

Release Document for ChartMaker® 2016 (fv 6.1.4)

Last Updated: 04/18/2016

ChartMaker® Clinical

Please note that the ChartMaker Medical Suite can no longer be installed on computers using the Windows XP or Windows 2003 Server operating system. Since Microsoft has discontinued support for Windows XP in April 2014, and Windows 2003 Server in July 2015, we can no longer guarantee the stability of computers using this operating system, and recommend that you upgrade the operating system on any computers currently using Windows XP or Windows 2003 Server.

Added Features

- **ChartMaker HealthPortal** – The ChartMaker HealthPortal has been updated with the ability to transmit information to Health Information Exchanges in **ADT** message format when applicable.
- **ChartMaker Medical Suite Update** – The **ChartMaker Medical Suite Update** dialog (Help > ChartMaker Medical Suite Update has been updated with a number of new fields to allow you to schedule automated upgrades to your ChartMaker® Medical Suite. See Figure 1.

The **Download Scheduling** section has been updated with a **No Download** option which can be used when the latest update has already downloaded and you want to schedule the update to automatically run at a scheduled time.

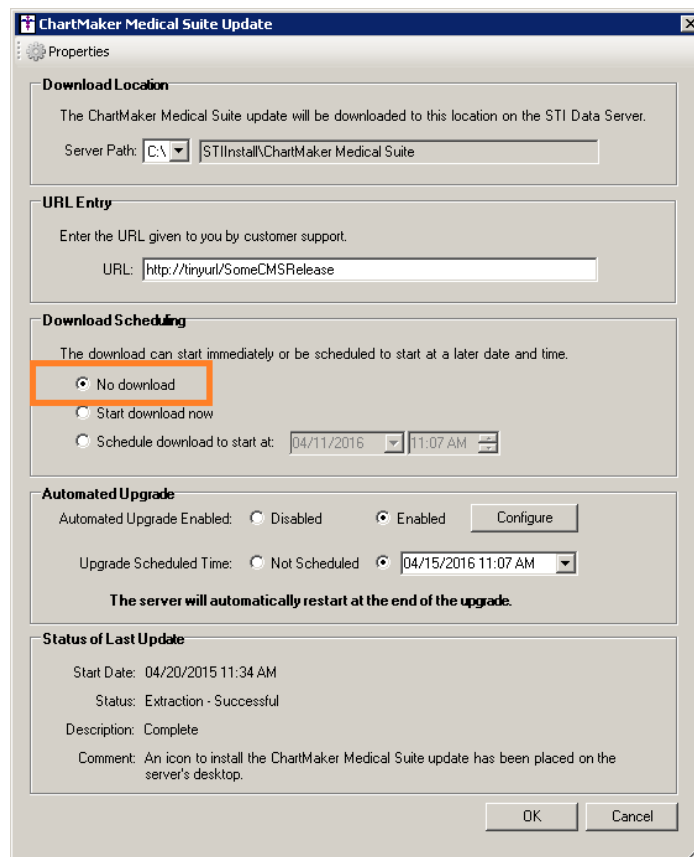


Figure 1 – ChartMaker Medical Suite Update

Added Features (continued)

Help – ChartMaker Medical Suite Update (continued)

A new **Automated Upgrade** section has been created to configure the various options for running an automated update. See Figure 2. The **Automated Update Enabled** field allows you to select whether or not you want to activate the automated upgrade. If running the update and the **Disabled** option is selected the upgrade functionality will be performed as in previous versions where an icon is installed on the server's desktop, and you will need to manually trigger the update and continue through the various screens to complete the upgrade.

The **Upgrade Scheduled Time** field allows you to select a date and time when you want the automated upgrade to start. Do note, that if the Update Install Package has already been downloaded, the schedule time can be set for any date and time; however, if the Update Install Package needs to be downloaded, or is in the process of being downloaded, then the **Upgrade Scheduled Time** must be set **at least 24 hours** into the future if the **Start Download now** option was selected in the Download Scheduling section; or, **at least 24 hours later** than the date and time configured in the **Schedule download to start at** field if scheduling the download, to ensure successful download of the Update Install Package.

ChartMaker Medical Suite Update

Properties

Download Location

The ChartMaker Medical Suite update will be downloaded to this location on the STI Data Server.

Server Path:

URL Entry

Enter the URL given to you by customer support.

URL:

Download Scheduling

The download can start immediately or be scheduled to start at a later date and time.

☐ No download

☐ Start download now

☒ Schedule download to start at:

Automated Upgrade

Automated Upgrade Enabled: ☐ Disabled ☒ Enabled

Upgrade Scheduled Time: ☐ Not Scheduled ☒

The server will automatically restart at the end of the upgrade.

Status of Last Update

Start Date: 04/20/2015 11:34 AM

Status: Extraction - Successful

Description: Complete

Comment: An icon to install the ChartMaker Medical Suite update has been placed on the server's desktop.

Figure 2 – ChartMaker Medical Suite Update

Added Features (continued)

Help – ChartMaker Medical Suite Update (continued)

The **Configure** button allows access to the **Automated Upgrade Settings** dialog. See Figure 3. In the **Alternate Backup Location** field you can enter or browse to a specific location for the backup if you do not want to use the default backup location. If this field is left blank, the system will use the default backup location.

The **Email Notifications** section allows you to configure email addresses to notify various individuals about successes and failures of the update process:

- **On Success:** an email will be sent to each address if the upgrade completes successfully.
- **On Failure:** an email will be sent to each address if the upgrade fails during the upgrade process.
- **On Critical Failure:** an email will be sent to each address if the upgrade fails during the upgrade process and the databases fail to roll back.
- **On Prerequisite Failure:** an email will be sent to each address if the upgrade fails on one of the prerequisite checks (stoplights or other various checks performed before the process enters the actual upgrade).
- **On User Failure:** an email will be sent to each address if an upgrade fails due to users still being logged into Clinical or Practice Manager.

Do note, when entering multiple email addresses in the **Email Notifications** fields, each email address should be separated by a comma.

When finished configuring the Automated Upgrade Settings, click the **OK** button to activate the changes. If you click the **Cancel** button, or close out of this screen without clicking **OK**, the changes will be discarded and the previous setting will be kept.

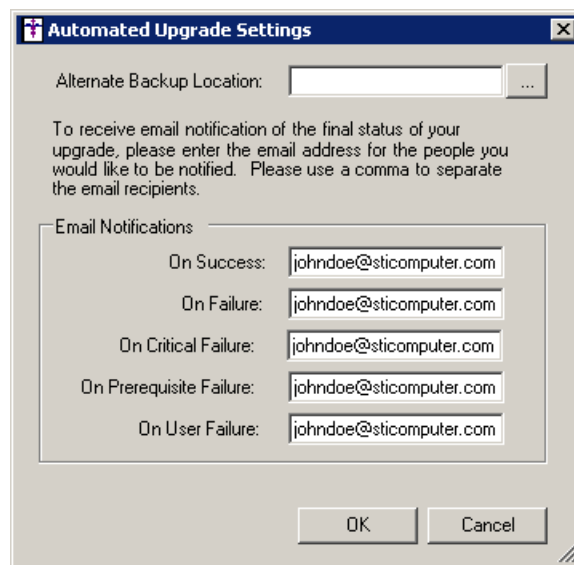


Figure 3 – Automated Upgrade Settings

Added Features (continued)

- **ChartMaker Medical Suite Update** – In an effort to ensure that users are not installing the ChartMaker Medical Suite upgrades on legacy Operating Systems that are no longer supported, the installation process has been updated with an Operating System Notification dialog that will appear prior to installing the upgrade. See Figure 4. For the upgrade installation to continue, you will now need to enter your name (in the field provided), and **Acknowledge** the warning. After the acknowledgment has been accepted, this dialog will no longer appear on subsequent upgrade installations until there are new Operating Systems that become obsolete and are no longer supported.

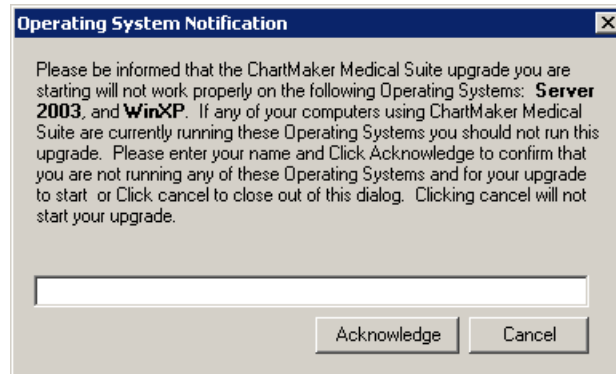


Figure 4 – Operating System Notification

- **Education Materials** – The system has been updated so that when viewing information via the **MedlinePlus®** dialog, ICD10 diagnostic codes will populate in the **Diagnoses** section when ICD10 codes are in a patient's chart, and applicable information for those ICD10 codes will be available through MedlinePlus when selected.

Added Features (continued)

- **Export Patient Data** – The **Clinical Summary User Preferences** dialog, accessed via the **Preferences** button in the **Export Patient Data** dialog, has been updated with a new **Clinical Summary Display Settings** section that allows you to configure what information you want to exclude from the Clinical Summary on a default basis. See Figure 5. The **Do not display 'information not applicable to today's visit' sections in the Clinical Summary** option allows you to export information regarding today's specific visit. When this option is selected, no information that is not pertinent to today's visit will be exported in the Clinical Summary.

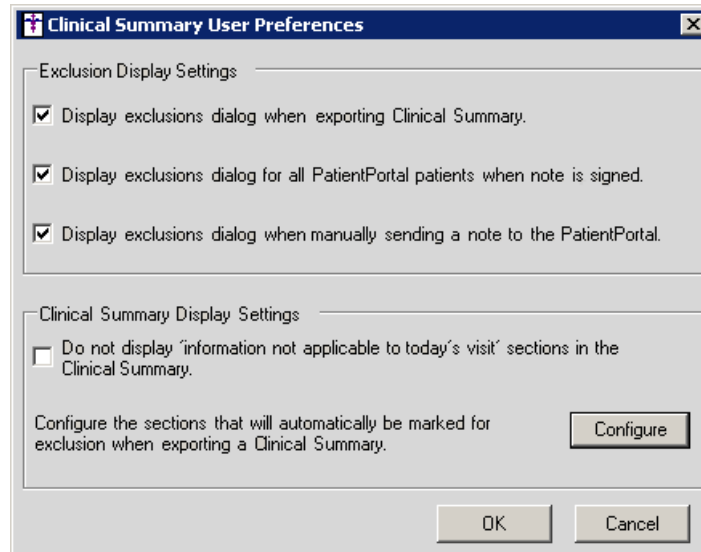


Figure 5 – Clinical Summary User Preferences

You can configure specific sections of the Clinical Summary to be excluded by default when exporting, by clicking the **Configure** button. In the Clinical Summary Exclusion Preferences dialog the sections of the Clinical Summary will be displayed. See Figure 6. To exclude a section from being exported by default, check the **Exclude** box next to the applicable section.

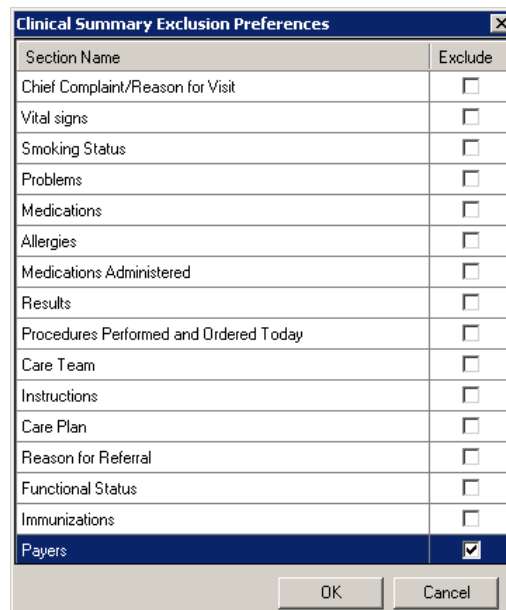


Figure 6 – Clinical Summary Exclusion Preferences

Added Features (continued)

- **The Note Tab – Smoking History** – The Smoking/Tobacco Use dialog has been updated with three new options to allow you to easily capture all of the smoking/tobacco use data needed to satisfy the Clinical Quality Measure NQF028 for Preventative Care and Screening for Tobacco Use. The new options are: **Have you used tobacco in the last 30 days?** (Yes, No, Not Asked); **Have you used smokeless tobacco products in the last 30 days?** (Yes, No, Not Asked), and **Tobacco use screening not performed for medical reasons**. See Figure 7.

The first two options will become accessible if yes or no has been answered to the question above them (100 cigarettes, or uses smokeless tobacco). Otherwise, these will be disabled and will remain set to **Not Asked**. When the **Tobacco use screening not performed for medical reasons** option is selected, all fields above will be disabled and set to Not Asked or unchecked.

When these options are selected, any applicable SNOMED and/or LOINC codes will be attached and used when calculating applicable Meaningful Use Quality Measures (NQF0028).

The image shows a software dialog box titled "Smoking/Tobacco Use". It contains several sections with radio buttons and checkboxes. Four specific areas are highlighted with orange rectangular boxes:

- Smoking History** section: The question "Have you used tobacco in the last 30 days?" is highlighted. The "Yes" radio button is selected.
- Smoking Status - CDC Terminology** section: This section contains multiple radio button options for smoking status, such as "Current every day smoker", "Former smoker", etc.
- Smoking Details** section: This section includes input fields for "Cigarettes per day" (20), "Years smoked" (7), "Start Year" (2009), and "End Year". It also has checkboxes for "Advised to quit tobacco use", "Cessation materials/counseling provided", and "Cessation pharmacologic therapy provided", each with a date dropdown set to "Wednesday, April 13, 2016".
- Smokeless Tobacco** section: The question "Have you used smokeless tobacco products in the last 30 days?" is highlighted. The "No" radio button is selected.
- Medical Reasons** section: The checkbox "Tobacco use screening not performed for medical reasons" is highlighted and is currently unchecked.

At the bottom of the dialog, there is a "Comments" text area, a "Display results in list format" checkbox (which is checked), and "OK" and "Cancel" buttons.

Figure 7 – Smoking/Tobacco Use

Added Features (continued)

- **Preferences – Signing** – The Signing tab of the Preferences dialog has been updated with a new **Leave note background unchanged when signed** option. See Figure 8. When this option is selected, whenever a note is signed, the note will become uneditable and all of the functionality will be locked as in previous versions, however, the background color will remain set to the default white color, thereby allowing you to easily view and read the note information, instead of turning dark gray.

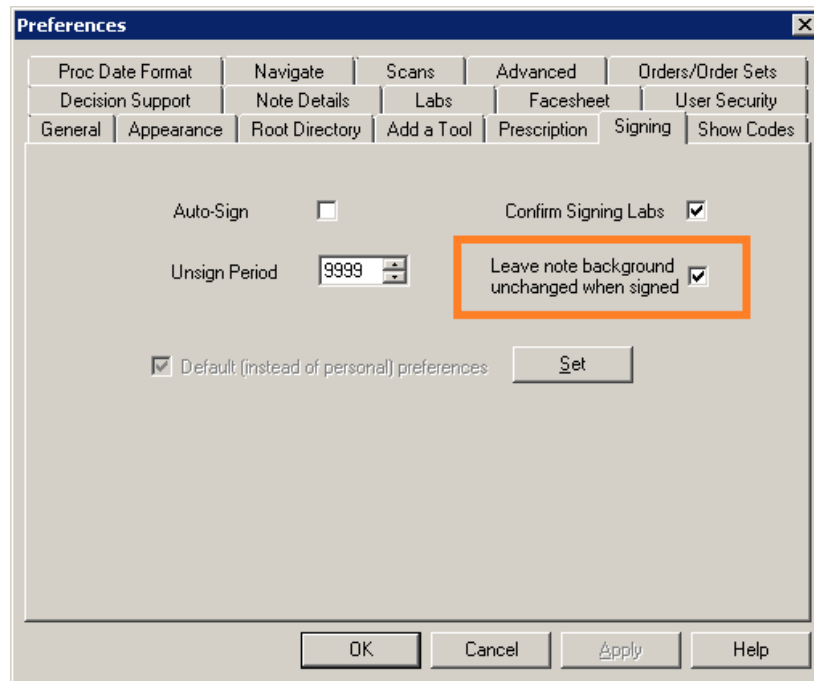


Figure 8 – Preferences - Signing

- **Addendum**

SureScripts® E-Prescribing Best Practice Guidelines

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input.

- (1) Guidelines that apply to name, strength, dosage form, and quantity of drug prescribed as well as the directions for use (the “Sig”)
- Drug names should be spelled out in full, avoiding the use of abbreviations.
 - While it might be possible to make the case that abbreviations save time in the world of paper prescriptions, no such time savings accrue in the electronic world in which the prescriber simply picks a medication from a drug database.
 - Abbreviations can lead to a misinterpretation of the prescriber’s intent, which can result in medication errors.
 - Examples:
 - Use “Hydrochlorothiazide 50 mg” instead of “HCTZ 50 mg.”
 - Use “Zidovudine 300 mg” instead of “AZT 300 mg.”
 - Drug descriptions should include complete name, strength, strength units and dosage form information (if applicable) in the same exact order, and all should appear in one drug description field.
 - Not doing so causes problems in pharmacies due to missing data components.
 - It is preferred that either the generic or the brand name be used in the drug description, but not both. Using both unnecessarily complicates the information in the drug description field.
 - Examples:
 - Use “Doxycycline Monohydrate 50 mg oral capsule” instead of “Doxycycline caps.”
 - Use “Ciprofloxacin 500 mg tablet” instead of “Ciprofloxacin tablet 500 mg.”
 - Use “Atorvastatin calcium 20 mg tablet” or “Lipitor 20 mg tablet” instead of “Lipitor (Atorvastatin calcium) 20 mg tablet.”
 - Drug descriptions for generic products should use the naming conventions found in the Food and Drug Administration’s “Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations.”
 - This helps pharmacists to accurately choose the product to be dispensed when brand names are not used.
 - Examples:
 - Use “Glipizide 10mg tablets, extended release” instead of “Glipizide TAB OSM 24 10mg.”
 - Drug strength information should be consistent across all fields in which it appears.
 - The strength in the drug description should match that in the drug strength field.
 - Drug strength units in the drug description should match those in the drug strength units field. Drug strength units should not be sent in the drug strength field.
 - Example of improper use: The drug description is “Amoxicillin 500 mg oral capsule” and the drug strength field contains the value of “250.”
 - Dosage form codes should match the forms sent in drug description fields.
 - Example of improper use: The drug description is Amoxicillin 500 mg capsule and the dosage form code field contains “10,” which is the NCPDP code that stands for tablet.
 - All orders should be written using metric measurements of weight (e.g., mg, gm and kg) and volume (e.g., ml).
 - The apothecary and avoirdupois systems of weights and volumes are no longer considered appropriate in the world of pharmaceuticals.
 - Example: Use “Aspirin 81 mg” instead of “Aspirin 1 ¼ grains.”
 - A zero should be used before a decimal (use 0.X mg instead of .X mg), but not after (use X mg instead of X.0 mg).
 - Trailing zeros are particularly dangerous in that they can lead to ten-fold overdoses. Thus, trailing zeros should never be used.
 - Examples:
 - Use “Digoxin 0.25 mg” instead of “Digoxin .25 mg.”
 - Use “Haloperidol 5 mg” instead of “Haloperidol 5.0 mg.”
 - Arabic (decimal) numerals are preferable to Roman numerals, and in some instances it is preferable for numbers to be spelled out.
 - Example: Use “Aspirin 325 mg” instead of “Aspirin V grains.”
 - Other specific abbreviation issues:
 - The term “microgram” can be abbreviated as “mcg,” but it should not be abbreviated as “ug,” which can easily be mistaken for the abbreviation for “mg,” standing for “milligram.”
 - The word “unit” should be spelled out and never abbreviated as “U” or “u.”
 - “M” should not be used as an abbreviation for thousands (e.g., 5 M units), as it has been mistaken as meaning one million.
 - Do not use commas when expressing thousands as they might be misinterpreted as periods.

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input. (Continued)

(2) Issues related specifically to the Sig field or directions for use.

- The directions for use should not be split between the Sig and Notes fields.
 - Depending upon the design of the pharmacy system and/or the effectiveness of the training of pharmacy personnel, splitting directions between the Sig and Notes fields can result in part of the directions being missed, thereby preventing complete directions from being conveyed to patients. Patients may experience significant negative therapeutic outcomes when this occurs.
 - Examples of improper use:
 - Sig field—"Take one tablet daily," Notes field—"Take only on Monday, Wednesday and Friday." NOTE: This is an actual example from a warfarin e-prescription, which if not taken according to the complete directions, could possibly result in serious patient harm.
 - Sig field—"Dissolve one tablet under the tongue every 10 minutes for chest pain," Notes field—"Call physician immediately if relief is not obtained after three doses."
 - Sig field—"Apply and rub well into affected area twice a day," Notes field—"Discontinue use and call physician if rash worsens."
 - Sig field—"One drop to eye having surgery three times daily," Notes field—"Start two days prior to surgery."
- Information in the Sig field should not conflict with information in the Notes field.
 - Conflicting information in these fields usually requires pharmacists to contact prescribers to ascertain their actual intent with respect to the directions, which compromises the efficiencies related to e-prescribing.
 - Inconsistent information in the Sig versus the Notes fields can result in incorrect directions being conveyed to patients.
 - Example of improper use: Sig field—"1 cap orally 3 times a day", Notes field—"One capsule by mouth daily."
- Care must be taken so that Sigs are not truncated because important information can be lost.
 - Example of improper use: "Take 1 tablet once a month in the am 1 hr before eating or drinking, with 1 C water. Remain upright x 1 hour and nothing by mouth, then resu"
- Sig information should be clinically correct.
 - Example: Use "Amoxicillin 500 mg Oral Capsules"—Sig "One capsule three times a day" instead of "500 caps 3 times a day."
- Directions for use should be spelled out clearly in proper English.
 - Since the pharmacist must interpret—and nearly always writes—the label in English, the use of abbreviations (particularly Latin) or symbols is unnecessary and discouraged because it can lead to medication errors.
 - Example: Use "Take 1 tablet by mouth twice a day" instead of "1 T PO BID."
- Information in the Sig field should be limited to the Sig.
 - Quantity to be dispensed should not be placed in the Sig field.
 - Example: Use "One capsule by mouth three times daily" instead of "One capsule by mouth three times daily – Disp # 30."
 - Duration of therapy should not be placed in the Sig field.
 - Example: Use "One capsule by mouth four times daily" instead of "One four times daily – Disp 10 day supply."
 - Drug description should not be placed in Sig field.
 - Example: Use "One capsule by mouth at bedtime" instead of "One by mouth at bedtime– Paxil CR 20 mg."
 - Example of improper use:
 - "One drop to eye having surgery three times daily. Start two days prior to surgery. May substitute Acular LS, Xibrom, or Voltaren if less expensive." (i.e., the indication of alternative approved drugs "May substitute Acular LS, Xibrom, or Voltaren if less expensive" should be placed in the Notes field.)
- Sigs should be complete, properly formatted, and not repeated.
 - Sig should be complete.
 - □ Example: Use "Apply topically to forearm three times a day" instead of "Topical each day."
 - Sig should be properly formatted.
 - □ Example: Use "Take one capsule three times a day" instead of "1 3 times a day."
 - Sig should not be repeated.
 - □ Example: Use "Take one capsule daily" instead of "1 PO QD – Take one tablet every day."
- The inclusion of the intended use or the indication for the medication in the directions for use is helpful to patients, pharmacists and other prescribers, and is strongly encouraged.
 - Intended use can help patients to organize and better understand their medications and why they are taking them.
 - Including the indication in the Sig field can help prevent dispensing errors, and it provides pharmacists with a foundation for patient counseling and medication therapy management.
 - Other prescribers may find the indication helpful when a patient brings their medication bottles with them to office visits.
 - Example: "Take according to instructions in dosepack for poison ivy rash."

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category II—Prescription Data Elements Requiring Extra Care and Attention When Input. (Continued)

- The instruction “take as directed” is rarely appropriate and should be avoided by prescribers.
 - Such an instruction assumes an understanding on the part of the patient that may not exist, and even if it does, will very likely be short lived.
 - Using the term “take as directed” provides little information upon which the pharmacist can base their counseling of the patient.
- (3) Proper use of the Notes field (referred to as “free text” in the NCPDP SCRIPT Standard).
- Prescription information that has a designated, standardized data field should not be placed in the Notes field.
 - For example, neither the drug name, strength nor quantity should be placed in the Notes field because there are specific fields in the NCPDP SCRIPT Standard for these data elements. This is important because if this information isn't placed in the fields in which pharmacy personnel are trained to look for it, it might be missed.
 - Reserve use of the Notes field for information related to, but not part of, the prescription.
 - For example, a comment such as: “Please have the patient call the office when they have finished taking this prescription” would be an appropriate use of the Notes field.
 - To reiterate, as mentioned above, the directions for use should not be split between the Sig and Notes fields nor should the information in the Sig field conflict with information in the Notes Field.
 - The former can lead to critical information being missed by pharmacy personnel and possibly not being transmitted to the patient, and the latter normally requires pharmacists to contact the prescriber to clarify their intent, thereby compromising the potential efficiencies of e-prescribing.
- (4) Refills authorized, if any
- Although allowed both by convention and NCPDP SCRIPT, the indication of “PRN” (refill as needed) is not considered to be good practice and should be discouraged.
 - Example: Use “Refill 11 times” instead of “Refill PRN.”
- (5) Other items unique to electronic prescribing.
- Representative NDC number requirements.
 - Representative NDC numbers, which contain 11 digits, must be correct, as incorrect representative NDC numbers may cause drug identification problems in the receiving pharmacies.
 - Representative NDC numbers must be current and included in e-prescription messages unless the items do not have assigned NDCs.
 - Quantity Qualifiers must be correctly associated with drug descriptions.
 - Correct mapping procedures are available in the Units of Measure table, which can be found in the NCPDP External Code List and the SureScripts Implementation Guides.
 - Where possible, quantities should reflect the actual metric quantity to be dispensed.
 - Example: Use “Amoxicillin 250mg/5ml, 150 ml” instead of “Amoxicillin 250mg/5ml, 1 bottle.”
 - The use of “ZZ”, “EA” and “00” should be limited to instances in which none of the available qualifiers in the Units of Measure table can be applied.
 - □ Examples of improper use: Drug description—Amoxicillin 500 mg Oral Capsule, Quantity 30 and Quantity Qualifier sent “ZZ”—mutually defined, “EA”—each or “00”—unspecified instead of “AV”—capsules.

Category III—Prescription Common Mistakes

Even though providers using the ChartMaker Medical Suite strive to be accurate in entering information for E-prescription, there are common mistakes made that can easily be corrected. Please read through the examples below in order to understand E-prescription best practices.

(1) Incorrect or incorrectly formatted SIG

This occurs when the appropriate dose is entered incorrectly. The following examples demonstrate typical errors:

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category III—Prescription Common Mistakes (continued)

Drug Description	SIG	Notes	Nomenclature Description	Comment
Combivent Respimat 20 mcg-100 mcg/actuation Aerosol Inhaler	Spray 1 aerosol with adapter (gram) puff(s) 4 times a day		Incorrect or incorrectly formatted SIG	"1 aerosol" is not an appropriate dose for Combivent
Advair HFA 115 mcg-21 mcg/actuation Aerosol Inhaler	Take 2 aerosol with adapter (gram) puff(s) twice a day		Incorrect or incorrectly formatted SIG	"2 aerosol" is not an appropriate dose for Advair HFA
ProAir HFA 90 mcg/actuation Aerosol Inhaler	Take 2 puffs puff(s) q 4-6 hrs prn cough or wheeze or before exercise		Incorrect or incorrectly formatted SIG	Part of the patient instructions are duplicated
Proctosol HC 2.5 % Rectal Cream	Apply 1 cream (gram) rectally 4 times a day		Incorrect or incorrectly formatted SIG	"1 cream" is not an appropriate dose for Proctosol
dicyclomine 10 mg capsule	Take 1 capsule (hard, soft, etc.) orally Three times a day	prn as directed	Incorrect or incorrectly formatted SIG	SIG should be free of all extraneous characters All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Lotrel 5 mg-10 mg capsule	Take 1 capsule (hard, soft, etc.) orally Daily	Name Brand Medically Nec.	Incorrect or incorrectly formatted SIG; Conflicting or Supplementary Drug Substitution information in the Notes	SIG should be free of all extraneous characters All Drug Substitution information should be sent in its designated field; No parts of the Drug Substitution information should be in the Notes
Suprax 400 mg capsule	Take 1 capsule (hard, soft, etc.) orally qd		Incorrect or incorrectly formatted SIG; Incorrect, Missing or Incomplete Dosage Form sent in Drug Description	SIG should be free of all extraneous characters - Suprax 400mg is not available in capsule form; Appropriate dosage form: Oral Tablet

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category III—Prescription Common Mistakes (continued)

(2) Incomplete SIG

The following examples indicate incomplete SIG:

Drug Description	SIG	Comment
Suprep 17.5 gram-3.13 gram-1.6 gram Oral Solution	Take 1 solution, reconstituted, oral orally As Needed	SIG should include the dose, route and frequency of the prescribed medication
Coumadin 4 mg tablet	Take 2 tablet orally as directed	SIG should include the dose, route and frequency of the prescribed medication
Zithromax Z-Pak 250 mg tablet	Take 1 tablet orally As Directed	SIG should include the dose, route and frequency of the prescribed medication

SureScripts® E-Prescribing Best Practice Guidelines (continued)

Category III—Prescription Common Mistakes (continued)

(3) Conflicting or Supplementary SIG information included in the Notes

Drug Description	SIG	Notes	Comment
nystatin 100,000 unit/gram Topical Ointment	Apply 1 ointment (gram) topically Twice a day	FOR CORNER OF LIP	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
metformin 500 mg tablet	Take 1 TABLET orally bid	*take 1 tablet daily for 1 month, then increase to 1 tablet twice a day	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Augmentin 875 mg-125 mg tablet	Take 1 tablet orally Every 12 hours	x 5 days	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes
Mobic 7.5 mg tablet	Take 1 tablet orally twice a day	as needed	All patient instructions should be sent in their designated SIG field; No parts of the SIG should be in the Notes

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ChartMaker® Practice Manager

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General

- **Help – ChartMaker Medical Suite Update** – The **ChartMaker Medical Suite Update** dialog (Help > ChartMaker Medical Suite Update has been updated with a number of new fields to allow you to schedule automated upgrades to your ChartMaker® Medical Suite. See Figure 1.

The **Download Scheduling** section has been updated with a **No Download** option which can be used when the latest update has already downloaded and you want to schedule the update to automatically run at a scheduled time.

The screenshot shows the 'ChartMaker Medical Suite Update' dialog box. It has a title bar with the text 'ChartMaker Medical Suite Update' and a close button. Below the title bar is a 'Properties' icon. The dialog is divided into several sections:

- Download Location:** Contains the text 'The ChartMaker Medical Suite update will be downloaded to this location on the STI Data Server.' and a 'Server Path' field with a dropdown menu set to 'C:\' and a text box containing 'STIInstall\ChartMaker Medical Suite'.
- URL Entry:** Contains the text 'Enter the URL given to you by customer support.' and a 'URL' field with the text 'http://tinyurl/SomeCMSRelease'.
- Download Scheduling:** This section is highlighted with an orange box. It contains the text 'The download can start immediately or be scheduled to start at a later date and time.' and three radio buttons: 'No download' (selected), 'Start download now', and 'Schedule download to start at:'. The 'Schedule download to start at:' option has a date field set to '04/11/2016' and a time field set to '11:07 AM'.
- Automated Upgrade:** Contains the text 'Automated Upgrade Enabled:' and two radio buttons: 'Disabled' and 'Enabled' (selected). There is a 'Configure' button next to the 'Enabled' radio button. Below this is the text 'Upgrade Scheduled Time:' and two radio buttons: 'Not Scheduled' and '04/15/2016 11:07 AM' (selected). Below this is the text 'The server will automatically restart at the end of the upgrade.'
- Status of Last Update:** Contains the text 'Start Date: 04/20/2015 11:34 AM', 'Status: Extraction - Successful', 'Description: Complete', and 'Comment: An icon to install the ChartMaker Medical Suite update has been placed on the server's desktop.'

At the bottom right of the dialog are 'OK' and 'Cancel' buttons.

Figure 1 – ChartMaker Medical Suite Update

General (continued)

Help – ChartMaker Medical Suite Update (continued)

A new **Automated Upgrade** section has been created to configure the various options for running an automated update. See Figure 2. The **Automated Upgrade Enabled** field allows you to select whether or not you want to activate the automated upgrade. If running the update and the **Disabled** option is selected the upgrade functionally will be performed as in previous versions where an icon is installed on the server's desktop, and you will need to manually trigger the update and continue through the various screens to complete the upgrade.

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☒ Schedule download to start at:

Automated Upgrade

Automated Upgrade Enabled: ☐ Disabled ☒ Enabled

Upgrade Scheduled Time: ☐ Not Scheduled ☒

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Figure 2 – ChartMaker Medical Suite Update

General (continued)

Help – ChartMaker Medical Suite Update (continued)

The **Configure** button allows access to the **Automated Upgrade Settings** dialog. See Figure 3. In the **Alternate Backup Location** field you can enter or browse to a specific location for the backup if you do not want to use the default backup location. If this field is left blank, the system will use the default backup location.

The **Email Notifications** section allows you to configure email addresses to notify various individuals about successes and failures of the update process:

- **On Success:** an email will be sent to each address if the upgrade completes successfully.
- **On Failure:** an email will be sent to each address if the upgrade fails during the upgrade process.
- **On Critical Failure:** an email will be sent to each address if the upgrade fails during the upgrade process and the databases fail to roll back.
- **On Prerequisite Failure:** an email will be sent to each address if the upgrade fails on one of the prerequisite checks (stoplights or other various checks performed before the process enters the actual upgrade).
- **On User Failure:** an email will be sent to each address if an upgrade fails due to users still being logged into Clinical or Practice Manager.

Do note, when entering multiple email addresses in the **Email Notifications** fields, each email address should be separated by a comma.

When finished configuring the Automated Upgrade Settings, click the **OK** button to activate the changes. If you click the **Cancel** button, or close out of this screen without clicking **OK**, the changes will be discarded and the previous setting will be kept.

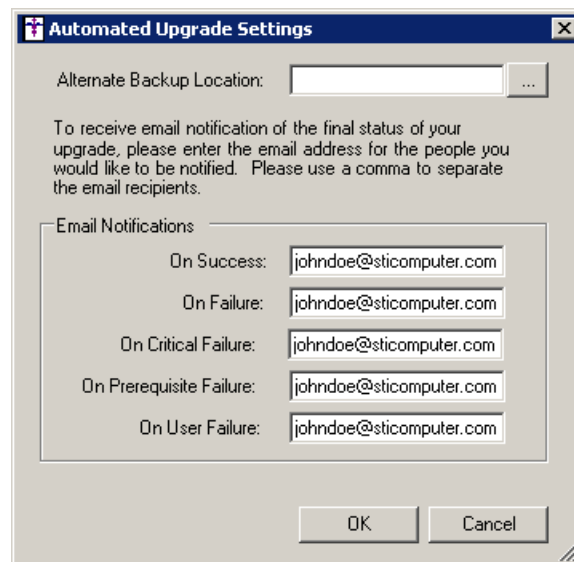


Figure 3 – Automated Upgrade Settings

General (continued)

- **ChartMaker Medical Suite Update** – In an effort to ensure that users are not installing the ChartMaker Medical Suite upgrades on legacy Operating Systems that are no longer supported, the installation process has been updated with an Operating System Notification dialog that will appear prior to installing the upgrade. See Figure 4. For the upgrade installation to continue, you will now need to enter your name (in the field provided), and **Acknowledge** the warning. After the acknowledgment has been accepted, this dialog will no longer appear on subsequent upgrade installations until there are new Operating Systems that become obsolete and are no longer supported.

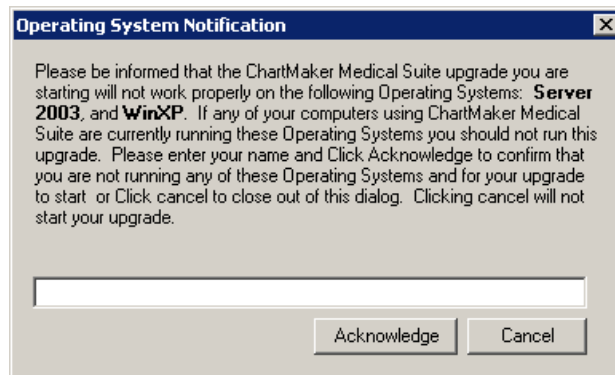


Figure 4 – Operating System Notification

Add-Ins

- **Patient – Patient Reminder Module** – A new **Patient Reminder Module** dialog (accessed via **Add-Ins > Patient > Patient Reminder Module**) has been created that allows you to import the Patient Reminder Activity Report, as well as update appointment confirmation statuses from Talksoft; and export patient appointment activity, as well as patient reminder preferences for 2 weeks from the selected appointment date to Talksoft. See Figure 5.

When using the **Import** button, the system will attempt to download, import, and convert the confirmation status differences since the last import, or, if this is the first time importing, seven days' worth of status activity. Once the import is complete a printable summary of all the confirmation status changes or errors including account number, patient name, success/error, and new confirmation statuses, will be available. Any change made will also be tracked in the Audit Trail.

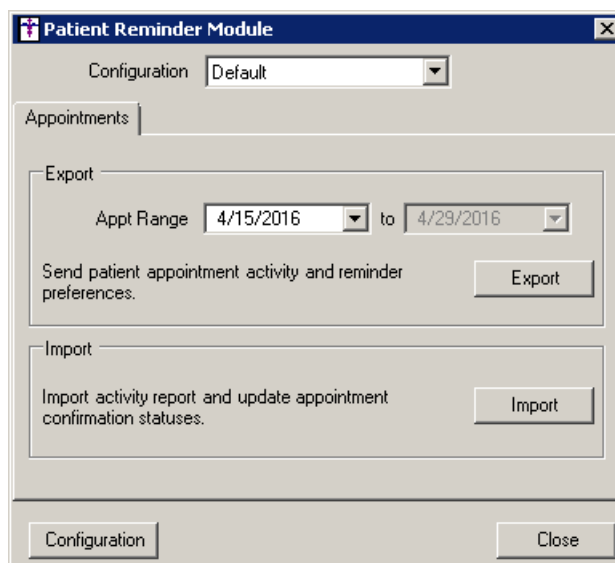


Figure 5 – Patient Reminder Module

Add-Ins (continued)

Patient – Patient Reminder Module (continued)

When using the **Export** button, the system will export a file that will contain all appointments for 2 weeks from the selected date, and will include any active appointment as long as it doesn't contain data that is unchecked in the configuration screen. This file is sent to Talksoft and can be viewed under the RemindMe Transmissions link. If you click the **Configuration** button at the bottom-left of the **Patient Reminder Module** dialog, you will access the **Configuration** dialog, and in the Included in Export section you can set the Practices, Providers, Appointment Reason, Schedule Types, and Resources that should be included in the exported file. See Figure 6.

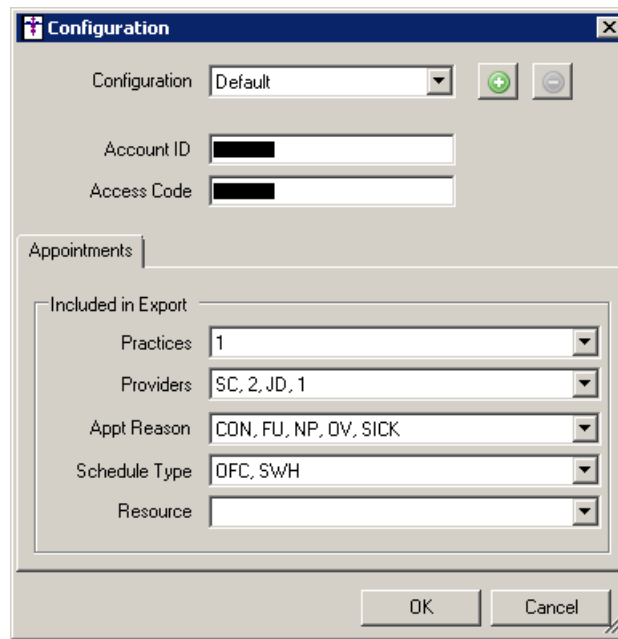


Figure 6 – Configuration

Charge

- **Charge – Forms – New York Worker's Compensation Forms** – The **NYWC C4, C4.2, C4.3, and C4 AMR Forms** have been updated to display ICD10 diagnostic codes as well as using the most current forms in a new PDF format for viewing, editing, and printing. Do note, that all legacy data will be available in the older formats for these forms.

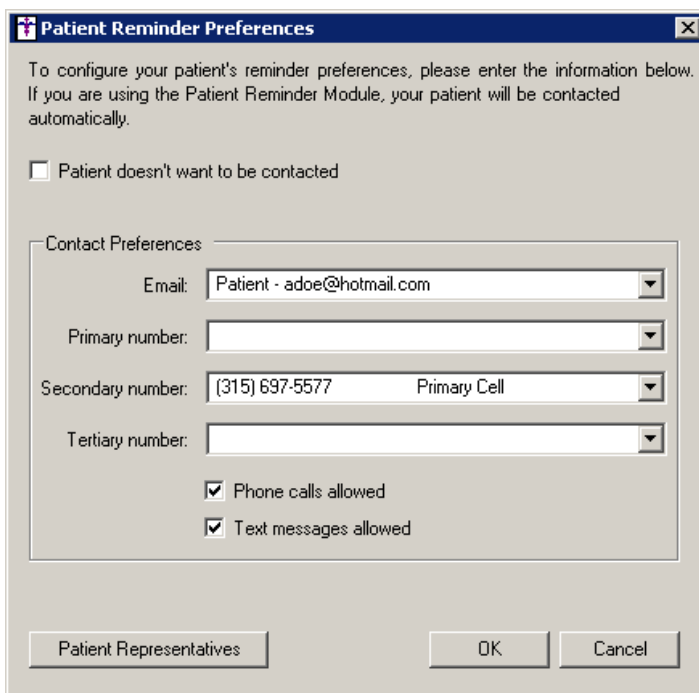
Patient

- **Patient – Patient Reminder** – The **Patient** screen has been updated with a **Patient Reminders** button that allows access to the **Patient Reminder Preferences** dialog. See Figure 7. In the **Patient Reminder Preferences** dialog you have the ability to configure the contact preferences or to indicate if the patient does not want to be contacted by checking the **Patient doesn't want to be contacted** option. When this option is selected, the **Contact Preferences** section will be grayed out. These preferences will be used to automatically contact the patient when using the Patient Reminder Module.

When selecting the Contact Preferences you can select from any configured **Email**, **Primary**, **Secondary**, or **Tertiary** phone number to use when contacting patients; as well as whether **Phone calls** and **Text messages** are allowed when phone numbers are configured.

Likewise, you can click the **Patient Representatives** button to access the **Patient Representatives** dialog to view and configure patient representative information for this patient.

When finished, click the **OK** button. These options will become active once you click the **Save** button in the **Patient** screen. If Patient Reminder Preference information is configured, the **Patient Reminders** button will become highlighted to provide a visual indicator that preference information has been configured for this patient.



The screenshot shows a dialog box titled "Patient Reminder Preferences" with a close button (X) in the top right corner. The main text inside the dialog reads: "To configure your patient's reminder preferences, please enter the information below. If you are using the Patient Reminder Module, your patient will be contacted automatically." Below this text is a checkbox labeled "Patient doesn't want to be contacted", which is currently unchecked. Underneath the checkbox is a section titled "Contact Preferences" which is enclosed in a gray border. Inside this section, there are four input fields: "Email:" with a dropdown menu showing "Patient - adoe@hotmail.com"; "Primary number:" with an empty dropdown menu; "Secondary number:" with a text field containing "(315) 697-5577" and a dropdown menu showing "Primary Cell"; and "Tertiary number:" with an empty dropdown menu. Below these fields are two checked checkboxes: "Phone calls allowed" and "Text messages allowed". At the bottom of the dialog, there are three buttons: "Patient Representatives" on the left, and "OK" and "Cancel" on the right.

Figure 7 – Patient Reminder Preferences

Addendum

Medicare PQRS Incentive Program Reminder

In the version 3.3 release of Practice Manager, there were two important enhancements that were made that allow you to effectively flag applicable PQRS procedures to be sent to participating insurances to receive applicable incentive moneys through the Medicare PQRS (Physician Quality Reporting System) Incentive Program. These enhancements entailed creating a new Quality Measure field in the Procedure dialog and the Insurance dialog. Details of these changes from the Practice Manager 3.3 Release Notes document, along with some additional information about configuring G-Codes, are below. See the Practice Manager help for further details on the respective programs and additional configuration options utilizing the Clinical application.

- **Administration → Transaction Tables → Procedure** – The Procedure dialog has been updated with a Quality Measure checkbox that allows you to flag a procedure as a quality reporting measure for PQRS. See Figure A1. When a procedure is flagged as Quality Measure, the system will only bill charges for that procedure to insurances that are also flagged as Quality Measure. This ensures that the applicable PQRS procedures are only billed to participating insurances.

To enter a PQRS procedure enter the applicable **Code** in the IH Code field. That code will then default into the CPT4 Code field. Next, in the Description field, enter an appropriate **Description**. In the Amount field, enter the **0.00**. In the TOS field, enter the applicable Type of Service, or search for it by clicking the Lookup button, or pressing F3. In the POS field, enter the applicable Place of Service, or search for it by clicking the Lookup button, or pressing F3. Check the **Quality Measure** option to flag this procedure as a quality reporting measure. When finished, click the **Save** button.

The screenshot shows the 'Procedure' dialog box with the following details:

- Procedure Section:**
 - IH Code: PQRS
 - Description: PQRS Procedure
 - CPT4 Code: PQRS
 - Category: [dropdown]
 - MOD 1: [dropdown]
 - RVU: 0
 - Amount: 0.00
 - Unit Value: 0
 - MOD 2: [dropdown]
 - ABU: 0
 - TOS: 1
 - Follow Up Days: 0
 - Recall: [dropdown]
 - POS: 0
 - Units: 0
- Properties Section:**
 - ☒ Quality Measure (highlighted with a red box)
 - ☐ Not Otherwise Classified
 - ☐ National Drug Code Required
 - ☐ Don't Warn on Charge Screen if Duplicate Procedure Code Entered
- Insurance Section:**
 - ☐ Hard Copy
 - ☐ No Copay
 - Rev/Rate: [field]
 - Billing Instruction: [dropdown]
- National Drug Codes Section:**
 - Table with columns: Primary, NDC, Description
 - Input fields for NDC and Description
 - Add and Delete buttons
- Buttons:** Save, Cancel, Delete
- Help:** Question mark icon in the bottom right corner.

Figure A1 – Procedure

Medicare E-Prescription/PQRS Incentive Program Reminder (continued)

- **Administration → Transaction Tables → Insurance** – The Insurance dialog has been updated with a Quality Measure checkbox that allows you to flag an Insurance carrier as a quality reporting measure for PQRS. See Figure A2. When a procedure is flagged as Quality Measure, the system will only bill charges for that procedure to insurances that are also flagged as Quality Measure. This ensures that the applicable PQRS procedures are only billed to participating insurances.

The Insurance dialog box is divided into several sections:

- 1. Insurance:** Contains fields for IH Code (MCRDE), Category (MCR), Assignment (Y), Billing Type (MCR_EDT), Copay (0.00), Anes Time, Report Category, Medigap #, and Payor ID# (C00902). It also has a checkbox for "Quality Measure" (checked) and a checkbox for "Requires Claim Adjustment information for Secondary Insurances" (unchecked).
- 2. Profile:** Contains radio buttons for "Group Profile" and "Billing Profile" (selected), with a dropdown menu for "Billing Profile" set to 0.
- 3. Managed Care:** Contains checkboxes for "Capitation" and "Do Not Bill Capitated Services", and a "Write Off Code" field.
- 4. Payment Defaults:** Contains fields for "Payment Type", "Write Off Code", and "Withheld Write Off".
- 5. Company Information:** Contains fields for "Name" (Delaware Medicare Trailblazer), "Address 1" (PO Box 650094), "Address 2", "Zip Code" (75265), "City" (Dallas), "State" (TX), "Phone", and "Fax".

On the right side, there is a vertical list of buttons: "Notes", "Billing IDs", "Ins Profile", "Capitation", and "Billing Types". At the bottom, there are "Save", "Cancel", and "Delete" buttons, along with a yellow question mark icon.

Figure A2 – Insurance Dialog

Insurance Billing Updates Reminder

In the version 4.1 release of Practice Manager, there was an important enhancement that was made to the Insurance Billing screen to alert you whenever a new insurance billing update is available. Once alerted you can then download these updated billing components at your convenience. **Do note that if you are running the 4.1 version of Practice Manager, the update process needs to be performed on the server.**

In the version 4.2 release of Practice Manager, the system was updated so that billing components reside on each individual workstation. **Therefore, if you are running the 4.2 version or higher of Practice Manager, the update process (described below) will need to be initiated for each workstation that will be doing insurance billing.** If the updates are not downloaded and registered on each workstation that will be doing insurance billing, then claims generated for those workstations may be denied if they are not updated.

- **Insurance Billing Updates** – The Insurance Billing tab has been updated with an Update button that allows you to download the latest insurance billing components if new components are available. See Figure A3. An Update button is available in both the Manual Billing and Automatic Billing sub-tabs and will become highlighted to alert you when new billing components are available.

Insurance Billing

Manual Billing Automatic Billing

Billing Forms

Mode	Form	Description
<input type="checkbox"/> Paper	CMSBSPA	CMS1500 for BSPA (N)
<input type="checkbox"/> Paper	CMSIBC	CMS1500 for PA IBC Product Line (N)
<input type="checkbox"/> Paper	CMS1500	CMS1500 Red Form (N)
<input type="checkbox"/> Paper	HPARTPPA	Health Partners Philadelphia,PA (N)
<input type="checkbox"/> Paper	MCDPPA	PA Medicaid (CMS1500)(N)
<input type="checkbox"/> Paper	MCRPPA	Pennsylvania Medicare (N)
<input type="checkbox"/> Electronic	DEMCD_P5	Delaware Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/> Electronic	MDMCD_P5	Maryland Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/> Electronic	NEIC_P4	NEIC (WEBMD) Prof.837 (ANSI 4010 A1)
<input type="checkbox"/> Electronic	NEIC_P5	NEIC (WebMD) Prof.837 (ANSI 5010 A1)
<input type="checkbox"/> Electronic	NJMCD_P5	New Jersey Medicaid Prof.837 (ANSI 5010 A1)
<input type="checkbox"/> Electronic	PABSKA_P4	PA BS Keystone/AmeriHealth Prof.837 (ANSI 4010 A1)
<input type="checkbox"/> Electronic	PABSKA_P5	PA BS Keystone/AmeriHealth Prof.837 (ANSI 5010 A1)
<input type="checkbox"/> Electronic	PABS_P4	Pennsylvania Blue Shield Prof.837 (ANSI 4010 A1)
<input type="checkbox"/> Electronic	PABS_P5	Pennsylvania Blue Shield Prof.837 (ANSI 5010 A1)

Select All Deselect All

Practices and Providers

☒ Central Medical Associates (1)

Select All Deselect All

Batch Run Options

☐ Print Forms or Reports after gathering claims

☐ Create An Electronic Test File Test Claims: 25

Description

Advanced Selections

Status:

Start Now Cancel Updates Print/Send Batch

Results

Start Time: End Time:

Good Charges: \$

Bad Charges: \$

Figure A3 – Insurance Billing – Manual Billing

Once the download is initiated by clicking the **Updates** button, another dialog will appear confirming that you want to download and install the latest billing updates. See Figure A4.

Practice Manager

Do you want to download and install the most recent insurance billing updates?

Yes No

Figure A4 – Insurance Billing Updates Download

Insurance Billing Updates Reminder (continued)

Once the **Yes** button is clicked the insurance billing updates will start to download and the following message will appear in Figure A5. Do note that once the billing updates are initiated by a user, the Updates button will disable for all users and other users who try to initiate the download will receive a message stating that updates have started from another machine. Once the updates have been downloaded you will be prompted to install the updates, as well as to close out of the Practice Manager application to ensure a successful update.

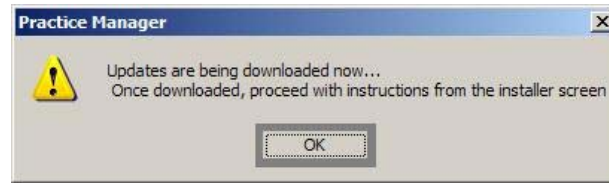


Figure A5 – Insurance Billing Updates Download Confirmation

Once the updates have been successfully downloaded and installed, log back into Practice Manager and be sure to register the Billing Component Manger (Add-Ins > Insurance Billing > Billing Component Manager).

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