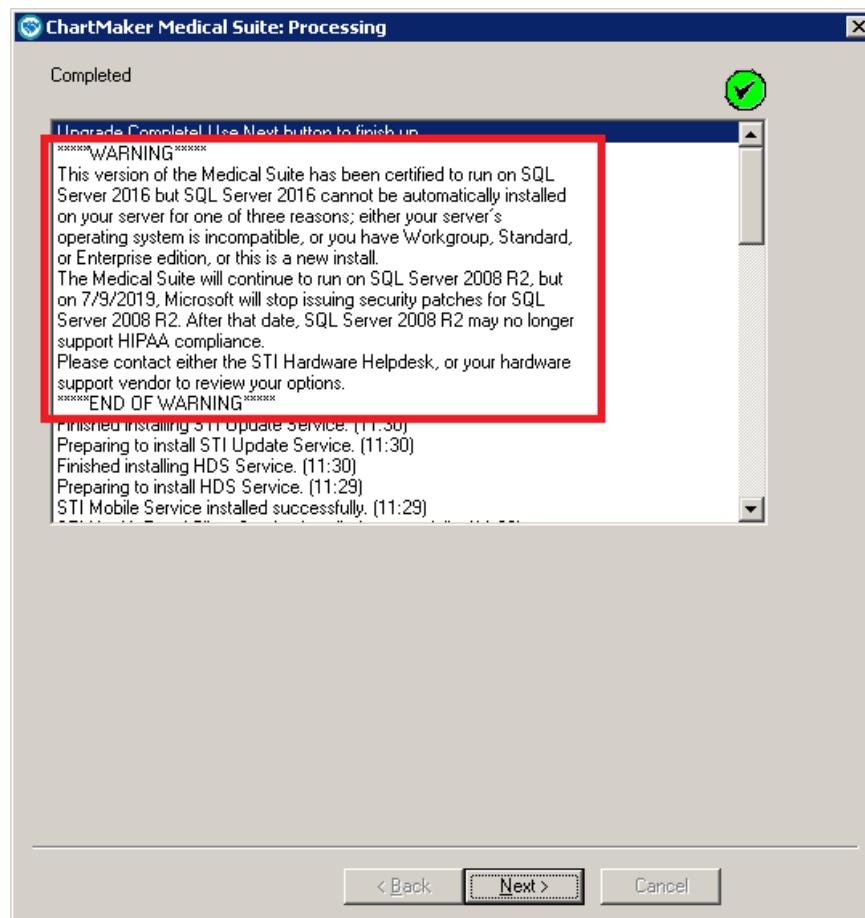


## ChartMaker® Clinical Release Notes

ChartMaker® 2018.2 (fv6.5.3)

### 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 HIPAA 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

- **Export – Export Patient Data\*** – The **Clinical Summary** has been updated to include information in a checklist that was tagged as **Assessment and Plan** into the exported document in the new Assessment and Plan section. This new Assessment and Plan section will also include any information that was previously included in Assessment section, and any information previously included in the Plan section. Likewise, the exclusion dialog for the export documents has also been updated to include an Assessment and Plan section, thereby allowing you to exclude this data if needed. In addition, the title of the Clinical Summary has been updated to, "Note Summary for [Patient Name]".

\* This feature was released in the CMMS 6.5.3.364 hot fix release.

- **Export – Export Patient Data\*** – The **Clinical Summary** has been updated to include information in a checklist that was tagged as **Assessment** (previously Assessment and Plan in the previous version) into the exported document in the new **Assessment** section (previously Assessment and Plan section in previous version). This Assessment section will contain any data that is captured in a checklist that is tagged as Assessment, any legacy checklist data that was tagged as Assessment and Plan, as well as any Impression field data that was captured in the Care Plan widget. Likewise, the Clinical Summary has also been updated to included information in a checklist that was tagged as **Plan of Treatment** into the Plan of Treatment section. The Plan of Treatment section will contain any data that is captured in a checklist that is tagged as Plan of Treatment, educational materials provided to the patient via the Education Materials widget, any diagnostic procedures pending (In-House Labs, Image, and Test Orders), procedures scheduled (Outside Lab, Image, and Test Orders), future appointments scheduled, recalls, any data captured in a checklist that is tagged as Instructions, and any data captured in a checklist that is tagged as Goals.

\* This feature was released in the CMMS 6.5.3.373 hot fix release.

- **Export – Export Patient Data\*** – In previous versions, an issue may occur where all lab results were not being exported to the PatientPortal due to certain formatting in the lab file. This issue has been resolved and all lab results are now being exported regardless of format, when applicable.

\* This feature was released in the CMMS 6.5.3.373 hot fix release.

- **MIPS Dashboard** – The MIPS Dashboard has been updated to default to the 2021 view when initially accessed, and prior to selecting a Configuration. Likewise, the default percentages of the MIPS total score will be displayed for 2021: Quality at 40%, Promoting Interoperability at 25%, Improvement Activities at 15%, and Cost at 20%. See Figure 1. Do note, that once the configuration is selected for 2021 reporting period if you are exempt from the Promoting Interoperability category, the 25% will be reallocated to the Quality category; and if the Cost measures are not met, the 20% will be reallocated to the Quality category.

Also, for 2020, the dashboard has been updated to calculate the estimated MIPS total composite score, as well as Print and Generate File for Submission that includes all categories.

In addition, the title bar will display the reporting year, defaulting to 2021 if no configuration is selected. Once a configuration is selected, the reporting year will be dependent on the period configured for the selected configuration. Also, when accessing individual category dialogs (Quality Measures, Promoting Interoperability, Improvement Activities, and Cost) the reporting year will also appear in those title bars following the configuration name.

## Added Features (continued)

### MIPS Dashboard (continued)

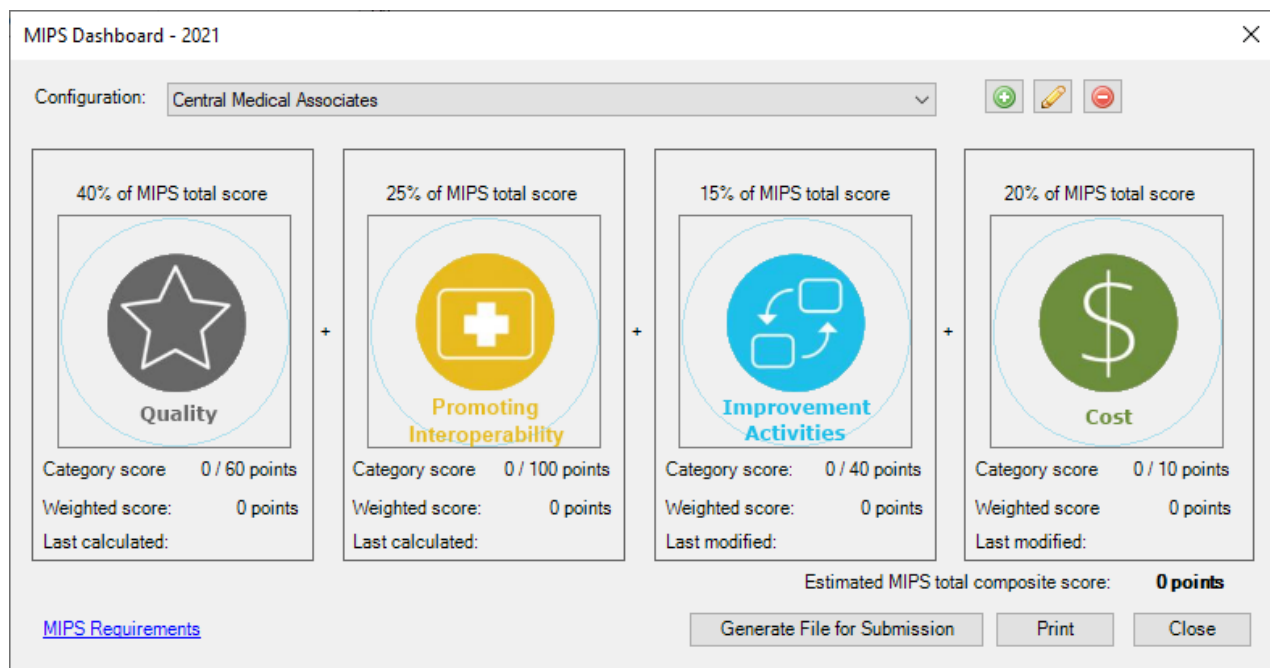


Figure 1 – MIPS Dashboard

**MIPS Dashboard – MIPS Requirements** – The MIPS Category Requirements dialog, accessed via the **MIPS Requirements** link in the MIPS Dashboard, has been updated to reflect the new category requirements for the 2021 reporting period. See Figure 2.

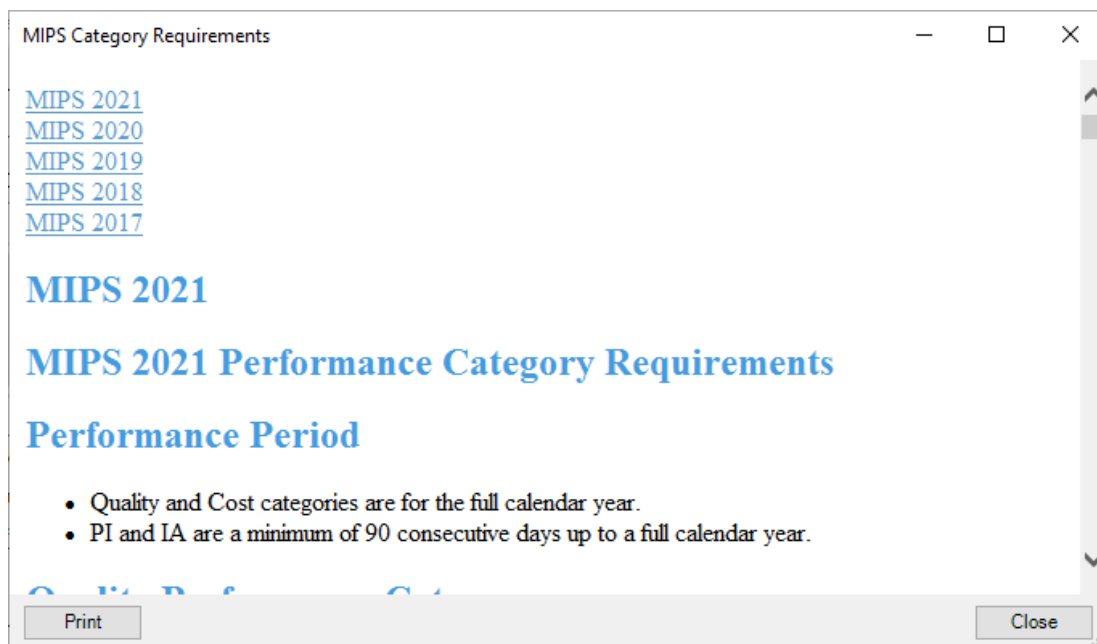


Figure 2 – MIPS Category Requirements

## Added Features (continued)

- **MIPS Dashboard – Configuration**– The MIPS Dashboard Configuration dialog has been updated for the MIPS 2021 reporting period. The functionality works like MIPS 2020, with the addition of a new **Promoting Interoperability Measure Selection** section that contains a **Support Electronic Referral Loops by Sending Health Information AND Support Electronic Referral Loops by Receiving and Reconciling Health Information** option (selected by default), and a **Health Information Exchange (HIE) Bi-Directional Exchange** option. See Figure 3. The Health Information Exchange (HIE) Bi-Directional Exchange option offers you an alternative reporting option to the other two options, and when selected in the MIPS Dashboard Configuration dialog, the Promoting Interoperability dialog will contain a new **Performed HIE bi-directional exchange** option and the two other Support Referral Loops options will not displayed in the measure grid. See the MIPS Dashboard – Promoting Interoperability section below for further details.

Likewise, when the Health Information Exchange (HIE) Bi-Directional Exchange option is selected, the **Support Electronic Referral Loops by Sending Health Information** and **Support Electronic Referral Loops by Receiving and Incorporating Health Information** options in the Promoting Interoperability Exemption section of the MIPS Dashboard Configuration dialog will be grayed out and inaccessible.

MIPS Dashboard Configuration

Configuration name: Central Medical Associates

Performance period: 1/ 1/2021 to 12/31/2021

Eligible clinicians (NPI): [Select all](#)

☒ Doe, John D (1234567889)

Practice (TIN): Central Medical Practice (23123213)

Facility:

CPC+ Identifier:

Quality Reporting

☒ Reporting through the EHR

☐ Reporting through the STI Quality Reporting Registry

☐ Reporting through a combination of the EHR and STI Quality Reporting Registry

Number of measures reported through the STI Quality Reporting Registry:

Promoting Interoperability Measure Selection

Please use the following measure option when calculating the dashboard

☒ Support Electronic Referral Loops by Sending Health Information AND Support Electronic Referral Loops by Receiving and Reconciling Health Information

☐ Support Electronic Referral Loops by Receiving and Reconciling Health Information

☐ Health Information Exchange (HIE) Bi-Directional Exchange

Promoting Interoperability Exemption [Do I qualify?](#)

☒ Not exempt from reporting

☐ Exempt from reporting

Promoting Interoperability Exclusions [Do I qualify?](#)

E-Prescribing

☒ Not Excluded

☐ Excluded

Support Electronic Referral Loops by Sending Health Information

☒ Not Excluded

☐ Excluded

Support Electronic Referral Loops by Receiving and Incorporating Health Information

☒ Not Excluded

☐ Excluded

Improvement Activity Adjustments [Do I qualify?](#)

☐ None

☒ Small practice, rural area, or non-patient facing clinician

☐ Patient Centered Medical Home or equivalent

☐ Other approved Alternative Payment Model

Cost Case Minimums [Do I qualify?](#)

☐ The case minimums were not met

☒ The case minimums were met

OK Cancel

Figure 3 – MIPS Dashboard Configuration

## Added Features (continued)

- MIPS Dashboard – Quality** – All the Quality Measures for MIPS 2021 in the Quality Measure dialog have been updated to the 2020 version for the 2021 reporting period, and for the 2021 performance period will be 40% of the MIPS Total Score (unless PI and Cost categories are reallocated to Quality category). See Figure 4. Likewise, all the associated benchmarks for each CQM have been updated to the 2021 version, which can be accessed by double-clicking each individual measure in the right pane. Do note that, for 2021, this year (and every year) CMS has made changes to the requirements for the majority of the CQMs. Please be sure to check the CQMs you are reporting to determine if changes were made that may affect your reporting and adjust accordingly.

Quality Measures - Central Medical Associates - 2021

Your quality score will be calculated from the six highest scoring measures. For each measure, additional points may be awarded if that measure has a denominator count of 20 or more and includes one or more Medicare patients. One measure must be an outcome or a high priority and bonus points will be given for any additional outcome or high priority measures. You may double click on a calculated measure to see a breakdown of how the score is determined.

☒ Outcome Measures
 

- ☒ CMS75v9-Children Who Have Dental Decay or Cavi...
- ☒ CMS122v9-Diabetes: Hemoglobin A1c Poor Control ...
- ☒ CMS165v9-Controlling High Blood Pressure

☒ High Priority Measures
 

- ☒ CMS50v9-Closing the referral loop: receipt of speciali...
- ☒ CMS68v10-Documentation of Current Medications in...
- ☒ CMS69v9-Preventive Care and Screening: Body Ma...
- ☒ CMS75v9-Children Who Have Dental Decay or Cavi...
- ☒ CMS90v10-Functional Status Assessment for Conge...
- ☒ CMS139v9-Screening for Future Fall Risk
- ☒ CMS146v9-Appropriate Testing for Pharm...
- ☒ CMS154v9-Appropriate Treatment for Urinary Infection
- ☒ CMS156v9-Use of High-Risk Medication

☒ Other Measures
 

- ☒ CMS69v9-Preventive Care and Screening: Body Mass Index
- ☒ CMS124v9-Cervical Cancer Screening
- ☒ CMS125v9-Breast Cancer Screening
- ☒ CMS127v9-Pneumococcal Vaccination Status for Older Adults
- ☒ CMS130v9-Colorectal Cancer Screening
- ☒ CMS131v9-Diabetes: Eye Exam
- ☒ CMS134v9-Diabetes: Medical Attention for Nephropathy
- ☒ CMS135v9-Heart Failure (HF): Angiotensin-Converting Enzyme Inhibitor or Beta-Blocker Therapy
- ☒ CMS136v10-ADHD: Follow-Up Care for Children
- ☒ CMS138v9 - Preventive Care and Screening: Tobacco Use
- ☒ CMS144v9-Heart Failure (HF): Beta-Blocker Therapy
- ☒ CMS147v10-Preventive Care and Screening: Tobacco Use
- ☒ CMS149v9-Dementia: Cognitive Assessment

Measure description	Numerator	Denominator	Den. Exclusions	Exceptions	Result	Score
CMS50v9-Closing the referral loop: receipt of speciali...	0	0	0	0		
CMS68v10-Documentation of Current Medications in...	0	0	0	0		
CMS69v9-Preventive Care and Screening: Body Ma...	0	0	0	0		
CMS75v9-Children Who Have Dental Decay or Cavi...	0	0	0	0		
CMS90v10-Functional Status Assessment for Conge...	0	0	0	0		
CMS122v9-Diabetes: Hemoglobin A1c Poor Control ...	0	0	0	0		
CMS124v9-Cervical Cancer Screening	0	0	0	0		
CMS125v9-Breast Cancer Screening	0	0	0	0		
CMS127v9-Pneumococcal Vaccination Status for Ol...	0	0	0	0		
CMS130v9-Colorectal Cancer Screening	0	0	0	0		
CMS131v9-Diabetes: Eye Exam	0	0	0	0		
CMS134v9-Diabetes: Medical Attention for Nephrop...	0	0	0	0		
CMS135v9 - Outpatient visit where patients prescribed beta-blocker therapy	0	0	0	0		
CMS135v9 - Inpatient visit where patients prescribed beta-blocker therapy	0	0	0	0		
CMS136v10 - children w/ a follow up visit	0	0	0	0		
CMS136v10 - children w/ two additional follow up visits	0	0	0	0		
CMS138v9 - screened for tobacco use	0	0	0	0		
CMS138v9 - screened tobacco users w/ cessation	0	0	0	0		
CMS138v9 - non-users or screened users w/ cessation	0	0	0	0		

☐ Full Calendar Year

Total score: **0 points (no outcome or high priority measure selected)**

Figure 4 – Quality Measures – 2021

## Added Features (continued)

- **MIPS Dashboard – Promoting Interoperability** – The Promoting Interoperability dialog has been updated with new and revised performance category measures and registry options for MIPS 2021, and for the 2021 performance period will be 25% of the MIPS Total Score.

Upon entering the Promoting Interoperability dialog for 2021, you will notice a single **Performance Category Measures** section that is like the Promoting Interoperability dialog for 2020. The functionality remains the same as 2020 with two exceptions. First, the **Query of Prescription Drug Monitoring Program (PDMP) - BONUS** measure has increased the total amount of points from 5 (in 2020) to 10 total points you can achieve in 2021. See Figure 5.

Promoting Interoperability - Central Medical Associates - 2021

**Performance Category Measures**

☒ Performed a security risk analysis

☒ Include controlled substances in the E-Prescribing measure

Objective	Measure description	Numerator	Denominator	Result	Score
Electronic Prescribing	E-Prescribing with Controlled Substances & Formulary Comparison	321	331	97%	10/10
e-Prescribing	Query of Prescription Drug Monitoring Program (PDMP) - BONUS	4	8	50%	5/10
Health Information Exchange	Support Electronic Referral loops by Sending Health Information	3	4	75%	15/20
Health Information Exchange	Support Electronic Referral loops by Receiving and Incorporating Health I...	29	30	97%	20/20
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	123	130	95%	38/40

Calculate Reconciliation Report

☒ Submitted data to one or more public health agency or clinical data registry (5 points each with 10 points max)

Specified Reporting Registry: ☐ Immunization Registry Reporting (More than 1) [10 points]

**OR**

☒ Immunization Registry Reporting (Single) (5 points)

☐ Syndromic Surveillance Reporting (5 points)

☐ Public Health Registry Reporting (5 points)

☐ Clinical Data Registry Reporting (5 points)

**Exclusions**

☐

☒

☐

☐

Promoting Interoperability Score = **98 points**

Print OK Cancel

**Figure 5 – Promoting Interoperability – With Support Electronic Referral Loop Options**

And second, if the optional **Health Information Exchange (HIE) Bi-Directional Exchange** option was selected in MIPS Dashboard Configuration dialog, a new **Performed HIE bi-directional exchange** checkbox option will be available in the Promoting Interoperability dialog below the Include controlled substances in the E-Prescribing measure. See Figure 6. Likewise, in the measure grid below, the two Support Referral Loops measures will be replaced by a single **Health Information Exchange (HIE) Bi-Directional Exchange** measure, along with the total achievable points (40). Since this measure result is structured in a Yes or No manner based on attestation, and is not dependent on numerator and denominator values, the 40 points will be allotted whenever the Performed HIE bi-directional exchange option is checked. All other measures and functionality, including exclusions and the redistribution of points for those exclusions, remains the same as 2020.

## Added Features (continued)

### MIPS Dashboard – Promoting Interoperability (continued)

Promoting Interoperability - 2021 Dashboard - 2021 ×

**Performance Category Measures**

☒ Performed a security risk analysis  
☒ Include controlled substances in the E-Prescribing measure  
☒ Performed HIE bi-directional exchange

Objective	Measure description	Numerator	Denominator	Result	Score
Electronic Prescribing	E-Prescribing with Controlled Substances & Formulary Comparison	1	1	100%	10/10
e-Prescribing	Query of Prescription Drug Monitoring Program (PDMP) - BONUS	0	0	0%	0/10
Health Information Exchange	Health Information Exchange (HIE) Bi-Directional Exchange	N/A	N/A	Yes	40/40
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	1	2	50%	20/40

☒ Submitted data to one or more public health agency or clinical data registry (5 points each with 10 points max)

Specified Reporting Registry: ☒ Immunization Registry Reporting (More than 1) (10 points)

**OR**

<input type="checkbox"/> Immunization Registry Reporting (Single) (5 points)	<input type="checkbox"/> Exclusions
<input type="checkbox"/> Syndromic Surveillance Reporting (5 points)	<input type="checkbox"/>
<input type="checkbox"/> Public Health Registry Reporting (5 points)	<input type="checkbox"/>
<input type="checkbox"/> Clinical Data Registry Reporting (5 points)	<input type="checkbox"/>

Promoting Interoperability Score = **80 points**

**Figure 6 – Promoting Interoperability – With HIE Bi-Directional Exchange Options**

Like 2020, you will need to check the **Performed a security risk analysis** option before the Promoting Interoperability Score will be calculated. Likewise, the **Submitted data to one or more public health agency or clinical data registry** option will not be activated unless the **Performed a security risk analysis** option is selected, and performance measures, except for the PDMP measure, have been calculated and contain numerator and denominator information. Performance measures can be calculated, and reconciliation reports can be run for selected measures via the corresponding buttons.

After the **Submitted data to one or more public health agency or clinical data registry** option becomes active and is checked, the various registry options will become available. You can select up to a total of 10 points, or a single registry (5 points) and an exclusion, if applicable. Once a total of 10 points is selected, the other options will be grayed out. Likewise, the Exclusions checkboxes will become available for the registries after a single registry is selected, but not for the selected registry.

Only after the **Performed a security risk analysis** option has been selected, the performance measures have been calculated, and the registry information has been selected as applicable, will the Promoting Interoperability Score be calculated. This score will then be displayed on the Promoting Interoperability card in the MIPS Dashboard.

## Added Features (continued)

- MIPS Dashboard – Improvement Activities** – The Improvement Activities dialog has been updated with revised improvement activities for MIPS 2021, and for the 2021 performance period will be 15% of the MIPS Total Score. These are broken up into **two** sub-categories (**High Weighted** and **Medium Weighted**). As in previous versions, for each entry you can click the corresponding **More Info?** link to view further details regarding the activity. See Figure 7. For 2021, the **CMS partner in Patients Hospital Engagement Network** option, in the Medium Weighted tab, has been removed. Also, for 2021, the descriptions, accessed via the More Info? links, for the **Engagement of patient through implementation of improvements in patient portal** and **Comprehensive Eye Exams** options, in the Medium Weighted tab, have been updated.

Improvement Activities - Central Medical Associates - 2021		
High Weighted	Medium Weighted	
	Use of telehealth services that expand practice access	<a href="#">More info?</a> No
	Collection and use of patient experience and satisfaction data on access	<a href="#">More info?</a> No
	Additional improvements in access as a result of QIN/QIO TA	<a href="#">More info?</a> No
	Participation in User Testing of the Quality Payment Program Website ( <a href="https://qpp.cms.gov/">https://qpp.cms.gov/</a> )	<a href="#">More info?</a> No
	Engagement of community for health status improvement	<a href="#">More info?</a> No
	Use of toolsets or other resources to close healthcare disparities across communities	<a href="#">More info?</a> No
	Regular Review Practices in Place on Targeted Patient Population Needs	<a href="#">More info?</a> No
	Population empanelment	<a href="#">More info?</a> No
	Chronic Care and Preventative Care Management for Empaneled Patients	<a href="#">More info?</a> No
	Implementation of methodologies for improvements in longitudinal care management for high risk patients	<a href="#">More info?</a> No
	Implementation of episodic care management practice improvements	<a href="#">More info?</a> No
	Implementation of medication management practice improvements	<a href="#">More info?</a> No
	Participation in Population Health Research	<a href="#">More info?</a> No
	Provide Clinical-Community Linkages	<a href="#">More info?</a> No
	Glycemic Screening Services	<a href="#">More info?</a> No
	Glycemic Referring Services	<a href="#">More info?</a> No
Total score: <b>40 points</b>		<a href="#">Print</a> <a href="#">OK</a> <a href="#">Cancel</a>

Figure 7 – Improvement Activities



## Added Features (continued)

- **The Note Tab – Checklists\*** – In previous versions, an issue could arise where all checklist normal or abnormal answers were not being exported to the PatientPortal when multiple items were selected. This issue has been corrected.

\* This feature was released in the CMMS 6.5.3.373 hot fix release.

- **The Note Tab – Medications** – In previous versions, an issue could arise where the Current Medications Documented option was selected in the Medication menu but would not remain selected. This issue has been corrected.

\* This feature was released in the CMMS 6.5.3.379 hot fix release.

- **The Note Tab – Order Procedure – Immunizations** – The Immunization section of the Order Procedure dialog has been updated so that whenever a COVID-19 vaccine **CVX Code** is selected for the immunization, a **Priority Group** drop-down field will appear below the Administered By field, allowing you to select the priority group type the patient falls into for the vaccine. See Figure 8. If you click the **Priority Group** link a legend will appear outlining the priority types. See Figure 9. The Priority Group type is required when sending COVID-19 immunization information for NYSIIS, and when configured, it will be included in the OBX segment of the immunization file, as well as being displayed with the other configured procedure information in the chart note.

- **The Note Tab – Order Procedure – Immunizations\*** – The Priority Group drop-down list and legend have been updated with three new codes that can be used when sending COVID-19 immunization information to NYSIIS: **Pregnant, Eligible Age, and Under 30 Years**. See Figure 9.

\* This feature was released in the CMMS 6.5.3.398 hot fix release.

The screenshot shows the 'Immunization' form. Key fields include:
 

- Provider Name: Doe, John D.
- Manufacturer: Pfizer, Inc.
- Lot Number: (empty)
- VFC Eligibility: Has health insurance
- NDC Code: 12345678901
- CVX Code: 207 (highlighted with a red box)
- Dose: 0.5 mL
- Route: IM
- Site: RD
- Lot Expiration: 03/05/2021
- Funding: (empty)
- Administered By: JohnDoe
- Priority Group: Frontline Staff (highlighted with a red box)

 There are also checkboxes for 'Disease Immunity', 'Historical', and 'Source: New immunization record'. At the bottom, there is an 'Immunization Consent' section with fields for First Name, Last Name, Relationship, and Consent Date (03/05/2021).

Figure 8 – Order Procedure – Immunization

Priority Groups		
Code	Name	Description
HCPHOSP	HCP Hospital	Health care provider - hospital
HCPEMS	HCP EMS	Health care provider - EMS
HCPOTHER	HCP Other Staff	Health care provider - other facility staff
LTCFHCP	LongtermCare HCP	longterm care staff
LTCFRES	LongtermCare Resident	longterm care resident
HCPME	HCP MED Examiner	HCP - Medical Examiners, Coroners, morticians, etc
RESCONG	Resident Congregant Setting	Resident in congregant setting other than residents of LTCF
PUBSAFE	Frontline public safety	Frontline workers in public safety - fire fighters, police, corrections
HCPAMB	HCP Ambulatory	HCP ambulatory staff
75+	75 Years or Older	Persons 75 years or older who are not residents of LTCF
65-74	65 to 74 Years Old	65 to 74 years old who are not residents of LTCF
U65HEALTH	Under 65 health	Under 65 years with underlying health conditions at high risk of hospitalization
FRONTLINE	Frontline Staff	Frontline workers in food/agriculture, USPS, manufacturing, grocery, public transit, educational (teacher, support staff, daycare)
OTHESENTIAL	Other Essential	Other essential staff - transportation and logistics, food service, housing construction, finance, IT, communications, energy, law, public safety and public health
PREGNANT	Pregnant	Persons who are currently pregnant
AGE	Eligible Age	Eligible age at time of visit per current state guidelines
U30	Under 30 Years	Under 30 years - not eligible for other priority group

Figure 9 – Order Procedure – Priority Groups

## Added Features (continued)

- **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 6.5.3.379/398 hot fix release.

- **Template Editing – Checklist\*** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include an **Assessment** option. See Figure 10. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has an Assessment section.
- **Template Editing – Checklist\*** – The **Include as** drop-down list in the **Finding Check List Properties** dialog has been updated to include a **Plan of Treatment** option. See Figure 10. When this option is selected for a checklist, any data entered in the checklist will be pulled into any CCDA document type that has a Plan of Treatment section.

\* This feature was released in the CMMS 6.5.3.373 hot fix release.

The screenshot shows the 'Finding Check List Properties' dialog box. The 'Include as' dropdown menu is open, displaying a list of options: Assessment, Goals, History of Present Illness, Hospital Course, HPI, Imaging Narrative, Lab Report Narrative, Past Medical History, Pathology Report Narrative, Physical Examination, and Plan of Treatment. The 'Assessment' option is currently selected. The dialog box includes various configuration options for the checklist, such as 'No Output', 'Heading', 'After Heading', 'After All Text', 'All Items', 'Abnormal Items', 'E&M', 'Delimiters', 'Conjunctions', 'Columns', and 'Rows'. There are also checkboxes for 'Use List Order', 'Enable Quick Normals', 'Enable All Normals Checked', and 'Neither'.

Figure 10 – Finding Check List Properties

- **To-Do List – Labs\*** – In previous versions, an issue could arise when importing certain lab results that contain a string of OBR segments that exceed 1200 characters, thereby creating an error when attempting to generate a To-Do List reminder. This issue has been corrected.

\* This feature was released in the CMMS 6.5.3.294 hot fix release.

## Added Features (continued)

- **Updox Faxing** – The system has been updated to streamline the workflow of sending faxes from Clinical where the actual sending process will be handled in the background, thereby cutting the time waiting for the fax to be sent and allowing you to perform other activities in Clinical once the fax has been generated. With this new workflow, after the faxing information has been configured in the Updox Facing dialog, and the Send button has been clicked, the system will generate the applicable documents to be faxed, and then a Fax Queued pop-up dialog will appear outlining the sending process. See Figure 11.

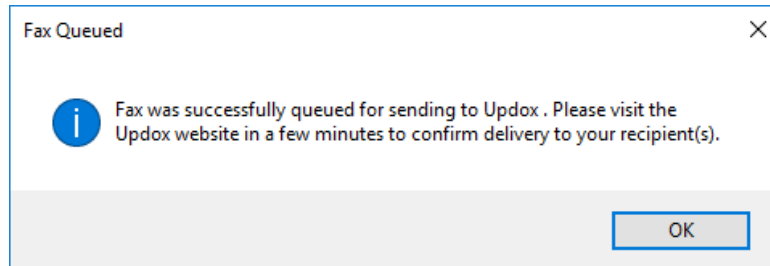


Figure 11 – Fax Queued

After you click the OK button, you can perform other activities in Clinical and the system will complete the sending process in the background. If there is an error in the sending process and the fax failed to send, you will be alerted by a high priority To-Do List message. See Figure 12. If you double-click on the message, the Message Detail screen will appear and any details regarding the failure will be outlined.

Date	From	Priority	Subject	Type	Patient
02/23/2021	System	High	Error sending fax:...	Updox Fax	Whiteside, Kara
02/23/2021	System	High	Error sending fax:...	Updox Fax	Whiteside, Kara
02/23/2021	System	High	Error sending fax:...	Updox Fax	Whiteside, Kara
02/23/2021	System	High	Error sending fax:...	Updox Fax	Cross, David
02/23/2021	System	High	Error sending fax:...	Updox Fax	Cross, David
02/23/2021	System	High	Error sending fax:...	Updox Fax	Cross, David
02/23/2021	System	High	Error sending fax:...	Updox Fax	Cross, David

1-25 of 507 items RRR = Read Receipt Requested ☐ Show Completed Items

Figure 12 – To-Do List – Error Sending Fax

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