

This README file outlines additions and changes to PM/2 for Windows that have been introduced since the last update of the printed and on-line documentation.

10/14/2009: Release 3.4

- **Update:** updated syntax in the language that launches the Outlook calendar, to reflect requirements of the latest version of Outlook.
- **Bug fix:** changed field PRV02 of loop 2310 of the electronic claims file from “XX” to “ZZ” per format requirement.
- **New feature:** a new option on the Insurance Menu allows you to adjust the print margins on the CMS-1500 Insurance Claim Form, without having to use the complicated Modify Format window. This convenient feature allows you to compensate for minor differences between printers and between batches of printed claim forms, to insure that the printing on the form stays within the boxes doesn't touch the lines, possibly triggering a rejection by the insurance company.
- **New feature:** automatic data import from Medisoft is now available on the Utilities, Import menu. If you are a Medisoft user and are installing PM/2 for Windows to the same computer or network where you have Medisoft installed, you need only specify the location of the Medisoft data files. The import utility can also work from a CD or any other memory device containing the following 8 Medisoft data files: **MWPAT.ADT**, **MWCAS.ADT**, **MWTRN.ADT**, **MWINS.ADT**, **MWBSP.ADT**, **MWPHY.ADT**, **MWADD.ADT**, and **MWPRO.ADT**.
- **Update:** An updated ICD diagnosis file has been provided, reflecting the recent addition of about two dozen new diagnostic codes, as per list on following page:

799.22 Irritability
799.23 Impulsiveness
799.24 Emotional lability
799.25 Demoralization and apathy
799.29 Other signs and symptoms involving emotional state
969.00 Poisoning by antidepressant, unspecified
969.01 Poisoning by monoamine oxidase inhibitors
969.02 Poisoning by selective serotonin and norepinephrine reuptake inhibitors
969.03 Poisoning by selective serotonin reuptake inhibitors
969.04 Poisoning by tetracyclic antidepressants
969.05 Poisoning by tricyclic antidepressants
969.09 Poisoning by other antidepressants
969.70 Poisoning by psychostimulant, unspecified
969.71 Poisoning by caffeine
969.72 Poisoning by amphetamines
969.73 Poisoning by methylphenidate
969.79 Poisoning by other psychostimulants
V60.89 Other specified housing or economic circumstances
V61.07 Family disruption due to death of family member
V61.08 Family disruption due to other extended absence of family member
V61.42 Substance abuse in family

08/02/2009: Release 3.39

- **Bug fix:** in the New Patient registration area, patient home telephone numbers were not being carried over automatically into insured party home telephone numbers when “self” was selected as the insured party. This field is now populated automatically along with the rest of the window.
- **Enhancement:** The patient list box within the patient selection window now resizes automatically to reflect the size of the window, so that if you expand the window, the listing expands with it to show more patients, more columns of data, or both.
- **Enhancement:** The patient mailing labels (under Forms Menu) can now be obtained for patients seen within a specified range of dates, and can be limited to patients of any given provider within the practice.
- **New Feature:** A new report has been added to the Reports Menu. The Most Recent Visit report shows the date that each patient was last seen in the practice. This report can be useful when trying to decide which accounts are inactive and can be archived.
- Fixed a bug in the Posting Button of the Calendar module that was triggering an error message when the user requested a printout of the visits that had been posted (the visits themselves were posting correctly).

- Corrected an error in the insurance claim print format that was causing the "units" amount (form CMS-1500 item 24G) to default to "1" even when other values were specified in the Service Codes table.
- Corrected an error in the print format for progress notes that was causing the first word of certain notes to be omitted from the printed (not screen) version of the notes.
- Added BCBSCOM.DBF, a database of commercial insurance carriers for which Blue Cross Blue Shield of Michigan can submit electronic claims as a clearing house.
- Further improvements in the Prescription Writer module, to allow printing of Rx's on a wider variety of safety paper forms, both with and without pre-printing of prescriber identifying information.
- Added column in Insurance Carriers data base for the Claims Office Code, a required field for some Commercial insurance carriers when submitting electronically to certain clearing houses.
- Fixed bug in Progress Notes printing that was causing the normally invisible RTF format codes to appear in the printed (not onscreen) version of notes.
- Modified Insurance Carrier database to increase the range of defined Carrier Types, including FEP and BCN for Blue Cross and Blue Shield of Michigan.
- Redesigned prescription blank to work with safety paper blanks used by NY and CT – upper left 1/4th of an 8.5 in x 11 in sheet. Thanks to Dr. Daniel Mason for providing samples from those states – if you use this feature and work in a state with a different design, please send it in!
- Adjusted numbering of ANSnnnnn.txt files for electronic claim submission (ECS) so that numbering pattern continues even if all old files are deleted.
- Adjusted the TestDB() function, which is executed at program startup to make sure that all data files are accessible, to eliminate false positive results in network environments.
- New feature: Added error trap on Patient Data Base to catch situation where user enters insurance carrier details on Primary Insured (1) tab but fails to enter Signature information on Primary Insured (2) tab, which can result in later claim rejection.
- New feature: Added option on Billing, Options to include transaction-level Remarks (from Patient Account Record) in the Patient Billing Statement.
- Fixed a bug that was resulting in empty 837P claims files being produced when patient names were being selected from the scrollable list. This bug did not affect claims files that were produced by any of the other selection methods, i.e., clicking "all patients," selecting a section of the alphabet, or selecting patients by insurance carrier.

- Added serial number printing to both standard and specialized Rx formats described below.
- Wrote a new version of BILL3B.RPT which is designed for users whose printers do not show the "CR" on credit amounts on the statements. Instead, this version uses a minus sign in front of the number. If you find that you do not see the "CR" notation to the right of payment or other credit amounts on your patient statements, delete the existing BILL3B.RPT file from your c:\pm2w\reports folder, and rename the file _BILL3B.RPT to BILL3B.RPT (without the underscore).
- Wrote a new version of RX2.RPT which is designed for use with New York and Connecticut (and possibly other states) safety Rx blanks. These Rx blanks are printed on safety paper in 8.5 x 11" size and occupy the upper left quadrant of the page, only. If you are using your computer to print Rx's in these states (or others which use this layout), then delete the existing RX2.BMP file from your c:\pm2w\reports folder, and rename the file _RX2.RPT to RX2.RPT (without the underscore).

03/16/2009: Release 3.37

- Fixed a bug in Payment/Adjustment window that caused patient list to reset to top of file on clicking OK, potentially causing misapplication of an immediately following Transfer entry to the first patient in the alphabet.
- Enlarged the Remarks field on Patient Database, Demographics (3), and added vertical and horizontal scrollbars so that Remarks can now be of any length and are not limited to the size of the box.
- Made the insurance/patient responsibility breakout an optional, rather than an automatic, feature of the billing statement. It now defaults to OFF and is controlled by a checkbox on the Billing, Options window.
- Widened the printing area allotted to the "CR" entry on credits on the billing statement, to deal with font incompatibilities on certain printers that had been preventing this notation from printing.

03/07/2009: Release 3.36

- Added error trap to startup module to test that all database files are able to be opened and are not in use by other processes.
- Added error trap to startup module to test for more than one copy of the program running at a given time in a given directory.
- Added error trap to 837P claims module for files lacking claim segments.
- Enlarged Backup/Restore windows and added flashing "Finished" message to bottom of window.
- Made "#10 Envelope" label clearer on Forms Generator window.
- Added Help buttons to the validation windows for the day sheet (special windows that pop up if you try to enter invalid data)
- Fixed spurious error messages that were appearing after the validation methods successfully trapped data entry errors on the day sheet.
- Added hyperlinks to Help file to clarify errors reported on the Electronic Claims file error log.
- Added Print button to HTML viewer

02/27/2009: Release 3.35

- Fixed a bug, introduced in rel. 3.34, in display of Pay and Adj buttons of Patient Account Record.
- Modified the diagnostics printout for the electronic claims file
- Adjusted Patient Account Record display to eliminate slack space at the end of the display by widening the Remarks column as needed.
- Added AVAILITY as an approved electronic claims processor, with automatic fill-ins of the setup window for that claims processor.
- Added validation logic to Patient Database, Demographics 2, to prevent checking Auto Accident without also selecting the state in which the accident occurred. Omitting the state will definitely lead to claim rejection when claims are processed electronically, possibly on paper as well -- depends on carrier.

02/23/2009: Release 3.34

- Extensive revisions to the Progress Notes Template module, including use of macros and user-selectable fonts in place of mandatory Courier.
- Redesign of Add New Provider window to accommodate pulldown listing of Taxonomy Codes, required by HIPAA for electronic claim submission.
- Redesign of Add New Location window.
- Cosmetic changes to Add New Managed Care Approval window.
- Added HAWAII MEDICAL SERVICE ASSOCIATION as an approved electronic claims processor, with automatic fill-ins of the setup window for that carrier.
- Continuing major updates to the Help system, now in .CHM format for compatibility with Windows Vista and beyond.
- Customization for electronic claims submitters to Hawaii Medical Service Association. This customization forces certain choices on the ANSI Setup Window so that the user no longer has to make these selections on his own, and removes an error message previously triggered by a Hawaii submission requirement.

01/05/2009: Release 3.33

- Ongoing revisions continue to the Help system, now in .CHM format for compatibility with Windows Vista and beyond.

- Bug fix: Resolved a problem, apparently introduced in release 3.32, with prior balances being duplicated in first visit of a statement period.

12/24/2008: Release 3.32

- New feature: An HTML browser has been added to display the error logs for electronic and paper insurance claims. The browser can also function as a limited Web browser for displaying Web pages.
- New feature: Real-time data edits on paper claims (CMS-1500) catch the large majority of errors arising from missing or invalid data, before the claim ever leaves your office and triggers a rejection at the carrier, resulting in substantial savings of both time and money. Results are saved in an HTML error log file.

11/27/2008: Release 3.31

- New feature: Validation of your insurance carrier file against the master carrier file to guard against missing or invalid electronic carrier ID numbers, AND against the zip code file, to guard against invalid mailing addresses for insurance claim submission. Results are saved in an HTML error log file.
- New feature: The system can now place a scanned image of your handwritten signature in Box 31 of the CMS-1500 form instead of the printed text of your name. A signature for each provider in your practice can be scanned and saved by any scanner application and saved under any file name. The Provider Roster now contains a button to activate a new window which provides all of the required signature-handling capabilities, including checking the signature files for validity and copying valid signature into the reports folder under valid names (sig001.jpg, sig002.jpg, etc.)

11/09/2008: Release 3.3

- New feature: Real-time data edits on electronic claims catch the large majority of errors arising from missing or invalid data, before the claim ever leaves your office and triggers a rejection at the carrier or clearing house, resulting in substantial savings of both time and money.
- New feature: A new database of over 1400 health insurance carriers and their Electronic Claims Submission ID numbers is now included on the files menu. When you run electronic claims, a missing electronic ID number can trigger a claim rejection, but the system will search for approximate matches to your carrier names in this master carrier database when the ID number field is empty, and then ask you to confirm the match and add the carrier number. You can also do manual lookups on this file to update your own carrier database (for example when abbreviations prevent the program from recognizing a match).

- New feature: Electronic claims submission is now available in HIPAA-compliant, ANSI X12 format in addition to the older NSF format.
- Upgrade: The entire system has been recompiled under CA-Visual Objects release 2.8, with resulting enhancements in overall speed, efficiency and stability.
- Upgrade: Setup program enhanced by switching from InstallShield to InnoSetup, which gives clearer Setup messages and options, puts the entire Setup into one file for easier Web downloading, eliminates need for Winzip compression of a multi-file Setup program, and works equally well under 32- and 64-bit Windows (just don't call it Vista!).
- Upgrade: Managed care tracking now follows multiple concurrent authorizations for a single patient.
- Upgrade: Managed care tracking reports have been rewritten for greater speed and legibility of output format.

12/26/2006: Release 3.2

- Release 3.2 is a major upgrade, designed to handle the new NPI number and the revised 1500 insurance form.
- Upgrade: Insurance form layout has been modified to handle all fields and layout modifications for the new insurance form. It includes an updated bitmapped image of the form itself.
- Upgrade: Both billing and insurance forms are now printed each from a single template file (BILL3A.RPT and INS5C.RPT) rather than the multiple separate templates formerly maintained for each report. This will vastly simplify maintenance and customization of these reports.
- New feature: Fields for the NPI number are now found on the User Identification window, and on the Provider, Referral Source and Service Location windows, as each of these items may now have an NPI number.
- New feature: An entirely new window, a grid for maintaining carrier-specific Provider Identification Numbers (i.e., those issued by specific insurance carriers) is now included on the Files menu. Although such numbers in theory will be rendered obsolete by the NPI, the newly revised 1500 form includes fields for such carrier-specific numbers and there can be no assurance that every carrier will successfully complete the crossover to the NPI number on schedule. Thus, the system provides a method for maintaining a database of provider-issued identification numbers which can be used along with the NPI in field 24 of the 1500 form for as long as necessary. This feature includes the Provider Number Wizard, a step-by-step method which clues you in as you enter a carrier specific provider number, including

the 2-character identifier for the type of provider number. This is much simpler than filling in a huge grid of data without guidance.

- Maintenance upgrades: Numerous routine maintenance items. One that is of particular importance is a result of collapsing all of the separate report templates formerly used: you are now guaranteed that billing and insurance claims will be identical in format and content regardless of whether they are run singly or as part of a bulk run.

07/23/2006: Release 3.11

- New feature: When registering a new patient, the default Service Location now automatically defaults to service location no. 1 on your Service Locations list rather than remaining "unspecified." This can be overridden at any time and prevents error conditions due to missing Service Location codes when posting visits on the Daysheet.
- New feature: In Lab Results and Rx Review windows, when you modify the width of a column in the display, your modifications are now retained for the next time you log on. You can return to the original (default) column display by clicking the Restore Display Defaults option on the Edit menu when viewing either of these windows.

03/31/2006: Release 3.10b

- Added a Units column to Lab Results database for compliance with various State Board requirements.
- Fixed default for Carrier Type in Add New Insurance Carrier window - had been causing a bypassable error when no selection was made in this field.
- Further fine-tuning of Billing Summary report.

02/20/2006: Release 3.10a

- Changed format of distribution version of User's Manual from MSWord to PDF for enhanced portability, significantly reduced file size and greater security.
- Bug fix for problem in data retention introduced in release 3.10. No changes in features or functionality.

02/12/2006: Release 3.10

- Maintenance update on associating patients with providers in Patient Data Base.

- Maintenance update on Next Appointment Lookup feature of Appointment Calendar module
- Update: Billing Summary report has been streamlined to include opening balance, new credits/debits, and closing balance on active accounts online, in single line format.

07/20/2004: Release 3.07

- Update: Insurance claim formats (1500 form) have been modified to meet the new CMS requirements for completion of box 32.
- New feature: Data import from Blumenthal Software PBS2 for Windows. As with the other Import options, this one is located on the Utilities menus and enables the user to import the Patient Demographics, Insurance Carrier table, diagnoses, payor and transaction data from the competing system. The source data must either reside on the same computer or network on which you are running PM/2, or else a complete copy of the source data must exist on a Windows-readable disk (CD, Zipdisk, etc.) on the PM/2 computer.
- New feature: Worker's Comp added to the list of valid Insurance Carrier types.

06/06/2004: Release 3.06

- Enhancement: A Remarks column has been added to the Prescription Browser. (This feature and the two that follow are due to suggestions by Dr. Malcolm Gordon, a long-time client from Darien, CT. Thanks, Malcolm!)
- Enhancement: Double-clicking on any of the column headings in the Prescription Browser now leads the browser to be re-sorted by the selected column.
- Enhancement: Entering a prescription now automatically creates a Progress Notes record of the prescription, in addition to the automatically generated entry in the Prescription Record flow sheet.
- Enhancement: Managed-care countdown popup window now pops up Daysheet as well as Visit Window on the Patient Account Record window.
- Enhancement: Buttons have been centered at the bottom of the Review Progress Notes window instead of being displaced to the right.
- Bug fix: the Delete option on the Insurance Carriers, Referral Source and Service Locations window, broken in a recent update, has been restored to functionality.
- Bug fix: the Routing Slips options on the Billing Menu, also broken in a recent update, have been restored to functionality.

- Bug fix: a problem with the countdown feature of the Managed Care Summary, which was broken by a bug in a recent update of the ReportPro reporting system used by PM/2, has been eliminated.
- Bug fix: an error on the Accounts Receivable report, affecting data entered under release 2.6 or earlier but being displayed under release 3.0 or later, has been corrected.

02/15/2004: Release 3.05

- New feature: users can now assign their own names to any or all of the ten user-defined data columns in the Provider Roster and the Service Locations and Service Locations data bases of the Files Menu. If this feature is not used, the column names still default to "User-defined column 1", "User-defined column 2", etc.
- Maintenance update: the blank Patients and Transaction database files have been regenerated from scratch to eliminate the occasional occurrence of the Assertion Failed error message when first opening these files. This update will have no effect on existing installations; it applies to new installations only.

12/17/2003: Release 3.04c

- Another path-independence patch, this time for networked installations.

08/30/2003: Release 3.04b

- Restored path-independence of patient data base, allowing the program to access patient files wherever they are located on the computer, that was inadvertently deleted from Release 3.04a.

08/23/2003: Release 3.04a

- Restored formatting of telephone nos. and SSN's in Patient Data Base, as per earlier releases, that was inadvertently deleted from Release 3.04.

08/18/2003: Release 3.04

- Upgrade of Insurance Claim format files ins.rpt, ins2.rpt ... ins8.rpt for proper display of student and employment status in box 8 of the HCFA-1500 form.

- Enhancement of Serial Visits window to correctly initialize the Place of Service field even when that variable has not been filled in on the Patient Data Base form.

07/29/2003: Release 3.03

- Upgrade of Diagnostics function (on Utilities menu) for compatibility with 32-bit executable.
- Change in DateTimePicker fields (data entry fields with drop-down calendars) from standard Windows version to RightSLE fields, offering greater flexibility, better data validation, and improved functionality when the fields are left blank.
- Change in format of data columns in tabular windows so that numerical entries begin at the left hand edge of the field rather than one column to the left of the decimal point, which is standard Windows behavior but cumbersome in the program environment.
- Serial visits window: Updated to reflect changes in number and order of data entry fields on the window.
- Patient selection window (for Patient Account Record): Bug fix to correct unintended reordering of patient list after the display of one account record.
- Patient data base: Greater control over patient-level defaults; ability to set defaults retroactively across the entire patient list.
- Multiple patient billing window: Repairs and improvements to progress gauge (originally broken in the transition from 16 to 32-bit executable).
- Alphabetic range dialog box: Improved functionality (automatic skipping to next field after a single letter entered; automatic capitalization; deeper pulldown lists).
- Accounts receivable report: Fixed round-off error introduced in the transition from 16 to 32-bit executable.
- Password and login windows: Enhanced security by displaying and saving passwords with fields of asterisks and with appropriate encryption.
- Backup and Restore utilities modified for functionality in Windows XP environment.
- Billing statement format: Multiple revisions for improved legibility and accuracy.

07/06/2003: Release 3.01

- Upgrade from 16-bit to 32-bit executable: Greater speed, reliability and full compatibility with 32-bit operating systems such as Windows XP. Full 32-bit "look and feel." Eliminated

usage of crash-prone 3rd-party programming libraries; all programming now uses "pure" CA-Visual Objects code.

- Support for Sales Tax on professional services: Currently an issue only in Hawaii, but undoubtedly coming to the mainland soon.
- Billing formats: Now supporting patient-level and global billing messages and overdue notices on patient bills.
- User-selectable defaults: Choose how you want new patient accounts to be set up. If desired, apply these default settings to previously entered patients as well, with a single mouse-click.
- Patient searching: Now available by account number as well as by name.
- More convenient pull-downs in the Alphabetic Name Range window.
- Numerical data entry in Fee Schedule, Day Sheet and Payment/adjustment windows now starts at the left-hand edge of each cell in the table. No more need to backspace over from the first digit to the right of the decimal point.
- Calendar Window: Format setting can now be modified on the fly. No more need to re-select the calendar after changing a setting - you can see the effects of your selection immediately, and refine them further if desired. No more automatic updates of the calendar each time you log in - this is now done only when required.
- Insured Party and Guarantor Windows in the Patient Data Base section now offer a "Remove" option in case a given insurance or guarantor lapses and is not replaced by another.