

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

### Add-Ins

- **Practice Dashboard** – The Panel Configuration Wizard has been updated with a Back button that allows you to easily retrace your steps when configuring a panel for the Practice Dashboard. See Figure 1.

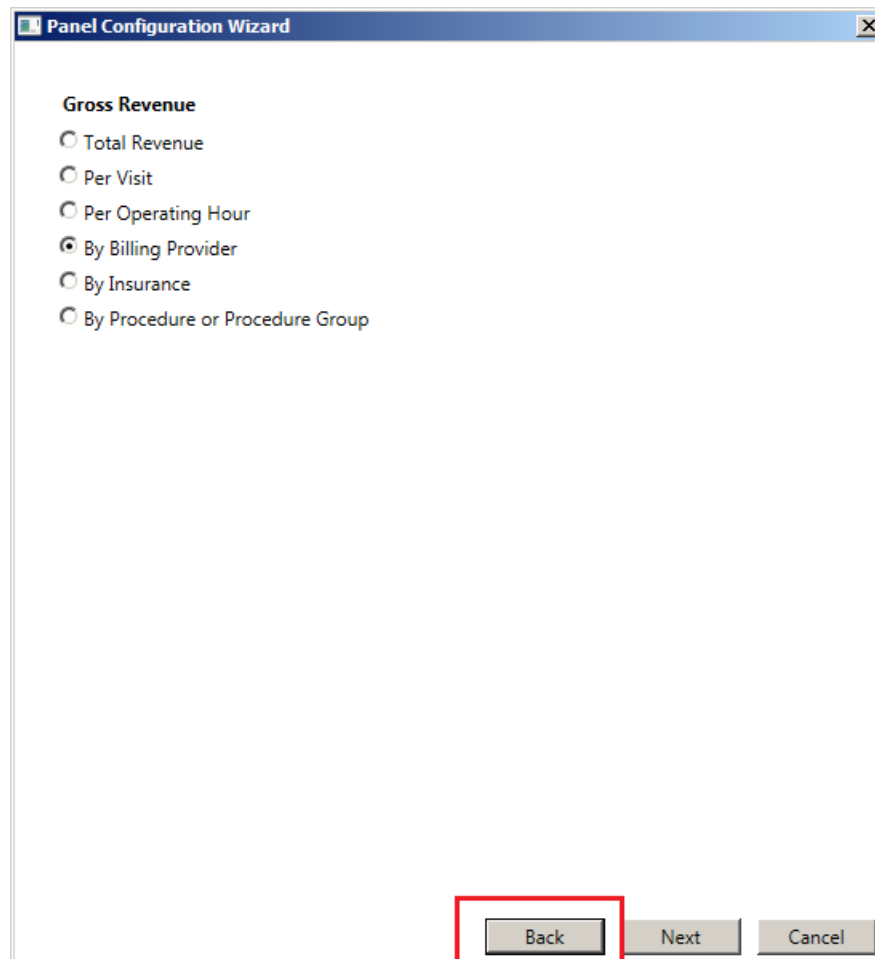


Figure 1 – Panel Configuration Wizard

## Administration

- **Administration – Registry – Immunization – Invalid Data Report** – The Invalid Data Report has been updated to produce an error for immunizations that contain procedures that have a Type of Immunization, but have no CVX mapping. Immunizations without any CVX mapping will not be sent to registries.

## Clinical

- **Clinical – Immunization** – The program has been updated so that if the system failed to send an immunization file to a registry due to a connection error, those immunizations will automatically be resent the next time an immunization file is sent.

## General

- **System Change – Account # – F8** – The [F8] functionality of recalling the last patient account accessed has been updated to include patients accessed via the Clinical application. Therefore, when pressing the [F8] key, the system will now access the last patient accessed in either Clinical or Practice Manager. Likewise, the [Shift] + [F8] functionality of listing the last five (5) accounts has been updated to now list the last ten (10) accounts accessed in either Clinical or Practice Manager in descending order of access. In addition, the system will retain the last patients accessed when exiting the Practice Manager and Clinical applications, thereby, allowing you to utilize the [F8] and [Shift] + [F8] functionality to recall last patient accounts when logging into Practice Manager again.

The new [F8] and [Shift] + [F8] functionality also works, as described above, when accessing patient account numbers in the Search Criteria for Reports, as well as in the Responsible Party # field in the Patient Billing > Patient Billing area.

- **System Change – Account # – Search** – The program has been updated so that when searching for a patient's account by phone number, the system will return any matching phone number regardless of the type of phone number (home, cell, work, etc.).

## Patient

- **Patient – Consent – Immunization** – The Immunization section of the Consent dialog has been updated with a **Registry Name** field that allows you to specify a specific registry when configuring patient consent for immunizations. See Figure 3. This enables you to configure separate consent information for the patient for each applicable registry. Also, a **Do not send patient's immunizations to this registry** option has been added. When this option is selected, immunization will not be sent to the selected registry, and the Registry Status, Reminder Preference, and Protect immunization options below will be grayed out. In addition, the **Protect immunization data from other clinicians** option has been updated with a Yes, No, and Not Asked radio button. Clicking Yes indicates that the patient *does not* want their data shared with other clinicians, while clicking No indicates that the patient *does* want their data shared with other clinicians.

When sending immunization information to immunization registries in the H7 Version 2.5.1 format, you must access the Consent button (in either Practice Manager via the Patient screen, or in Clinical via the ID tab) for each applicable patient to configure whether or not the patient wants to share this information with the registry. This process replaces the **Consent for Immunization** and **Permission to Share** options in the Order Procedure dialog in Clinical, and the Immunization Entry dialog in Practice Manager, *for sending immunization information to registries in the 2.5.1 HL7 format*. Do note, however, that the **Consent for Immunization** option should still be configured at the procedure level (in the Order Procedure dialog in Clinical, and the Immunization Entry dialog in Practice Manager) to provide accurate documentation within the chart note and patient's record, when applicable.

HIE Name	Provider	Export Consent	Import Consent	Date Import Consent Changed
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Figure 2 – Consent

## Patient (continued)

- **Patient – Patient Portal** – The PatientPortal registration process has been updated so that patients can now manually register to the patient portal without an email address. The Patient Portal dialog can now be accessed to authorize a patient if there is not an email address entered in the Email field of the Patient screen. In the Patient Portal dialog, there is an option that allows you to print the authorization instructions for the patient to manually register on the PatientPortal. See Figure 3. This is the only option available when there is not an email address entered for the patient. To authorize a patient this way, click the corresponding Authorize button, and the Authorize Patient dialog will appear, allowing you to print the instructions and authorize the patient. See Figure 4. When a patient is authorized in this manner, Patient Portal button in the Patient screen will turn yellow indicating that the patient's Patient Portal Status is pending.

The printed instructions will contain the link to the registration page, an eight-digit alphanumeric activation code, and a security code. When a patient views the registration page, they will be prompted to enter the activation and security code provided to them in the printout. If these are entered correctly, they will be taken to another registration page that allows them to complete the registration process.

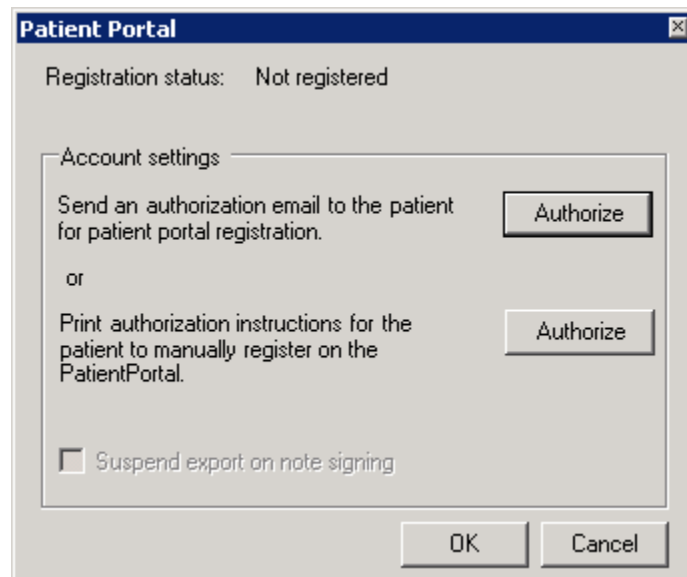


Figure 3 – Patient Portal

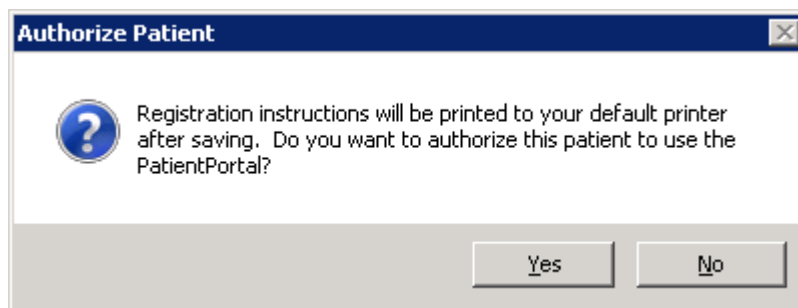


Figure 4 – Authorize Patient

# 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 with the following details:

- Procedure Section:** IH Code: PQRS, Description: PQRS Procedure, CPT4 Code: PQRS, 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,  Don't Warn on Charge Screen if Duplicate Procedure Code Entered.
- Insurance Section:**  Hard Copy, Rev/Rate: [text],  No Copay, Billing Instruction: [dropdown].
- National Drug Codes Section:** Table with columns Primary, NDC, Description. Includes 'Add' and 'Delete' buttons.
- Buttons:** Save (highlighted in red), Cancel, Delete, and a help icon (?) in the bottom right.

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.

**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.

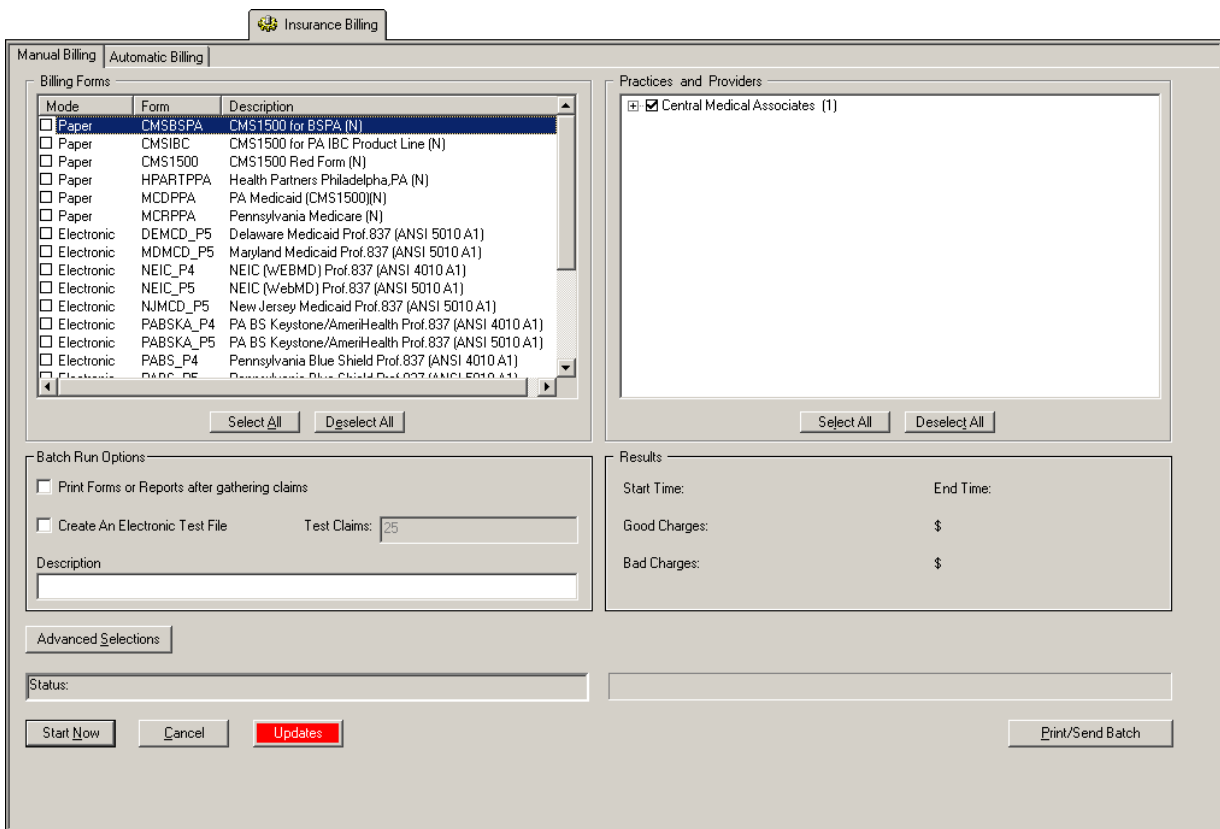


Figure A3 – Insurance Billing – Manual Billing

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.

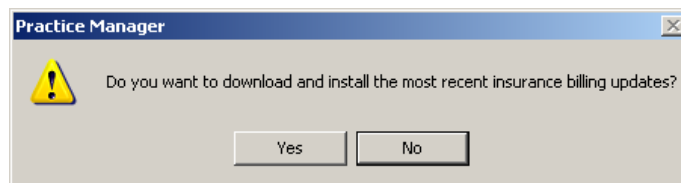
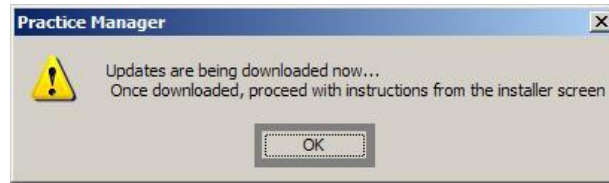


Figure A4 – Insurance Billing Updates Download

## 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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