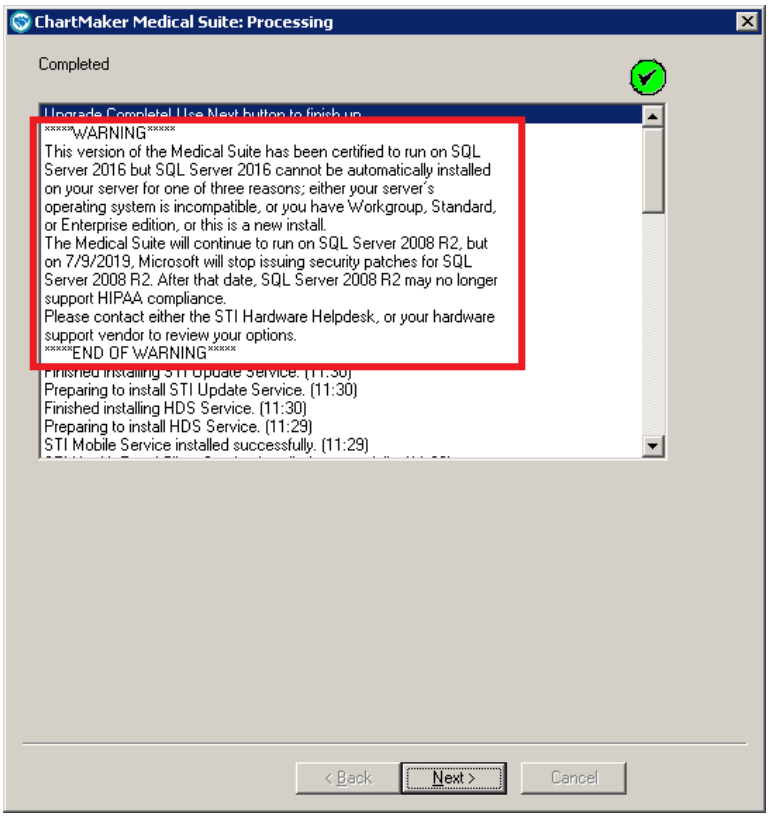
ChartMaker® Practice Manager Release Notes

ChartMaker® 2022.1 (fv6.8.3)

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 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

Add- Ins

- **Insurance Billing – Waystar Clearinghouse –** To make the Waystar Clearinghouse menu item, and corresponding submenu items, more easily accessible, the Waystar Clearinghouse menu has been moved from the Other Configuration submenu area of the Insurance Billing menu (Add-Ins > Insurance Billing > Other Configurations > Waystar Clearinghouse) now resides in the Insurance Billing menu proper (**Add-Ins** > **Insurance Billing** > **Waystar Clearing House**). See Figure 1.

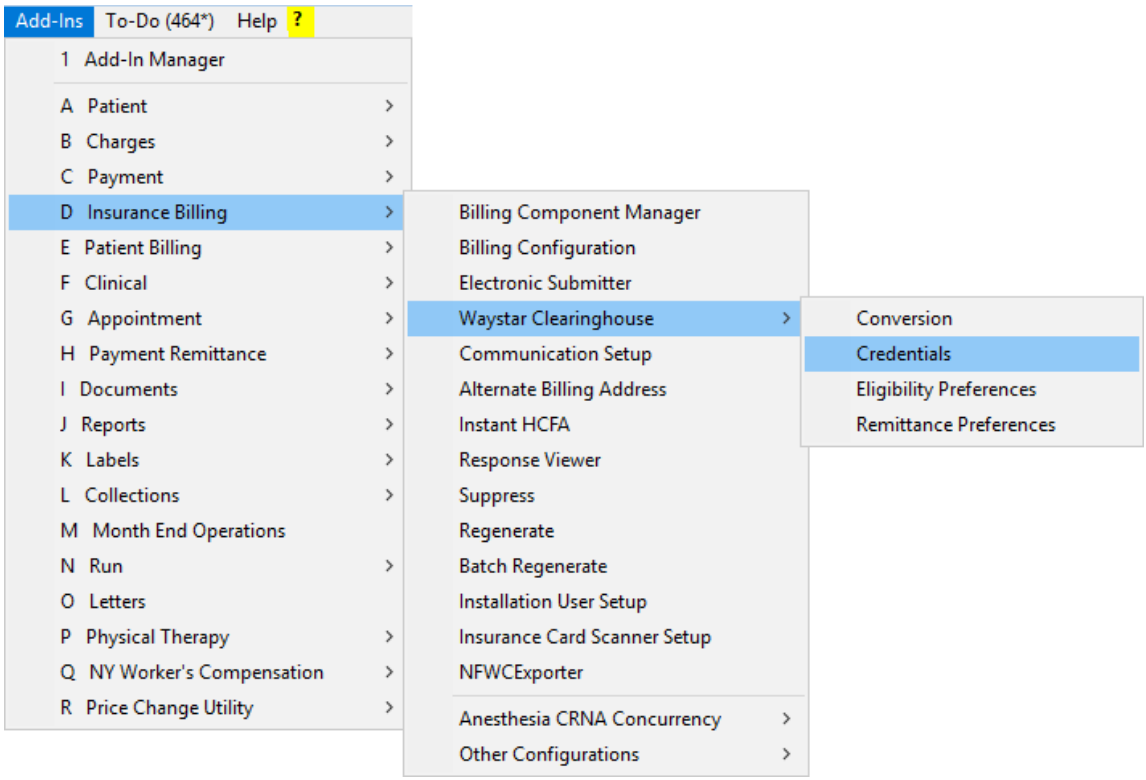


Figure 1 – Add-Ins – Insurance Billing – Waystar Clearinghouse

Add- Ins (continued)

- **Insurance Billing – Waystar Clearinghouse – Eligibility Preferences –** The system has been updated with an **Eligibility Preferences** dialog (accessed via **Add-Ins** > **Insurance Billing** > **Waystar Clearinghouse** > **Eligibility Preferences**) allowing you to configure preference defaults for eligibility requests. See Figure 2. If there are multiple practices in the system, the fields will be grayed out until a **Practice** is selected. Once a practice is selected, a **Requesting Provider** can then be searched for among the applicable providers for the selected practice, and the applicable **Qualifier**, **Type**, **Taxonomy** (which will default if configured for the provider), **Request Type**, and **Eligibility/Benefit Service Type** (30 Health Benefit Plans will be checked by default) can be selected. These configured preferences will default when manually requesting eligibility.

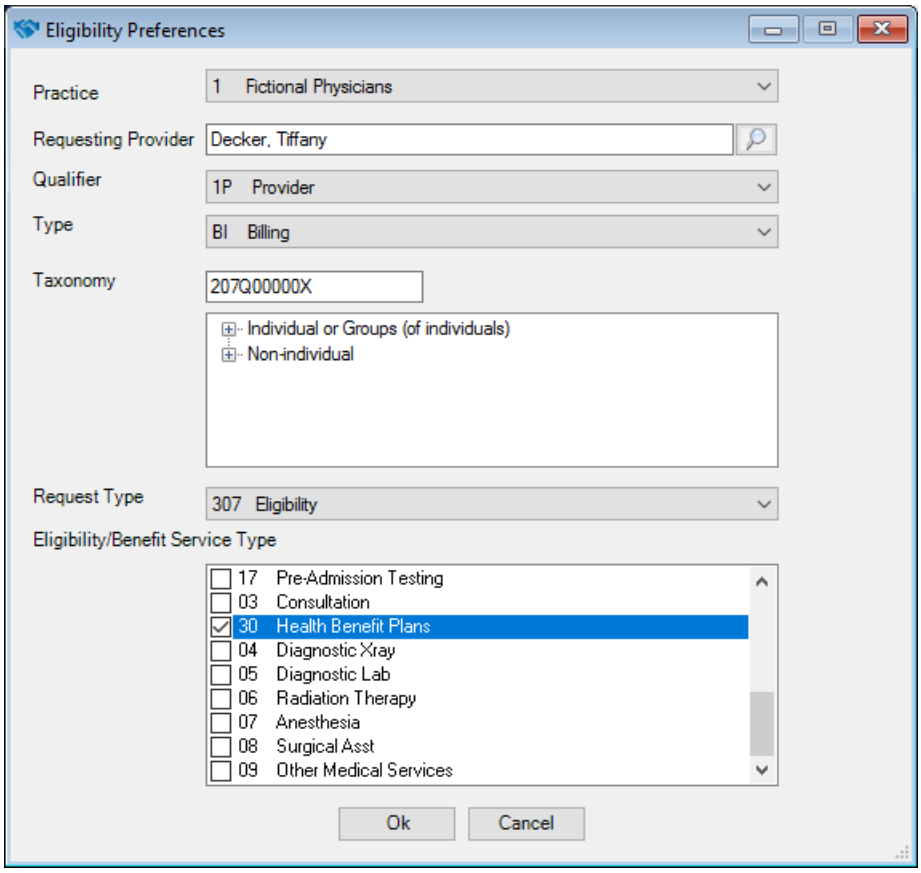


Figure 2 – Eligibility Preferences

Add- Ins (continued)

- **Insurance Billing – Waystar Clearinghouse – Remittance Preferences –** The system has been updated with a **Remittance Preferences** dialog (accessed via **Add-Ins** > **Insurance Billing** > **Waystar Clearinghouse** > **Remittance Preferences**) that allows you to have the system automatically sort remittance files, received from Waystar, into subfolders by practice. See Figure 3. When the **Sort remittance files by practice** option is selected and saved, the system will create a **Waystar Remittance** folder in the Communications\Download directory, and as remittance 835 files are received, they will be sorted into practice subfolders. Likewise, the acknowledgement 999 reports received from Waystar, which were downloaded into the **Waystar Acknowledgements** folder, will also be sorted into practice subfolders. Also, the naming convention for the 999 acknowledgement and 835 remittance files will also be updated: for acknowledgement 999 report, **Date + Practice Name & Waystar Client ID + original file ID** (e.g., 20240724.PracticeName123456.073021999.999); for remittance 835 files, **Payer ID + Practice Name & Waystar Client ID + Check Date + Check# + original file ID** (e.g.**,** SB865.PracticeName123456.20241130.110951499.ERA.835).

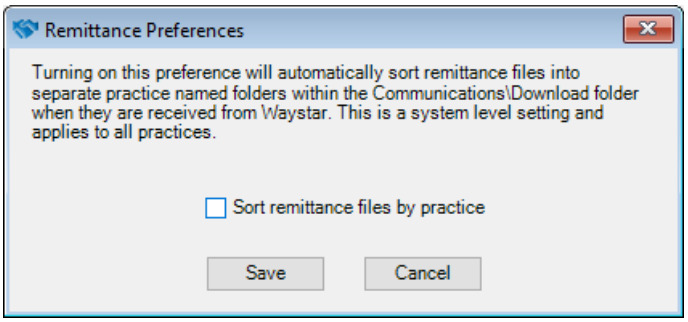


Figure 3– Remittance Preferences

Administration

- **Administration – Transaction Tables > Insurance –** The **Insurance** dialog, accessed via **Administration** > **Transaction Tables** > **Insurance**, has updated with an **Eligibility Payer ID** that allows you to enter a Payer ID for eligibility for the insurance, if that ID is different than the insurance Payer ID for claims. See Figure 4. The Eligibility Payer ID field will contain any previously entered Payer ID override that were configured for the insurance in the deprecated Payer Inquiry screen.

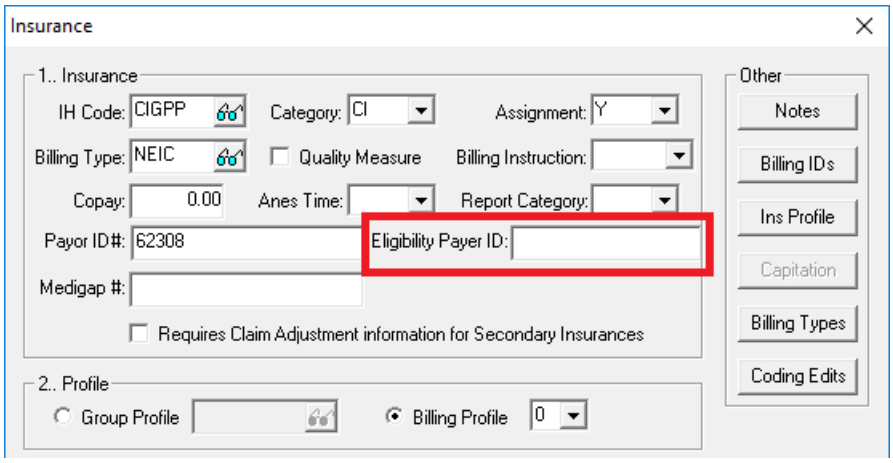


Figure 4 –Insurance

Administration (continued)

- **Administration – Transaction Tables – Payer Inquiry –** The **Payer Inquiry** dialog (accessed via **Administration** > **Transaction Tables** > **Payer Inquiry)**, has been updated so that it only contains an **Output Directory** field to configure the directory for the Payer Inquiry files. See Figure 5. The rest of the fields have been removed. With the integration with Waystar Clearinghouse, the information in the dialog has become obsolete and no longer needed, except the Output Directory field, and the Payer Inquiry ID override field for Eligibility, whose location and functionality has moved to the **Eligibility Payer ID** field in the **Insurance** dialog (accessed via **Administration** > **Transaction Tables** > **Insurance**).

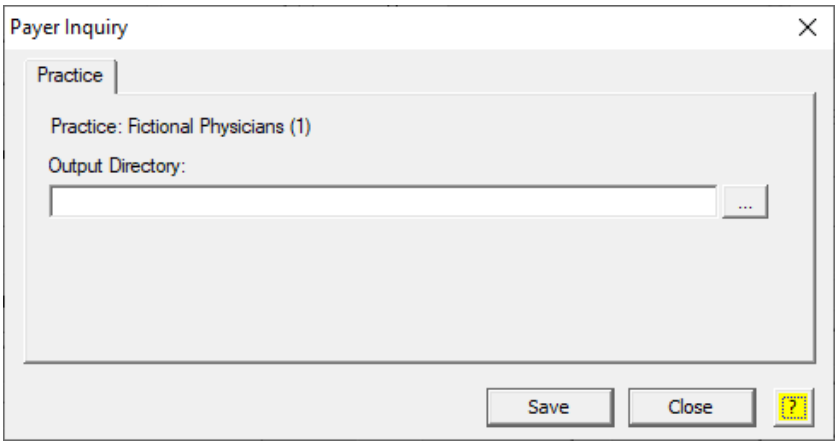


Figure 5– Administration – Transaction Tables – Payer Inquiry

- **Administration – Utilities – Audit – Audit Trail –** The Audit Trail has been updated to track whenever an eligibility request is made from the **Payer Inquiries** > **Eligibility** > **Request** area. When an audit event occurs, the Event column will display **Query**; the Group column will display **Eligibility**; the Audit Trail Description will display **Waystar insurance eligibility requested from Payer Inquiry area**; and the Metadata column will contain the **Account ID**, **Appointment ID**, and **Practice ID**.

- **Administration – Utilities – Audit – Audit Trail –** The Audit Trail has been updated to track whenever an eligibility request is made from the **Appointment** screen. When an audit event occurs, the Event column will display **Query**; the Group column will display **Eligibility**; the Audit Trail Description will display **Waystar insurance eligibility requested from Appointment area**; and the Metadata column will contain the **Account ID**, **Appointment ID**, and **Practice ID**.

- **Administration – Utilities – Audit – Audit Trail –** The Audit Trail has been updated to track whenever an eligibility request is made from the **Inquire** screen. When an audit event occurs, the Event column will display **Query**; the Group column will display **Eligibility**; the Audit Trail Description will display **Waystar insurance eligibility requested from Inquire area**; and the Metadata column will contain the **Account ID**, **Appointment ID**, and **Practice ID**.

Appointment

- **Appointment – Check-In Status –** The menu when right-clicking on an appointment in the Check-In List of the Check-In Status tab of the Appointment screen has been updated with a **Check Eligibility** and a **View Eligibility** option, allowing you to check and view eligibility for a patient. See Figure 6. When the Check Eligibility option is selected, the system will submit an eligibility request for the patient and when the query is returned will populate the eligibility information in the applicable areas. The View Eligibility option will be grayed out if eligibility has never been retrieved for the patient, or if the eligibility file has been deleted. When the View Eligibility option is active and selected, a Report View dialog will appear and display the eligibility information for the patient.

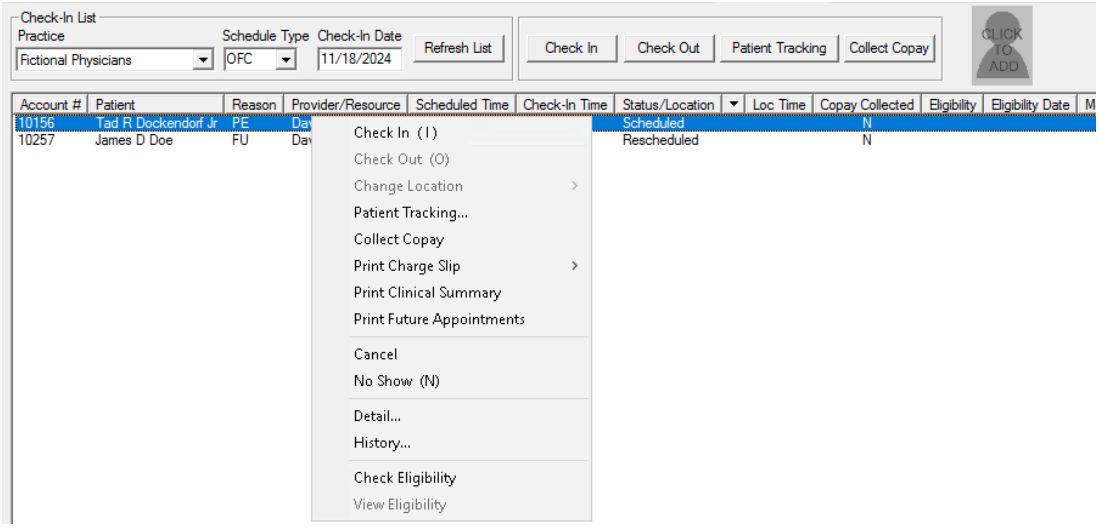


Figure 6 – Appointment – Check-In Status – Menu

- **Appointment – Schedule Appointment –** The **Schedule Appointment** tab of the Appointment screen has been updated with a new **Show Eligibility** option, that will, when checked (activated), display the eligibility status for applicable patients. See Figure 7.

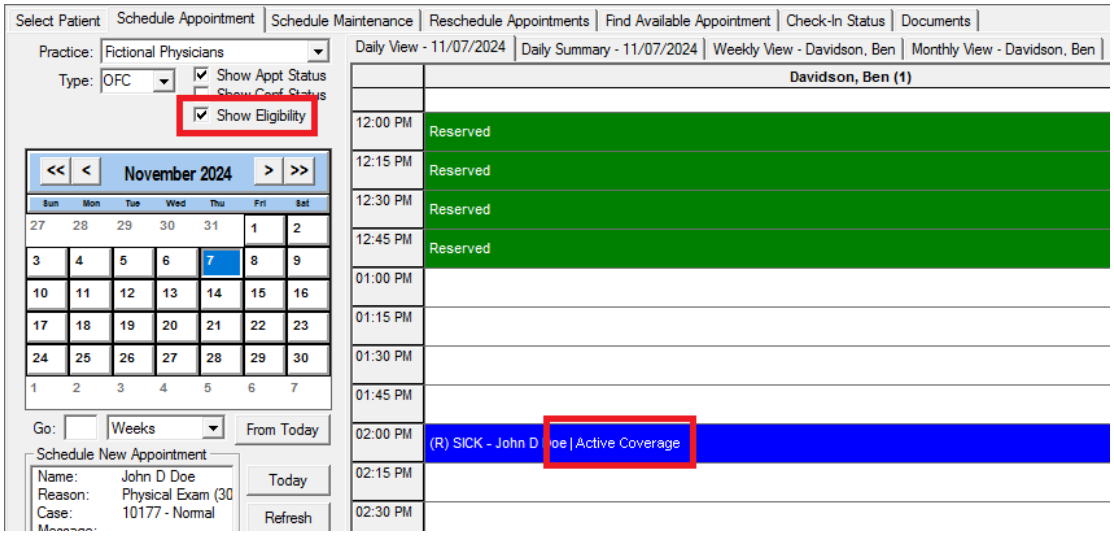


Figure 7 – Appointment – Schedule Appointment – Show Eligibility

Appointment (continued)

- **Appointment – Schedule Appointment –** The menu when right-clicking on a scheduled appointment in the Schedule Appointment tab of the Appointment screen has been updated with a **Check Eligibility** and a **View Eligibility** option, allowing you to check and view eligibility for a patient. See Figure 8. When the Check Eligibility option is selected, the system will submit an eligibility request for the patient and when the query is returned will populate the eligibility information in the applicable areas. The View Eligibility option will be grayed out if eligibility has never been retrieved for the patient, or if the eligibility file has been deleted. When the View Eligibility option is active and selected, a Report View dialog will appear and display the eligibility information for the patient.

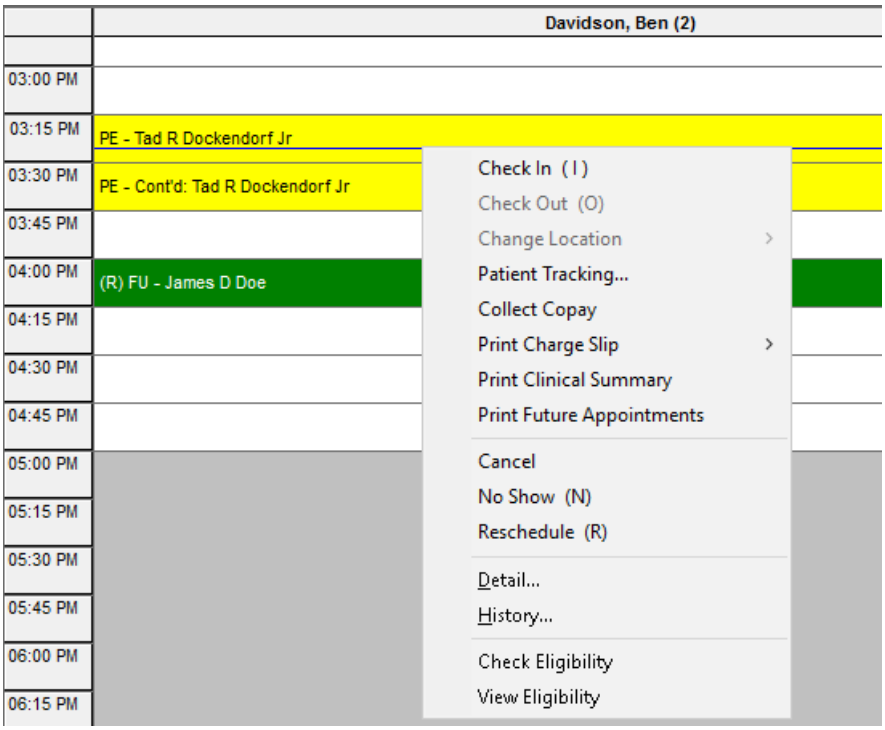


Figure 8 – Appointment – Select Patient – Reschedule Appointments

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.

Inquire

- **Inquire – Appointments –** The system has been updated so that you can now right-click a scheduled appointment for a patient in the Scheduled view of the Appointments tab in the Inquire screen and a menu will have a **Check Eligibility** and a **View Eligibility** option, allowing you to check and view eligibility for a patient. See Figure 9. The Check Eligibility option will be available only if the appointment is within a 48-hour window, otherwise it will be grayed out. When the Check Eligibility option is selected, the system will submit an eligibility request for the patient and when the query is returned will populate the eligibility information in the applicable areas. The View Eligibility option will be grayed out if eligibility is not current, has never been retrieved for the patient, or if the eligibility file has been deleted. When the View Eligibility option is active and selected, a Report View dialog will appear and display the eligibility information for the patient.

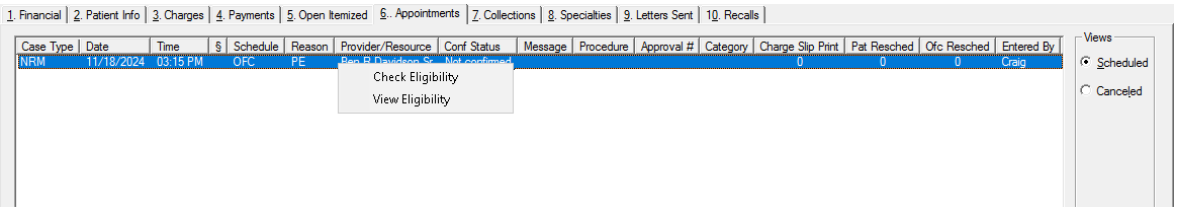


Figure 9 – Inquire – Appointment – Scheduled

Insurance Billing

- **Insurance Billing – Response Viewer –** The system has been updated so that files downloaded from Waystar no longer needed to be extracted by the user, and the naming convention for the 999 acknowledgement and 835 remittance files will also be updated: for acknowledgement 999 report, **Date + Waystar Client ID + original file ID** (e.g., 20240724.123456.073021999.999); for remittance 835 files, **Payer ID + Waystar Client ID + Check Date + Check# + original file ID** (e.g.**,** SB865.123456.20241130.110951499.ERA.835). Likewise, acknowledgement 999 response files will be sorted into a new folder called **Waystar Acknowledgements** in the Communications \ Download folder. This new folder will be created the first time a 999 file is received. Remittance 835 files will be downloaded to the Communications\Download folder and a copy will also be made in the Communications\OriginalEOBs folder. Do note, that the naming conventions will be modified with the practice name if the new **Sort remittance files by practice** option is selected in the Remittance Preferences dialog. See the **Insurance Billing – Waystar Clearinghouse – Remittance Preferences** entry above for further details.

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