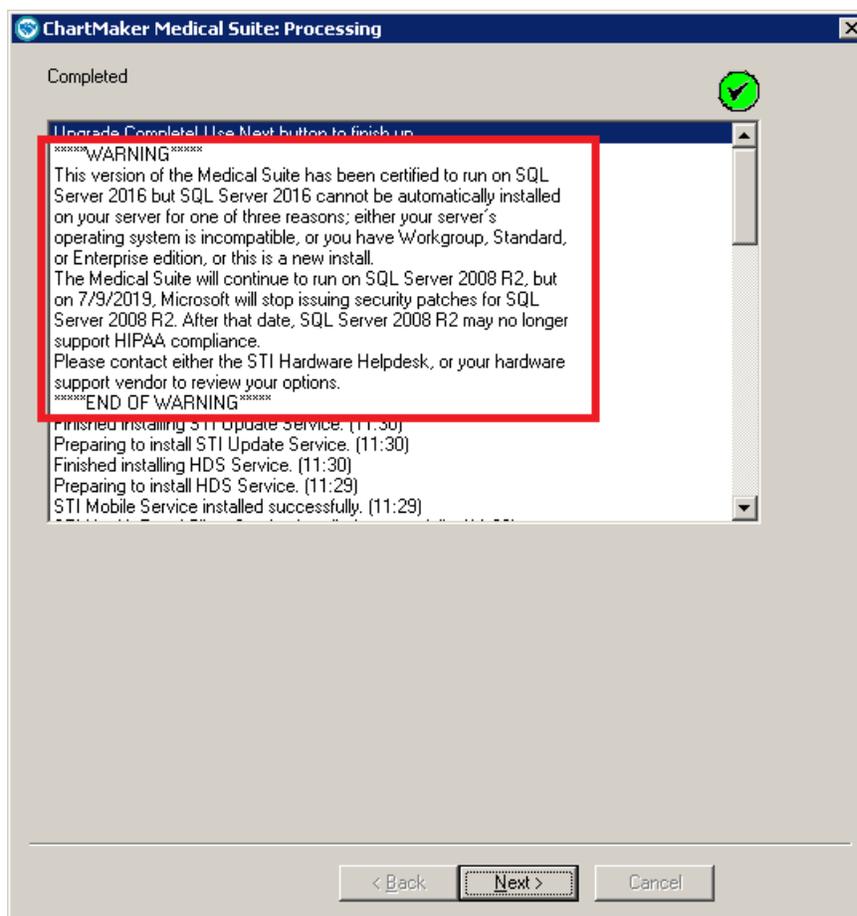


ChartMaker® Clinical Release Notes

ChartMaker® 2018.2 (fv6.6.0)

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 the **Hide note section labels** preference is modified in the Note Details tab of the Preferences dialog. When an audit event occurs, the Event column will display **Modified**; the Group column will display **Configuration**; and the Audit Trail Description will display **Note Section Label Display modified**; the Old Value and New Value column will display **Enabled** or **Disabled**; and the Metadata column will contain **User ID**.
- **ChartMaker Medical Suite Update** – The **Install ChartMaker Medical Suite** shortcut icon that appears on the desktop after an update has been initiated (via **Help > ChartMaker Medical Suite Update**) and downloaded, has been updated to better distinguish it from the Practice Manager shortcut icon. See Figure 1. In addition, the associated icons for the installrunner.exe and instrunmain.exe in the install package, as well as other areas where these related files and shortcuts are accessed, have also been updated with similar icons.

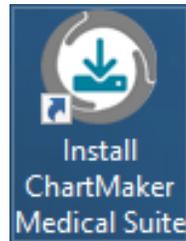


Figure 1 – Install ChartMaker Medical Suite Shortcut

- **Meaningful Use – CQM Import** – The CQM Import Dashboard (accessed via **Reports > Meaningful Use > CQM Import**), has been updated to process CQM data for the 2022 reporting year.
- **Meaningful Use – Dashboard – Stage 3 2022** – The Meaningful Use Dashboard has been updated for the 2022 reporting period, and the Stage field has been updated with a Stage 3 2022 option. Likewise, all the Quality Measures for Meaningful Use Stage 3 2022 in the Meaningful Use Dashboard have been updated to the 2021 version for the 2022 reporting period, allowing you to select and run queries specific to the changes reflected in this stage for 2022, and provide accurate statistics for applicable attestation requirements. There are 3 new CQMs in the Meaningful Use Dashboard: **CMS 2v11 Preventative Care and Screening: Screening for Depression and Follow-Up Plan**, under the **Population/Public Health** subsection; **CMS 159v10 Depression Remission at Twelve Months**, under the **Clinical Process/Effectiveness** subsection; and **CMS 347v5 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**, under the **Clinical Process/Effectiveness** subsection. Also note that, for Stage 3 2022, 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.
- **Meaningful Use – Dashboard – Stage 3 2022 – CQM Reporting** – The QRDA I and QRDA III file formats have been updated for the 2022 reporting period, allowing you to successfully submit files using the 2021 version of the eCQMs.

Added Features (continued)

- **MIPS Dashboard** – The MIPS Dashboard has been updated to default to the 2022 view when initially accessed, and prior to selecting a Configuration. Likewise, the default percentages of the MIPS total score will be displayed for 2022: Quality at 30%, Promoting Interoperability at 25%, Improvement Activities at 15%, and Cost at 30%. See Figure 2. Do note, that once the configuration is selected for 2022 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 30% will be reallocated to the Quality category.

Also, for 2022, 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 2022 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.

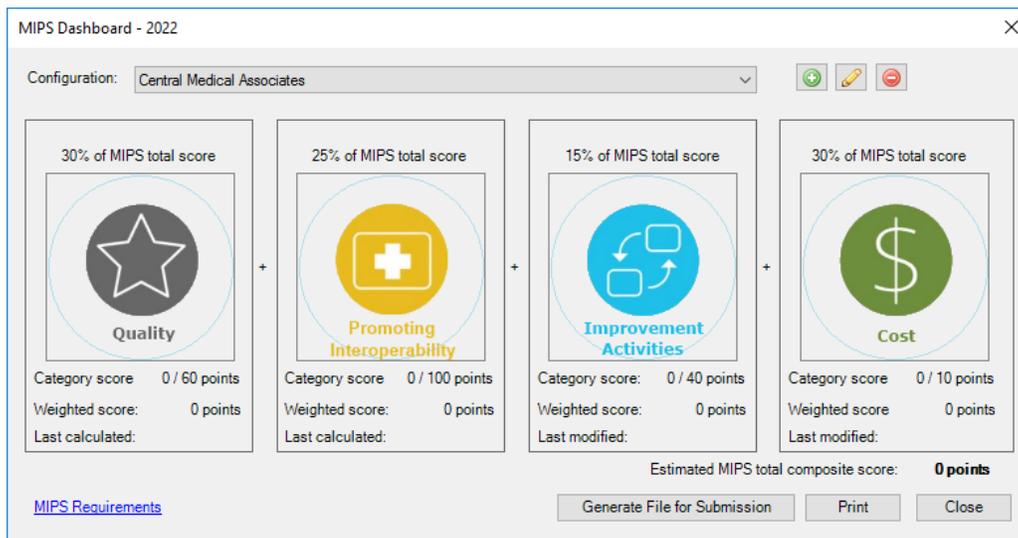


Figure 2 – MIPS Dashboard

- **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 2022 reporting period. See Figure 3.

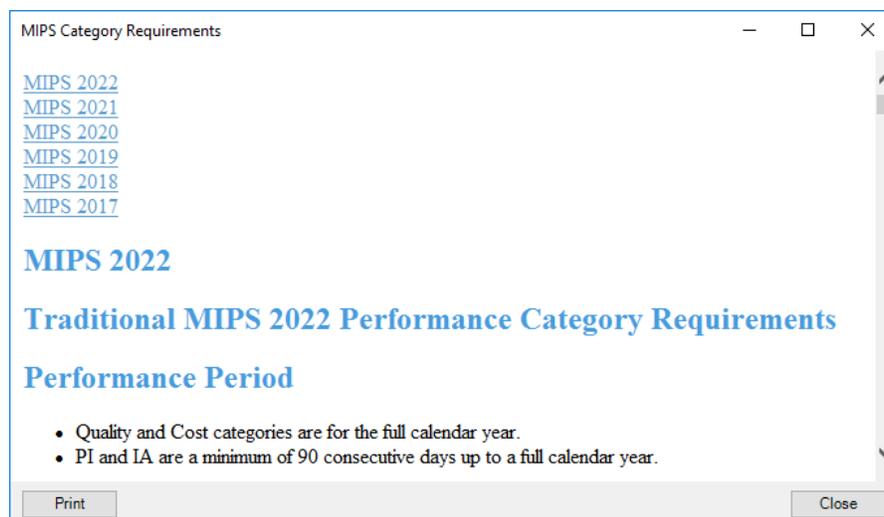


Figure 3 – MIPS Category Requirements

Added Features (continued)

- **MIPS Dashboard – Configuration**– The MIPS Dashboard Configuration dialog has been updated for the MIPS 2022 reporting period. The functionality works like MIPS 2021, with the addition of a new **Electronic Case Reporting (for 2022 you must pick the exclusion that best fits)** subsection to the **Promoting Interoperability Exclusion** section that contains four exclusion options. See Figure 4. This is a new exclusion for Promoting Interoperability that is required for 2022, and an option must be selected before you are able to save the configuration, as a specific option will not default for this subsection.

Also, in the **Promoting Interoperability Measure Selection** section, the **Query PDMP for at least one prescription** option has been updated to **Query PDMP for at least one Schedule II Opioid electronically prescribed during the measurement period** to better describe this option. As in previous versions, when this option is checked, a **Yes** will appear in the Results column for the Querying the Prescription Drug Monitoring Program (PDMP) – BONUS measure, in the Promoting Interoperability screen, and 10 bonus points will be given for attesting that you queried the PDMP for at least one prescription. When this option is not checked, a **NO** will appear in the Results column for the Querying the Prescription Drug Monitoring Program (PDMP) – BONUS measure, and 0 bonus points will be given for this measure.

In addition, the screen layout of the MIPS Dashboard Configuration dialog has been redesigned to better display the new options available. The **Cost Case Minimums** section has been moved to the lower left of the dialog under the Improvement Activity Adjustments section.

MIPS Dashboard Configuration

Configuration name: Central Medical Associates

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

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

<input checked="" type="checkbox"/>	Doe, John D (8005502999)
-------------------------------------	--------------------------

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: 1

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

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

OK Cancel

Figure 4 – MIPS Dashboard Configuration

Added Features (continued)

- MIPS Dashboard – Quality** – All the Quality Measures for MIPS 2022 in the Quality Measure dialog have been updated to the 2021 version for the 2022 reporting period, and for the 2022 performance period will be 30% of the MIPS Total Score (unless PI and Cost categories are reallocated to Quality category). Likewise, all the associated benchmarks for each CQM have been updated to the 2022 version, which can be accessed by double-clicking each individual measure in the right pane.

There are 3 new CQMs in the Quality Measures dialog: **CMS 2v11 Preventative Care and Screening: Screening for Depression and Follow-Up Plan**, under the Other Measures section; **CMS 159v10 Depression Remission at Twelve Months**, under the Outcome Measures section; and **CMS 347v5 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**, under the Other Measures section. See Figure 5. Also note that, for MIPS 2022, 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.

In addition, the QRDA III file format that is generated via the **Generate File for Submission** button, has been updated for the 2022 reporting period, allowing you to successfully submit files using the 2021 version of the eCQMs.

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.

Measure description	Numerator	Denominator	Den. Exclusions	Num. Exclusions	Exceptions	Result	Score
CMS2v11-Preventive Care and Screening: S...	0	0	0	0	0		
CMS50v10-Closing the referral loop: receip o...	0	0	0	0	0		
CMS68v11-Documentation of Current Medic...	0	0	0	0	0		
CMS69v10-Preventive Care and Screening: ...	0	0	0	0	0		
CMS75v10-Children Who Have Dental Deca...	0	0	0	0	0		
CMS90v11-Functional Status Assessment for...	0	0	0	0	0		
CMS122v10-Diabetes: Hemoglobin A1c Poor...	0	0	0	0	0		
CMS124v10-Cervical Cancer Screening	0	0	0	0	0		
CMS125v10-Breast Cancer Screening	0	0	0	0	0		
CMS127v10-Pneumococcal Vaccination Sta...	0	0	0	0	0		
CMS130v10-Colorectal Cancer Screening	0	0	0	0	0		
CMS131v10-Diabetes: Eye Exam	0	0	0	0	0		
CMS134v10-Diabetes: Medical Attention for ...	0	0	0	0	0		
CMS135v10 - Outpatient visit where patients prescribed ACE inhibitor or ARB therapy	0	0	0	0	0		
CMS135v10 - Inpatient visit where patients prescribed ACE inhibitor or ARB therapy	0	0	0	0	0		
CMS136v11 - children w/ a follow up visit	0	0	0	0	0		
CMS136v11 - children w/ two additional follow up visits	0	0	0	0	0		
CMS138v10 - screened for tobacco use	0	0	0	0	0		
CMS138v10 - screened tobacco users w/	0	0	0	0	0		

Clear Selections Full Calendar Year Calculate Reconciliation Report Generate File for Submission

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

Figure 5 – Quality Measures – 2022

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 2022, and for the 2022 performance period will be 25% of the MIPS Total Score.

Upon entering the Promoting Interoperability dialog for 2022, you will notice a single **Performance Category Measures** section that is like the Promoting Interoperability dialog for 2021. The functionality remains the same as 2021 except for a new **Performed an annual assessment of the High Priority Guide (SAFER Guides)** option, that is like the **Performed a security risk analysis** option, in that it is a self-assessed attestation requirement that ensures you are optimizing EHR safety in various areas based on ONC recommended guidelines. For further details and recommendations, click SAFER Guides link. See Figure 6.

You will need to check the **Performed a security risk analysis** and **Performed an annual assessment of the High Priority Guide (SAFER Guides)** options 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** and **Performed an annual assessment of the High Priority Guide (SAFER Guides)** options are 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, or two exclusions, 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** and **Performed an annual assessment of the High Priority Guide (SAFER Guides)** options have 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.

Promoting Interoperability - Central Medical Associates - 2022

Performance Category Measures

- Performed a security risk analysis
- Performed an annual assessment of the High Priority Guide (SAFER Guides)
- Include controlled substances in the E-Prescribing measure

Objective	Measure description	Numerator	Denominator	Result	Score
Electronic Prescribing	E-Prescribing with Controlled Substances & Fomulary Comparison	321	331	97%	10/10
e-Prescribing	Query of Prescription Drug Monitoring Program (PDMP) - BONUS	N/A	N/A	Yes	10/10
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 Reconciling Health In...	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 6 – Promoting Interoperability – 2022

Added Features (continued)

- **MIPS Dashboard – Improvement Activities** – The Improvement Activities dialog has been updated with revised improvement activities for MIPS 2022, and for the 2022 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 2022, the following Improvement Activities have been added to the High Weighted tab: Create and Implement an Anti-Racism Plan and Promoting Clinician Well-Being. And, for 2022, the following have been added to the Medium Weighted tab: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols, Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice, Implementation of a Personal Protective Equipment (PPE) Plan, Implementation of a Laboratory Preparedness Plan, and Application of CDC's Training for Healthcare Providers on Lyme Disease.

The following Improvement Activities from 2021 have been removed for 2022: Regularly Assess the Patient Experience of Care through Surveys, Advisory Councils and/or Other Mechanisms, Participation in CAHPS or Other Supplemental Questionnaire, Use of Tools to Assist Patient Self-Management, Provide Peer-Led Support for Self-Management, Implementation of Condition-Specific Chronic Disease Self-Management Support Programs, and Improved Practices that Disseminate Appropriate Self-Management Materials.

And the following Improvement Activities have been modified for 2022: Enhance Engagement of Medicaid and Other Underserved Populations, MIPS Eligible Clinician Leadership in Clinical Trials or Community-Based Participatory Research (CBPR), Use of Certified EHR to Capture Patient Reported Outcomes, Regularly Assess Patient Experience of Care and Follow Up on Findings, Promote Self-Management in Usual Care, Drug Cost Transparency, Practice Improvements that Engage Community Resources to Support Patient Health Goals, PSH Care Coordination, Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record, Use of Telehealth Services that Expand Practice Access, Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities, Regular Review Practices in Place on Targeted Patient Population Needs, Consultation of the Prescription Drug Monitoring Program, Measurement and Improvement at the Practice and Panel Level, and COVID-19 Clinical Data Reporting with or without Clinical Trial.

Improvement Activities - Central Medical Associates - 2022		
High Weighted	Medium Weighted	
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	More info?	Yes
Anticoagulant Management Improvements	More info?	No
RHC, IHS or FQHC quality improvement activities	More info?	No
Glycemic management services	More info?	No
Use of QCDR for feedback reports that incorporate population health	More info?	No
Practice Improvements that Engage Community Resources to Support Patient Health Goals	More info?	No
PSH Care Coordination	More info?	No
Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes	More info?	No
Drug Cost Transparency	More info?	No
Patient Navigator Program	More info?	No
Regularly Assess Patient Experience of Care and Follow Up on Findings	More info?	No
Engage Patients and Families to Guide Improvement in the System of Care	More info?	No
Consultation of the Prescription Drug Monitoring Program	More info?	No
CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain	More info?	No
Completion of CDC Training on Antibiotic Stewardship	More info?	No
Consulting AUC Using Clinical Decision Support when Ordering Advanced	More info?	No

Total score: **40 points** Print OK Cancel

Figure 7 – Improvement Activities

Added Features (continued)

- **MIPS Dashboard – Cost** – The Cost dialog has been updated for MIPS 2022, and for the 2022 performance period will be 30% of the MIPS Total Score. The functionality remains the same as in 2021.
- **The Note Tab – Note Sections** – The way the note and letter sections are displayed in the chart note have been updated to be dependent on the new **Note Section Output (C-CDA and Letter)** preferences. When visible, they will appear left, center, or right justified depending upon the preference selected, use a slightly smaller font size, and the number of hyphens delineating a section will be increased to better delineate a section. See Figure 8. Likewise, for chart notes containing sections labels, a new **Hide / Show** button will appear in the Note Header allowing you to toggle between showing section labels or hiding them. Also, the right-click menu has also been updated with a **Hide note section labels / Show note section labels** option that has the same functionality as the button.

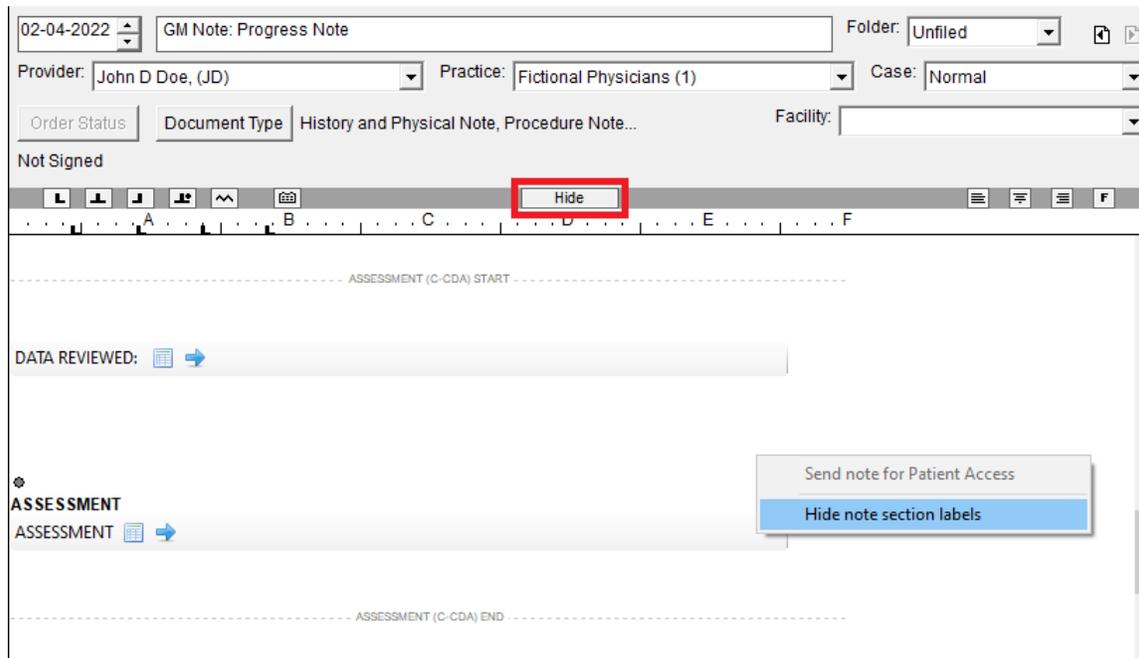


Figure 8 – Chart Note – Note Sections

- **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.
- **The Note Tab – Order Procedure – Immunizations – Barcode Scanning** – The Immunization section of the Order Procedure dialog has been updated with access to supplemental barcodes for **VFC Eligibility and Administered By** will be available, allowing you to scan these barcodes to populate applicable information in the corresponding fields. For VFC Eligibility 13 different barcodes are provided (codes **V00, V01, V02, V03, V04, V05, V06, V07, V22, V23, V24, CH00, and NJIIS01**); and codes for Administered By are provided upon request.

Added Features (continued)

- **Preferences — Note Details** – The **Note Details** tab, of the Preferences dialog, has been updated with a new **Note Section Output (C-CDA and Letter)** section that allows you to determine how the section markers appear in chart notes (**Left Justified**, **Centered**, or **Right Justified**), as well as whether those section markers should be hidden in the chart note upon opening. See Figure 9. The Centered option will default, and the **Hide note section labels** option will default as unchecked. When the Hide note section labels option is checked, when opening or creating a chart note the section labels will not be visible, however, you are able to toggle between hidden and visible at the individual note level (see **The Note Tab – Note Sections** entry above for further details).

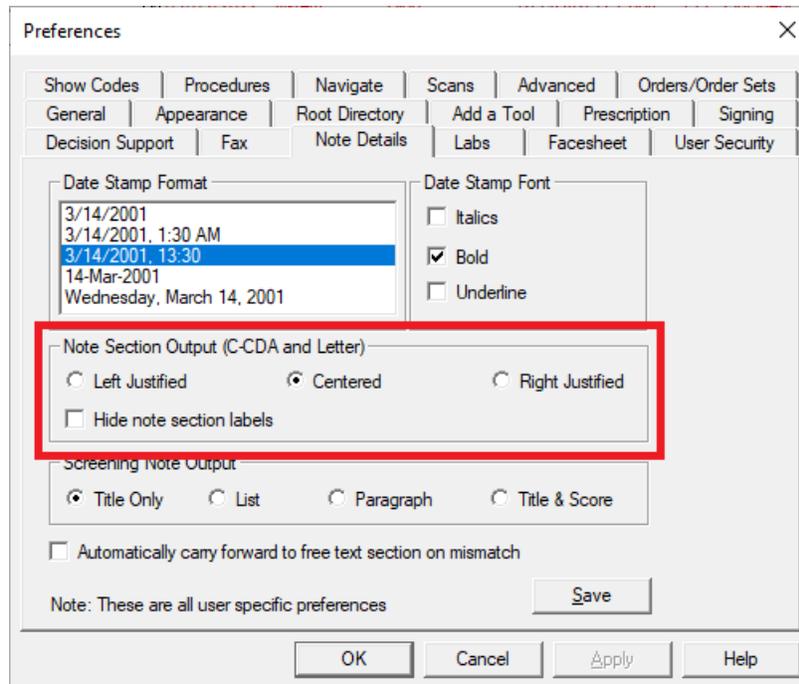


Figure 9 – Preferences – Signing

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