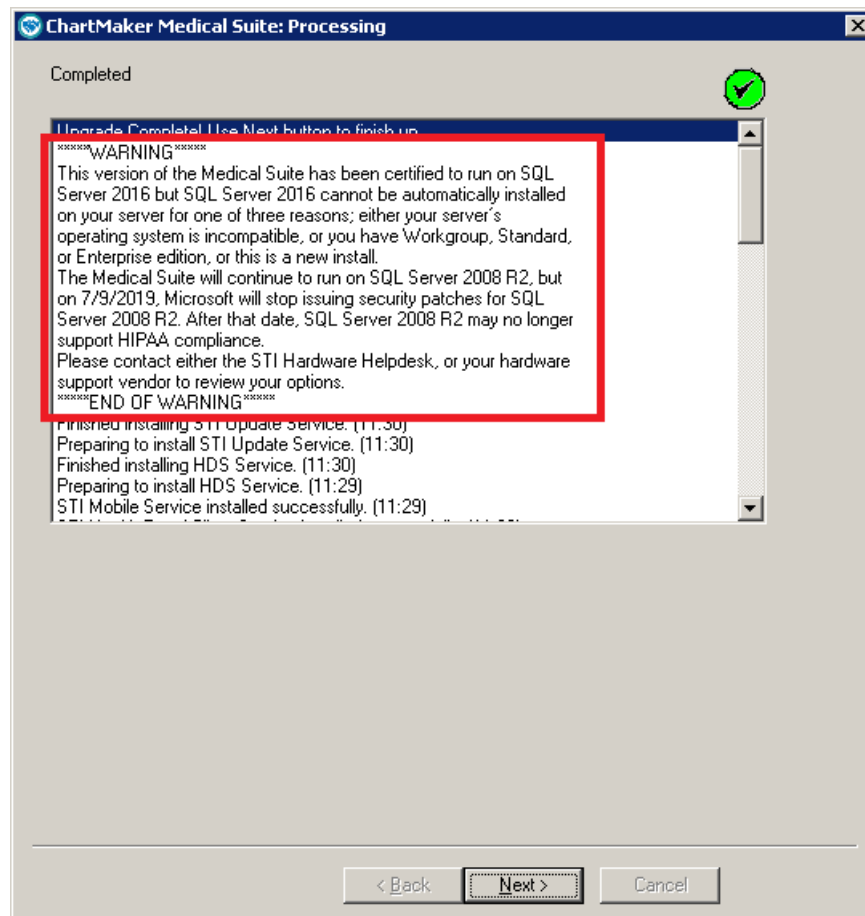


ChartMaker® Clinical Release Notes

ChartMaker® 2018.2 (fv6.6.5)

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

- **Audit Trail** – The Audit Trail has been updated to track whenever a change to a practice’s export status in the STI Quality Reporting dialog. When an audit event occurs, the Event column will display **Modified**; the Group column will display **Configuration**; the Audit Trail Description will display **STI Quality Reporting practice selection**; the Old Value and New Value columns will contain **Practice name (IH Code) [Enabled or Disabled]**; and the Metadata column will contain the **Practice ID**.
- **Direct Messaging – Generate and Attach CDA** – The Continuity of Care Document (CCD) that is generated when sending a direct message has been updated to include event dates for all applicable data included in the export document.
- **Export – Export Patient Data – Date Range** – The Continuity of Care Document (CCD) has been updated to include event dates for all applicable data included in the export document.
- **MIPS Dashboard – Configuration**– The **Quality Reporting** section of the MIPS Dashboard Configuration dialog has been updated with a **Qualifies for small practice bonus** option for the 2022, and later, reporting period. Likewise, a **Do I qualify?** link has also been added to this section, allowing you to view the specific requirements and what the bonus entails for the **Qualifies for small practice bonus** option. See Figure 1. When this option is checked, the system will add 6 bonus points to the Total Score in the Quality Measure dialog when at least one quality measure is selected. The Total Score will also indicate that the small practice bonus was included.

MIPS Dashboard Configuration

Configuration name: Central Medical Associates

Performance period: 1/ 1/2022 to 12/31/2022

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

☒ Doe, Jane C (8005502999)

Practice (TIN): Central Medical Practice (23123213)

Facility:

PCF Identifier:

Quality Reporting [Do I qualify?](#)

☒ 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:

☒ Qualifies for small practice bonus

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

☒ Health Information Exchange (HIE) Bi-Directional Exchange

☒ Query PDMP for at least one Schedule II Opioid electronically prescribed during the measurement period

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

Electronic Case Reporting (for 2022 you must pick the exclusion that best fits)

☐ Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period

☐ Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CHERT definition at the start of the performance period

☐ Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period

☒ (For 2022 only) The MIPS eligible clinician uses CEHRT that is not certified to the electronic case reporting certification criterion prior to the start of the performance period

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 1 – MIPS Dashboard Configuration

Added Features (continued)

- MIPS Dashboard – Quality – MIPS 2022** – The Quality Measures dialog has been updated so that bonus points awarded for performing additional Outcome and High Priority Measures, as well as EHR reporting bonuses, have been removed and will no longer be calculated for the Total Score for MIPS 2022 and subsequent years, per QPP.gov guidelines and requirements. Likewise, the verbiage regarding bonus points in the initial paragraph at the top of the dialog has been updated regarding this change, and when accessing benchmark break downs for individual measures. See Figure 2.

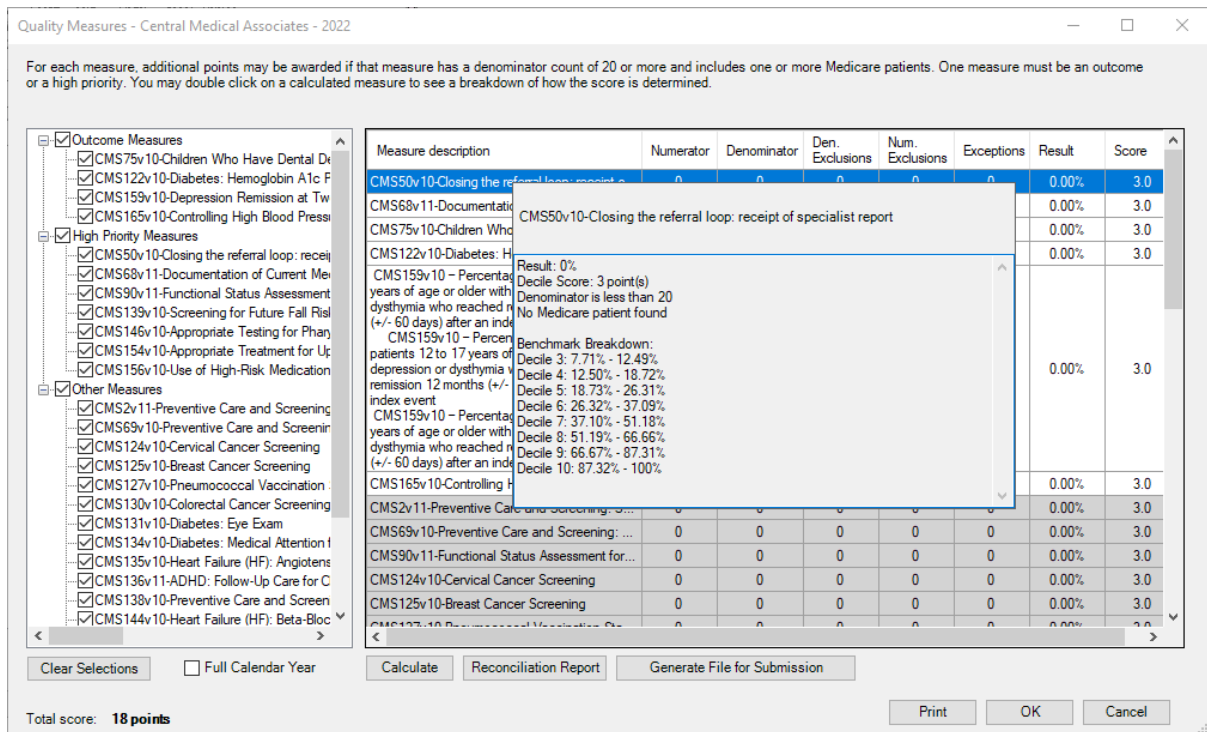


Figure 2 – MIPS 2022 – Quality Measures

- **MIPS Dashboard – Quality – MIPS 2022** – In previous versions, an issue could arise where the **CMS68v11 – Documentation of Medications in the Medical Record** quality measure was not being capped at 7 points for MIPS 2022. This issue has been corrected.
- **MIPS Dashboard – Quality – MIPS 2022** – In previous versions, an issue could arise where the **CMS130v10 – Colorectal Cancer Screening** was not calculating correctly. This issue has been corrected.
- **MIPS Dashboard – Quality – MIPS 2022** – In previous versions, an issue could arise where the **CMS68v11 – Documentation of Medications in the Medical Record** and **CMS165v10 – Controlling High Blood Pressure** quality measures were not calculating correctly. This issue has been corrected.

Added Features (continued)

- **The Note Tab – Care Plan – Goals** – The Add Goals and Edit Goal dialogs in the Care Plan widget, accessed via the Add Goal or Edit button, have been updated with a Target field allowing you to select a target date for the goal. See Figure 3. This date can be added or modified in the original note, or any subsequent note, as the Care Plan carries forward into new notes. Likewise, any configured target date will output in the chart note.

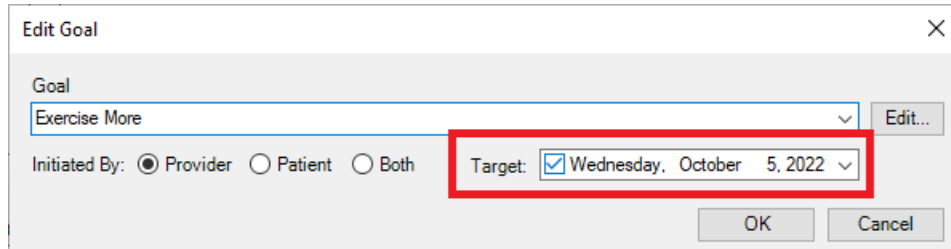
The 'Edit Goal' dialog box is shown. It has a title bar with a close button. Inside, there's a 'Goal' section with a dropdown menu currently showing 'Exercise More' and an 'Edit...' button. Below this is the 'Initiated By' section with three radio buttons: 'Provider' (selected), 'Patient', and 'Both'. To the right of these is the 'Target' section, which is highlighted with a red rectangle. It contains a checkbox that is checked and a date dropdown showing 'Wednesday, October 5, 2022'. At the bottom are 'OK' and 'Cancel' buttons.

Figure 3 – Care Plan – Edit Goal

- **The Note Tab – Note Header** – The Note Header has been updated to include a button in the bottom left corner to indicate whether the charges in the note have been sent to Practice Manager for processing. See Figure 4. When the charges have not been sent, the button will remain gray; when charges have been sent, the button will appear blue. When hovering over the button a tooltip will appear detailing whether the charges have been sent.

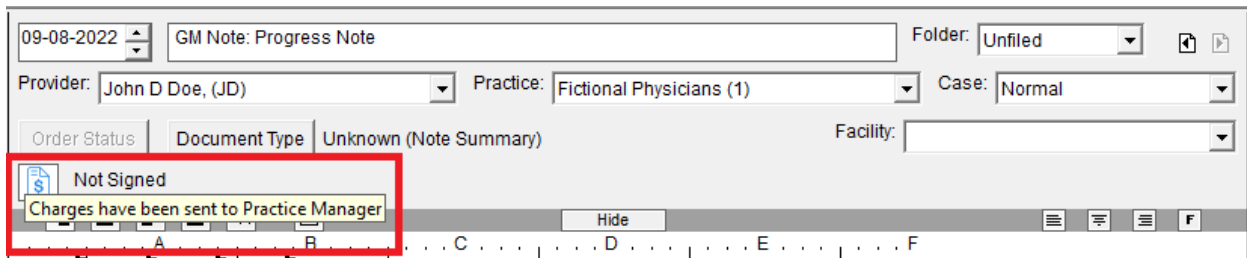
The 'Note Header' interface is shown. It includes a date dropdown (09-08-2022), a text field for 'GM Note: Progress Note', and a 'Folder' dropdown (Unfiled). Below these are fields for 'Provider' (John D Doe, (JD)), 'Practice' (Fictional Physicians (1)), 'Case' (Normal), and 'Facility'. There are also tabs for 'Order Status', 'Document Type', and 'Unknown (Note Summary)'. At the bottom left, there is a button with a blue icon and the text 'Not Signed'. A red rectangle highlights this button and the text 'Charges have been sent to Practice Manager' which appears as a tooltip or status message. To the right of this button is a 'Hide' button and some icons.

Figure 4 – Note Header – Charges Sent

Likewise, when clicking the button, a Charges dialog will appear outlining what charges were sent or indicating that no charges have been sent. See Figure 5.

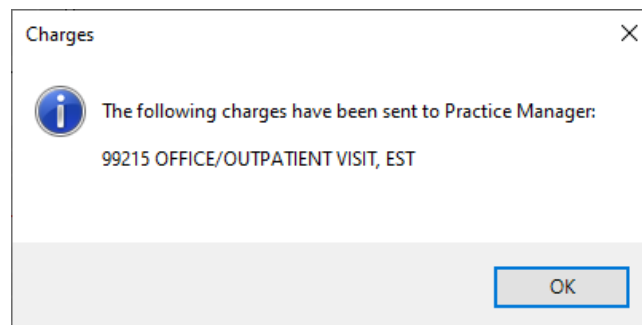
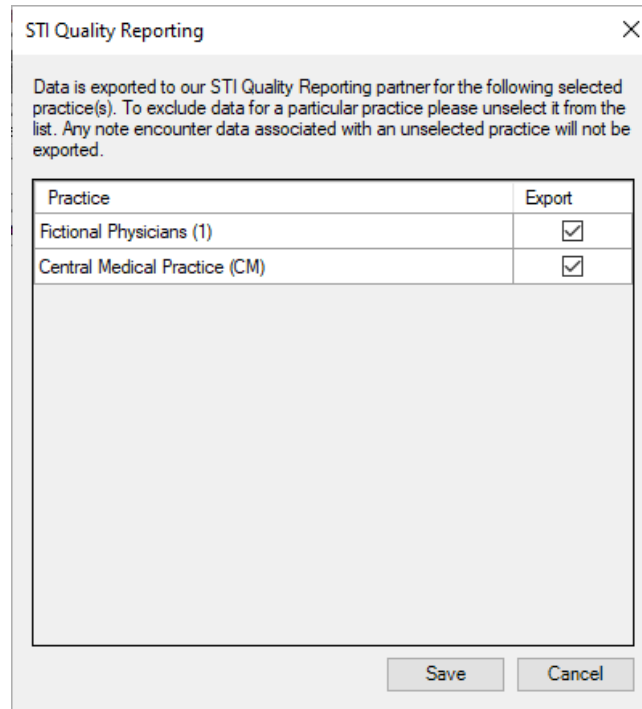
The 'Charges' dialog box is shown. It has a title bar with a close button. Inside, there's an information icon and the text 'The following charges have been sent to Practice Manager:'. Below this, the charge code '99215 OFFICE/OUTPATIENT VISIT, EST' is listed. At the bottom right is an 'OK' button.

Figure 5 – Charges

Added Features (continued)

- **STI Quality Reporting** – The system has been updated with a new STI Quality Reporting dialog (accessed via **Chart > Export > STI Quality Reporting**) that allows you to determine which practices will export data for the STI Quality Reporting Registry (Healthmonix). See Figure 6. Only those users with a **Patient Data Export** privilege of **Export** or **All** will be able to access the STI Quality Reporting dialog. Once the dialog has been accessed, to exclude a practice from export, uncheck the corresponding **Export** box.



The dialog box is titled "STI Quality Reporting" and has a close button (X) in the top right corner. Below the title bar, there is a text area that reads: "Data is exported to our STI Quality Reporting partner for the following selected practice(s). To exclude data for a particular practice please unselect it from the list. Any note encounter data associated with an unselected practice will not be exported." Below this text is a table with two columns: "Practice" and "Export". The table contains two rows: "Fictional Physicians (1)" and "Central Medical Practice (CM)". Both rows have a checked checkbox in the "Export" column. Below the table is a large empty rectangular area. At the bottom right of the dialog are two buttons: "Save" and "Cancel".

Practice	Export
Fictional Physicians (1)	<input checked="" type="checkbox"/>
Central Medical Practice (CM)	<input checked="" type="checkbox"/>

Figure 6 – STI Quality Reporting

- **System Update – LOINC Codes** – The program has been updated to use the 2.72 version of LOINC codes, LOINC Panel and Forms throughout the system.
- **System Update – SNOMED Codes**– The system has been updated to use the latest version (March 2022) of SNOMED codes, per the National Institutes of Health.

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