 9. The new form uses the enhanced Forms functionality that allows you to enter, select, and modify data, right into the C-4 AUTH form you will be printing for the patient. The system will automatically populate the form with data entered in the charge along with the applicable doctor information based on the selected options at the top of the form: you have the ability to select the Provider, to populate the form with information from the previous form by clicking the Get Last button, as well as the ability to select the Print Later option, Save the form, Print the form, or Refresh the form.

![Figure 9 – C-4 AUTH Attending Doctor’s Request for Authorization and Carrier Response](chartmaker-medical-claims-forms.png)
Insurance Billing (continued)

- **New York Worker’s Compensation – MG-1 Attending Doctor’s Request for Optional Prior Approval and Carrier’s/Employer’s Response (4.5.2)** – The New York Worker’s Compensation MG-1 form has been updated with the Worker’s Compensation Board’s updated 2/13 form. See Figure 10. The new form uses the enhanced Forms functionality that allows you to enter, select, and modify data, right into the MG-1 form you will be printing for the patient. The system will automatically populate the form with data entered in the charge along with the applicable doctor information based on the selected options at the top of the form: you have the ability to select the Provider, to populate the form with information from the previous form by clicking the Get Last button, as well as the ability to select the Print Later option, Save the form, Print the form, or Refresh the form.

![MG-1 Form](image)

**Figure 10 – MG-1 Attending Doctor’s Request for Optional Prior Approval and Carrier’s/Employer’s Response**
Insurance Billing (continued)

- **New York Worker’s Compensation – MG-2 Attending Doctor’s Request for Approval of Variance and Carrier’s Response (4.5.2)** – The New York Worker’s Compensation MG-2 form has been updated with the Worker’s Compensation Board’s updated 2/13 form. See Figure 11. The new form uses the enhanced Forms functionality that allows you to enter, select, and modify data, right into the MG-2 form you will be printing for the patient. The system will automatically populate the form with data entered in the charge along with the applicable doctor information based on the selected options at the top of the form: you have the ability to select the Provider, to populate the form with information from the previous form by clicking the Get Last button, as well as the ability to select the Print Later option, Save the form, Print the form, or Refresh the form.

![Image of MG-2 form](image)

**Figure 11 – MG-2 Attending Doctor’s Request for Approval of Variance and Carrier’s Response**

- **NPI Extension Program (4.5.1)** – For those billing forms, insurances, and/or payer organizations IDs that still require you to include the legacy billing identification numbers in the billing file, or print on the billing form, the program has been updated with the Legacy ID Configuration option (Add-Ins > Insurance Billing > Other Configurations > Legacy ID Configuration) that allows you to import and maintain the cutoff date information previously configured via the IBILL_CFG_NPICMS.DAT file (Add-Ins > Run > NPI Extension Program) locally on each workstation (version 4.2 and higher).

Since information will now be located in a central location within the Practice Manager database instead of on each workstation via the IBILL_CFG_NPICMS.DAT file, you will now be update and maintain legacy in a single area instead of having to update each workstation, thereby allowing to easily and efficiently share changes instantly, without forgetting to update an individual workstation.
Insurance Billing (continued)

- **NPI Extension Program (4.5.1) (continued)** – The first time you access the Legacy ID Configuration option via Add-Ins > Insurance Billing > Other Configurations > Legacy ID Configuration, an IBILL_CFG_LEGACY Import Options dialog will appear that will walk you through importing the applicable configuration. See Figure 12. Do note that only one configuration can be imported, and there may be different configurations on different workstations within your office. Therefore, you have the ability to browse to appropriate file, as well as print the configurations for each workstation.

Once the configuration file has been imported, you are able to add and maintain cutoff dates via Add-Ins > Insurance Billing > Other Configurations > Legacy ID Configuration in a similar manner as in previous versions. See Figure 13. Do note, that if you try to access the NPI Extension Program via the Run module, a warning will appear stating that the information must now be configured via Add-Ins > Insurance Billing > Other Configurations > Legacy ID Configuration.

![IBILL_CFG_LEGACY Import Options](image12)

**Figure 12 – IBILL_CFG_LEGACY Import Options**

![IBILL_CFG_LEGACY](image13)

**Figure 13 – IBILL_CFG_LEGACY**
Labels

- **Labels → Mailing Labels → Recall Card Labels & Recall Labels** – The Additional Field 1 and Additional Field 2 fields have been updated with the ability to select Patient Reminder Preference Description so that the patient’s reminder preference can print on the recall label.

- **Labels → Mailing Labels → Recall Card Labels & Recall Labels** – The Select and Sort Criteria has been updated so that you can select and sort recall labels by Patient Reminder Preference Description.

- **Labels → Mailing Labels → Recall Card Labels & Recall Labels** – The program has been updated so that after printing Recall Card Labels and Recall Labels, a Practice Manager dialog will appear allowing you to update the applicable recalls that you just printed with a Postal Mail notification. See Figure 14. This Update Recalls with Postal Mail notification option gives you the ability to have the system count these recalls for the applicable Meaningful Use objectives and measures. However, this will only update the applicable count when the Postal Mail reminder preference matches the reminder preference configured for the patient (in addition to Not Asked and No Preference). In other words, if a patient has a reminder preference of Phone Call, then those patients will not be counted as notified and a pop-up message will appear outlining this information as well as instructions on how to manually configure this information. See Figure 15.

![Figure 14 – Label Print](image)

**Figure 14 – Label Print**

![Figure 15 – Non-Matching Reminder Preference Warning](image)

**Figure 15 – Non-Matching Reminder Preference Warning**

When Print Previewing Recall Card Labels and Recall Labels, after you close out of the preview screen, a Practice Manager dialog will appear asking you if you printed the batch of recalls and also allowing you to update the applicable recalls that you just printed with a Postal Mail notification. See Figure 15. As with printing Recall Card Labels and Recall Labels, this Update Recalls with Postal Mail notification option gives you the ability to have the system count these recalls for the applicable Meaningful Use objectives and measures. However, this will only update the applicable count when the Postal Mail reminder preference matches the reminder preference configured for the patient (in addition to Not Asked and No Preference). In a similar manner as printing, a pop-up message will appear outlining this information as well as instructions on how to manually configure this information for those patients that do not have the Postal Mail (or Not Asked or No Preference) reminder preference configured. See Figure 16.

![Figure 16 – Label Print Preview](image)

**Figure 16 – Label Print Preview**

Patient

- **Patient → Scan (4.5.1)** – The program has been updated to work with the DocketPORT Duplex ID Scanner to provide double-sided scans in a single step and a single image will be saved in the patient’s record.
Payer Inquiry

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

Remittance

- **Payment Remittance (4.5.2)** – All remittance programs have been updated to automatically write off 2% of the balance whenever a claim adjustment reason code of 223 is used for claims with a date of service of April 1, 2013 or later. This change was made to automatically adhere to the sequestration reduction.

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 Patient Reminder Preference Description. Likewise, these reports have been updated to display the reminder preference information within the reports.

To-Do

- **The To-Do List (4.5.1)** – To increase performance and ease of use, the To-Do List has been updated to list 25 to-do items at a time and allow you to page through the entire To-Do items at this interval using the arrow buttons at the bottom left of the To-Do List. See Figure 17. Likewise, you also have the ability to page to the first and last page of To-Do items by clicking the leftmost arrow button or the rightmost arrow button respectively.

Do note, however, that with this new pagination feature, when selecting a specific To-Do List item by From, Priority, Type, or Patient column type, the applicable drop-down list will only contain an (All) option and any other options for From, Priority, Type, or Patient that are on the current page you are viewing; therefore, other options for these columns may be available on other pages. Once a particular column type is selected it will show all of the items for that column type, allowing you sort and page through those items that have the selected column type. If you then select the (All) type, the system will resort back to the default page of the To-Do List.

![Figure 17 – To-Do List (Embedded)](image-url)
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 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 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.

![Figure A1 – Procedure](image-url)
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 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 E-Prescribing and/or PQRI procedures are only billed to participating insurances.

![Figure A2 – Insurance Dialog](image-url)
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](image)

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](image)
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.

![Practice Manager](image)

**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 Manager (Add-Ins > Insurance Billing > Billing Component Manager).

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