

ChartMaker[®] Practice Manager

Administration

- Administration – Transaction Tables – Procedure – Immunization** – The Immunization Manufacturers & Lot Numbers dialog has been updated so that you are able to map CVX Codes to the applicable immunization procedure codes (CPT4) via the CVX Code field; Manufacturers via the Product CVX Code field, and VIS documents via the VIS button, when needed. See Figure 1. The system will default the CVX Code for applicable procedures and manufacturers based on the CDC's mapping list. Likewise, the system will default any VIS documents mapped to CVX Codes based on the CDC list. When a VIS document is attached to a CVX code the VIS button will become highlighted. Throughout the dialog there are applicable links to CDC's mapping list to assist you when mapping CVX Codes to CPT4 Codes, manufacturers, and VIS documents; along with links to the CDC's CVX list when adding and editing codes.

Figure 1 – Immunization Manufacturers & Lot Numbers

When searching for a CVX Code in the Search List dialog, you can not only search for an applicable CVX code to attach to the procedure or manufacturer, but also Add, Remove, and edit the description of CVX (via Properties) by clicking the corresponding buttons. See Figure 2.

Administration (continued)

Administration – Transaction Tables – Procedure – Immunization (continued)

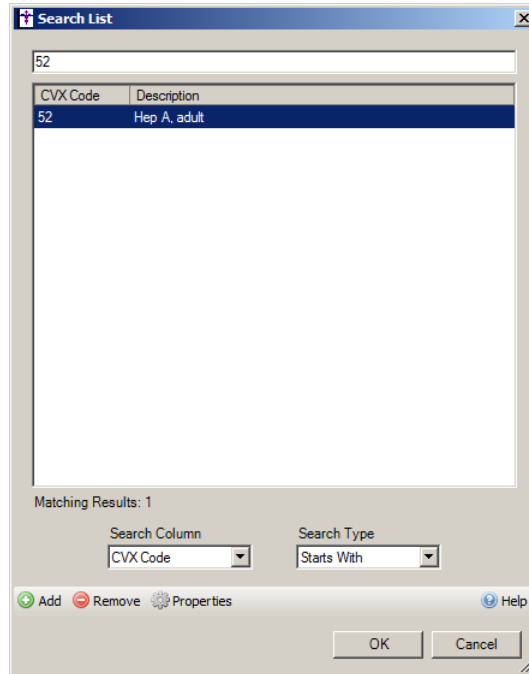


Figure 2 – Search List

When you click the VIS button you will enter the VIS Document Selection dialog that allows you to associate VIS Documents to the CVX code. VIS Documents can be associated to a CVX code by highlighting the applicable code(s) in the VIS Documents column and clicking the > button. Or, they can be disassociated by highlighting the code(s) in the VIS Documents Associated with this CVX Code column and clicking the < button. Likewise, you have the ability to Add, Remove, and activate and inactivate (via Properties), VIS documents via the corresponding buttons at the bottom of the dialog. See Figure 3.

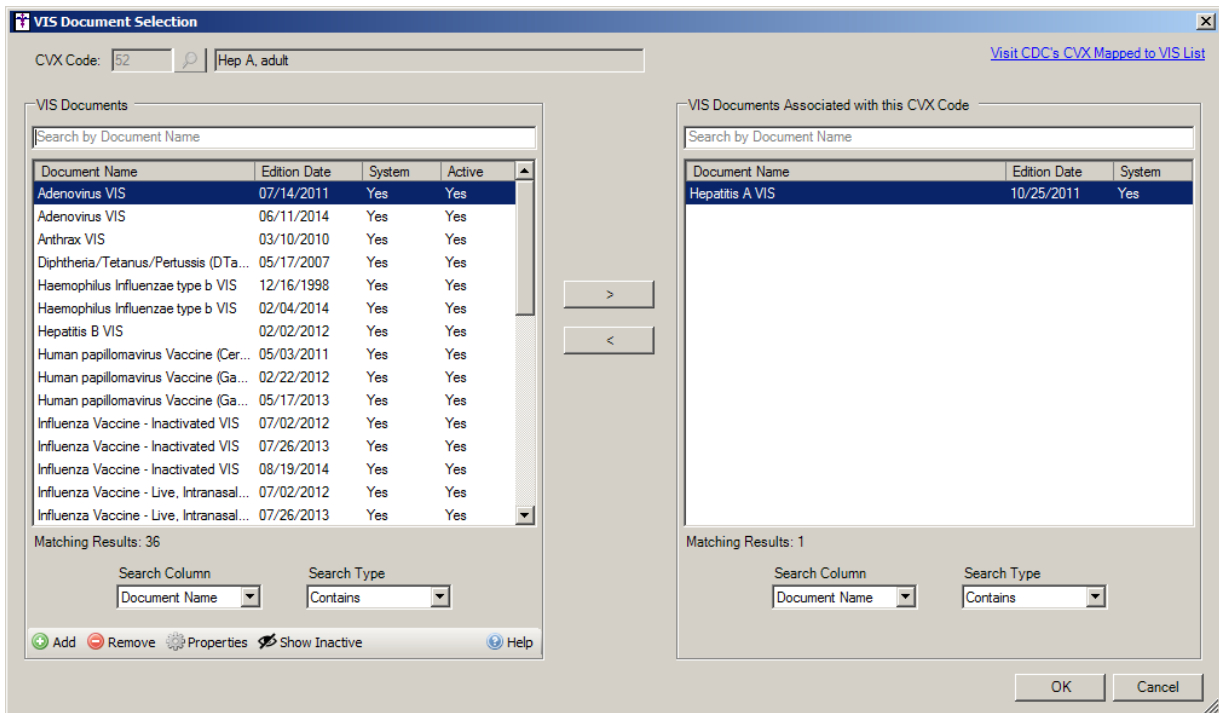


Figure 3 – VIS Document Selection

Appointments

- **Appointments – Recurring Appointments** – The Schedule Appointment screen has been updated with a Recurrence button that allows you to schedule recurring appointments for a patient. See Figure 4. Likewise, a Remaining Dates to Schedule section will list any recurring appointments that did not originally get scheduled due to a conflict or other factors. You have the ability to schedule these by highlighting the applicable appointment and then scheduling as normal, or you can delete or clear these appointments as needed. When you highlight an appointment in the Remaining Dates to Schedule section, the system will jump to that date and time allowing you to schedule that appointment in any open appointments around the conflicted time slot.

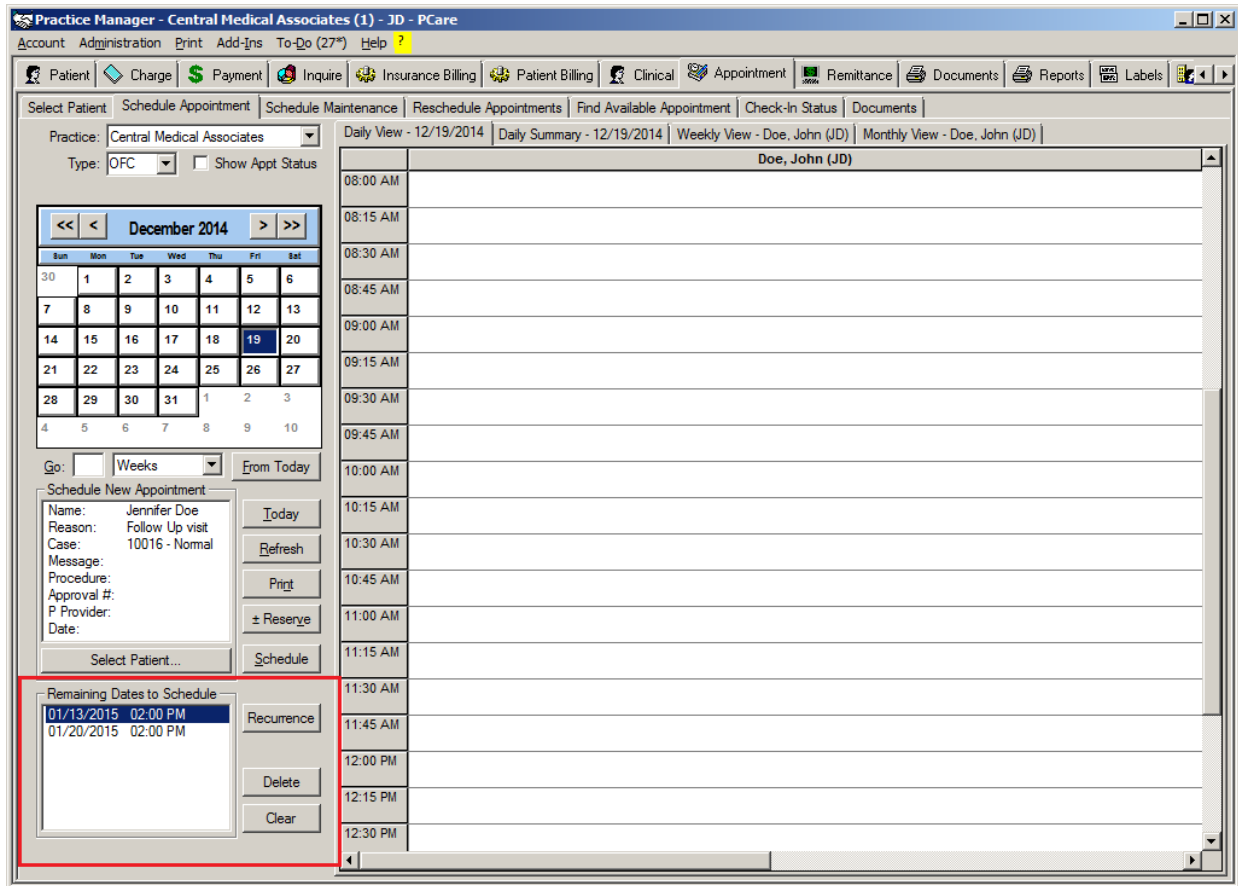


Figure 4 – Appointments – Schedule Appointment

When you click the Recurrence button, the Appointment Recurrence dialog will appear allowing you configure the parameters for the recurring appointments. See Figure 5. The Appointment Options section will default the information entered in the Select Patient screen. Here you are able to modify or add to that information.

In the Appointment Time section you can configure the patient's start/end time preference, and/or the duration for the appointment. While in the Recurrence Pattern section you can select when the appointments should recur (daily, weekly, monthly), and in the Recurrence Range section you select a data range for the recurring appointments or you can select the number of appointments after which the recurrence should end.

Once the parameters have been configured, you can press the Search button, and the system will list the applicable appointments in the Appointments to be Scheduled section along with any conflicts. Any conflicting times will not be checked for scheduling. You can check or uncheck the appointments, as needed, and then click the Schedule button. Any appointments not selected will appear in the Remaining Dates to Schedule section in the Schedule Appointments screen. Do note, that when you schedule these appointments from this area they will no longer be associated with the recurring appointment group.

Appointments (continued)

Appointments – Recurring Appointments (continued)

Select	Appointment Time	Day
<input checked="" type="checkbox"/>	12/23/2014 01:15 PM - 01:30 PM	Tuesday
<input type="checkbox"/>	12/30/2014 01:15 PM - 01:30 PM	Tuesday
<input type="checkbox"/>	01/06/2015 01:15 PM - 01:30 PM	Tuesday
<input checked="" type="checkbox"/>	01/13/2015 01:15 PM - 01:30 PM	Tuesday
<input checked="" type="checkbox"/>	01/20/2015 01:15 PM - 01:30 PM	Tuesday

Figure 5 – Appointment Recurrence

When canceling, deleting, or rescheduling appointments that are part of a recurring group, you will have the ability to cancel, delete, or reschedule that specific appointment, or that specific appointment and all future occurrences (from the date of the selected appointment) in that series. See Figure 6.

Reschedule

Recurrence:

This occurrence

This and all future occurrences

Reschedule Appointment:

Now Later

Rescheduled By:

Office Patient

Rescheduled Reason:

OK Cancel

Figure 6 – Reschedule

Appointments (continued)

Appointments – Recurring Appointments (continued)

If you are rescheduling an appointment, and you choose to reschedule this and all future occurrences now, the Appointment Recurrence dialog will appear. See Figure 7. The appointments to be rescheduled will be listed and you have the ability to set the parameters to reschedule those appointments in a similar manner discussed above.

If you are rescheduling an appointment, and you choose to reschedule this and all future occurrences later, the applicable appointments will be removed from the schedule and moved to the Reschedule Appointments tab. When rescheduling an appointment that was part of a recurring series from the Reschedule Appointments area you will have the ability to reschedule the single occurrence or all of the occurrences that appear in the Reschedule Appointments tab.

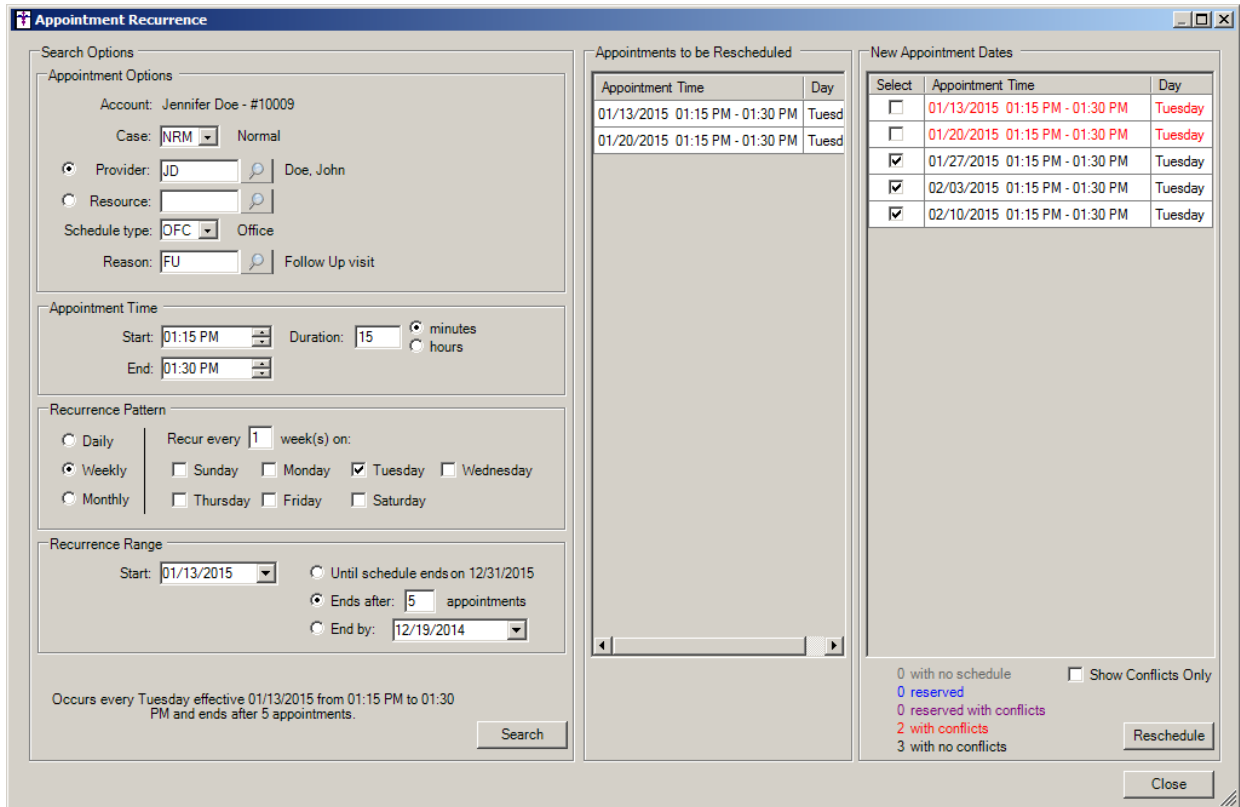


Figure 7 – Appointment Recurrence

Insurance

- Billing ID Overrides** – The program has been updated so that the various Billing ID Override dialogs (Practice, Provider, Referral, Facility, & Insurance) now allow up to 15 rows of billing override data, when applicable. See Figure 8.

Provider Billing ID Overrides - Central Medical Associates

IH Code	Billing Form	Insurance	Field 1	Field 2	Field 3	Field 4	Field 5	Field 6	Field 7

Provider - JD - John Doe

1. Override Key

Billing Form: NEIC_P5

Insurance: MCR

2. Override Data

Form Label	Override
Billing ID	
Provider Taxonomy	
Suffix(HORIZON BC	
Use SSN# Y or N?	
Alt.TaxID/(EIN?)	
Medicare#	
Override NPI With Le	
P.A. Who Bills (Y/N)	

Activation Date: / / Expiration Date: / /

Add To List Cancel

Figure 8 – Provider Billing ID Overrides

Patient

- **Patient – More Patient – Patient Representative** – The More Patient Information dialog has been updated with a Patient Representative section that allows you to enter and maintain representative information (Emergency Contact, Health Care Proxy, Legal Guardian, Next of Kin, Patient Portal Representative, Primary Caregiver, Power of Attorney, etc.) for the patient. See Figure 9. The Patient Representative section replaces the Emergency Contact fields in previous versions.

1. Additional Information

Date of Death: / / Military Branch: Maiden Name: / /
Retirement Date: / / Military Grade: Nickname: / /
Signature Date: / / Military Status: Weight: / /
Mother's First Name: Mother's Last Name: / /
Mother's Maiden Name: Davis

2. Billing Information

Defer Patient Bill Defer Insurance Claims Budget Amount: 0.00
Start Date: / / Start Date: / / Charges From: / /
End Date: / / End Date: / / Charges Thru: / /
Last Bill: Cycle Date: / / Activation: / /

3. Patient Representative

Type	Name	Address	Home	Relations
Emergency Contact Pri...	Joanna Doe	57 West Ave Syr...	(315) 488-1518	Sister

Add Edit Delete

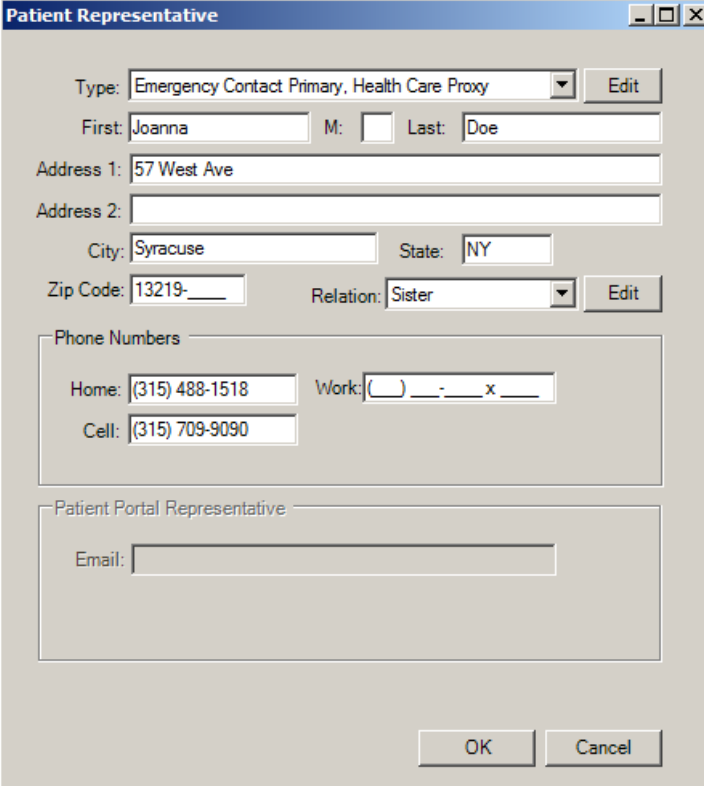
Save Cancel

Figure 9 – More Patient Information

Patient (continued)

Patient – More Patient – Patient Representative (continued)

When adding and maintaining patient representative information you can select multiple Types for a single representative, as well as adding applicable name, address, and phone numbers. See Figure 10. You also have the ability to add and modify used-defined representative and relation types via the Edit button next to the corresponding fields. The Patient Portal Representative section will become accessible, allowing you to enter a representative's email address when your system is setup for the Patient Portal.



The screenshot shows a dialog box titled "Patient Representative" with the following fields and controls:

- Type:** A dropdown menu with the selected value "Emergency Contact Primary, Health Care Proxy" and an "Edit" button to its right.
- First:** Text input field containing "Joanna".
- M:** A checkbox that is currently unchecked.
- Last:** Text input field containing "Doe".
- Address 1:** Text input field containing "57 West Ave".
- Address 2:** Empty text input field.
- City:** Text input field containing "Syracuse".
- State:** Text input field containing "NY".
- Zip Code:** Text input field containing "13219-____".
- Relation:** A dropdown menu with the selected value "Sister" and an "Edit" button to its right.
- Phone Numbers:** A section containing three text input fields:
 - Home:** (315) 488-1518
 - Work:** () - - x
 - Cell:** (315) 709-9090
- Patient Portal Representative:** A section containing one text input field labeled "Email:".

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

Figure 10 – Patient Representative

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: [Field]
 - No Copay
 - Billing Instruction: [Dropdown]
- National Drug Codes Section:**

Primary	NDC	Description

NDC: [Field] Description: [Field] [Add] [Delete]
- Buttons:** Save (highlighted in red), Cancel, Delete, and a Help (?) icon.

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.

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

- 1. Insurance:** IH Code: MCRDE, Category: MCR, Assignment: Y, Billing Type: MCR_EDT, Copay: 0.00, Anes Time: [blank], Report Category: [blank], Medigap #: [blank], Payor ID#: C00902. Includes a checked 'Quality Measure' checkbox and an unchecked 'Requires Claim Adjustment information for Secondary Insurances' checkbox.
- 2. Profile:** 'Billing Profile' is selected.
- 3. Managed Care:** 'Do Not Bill Capitated Services' is checked. 'Write Off Code' is [blank].
- 4. Payment Defaults:** 'Payment Type', 'Write Off Code', and 'Withheld Write Off' are all [blank].
- 5. Company Information:** Name: Delaware Medicare Trailblazer, Address 1: PO Box 650094, Address 2: [blank], Zip Code: 75265, City: Dallas, State: TX, Phone: () - [], Fax: () - [].

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.

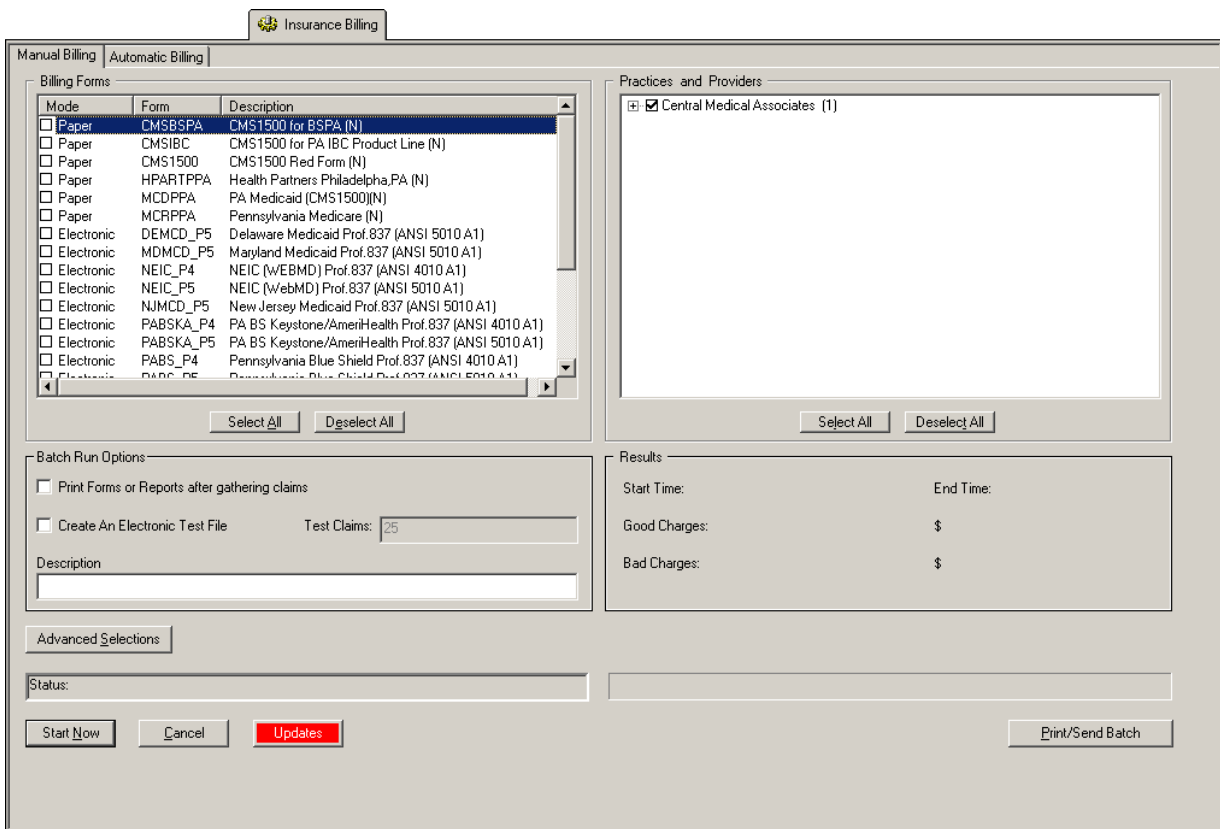


Figure A3 – Insurance Billing – Manual Billing

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.

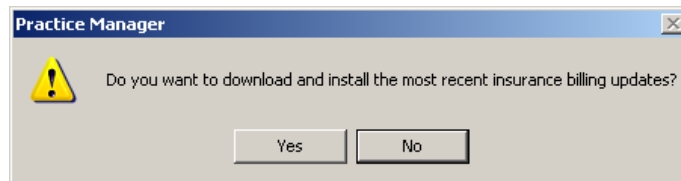


Figure A4 – Insurance Billing Updates Download

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.

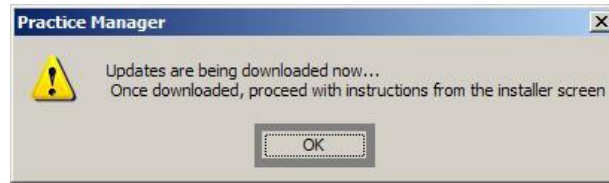


Figure A5 – Insurance Billing Updates Download Confirmation

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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