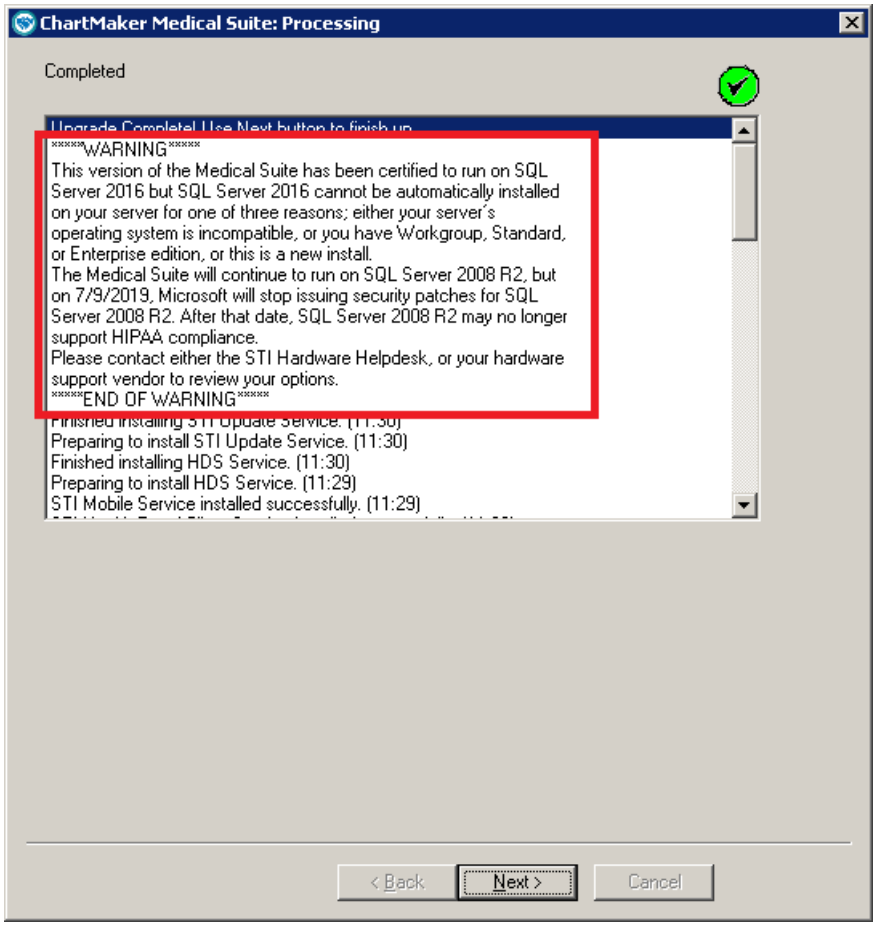
ChartMaker® Clinical Release Notes

ChartMaker® 2018.2 (fv6.6.4)

Important Notifications

- **Upgrade from Microsoft Server 2008 and Windows 7 –** Since January 2020, your Windows 7 workstations and Microsoft 2008 Servers are no longer supported. Even with security patches, **problems may still arise** if you choose not to upgrade. In addition, your workstations are not HIPAA compliant. To avoid these issues, contact our **Technical Services Department** today.

- **SQL Server 2016 & the ChartMaker 2018.2 (File Version 6.3.3) Upgrade –** Beginning with ChartMaker 2018.2 (File Version 6.3.3) Upgrade, a warning message will appear upon the completion of the upgrade regarding the transition of the ChartMaker Medical Suite to using SQL Server 2016, for those offices where an automated upgrade to SQL Server 2016 was not possible. See the figure below. If you are receiving this message, to avoid potential issues and to ensure your system remains HIPPA compliant, it is important to contact either STI Hardware Helpdesk, or your software vendor, to review your options.



ChartMaker Medical Suite SQL Server 2016 Warning

Added Features

- **Audit Trail –** The Audit Trail has been updated to track whenever a change is made to a patient's consent for Electronic Patient Statements via the Consent dialog. When an audit event occurs, the Event column will display **Modified**; the Group column will display **Patient**; the Audit Trail Description will display **EPS Consent changed**; the Old Value column will contain any previously configured consent preference [**Text**, **Email**, **Text and Email**, or **Does not consent**]; the New Value column will contain the currently configured consent preference [**Text**, **Email**, **Text and Email**, or **Does not consent**]; and the Metadata column will contain the **Account ID**, **CaseID**, and **Responsible Party**.

- **Lab Interface –** In previous versions an issue could arise when an electronic lab result was imported during the CMMS upgrade process, where a To-Do List reminder failed to be generated causing the lab result to have a blank note header. This issue has been corrected.

- **Medications – Confirm Prescription –** The system has updated so that when a Proxy user (a user with the **Prescribing** privilege of **Proxy**) prescribes or renews a medication, either via the facesheet or the Medication button in a chart note, the **Prescriber** field in the **Confirm Prescription** dialog will default to the Provider selected for the chart note. See Figure 1. Do note, that if a provider is not selected when a note is created, or if the provider selected does not have a Prescribing privilege of **Prescriber**, then the first provider in the Prescriber drop-down field will be selected by default in the Confirm Prescription dialog.

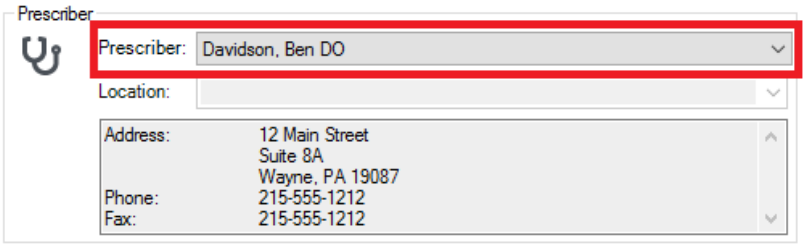


Figure 1 – Confirm Prescription – Prescriber

- **MIPS Dashboard – MIPS 2022 –** In previous versions an issue could arise when configuring the MIPS Dashboard to exclude either the Cost or Promoting Interoperability sections, where the system would not reweight the measures properly. This issue has been corrected.

Added Features (continued)

- **MIPS Dashboard – Quality – Reconciliation Report –** The Reconciliation Report dialog, accessed via the Reconciliation Report button in the Quality Measures dialog, has been updated with a **Chart Number** field that allows you to filter the reconciliation report by a particular chart/account number. See Figure 2. When an account/chart number is entered into the Chart Number field and the **Search** button is clicked, the report will show results for only that account number. Do note, the search functionality only works for complete account/chart numbers; the system will not return results for partial numbers. Once the applicable results are displayed, you can **Print** and **Save** the report, as needed. Clicking the **Refresh** button next to the Search button will refresh the results so that all patients in the report are displayed.

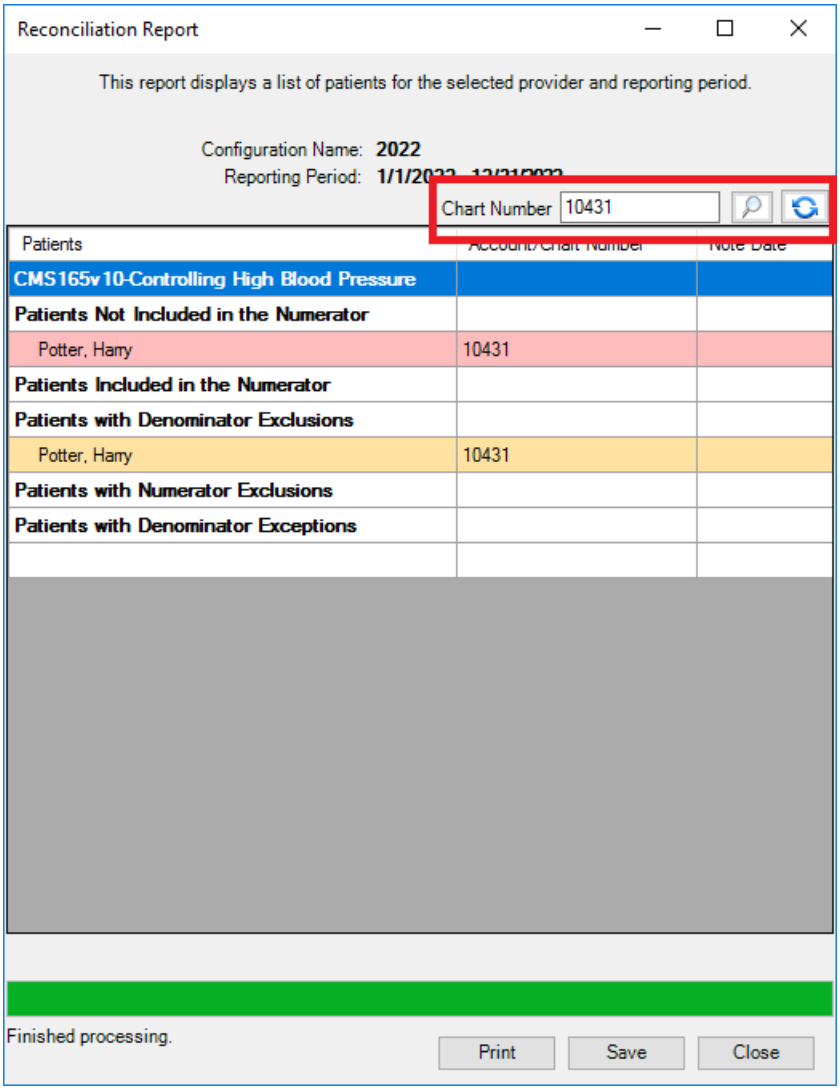


Figure 2 – Reconciliation Report

- **MIPS Dashboard – Promoting Interoperability – MIPS 2022 – Electronic Prescribing—** In previous versions an issue could arise where all applicable patients were not being included in the numerator when a pre-existing medication was entered outside of the measurement period and was then renewed during the measurement period. This issue has been corrected.

- **MIPS Dashboard – Improvement Activities –** The **High Weighted** tab of the Improvement Activities dialog has been updated so the **PCI Bleeding Campaign** is no longer an available option for MIPS 2022. Per CMS, the PCI Bleeding Campaign had ended in August 2021, thereby making it obsolete for performance dates after 2021.

Added Features (continued)

- **The Note Tab – Charge Items –** The Charge Items dialog (accessed via **Note** > **Charge Items**) has been updated with a **Billing Provider** field, and corresponding button, that allows you to add or modify a billing provider for the charge items you are sending to Practice Manager. See Figure 3. The Billing Provider field will default to the Provider selected if that provider is billable. If the provider selected is not billable, the Billing Provider field will default to the Default Billing Provider configured for that provider in Practice Manager. If the Provider field is blank, when a provider was not selected for the chart note, or if a Default Billing Provider was not configured for a provider that is not billable, then the Billing Provider field will be blank. You can add or modify the Billing Provider, as needed.

  In addition, to better display pertinent information in the Charge Items dialog, as well as for space limitations, the Patient section of the dialog, which included the patient's **Name**, **Chart No.**, and **Visit Date/Time**, has been removed. This information is viewable in the title bar of the chart, and in the note header.

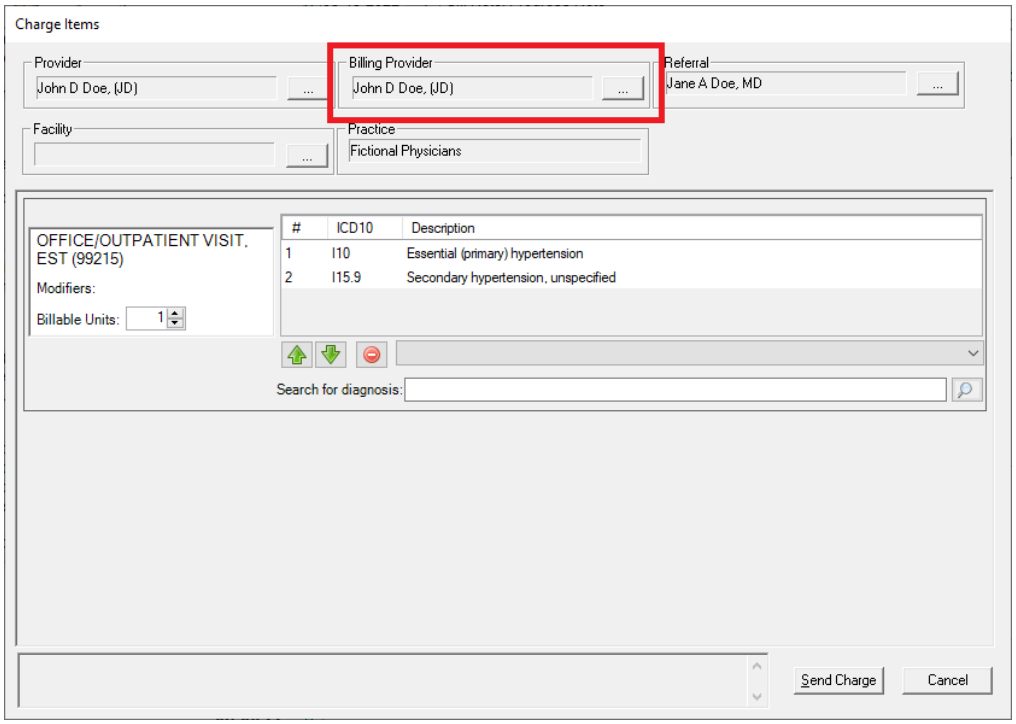


Figure 3 – Charge Items

- **The Note Tab – Checklists –** The checklists have been updated to provide a visual indicator in a chart note when they are tagged with a document type (via the **Include as** field in the **Finding Check List Properties** dialog, when editing a checklist in the Template Editor). If a document type is configured for a checklist, a red icon will appear in the checklist indicating that the checklist has been tagged with a document type. See Figure 4. If you hover over that icon, a tooltip will display the document type for CCDA export, **CCDA Export – [Document Type]**.

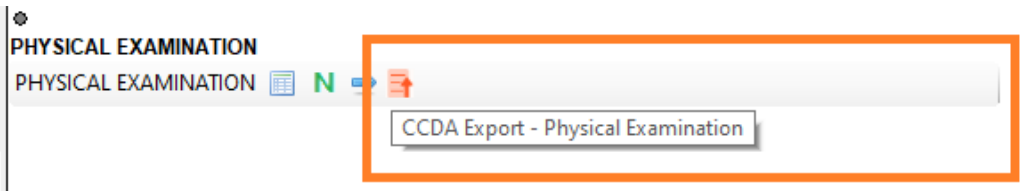


Figure 4 – Note Header – Document Type

Added Features (continued)

- **The Note Tab – Diagnosis –** The **ICD10 Code Set** field, in the ICD10 Search and Crosswalk areas of the Diagnosis Search dialog, has been updated with an **October 1, 2022 – Sept 30, 2023** code set when searching for diagnosis codes or using the crosswalk functionality. In addition, the ICD10 Search and Crosswalk areas for this new code set have been updated so that whenever a diagnosis is mapped to an HCC (Hierarchical Condition Categories) code, an **(HCC)** indicator will appear after the diagnosis description to easily identify these diagnosis codes. You can toggle between the Oct 1, 2014 – Sept 30, 2016 code set, the Oct 1, 2016 – Sept 30, 2017 code set, the Oct 1, 2017 – Sept 30, 2018 code set, the Oct 1, 2018 – Sept 30, 2019 code set, October 1, 2019 – Sept 30, 2020 code set, October 1, 2020 – Sept 30, 2021 code set, October 1, 2021 – Sept 30, 2022 code set, and All ICD10 Codes, in addition to this new code set. This allows you to easily search for the applicable ICD10 codes that are active, as outlined by the CDC, for the applicable date ranges. When accessing the Diagnosis Search dialog when adding or editing a diagnosis in the chart note, the system will default to the code set based on the **Note Date** to ensure that the proper ICD codes for that date are selected.

- **The Note Tab – Order Procedure –** In previous versions an issue could arise causing the system to become unresponsive and close when adding an Image, Lab, or Test procedure and the Routine or Stat Priority options were selected. This issue has been corrected.

- **The Note Tab – Order Procedure – Immunizations* –** The program has been updated to ensure that the latest CVX codes and CVX mappings, MVX codes and MVX mappings, Manufacturers, and NDC codes, per the latest CDC guidelines, are used for immunization procedures.

  * This feature was released in the CMMS 6.6.4.421 hot fix release.

- **Preferences — Procedures –** The **Procedures** tab, of the Preferences dialog, has been updated with a new **Charge Items Screen** section that contains a new **Do not allow billing provider selection** preference that allows you to disable the **Billing Provider** field in the **Charge Items** dialog so that billing providers cannot be entered and will not be sent to Practice Manager. See Figure 5.

  * This feature was released in the CMMS 6.6.4.421 hot fix release.

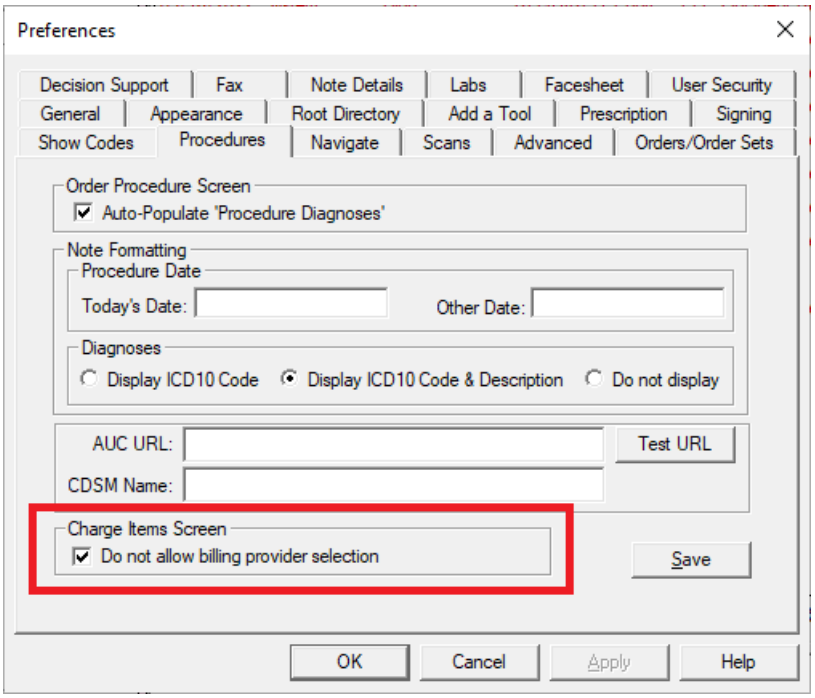


Figure 5 – Preferences – Procedures

Added Features (continued)

- **System Tables – Diagnosis Search –** The **ICD10 Code Set** field, in the ICD10 Search and Crosswalk areas of the Diagnosis Search dialog, has been updated with an **October 1, 2022– Sept 30, 2023** code set when searching for diagnosis codes or using the crosswalk functionality. In addition, the ICD10 Search and Crosswalk areas for this new code set have been updated so that whenever a diagnosis is mapped to an HCC (Hierarchical Condition Categories) code, an **(HCC)** indicator will appear after the diagnosis description to easily identify these diagnosis codes. You can toggle between the Oct 1, 2014 – Sept 30, 2016 code set, the Oct 1, 2016 – Sept 30, 2017 code set, the Oct 1, 2017 – Sept 30, 2018 code set, the Oct 1, 2018 – Sept 30, 2019 code set, October 1, 2019 – Sept 30, 2020 code set, October 1, 2020– Sept 30, 2021 code set, October 1, 2021 – Sept 30, 2022 code set, and All ICD10 Codes, in addition to this new code set. This allows you to easily search for the applicable ICD10 codes that are active, as outlined by the CDC, for the applicable date ranges. When accessing the Diagnosis Search dialog via the **Edit** > **System Tables** menu, the system will default to the code set based on the current day's date.

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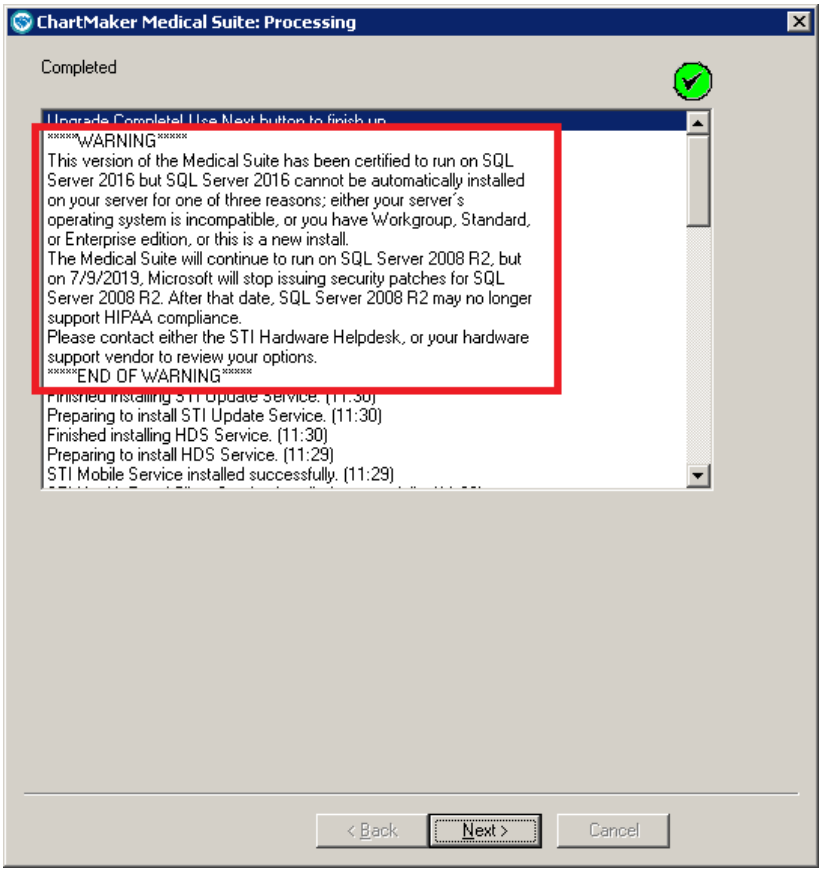
ChartMaker® Practice Manager Release Notes

ChartMaker® 2018.2 (fv6.6.4)

Important Notifications

- **Upgrade from Microsoft Server 2008 and Windows 7 –** Since January 2020, your Windows 7 workstations and Microsoft 2008 Servers are no longer supported. Even with security patches, **problems may still arise** if you choose not to upgrade. In addition, your workstations are not HIPAA compliant. To avoid these issues, contact our **Technical Services Department** today.

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ChartMaker Medical Suite SQL Server 2016 Warning

Administration

- **Administration – Diagnosis Search –** The **ICD10 Code Set** field, in the ICD10 Search and Crosswalk areas of the Diagnosis Search dialog, has been updated with an **October 1, 2022 – Sept 30, 2023** code set when searching for diagnosis codes or using the crosswalk functionality. In addition, the ICD10 Search and Crosswalk areas for this new code set have been updated so that whenever a diagnosis is mapped to an HCC (Hierarchical Condition Categories) code, an **(HCC)** indicator will appear after the diagnosis description to easily identify these diagnosis codes. You can toggle between the Oct 1, 2014 – Sept 30, 2016 code set, the Oct 1, 2016 – Sept 30, 2017 code set, the Oct 1, 2017 – Sept 30, 2018 code set, the Oct 1, 2018 – Sept 30, 2019 code set, October 1, 2019 – Sept 30, 2020 code set, October 1, 2020 – Sept 30, 2021 code set, October 1, 2021 – Sept 30, 2022 code set, and All ICD10 Codes, in addition to this new code set. This allows you to easily search for the applicable ICD10 codes that are active, as outlined by the CDC, for the applicable date ranges. When accessing the Diagnosis Search dialog via the **Administration** menu, the system will default to the code set based on the current day's date.

- **Administration – Preferences – System Level Preferences – Patient –** The **Case Related** section of the **Patient** tab, in the Maintain System Default Preferences dialog, has been updated with an **Implied eStatement Consent** option. See Figure 1. This preference will be unchecked by default.

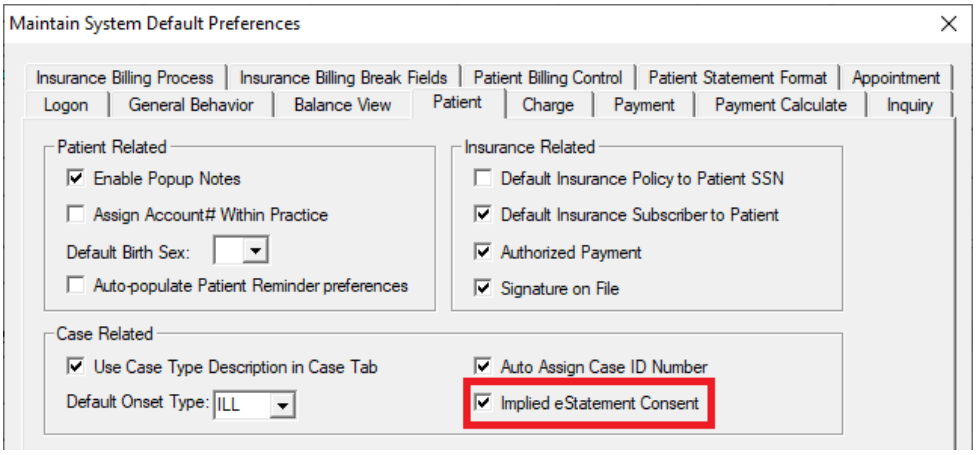


Figure 1 – Maintain System Default Preferences – Patient

When this preference is checked, an Implied eStatement Consent pop-up dialog will appear outlining what this preference will do and the consequences that may arise, as well as requiring you to acknowledge your consent to activate this preference by clicking the **OK** button. See Figure 2. If you click the **Cancel** button in this dialog, the system will uncheck the Implied eStatement Consent option and will not automatically configure patients with a cell number and/or email address to receive patient statements via text and/or email.

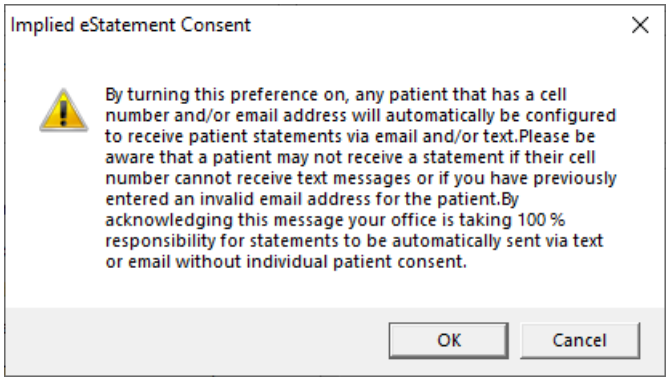


Figure 2 – Maintain System Default Preferences – Implied eStatement Consent

- **Administration – Preferences – Practice Level Preferences – Patient –** The **Case Related** section of the **Patient** tab, in the Maintain Practice Preferences dialog, has been updated with an **Implied eStatement Consent** option. See Figure 3. This preference will be unchecked by default.

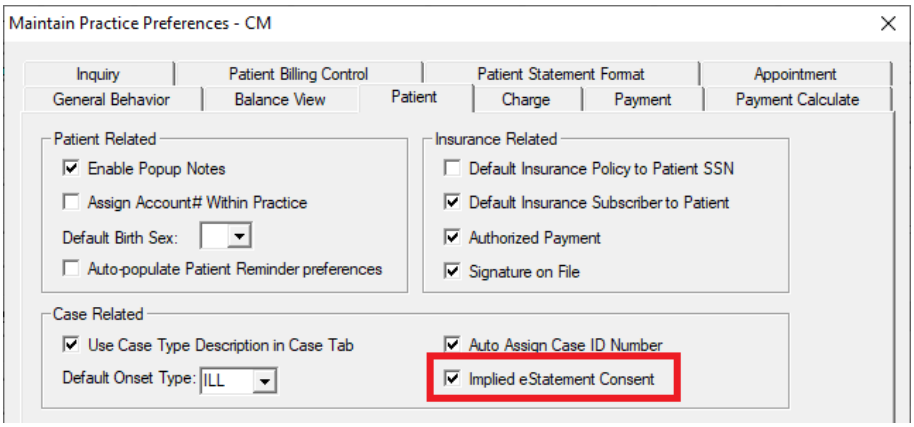


Figure 3 – Maintain Practice Preferences – Patient

When this preference is checked, an Implied eStatement Consent pop-up dialog will appear outlining what this preference will do and the consequences that may arise, as well as requiring you to acknowledge your consent to activate this preference by clicking the **OK** button. See Figure 4. If you click the **Cancel** button in this dialog, the system will uncheck the Implied eStatement Consent option and will not automatically configure patients with a cell number and/or email address to receive patient statements via text and/or email.

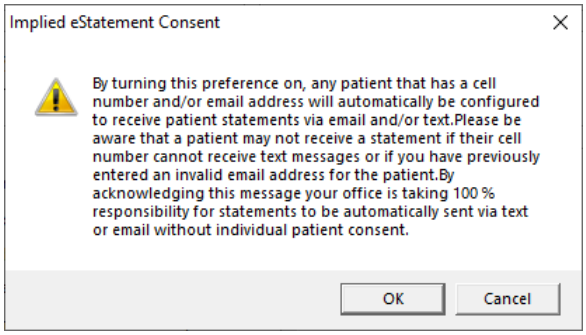


Figure 4 – Maintain Practice Preferences – Implied eStatement Consent

- **Administration – Utilities – Audit – Audit Trail –** The Audit Trail has been updated to track whenever a change is made to the **Implied eStatement Consent** option is changed via the Patient tab in either the Maintain System Default Preferences dialog or the Maintain Practice Preferences dialog. When an audit event occurs, the Event column will display **Modified**; the Group column will display **Configuration**; the Audit Trail Description will display **Implied eStatement Consent setting enabled [or disabled]**; and the Old Value column and New Value column will contain **Enabled** or **Disabled**.

- **Administration – Utilities – Audit – Audit Trail –** The Audit Trail has been updated to track whenever a change is made to a patient's consent for Electronic Patient Statements via the Consent dialog. When an audit event occurs, the Event column will display **Modified**; the Group column will display **Patient**; the Audit Trail Description will display **EPS Consent changed**; the Old Value column will contain any previously configured consent preference [**Text**, **Email**, **Text and Email**, or **Does not consent**]; the New Value column will contain the currently configured consent preference [**Text**, **Email**, **Text and Email**, or **Does not consent**]; and the Metadata column will contain the **Account ID**, **CaseID**, and **Responsible Party**.

Charge

- **Charge – Enter a Charge** – In previous versions, if a patient information was copied to another practice, an issue could arise when entering charges where the system is looking to copy a Billing Instruction or Extended Data Information from the case insurance information where there is actually nothing to copy, and thereby creating pop-up dialog for a warning message, as well as causing the Change Custom Fields dialog to pop-up after the warning message has been acknowledged. This issue has been corrected.

  * This feature was released in the CMMS 6.6.4.421 hot fix release.

- **Charge – Enter a Charge** – The **ICD10 Code Set** field, in the ICD10 Search and Crosswalk areas of the Diagnosis Search dialog, has been updated with an **October 1, 2022 – Sept 30, 2023** code set when searching for diagnosis codes or using the crosswalk functionality. In addition, the ICD10 Search and Crosswalk areas for this new code set have been updated so that whenever a diagnosis is mapped to an HCC (Hierarchical Condition Categories) code, an **(HCC)** indicator will appear after the diagnosis description to easily identify these diagnosis codes. You can toggle between the Oct 1, 2014 – Sept 30, 2016 code set, the Oct 1, 2016 – Sept 30, 2017 code set, the Oct 1, 2017 – Sept 30, 2018 code set, the Oct 1, 2018 – Sept 30, 2019 code set, October 1, 2019 – Sept 30, 2020 code set, October 1, 2020 – Sept 30, 2021 code set, October 1, 2021 – Sept 30, 2022 code set, and All ICD10 Codes, in addition to this new code set. This allows you to easily search for the applicable ICD10 codes that are active, as outlined by the CDC, for the applicable date ranges. When accessing the Diagnosis Search dialog when entering charges, the system will default to the code set based on the service **Start Date** to ensure that the proper ICD codes for that date are selected.

- **Charge – Edit a Charge** – The **ICD10 Code Set** field, in the ICD10 Search and Crosswalk areas of the Diagnosis Search dialog, has been updated with an **October 1, 2022 – Sept 30, 2023** code set when searching for diagnosis codes or using the crosswalk functionality. In addition, the ICD10 Search and Crosswalk areas for this new code set have been updated so that whenever a diagnosis is mapped to an HCC (Hierarchical Condition Categories) code, an **(HCC)** indicator will appear after the diagnosis description to easily identify these diagnosis codes. You can toggle between the Oct 1, 2014 – Sept 30, 2016 code set, the Oct 1, 2016 – Sept 30, 2017 code set, the Oct 1, 2017 – Sept 30, 2018 code set, the Oct 1, 2018 – Sept 30, 2019 code set, October 1, 2019 – Sept 30, 2020 code set, October 1, 2020 – Sept 30, 2021 code set, October 1, 2021 – Sept 30, 2022 code set, and All ICD10 Codes, in addition to this new code set. This allows you to easily search for the applicable ICD10 codes that are active, as outlined by the CDC, for the applicable date ranges. When accessing the Diagnosis Search dialog when editing charges, the system will default to the code set based on the service **Start Date** to ensure that the proper ICD codes for that date are selected.

- **Charge – Pending Charges** – The system has been updated so that when processing a pending charge, if that pending charge has a billing provider attached to it (e.g., a ChartMaker Mobile charge), that billing provider will override any other default billing providers that were configured in the system (e.g., any defaults set for the Provider, or any default values in the Screen Configuration preference area) when entering it in the Enter a Charge screen.

Clinical

- **Clinical – Immunization*** – The program has been updated to ensure that the latest CVX codes and CVX mappings, MVX codes and MVX mappings, Manufacturers, and NDC codes, per the latest CDC guidelines, are used for immunization procedures.

  * This feature was released in the CMMS 6.6.4.421 hot fix release.

Patient

- **Patient – Case – Diagnosis –** The **ICD10 Code Set** field, in the ICD10 Search and Crosswalk areas of the Diagnosis Search dialog, has been updated with an **October 1, 2022 – Sept 30, 2023** code set when searching for diagnosis codes or using the crosswalk functionality. In addition, the ICD10 Search and Crosswalk areas for this new code set have been updated so that whenever a diagnosis is mapped to an HCC (Hierarchical Condition Categories) code, an **(HCC)** indicator will appear after the diagnosis description to easily identify these diagnosis codes. You can toggle between the Oct 1, 2014 – Sept 30, 2016 code set, the Oct 1, 2016 – Sept 30, 2017 code set, the Oct 1, 2017 – Sept 30, 2018 code set, the Oct 1, 2018 – Sept 30, 2019 code set, October 1, 2019 – Sept 30, 2020 code set, October 1, 2020 – Sept 30, 2021 code set, October 1, 2021 – Sept 30, 2022 code set, and All ICD10 Codes, in addition to this new code set. This allows you to easily search for the applicable ICD10 codes that are active, as outlined by the CDC, for the applicable date ranges. When accessing the Diagnosis Search dialog when entering or editing patient information, the system will default to the code set based on the current day's date.

Reports

Lists Reports

- **Patient → Case Listing –** The **Case Listing** report has been updated to include an **eStatement Consent** field that will display the e-statement consent that is configured for patients (**Email**, **Text**, **Email & Text**, **Does Not Consent**, and **[Blank]**). Likewise, an **eStatement Consent** item has also been added to the Sort and Select criteria options, allowing to use the eStatement Consent criteria when configuring reports.

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