Simple yet powerful solutions for Health Centers: CHCs, FQHCs and RHCs
MicroMD® Practice Management (PM)

From providing sliding fee schedules to dental billing and powerful UDS reporting for grant compliance, simple yet powerful MicroMD PM software delivers specialized features to help your health center focus more on the well-being of patients and less on administration. MicroMD PM provides a user-friendly approach to several common state and federal documentation procedures and includes benefits, such as the calculation of multiple sliding fee schedules, accurate UDS reports, staffing and utilization profiles, ADA dental, UB-04 and CMS 1500, clinic visit records, detailed patient information and clinical tracking profiles.

Simplify administration

With advanced scheduling, billing, patient information, claims management and many other features, MicroMD PM offers features specific to health centers, including flexible set up and administration, tools to capture and track patient details, and regulatory reporting functionality that are vital to maintaining funding.

Streamline your process for calculating sliding fee schedules

MicroMD PM simplifies the process of managing sliding fee schedules, calculating poverty levels and defining default write-off codes. The system creates multiple fee levels and minimum payment requirements that can be linked to different medical or dental insurance plans. MicroMD PM will then automatically calculate qualified patient write-off amounts.

Health center focused claims management

MicroMD PM provides health centers with the ability to create Medicaid wraparound claims using the T1015 HCPCS encounter code and modifiers. The system can automatically process your posting activity and translate it into the appropriate layout on the claim form, printing fees and codes accordingly. Access to split procedure posting to minimize the need for staff members to learn which procedures to post to which carriers. Users can employ automatic adjustment codes when posting payments that vary from standard Medicare charge amounts to help ensure the accuracy of payments. Utilize UB-04 bundling logic when sending claims to regional carriers, with itemized procedures bundled into a single line item using one UB revenue code.

Save time and minimize errors while managing UDS and other report requirements

Clinical staff use MicroMD PM to save time and minimize errors, while compiling and cross-referencing the patient information needed to meet federal and other reporting requirements. Within each patient record, MicroMD users can assign the Uniform Data System (UDS) reporting profile details the system uses to generate accurate, fully formatted UDS reports, quarterly or yearly. MicroMD PM also tracks comprehensive patient statistics such as age, gender, racial or ethnic category and socioeconomic status, while preventing data omission and duplication in your reports. For ease of use, MicroMD PM incorporates standard tables and charts with which your office staff is already familiar. As a complement to its UDS features, MicroMD PM can also generate staffing and utilization profiles and produce a variety of reports for to help meet the often complex compliance requirements for alternative funding sources.

Patient Profile - UDS Tables 3A, 3B, 4

Reporting Period: January 1, 2011 through December 31, 2011

TABLE 3A - UNIVERSAL PATIENTS BY AGE AND GENDER

	AGE GROUPS	MALE PATIENTS (a)	FEMALE PATIENTS (b)
NUMBER OF PATIENTS			
1	Under age 1	46	58
2	Age 1	78	73
3	Age 2	41	36
4	Age 3	15	23
5	Age 4	35	37
6	Age 5	18	10
7	Age 6	12	9
8	Age 7	8	6
9	Age 8	7	8
10	Age 9	8	1
11	Age 10	5	3
12	Age 11	16	17
13	Age 12	25	18
14	Age 13	15	6
15	Age 14	8	13
16	Age 15	5	8
17	Age 16	5	5
18	Age 17	6	3
19	Age 18	1	3
20	Age 19	0	1
21	Age 20	0	0
22	Age 21	0	0
23	Age 22	0	0
24	Age 23	1	0
25	Age 24	1	2
26	Ages 25 - 29	1	0
27	Ages 30 - 34	1	4
28	Ages 35 - 39	2	7
29	Ages 40 - 44	5	9
30	Ages 45 - 49	13	7
31	Ages 50 - 54	15	22

Patient Profile - UDS Tables 3A, 3B, 4

Reporting Period: January 1, 2011 through December 31, 2011

TABLE 3B - UNIVERSAL PATIENTS BY RACE, ETHNICITY, LANGUAGE

	PATIENTS BY RACE	HISPANIC	NON-HISPANIC	UNREPORTED/ REFUSE TO REPORT	TOTAL
NUMBER OF PATIENTS					
1.	Asian	0	35	0	35
2a.	Native Hawaiian	0	1	0	1
2b.	Other Pacific Islander	0	13	0	13
2.	TOTAL HAWAIIAN/PACIFIC ISLANDER (SUM LINES 2A + 2B)	0	14	0	14
3.	Black or African American	1	39	0	40
4.	American Indian/Alaska Native (including Latino or His	1	7	0	8
5.	White (including Latino or Hispanic Descent)	81	247	0	328
6.	More than one Race	4	4	0	8
7.	Unreported/Refused to report	466	0	37	503
8.	TOTAL PATIENTS (SUM LINES 1 + 2 + 3 TO 7)	553	346	37	936

USERS BY LANGUAGE	NUMBER (a)
NUMBER OF PATIENTS	
PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH	28

Integrate dental practice management functions

In addition to interfacing with multiple software vendors, the interface between MicroMD PM and Henry Schein sister company, Dentrix Enterprise, allows health centers to consolidate patient encounter data into MicroMD PM, manage consolidated UDS for medical/dental reporting, allowing the system to serve as a single source for financial billing/collections activities.