



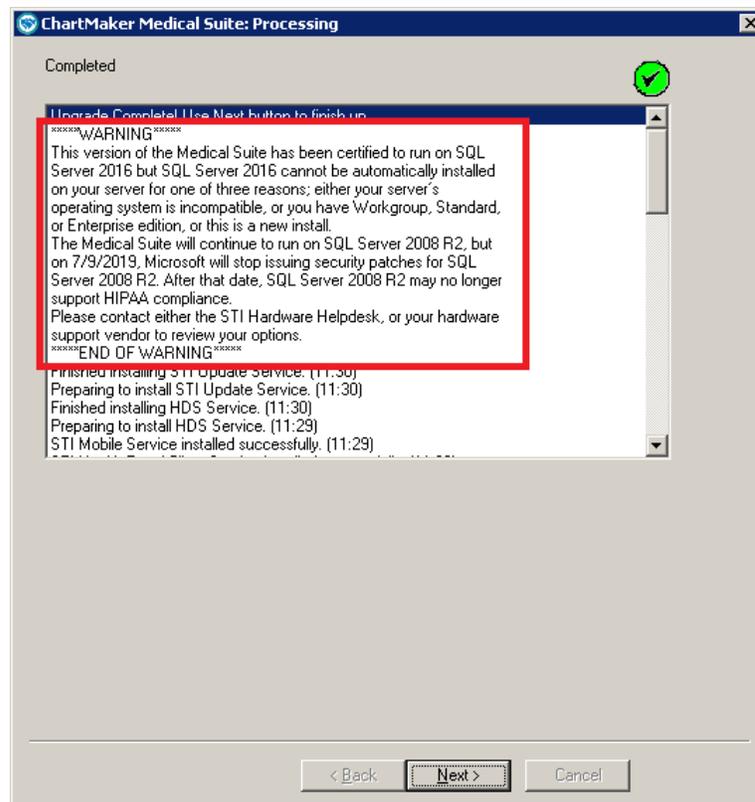
Service. Technology. Innovation.

## ChartMaker® Practice Manager Release Notes

ChartMaker® 2022.1 (fv6.7.8)

### Important Notifications

- **Upgrade from Microsoft Server 2008/2012 and Windows 7/8** – Since January 2020, your **Windows 7/8** workstations and **Microsoft 2008 Servers** are no longer supported. Likewise, support for **Windows 8.1** will end on January 10, 2023, and support for **Windows Server 2012/2012R2** will end on October 10, 2023. 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

## Administration

- Administration – Code Tables – Codes – Inventory Adjustment Reasons** – The Code Table Selection dialog (**Administration > Code Tables > Codes**) has been updated with an **Inventory Adjustment Reasons** option that allows you to add and maintain adjustment reasons for immunization inventory. See Figure 1. The inventory adjustment reasons will be used in conjunction with the updated vaccine inventory management functionality.

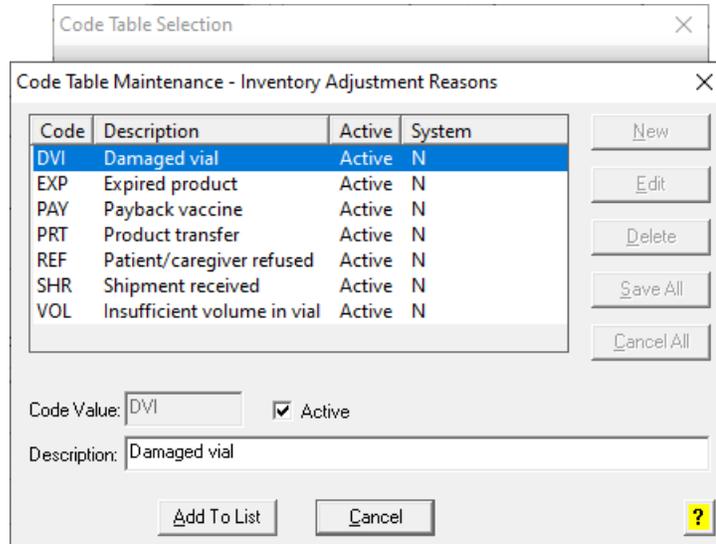


Figure 1 – Code Table Maintenance – Inventory Adjustment Reasons

- Administration – Code Tables – Codes – Vaccine Storage** – The Code Table Selection dialog (**Administration > Code Tables > Codes**) has been updated with a **Vaccine Storage** option that allows you to add and maintain storage units for vaccines. See Figure 2. The vaccine storage units will be used in conjunction with the updated vaccine inventory management functionality.

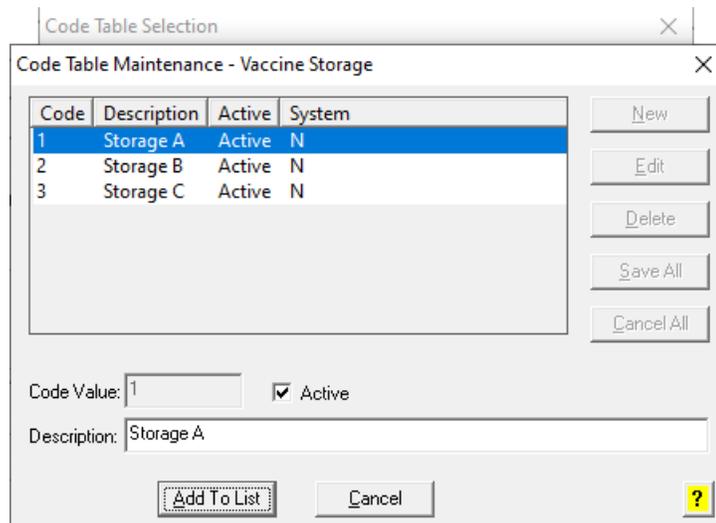


Figure 2 – Code Table Maintenance – Vaccine Storage

## Administration (continued)

- Administration – Transaction Tables – Procedure – Immunization** – The Immunization Manufacturers & Lot Numbers dialog (**Administration > Transaction Tables > Procedure > Immunization** button) has been updated with an **Inventory** section that allows you to add and maintain immunization inventory for an immunization lot record and associate that inventory with specific vaccine storage units. See Figure 3.

**Figure 3 – Procedure – Immunization – Immunization Manufacturers & Lot Numbers**

New inventory records can be added for the Vaccine Lot via the **New** button. In the Inventory Management dialog, you can add a **Storage Unit, Reorder Point**, and then in the Inventory Adjustment section you can add an **Adjustment Reason, Adjustment**, and **Comment**. The **Current Quantity** and **New Quantity** values are automatically calculated based on newly entered inventory information and when adjusting inventory when editing. See Figure 4.

**Figure 4 –Inventory Management**

## Administration (continued)

- **Administration – Utilities – Audit – Audit Trail** – The Audit Trail has been updated to track whenever modifications are made in the Insurance Billing Process tab of the Maintain Billing Preferences dialog (**Add-Ins > Insurance Billing > Billing Configuration**). When an audit event occurs, the Event column will display **Modified**; the Group column will display **Configuration**; the Audit Trail Description will display **Insurance Billing Preferences > Insurance Billing Process**; the Old Value will display any previous information for the fields in the Insurance Billing Process tab that were modified; the New Value will display any updated information that was made in the fields in the Insurance Billing Process tab; and the Metadata column will contain the **Billing Form, Insurance Name, and Practice ID**.
- **Administration – Utilities – Audit – Audit Trail** – The Audit Trail has been updated to track whenever modifications are made in the Insurance Billing Break Fields tab of the Maintain Billing Preferences dialog (**Add-Ins > Insurance Billing > Billing Configuration**). When an audit event occurs, the Event column will display **Modified**; the Group column will display **Configuration**; the Audit Trail Description will display **Insurance Billing Preferences > Insurance Billing Break Fields**; the Old Value will display any previous information for the fields in the Insurance Billing Break Fields tab that were modified; the New Value will display any updated information that was made in the fields in the Insurance Billing Break Fields tab; and the Metadata column will contain the **Billing Form, Insurance Name, and Practice ID**.
- **Administration – Utilities – Audit – Audit Trail** – The Audit Trail has been updated to track whenever an electronic submitter entry is added, modified, or deleted in the **Submitter** screen (**Add-Ins > Insurance Billing > Electronic Submitter**). When an audit event occurs, the Event column will display **Added/Modified/Deleted**; the Group column will display **Configuration**; the Audit Trail Description will display **Insurance Electronic Submitter**; the Old Value will display any previous information for the fields in the Submitter screen that were modified or were in the fields when deleted; the New Value will display any information added or updated in the fields in the Submitter screen; and the Metadata column will contain the **Billing Form and Practice ID**.
- **Administration – Utilities – Audit – Audit Trail** – The Audit Trail has been updated to track whenever a month end is reset in the **Month End Operations** dialog (**Add-Ins > Month End Operations**). When an audit event occurs, the Event column will display **Deleted**; the Group column will display **Practice**; the Audit Trail Description will display **Reset month end for [Month End Date]**; the Old Value will display the **[Month End Date Reset]**; and the Metadata column will contain the **Practice ID**.
- **Administration – Utilities – Audit – Audit Trail** – The Audit Trail has been updated to track whenever a vaccine inventory is added, edited, or deleted via the Immunization Manufacturer & Lot Numbers dialog (**Administration > Transaction Tables > Procedure > Immunization**). When an audit event occurs, the Event column will display **Modified**; the Group column will display **Immunization**; the Audit Trail Description will display **Inventory Adjustment [Procedure Name, Lot Number, and Manufacturer]**; the Old Value will display the **[Previous Quantity]**; the New Value will display the **[New Quantity]**; and the Metadata column will contain the Adjustment Amount, Adjustment Reason, **Inventory ID, CPT Code, User ID, and User Name**.

## Add- Ins

- **Clinical – Immunizations – Vaccine Inventory Report** – The system has been updated with a new **Vaccine Inventory Report** (accessed via **Add-Ins > Clinical > Immunizations > Vaccine Inventory Report**), that allows you to easily view inventory for all vaccine lots configured in the system without having to access each procedure to view the inventory information. The report will default to display **Immunization, CPT Code, Manufacturer, Lot #, Expiration, Funding, Storage, Quantity, and Reorder Point** for each storage unit associated with an active vaccine lot number. All column headings are sortable by clicking the specific column heading you want to sort by, and you can also select a specific Immunization, CPT Code, Manufacturer, Lot #, Funding, and/or Storage unit via the corresponding drop-down list. See Figure 5.

Likewise, you have the option to view **Immunizations that need to be reordered** and/or **Include expired immunization lots**, by checking the corresponding options at the bottom of the screen. When Quantities are below the Reorder point, they will appear in red. When the **Include expired immunization lots** option is checked, expired vaccine lots will also appear in red.

Clicking the **Refresh** button will query the system and display any newly added or modified vaccine information, and clicking the **Save Report** button will save the currently configured report as a PDF file. When printing the report any items displayed in red on the screen will appear in boldface in the printed report.

Immunization	CPT Code	Manufacturer	Lot #	Expiration	Funding	Storage	Quantity	Reorder Point
MMR VACCINE, SC	90707	Abbott Laboratories	123456789	11/30/2024	Private funds	Storage A	50.00	10
MMR VACCINE, SC	90707	Abbott Laboratories	123456789	11/30/2024	Private funds	Storage C	30.00	10

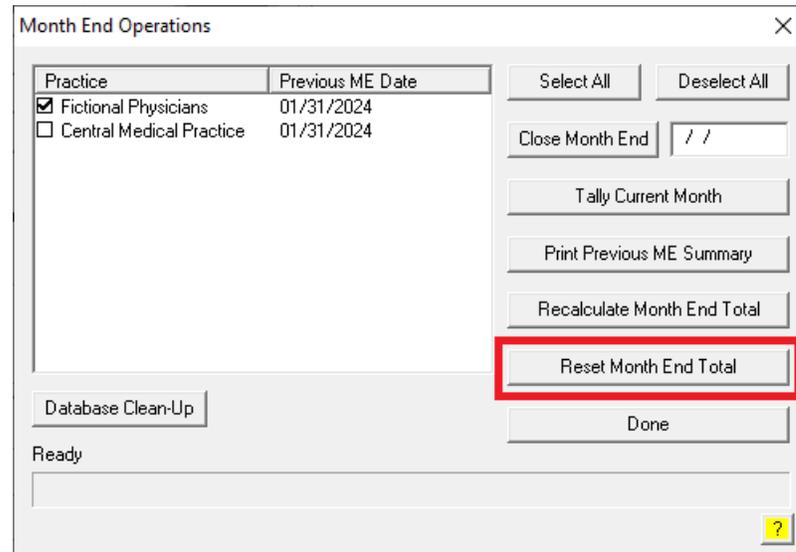
Immunizations that need to be reordered     Include expired immunization lots

Refresh    Save Report    Close

**Figure 5 – Vaccine Inventory Report**

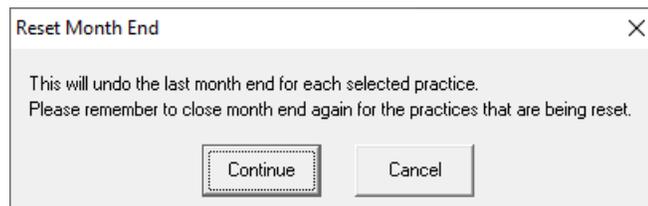
## Add- Ins (continued)

- **Month End Operations** – The **Month End Operations** dialog, accessed via **Add-Ins > Month End Operations**, has been updated with a **Reset Month End Total** button that allows users with administration rights to roll-back the month end date to the previous month end date for selected practices. See Figure 6.



**Figure 6 – Month End Operations**

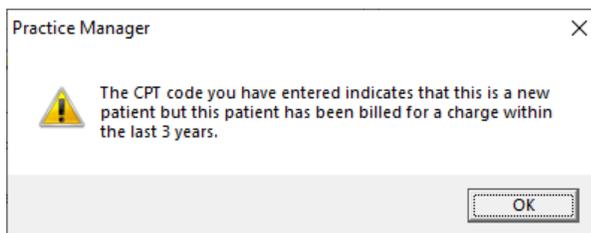
After the Reset Month End Total button is clicked, a **Reset Month End** confirmation dialog will appear outlining the change. See Figure 7. After clicking the **Continue** button the system will reset the month end for the selected practices and the previous month end date will then appear in the **Previous ME Date** column next to the selected practices. This process can be repeated if you need to reset the month end date for a practice for multiple months.



**Figure 7 – Reset Month End**

## Charge

- Charge – Enter a Charge** – In an effort to reduce rejected claims for ineligible new patient visit procedures, the system has been updated so that when entering a New Patient Visit Procedure (CPT codes **99202 – 99205** and **99381 – 99387**), a check will be made to see if that patient has been billed for a charge, within the practice, in the past 3 years/36 months, and if a charge has been billed for the patient in the past 3 years/36 months, a pop-up notification will appear notifying the user that this patient has been billed a charge within the last 3 years. See Figure 8. This allows the user to make the necessary changes prior to billing for the ineligible procedure type.



**Figure 8 – Charge – New Patient Visit Warning**

- Charge – Enter a Charge** – The **Case** drop-down list, in the **Enter a Charge** screen, has been updated so that the cases listed will have the Onset Date, if entered, appended to the case label to easily identify the applicable cases when entering charges. See Figure 9.

**Figure 9 – Charge – Enter a Charge – Case**

- Charge – Edit a Charge** – The **Case** drop-down list, in the **Edit a Charge** screen, has been updated so that the case listed will have the Onset Date, if entered, appended to the case label to easily identify the applicable case you are editing. See Figure 10.

**Figure 10 – Charge – Edit a Charge – Case**

- Charge – Edit a Charge** – The system has been updated so that when editing a charge, whenever the **Status** field is changed to **B Bill Current Insurance**, any date in the **Date Billed** field will be automatically cleared, thereby eliminating the need to manually modify this field to regenerate the charge.

## Charge (continued)

- Charge – Review Charges** – The **Case** drop-down list, in the **Review Charges** screen, has been updated so that the cases listed will have the Onset Date, if entered, appended to the case label to easily identify the applicable cases when reviewing charges. See Figure 11.

Start Date	End Date	Provider	Procedure	Units	Charge	Split	Case
01/30/2024	01/30/2024	JD	99215	1	100.00	100.00	CMP 10020 Worker Comp 12/15/2022
10/01/2023	10/01/2023	JD	99215	1	175.00	150.00	NOF 10022 No Fault 11/24/2023
			Copay		25.00	0.00	NOF 10019 No Fault 06/06/2022
10/01/2023	10/01/2023	JD	87088	1	125.00	125.00	NRM 10011 Normal 01/23/1998
						15.00	B 1 APPO Y

Figure 11 – Charge – Review Charges – Case

- Charge – Pending Charges** – In an effort to reduce rejected claims for ineligible new patient visit procedures, the system has been updated so that when processing a pending charge for a New Patient Visit Procedure (CPT codes **99202 – 99205** and **99381 – 99387**), a check will be made to see if that patient has been billed for a charge, within the practice, in the past 3 years/36 months, and if a charge has been billed for the patient in the past 3 years/36 months, a pop-up notification will appear notifying the user that this patient has been billed a charge within the last 3 years. See Figure 12. This allows the user to make the necessary changes prior to billing for the ineligible procedure type.

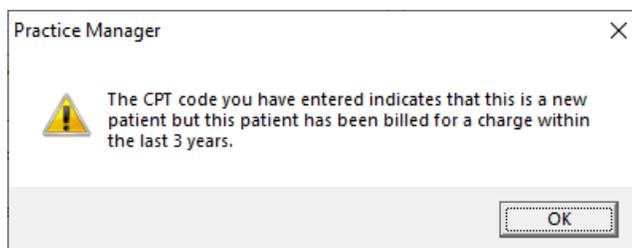


Figure 12 – Charge – New Patient Visit Warning

## 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.
- Clinical – Immunization** – The **Manufacturers and Lot Numbers for this Procedure** section of the **Immunization Entry** dialog, has been updated with a **Storage Unit(s)** column that will display any storage unit codes that are configured for the Lot Number. See Figure 13.

Figure 13 – Inquire – Financial

## Documents

- Itemized Charges** – In previous versions an issue could arise where charges with a zero balance (e.g., paid charges) were not appearing on the Itemized Charges document. This issue has been corrected.

## Inquire

- Inquire – Financial** – The **Summary** section of the **Financial** tab, in the Inquire screen, has been updated so that credits are now differentiated by Patient Credits and Insurance Credits, in addition to the Total Credits, allowing you to easily distinguish the credit amounts. See Figure 14.

1. Financial   2. Patient Info   3. Charges   4. Payments   5. Open Itemized   6.. Appointments   7. Collections   8. Specialties   9. Letters Sent   10. Recalls							
Receivables							
	Not Yet Billed	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120	Total
Patient Due	25.00	0.00	0.00	0.00	0.00	0.00	25.00
Insurance Due	150.00	0.00	0.00	0.00	0.00	0.00	150.00
<b>Total</b>	<b>175.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>175.00</b>
Summary							
Total Balance	: 175.00	Last Visit		: 01/20/2021	Last Patient Paid		: 10.00
Patient Credits	: -10.00	Last Bill		: 01/26/2024	Last Patient Paid Date		: 01/26/2024
Insurance Credits	: -100.00	Finance Amount		: 0.00	Last Insurance Paid		: 100.00
Total Credits	: -110.00	Budget Amount		: 0.00	Last Insurance Paid Date		: 01/26/2024
Net Balance	: 65.00	Budget Due		: 0.00			
Collections	: 0.00	Cycle Date		: 0.00			
Unpaid Copays	: 25.00						

Figure 14 – Inquire – Financial

## Insurance Billing

- Insurance Billing – Bad Claims Report** – The **Insurance Billing – Bad Claims** report has been updated to include the **Practice Name**, along with the corresponding **IH Code**, in the header of the report to the right of the Billing Form information, allowing you to easily decipher the practice for which the bad claims are for. See Figure 15.

Account#	Date	Proced.	Insur.	Amount	Reason
01/26/2024 12:55PM <span style="float: right;">INSURANCE BILLING - BAD CLAIMS</span> <span style="float: right;">Page: 1</span>					
Billing Form: NEIC_P5 <span style="float: right; border: 1px solid red; padding: 2px;">Practice: Central Medical Practice (CM)</span>					
10011	01/20/2021	199215	APPO	150.00	Provider (ID) Has no Taxonom vCode (required for HIPAA)
Total Errors: 1					

Figure 15 – Insurance Billing – Bad Claims

- Insurance Billing – NEIC\_P5** – In previous versions an issue could arise where incorrect paid amounts were appearing in the billing file to the secondary insurance when CO-144 amounts were included after being posted using PA/NJ MCR remittance program. This issue has been corrected.

## Reports

### Managed Care Reports

- Encounter Analysis → NCQA Diversity Requirements** – The NCQA Diversity Requirements report has been updated to remove the **Encounter Date** from **Field Name** drop-down list in the **Select Criteria** tab. Likewise, the **Value** field when selecting the **Facility** select criteria now contains a **Look-Up** button to search for the applicable facility, if needed. See Figure 16. In addition, the **NCQA** Requirements report has been renamed **NCQA Requirements 2010** to better distinguish that report from the NCQA Diversity Requirements report.

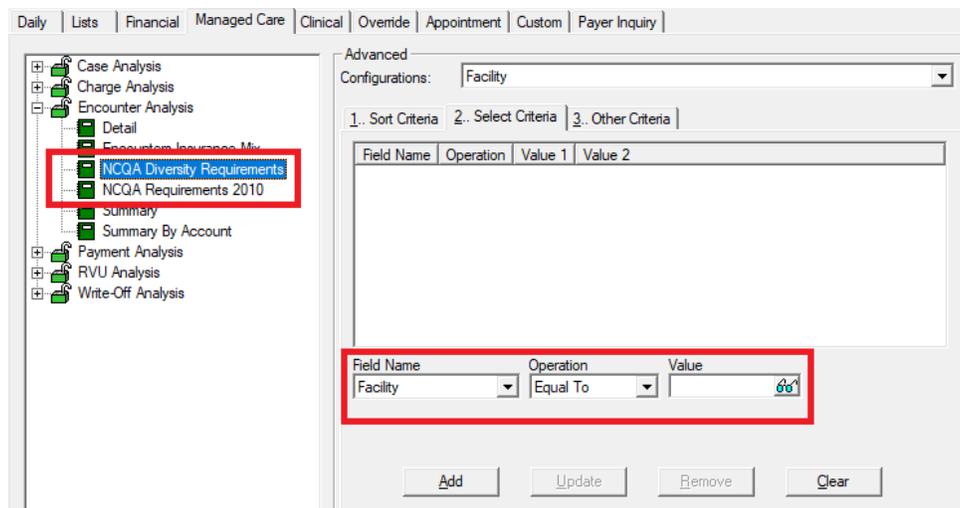


Figure 16 – Encounter Analysis - NCQA Diversity Requirements

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