

## ChartMaker<sup>®</sup> Practice Manager

### General

- Administration – Code Tables – Language** – The Language Table Maintenance dialog (Administration > Code Tables > Codes > Language) has been updated with a Standard Mapping field so that each language code can be mapped to the ISO 639-2 standard language codes, as required for Meaningful Use Stage 2. See Figure 1.

Code	Description	Standard Mapping	Active	System
E	English	English (eng)	Active	Y
O	Other		Active	Y
PDS	Patient Declined to Specify		Active	Y
SI	Sign Language	Sign Language (sgn)	Active	Y
SP	Spanish	Spanish; Castilian (spa)	Active	Y

Code Value:   Active

Description:

Standard Mapping:

Figure 1 – Language Table Maintenance

- Administration – Code Tables – Race** – The Race Table Maintenance dialog (Administration > Code Tables > Codes > Race) has been updated with a Standard Mapping field so that each race code can be mapped to the the OMB (Office of Management and Budget) race standard, as required for Meaningful Use Stage 2. See Figure 2. The OMB Standard Codes are: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Code	Description	Standard Mapping	Active	System
A	Asian	Asian (2028-3)	Active	Y
AIN	American Indian or Alaska N...	American Indian or Alaska N...	Active	Y
B	Black	Black or African American (2...	Active	Y
H	Hispanic	White (2106-3)	Active	Y
NHO	Native Hawaiian or Other Pa...	Native Hawaiian or Other Pa...	Active	Y
PDS	Patient Declined to Specify		Active	Y

Code Value:   Active

Description:

Standard Mapping:

Figure 2 – Race Table Maintenance

## General (continued)

- Administration – Utilities – Audit – Audit Trail** – The Audit Trail has been updated to track any modifications made to the Audit Administration area. See Figure 3. An Audit Event will be created for each modification once the Save button has clicked in the Audit Administration dialog.

Event	Group	Audit Date	Operator	Audit Trail Description	Old Value	New Value	Failed	Metadata
Modified		9/4/2013 2:52:27 PM	JD	Patient Recall Unfulfilled (Practice Manager)	Enabled	Disabled	<input type="checkbox"/>	
Modified		9/4/2013 2:52:27 PM	JD	Patient Recall Modified (Practice Manager)	Enabled	Disabled	<input type="checkbox"/>	

**Figure 3 – Audit Trail**

- Administration – Utilities – Audit – Audit Administration** – The Audit Administration dialog has been updated with a Restore System Settings button that allows you to revert the Audit system back to the system default setting (all audit options activated). See Figure 4. Do note, that when the Restore System Settings button is selected, that the system will only restore the settings for the selected Application. Likewise, you must click the Save button to activate the restore prior to selecting a different application in the Application field.

Functional Area	Group	Event	Audit
Appointment	Appointment	Checked-In	<input checked="" type="checkbox"/>
Appointment	Appointment	Checked-Out	<input checked="" type="checkbox"/>
Appointment	Appointment	Created	<input checked="" type="checkbox"/>
Appointment	Appointment	Modified	<input checked="" type="checkbox"/>
Appointment	Appointment	No Show	<input checked="" type="checkbox"/>
Appointment	Appointment	Office Cancelled	<input checked="" type="checkbox"/>
Appointment	Appointment	Office Rescheduled	<input checked="" type="checkbox"/>
Appointment	Appointment	Other	<input checked="" type="checkbox"/>
Appointment	Appointment	Patient Cancelled	<input checked="" type="checkbox"/>
Appointment	Appointment	Patient Rescheduled	<input checked="" type="checkbox"/>
Appointment	Appointment	Purge Appointments	<input checked="" type="checkbox"/>
Appointment	Appointment	Repaired	<input checked="" type="checkbox"/>

**Figure 4 – Audit Administration**

## Patient

- **Patient – Additional Information – Language** – The Language field has been updated to include language designations that are mapped to the ISO 639-2 language standard as required for Meaningful Use Stage 2. Likewise, there is a Patient Declined to Specify option that can be selected when needed. Practices have the ability to create additional language codes via the Language Table Maintenance dialog (Administration > Code Tables > Codes; select Language in the Code Table Selection) if needed, however, each additional code must be mapped to an ISO 639-2 standard code.
- **Patient – Additional Information – Race** – The Race field has been updated to include race designations that are mapped to the OMB (Office of Management and Budget) race standard as required for Meaningful Use Stage 2. Likewise, there is a Patient Declined to Specify option that can be selected when needed. Practices have the ability to create additional race codes via the Race Table Maintenance dialog (Administration > Code Tables > Codes; select Race in the Code Table Selection) if needed, however, each additional code must be mapped to an OMB standard code.
- **Patient – Other – Consent** – The Consent dialog (HIE Consent in previous versions) has been updated with a Medication History Consent section that allows you to configure a patient’s consent for electronically accessing their medication history, via Surescripts network, stored in the databases of community pharmacies and pharmacy benefit managers. See Figure 5. Once consent has been configured as desired, you have the ability to configure a Date of Consent; and if consent was given (Yes), you can select a specific provider for whom consent was given, or you can select All Providers.

In addition, the two Yes options in the Consent dialog will be different based on the patient’s age. For patients 18 years and older the options will be: **Yes, consent given**, and **Yes, guardian/POA consent given**. For patients younger than 18 years the options will be: **Yes, parental/guardian consent given**, and **Yes, emancipated minor consent given**.

The screenshot shows a dialog box titled "Consent" with a "Medication History Consent" section. This section includes four radio button options: "Yes, consent given" (selected), "Yes, guardian/POA consent given", "No consent", and "Not asked". To the right of these options are a "Provider:" dropdown menu set to "All Providers" and a "Date of consent:" dropdown menu set to "8/ 7/2013". Below this section is a table with the following data:

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

At the bottom of the dialog box are "OK" and "Cancel" buttons.

Figure 5 – Patient – Other – Consent

- **Patient → Scan** – The program has been updated to work 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.

## Remittance

- **Payment Remittance** – All remittance programs, except the NY Medicaid Institutional (NYMCDI) program, have been updated to automatically write off 2% of the balance whenever a claim adjustment reason code of CO-137, CO-223, or CO-253 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

### Financial Reports

- **Write-Off Analysis → Claim Adjustment Reason Code (CARC)** – A new Claim Adjustment Reason Code (CARC) report has been created that will display claim adjustment reason codes and their corresponding amounts that were attached to payments. This report allows you to easily track penalties based on claim adjustment reason codes. This report will contain the following information: Adjustment Reason Code, Description, CARC Amount, Charge Amount, and Allowed Amount. These values will be totaled depending upon the specific report and criteria used.

# 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.

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

- Procedure Section:**
  - IH Code: G8553
  - Description: Prescription Sent Electronically
  - CPT4 Code: G8553
  - Category: [Dropdown]
  - MOD 1: [Field]
  - RVU: 0
  - Amount: 0.00
  - Unit Value: 0
  - MOD 2: [Field]
  - ABU: 0
  - TOS: 1
  - Follow Up Days: 0
  - Recall: [Field]
  - 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 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 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.

**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 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.

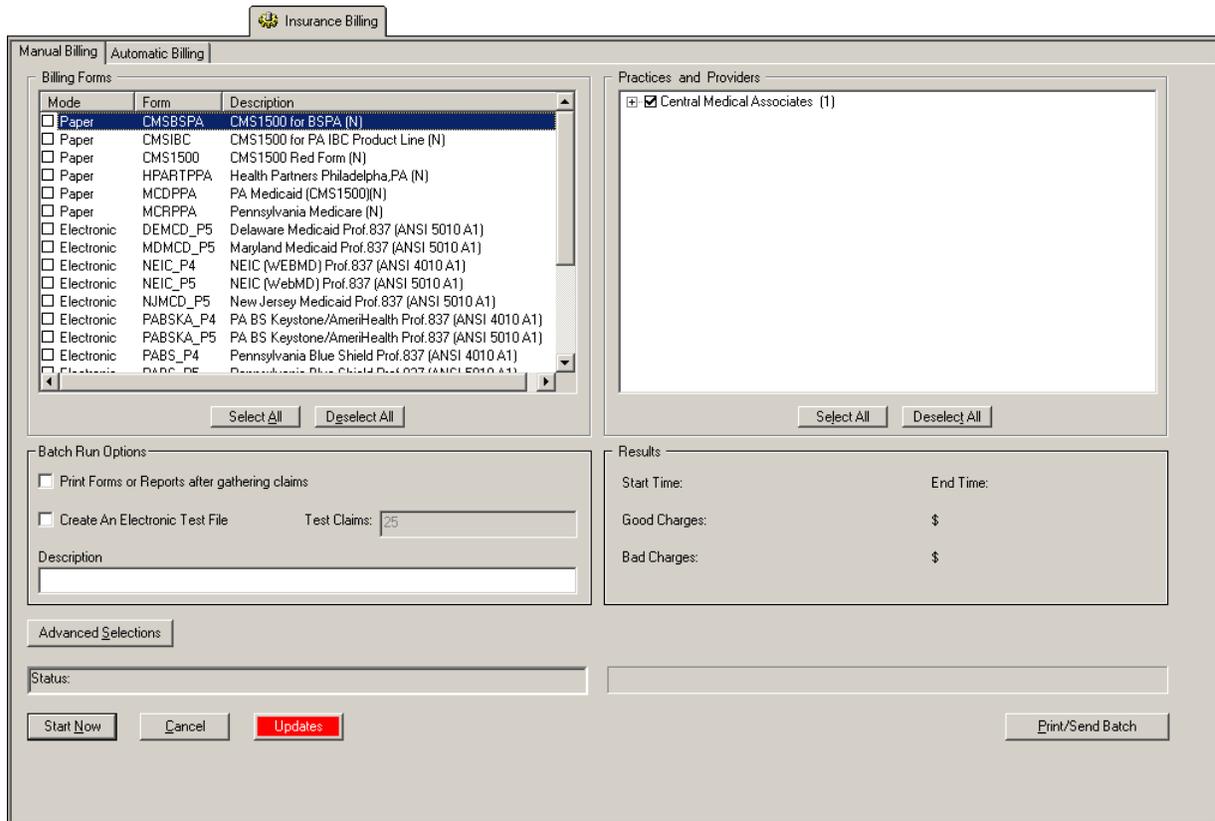


Figure A3 – Insurance Billing – Manual Billing

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.

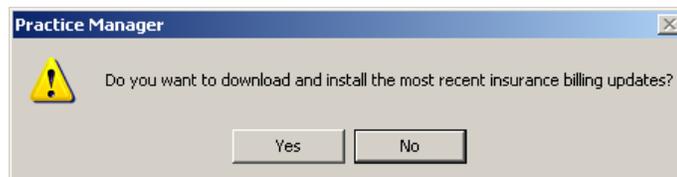
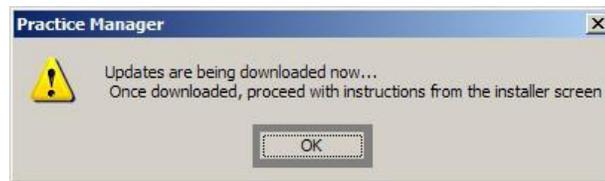


Figure A4 – Insurance Billing Updates Download

## 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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