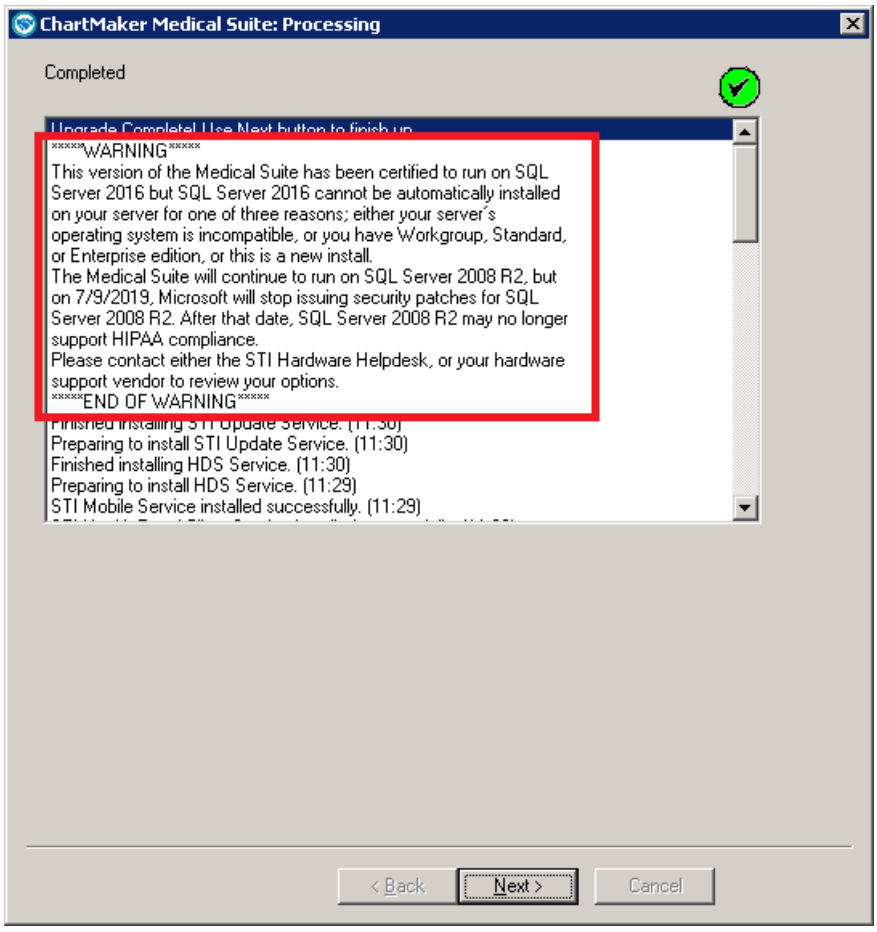
ChartMaker® Practice Manager Release Notes

ChartMaker® 2022.1 (fv6.7.3)

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 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

Add-Ins

- **Insurance Billing – Billing Configuration –** The **Diagnosis Print Method** field, in the **Maintain Billing Preferences** dialog (**Add-Ins > Insurance Billing > Billing Configuration**), has been updated so that the labels for third **(Primary/Secondary ICD-10 Codes)** and fourth **(Primary ICD-10 Code Only)** options indicate ICD-10 Codes. See Figure 1. In previous versions, it was mislabeled as ICD-9 Codes.

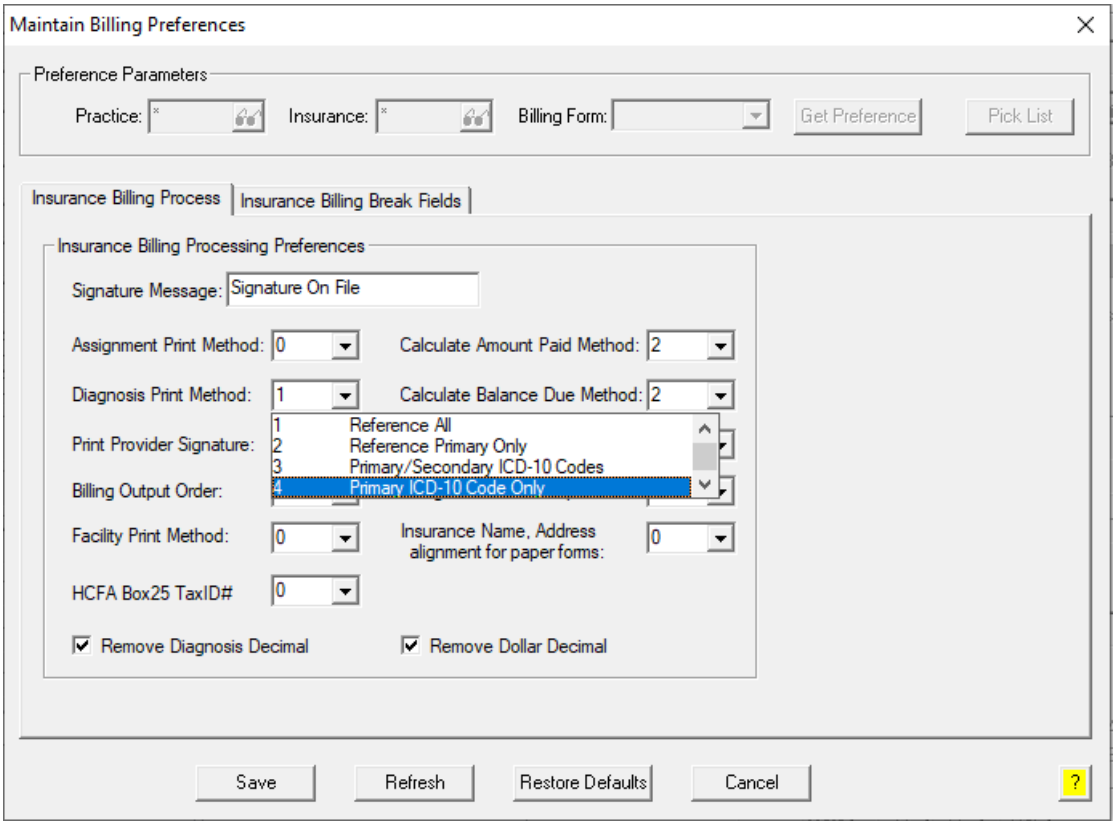


Figure 1 – Maintain Billing Preferences

Administration

- **Transaction Tables – Modifier –** The system has been updated so that whenever a modifier is deleted in the **Modifier** dialog (Administration > Transaction Tables > Modifier) in Practice Manager, it will also be removed in the Modifier dialog (**Edit** > **System Tables** > **Modifier**) and will not be included in the Charge Items dialog and any Procedure Checklists. However, the removed modifier will remain in any legacy note output where the modifier was selected before it was deleted. Likewise, if a modifier is deleted in the Modifier dialog in Clinical, it was also be removed from the Modifier dialog in Practice Manager.

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.

Patient

- **Patient – Case – Consent –** The system has been updated so that when a patient has multiple cases, and the **Consent** button is clicked to access the Consent dialog, the **Case** field in the Consent dialog will default to whatever case was selected in the Patient screen at the time the Consent button was clicked.

Remittance

- **Remittance – Post Remittance Payments – View Payments –** The Patient **Payments** and **System Payments** areas, in the View Payments tab, have been updated with an **ICN** column that will display any ICN number associated with the payment. See Figure 2. Likewise, when printing the Payment Remittance Report, by clicking the **Print** button, has also been updated to include n ICN column that will display any ICN number associated with the payments listed in the report.

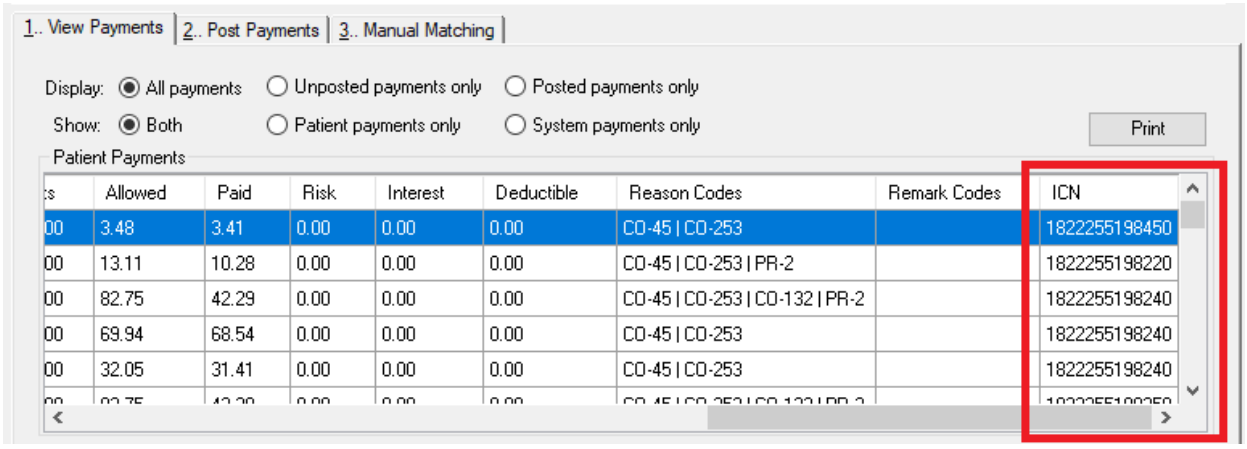
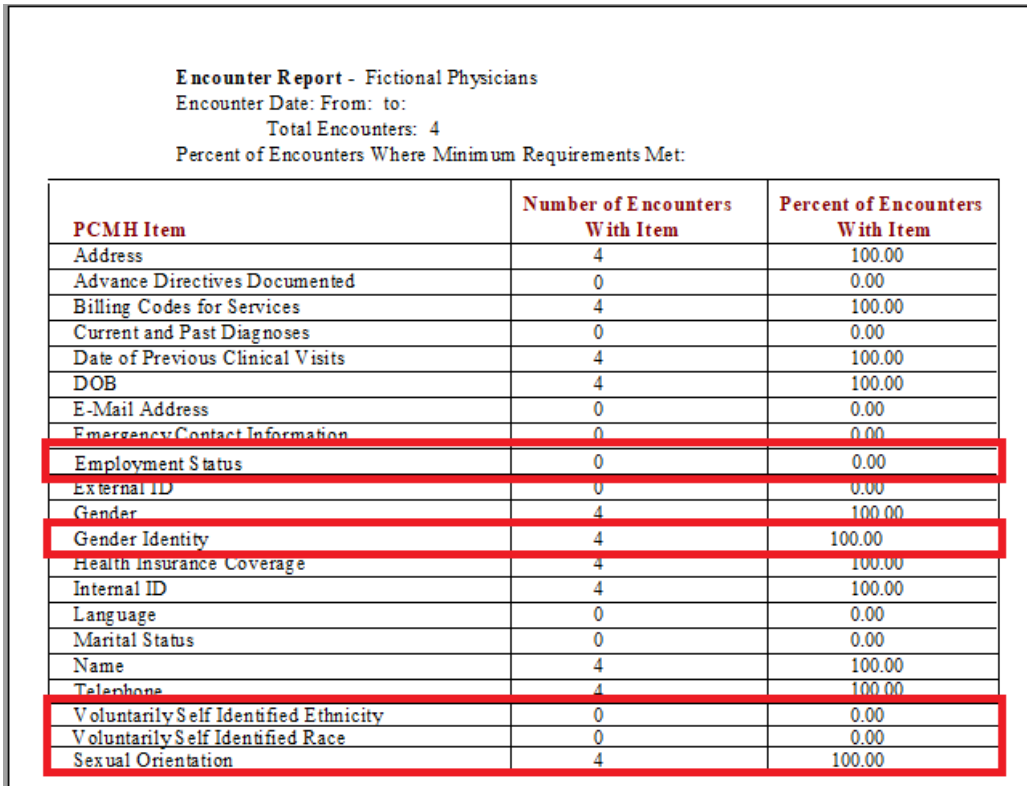


Figure 2 – Remittance — Post Remittance Payments – View Payments

Reports

Managed Care Reports

- **Encounter Analysis → NCQA Requirements –** To meet the new guidelines for PCMH, the NCQA encounter report has been updated to include Race, Ethnicity, Gender Identity, Sexual Orientation, and Employment Status encounter counts and percentages. See Figure 3.



Encounter Report - Fictional Physicians
Encounter Date: From: to:
Total Encounters: 4
Percent of Encounters Where Minimum Requirements Met:

PCMH Item	Number of Encounters With Item	Percent of Encounters With Item
Address	4	100.00
Advance Directives Documented	0	0.00
Billing Codes for Services	4	100.00
Current and Past Diagnoses	0	0.00
Date of Previous Clinical Visits	4	100.00
DOB	4	100.00
E-Mail Address	0	0.00
Emergency Contact Information	0	0.00
Employment Status	0	0.00
External ID	0	0.00
Gender	4	100.00
Gender Identity	4	100.00
Health Insurance Coverage	4	100.00
Internal ID	4	100.00
Language	0	0.00
Marital Status	0	0.00
Name	4	100.00
Telephone	4	100.00
Voluntarily Self Identified Ethnicity	0	0.00
Voluntarily Self Identified Race	0	0.00
Sexual Orientation	4	100.00

Figure 3 – Encounter Analysis - More Patient Information – Previous Address

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