

RELEASE NOTES: 04/15/2024. (Part-1)**Monthly Service Pack – SC.CORE.6.0_1.20.000.2403.009****Executive Summary:**

1. Implemented a 'PHQ-2' document with required field validations for Primary Care as part of a preliminary Assessment. (EII #125151)
2. The client order requisition needs a signature either as an image or that a statement is applied, that indicates the order has been signed electronically. (EII #126828).
3. The Client Order PDF displays the Provider Signature based on the 'Read back and verified' Checkbox selection in Client Orders. (EII # 126832)
4. ~~The changes for notifying staff of his/her "Primary Care Appointments" is implemented . This is to send one notification to the nursing staff when the front desk switches the client from scheduled to checked in etc. (EII # 125180)~~
5. ~~Implementation is done to display 'Injury Date' and 'Injury Type' on 837 Professional claim file, for 'Primary Care Programs'. This information is required for processing the claim. (EII # 125701)~~
6. Implementation is done for claim-level adjudication for recoded coverage plans, when generating either 837 Professional and 837 Institutional claims. (EII # 126910)
7. The 'Modified Mini Screen' document is implemented to utilize a validated screening tool for identifying persons that may have a co-occurring mental health disorder who are receiving chemical dependence treatment in certified settings.. (EII # 125379)
8. The Changes in the 'Client Order Details' screen is done to display the 'Unit' in the 'Total Dose per Administration' portion of the medication line on the PDF of the 'Client Order'.(EII # 126898)
9. An Alert notification is implemented for the Author/Clinician when CoSigner (other Clinician) declines to sign the Document. (EII # 126934)
10. A new field 'Number of Children Birthed' has been added to the New Entry Flow Sheet to alert the users when there is a flow sheet indicating multiple births but the number of flow sheets present does not match. (EII # 126606)
11. Implementation to sum all the adjustments recoded in 'FQHCSecondaryAdjustmentCodes' and report separately. (EII # 126574)
12. A new recode, a new coverage plan rule ""When bundling claims report these procedures first", a new billing charge error and a new field "PrimaryCareEncounter" is added in the 'CoveragePlanClaimBundlingCriteria' table, for bundling the claims. (EII # 126270)
13. Implemented Primary Care OBGYN template in the Flow Sheet To notify the staff that the Client is Pregnant by using the Flag. (EII # 125053)
14. Implemented the new 'Create Copy' icon in the 'Document Codes Detail' screen toolbar. This is to provide an option to create a copy of the existing document in the 'Document Codes Detail' screen. (EII # 126894)
15. Instruction text of prescriber for each medication is always visible in the Client MAR and Group MAR. (EII # 125082)

16. Implementation is done to add Staff Degrees in Charges/Claims screen to filter the records in the Charges/Claims list page based on Staff Billing Degrees. (EII # 125728)

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Abbreviation: **EII - Engineering Improvement Initiatives**

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TASKS SUMMARY – 'CHANGE' RELATED (32)

Sl. No	Task No	Summary	Module Name
2	EII # 124730	Implementing a logic to show/hide A08 (updates) on ADT List page.	ADT

5	EII # 125824	Changes are implemented in the Arrivals screen.	Arrivals
6	EII # 125605	CDAG: Not Working on Attendance Groups and Attendance Assignment list page.	Attendance
14	EII # 126285	FQHC Service Encounter Tracking Requirement - '59' Modifier ONLY.	Charges/Claims
15	EII # 123575	Billing: Fix Excel Charges/Claims Export.	Charges/Claims
16	EII # 126910	Implementation for claim-level adjudication for recoded coverage plans when generating either 837P and 837I	Charges/Claims
17	EII # 125701	Implementation to display 'Injury Date' and 'Injury Type' on 837 Professional claim file, for 'Primary Care Programs'.	Charges/Claims
18	EII # 126574	Implementation to sum all the adjustments recoded in 'FQHCSecondaryAdjustmentCodes'.	Charges/Claims
19	EII # 126270	Implemented new recode, coverage plan rule, new billing charge error and also a new column is added in the CoveragePlanClaimBundlingCriteria table for bundling the claims.	Charges/Claims
20	EII # 125728	Implementation to add Staff Degrees in Charges/Claims screen.	Charges/Claims
21	EII # 127457	To remove diagnosis codes that are not referenced by SV segments.	Charges/Claims
22	EII # 125942	Implementation of functionality for "Adjust off the balance" or "Cascade balance to next payer" for the charges.	Charges/Claims
23	EII # 126786	A new logic has been implemented for the CCBHC claims.	Charges/Claims
29	EII #125578	Changes are implemented in the "Reporting" tab of 'Client Information(C)' screen.	Client Information (C)
33	EII # 126828	Client Order Requisition needs to display the Provider Signature in the Electronic Requisition PDF.	Client Orders
34	EII # 126832	Client Order PDF to display the Provider Signature based on the 'Read back and verified' Checkbox selection in Client Orders.	Client Orders
35	EII # 126898	Changes in the 'Client Order Details' screen to display the 'Unit' in the 'Total Dose per Administration' portion of the medication line on the PDF of the 'Client Order'.	Client Orders
39	EII # 126701	Add Billing Zip Code to client statements	Client Statement
45	EII # 125295	Stored Procedure parameter usage for DFA item types.	DFA Editor
46	EII # 126894	Implementing the new 'Create Copy' icon in the 'Document Codes Detail' screen toolbar.	Document Codes
47	EII # 126934	An Alert notification is implemented for the Author/Clinician when CoSigner (other Clinician) declines to sign the Document.	Document Framework
49	EII # 125151	Implementing a 'PHQ-2' document with required field validations.	Documents
50	EII # 126290	Registration Document (core) Overwriting Client Episode Registration Date if Client Already has Open Episode.	Documents
51	EII # 127153	Content Changes to ASAM document.	Documents
53	EII # 127081	Implementation of 'Brief Addiction Monitor' document.	Documents
61	EII # 124018	Multi-select drop down Item Type.	Dynamic Forms
64	EII # 124838	Need a change to a system stored procedure (ssp).	External Collections
92	EII # 125082	Instruction text of prescriber for each medication to always be visible in the Client MAR and Group MAR	MAR

93	EII # 126756	Custom hook has been added to the Medical Progress Note PDF.	Medical Progress Note
96	EII # 125180	Implementing the changes for notifying staff of his/her "Primary Care Appointments".	My Preferences
99	EII # 127099	The Observation field within the Lab Results tab of the Client Order Details screen has been converted from a "Searchable Text Box" to a "Dropdown."	Orders
100	EII # 126889	Implementation of "Diagnosis Required" option for Consults, Procedures and Radiology Order Types	Orders

TASKS SUMMARY – 'NEW FUNCTIONALITY' RELATED (4)

Sl. No	Task No	Summary	Module Name
52	EII # 125379	Implementation of 'Modified Mini Screen' document.	Documents
66	EII # 125053	Implemented Primary Care OBGYN template in the Flow Sheet.	Flowsheet
67	EII # 126606	A new field 'Number of Children Birthed' has been added to the New Entry Flow Sheet.	Flowsheet
83	EII # 127157	Implementation to generate ADT/SIU outbound Messages	Interface

TASKS SUMMARY – 'DEFECT FIXES' (63)

Sl. No	Task No	Summary	Module Name
1	Core Bugs # 127286	Activity Timeline is taking more time to load the data	Activity Timeline
3	Core Bugs # 127292	Error message is displayed when click on the Admission Date link on the ADT list page under client.	ADT
4	Core Bugs # 127476	Issue with voice appointment notifications not delivering.	Appointment reminders
7	Core Bugs # 127215	SSO screen not used on existing session logout	Authentication/Authorization (Login, Logout)
8	Core Bugs # 7596	Batch upload Claim process failing due to dependency with Microsoft Access Database Engine (32-bit) - OLEDB code.	Batch claim uploads
9	Core Bugs # 127490	Batch Service Entry: Unable to create service if the service date is same as Program discharge date	Batch Service Entry
10	Core Bugs # 127337	Batch Service Entry: Performance issue to update each client added.	Batch Service Entry
11	Core Bugs # 126960	Getting an error while uploading a file in the Batch Service Import Files screen.	Batch Service Import
12	Core Bugs # 127536	Individual Service Plan (ISP) message screen.	Care Plan
13	Core Bugs # 127184	Individualized Service Plan: Unable to select anything in Review Dates dropdown	Care Plan
24	Core Bugs # 126911	Charge error is not displayed for the 'To be Replaced' and 'To be Voided' Claims.	Charges/Claims

25	Core Bugs # 127227	Billing framework changes (Core): Custom Line Item Ordering for Claims	Claims Processing (backend)
26	Core Bugs # 126935	Adjustments are being posted incorrectly for the service posted during coverage.	Client Fees Calculation and Adjustments
27	Core Bugs # 127278	Client Name: The 'Flag note' is truncated, when it has 'colon (:)'.	Client Flag
28	Core Bugs # 127445	Validation not displayed on modifying the Client Flag without program.	Client Flag
30	Core Bugs # 127033	Client Information (C): Red error is displayed when user tried to save data.	Client Information(C)
31	Core Bugs # 127291	Client Information (C): the user was allowed to select the value from 'Primary Care Physician' Drop-Down and also "Client does not have PCP" checkbox fields.	Client Information(C)
32	Core Bugs # 127482	The discontinued medications are displayed in the 'Client MAR' screen.	Client MAR
36	Core Bugs # 127313	Quick Orders: Comment Box Missing for lab order even though order comments was added in Order setup.	Client Orders
37	Core Bugs # 127481	Order Sets not working.	Client Orders
38	Core Bugs # 126751	Orders completed using the Client orders rather than the Quick Orders do not display in the Medical Progress note.	Client Progress Notes
40	Core Bugs # 127467	The CM Client Authorization is not created when signing an ISP-MCO document.	CM Authorizations
41	Core Bugs # 126945	able to add the same coverage plans twice with the same Insured ID.	Coverage
42	Core Bugs # 127526	PHQ9 and Encounters Not Being Recognized in the DEP-REM-6 Measure.	CQM
43	Core Bugs # 127091	Dashboard: ErrorLog logged in the 'ErrorLog' table when trying to navigate to any other screens after scrolling down in the 'Dashboard' screen.	Dashboard
44	Core Bugs # 127533	Patient Portal: Outline box is displayed in the 'Dashboard' screen.	Dashboard
48	Core Bugs # 126974	DFA Validations: Getting an error while clicking on 'Validate' icon or 'Sign' button in the Service Note.	Document Validations
54	Core Bugs # 127472	Add' click is not working in 'Attach/Review Documents' popup in Disclosure/Request screen for documents with document having apostrophe (') symbol	Documents
55	Core Bugs # 127241	Care Plan document: When the 'No Diagnosis' is checked/unchecked, the Order # is not reset to 1.	Documents
56	Core Bugs # 127352	NOMs Answers are cleared when 'Clinical Discharge' is selected.	Documents
57	Core Bugs # 127440	Nursing Admission Assessment (C) page: The Document name in the Title/Header is displayed as "Nursing Assessment" instead of "Nursing Admission" in the PDF.	Documents
58	Core Bugs # 127351	Dropdowns loading issue and system processing for long periods of time when clicking on dropdowns in the 'Life Event Details' screen.	Documents
59	Core Bugs # 125804	'Release of Information' document: 'Ampersands (&)' special characters not displaying correctly in PDF.	Documents
60	Core Bugs # 127309	Client Viewing Error.	Documents
62	Core Bugs # 127110	835 electronic remittance file throwing error when processed without Service Segment.	Electronic Remittance
63	Core Bugs # 127293	Payment Category (Unposted Payments - Deferred Revenue) - GL Debit/Credit is not correct.	Expected Payments/Adjustments

65	Core Bugs # 127276	Flag Types: Error message is displayed when modifying the Primary driven FlagType records.	Flag Types
68	Core Bugs # 127444	Getting an error when accessing Flow Sheet.	Flow Sheet
69	Core Bugs # 126869	OBGYN Flowsheet: The weeks and the days are not displayed in the Gestational age field.	Flow Sheet
70	Core Bugs # 127452	'Preventative Care and Screening' FlowSheet : duplicate fields are displayed.	Flow Sheet
71	Core Bugs # 127245	Script for another task created a duplicate globalcode for ChargeErrorTypeProgram.	Global Codes
72	Core Bugs # 127578	Goal Plan: An red error is displayed when the 'Order Comment' length is more than 250 characters under the 'Activity' section.	Goal Plan
73	Core Bugs # 127348	Staff sees a re-occurring weekly notes on their To-Do list when they shouldn't be.	Group Service
74	Core Bugs # 127182	Duplicate Group Services/Notes are created when the user signs the 'Group Services Note'.	Group Service
75	Core Bugs # 127504	Group Services: when the user adds back the same client from 'Add Client from Rooster' after erroring out the group service, the warning message was still displayed.	Group Service
76	Core Bugs # 127315	Group Service Details: changing Status of all the Clients using the 'Set All' button for Status, then the Start, End, and Time Out for each client was changed.	Group Service
77	Core Bugs # 127543	The associated documents are not deleted when the client is deleted from the Recurrence Group Service.	Group Service
78	Core Bugs # 127585	Navigation To Client Note on Group Service Detail is resulting in error.	Group Service
79	Core Bugs # 127272	Inquiry Screen: Slowness observed when user tries to open Inquiry list screen.	Inquiries(c)
80	Core Bugs # 127353	The page become unresponsive when trying to select the 'Assigned To' and 'Information Gathered By' drop down values in the Inquiry details page.	Inquiry Details
82	Core Bugs # 127465	Cannot add DFA Custom Fields to Insurer Details screen	Insurers
84	Core Bugs # 125952	Error displaying in CAFAS document	Interface
85	Core Bugs # 127320	To Allow Key Phrases to be CDAG-compliant via the implementation of a SQL hook.	Key Phrases
86	Core Bugs # 127350	User was unable to click on 'Favorite Phrases' button.	Key Phrases
87	Core Bugs # 127201	The Values of lab result is displayed in red text only when Flag is associated with 'H' or 'L'.	Lab Results Review
88	Core Bugs # 127239	'Ledger Entries' screen: The Financial activities were displayed from the 'Oldest' entry to the 'Newest' entry in the 'Financial Activity' grid of the 'Ledger Entries' screen.	Ledger Entry
89	Core Bugs # 127363	Error message is displayed in the database when trying to execute the SSP_SCDelateStaffScreenFiltersData.	Manage Authorizations
90	Core Bugs # 127331	Issue with Claim Review	Manage claims
91	Core Bugs # 127489	Claimline denied with the adjudication rule 'No rate can be found for this claim line', the system incorrectly added the denial reason.	Manage Claims
94	Core Bugs # 126888	The Order Referrals tag gives a red 'SQL' error, requiring you to save the 'Medical Progress Note' before navigating to the Client Orders screen.	Medical Progress Note

95	Core Bugs # 127514	My Caseload screen shows red error.	My Caseload
97	Core Bugs # 127520	My Preferences: The 'Smartview' icon appearing and disappearing on 'Save' button.	My Preferences
98	Core Bugs # 127274	Order Set Role clearing	Order Set

Functionality-wise Task Details:

Activity Timeline

Reference No	Task No	Description
1	Core Bugs # 127286	Activity Timeline is taking more time to load the data.

Author: Sahana Gururaja

1. Core Bugs # 127286: Activity Timeline is taking more time to load the data.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'Client' -- 'Activity Timeline' -- select required check box and click on 'Apply Filter' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Activity Timeline' screen, when the user tried to filter with the required option, the system took more time to load the data.

With this release, the above-mentioned issue has been resolved. Now, the system is loading the data within 2 to 3 seconds when the user filters with the required option in the 'Activity Timeline' screen.

ADT

Reference No	Task No	Description
2	EII # 124730	Implementing a logic to show/hide A08 (updates) on ADT List page.
3	Core Bugs # 127292	Error message is displayed when click on the Admission Date link on the ADT list page under client.

Author: Jagadeesh Raju

2. EII # 124730: Implementing a logic to show/hide A08 (updates) on ADT List page.

Release Type: Change | **Priority:** Urgent

Navigation Path 1: My Office -- 'ADT' List page -- ADT Detail page.

Navigation Path 2: Client -- 'ADT' List page -- ADT Detail page.

Functionality 'Before' and 'After' release:

Purpose: This is to hide the ADT messages based on the event types, that is mentioned in the Recode Category on the ADT Message.

Before this release, all even types (A01, A03, A08) were displayed to the clients while processing the ADT messages in the ADT document.

With this release, a new recode category "ExcludeEventTypeFromADTMessages" is implemented.

When processing the ADT Message, the customer-specified event types in recode category will be excluded in the ADT list page.

I.e -The ADT messages are not displaying on the ADT list page under My Office and Client tab, based on the Show/Hide event type as per the IntegerCodeId (=GlobalCodeId from the Category=HL7EVENTTYPE) in the Recodes table for RecodeCategory ='ExcludeEventTypeFromADTMessages'.

Author: Munish Sood

3. Core Bugs # 127292: Error message is displayed when click on the Admission Date link on the ADT list page under client.

Release Type: Fix | **Priority:** Medium

Navigation Path: Go search -Select Client -ADT List page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The error message was displayed when the user clicked on the Admission Date link on the ADT list page under client. With this, the user was not able to view the ADT details received from the vendor.

With this release, the above-mentioned issue is resolved. Now, the error message is not displayed when clicked on the Admission Date link on the ADT list page under client and the user is able to view the details on the ADT Detail screen under client.

Appointment reminders

Reference No	Task No	Description
4	Core Bugs # 127476	Issue with voice appointment notifications not delivering.

Author: Manjunath Malipatil

4. Core Bugs # 127476: Issue with voice appointment notifications not delivering.

Release Type: Fix | **Priority:** Medium

Prerequisite:

- The Value of the System configuration key 'SetOrgModeToNotifyClientAboutAppointment' is set to 'Voice'.
Path: Login – Configuration keys (Administration) -- Select 'SetOrgModeToNotifyClientAboutAppointment' -- set the Value of the Key as 'Voice' in the Configuration Key Details screen -- Click on Save Button.
- Client has a valid Phone Number and client preference for the Appointment Notification is set to "Voice".
Path: Login -- Select a Client -- Client Information Screen --- In General tab, Enter the Phone number in the Phone Number Section -- Click On Save Button -- Click on Demographics tab -- Navigate to Preference Section And select Voice Check box and select the Phone number from the Communication Phone drop down -- Click on Save Button.
- Services are created for the client by following the below **path:**
Login -- Select a client -- Services (Client) -- Click on New Button in Services screen -- Enter all the details in the Services details screen -- Click on save Button.
- When the AppointmentReminderUtility runs, the Voice Appointment Notifications are sent to the client.
- The AppointmentReminderUtility to run on the Scheduled time next day.

Navigation Path: NA

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the 'AppointmentReminderUtility' job ran, the 'Delivered' Column in the dbo.AppointmentNotifications Table was updated with the status for the voice appointment notification which were delivered the previous day. But the 'modifieddate' column was not being updated.

With this release, the above-mentioned issue is fixed. The modified date column gets updated along with the 'Delivered' column in the dbo.AppointmentNotifications Table for the Voice Appointment Notifications.

Arrivals

Reference No	Task No	Description
5	EII # 125824	Changes are implemented in the Arrivals screen.

Author: Aishwarya Bommaklar

5. EII # 125824: Changes are implemented in the Arrivals screen.

Release Type: Change | **Priority:** Urgent

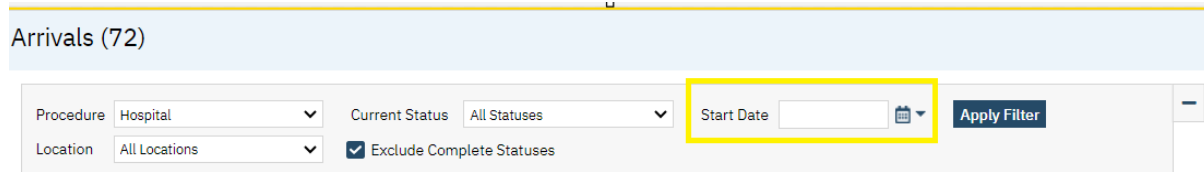
Navigation Path: My Office – Arrivals

Functionality 'Before' and 'After' release:

Purpose: The Staff is required to view all the incomplete Client records from previous days.

With this release, the following changes are implemented in the Arrivals screen,

1.The label name changed from 'Date' to 'Start Date' in the filter section of the Arrivals screen.



Arrivals (72)

Procedure: Hospital | Current Status: All Statuses | Start Date: [] | Apply Filter

Location: All Locations | ☒ Exclude Complete Statuses

2. The below validation message is removed when the 'Exclude Complete Statuses' checkbox is checked in the Arrivals screen.

Validation message: "Please Select Start Date".

3.The Arrivals screen is displayed with all the Arrival entries, which are not completed irrespective of the Start Date, when the 'Exclude Complete Statuses' is checked and start date is removed.

Attendance

Reference No	Task No	Description
6	EII # 125605	CDAG: Not Working on Attendance Groups and Attendance Assignment list page.

Author: Niroop Hassan

6. EII # 125605: CDAG: Not Working on Attendance Groups and Attendance Assignment list page.

Note: This functionality is implemented for a specific customer. If you have Primary and County type of setup and would like to use these functionalities, please get in touch with Streamline Support.

Release Type: Fix | **Priority:** Urgent

Prerequisite:

- System configuration key "DisplayCDAGSectionInStaffDetails" is set to 'Yes'.

Path: 'Administration' - 'Configuration Keys' - 'Configuration Keys' list page - Click on 'DisplayCDAGSectionInStaffDetails' key hyperlink - Set the value to 'Yes' and click on 'Save' icon.

- System configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Path: 'Administration' - 'Configuration Keys' - 'Configuration Keys' list page - Click on 'EnableClinicalDataAccessGrouping' key hyperlink - Set the value to 'Yes' and click on 'Save' icon.

Navigation Path 1: 'My Office' -- 'Groups' -- 'Groups' list page -- Click on 'New' icon -- 'Group Details' page -- Enter required data and select 'Attendance' checkbox in 'Attendance' section and click on 'Save' icon.

Navigation Path 2: 'My Office' -- 'Attendance' -- 'Attendance' list page -- Click on 'Schedule' icon -- 'Attendance Assignment' list page.

Functionality 'Before' and 'After' Release:

Purpose: At present users can find all Groups across all Programs. This functionality is needed so that users can only see Groups that are linked to Programs associated with their logged in CDAG Profile.

With this release, the 'CDAG' logic has been implemented for Attendance Groups and Attendance Assignment list page.

Authentication/Authorization (Login, Logout)

Reference No	Task No	Description
7	Core Bugs # 127215	SSO screen not used on existing session logout.

Author: Sunil Belagali

7. Core Bugs # 127215: SSO screen not used on existing session logout.

Release Type: Fix | **Priority:** High

Navigation Path: 'SAML' Login page – Enter 'Usercode/Email' – Click on 'Continue'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the SAML user tried to open a second session on the same browser and when clicked on the Logout button, it was redirecting to Login.aspx page instead of SSO.aspx page.

With this release, the above-mentioned issue has been resolved. Now, when the SAML user tries to open a second session on the same browser and when clicks on the Logout button, it is redirected to SSO.aspx page.

Batch Claim Uploads

Reference No	Task No	Description
8	Core Bugs # 7596	Batch upload Claim process failing due to dependency with Microsoft Access Database Engine (32-bit) - OLEDB code.

Author: Renuka Gunasekaran

8. Core Bugs # 7596: Batch upload Claim process failing due to dependency with Microsoft Access Database Engine (32-bit) - OLEDB code.

Release Type: Fix | **Priority:** High

Prerequisite:

Create batch claim template with updated data to upload file in 'Batch Claim Uploads' screen.

Navigation Path: My Office - Batch Claim Direct Entry - 'Upload' icon - Upload New claims - select Provider and file - upload.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Batch claim upload functionality had a dependency with the webserver (OLEDB driver) and when establishing OLEDB connection from SmartCare for batch claim upload process, the below error was displayed in the Upload New Claims pop up:

Error message: File uploaded failed. Please verify the values entered in excel sheet.

With this release, the above-mentioned issue has been resolved. Now, the Batch Claim upload works without any failure as this functionality is implemented using Microsoft OpenXML library. The dependency of OLEDB code is removed now.

Batch Service Entry

Reference No	Task No	Description
9	Core Bugs # 127490	Batch Service Entry: Unable to create service if the service date is same as Program discharge date.
10	Core Bugs # 127337	Batch Service Entry: Performance issue to update each client added.

Author: Kiran Yogendra

9. Core Bugs # 127490: Batch Service Entry: Unable to create service if the service date is same as Program discharge date.

Release Type: Fix | **Priority:** Urgent

Prerequisites: The Client is discharged from the Program, and the Service date is same as Discharge Date of the client.

Navigation Path: Batch Service Entry – Select a Date (same as Discharge Date) – Select a Program – Apply filter – Select the Client checkbox - Input all the details – Click on the 'Save' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Batch Service Entry screen, when the user tried to create a Service on the discharged date of a Program, the below validation message was displayed:

Validation Message: None of Service records were saved. Please check services with exclamation points and correct any validation errors to proceed.

Validation on exclamation point: Client is not enrolled in the program on the selected date of service.

With this release, the above-mentioned issue has been resolved. Now, the users are able to create a Service on the discharge date of a Program via Batch Service Entry without any errors or validation messages.

Author: Kiran Yogendra

10. Core Bugs # 127337: Batch Service Entry: Performance issue to update each client added.

Release Type: Fix | **Priority:** Medium

Navigation Path: Login to SmartCare Application – 'My Office' – Search and Navigate to 'Batch Service Entry' – Select a 'Program' – 'Apply Filter' – Select the Client(s) – Input all the required details along with 'Mode of Delivery' – Click on 'Save'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Batch Service Entry' screen, the user had to wait for up to 15 seconds for the "Processing" to finish for one Client's entry before they could proceed to enter the next service for the next Client.

With this release, the above-mentioned issue is resolved. The code is optimized to improve the performance in the 'Batch Service Entry' screen, and now, the user can add the details of one Client entry in the 'Batch Service Entry' screen before going for the next one without any delay.

Batch Service Import

Reference No	Task No	Description
11	Core Bugs # 126960	Getting an error while uploading a file in the Batch Service Import Files screen.

Author: Aishwarya Bommaklar

11. Core Bugs # 126960: Getting an error while uploading a file in the Batch Service Import Files screen.

Release Type: Fix | **Priority:** Medium

Navigation Path: My Office -- Batch Service Import Files -- Click on 'Upload Import File' icon – 'Upload New Services' popup -- Click on Select in Upload New Services pop up – select required file -- Click on 'Upload' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Batch Service Import Files screen, when the user tried to upload a file, the below mentioned error message was displayed and the files were not processed, and services were not created.

Error Message: "Msg 201, Level 16, State 4, Procedure ssp_GetClinicianForService, Line 0 [Batch Start Line 114] Procedure of function 'ssp_GetClinicianForService' expects parameter '@LoggedInStaffId', which was not supplied."

With this release, the above-mentioned issue has been resolved. Now, in the Batch Service Import Files screen, when the user tries to upload a file, the files are processed and the services are created without any errors.

Care Plan

Reference No	Task No	Description
12	Core Bugs # 127536	Individual Service Plan (ISP) message screen.
13	Core Bugs # 127184	Individualized Service Plan: Unable to select anything in Review Dates dropdown.

Author: Harika Rajendran

12. Core Bugs # 127536: Individual Service Plan (ISP) message screen.

Release Type: Fix | **Priority:** High

Navigation Path: Client – 'Individualized Service Plan' Screen – Support/ Treatment Program.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. Extra characters 'â€' were displayed in the validation messages related to Support/ Treatment Program tab in the Individualized Service Plan Screen.

With this release, the above-mentioned issue has been resolved. Now, no extra characters are displaying in the validation messages related to Support/ Treatment Program tab.

Author: Harika Rajendran

13. Core Bugs # 127184: Individualized Service Plan: Unable to select anything in Review Dates dropdown.

Release Type: Fix | **Priority:** High

Navigation Path: 'Client' --- 'Care Plan' Screen.

Functionality 'Before' and 'After' release:

~~Before this release, here was the behavior. In Care Plan Document, under the 'Supports/Treatment Program' Tab, Review Dates Dropdown selection was disabled. Due to this, the user was unable to select anything the Reviews dropdown or to enter Date. This was preventing the user from signing the Individualized Service Plan.~~

~~With this release, the above mentioned issue has been resolved. Now, the Review Dates Dropdown is enabled. The user is able to select the data and sign the Individualized Service Plan.~~

Charges/Claims

Reference No	Task No	Description
14	EII # 126285	FQHC Service Encounter Tracking Requirement - '59' Modifier ONLY.
15	EII # 123575	Billing: Fix Excel Charges/Claims Export.
16	EII # 126910	Implementation for claim-level adjudication for recoded coverage plans when generating either 837P and 837I.
17	EII # 125701	Implementation to display 'Injury Date' and 'Injury Type' on 837 Professional claim file, for 'Primary Care Programs'.
18	EII # 126574	Implementation to sum all the adjustments recoded in 'FQHCSecondaryAdjustmentCodes'.
19	EII # 126270	Implemented new recode, coverage plan rule, new billing charge error and also a new column is added in the CoveragePlanClaimBundlingCriteria table for bundling the claims.
20	EII # 125728	Implementation to add Staff Degrees in Charges/Claims screen.
21	EII # 127457	To remove diagnosis codes that are not referenced by SV segments.
22	EII # 125942	Implementation of functionality for "Adjust off the balance" or "Cascade balance to next payer" for the charges.
23	EII # 126786	A new logic has been implemented for the CCBHC claims.
24	Core Bugs # 126911	Charge error is not displayed for the 'To be Replaced' and 'To be Voided' Claims.

Author: Roopa Hemanna

14. EII # 126285: FQHC Service Encounter Tracking Requirement - '59' Modifier ONLY.

Release Type: Change | **Priority:** High

Prerequisites:

1. Add multiple rates/billing codes and make sure to leave any Modifier slot [Modifier1, Modifier2, Modifier3 and Modifier4] / all modifier slots empty in 'Standard Billing Code' section of Procedure Code Details screen through the **path**:

'Administration' - 'Procedure/Rates' - click on new button - 'Procedure Code Details' screen - enter mandatory information in -- 'General' tab -- 'Rates/Billing Codes' tab -- Make sure to leave any Modifier slot [Modifier1, Modifier2, Modifier3 and Modifier4] empty in 'Standard Billing Code' section - click on 'Insert' button - 'Save'.

2. Coverage Plan is Medicaid and the 'Standard Electronic Claim Format' in the 'Plan Details' is 'HIPAA 837 Professional' and "HIPAA 837 Institutional"(HIPAA 837 Institutional Dx Document or HIPAA 837 Institutional Service Dx) through the **path**:

'Administration' – 'Plan' – 'Plan Details' screen – 'Claim Information' section – 'Standard Electronic Claim Format' drop down -- 'HIPAA 837 Professional' and 'HIPAA 837 Institutional'(HIPAA 837 Institutional Dx Document or HIPAA 837 Institutional Service Dx).

3. CoveragePlanID is mapped in 'FQHC59ModifierPlans' recode through the **path**:

'Administration' – 'Recode' -- Category Code/Category Name: 'FQHC59ModifierPlans' – click on hyperlink - Recode Details -- Add Code Name, Start Date, and Integer Code Id -- click on Insert and Save buttons.

Note: The Integer Code Id is the Coverage Plan Id number (hover over the "i" in the Coverage Plan details page) Mapping Entity: CoveragePlans.CoveragePlanId.

4. Create one or more services, with same client, same date, same location through the **path**:

Under 'My Office' – 'Billing' -- select 'Services' – Complete multiple Services.

Navigation Path: 'My Office' -- 'Billing' -- select 'Charges/Claims' -- 'Charges/Claims' list page -- select a Charge Id -- click on 'Eclaim' button -- select the batch record -- click on 'Process now' button -- Click on 'Create Claim File' button.

Functionality 'Before' and 'After' release:

With this release, the following functionalities are implemented:

1. A new Recode 'FQHC59ModifierPlans' is created, to store Coverage Plan Id's that will automatically append a 59 modifier in the first open modifier position in all claims.

2. 59 will be added in the first open modifier position in 837 Professional claims when billing a plan in the recode, for multiple encounters in the same service area, for the same client, on the same day.

3. 59 will be added in the first open modifier position in 837 Institutional claims when billing a plan in the recode defined on the recode worksheet, for multiple encounters in the same service area, for the same client, on the same day.

4. 59 Modifier is limited for same-day/same-location services.

5. All encounters provided are billed.

6. 59 Modifier is not sent in 837P Eclaims when coverage plan Id is not listed in the recode "FQHC59ModifierPlans".

7. Claim Details:

7a. Claim Format: 837 P (Professional), Loop: 2400, Segment: SV1, Field: 1, Loop/Segment/Field Name: 2400: SV1 - PROFESSIONAL SERVICE: ProcedureID, SmartCare Default Value: Pull from procedure rate.

837 P Eclaim:

```
CLM|2105323-17049|100|||12:B:1|Y|A|Y|Y
HI|ABK:F1110
NM1|82|1|TEST|ROOPA|||XX|9124564582
LX|1
SV1|HC:E2921:54:58:57:52|100|UN|1|||1
DTP|472|D8|20231201
REF|6R|17049
CLM|2105323-17050|600|||12:B:1|Y|A|Y|Y
HI|ABK:F1110
NM1|82|1|TEST|ROOPA|||XX|9124564582
LX|1
SV1|HC:H1982:11:59:22:44|600|UN|1|||1
DTP|472|D8|20231201
REF|6R|17050
CLM|2105323-17051|400|||12:B:1|Y|A|Y|Y
HI|ABK:F1110
NM1|82|1|TEST|ROOPA|||XX|9124564582
LX|1
SV1|HC:K1984 59:09:20:15|400|UN|1|||1
DTP|472|D8|20231201
REF|6R|17051
CLM|2105323-17052|1000|||12:B:1|Y|A|Y|Y
HI|ABK:F1110
NM1|82|1|TEST|ROOPA|||XX|9124564582
LX|1
SV1|HC:L2211:88:99:33:59 1000|UN|1|||1
DTP|472|D8|20231201
REF|6R|17052
CLM|2105323-17053|200|||12:B:1|Y|A|Y|Y
HI|ABK:F1110
NM1|82|1|TEST|ROOPA|||XX|9124564582
LX|1
SV1|HC:R1246 59|200|UN|1|||1
DTP|472|D8|20231201
REF|6R|17053
CLM|2105323-17054|800|||12:B:1|Y|A|Y|Y
HI|ABK:F1110
NM1|82|1|TEST|ROOPA|||XX|9124564582
LX|1
SV1|HC:S2015:21:26 59:28|800|UN|1|||1
DTP|472|D8|20231201
```

7b. Claim Format: 837 I(Institutional), Loop: 2400, Segment: SV2, Field: 2, Loop/Segment/Field Name: 2400: 2400:SV2 - INSTITUTIONAL SERVICE LINE: Comp. Med.Proced. ID, SmartCare Default Value: Pull from procedure rate.

837 I Eclaim:

```
CLM*2105324-17069*210***12|A|3**A*Y*I
DTP*434*RD8*20231210-20231210
DTP*435*DT*202312041000
CL1*1*1*30
AMT*F3*210
HI*ABK|F1210||||||U
HI*ABJ|F1210
HI*BE|A3|||210
HI*DR|KHRINST
NM1*71*1*TEST*ROOPA****XX*9124564582
REF*OB*2468
LX*1
SV2*1515*HC|A1554|15|15|15|59*50*UN*1
DTP*472*D8*20231210
REF*6R*17064
LX*2
SV2*1919*HC|K1953|19|19|19|19*10*UN*1
DTP*472*D8*20231210
REF*6R*17065
LX*3
SV2*1717*HC|O1751|17|59|17|17*30*UN*1
DTP*472*D8*20231210
REF*6R*17066
LX*4
SV2*1616*HC|P1651|16|16|59|16*40*UN*1
DTP*472*D8*20231210
REF*6R*17067
LX*5
SV2*1818*HC|R1882|59|18|18|18*20*UN*1
DTP*472*D8*20231210
REF*6R*17068
LX*6
SV2*1414*HC|T1412|59*60*UN*1
DTP*472*D8*20231210
REF*6R*17069
```

Author: Roopa Hemanna**15. EII # 123575: Billing: Fix Excel Charges/Claims Export.****Release Type:** Change | **Priority:** Medium

Navigation Path: 'My Office' -- 'Charges/Claims' list screen – click on 'Export' icon.

Functionality 'Before' and 'After' release:

Purpose: The Charges and Claims Export file has the ability to easily sort data without formatting the columns now.

With this release, the following functionalities have been implemented:

1. The Charges and Claims Export file now has the ability to easily sort data without formatting the columns. This change eliminates the time consumption and workarounds required to efficiently use the exported Excel sheet.
2. When exporting the Charges/Claims list page, the downloaded Excel does not include special character (\$) for all the Amount columns, and all the Date columns have to be exported in Date format. The goal is to have the fields formatted such that Excel recognizes the date column as a date, the amount column as numbers, and treats them accordingly.
3. These fields "DOS, Bill Date, and Charge Error Date" are downloaded in "Date" format when they are downloaded or exported.

Charge ID	Plan nt	DOS	Bill Date	Capitated	Charge Error Date
57	Yash , asPla Ana n2 nd	03/27/2023	06/28/2023	No	11/23/2023
66	asPla has n2 ,	03/29/2023	03/29/2023	No	

4. These fields "Charge, Balance, Unbilled, Paid Amt" are downloaded in "Currency" format when downloaded or exported.

	G	H	I	J	
	Charge	Balance	Unbilled	Paid Ar	Bi
na	120	60	60	60	
na	120	60	60	60	
na	120	70	70	50	
od	174.15	174.15	174.15	0	
ial	194.25	194.25	194.25	0	
ial	194.25	194.25	194.25	0	
	200	195	195	5	
Pro	200	25	25	60	
ip	400	375	375	0	
itia	520	120	120	350	
ce	2000	200	200	1000	

Author: Rinki Kumari

16. EII # 126910: Implementation for claim-level adjudication for recoded coverage plans when generating either 837P and 837I.

Release Type: Change | **Priority:** Urgent

Prerequisites:

1. Add the values in "Integer code" of "SendEOBInfoAtPlanLevelPlans" Category of Recodes using the below path:
'Administration' - 'Recodes' - select the "SendEOBInfoAtPlanLevelPlans" Recode Category - 'Apply Filter' - click on hyperlink - Recode page will open and add the 'integer code' (Secondary coverage plan id) value - 'modify' - then Save.
2. The client has a coverage plan (837 Institutional or 837 Professional).
3. Client has a primary and secondary plan.

Navigation Path 1: 'Client' - 'Services' - 'Services' list page - Click on the 'New' icon - Enter all the details - Complete the service.

Navigation Path 2: 'My Office' - 'Billing' - 'Payment/Adjustment' - Click on new EOB - Add the amount and select the plan - click on update and go to services tab in same page and select both services main service and Add on Codes services - add the partial payment and adjustment with adjustment code and transfer some amount to secondary plan.

Navigation Path 3: 'My Office' – 'Charges/Claims' – select the required Charge ID – Mark as 'Ready for Bill'– apply filter- select the 'ready for bill charge id'- click on 'E-Claim' button – click on 'Process Now' button in the 'Claim Processing' popup – click on 'Create Claim File' button – click on 'Save As' button in the 'Claim File Creation' popup screen.

Functionality 'Before' and 'After' Release:

Purpose: This is an additional functionality to suppress the SVD segment in the 837 Institutional and Professional claim file.

With this release, a new recode 'SendEOBInfoAtPlanLevelPlans' is implemented.

This Recode category is needed to map the secondary Medicare Plans. When sending secondary 837P claims to these plans, it will aggregate and send the secondary information at the claim level. Plans in this list will continue to be sent at the claim line as default functionality.

The below are the segments that will be -

- Claim Level Adjustments: CAS segment will be reported after CLM segment but before LX1 segments.

For example: CAS*CO*45*205

Following is the scenario:

When a user performs payment/adjustments for services that involves multiple adjustment codes, for example, C0-45 adjustment, PR-1 and PR-2 adjustments and transfer some amount to a secondary payer, then on processing an 837 Institutional and Professional claim for a secondary charge, a single CAS * PR segment will be displayed.

The screenshot displays the SmartCare Gold OA interface. The top navigation bar includes the SmartCare logo, a 'Gold OA' status indicator, and a user profile for 'Rinki Kumari'. The main content area is titled 'Claims Processing' and shows a 'Processed Successfully' message. A 'Claim File Creation' window is open, listing several claims with details such as patient ID, date of birth, and claim type. The 'Remove Selected Charge' button is highlighted. The background shows the main SmartCare interface with a sidebar menu and a top navigation bar.

- **Remaining Patient Liability:** The 'AMT*EAF' segment will be displayed after the CAS segment and will be reported at the claim level.
- **Line Adjudication Information:** If the secondary coverage plan is added in the 'SendEOBInfoAtPlanLevelPlans' recode, then the SVD segment will be suppressed in the 837 Institutional and Professional claim file.

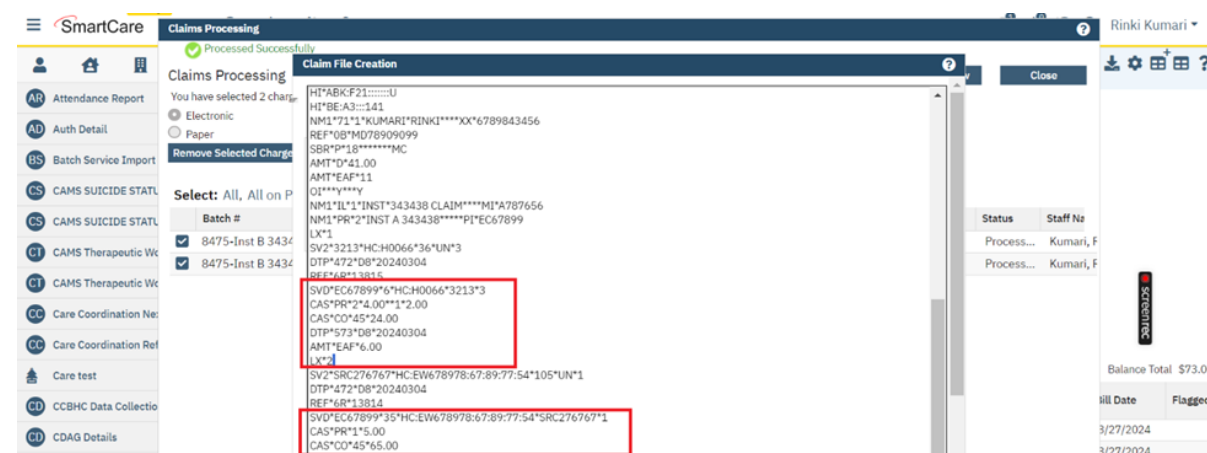
Screenshot of claim file with Recode setup (SVD Segment suppressed):



The screenshot shows the SmartCare Claims Processing interface. The 'Claim File Creation' window is open, displaying a list of charges. The 'SVD' segment is suppressed, as indicated by the red box around the 'SVD' field.

Batch #	Charge
8474-Inst B 3434	REF*E1*942138340
8474-Inst B 3434	HL*21*1*22*0
	SBR*S*18**INST B 343438*****MC
	NM1*IL*1*INST*343438 CLAIM****MI*1345465
	N3*NORTH
	N4*NORTH*AS*89768
	DMG*D8*19860327*M
	REF*SY*543335435
	NM1*PR*2*INST B 343438*****PI*EC218987
	N3*NORTH
	N4*NORTH*AS*89768
	CLM*6406-13813*141****S:A-1**A*Y*1
	DTP*434*ROB*20240304-20240304
	CL1*1*5*30
	AMT*F3*141
	REF*EA*6406
	HI*ABK*F21*****U
	HI*BE*A3:-141
	NM1*71*1*KUMARI*RINKI****XX*6789843456
	REF*OB*MD*78990999
	REF*OB*MD*78990999
	CAS*PR*2*4.00** *7.00
	CAS*CO*45*89.00
	AMT*D*41.00
	AMT*EAF*11
	11****Y****Y
	NM1*IL*1*INST*343438 CLAIM****MI*A787656
	NM1*PR*2*INST A 343438*****PI*EC67899
	LX*1
	SV2*3213*HC*H0066*36*UN*3
	DTP*472*D8*20240304
	REF*6R*13813

Screenshot of claim file without Recode setup (SVD segment is displayed here):



The screenshot shows the SmartCare Claims Processing interface. The 'Claim File Creation' window is open, displaying a list of charges. The 'SVD' segment is displayed, as indicated by the red box around the 'SVD' field.

Batch #	Charge
8475-Inst B 3434	HI*ABK*F21*****U
8475-Inst B 3434	HI*BE*A3:-141
	NM1*71*1*KUMARI*RINKI****XX*6789843456
	REF*OB*MD*78990999
	SBR*P*18*****MC
	AMT*D*41.00
	AMT*EAF*11
	01****Y****Y
	NM1*IL*1*INST*343438 CLAIM****MI*A787656
	NM1*PR*2*INST A 343438*****PI*EC67899
	LX*1
	SV2*3213*HC*H0066*36*UN*3
	DTP*472*D8*20240304
	REF*6R*13813
	SVD*EC67899*6*HC*H0066*3213*3
	CAS*PR*2*4.00**1*2.00
	CAS*CO*45*24.00
	DTP*573*D8*20240304
	AMT*EAF*6.00
	LX*1
	SV2*SRC*276767*HC*EW678978:67:89:77:54*105*UN*1
	DTP*472*D8*20240304
	REF*6R*13813
	SVD*EC67899*35*HC*EW678978:67:89:77:54*SRC*276767*1
	CAS*PR*1*5.00
	CAS*CO*45*65.00

Note: Some changes are being discussed with the customer. This will be taken care in the future MSP/s.

Author: Sahana Gururaja

17. EII # 125701: Implementation to display 'Injury Date' and 'Injury Type' on 837 Professional claim file, for 'Primary Care Programs'.

Release Type: Change | **Priority:** On Fire

Prerequisite:

1) In the required coverage 'Plan Details' screen, select "HIPAA 837 Professional" from the 'Standard Electronic Claim Format' drop-down through the below **path**:

My Office – Plans – Plan Details screen -- In the 'Standard Paper Claim Format' drop-down select "HIPAA 837 Professional" -- Save the Screen.

2) In the service 'Program Details' screen, select the "Primary Care Program" check box, through the **path**:

Administration – Programs – click on the required program name hyperlink – Program Details screen – 'General' tab – 'Category' section -- select the "Primary Care Program" check box – and save the screen.

Note: The "Primary Care Program" check box must be selected to get 'Injury Date' and 'Injury Type' fields on 'Medical Progress Note' as well as in 'Service Details' screen.

3) Add the required details in 'Problem Details' screen with 'Injury Type and Injury Date' and save the screen through the below **path**:

Client – Client Problems – Problem Detail page – Enter/Select all the required data and click on 'Insert' button – Click on 'Save' icon.

4) Sign the 'Medical Progress Note' for the client, through the below mentioned **path**:

Client – Medical Progress Note – 'Medical Progress Note' page – 'Click on 'New' icon – 'Select Template' popup – Click on dropdown and select required template – Click on 'OK' button – Click on 'Order Problem List' hyperlink – 'Select Problem' popup – Select required 'Diagnosis Order' and click on 'OK' button – Click on 'Save' icon – Click on 'Sign' icon – 'EM Sign Note' popup – Select required fields and click on 'OK' button – 'SignaturePage' popup – Sign the document.

5) Complete the 'Services' for a client which was created from signing 'Medical Progress Note', through the below mentioned **path**:

Client – Services – Click on the 'DOS' hyperlink created from signing 'Medical Progress Note' document – 'Service Detail' screen – go to 'Billing Codes' tab – and verify the 'Injury Date' and 'Injury Type' with the diagnosis codes – complete the service.

Navigation Path: My Office – 'Charges/Claims' – select the required chargeid and click on 'E Claim' button – click on 'Process Now' button in the 'Claim Processing' pop-up – click on 'Create Claim File' button – click on 'Save As' button in the 'Claim File Creation' pop-up screen.

Functionality 'Before' and 'After' Release:

With this release, a logic to add the 'Injury Date' and 'Injury type' values in 837 Professional claim files has been implemented. These values will be seen under 2300 Loop on 'DTP' and 'CLM' segment, for the 'Primary Care Programs'.

1. When the user adds the 'Injury Type' and 'Injury Date', with other required values on the 'Problem Detail' screen, and when the Medical Progress Note is signed, a service will be created. The "Injury Date" and "Injury Type" will be populated along with the added Diagnosis details in the signed Medical Progress Note PDF.

Screenshot of 'Problem Details' screen.

Problem Detail

Problem Detail

Start Date: 12/14/2023 End Date: Injury Date: Injury Type: ☐ Terminal

Staff: Test, Suganya Type of Problem: Most Common Problems: Diagnosis: ☐ Include in Common List

Insert **Clear**

List Of Client Problems ☒ Show Active Problems Only

	Start Date	End Date	DSM 5/ ICD 10	SNOMED	ICD/DSM Descript	SNOMED Descript	Type Of Problem	Staff	Injury Date	Injury Type
X	11/01/20...		F10.10	1093988...	Alcohol use diso...	Unhealthy alcoh...	Major	Test, Suganya	11/04/2023	Auto Accid...

~~Screenshot of the same values on the 'Medical Progress Note' once the 'Problem Details' screen is entered.~~

Medical Progress Note

Effective: 11/25/2023 Status: Signed Author: Test, Suganya 11/01/2023 12/11/2023 Sign

Document

PDFBytesHandler.axd 2 / 2 100% +

Muscle Strength:
Flexion (Hamstrings): Extension (Quadriceps):
Test for ligaments:
Valgus stress at 0? Laxity: Endpoint: Varus stress at 0? Laxity: Endpoint: Valgus stress at 207- 30? Laxity: Endpoint: Varus stress at 207- 30? Laxity: Endpoint: Anterior drawer Laxity: Endpoint: Lachman's test Laxity: Endpoint: Posterior drawer Laxity: Endpoint:

Page 1 Printed on: 12/14/2023

Client Name: Id it Test DOB: 12/13/1998
Client ID : 2105322

Page 2 of 2

Assessment
Current Problems
1 - Alcohol use disorder, Mild : F10.10
Ordered Problems
1 - Alcohol use disorder, Mild : F10.10 Injury Date : 11/04/2023 Injury Type : Auto Accident
Medications

~~2. Once the 'Medical Progress Note' is signed, the user will be able to see the same in the service record. Under 'Billing Codes' tab of 'Service Detail' screen, the user will be able to see the 'Injury Date' and 'Injury Type' as below~~

Service Detail Regenerate Charge

Service Detail **Billing Diagnosis** Add-On Codes Resource(s) Authorization(s) Disposition

Billing Diagnosis

Order	Injury Date	Injury Type	ICD/ DSM - Description
1	11/04/2023		F10.10 - Alcohol use disorder, Mild

[Re-Order Diagnosis](#) [Refresh Diagnosis](#) [ICD 10...](#)

~~3. Once the 'Injury Date' and 'Injury Type' are populated in the 'Service Detail' screen, the same value will be displayed on the 837 Professional claim file, once the service is completed and charge is billed.~~

Batch Id	Format	Display As	File Name	Created Correctly
3134	HIPAA 837 Professional	ID IT Plan	3134-ID IT Plan-HIPAA 837	<input checked="" type="checkbox"/>

HL7:1122:0
SBR:P18|||||BL
NM1:DL1:TEST:ID IT|||||MC:912345678
N3:7TH M2N
N4:NEW YORK CITY:NY:701019999
DAG:08:19981213:F
NM1:PR:230 IT PLAN|||||P:2347
N3:7TH M2N
N4:NEW YORK CITY:NY:70101
CLM:2108122*17063*1663*1281*Y*Y*Y*TEST
DTP*439*08/20/2023*104
HL:ABKP1000
LX:1
SV1:MC:992021663:UN:1||1
DTP:472:08/20/20231125
REF:6R:17063
SE:29:000031340

Balance Total: \$1,663.00
Flagged Process Be

a) Injury Date will be displayed in DTP segment in the format as 'DTP*439*Injury Date (YYMMDD)'

b) Injury Type will be displayed in the CLM segment on the 11th field.

Note: The 'Injury Type' value on the claim file, will pull from the 'External Code 1' value of the "ProblemInjuryType" global code.

Note:

If multiple 'Injury Date' and 'Injury Type' exists on services, then the system will consider and report the value which has the first order.

1. Example: Service has two injury dates and injury types and the order given as 1 and 2, then the system will report the value which has order 1.

Author: Debanjit Das

18. EII # 126574: Implementation to sum all the adjustments recoded in 'FQHCSecondaryAdjustmentCodes'.

Release Type: Change | **Priority:** High

Prerequisite:

1. Add the Global Code Id of the PR Adjustment code in the 'FQHCSecondaryAdjustmentCodes' recode.
2. Client is associated with two Coverage Plans. i.e., Primary plan with COB Priority = 1 and Secondary plan with COB Priority = 2.
3. The Service is created and completed.
4. The Primary charge is billed in 'Charges/claims screen'.

Navigation Path 1: Go search-Payments/Adjustments – Transfer amount to secondary plan using PR Adjustment codes.

Navigation Path 2: ‘Charges/Claims’ screen – Select a Charge Id and click on ‘Electronic Claims’ button.

Navigation Path 3: 'Administration'- Select 'Recodes' -Search for 'FQHCSecondaryAdjustmentCodes' - Enter the Global Code Id for the PR Adjustment Codes in the 'Integer Code Id' field -- Insert and Save.

Functionality 'Before' and 'After' release:

Purpose: When processing FQHC claims to Medicare, Commercial, or Medicaid plans, there is a need to configure (by plan) which services need to be included on a claim before releasing it, which charges will be listed with \$0.00 values versus standard charges, and how the services will be ordered on the claim. There will also be a need to control how secondary FQHC claims are formatted to report services and primary payments/adjustments.

With this release, a new recode 'FQHCSecondaryAdjustmentCodes' is implemented and the user need to add the Global Code Id's of the 'PR' Adjustment Codes in this recode.

The system will sum all adjustments recoded in 'FQHCSecondaryAdjustmentCodes', by adjustment code and report separately.

For example, if 3 adjustment codes are recoded - PR1, PR2 and PR3 and a claim line had three adjustments on the primary; \$30 PR2, \$20 PR2 and \$10 PR3, then the system will report a \$50 PR2 (Sum of \$30 and \$20) and a \$10 PR3 on the secondary claims.

- 3 PR Adjustment Codes are added in the 'FQHCSecondaryAdjustmentCodes' recode.

Recodes

Category

Category Code

FQHCSecondaryAdjustmentCo

Category Name

FQHCSecondaryAdjustmentCodes

Mapping Entity

GlobalCodes.GlobalCodeID

Description

For FQHC claims for bundled services SmartCare reports a CO-45 for the difference between the Paid amount and the billed amount for the bundled charge. Adjustment Codes in this list will not be aggregated into the CO-45 and be reported separately .

Recode Details

Code Name

Start Date

End Date

Character Code Id

Integer Code Id

Insert

Clear

Recode List

	Code Name	From Date	To Date	Character Code Id	Integer Code Id
<input checked="" type="checkbox"/>	PR Coinsurance amount (2)	10/20/2023			10640
<input checked="" type="checkbox"/>	PR Copayment amount (3)	11/01/2023			10411
<input checked="" type="checkbox"/>	PR Deductible amount (1)	11/07/2023			10412

- The Client has 2 coverage plans (Primary and Secondary) and charges are billed to Primary.
- From 'Payments/Adjustments', used the below PR Adjustment codes for transferring charges to the secondary plan.

\$5.00: PR Coinsurance amount (2)

\$7.00: PR Coinsurance amount (2)

\$3.00: PR Copayment amount (3)

\$17.00: PR Deductible amount (1)

Payment/Adjustment Posting

Activity Service Search

Activity

Date: 12/28/2023 By: ddas

Type: EOB/Prayer Payment ID: 1789

Amount: \$120.00

Comment:

Acct. Period: December - 2023 (PY 2024)

Payer

Payment Information

Print Method: Check Ref #:

Location: Children's Outpatient Services

Source: Cash Receipt

Payment Category:

Electronic: ☐

Funds Not Received: ☐

Print Receipt

Maximize

Adjustment

Adjustment Details

Client Id	Adjustment Code	Amount	Date Of Service
X 2104865	PR Coinsurance amount (2)	(\$5.00)	12/28/2023
X 2104865	PR Coinsurance amount (2)	(\$7.00)	12/28/2023
X 2104865	PR Copayment amount (3)	(\$3.00)	12/28/2023
X 2104865	PR Deductible amount (1)	(\$17.00)	12/28/2023

Services Selected Services Refund/Adjustment EOB

30.00 0.00 Adj Code Split...

Service Id Name DOS

X 119293299 Inst. Client (2104865) 12/28/2023 1:00 PM

Post New Balance Next Payer

120.00 Inst Plan 02 3253

- The 837 Institutional claims are generated for the Secondary plan.

Here, the amount for the Adjustment code "PR Coinsurance amount (2)" has been summed to 12.00 (\$5.00 + \$7.00), with \$3.00 from "PR Copayment amount (3)" and "\$17.00 from PR Deductible amount (1)" in the secondary claims.

You have selected 1 charge.

Electronic
Paper

Remove Selected Charge

Select: All, All on P

Batch #

☐ 4226-Inst Plan 02

Batch Id Format Display As File Name

4226	HIPAA 837 Institution...	Inst Plan 02	4226-Inst Plan 02-HIPAA
------	--------------------------	--------------	-------------------------

OI***Y***Y
NM1*IL*1*INST*CLIENT****MI*43524
NM1*PR*2*INST PLAN*****PI*4235
LX*1
SV2*SRC9385*HC:H00666*120*UN*1
DTP*472*D8*20231228
REF*6R*18352
LIN**N4*NDC283479
CTP***2*F2
SVD*4235*30*HC:H00666*SRC9385*1
CAS*PR*3*3.00**1*17.00**2*12.00
CAS*CO*197**58.00
DTP*573*D8*20231228
AMT*EAF*32.00
SE*51*000042260
GE*1*4226

Author: Sahana Gururaja

19. EII # 126270: Implemented new recode, coverage plan rule, new billing charge error and also a new column is added in the CoveragePlanClaimBundlingCriteria table for bundling the claims.

Release Type: Change | **Priority:** High

Functionality 'Before' and 'After' release:

With this release, a new recode, a new coverage plan rule ""When bundling claims report these procedures first", a new billing charge error and a new field "PrimaryCareEncounter" is added in the 'CoveragePlanClaimBundlingCriteria' table, for bundling the claims.

Note: The PlanIds in this list are considered FQHC coverage plans and will be used to generate FQHC-specific data on claims.

Scenario 1:

A new coverage plan rule ""When bundling claims report these procedures first".

Prerequisites:

1) In the 'Plan Details' screen, navigate to the 'Rules' tab and select the rule 'When bundling claims report these procedures first' from the 'Rule' drop-down in the 'Rule Generation' section and also add the 'Procedure Code' which comes under this rule through the path.

Path: 'Administration'– 'Plan'– click on new icon 'Plan Details' screen -- Enter all the required details in the 'General' tab – Navigate to 'Rules' tab – In the 'Rule Generation' section—select 'When bundling claims report these procedures first' from the 'Rule' drop-down' – click on the 'Code(s)' button and add the 'Procedure Code' which comes under this Rule – save the screen.

2) Create services for a client with the procedure codes added in the above coverage plan rule and the procedure codes not added in the coverage plan rule.

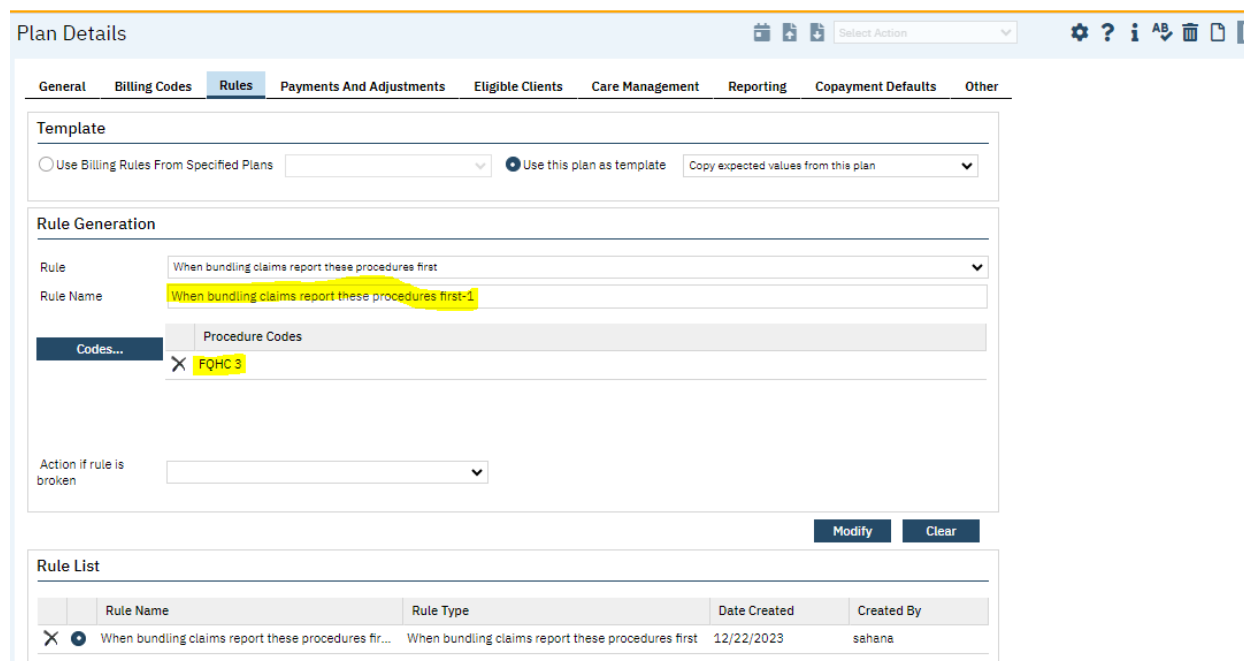
Path: 'Client' -- 'Services' -- In the 'Service Details' screen, enter all the required information – navigate to the 'Billing Diagnosis' tab – add billing diagnosis code and provide the order number -- complete a service with the 'Procedure Code', added in the 'Plan Details' screen, and also complete the service with the 'Procedure Code' not added in the 'Coverage Plan Rule'.

Navigation Path: 'My Office' -- 'Charges/Claims' – click on 'E Claims or Paper Claims' button – click on 'Process Now' button -- 'Create Claim File' button -- 'Save As' button.

When the user creates a service with the coverage plan and procedure codes, for which the newly added rule is mapped.

- When there are bundle services provided for a client with the procedure code added in the rule and with the procedure code not added in the rule, in this case, the system will report the services provided with the procedure code added in the plan rule list first, under the 'LX1' segment in one claim line and on line 1 on the CMS 1500/ UB04.
- When multiple services in this rule are in the same bundle, then the system will report the service provided with the procedure code added in the rule list first in the LX1 segment and on line 1 on the CMS 1500/ UB04.

Screen Shot: The Rule with the procedure code added in the 'Plan Details' screen.



Plan Details

General Billing Codes **Rules** Payments And Adjustments Eligible Clients Care Management Reporting Copayment Defaults Other

Template

☐ Use Billing Rules From Specified Plans ☒ Use this plan as template Copy expected values from this plan

Rule Generation

Rule: When bundling claims report these procedures first

Rule Name: When bundling claims report these procedures first-1

Codes... Procedure Codes

X FQHC 3

Action if rule is broken: None

Rule List

	Rule Name	Rule Type	Date Created	Created By
X	When bundling claims report these procedures fir...	When bundling claims report these procedures first	12/22/2023	sahana

Screen Shot: These are the services with charge records for a client and the 'FQHC 3' procedure code is added to the coverage rule.

Charges/Claims (3) Select Action 🔍 ☆ ★ ⚙️ 📄 ?

Charge Creation From Charge Creation To Claim Line Item ID Payer Claim #

Service ID Charge ID Process ID Batch 4214

Client ID DOS From DOS To Processed From 12/22/2023 Processed To 12/22/2023

☒ Show charges with balance ☐ Show charges with credit balance ☐ Included Error Services ☐ Show charges in Internal Collections
☐ Exclude from Work Queue ☐ Not counted toward Work Queue Productivity ☐ Show charges with balances greater than zero
☐ Show \$0 Balance Paid Charges

Select: All, All on Page, None Charges Total: \$0.00 Balance Total: \$0.00

	Charge ID	Plan	Δ	Client Name	DOS	Clinician	Procedure Name	Charge	Balance	Unbilled	Paid Amt	Bill Date	Flagged	Process	Ba
<input type="checkbox"/>	19608	Plan 239195		Test, 231995 (210...	12/01/2023 03:...	TG, Sahana	FQHC 2	\$200.00	\$200.00			12/22/2023		2986	421
<input type="checkbox"/>	19609	Plan 239195		Test, 231995 (210...	12/01/2023 11:...	TG, Sahana	FQHC 3	\$300.00	\$300.00			12/22/2023		2986	421
<input type="checkbox"/>	19610	Plan 239195		Test, 231995 (210...	12/01/2023 06:...	TG, Sahana	FQHC 1	\$100.00	\$100.00			12/22/2023		2986	421

Screen Shot: Output on 837 claim file, where all the services are bundled under one claim line under LX1 segment.

Claims Processing Processed Successfully ? ☆ ★ ⚙️ 📄 ?

Claim File Creation Close

☒ Electronic
☐ Paper

Select: All, All on P Batch #

☐ 4227-Plan 239195
☐ 4227-Plan 239195
☐ 4227-Plan 239195

N4*NEW YORK CITY*NY*70101
DMG*D8*19911201F
REF*724379238
NM1*PR*2*PLAN 239195****PI*32434
N3*7TH MAIN
N4*NEW YORK CITY*IA*70101
CLM*2105335-18355*600***12|A|3**A**Y*I
DTP*434*RD8*20231201-20231201
DTP*435*DT*202311011639
CL1*1*1*30
AMT*F3*600
HI*ABK|F250|IIIIIIU
HI*ABJ|F260
HI*BE|A3|II600
HI*DR|54678
NM1*71*1*TG*SAHANA****XO*91234567A
REF*0R*23746823
LX*1
SV2*SRC987*HC|SRC65578*300*UN*1
DTP*472*D8*20231201
REF*6R*18354
LX*2
SV2*SRC987*HC|SVB5678*100*UN*1
DTP*472*D8*20231201
REF*6R*18355
LX*3
SV2*SU8970*HC|SCB67890*200*UN*1
DTP*472*D8*20231201
REF*6R*18353
SE*46*000042270
GE*1*4227
IEA*1*000004227

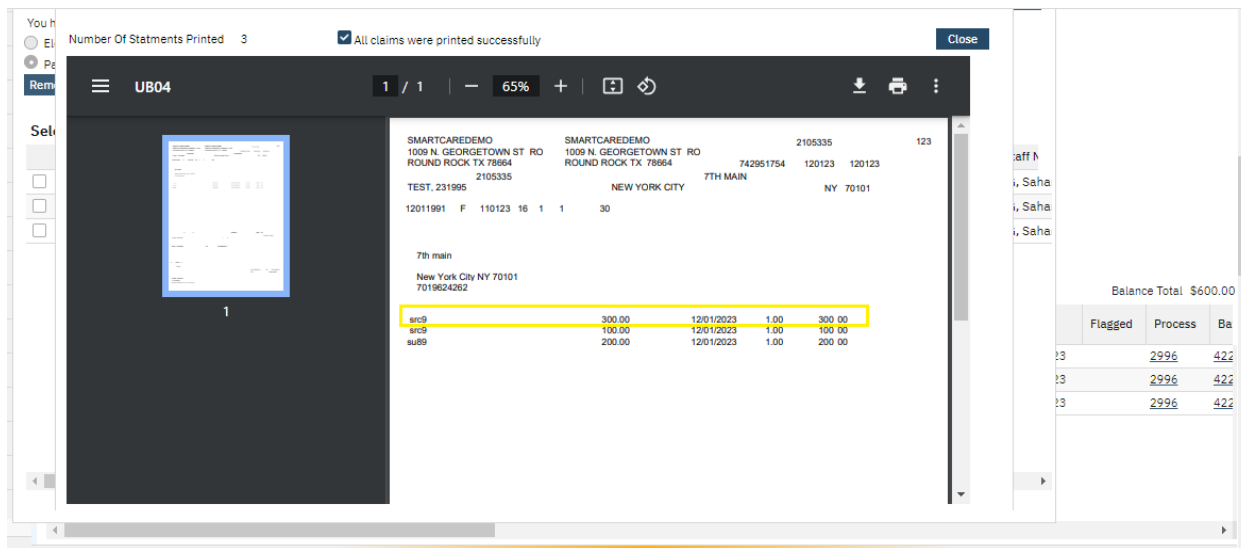
Service provided from the procedure code 'FQHC 3'

Status Staff
Process... TG, Saha
Process... TG, Saha
Process... TG, Saha

Balance Total: \$600.00

	Flagged	Process	Ba
13	2986	421	
13	2986	421	
13	2986	421	

Screen Shot: Output on UB04/CMS1500 claim file, where all the services are bundled under line 1 on the CMS 1500/ UB04.



Procedure Code	Amount	Date	Status
enc9	300.00	12/01/2023	1.00
enc8	100.00	12/01/2023	1.00
su89	200.00	12/01/2023	1.00

Note:

- 1) When a user adds a new procedure code for the same rule, then that 'Procedure Code' will take the first place.
- 2) This will not be a rule that stops charges from being marked Ready to Bill. This rule will be used only in claims generation logic to sort claim lines within a claim.

Scenario 2:

New Billing charge error:

With this release, the new billing charge error is added, when billing a bundled service to a plan in 'FQHCPlans' recode by comparing the paid amount of all individually recorded services to the balance of the bundled service.

Prerequisites:

- 1) The client has 2 coverage plans.
- 2) The secondary 'CoveragePlanId' has recorded in the recode category 'FQHCPlanList'.
- 3) Create a bundled service by running the bundle service job "Exec ssp_SCJobToCreateBundledServices" and complete the services.
- 4) For a primary plan add a rule – "These codes will be denied by this plan" and select one procedure code for which a service was created.
- 5) Execute the "Ready to Bill" job.
- 6) Apply payments/adjustments for the services.

Navigation Path: 'My Office' -- 'Charges/Claims' – click on 'E Claims or Paper Claims' button – click on 'Process Now' button -- 'Create Claim File' button -- 'Save As' button.

a) If the paid amount of all individual services in the bundle **is greater than or equal** to the balance of the bundled service, then the system will generate the below charge error while processing claims.

Charge Error: "Individual services already billed for amount of the bundled service".

b) If the paid amount of all individual services in the bundle **is less than** the balance of the bundled service, then the system will send the bundled service with the paid amount from the individual services in the Primary paid section. For all individual services in this scenario, the system will generate the below charge error:

Charge Error: "Bundled charge must be billed".

Scenario 3:

A new column "PrimaryCareEncounter is added in the 'CoveragePlanClaimBundlingCriteria' table.

With this release, new column "PrimaryCareEncounter with 'Y' and 'N'" options are added in the 'CoveragePlanClaimBundlingCriteria' table for the claim bundling logic.

Prerequisites:

1) A "ClientOrderService" is created.

Enter a "Primary Care Visit" for a client and provide a billable "Client Order" through "Medical Progress Note" and sign a "Client Order", through the below-mentioned **path**:

"MY Office" – "Front Desk" screen – in the tool bar click on the icon "Create Primary Care Visit" – Enter all the required information in the "New Primary Care Entry" pop-up screen – and click on 'Okay' button -- navigate to 'Client' tab -- "PC -Client Summary" screen – in the 'Visit' section – click on the "Quick Note status" icon – a new "Template" pop-up will be displayed – select the required template from the drop-down and click on 'Ok' button – the system will navigate to "Medical Progress Note" screen – click on "Client Order" hyperlink in the document – the system will navigate to "Client Order" screen – Enter all the required details and sign the "Client Order" – Navigate to the 'Client' tab – 'Services' screen – User will be able to see a service record created and the created by has the name as "ClientOrderService".

2) Sign the 'Medical Progress Note' for the client, through the below-mentioned **path**:

'Client' – 'Medical Progress Note' – 'Medical Progress Note' page – 'Click on 'New' icon – 'Select Template' popup – Click on dropdown and select required template – Click on 'OK' button – add the required details in the page – Click on 'Save' icon – Click on 'Sign' icon – 'EM Sign Note' popup – Select required fields and navigate to 'Add on Codes' tab and add the required details and navigate back to 'E&M Code Evaluation' and click on 'OK' button – 'SignaturePage' popup – Sign the document.

3) Complete the 'Services' for a client created by signing 'Client Order' and the 'Medical Progress Note', through the below-mentioned **path**:

'Client' menu – 'Services' – Click on the 'DOS' hyperlink created from signing the 'Medical Progress Note' document and the 'Client Order' – 'Service Detail' screen – complete the services.

4) Map the required 'CovergaePlanId' in the 'CoveragePlanClaimBundlingCriteria' table.

Navigation Path: 'My Office' -- 'Charges/Claims' – click on 'E Claims or Paper Claims' button – click on 'Process Now' button -- 'Create Claim File' button -- 'Save As' button.

a) When the 'PrimaryCareEncounter' column in the 'CoveragePlanClaimBundlingCriteria' table is set to 'Y = Yes'

Out Put: When bundling claims, the system will consider the 'PrimaryCareEncounter' column, and if the column is set to 'Yes', then the system will bundle all the services created from 'Client Order' and 'Medical Progress Note' and all the 'Add on Services' from 'Medical Progress Note' under one claim line.

b) When the 'PrimaryCareEncounter' column in the 'CoveragePlanClaimBundlingCriteria' table is set to 'N = NO'

Out Put: When bundling claims, the system will consider the 'PrimaryCareEncounter' column, and if the column is set to 'No', then the system will bundle only the services created from 'Medical Progress Note' and all the 'Add on Services' from 'Medical Progress Note' under one claim line, and the 'Client Order' services on the different claim line.

Data Model Changes: Added a new column "PrimaryCareEncounter " in the 'CoveragePlanClaimBundlingCriteria' table.

Author: Sahana Gururaja

20. EII # 125728: Implementation to add Staff Degrees in Charges/Claims screen

Release Type: Change | **Priority:** Urgent

Navigation Path: 'My Office' -- 'Charges/Claims'

Functionality 'Before' and 'After' release:

Purpose: When the customer is reviewing all the billing errors in Charges/Claims list page, adding a filter for billing degrees will help them list Services that were provided by Staffs with incorrect billing degrees. They can then identify records for which they want to do adjustments/write-offs.

With this release, the below new fields are added in the 'Charges/Claims' list page screen:

1) A new filter option 'Staff Degrees' is added in the 'Filter' section of the 'Charges/Claims' list page.

This dropdown field will show all the values from the global code category "Degree". On filtering by this field, the system will pull all the charge records for which the clinician has that selected degree active as of DOS.

Screenshot of 'Staff Degrees' field in "Charges/Claims" list page screen.

The screenshot displays the 'Charges/Claims' list page. At the top, there's a header 'Charges/Claims (5)' and a 'Select Action' dropdown. Below this is a filter section with various dropdowns: 'All Payer Types' (Medicaid), 'All Plans' (All Plans), 'Financial Assignment...' (Financial Assignment...), 'Ready To Bill Only' (All Priorities), 'All Programs' (All Programs), 'All Procedure Codes' (All Procedure Codes), 'Show billed charges' (All Service Area), 'Capitated/ Non Capitated' (Capitated/ Non Capitated), 'All Error Reasons' (All Error Reasons), 'All Locations' (All Locations), and '# of client statements since charge creation' (# of client statements since charge creation). There's an 'Apply Filter' button. Below the filter section, there are input fields for 'Charge Creation From', 'Charge Creation To', 'Claim Line Item ID', 'Payer Claim #', 'Service ID', 'Charge ID', 'Process ID', 'Batch', 'All Clinicians', 'Client ID' (2105508), 'DOS From', 'DOS To', and 'Processed From' (04/04/2024). A dropdown menu for 'Staff Degrees' is open, showing a list of degrees: UO, DEA, EPIC 237115, NA DEA, NPI, ACHMC, ACHMC Extern, APRN, APRN Student, APRN-I, ASUDC, ASUDC Student, BCBA, BCBA, CASUDC-I, CM, CMA, CMHC, CPS-R. Below the dropdown, there are checkboxes for 'Show charges with balance', 'Show charges with credit balance', 'Included Error Services', 'Show charges in Internal Collection', 'Exclude from Work Queue', 'Not counted toward Work Queue Productivity', and 'Show charges with balances greater than zero'. At the bottom, there's a table with columns: 'Charge ID', 'Plan', 'Client Name', 'DOS', 'Clinician', 'Staff Degrees', 'Amount', 'Bill Date', 'Flagged', and 'Print'. The table contains several rows of data. The 'Staff Degrees' column is highlighted in yellow.

2) A new column "Staff Degrees" is added in the "Column Configuration" which will be displayed in the 'Grid' section of the 'Charges/Claims' list page screen.

Note: This column is a user configuration column, the user can do the order set-up as required in the "List Page Configuration" pop-up screen.

a) If the filter is applied to one Staff degree, and if the clinician has multiple active Staff degrees, then the system will show all the active Staff degrees separated by a comma.

For Example, If the filter is applied with an “MD” degree, but the clinician has “DEA, NPI”, then all the Staff degrees will be displayed separated by a comma.

Screenshot of the multiple ‘Staff Degrees’ column in the grid section.

The screenshot shows the 'Charges/Claims (151)' screen with various filters and a table of charges. The 'Staff Degrees' column is highlighted in yellow.

Charge ID	Plan	Client Name	DOS	Clinician	Staff Degrees	Charge	Balance	Unbilled	Paid Amt	Bill Date	Flagged	Process
20891	S Plan	Testing, 239195 (2105508)	04/04/2024 10:...	TG, Sahana	MD,DEA,NPI	\$200.00	\$200.00			04/04/2024		3593
20890	S Plan	Testing, 239195 (2105508)	04/04/2024 07:...	TG, Sahana	MD,DEA,NPI	\$500.00	\$500.00			04/04/2024		3593
20889	S Plan	Testing, 239195 (2105508)	04/04/2024 06:...	TG, Sahana	MD,DEA,NPI	\$50.00	\$50.00			04/04/2024		3593
19288	Inst Plan disolv	Prof Client (2104...	04/03/2024 03:...	New Staff01	MD,Taxonomy,D.O.,LCSW	\$12.00				04/03/2024		3564
19287	profplan01	Client, Prof (2105504)	04/03/2024 03:...	New Staff01	MD,Taxonomy,D.O.,LCSW	\$25.00				04/03/2024		3564

3) The “Staff Degrees” column will be displayed in the Excel sheet while exporting the data from the “Charges/Claims” list page screen.

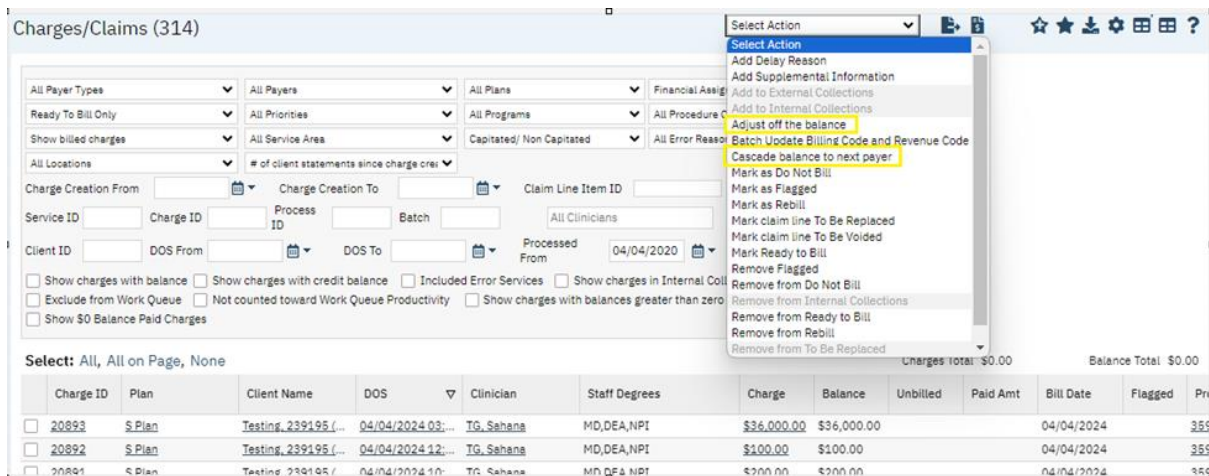
Note: The “Export” option is also a user configuration, if the user wants to get the column in the excel sheet, then the “Export” check box should be selected in the “Staff Degree” filed in “List Page Configuration” screen.

If the “Export” check box is not selected, then the column will not be displayed in the excel sheet.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Charge ID	Plan	Client Name	DOS	Clinician	Staff Degrees	Charge	Balance	Unbilled	Paid Amt	Bill Date	Flagged	Process
2	20893	S Plan	Testing, 239195 (2105508)	04/04/2024	TG, Sahana	MD,DEA,NPI	36000.00	36000.00			04/04/2024		3593
3	20892	S Plan	Testing, 239195 (2105508)	04/04/2024	TG, Sahana	MD,DEA,NPI	100.00	100.00			04/04/2024		3593
4	20891	S Plan	Testing, 239195 (2105508)	04/04/2024	TG, Sahana	MD,DEA,NPI	200.00	200.00			04/04/2024		3593
5	20890	S Plan	Testing, 239195 (2105508)	04/04/2024	TG, Sahana	MD,DEA,NPI	500.00	500.00			04/04/2024		3593
6	20889	S Plan	Testing, 239195 (2105508)	04/04/2024	TG, Sahana	MD,DEA,NPI	50.00	50.00			04/04/2024		3593
7	19287	profplan01	Client, Prof (2105504)	04/03/2024	New Staff01	MD,Taxonomy,D.O.,LCSW	25.00				04/03/2024		3564

4) Two new options “Adjust off the balance” and “Cascade balance to the next payer” are added in the existing global code “CHARGECLAIMSACTION”. These options will be displayed in the ‘Select Action’ drop-down menu, in the ‘Charges/Claims’ list page screen.

Screen Shot of the two new options added in the ‘Select Action’ drop-down.

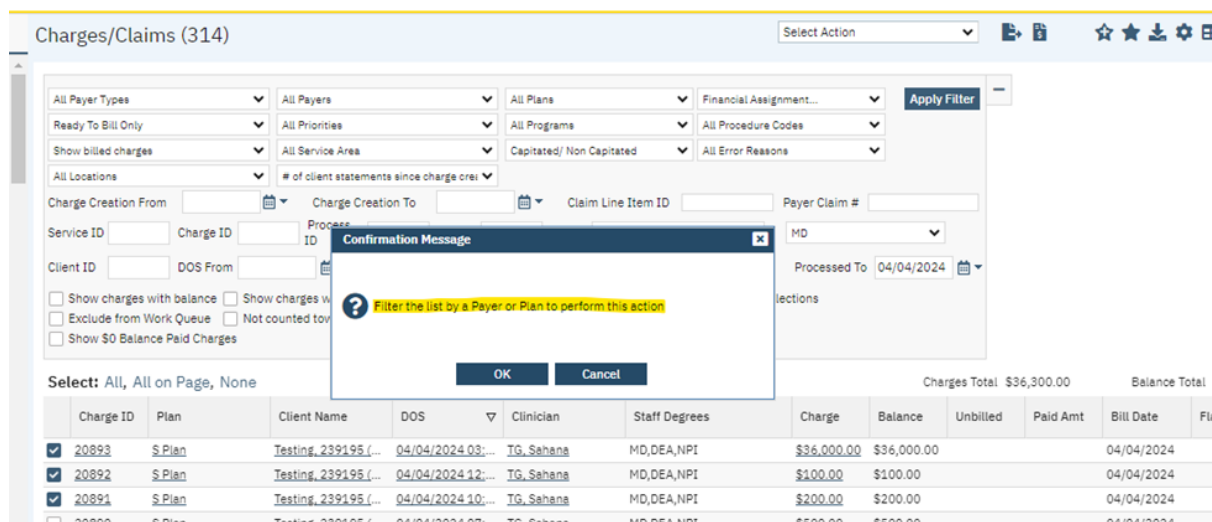


The screenshot shows the 'Charges/Claims (314)' interface. A dropdown menu is open, displaying various actions. The option 'Adjust off the balance' is highlighted in yellow. Other visible options include 'Add Delay Reason', 'Add Supplemental Information', 'Add to External Collections', 'Add to Internal Collections', 'Batch Update Billing Code and Revenue Code', 'Cascade balance to next payer', 'Mark as Do Not Bill', 'Mark as Flagged', 'Mark as Rebill', 'Mark claim line To Be Replaced', 'Mark claim line To Be Voided', 'Mark Ready to Bill', 'Remove Flagged', 'Remove from Do Not Bill', 'Remove from Internal Collections', 'Remove from Ready to Bill', and 'Remove from Rebill'.

Charge ID	Plan	Client Name	DOS	Clinician	Staff Degrees	Charge	Balance	Unbilled	Paid Amt	Bill Date	Flagged	Pri
<input type="checkbox"/> 20893	S Plan	Testing, 239195 (...)	04/04/2024 03:...	TG, Sahana	MD, DEA, NPI	\$36,000.00	\$36,000.00			04/04/2024		355
<input type="checkbox"/> 20892	S Plan	Testing, 239195 (...)	04/04/2024 12:...	TG, Sahana	MD, DEA, NPI	\$100.00	\$100.00			04/04/2024		355
<input type="checkbox"/> 20891	S Plan	Testing, 239195 (...)	04/04/2024 10:...	TG, Sahana	MD, DEA, NPI	\$200.00	\$200.00			04/04/2024		355

* If the user selects any of these two new options without filtering by a Payer or Plan, then the system will throw a validation message.

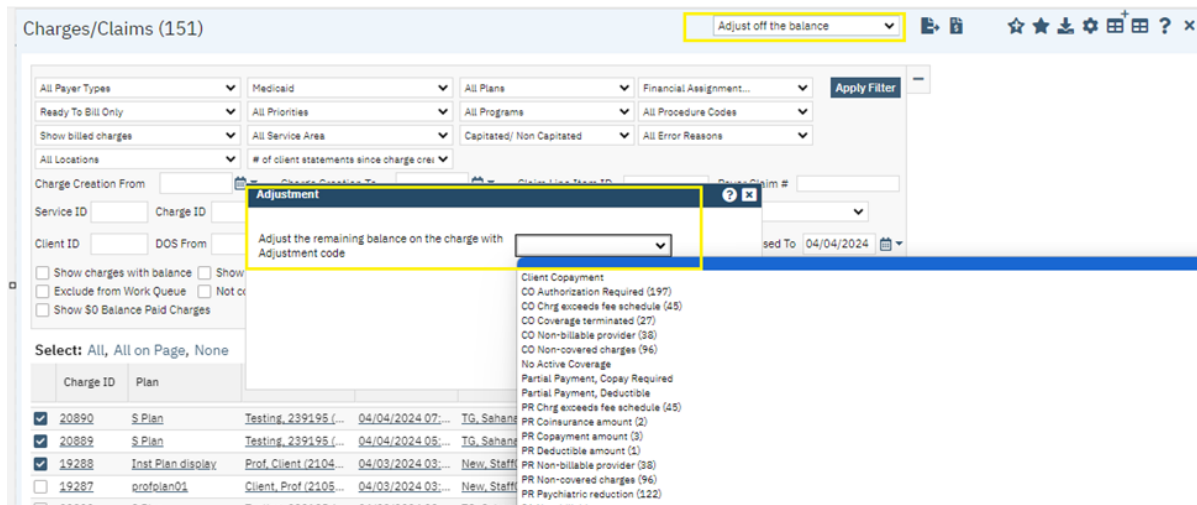
Confirmation Message: "Filter the list by a Payer or Plan to perform this action" with OK and Cancel button.



The screenshot shows the 'Charges/Claims (314)' interface with a confirmation message pop-up. The message reads: "Filter the list by a Payer or Plan to perform this action". The pop-up has 'OK' and 'Cancel' buttons. The background interface shows the same table as the previous screenshot, but with the first three rows selected (checked).

Charge ID	Plan	Client Name	DOS	Clinician	Staff Degrees	Charge	Balance	Unbilled	Paid Amt	Bill Date	Flagged	Pri
<input checked="" type="checkbox"/> 20893	S Plan	Testing, 239195 (...)	04/04/2024 03:...	TG, Sahana	MD, DEA, NPI	\$36,000.00	\$36,000.00			04/04/2024		355
<input checked="" type="checkbox"/> 20892	S Plan	Testing, 239195 (...)	04/04/2024 12:...	TG, Sahana	MD, DEA, NPI	\$100.00	\$100.00			04/04/2024		355
<input checked="" type="checkbox"/> 20891	S Plan	Testing, 239195 (...)	04/04/2024 10:...	TG, Sahana	MD, DEA, NPI	\$200.00	\$200.00			04/04/2024		355
<input type="checkbox"/> 20890	S Plan	Testing, 239195 (...)	04/04/2024 07:...	TG, Sahana	MD, DEA, NPI	\$500.00	\$500.00			04/04/2024		355

5) After filtering with 'Payer' or a 'Plan' when the user chooses the option "Adjust off the balance", then the system will display a new 'Adjustment' pop-up screen with the drop-down option. When the user clicks on the drop-down, the system will display all the available "Adjustment Code".

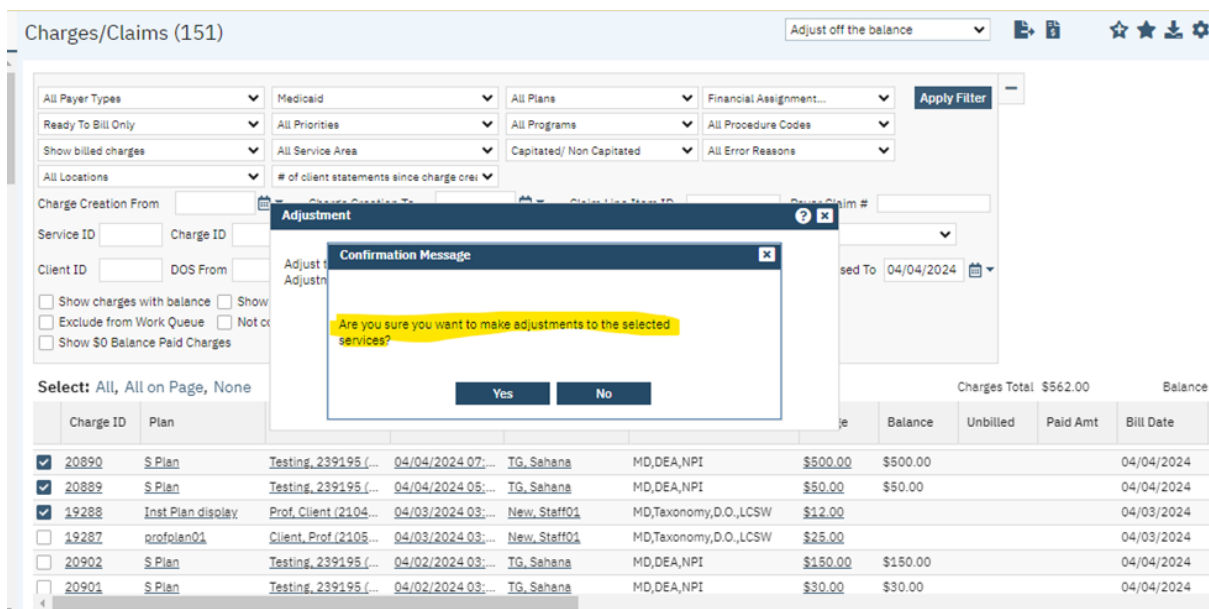


The user will be able to select a required Adjustment code and on selecting the Adjustment code, the system will display the following confirmation message:

Confirmation Message: "Are you sure you want to make adjustments to the selected services?" - with Yes and No Button.

* Clicking on Yes, will apply adjustments to the selected services.

* Clicking on No, will close the confirmation message pop-up without doing the adjustments.



Charge ID	Plan	Balance	Unbilled	Paid Amt	Bill Date
20890	S Plan	\$500.00	\$500.00		04/04/2024
20889	S Plan	\$50.00	\$50.00		04/04/2024
19288	Inst Plan display	\$12.00			04/03/2024
19287	profolan01	\$25.00			04/03/2024
20902	S Plan	\$150.00	\$150.00		04/04/2024
20901	S Plan	\$30.00	\$30.00		04/04/2024

6) After filtering with 'Payer' or a 'Plan', when the user chooses the option "Cascade balance to next payer", then the system will display a new 'Transfer' pop-up screen with the drop-down option when the user clicks on the drop-down, the system will display all the available "Transfer Code".

Charges/Claims (151)

Cascade balance to next payer

Transfer

Transfer the remaining balance on the charge to the next payer with Transfer code

Client ID: 20893, Charge ID: 20892, DOS From: 04/04/2024 03:00, To: 04/04/2024 12:00

Transfer code: [Dropdown]

Client Copayment, CO Authorization Required (397), CO Chrg exceeds fee schedule (45), CO Coverage terminated (27), CO Non-billable provider (38), CO Non-covered charges (96), No Active Coverage, Partial Payment, Copay Required, Partial Payment, Deductible, PR Chrg exceeds fee schedule (45), PR Coinsurance amount (32), PR Copayment amount (33), PR Deductible amount (31), PR Non-billable provider (38), PR Non-covered charges (96), PR Psychiatric reduction (122), SA Non-billable

Charge ID	Plan	Testing, 239195 (...)	04/04/2024 03:00	TG, Sahana
20893	S Plan	Testing, 239195 (...)	04/04/2024 03:00	TG, Sahana
20892	S Plan	Testing, 239195 (...)	04/04/2024 12:00	TG, Sahana
20891	S Plan	Testing, 239195 (...)	04/04/2024 10:00	TG, Sahana
20890	S Plan	Testing, 239195 (...)	04/04/2024 07:00	TG, Sahana
20889	S Plan	Testing, 239195 (...)	04/04/2024 05:00	TG, Sahana

The user will be able to select a required Transfer code and on selecting the Transfer code, the system will display the following confirmation message:

Confirmation Message: "Are you sure you want to transfer balance to the next payer for the selected services?" - with Yes and No Button.

* Clicking on Yes, will apply transfers to the selected Services.

* Clicking on No, will close the confirmation message pop-up without doing the transfers.

Charges/Claims (151)

Cascade balance to next payer

Confirmation Message

Are you sure you want to transfer balance to the next payer for the selected services?

Yes No

Charges Total: \$36,300.00, Balance Total: \$36,300.00

Charge ID	Plan	Testing, 239195 (...)	04/04/2024 03:00	TG, Sahana	MD,DEA,NPI	\$36,000.00	\$36,000.00	04/04/2024
20893	S Plan	Testing, 239195 (...)	04/04/2024 03:00	TG, Sahana	MD,DEA,NPI	\$36,000.00	\$36,000.00	04/04/2024
20892	S Plan	Testing, 239195 (...)	04/04/2024 12:00	TG, Sahana	MD,DEA,NPI	\$100.00	\$100.00	04/04/2024
20891	S Plan	Testing, 239195 (...)	04/04/2024 10:00	TG, Sahana	MD,DEA,NPI	\$200.00	\$200.00	04/04/2024
20890	S Plan	Testing, 239195 (...)	04/04/2024 07:00	TG, Sahana	MD,DEA,NPI	\$500.00	\$500.00	04/04/2024
20889	S Plan	Testing, 239195 (...)	04/04/2024 05:00	TG, Sahana	MD,DEA,NPI	\$50.00	\$50.00	04/04/2024
19288	Inst Plan display	Prof. Client (2104)	04/03/2024 03:00	New, Staff01	MD,Taxonomy,D.O.,LCSW	\$12.00		04/03/2024

Author: Rinki Kumari

21. EII # 127457: To remove diagnosis codes that are not referenced by SV segments.

Release Type: Change | Priority: High

Prerequisites:

- To check the checkbox "Remove unreferenced billing diagnosis for professional claims' checkbox".

Path: 'Administration' – 'Plans' – 'Plan Details' screen – 'Claim information' section- check the 'Remove unreferenced billing diagnosis for professional claims' checkbox.

- The client has a coverage plan (837 Professional).

Follow this Path for setting up a coverage plan: Client - - Client Plans And Time Spans - - Click on 'New' and select the plan.

Navigation Path 1: 'Client' -- 'Services' -- 'Services' list page -- Click on the 'New' icon -- Enter all the details -- Complete the service.

Navigation Path 2: 'My Office' -- 'Charges/Claims' -- select the required Charge ID -- Mark as 'Ready for Bill' -- Apply filter -- Select the 'ready for bill charge id' -- Click on 'E-Claim' button -- click on 'Process Now' button in the 'Claim Processing' popup -- click on 'Create Claim File' button -- click on 'Save As' button in the 'Claim File Creation' popup screen.

Navigation Path 3: 'My Office' -- 'Charges/Claims' -- select the required Charge ID -- Mark as 'Ready for Bill' -- apply filter -- select the 'ready for bill charge id' -- click on 'paper claim' button -- click on 'Process Now' button in the 'Claim Processing' popup -- click on 'Print Claims' button.

Functionality 'Before' and 'After' Release:

The below changes are implemented in Claim file (paper claim/837 Professional):

- If in 'Plan Details', the 'Remove unreferenced billing diagnosis for professional claims' checkbox not 'checked', then the unreferenced Diagnosis codes are retained in SV segments and this is the existing behavior.

Screenshot of claim file with the check box "Remove unreferenced billing diagnosis for professional claims" not checked:

SmartCare Claims Processing

Processed Successfully

Claim File Creation

You have selected 1 charge

Electronic
Paper

Remove Selected Charge

Select: All, All on P

Batch #

54730-Eng1416-

Batch Id	Format	Display As	File Name	Created Correctly
54730	HIPAA 837 Professional	Eng1416	54730-Eng1416-HIPAA	<input checked="" type="checkbox"/>

Status Staff Na

Process... Kumari, F

Balance Total \$180.0

Bill Date Flagged

3/03/2024

N4|BEDSERVICE CITY|AR|987659999
DMG|D8|19890227|IM
NM1|PRI|2|ENG1416|||||PI|EC|678987
N3|NORTH EAST WEST
N4|NORTH|AS|89768
CLM|2|105455-768263|180||||12-B:1|Y|A|Y|Y
HIA|B|F21|ABF-F1010|ABF-F23|ABF-F341|ABF-F0150|ABF-F200
NM1|R2|1|KUMARI|RINKI|||||XX|7890999923
PRV|PE|PXC|101|TM0800X
LX|1
SV|1|HC:ER897655:AS:PM|180|UN|4||||1:2:3:4
DTP|472|D8|20240403
REF|6R|768263
SEI|30|000547300
GEI|1|54730
IEA|1|000054730

Scenario for "Remove unreferenced billing diagnosis for professional claims" checked: Whenever the user adds the billing diagnosis codes more than 4 (till 8 diagnosis codes) in service details screen and checks the

newly implemented checkbox "Remove unreferenced billing diagnosis for professional claims" in plan details screen, then 4 billing diagnosis codes (based on COB order) will display in the claim file.

Screenshot of claim file with the check box "Remove unreferenced billing diagnosis for professional claims" checked:

Batch Id	Format	Display As	File Name	Created Correctly
54729	HIPAA 837 Professional	Eng1416	54729-Eng1416-HIPAA	<input checked="" type="checkbox"/>

N4(BEDSERVICE CITY)AR|987659999
DMGID8|19890227|IM
NM1|PR|2|ENG1416|||||PI|ECI678987
N3|NORTH EAST WEST
N4|NORTH|AS|89768
CLM|2|105455-768262|180||||12:B:1|Y|A|Y|Y
NM1|82|1|KUMARI|R|INK|1||||XX|7890999923
PRV|PE|PKC|101|TM0800X
LX|1
SV|1|HC:ER897655:AS:PM|180|UNI4||||1:2:3:4
DTP|472|D8|20240403
REF|6R|768262
SE|30|000547290
GE|1|54729
JEA|1|000054729

Note: Implemented the changes for only for Electronic claims. The Paper claims are taken care by a third party tool.

Author: Sahana Gururaja

22. EII # 125942: Implementation of functionality for "Adjust off the balance" or "Cascade balance to next payer" for the charges.

Release Type: Change | **Priority:** Urgent

Prerequisite: A Completed services exists.

Navigation Path: 'My Office' – 'Charges/Claims' – filter records with the required 'Payer' or a 'Plan' – select the required charges and click on the 'Select Action' drop-down – and select the required option "Adjust off the balance" or "Cascade balance to next payer".

Functionality 'Before' and 'After' release:

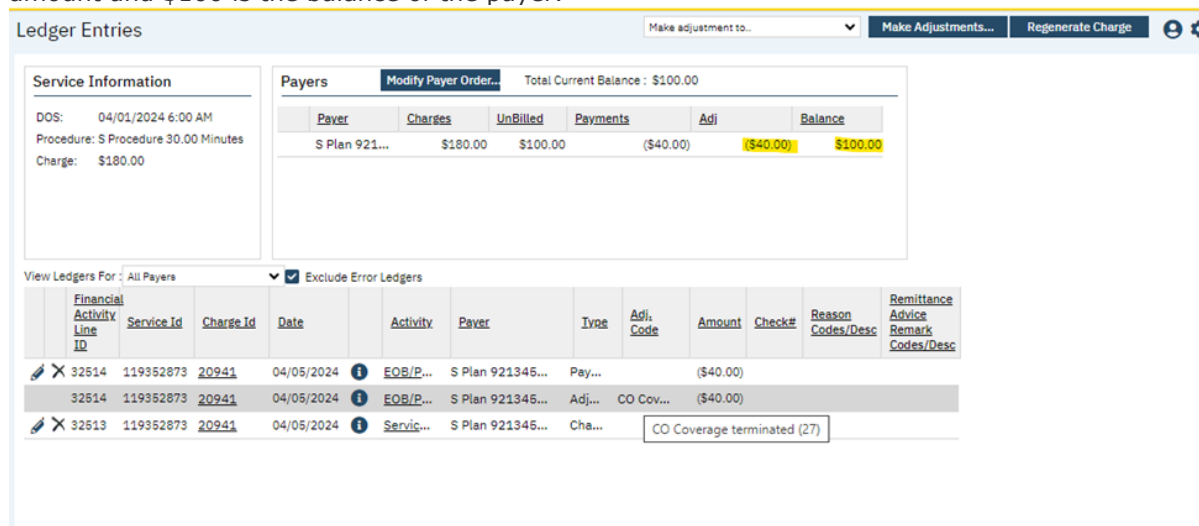
With this release, when the user applies the newly added option "Adjust off the balance" or "Cascade balance to next payer" for the charges, the system will perform the actions as explained below.

Adjust off the balance:

a) If the charges have the balance amount and when the user applies the option "Adjust off the balance" through the "Select Action" drop-down in the 'Charges/Claims' list page, for the charges by selecting the required adjustment code from the drop-down, then the system will convert the balance amount as an adjustment amount and the same will be updated in the ledger screen for the charges.

Example:

1) Below is the screenshot of the Ledger Entry screen before applying the option. Where \$40 is the adjustment amount and \$100 is the balance of the payer.



Ledger Entries Make adjustment to... Make Adjustments... Regenerate Charge ⚙️

Service Information

DOS: 04/01/2024 6:00 AM
Procedure: S Procedure 30.00 Minutes
Charge: \$180.00

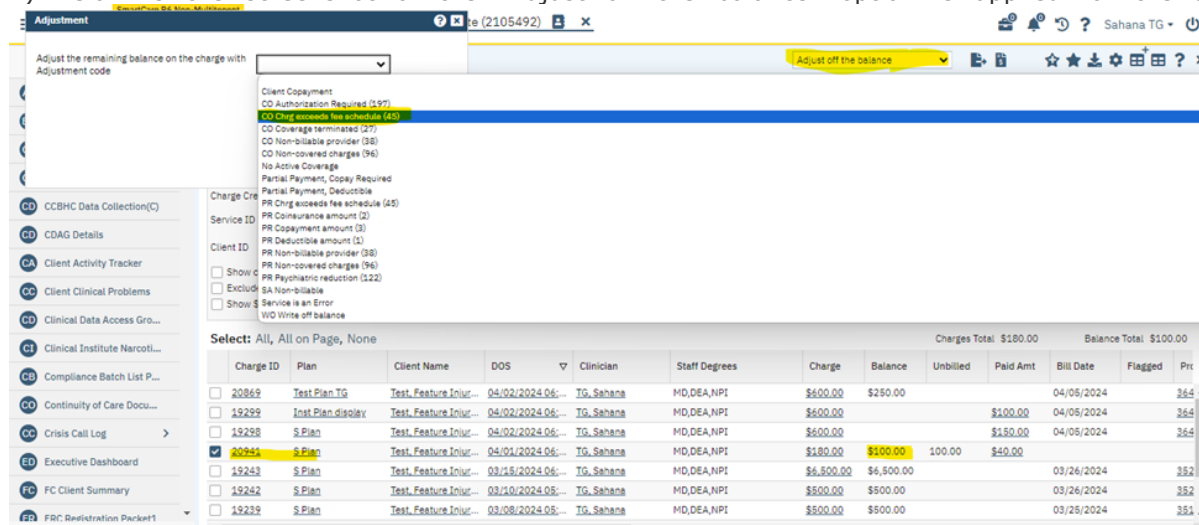
Payers Modify Payer Order... Total Current Balance : \$100.00

Payer	Charges	UnBilled	Payments	Adj	Balance
S Plan 921...	\$180.00	\$100.00	(\$40.00)	(\$40.00)	\$100.00

View Ledgers For: All Payers ☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
32514	119352873	20941	04/05/2024	EOB/P...	S Plan 921345...	Pay...		(\$40.00)			
32514	119352873	20941	04/05/2024	EOB/P...	S Plan 921345...	Adj...	CO Cov...	(\$40.00)			
32513	119352873	20941	04/05/2024	Servic...	S Plan 921345...	Cha...				CO Coverage terminated (27)	

2) Below is the screenshot of the "Adjust off the balance" option is applied for the above charge.



Adjustment ite (2105492) ⓘ ✕ 🔔 🔊 🔄 ? Sahana TG 🔌

Adjust the remaining balance on the charge with Adjustment code Adjust off the balance 🔍 🌟 📌 ⚙️ 🔧 🔗 🔍 ✕

Client Copyment
CO Authorization Required (197)
CO Coverage terminated (27)
CO Coverage terminated (27)
CO Non-billable provider (38)
CO Non-covered charges (96)
No Active Coverage
Partial Payment, Copay Required
Partial Payment, Deductible
PR Chrg exceeds fee schedule (45)
PR Coinsurance amount (2)
PR Copayment amount (3)
PR Deductible amount (1)
PR Non-billable provider (38)
PR Non-covered charges (96)
PR Psychiatric reduction (122)
SA Non-billable
Show \$ Service is an Error
WO Write off balance

Charge Cr
Service ID
Client ID
☐ Show \$
☐ Exclude \$A Non-billable
☐ Show \$ Service is an Error
☐ WO Write off balance

Select: All, All on Page, None Charges Total: \$180.00 Balance Total: \$100.00

Charge ID	Plan	Client Name	DOS	Clinician	Staff Degrees	Charge	Balance	Unbilled	Paid Amt	Bill Date	Flagged	Pri
20869	Test Plan TG	Test_Feature Injur...	04/02/2024 06:...	TG, Sahana	MD,DEA,NPI	\$600.00	\$250.00			04/05/2024	364	
19299	Inst Plan display	Test_Feature Injur...	04/02/2024 06:...	TG, Sahana	MD,DEA,NPI	\$600.00		\$100.00		04/05/2024	364	
19298	S Plan	Test_Feature Injur...	04/02/2024 06:...	TG, Sahana	MD,DEA,NPI	\$600.00		\$150.00		04/05/2024	364	
20944	S Plan	Test_Feature Injur...	04/01/2024 06:...	TG, Sahana	MD,DEA,NPI	\$180.00	\$100.00	100.00	\$40.00			
19243	S Plan	Test_Feature Injur...	03/15/2024 06:...	TG, Sahana	MD,DEA,NPI	\$6,500.00	\$6,500.00			03/26/2024	352	
19242	S Plan	Test_Feature Injur...	03/10/2024 05:...	TG, Sahana	MD,DEA,NPI	\$500.00	\$500.00			03/26/2024	352	
19239	S Plan	Test_Feature Injur...	03/08/2024 05:...	TG, Sahana	MD,DEA,NPI	\$500.00	\$500.00			03/25/2024	351	

Once the option is applied, then the \$100 will be removed from the 'Charges/Claims' list page screen under the 'Balance' column, and that \$100 will be added to the 'Adjustment' column in the "Ledger Entries" which make it as \$140.

Ledger Entries

Make adjustment to...

Make Adjustments...

Regenerate Charge

Service Information

DOS: 04/01/2024 6:00 AM

Procedure: S Procedure 30.0 Minutes

Charge: \$180.00

Payers

Modify Payer Order...

Total Current Balance: \$0.00

Payer	Charges	UnBilled	Payments	Adj	Balance
S Plan 921...	\$180.00	\$0.00	(\$40.00)	(\$140.00)	\$0.00

View Ledgers For: All Payers

☒ Exclude Error Ledgers

	Financial Activity Line ID	Service Id	Charge Id	Date		Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
		32515	119352873	20941	04/05/2024	Service...	S Plan 921345...	Adj...	CO Chr...	(\$100.00)			
		32514	119352873	20941	04/05/2024	EOB/P...	S Plan 921345...	Pay...		(\$40.00)			
		32514	119352873	20941	04/05/2024	EOB/P...	S Plan 921345...	Adj...	CO Cov...	(\$40.00)			
		32513	119352873	20941	04/05/2024	Service...	S Plan 921345...	Cha...		CO Coverage terminated (27)			

SmartCare R6 Non-Multitenant

Test, Feature Injury Date (2105492)

Transfer

Transfer the remaining balance on the charge to the next payer with Transfer code

Cascade balance to next payer

Client Copy Payment
CO Authorization Required (197)
CO Chrg exceeds fee schedule (45)
CO Coverage terminated (27)
CO Non-billable provider (38)
CO Non-covered charges (36)
No Active Coverage
Partial Payment, Copy Required
Partial Payment, Deductible
PR Chrg exceeds fee schedule (45)
PR Coinsurance amount (2)
PR Copayment amount (3)
PR Deductible amount (1)
☐ Show PR Non-billable provider (38)
☐ Exclude PR Non-covered charges (36)
☐ Show PR Psychiatric reduction (122)
☐ Show SA Non-billable
Service is an Error
WO Write off balance

Select:

Charge ID	Plan	Client Name	DOS	Clinician	Staff Degrees	Charge	Balance	Unbilled	Paid Amt	Bill Date	Flagged	Pr
<input checked="" type="checkbox"/> 20942	S Plan	Test, Feature Injur...	04/05/2024 06:...	TG, Sahana	MD, DEA, NPI	\$180.00	\$80.00	80.00	\$100.00	04/05/2024		36-6
<input type="checkbox"/> 20869	Test Plan TG	Test, Feature Injur...	04/02/2024 04:...	TG, Sahana	MD, DEA, NPI	\$600.00	\$280.00					36-6
<input type="checkbox"/> 19299	Inst Plan displ...	Test, Feature Injur...	04/02/2024 04:...	TG, Sahana	MD, DEA, NPI	\$600.00			\$100.00	04/06/2024		36-6
<input type="checkbox"/> 19298	S Plan	Test, Feature Injur...	04/02/2024 04:...	TG, Sahana	MD, DEA, NPI	\$600.00			\$180.00	04/05/2024		36-6
<input type="checkbox"/> 20941	S Plan	Test, Feature Injur...	04/01/2024 04:...	TG, Sahana	MD, DEA, NPI	\$180.00			\$40.00			

Ledger Entry Screen, Once the option is applied, the \$80 will be removed from the 'Charges/Claims' list page screen under the 'Balance' column, and that \$80 will be transferred to the next active payer of the client.

Ledger Entries

Make adjustment to...

Make Adjustments... Regenerate Charge

Service Information

DOS: 04/05/2024 6:00 AM
Procedure: S Procedure 30.00 Minutes
Charge: \$180.00

Payers

Modify Payer Order... Total Current Balance : \$80.00

Payer	Charges	UnBilled	Payments	Adj	Balance
S Plan 921...	\$100.00	\$0.00	(\$100.00)	\$0.00	\$0.00
Inst Plan d...	\$80.00	\$80.00	\$0.00	\$0.00	\$80.00

View Ledgers For : All Payers

☒ Exclude Error Ledgers

Financial Activity Line ID	Service Id	Charge Id	Date	Activity	Payer	Type	Adj. Code	Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
<input checked="" type="checkbox"/> 32518	119352874	20942	04/05/2024	Adjust...	S Plan 921345...	Tra...	PR No...	(\$80.00)			
<input checked="" type="checkbox"/> 32518	119352874	20943	04/05/2024	Adjust...	Inst Plan displ...	Tra...	PR N	PR Non-billable provider (38)			
<input checked="" type="checkbox"/> 32517	119352874	20942	04/05/2024	EOB/P...	S Plan 921345...	Pay...		(\$100.00)			
<input checked="" type="checkbox"/> 32516	119352874	20942	04/05/2024	Service...	S Plan 921345...	Cha...		\$180.00			

On Processing claims, the same information will be displayed on claim file under CAS segment.

Claims Processing

Processed Successfully

Claim File Creation

You have selected 1 charge

Electronic
Paper

Remove Selected Charge

Select: All, All on P

Batch #

54840-Inst Plan

Batch Id	Format	Display As	File Name	Created Correctly
54840	HIPAA 837 Institution...	Inst Plan ...	54840-Inst Plan display-H	<input checked="" type="checkbox"/>

AMT*EAF*80
OI***Y***Y
NM1*IL*1*TEST*FEATURE INJURY DATE****MI*92134567A
NM1*PR*2*S PLAN*****PI*TEST123
LX*1
SV2*SRC56789*HC|SBC237897|11|12|13|14*180*UN*1
DTP*472*D8*20240405
REF*6R*768462
LIN**N4*NDC723489
CTP****60*F2
SVD*TEST123*100*HC|SBC237897|11|12|13|14*SRC56789*1
CAS*PR*38*80.00
DTP*573*D8*20240405
AMT*EAF*80.00
SE*51*000548400
GE*1*54840
IEA*1*000054840

Status Staff h

Process... TG, Saha

Balance Total \$

Bill Date Flagged

Note: The user can perform this action for a single charge and for multiple charges at a time. The user can use the "Cascade balance to next payer" option to transfer the balance amount from primary to secondary and from secondary to third payer. If the client don't have any active next payer, then when the user applies this option, the balance will be transferred to client account.

Author: Yashas Kydalappa

23. EII # 126786: A new logic has been implemented for the CCBHC claims.

Release Type: Change | **Priority:** Urgent

Prerequisites:

1. Procedure code exists with the 'CCBHC' checkbox checked in the 'Procedure Type' section under the General tab of Procedure Code Details screen.
2. Plan exists with the 'This is a CCBHC Plan' checkbox checked in the 'General Information' section under the General tab of Plan Details screen.
3. The service is completed using the above mentioned CCBHC Plans and Procedures.

Navigation Path 1: 'My Office' - 'Billing' - 'Charges/Claims' - 'Charges/Claims' list page - Select the Claim - 'E-claim' button - 'Process Now' button - 'Create Claim File'.

Navigation Path 2: 'My Office' - 'Billing' - 'Charges/Claims' - 'Charges/Claims' list page - Select the Claim - 'Paper-claim' button - 'Process Now' button - Print Claim.

Functionality 'Before' and 'After' release:

Purpose: The CCBHC claims submissions in some states will require the submission of a Daily Rate procedure (T1040) along with the other qualifying service procedures that make it possible to submit the daily rate bill.

With the release, a new logic has been implemented for the CCBHC claims. The charge IDs generated from all types of services on the same date of service, are considered for processing the claims under the same claim batch. If any one of the charge ID is missing out, then the system will throw the below mentioned 'Charge Error'.

Charge Error: Qualifying CCBHC Services not in Batch for this Client.

The screenshot shows the 'Claims Processing' window. At the top, it says 'Processed Successfully'. Below that, it states 'You have selected 2 charges to be processed with a total amount of \$1,000.00'. There are buttons for 'Save As...', 'Create Claim File', 'Process Now', and 'Close'. Below these, there are radio buttons for 'Electronic' (selected) and 'Paper', and a 'Process Later' button. A 'Select Batch' dropdown menu is set to 'All Batches', with a 'Delete Batch' button next to it. A 'Remove Selected Charges From Batch' button is also present. Below the buttons, there is a table with columns: Client ID, Client Name, Procedure, DOS, Status, Staff Name, Charge, and Warnings/Errors. The table contains two rows of data. A tooltip is visible over the 'Warnings/Errors' column of the second row, displaying the message: 'Qualifying CCBHC Services not in Batch for this Client'.

Client ID	Client Name	Procedure	DOS	Status	Staff Name	Charge	Warnings/Errors
6470	Test, 337920	337920	03/25/2024 10:00...	Selected	K, Yashas	\$500.00	Qualifying CCBHC Services no...
6470	Test, 337920	337920	03/25/2024 11:00...	Selected	K, Yashas	\$500.00	Qualifying CCBHC Services no...

Author: Yashas Kydalappa

24. Core Bugs # 126911: Charge error is not displayed for the 'To be Replaced' and 'To be Voided' Claims.

Release Type: Fix | **Priority:** High

Navigation Path: 'My Office' - 'Billing' - 'Charges/Claims' - 'Charges/Claims' list page - 'E-Claims' button - 'Process Now' button.

Navigation path: 'My Office' - 'Billing' - 'Charges/Claims' -- 'Charges/Claims' list page - 'paper claim' button - 'Process Now' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The system did not display the charge error for 'To be Voided' and 'To be Replaced' claims when processing the claims.

With this release, the above-mentioned issue has been resolved. Now, while processing the 'To be Replaced' and 'To be Voided' claims, the system displays the below charge error message and the user is not able to proceed further until the error message is cleared.

Error: Void or Replacement Claim requires Payer Claim Control Number. Check Claim Line Item Details.

Claims Processing (Backend)

Reference No	Task No	Description
25	Core Bugs # 127227	Billing framework changes (Core): Custom Line Item Ordering for Claims.

Author: Roopa Hemanna

25. Core Bugs # 127227: Billing framework changes (Core): Custom Line Item Ordering for Claims.

Release Type: Fix | **Priority:** High

Prerequisite: Service charges are created to generate Electronic and Paper claims for 837 Professional and 837 Institutional formats.

Path: 'Client' -- 'Services' list screen -- click on New button -- 'Service Details' screen -- enter mandatory information -- click on save button -- Services should be completed -- click on 'Charge' hyperlink -- 'Ledger Entries' screen -- click on 'Charge Id' hyperlink -- 'Charge Details' screen -- check 'Ready To Bill' checkbox -- click on 'Save' button.

Navigation Path 1: 'My Office' -- 'Charges/Claims' list screen -- select all charge id's to be billed -- click on 'Eclaim' button -- click on 'Create Claim file' button.

Navigation Path 2: 'My Office' -- 'Charges/Claims' list screen -- select all charge id's to be billed -- click on 'Paper claim' button -- click on 'Print Claims' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The SV (ServiceLine) segment was not sorted under a CLM(Claims) segment for specific medications in 837 Professional and 837 Institutional formats.

With this release, the above-mentioned issue has been resolved. Now, a change is done in core fields for #ClaimLines to support custom ordering to resolve the sorting issue. Now, the SV (ServiceLine) segment is sorting correctly under a CLM(Claims) segment for specific medications in 837 Professional and 837 Institutional formats.

Note: This change is specific to the customer having the custom logic of billing MAT medications with NDC values.

Client Fees Calculation and Adjustments

Reference No	Task No	Description
26	Core Bugs # 126935	Adjustments are being posted incorrectly for the service posted during coverage.

Author: Roopa Hemanna

26. Core Bugs # 126935: Adjustments are being posted incorrectly for the service posted during coverage.

Release Type: Fix | **Priority:** Medium

Prerequisite:

1. Client is created with a Medicaid plan. The coverage plan is added in, but Client Fee record is set to expire with the end date.
2. Services are created for DOS during and after coverage plan.

Navigation Path 1: Nightly job "exec ssp_PostClientFeeAdjustments 2762" is executed.

Navigation Path 2: 'Client' - Services -- 'Service Detail' screen - click on 'Charge hyperlink' - 'Ledger Entries' screen - 'View Ledgers For' section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The start and end date of the client fee was not being considered when determining whether the service should be included or not. Hence the Adjustments were being posted incorrectly.

With this release, the above-mentioned issue has been resolved. Now, Yearly cap calculations is added and modified the logic to check the Date of service (the service should be included based on start and end date) is valid for the client fee and now, Adjustments are being posted correctly for the service posted during coverage.

Client Flag

Reference No	Task No	Description
27	Core Bugs # 127278	Client Name: The 'Flag note' is truncated, when it has 'colon (:)'.
28	Core Bugs # 127445	Validation not displayed on modifying the Client Flag without program

Author: Renuka Gunasekaran

27. Core Bugs # 127278: Client Name: The 'Flag note' is truncated, when it has 'colon (:)'.

Release Type: Fix | **Priority:** Medium

Prerequisite: Add 'colon (:)' in the 'Flag Note' through the **Path:**

'Client' search - 'Client Flags' - Select Note hyperlink - 'Client Flag Details' - Add ':' in the 'Flag note' - 'Modify' - 'Save.'

Navigation path: 'Client' search - Select a client - Hover over on the 'Client Name'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The 'Flag note' was truncated when it had 'colon (:)'.

With this release, the above-mentioned issue has been resolved. Now, the Flag notes are being displayed fully even with a colon (:)’ included.

Author: Girish Jayanna

28. Core Bugs # 127445: Validation not displayed on modifying the Client Flag without program.

Note: This functionality is implemented for a specific customer. If you have Primary and County type of setup and would like to use these functionalities, please get in touch with Streamline Support.

Release Type: Fix | **Priority:** High

Prerequisites:

1. System configuration key "DisplayCDAGSectionInStaffDetails" value is set to 'Yes'.
2. System Configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Navigation Path: Client search -- 'Client Flags' -- 'Client Flag Details'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user attempted to modify a Client Flag by selecting the blank value in the program dropdown for flags that had already been mapped with the program, the validation message "Please select the program" did not appear on the Client Flag Details page.

With this release, the validation message "Please select the program" is implemented to display, when the user selects the blank value in the program dropdown while attempting to modify a client flag.

Client Information (C)

Reference No	Task No	Description
29	EII # 125578	Changes are implemented in the "Reporting" tab of 'Client Information(C)' screen.
30	Core Bugs # 127033	Client Information (C): Red error is displayed when user tried to save data.
31	Core Bugs # 127291	Client Information (C): the user was allowed to select the value from 'Primary Care Physician' Drop-Down and also "Client does not have PCP" checkbox fields.

Author: Veena Santosh

29. EII # 125578: Changes are implemented in the "Reporting" tab of 'Client Information(C)' screen.

Release Type: Change | **Priority:** Onfire

Prerequisite: Set External Code 2 values to Global code category "LivingArrangement".

The Global code category and its external code 2 values are listed as below:

1. LivingArrangement : Global code category LivingArrangement" with the external code 2 values:

- **Homeless Shelter:** 'Client Information – Demographics – 'LivingArrangement ' and the selected value having a value on 'Global code - external code 2' as '1'.
- **Homeless - Transitional :** 'Client Information – Demographics – 'LivingArrangement ' and the selected value having a value on 'Global code - external code 2' as '2'.
- **Homeless - Doubling Up :** 'Client Information – Demographics – 'LivingArrangement ' and the selected value having a value on 'Global code - external code 2' as '3'.
- **Homeless - Street :** Client Information – Demographics – 'LivingArrangement ' and the selected value having a value on 'Global code - external code 2' as '4'.
- **Homeless - Permanent Supportive Housing:** Client Information – Demographics – 'LivingArrangement ' and the selected value having a value on 'Global code - external code 2' as '5'.
- **Homeless during 12 months prior to initial services:** Client Information – Demographics – 'LivingArrangement ' and the selected value having a value on 'Global code - external code 2' as '6'.
- **Homeless-housing situation unknown:** Client Information – Demographics – 'LivingArrangement ' and the selected value having a value on 'Global code - external code 2' as '7'.

Navigation Path 1: Login to SmartCare application -Client Search-Select a Client - Client Information©- Reporting Tab- History hyperlink.

Navigation Path 2: Go search-GlobalCodes- UDSSplPopulations- Click on Apply filter.

Functionality 'Before' and 'After' release:

Purpose: Need ability to record periods of time clients fall into the categories listed on this page - history and ability to remove and edit entries.

With this release, the below changes are added to the Reporting tab of the Client information(C) and the new globalcode Category "UDSSplPopulations" is added in the Global Codes screen to capture the "Current Special Populations" data.

The following section is displayed in the Reporting tab of Client information(C) screen:

1.UDS Reporting section :

- Current Special Populations label is renamed from Special Populations.
- The History hyperlink is added under this section .

The Current Special Population is displayed with the following checkboxes.

- **Agricultural Worker - Migratory:** The checkbox label is renamed from Migratory to 'Agricultural Worker - Migratory ' and an information icon is displayed (i) next to this.
- **Agricultural Worker - Seasonal:** The checkbox label is renamed from 'Seasonal' to 'Agricultural Worker - Seasonal' and an information icon is displayed (i) next to this.
- **Homeless Population - Homeless Shelter:** The checkbox label is renamed from Homeless Shelter to 'Homeless Population - Homeless Shelter'.
- **Homeless Population - Transitional:** The checkbox label is renamed from 'Transitional' to 'Homeless Population - Transitional' .
- **Homeless Population - Doubling Up:** The checkbox label is renamed from 'Doubling Up' to 'Homeless Population - Doubling Up'.

- **Homeless Population - Street:** The checkbox label is renamed from 'Street' to 'Homeless Population - Street'.
- **Homeless Population - Permanent Supportive Housing:** The checkbox label is renamed from 'Permanent Supportive Housing' to 'Homeless Population - Permanent Supportive Housing'.
- **Homeless - During 12 months prior to initial services:** The checkbox label is renamed from 'Other' to 'Homeless - During 12 months prior to initial services'.
- **Homeless - Specific Housing Information unknown:** The checkbox label is renamed from **Specific** Housing Information unknown to 'Homeless - Specific Housing Information unknown'.

Client Information(C)

General
Aliases
Demographics
Hospitalization
Primary care referral
Financial
Release of Information Log
Contacts

Client Episodes
SA Demographics
Referral
Special Rates
Family
External Referral
Timeliness
Reporting
Interfaces

Foster Care
MAT
Custom Fields

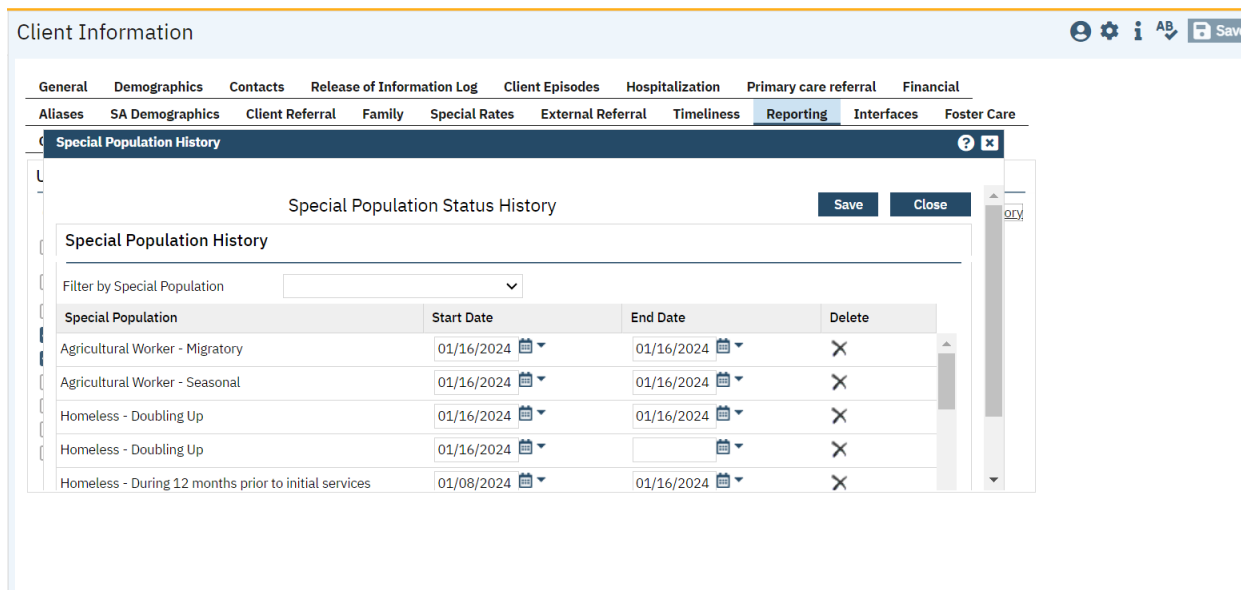
UDS Reporting

Current Special Populations

☐ Agricultural Worker - Migratory ⓘ
☐ Agricultural Worker - Seasonal ⓘ
☐ Homeless Population - Homeless Shelter
☐ Homeless Population - Transitional
☐ Homeless Population - Doubling Up
☐ Homeless Population - Street
☐ Homeless Population - Permanent Supportive Housing
☐ Homeless - During 12 months prior to initial services
☐ Homeless - Specific Housing Information Unknown

History

2. The 'History' hyperlink is newly added in the 'Reporting' tab to capture the modifications done to "Current Special Populations" data. When clicking on the History hyperlink it will display the 'Special Population Status History' Pop up.



Special Population	Start Date	End Date	Delete
Agricultural Worker - Migratory	01/16/2024	01/16/2024	X
Agricultural Worker - Seasonal	01/16/2024	01/16/2024	X
Homeless - Doubling Up	01/16/2024	01/16/2024	X
Homeless - Doubling Up	01/16/2024		X
Homeless - During 12 months prior to initial services	01/08/2024	01/16/2024	X

The Special Population Status History pop up will be displayed with below mentioned fields.

Special Population History: This is a label.

Filter by Special Population : This is a filter dropdown having the special population names. Through this filter users can filter the Special population data in 'History' pop up and the values are binding from the 'UDSSplPopulations' Globalcode Category.

The **Filter by Special Population** drop down is displayed with below mentioned values :

Agricultural Worker - Migratory
Agricultural Worker - Seasonal
Homeless- Shelter
Homeless- Transitional
Homeless - Doubling Up
Homeless -Street
Homeless- Permanent Supportive Housing
Homeless - During 12 months prior to initial services
Homeless - Specific Housing Information unknown
Veteran status
Living Arrangement

Veteran status : If veteran status drop down selection changes value from null/bank to Yes or from No to Yes - add a line to history table with start date = save date.

If veteran status changes from YES to blank/null or No - add end date = save date to veteran status line in history table.

Living Arrangement : Upon Save of Client Information - Check the Demographics - Living Arrangement field, the last history record for this field is checked.

Complete above checks for external code 2 value - checkboxes on Reporting tab should indicate selection from living arrangement dropdown.

When the value is blank or not selected in the "Filter by Special Population" dropdown , then data for all the special populations will be displayed in the grid.

When any particular special population is selected only the data specific to the value selected in the filtered dropdown will be displayed in the grid.

The Grid is displayed with the below mentioned columns:

A. Special population: The column displays the name of the special population based on the filter value.

B. Start date: When any special population checkbox is checked, then the Start date will be captured for the special population in the History pop up. This value can also be manually edited by the user. The special population name can have multiple entries.

C. End date: when any special population checkbox is unchecked, then the End date will be captured for a special population in the History pop up. This value can also be manually edited by the user.

- If a user enters an 'End Date' and clicks the 'Save' button in History pop up, then the corresponding special population checkbox will be 'unchecked' in the 'Reporting' tab.
- If a user removes 'End Date' and clicks the 'Save' button in History pop up, then the corresponding special population checkbox will be 'checked' in the 'Reporting' tab.

D. Delete: when click on the delete icon , the Confirmation Message pop will be displayed with "Do you want to delete this record from Special Population History?" with OK and Cancel buttons.

- **OK:** when clicked on OK it will delete the record from the grid.
- **Cancel:** When clicked on Cancel, it will not delete the record from the grid.

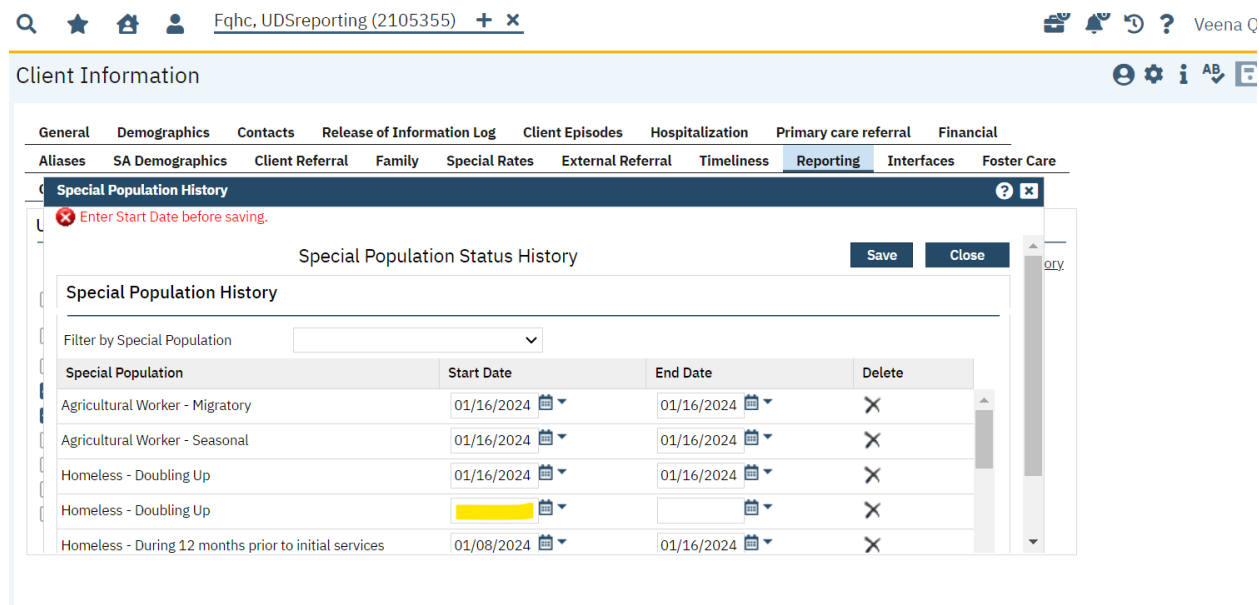
When any special population data is deleted, then the corresponding record will be marked as 'RecordDeleted' in the history table.

E. Save button: the below conditions are checked on click of 'Save' button.

Validations:

1.If the Start Date is blank on the Special Population History pop up, then the below validation message is displayed.

"Enter Start Date before saving."



The screenshot shows the 'Special Population History' pop-up window. At the top, there is a red error message: "Enter Start Date before saving." Below the message is a table titled 'Special Population Status History'. The table has columns for 'Special Population', 'Start Date', 'End Date', and 'Delete'. The 'Start Date' column for the first four rows is blank, which triggers the validation error. The 'End Date' column for the first four rows contains the date '01/16/2024'. The 'Delete' column contains a delete icon (X) for each row. The fifth row has a yellow background and a blank 'Start Date' field. The sixth row has a 'Start Date' of '01/08/2024' and an 'End Date' of '01/16/2024'. The window also has 'Save' and 'Close' buttons at the top right.

Special Population	Start Date	End Date	Delete
Agricultural Worker - Migratory		01/16/2024	X
Agricultural Worker - Seasonal		01/16/2024	X
Homeless - Doubling Up		01/16/2024	X
Homeless - Doubling Up			X
Homeless - During 12 months prior to initial services	01/08/2024	01/16/2024	X

2.If future dates are provided for Start and End date fields, then below validation is displayed.

"Start date and End dates cannot be in the future."

Client Information(C)

General

Aliases

Demographics

Hospitalization

Primary care referral

Financial

Release of Information Log

Contacts

Client Episodes

SA Demographics

Referral

Special Rates

Family

External Referral

Timeliness

Reporting

Interfaces

Foster Care

Special Population History

UDS Re

Start date and End date cannot be in the future.

Current:

Special Population Status History

Save

Close

Special Population History

Filter by Special Population

Special Population	Start Date	End Date	Delete
Agricultural Worker - Migratory	01/02/2024	01/02/2024	Delete
Homeless - housing situation unknown	01/02/2024	01/02/2024	Delete
Homeless - Transitional	01/03/2024	01/03/2024	Delete
Living Arrangement	01/02/2024		Delete
Veteran Status	01/02/2024		Delete

3.If more than one entry for the same "Special Population" has end date = blank/null (if user deletes end date from a previous entry when a second entry has been created for the same special population), then below validation will be displayed.

"Only one active entry allowed per special population type. Enter end date or remove duplicate entry".

Client Information

General

Demographics

Contacts

Release of Information Log

Client Episodes

Hospitalization

Primary care referral

Financial

Aliases

SA Demographics

Client Referral

Family

Special Rates

External Referral

Timeliness

Reporting

Interfaces

Foster Care

Special Population History

Only one active entry allowed per special population type

Homeless - Doubling Up. Enter end date or remove duplicate entry.

Special Population Status History

Save

Close

Special Population History

Filter by Special Population

Special Population	Start Date	End Date	Delete
Agricultural Worker - Migratory	01/16/2024	01/16/2024	X
Agricultural Worker - Seasonal	01/16/2024	01/16/2024	X
Homeless - Doubling Up	01/16/2024		X
Homeless - Doubling Up	01/16/2024		X

4. If user edits start/end dates and two entries of the same special population have 'active' time periods which overlap, then below validation will be displayed.

"Active dates overlap for [name of Special Population with date overlap]. Change Start / End Dates or remove duplicate entry."

Client Information

General Demographics Contacts Release of Information Log Client Episodes Hospitalization Primary care referral Financial

Aliases SA Demographics Client Referral Family Special Rates External Referral Timeliness Reporting Interfaces Foster Care

Special Population History

Active dates overlap for Homeless - Doubling Up. Change Start / End Dates or remove duplicate entry.

Special Population Status History

Save Close

Special Population History

Filter by Special Population

Special Population	Start Date	End Date	Delete
Agricultural Worker - Migratory	01/16/2024	01/16/2024	X
Agricultural Worker - Seasonal	01/16/2024	01/16/2024	X
Homeless - Doubling Up	01/14/2024		X
Homeless - Doubling Up	01/11/2024	01/15/2024	X

The below conditions need to be checked when saving data in the history pop-up,

- 1.If there is no entry in the History pop-up for a special population, then in the reporting tab all special population checkboxes should be 'unchecked'.
- 2.If all records in the History pop-up for a special population field have an End Date, then in the Reporting Tab special population checkbox should be 'unchecked'.
- 3.If a record in the History pop-up for a special population field exists where End Date is NULL (only a start date), then in the Reporting tab, the special population checkbox should be 'checked'.

F. Close button: It closes the Special population history pop up.

Note:

Data migration is necessary when updating environment with this development update –

- 1) For every patient who have data saved to the table "udsclientreportings" = Y - the UDS Reporting History table is updated with a row for that population with a start date = migration date.
- 2) For every patient with a value selected in Client Demographics - Living Arrangement or Veteran Status, the UDS Reporting History Table is updated with a value on this installation.

Data Model Changes: Added 'UDSClientReportingHistory' table.

Author: Veena Santosh

30. Core Bugs # 127033: Client Information (C): Red error is displayed when user tried to save data.

Release Type: Fix | **Priority:** High

Prerequisite: In 'LIVINGARRANGEMENT' global code, for any record set 'External Code 2' value to some character eg: 'A' and save.

Navigation Path: Client search - Client - Client Information (C) - 'Demographics' tab - Select the 'Living Arrangement' dropdown which has the character value in 'External Code 2' - click on 'Save' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a dropdown option for which 'External Code 2' was set as 'A', was selected under 'Living Arrangement' dropdown in Client Information (C), then attempted to save, then the below mentioned red error was displayed.

Error Message: "50000*****245*****Conversion failed when converting the varchar value 'J' to data type int.*****ssp_SCSaveUDSClientReportingHi*****51*****16*****1*****ssp_SCSaveUDSClientReportingHi*****704*****16*****1 Uncommittable transaction is detected at the end of the batch. The transaction is rolled back."

With this release, the above-mentioned issue has been resolved. Now, the red error is not displayed, when a dropdown option for which 'External Code 2' is set as 'A' and the Client Information (C) screen is saved.

Author: Savitha Siddaraju

31. Core Bugs # 127291: Client Information (C): the user was allowed to select the value from 'Primary Care Physician' Drop-Down and also "Client does not have PCP" checkbox fields.

Release Type: Fix | **Priority:** Medium

Navigation Path: Select Client - Go Search - Client Information (C) (Client) - Demographics tab - Primary Care Physician Section.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. In the Client Information (C) screen under the Demographics tab, the user was allowed to select the value from 'Primary Care Physician' Drop-Down and also "Client does not have PCP" checkbox fields.

With this release, the above - mentioned issue has been resolved. Now if the user checks the check box for "Client does not have PCP", the selection of the "Primary Care Physician" drop-down list is disabled.

Client MAR

Reference No	Task No	Description
32	Core Bugs # 127482	The discontinued medications are displayed in the 'Client MAR' screen.

Author: Sithara Ponnath

32. Core Bugs # 127482: The discontinued medications are displayed in the 'Client MAR' screen.

Release Type: Fix | **Priority:** High

Prerequisite: The system configuration Key 'MARShowDiscontinueMedsFromPastXDays' is set to '0'.

Navigation Path 1: 'Client' search --- 'Client Orders' screen - Click on 'New' icon - Select a 'Medication' order - -- Click on 'Ok' button - Click on the radio button to select the medication from the 'Order List' grid --- Check the 'Discontinued' checkbox - Select 'D/C Reason' - Click on 'Modify' button --- Click on 'Sign' button.

Navigation Path 2: 'Client' search --- 'Medication Management (Rx)' --- Click on the cross icon (X) to discontinue a medication from the 'Rx' application --- Select the discontinue reason --- Click on the 'Ok' button.

Navigation Path 3: 'Client' search --- 'Client MAR' screen --- Select the shift - Click on the 'Apply Filter' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The discontinued medications were displayed in the 'Client MAR' screen even after the system configuration key 'MARShowDiscontinueMedsFromPastXDays' value was set to '0'.

With this release, the above-mentioned issue has been resolved. Now, the discontinued medications are no longer displaying in the 'Client MAR' screen when the system configuration key 'MARShowDiscontinueMedsFromPastXDays' value is set to '0'.

Client Orders

Reference No	Task No	Description
33	EII # 126828	Client Order Requisition needs to display the Provider Signature in the Electronic Requisition PDF.
34	EII # 126832	Client Order PDF to display the Provider Signature based on the 'Read back and verified' Checkbox selection in Client Orders.
35	EII # 126898	Changes in the 'Client Order Details' screen to display the 'Unit' in the 'Total Dose per Administration' portion of the medication line on the PDF of the 'Client Order'.
36	Core Bugs # 127313	Quick Orders: Comment Box Missing for lab order even though order comments was added in Order setup.
37	Core Bugs # 127481	Order Sets not working.

Author: Chaitali Patil

33. EII # 126828: Client Order Requisition needs to display the Provider Signature in the Electronic Requisition PDF.

Release Type: Change | **Priority:** Urgent

Prerequisite:

1. Recode Category 'GenerateReqForOrderType' exists for all the orders.
2. System configuration key "GenerateReqforPaperBasedLabOrder" value is set to 'Yes'.

Navigation Path 1: Go search – Staff/User (Admin) – Select Staff (ordering physician)– Navigate to the 'Staff Preferences' – Add 'Signature' in 'Staff Signature' section.

Navigation Path 2: Go to search – Orders (Admin) – Click on 'New' – Create an Order (Like Lab, Radiology).

Navigation Path 3: 'Client' search - 'Client Orders' screen – Click on the 'New' icon - Type and search for the order which is created (Navigation Path 2) - Enter the required fields – Check the 'Read back and verified' checkbox – Insert Order in the grid - Click on the 'Sign' button – sign the order – Navigate back to the 'Client Order List Page' - Click to download Requisition icon.

Navigation Path 4: 'Client Search- 'Client Orders'-Click on the 'New' icon - Type and search for (NavigationPath2) order which is created -Enter the required fields-Do not check the 'Read back and verified' checkbox - Insert Order in the grid -Click on the 'Sign' button - sign the order.

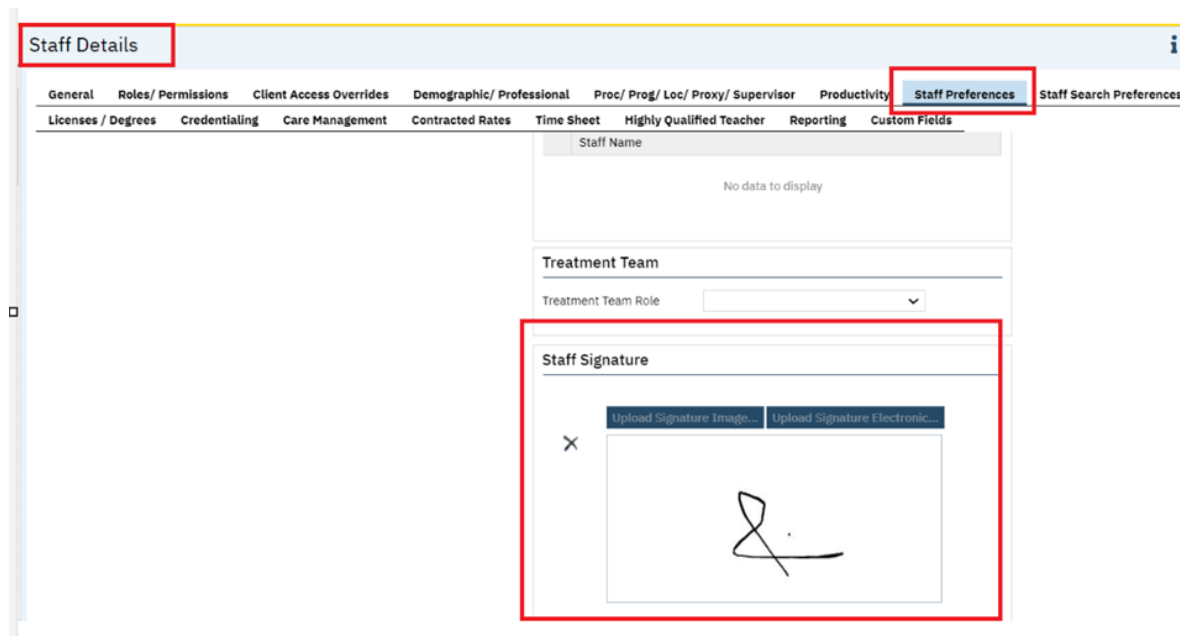
Functionality 'Before' and 'After' release:

Purpose: Currently the Client Order Requisition document is not sending the provider's signature. This is causing an issue with some vendors accepting the order. The customer is requesting whenever a provider sends a client order, his/her signature is applied to the Client Order Requisition document either as an image or that a statement is applied that indicates the order has been signed electronically.

With this release, the below mentioned changes are implemented in the 'Electronic Requisition' PDF.

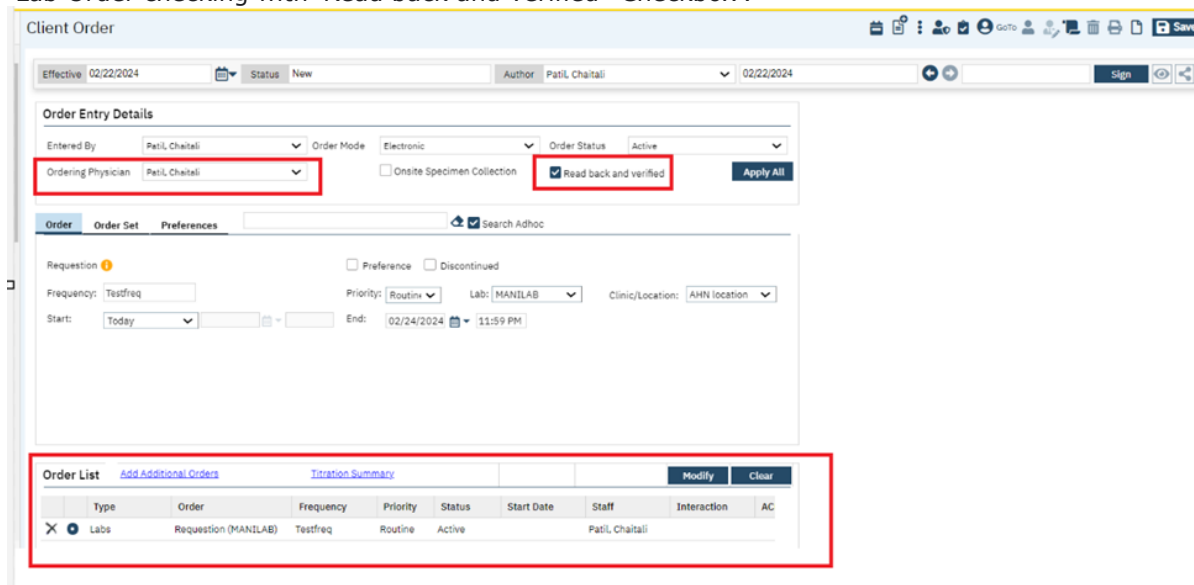
1.The Ordering Physician signature is added in the Staff Signature section of the Staff Preferences tab under the Staff Details screen, which is displayed on the 'Electronic Requisition' PDF, when: 'Read back and verified' checkbox is 'checked' at time of signature.

Staff Signature: Saved in Staff Preferences.



The screenshot displays the 'Staff Details' screen with the 'Staff Preferences' tab selected. The 'Staff Signature' section is highlighted with a red box, showing two buttons: 'Upload Signature Image...' and 'Upload Signature Electronic...'. Below these buttons is a large rectangular area containing a handwritten signature. The 'Treatment Team' section above it shows a dropdown menu for 'Treatment Team Role'.

Lab Order checking with 'Read back and verified' 'Checkbox'.



Client Order

Effective: 02/22/2024 Status: New Author: Patil, Chaitali 02/22/2024

Order Entry Details

Entered By: Patil, Chaitali Order Mode: Electronic Order Status: Active

Ordering Physician: Patil, Chaitali ☒ Read back and verified [Apply All](#)

Order **Order Set** **Preferences** [Search Adhoc](#)

Requestion: ☐ Preference ☐ Discontinued

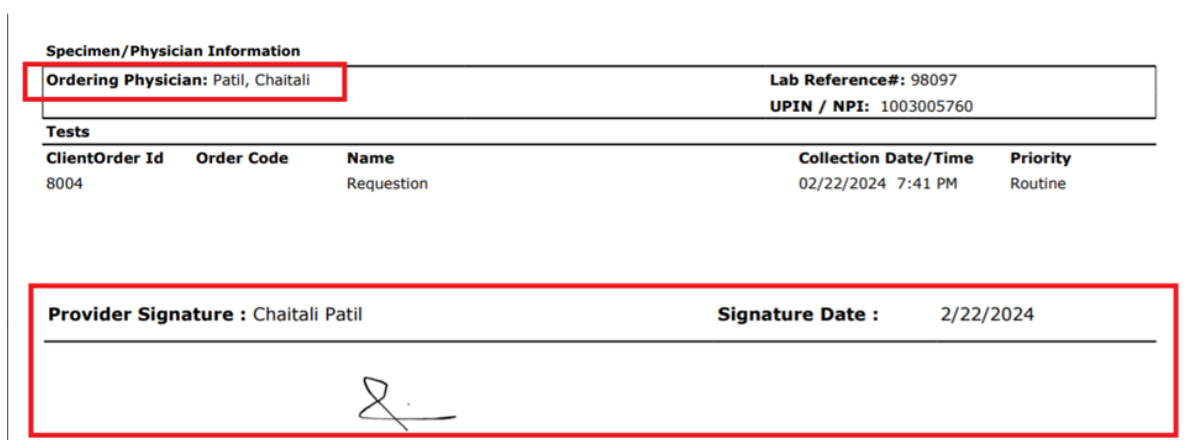
Frequency: Testfreq Priority: Routine Lab: MANILAB Clinic/Location: AHN location

Start: Today End: 02/24/2024 11:59 PM

Order List [Add Additional Orders](#) [Titration Summary](#) [Modify](#) [Clear](#)

Type	Order	Frequency	Priority	Status	Start Date	Staff	Interaction	AC
X Labs	Requestion (MANILAB)	Testfreq	Routine	Active		Patil, Chaitali		

When 'Read back and verified' Checkbox is checked at the time of signature then the Ordering Physician signature is displayed in the 'Electronic Requisition' PDF.




Specimen/Physician Information

Ordering Physician: Patil, Chaitali Lab Reference#: 98097
UPIN / NPI: 1003005760

Tests

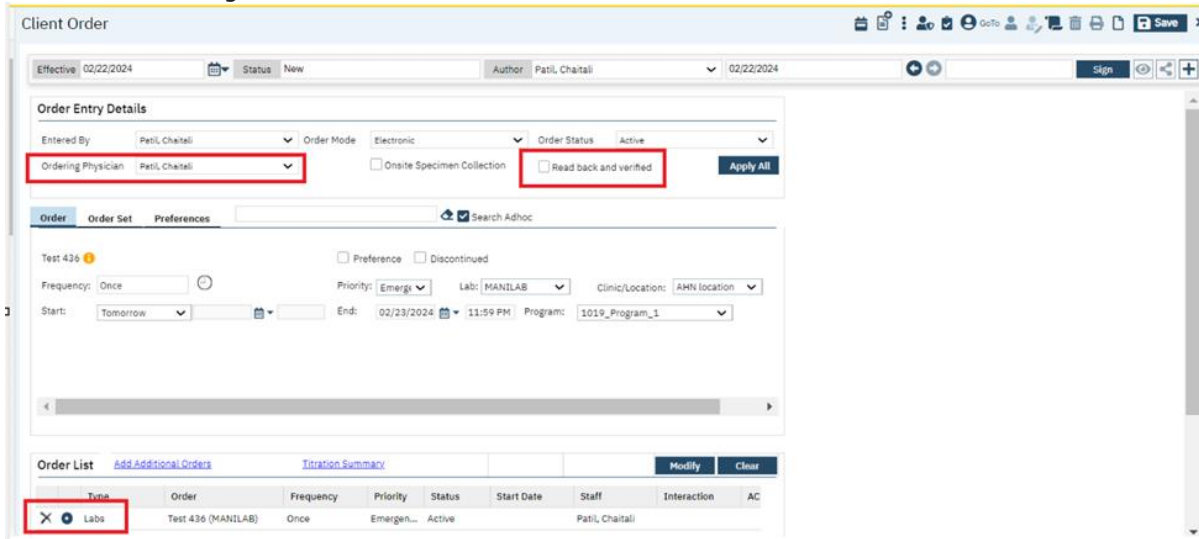
ClientOrder Id	Order Code	Name	Collection Date/Time	Priority
8004		Requestion	02/22/2024 7:41 PM	Routine

Provider Signature : Chaitali Patil **Signature Date : 2/22/2024**



2. When the 'Read back and verified' checkbox is NOT selected, then the standard Signature Subreport will be displayed in 'Electronic Requisition' PDF.

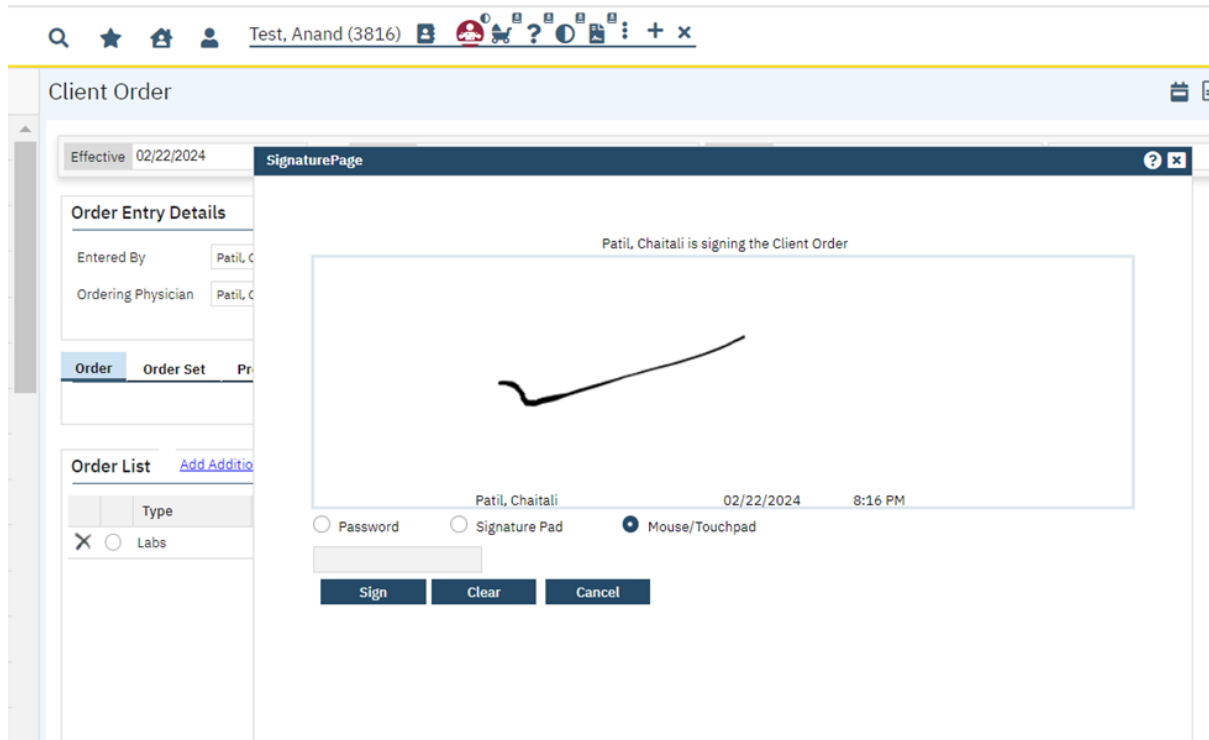
Lab Order checking with 'Read back and verified' 'Checkbox' unchecked.



The screenshot shows the 'Client Order' form. The 'Order Entry Details' section includes fields for 'Entered By', 'Order Mode', 'Order Status', and 'Ordering Physician'. The 'Read back and verified' checkbox is unchecked. The 'Order List' section shows a table with columns: Type, Order, Frequency, Priority, Status, Start Date, Staff, Interaction, and AC. The 'Labs' tab is selected.

Type	Order	Frequency	Priority	Status	Start Date	Staff	Interaction	AC
X	Labs	Test 436 (MANILAB)	Once	Emergen...	Active	Patil, Chaitali		

On Clicking on Sign button, the Signature Pop up will be displayed.




The screenshot shows the 'SignaturePage' pop up window. It displays a signature of 'Patil, Chaitali' and the text 'Patil, Chaitali is signing the Client Order'. The window includes a 'Sign' button, a 'Clear' button, and a 'Cancel' button. The 'Mouse/Touchpad' option is selected for signing.

Patil, Chaitali is signing the Client Order

Patil, Chaitali 02/22/2024 8:16 PM

☐ Password
 ☐ Signature Pad
 ☒ Mouse/Touchpad

Sign Clear Cancel

Specimen/Physician Information				
Ordering Physician: Patil, Chaitali			Lab Reference#: 98101	
			UPIN / NPI: 1003005760	
Tests				
ClientOrder Id	Order Code	Name	Collection Date/Time	Priority
8007		Test 436	02/23/2024 8:16 PM	Emergency
<div> <div>Clinician: Chaitali Patil</div> <div>Signature Date: 02/22/2024 8:17PM</div> </div>				
This document was electronically signed by Chaitali Patil on 02/22/2024 8:17PM				
				

Note: When the System Configuration Key 'GenerateReqforPaperBasedLabOrder' value is set to 'No', then the 'Electronic Requisition' PDF is generated only for Lab Orders. But, that Lab Order type should be present in Recode Category.

Author: Chaitali Patil

34. EII # 126832: Client Order PDF to display the Provider Signature based on the 'Read back and verified' Checkbox selection in Client Orders.

Release Type: Change | **Priority:** Urgent

Navigation Path 1: Go search – Staff/User (Admin) – Select Staff (Ordering Physician)– Navigate to the 'Staff Preferences' - Add 'Signature' in 'Staff Signature' section.

Navigation Path 2: Go to search – Orders (Admin) – Click on 'New' – Create any type of order (Like: Medication, Lab, Nursing, Radiology, Activity etc...)

Navigation Path 3: 'Client' search - 'Client Order' screen – Click on the 'New' icon - Type and search for (Navigation Path 2) order - Enter the required fields – Check the "Read back and verified" checkbox – Insert Order in the grid - Click on the 'Sign' button – sign the order.

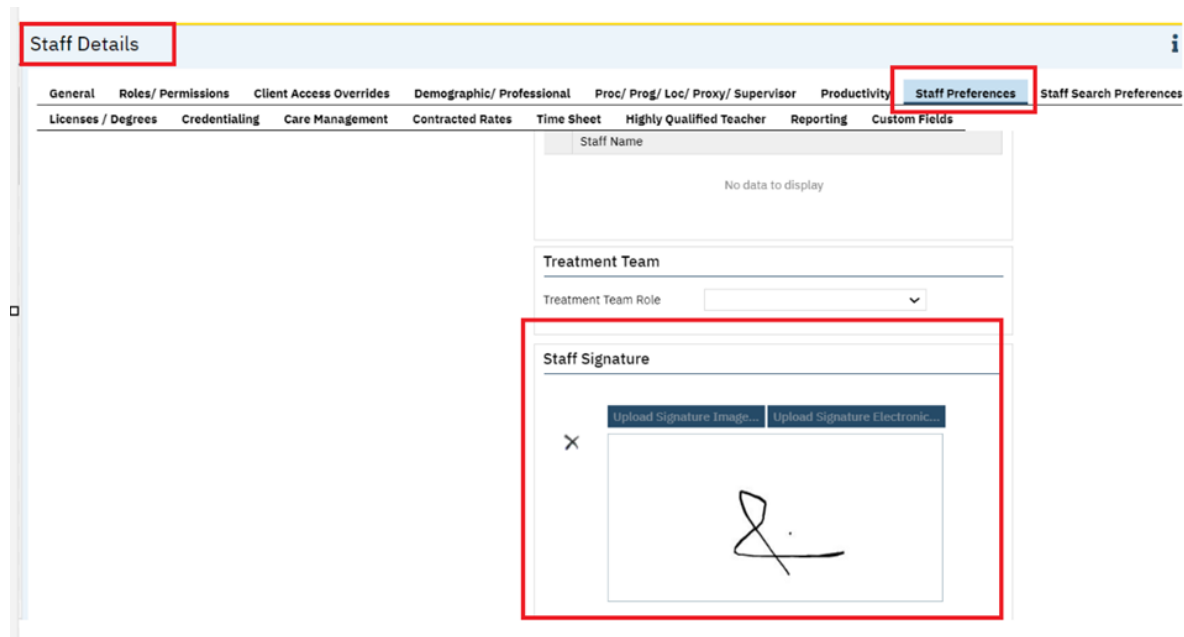
Navigation Path 4: 'Client' search - 'Client Order' screen – Click on the 'New' icon - Type and search for (Navigation Path 2) order - Enter the required fields – 'Do not' Check the "Read back and verified" checkbox – Insert Order in the grid - Click on the 'Sign' button – sign the order.

Functionality 'Before' and 'After' release:

With this release, the below mentioned changes have been implemented in Client Orders PDF:

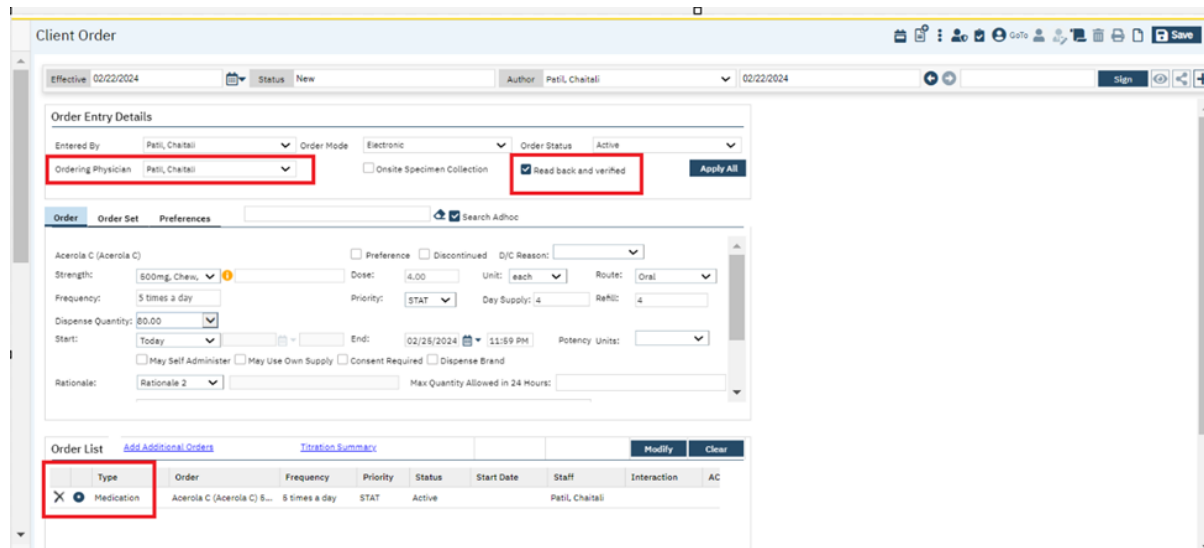
- I. The Ordering Physician signature added in the Staff Signature section of Staff Details screens will be displayed on the Client Order PDF when: 'Read back and verified' checkbox is 'checked' at time of signature.

Screenshot for Staff Signature: Saved in Staff Preferences




The screenshot shows the 'Staff Details' page with the 'Staff Preferences' tab selected. The 'Staff Signature' section is highlighted with a red box, showing a signature image and the text 'Upload Signature Image...' and 'Upload Signature Electronic...'. The 'Treatment Team' section is also visible, showing 'Treatment Team Role' and a dropdown menu.

Screenshot for Medication Order with 'Read back and verified' 'Checkbox' checked.



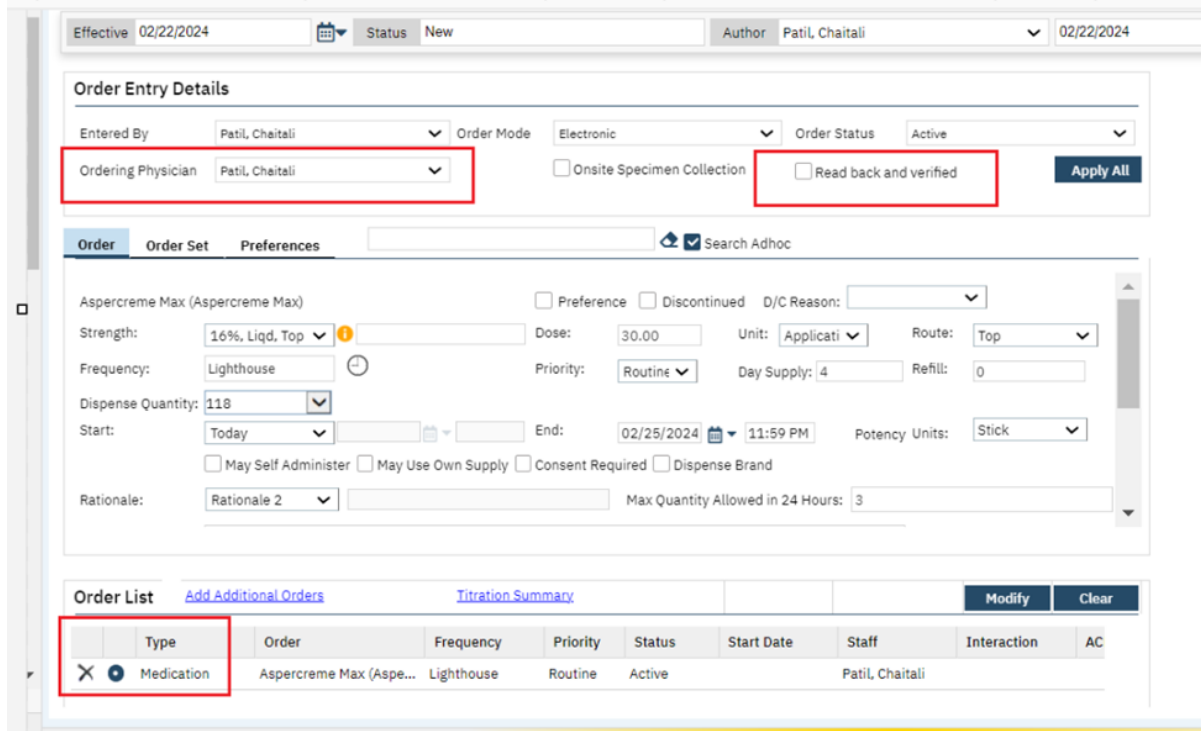
The screenshot shows the 'Client Order' page with the 'Medication' order type selected. The 'Order Entry Details' section is highlighted with a red box, showing the 'Ordering Physician' dropdown and the 'Read back and verified' checkbox, which is checked. The 'Order List' section at the bottom shows the medication order details.

When 'Read back and verified' 'Checkbox' is checked at time of signature then Physician signature will be displayed in the Client Order PDF

Client Information	
Client Name:	Test, Anand
Client ID:	3816
DOB:	10/21/1995
Effective Date:	02/22/2024
Active Medication: Acerola C (Acerola C)	
Client Order Id: 8008	
Entered By: Patil, Chaitali	Ordering Physician: Patil, Chaitali
Order Status: Active	Order Mode: Electronic
Medication: ACEROLA C (ACEROLA C) , 500mg, tablet chewable, Oral 4 each 5 times a day	
Schedule/Start: 02/22/2024 09:06PM	End Date: 02/25/2024 11:59PM
Day Supply: 4	Refill: 4
Priority: STAT	Frequency: 5 times a day
May Use Own Supply: No	Self Administered: No
Consent Required: No	Stock Medication: No
Rationale: Rationale 2	Dispense Brand: No
Potency Units:	
Max Quantity Allowed in 24 hours:	
Dispense Quantity: 80.00	
Instruction Text: s	
Comments: s	
Provider Signature : Chaitali Patil	Signature Date : 2/22/2024
	

II. When the 'Read back and verified' checkbox is NOT checked, then the standard Signature Subreport will be displayed on the Client Order PDF

Screenshot for Medication Order with 'Read back and verified' 'Checkbox' is unchecked.



Effective: 02/22/2024 Status: New Author: Patil, Chaitali 02/22/2024

Order Entry Details

Entered By: Patil, Chaitali Order Mode: Electronic Order Status: Active

Ordering Physician: Patil, Chaitali

☐ Onsite Specimen Collection ☐ Read back and verified [Apply All](#)

Order Order Set Preferences [Search Adhoc](#)

Aspercreme Max (Aspercreme Max) ☐ Preference ☐ Discontinued D/C Reason:

Strength: 16%, Liqd, Top Dose: 30.00 Unit: Applicati Route: Top

Frequency: Lighthouse Priority: Routine Day Supply: 4 Refill: 0

Dispense Quantity: 118

Start: Today End: 02/25/2024 11:59 PM Potency Units: Stick

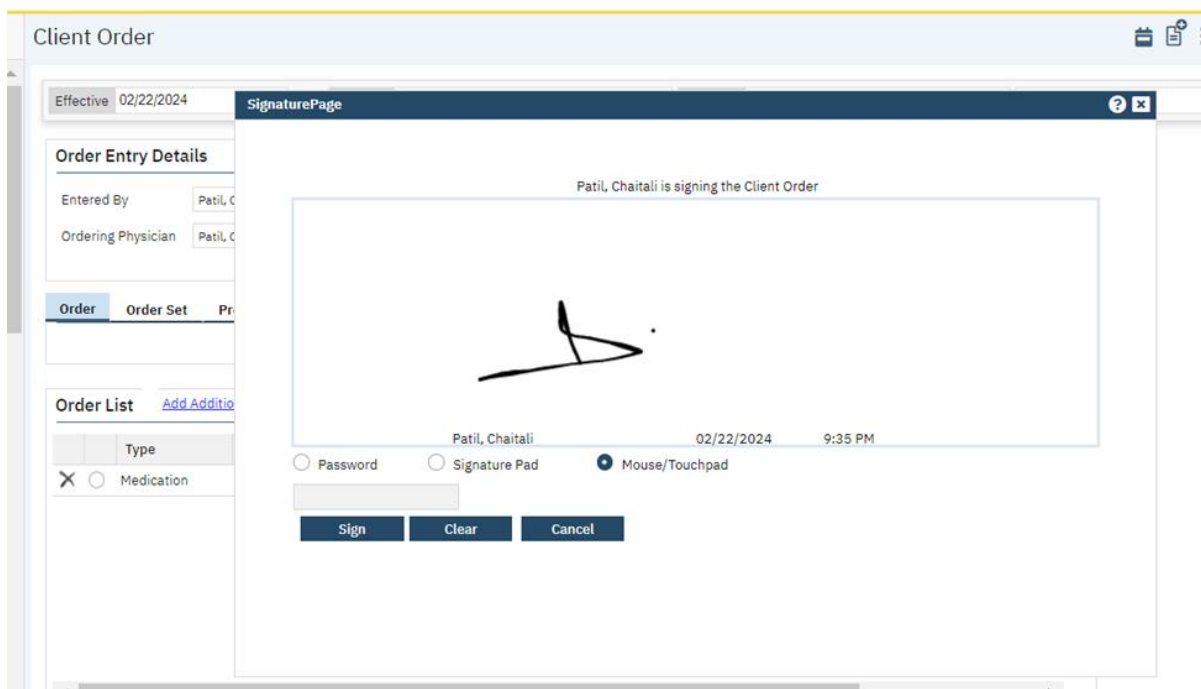
☐ May Self Administer ☐ May Use Own Supply ☐ Consent Required ☐ Dispense Brand

Rationale: Rationale 2 Max Quantity Allowed in 24 Hours: 3

Order List [Add Additional Orders](#) [Titration Summary](#) [Modify](#) [Clear](#)

Type	Order	Frequency	Priority	Status	Start Date	Staff	Interaction	AC
Medication	Aspercreme Max (Aspe...	Lighthouse	Routine	Active		Patil, Chaitali		

On clicking Sign button, Signature pop up will be displayed.



Client Order

Effective: 02/22/2024 **SignaturePage**

Order Entry Details

Entered By: Patil, Chaitali

Ordering Physician: Patil, Chaitali

Order Order Set Preferences

Order List [Add Additional Orders](#)

Type: Medication

Patil, Chaitali is signing the Client Order

Patil, Chaitali 02/22/2024 9:35 PM

☐ Password ☐ Signature Pad ☒ Mouse/Touchpad

[Sign](#) [Clear](#) [Cancel](#)

If the 'Read back and verified' is NOT selected, then the standard Signature Subreport will be displayed in the Order PDF.

Client Information	
Client Name: Test, Anand	Client ID: 3816
DOB: 10/21/1995	Effective Date: 02/22/2024
Active Medication: Aspercreme Max (Aspercreme Max)	
Client Order Id: 8010	
Entered By: Patil, Chaitali	Ordering Physician: Patil, Chaitali
Order Status: Active	Order Mode: Electronic
Medication: ASPERCREME MAX (ASPERCREME MAX) , 16%, Liquid, Top Stick 30 Application Lighthouse	
Schedule/Start: 02/22/2024 09:35PM	End Date: 02/25/2024 11:59PM
Day Supply: 4	
Priority: Routine	Frequency: Lighthouse
May Use Own Supply: No	Self Administered: No
Consent Required: No	Stock Medication: No
Rationale: Rationale 2	Dispense Brand: No
Potency Units: Stick	
Max Quantity Allowed in 24 hours: 3	
Dispense Quantity: 118.00	
Exception Take Home: No	Exception Reason:
Split 1:	Split 2:
Phase Level of Care: Phase 2	

Clinician: Chaitali Patil	Signature Date: 02/22/2024 9:37PM
<i>This document was electronically signed by Chaitali Patil on 02/22/2024 9:37PM</i>	

III. If one order of a specific order type has the 'Read back and Verified' check mark selected, then the Ordering physician signature will be displayed on the Client Orders PDF even if other orders do NOT have the 'Read back and verified' selected when grouping by Order Type.

Staff Signature: Saved in Staff Preferences

Staff Details

General Roles/Permissions Client Access Overrides Demographic/ Professional Proc/ Prog/ Loc/ Proxy/ Supervisor Productivity **Staff Preferences** Staff Search Preferences

Licenses / Degrees Credentialing Care Management Contracted Rates Time Sheet Highly Qualified Teacher Reporting Other

Staff Name

No data to display


Treatment Team

Treatment Team Role

Staff Signature

Upload Signature Image... Upload Signature Electronic...

X



'Cyto-Q Max' Order Checking 'Read back and verified' 'Checkbox'

Client Order

Effective 02/23/2024 Status New Author Test, Roopa 02/23/2024

Order Entry Details

Entered By Test, Roopa Order Mode Electronic Order Status Active

Ordering Physician Test, Roopa ☐ Onsite Specimen Collection ☒ Read back and verified **Apply All**

Order Order Set Preferences Search Adhoc

Cyto-Q Max (Cyto-Q Max) ☐ Preference ☐ Discontinued D/C Reason:

Strength: 100mg/mL, Liq Dose: 3.00 Unit: mg Route: Oral

Frequency: Four Times Per Day Priority: Routin Day Supply: 3 Refill: 0

Dispense Quantity: 118

Start: Other 02/23/2024 07:00 PM End: 02/26/2024 11:59 PM Potency Units: Tablet

☐ May Self Administer ☐ May Use Own Supply ☐ Consent Required ☐ Dispense Brand

Rationale: Depression Max Quantity Allowed in 24 Hours: 3

Order List [Add Additional Orders](#) [Titration Summary](#) **Modify** **Clear**

	Type	Order	Frequency	Priority	Status	Start Date	Staff	Interaction	AC
X	Medication	Cyto-Q Max (Cyto-Q M...	Four Times Per...	Routine	Active	02/23/2024 0...	Test, Roopa		
X	Medication	Beta Care (Beta Care) L...	Four Times Per...	Emergen...	Active		Test, Roopa		

'Beta Care Lotn, Top' Order without Checking 'Read back and verified' 'Checkbox':

Client Order

Effective: 02/23/2024 Status: In Progress Author: Test, Roopa 02/23/2024

Order Entry Details

Entered By: Test, Roopa Order Mode: Electronic Order Status: Active

Ordering Physician: Test, Roopa ☐ Onsite Specimen Collection ☐ Read back and verified **Apply All**

Order **Order Set** **Preferences** Search Adhoc

Beta Care (Beta Care) ☐ Preference ☐ Discontinued D/C Reason:

Strength: Lotn, Top (Beta) Dose: 5.00 Unit: Applicat Route: Top

Frequency: Four Times Per Day Priority: Emerg Day Supply: 2 Refill: 2

Dispense Quantity: 118.00

Start: Today 8:50 AM End: 02/24/2024 11:59 PM Potency Units: Unspecified

☐ May Self Administer ☐ May Use Own Supply ☐ Consent Required ☐ Dispense Brand

Rationale: Depression Max Quantity Allowed in 24 Hours: 4

Order List [Add Additional Orders](#) [Titration Summary](#) **Modify** **Clear**

Type	Order	Frequency	Priority	Status	Start Date	Staff	Interaction	AC
<input checked="" type="radio"/> Medication	Cyto-Q Max 100mg/mL	Four Times Per...	Routine	Active	02/23/2024 7:...	Test, Roopa		
<input checked="" type="radio"/> Medication	Beta Care Lotn, Top (Beta Care Lotn, Top)	Four Times Per...	Emergen...	Active	02/23/2024 8:...	Test, Roopa		


- If one order of a specific order type has the 'Read back and Verified' check mark selected, then physician signature is displaying on the Order PDF even if other orders do NOT have the 'Read back and verified' selected when grouping by Order Type.

For 'Cyto-Q Max' Order physician signature is displaying on the Order PDF

Client Information	
Client Name:	Test, PraveenAug601
Client ID:	2105222
DOB:	09/19/1983
Effective Date:	02/23/2024
Active Medication: Cyto-Q Max (Cyto-Q Max)	
Client Order Id: 3868	
Entered By: Test, Roopa	Ordering Physician: Test, Roopa
Order Status: Active	Order Mode: Electronic
Medication: CYTO-Q MAX (CYTO-Q MAX) , 100mg/mL, Oral Tablet 3 mg Four Times Per Day	
Schedule/Start: 02/23/2024 07:00PM	End Date: 02/25/2024 11:59PM
Day Supply: 3	
Priority: Routine	Frequency: Four Times Per Day
May Use Own Supply: No	Self Administered: No
Consent Required: No	Stock Medication: No
Rationale: Depression	Dispense Brand: No
Potency Units: Tablet	
Max Quantity Allowed in 24 hours: 3	
Dispense Quantity: 118.00	
Instruction Text: a	
Comments: a	

Provider Signature : Roopa Test	Signature Date : 2/23/2024
	

Also, for 'Beta Care Lotn, Top' Order physician signature is displaying on the Order PDF:

Client Information	
Client Name:	Test, PraveenAug601
Client ID:	2105222
DOB:	09/19/1983
Effective Date:	02/23/2024
Active Medication: Beta Care (Beta Care)	
Client Order Id: 3869	
Entered By: Test, Roopa	Ordering Physician: Test, Roopa
Order Status: Active	Order Mode: Electronic
Medication: BETA CARE (BETA CARE) , Top Unspecified 5 Application Four Times Per Day	
Schedule/Start: 02/23/2024 08:52AM	End Date: 02/24/2024 11:59PM
Day Supply: 2	Refill: 2
Priority: Emergency	Frequency: Four Times Per Day
May Use Own Supply: No	Self Administered: No
Consent Required: No	Stock Medication: No
Rationale: Depression	Dispense Brand: No
Potency Units: Unspecified	
Max Quantity Allowed in 24 hours: 4	
Dispense Quantity: 118.00	
Question 1 : test question	
<div> <div> Provider Signature : Roopa Test </div> <div> Signature Date : 2/23/2024 </div> </div> 	

Author: Chaitali Patil

35. EII # 126898: Changes in the 'Client Order Details' screen to display the 'Unit' in the 'Total Dose per Administration' portion of the medication line on the PDF of the 'Client Order'.

Release Type: Change | **Priority:** Urgent

Navigation Path 1: Go to search - 'Administration' - 'Orders' -- Click on 'New' icon - Select 'Order Type' as a 'Medication' - fill all required fields - Click on 'Save'.

Navigation Path 2: Perform 'Client search' - Go search - 'Client Orders (Client)' - Click on 'New' icon - Search for the (Navigation Path 1) Order - Select Unit as 'each' - fill all required fields - Click on 'Insert' - Click on 'Save' - Sign the 'Client Order' - verify the 'PDF'.

Functionality 'Before' and 'After' release:

Purpose: To use the 'Unit' field on the client order to determine the 'unit' that will be displayed in the 'Amount per Dose Administration' portion on the client order PDF. The only exception is the Unit selection of 'Each', which

is invalid. When a unit value of 'mg', 'ml', 'gram', etc. are selected, these values are displayed in the 'Total Dose per Administration' portion of the medication line on Client Order PDF.

With this release, the below changes are implemented in the Order Details screen:

In the 'Client Order Details' screen of the 'Order' tab, when the unit value is selected as 'each', then a 'Strength Unit' is used from the 'Medication Strength' to display the 'Unit' value in the 'Total Dose per Administration' portion under the 'Client Order' PDF.

When a Unit of 'mg', 'ml' is selected, the 'Total Dose per Administration' portion of the medication line in the 'Client Order' PDF accurately displays the selected values.

When the strength is selected as 'mg/ml', the 'Unit' dropdown values will differ based on the selection.

The calculation of the 'Total Dose per Administration' portion of the 'Medication' is in the below format:

(Dose unit Total)

The 'Total Dose per Administration' is calculated using the Dose, and Strength of the medication, when the unit is selected as 'each'.

Screenshot for 'Unit' selected = 'each' for the 'Tylenol' Medication Order and the 'strength' unit of the medication is 'mg'.

The screenshot shows the 'Order Details' screen for Tylenol (Tylenol). The 'Strength' field is highlighted with a red box and a red arrow points to it. The 'Unit' dropdown is also highlighted with a red box. The 'Dose' field is set to 2.00. The 'Route' is Oral. The 'Frequency' is Twice a Day. The 'Dispense Quantity' is 16.00. The 'Start' date is Today and the 'End' date is 03/29/2024. The 'Priority' is Routine. The 'Day Supply' is 4 and the 'Refill' is 0. The 'Potency Units' is set to 2. The 'Rationale' field is empty. The 'Max Quantity Allowed in 24 Hours' is 2. The 'Order List' tab is selected, showing 'Add Additional Orders' and 'Titration Summary' links. The 'Insert' and 'Clear' buttons are visible at the bottom right.

When the unit value is set to 'each', 'Strength Unit' is used from 'Medication Strength', this indicates that the unit will be included in the 'Total Dose per Administration' section of the 'Client Order' PDF.

After Signing a 'Client Order', the below PDF will be generated:

PDF:

Client Information	
Client Name:	Test, Primary22
DOB:	12/04/1998
Client ID:	5028
Effective Date:	03/15/2024
Active Medication: Tylenol (Tylenol)	
Client Order Id:	9805
Entered By:	Patil, Chaitali
Order Status:	Active
Ordering Physician:	Patil, Chaitali
Order Mode:	Electronic
Medication:	TYLENOL (TYLENOL) , 325mg, Tablet, Oral 2 each Twice a Day (650mg Total)
Schedule/Start:	03/26/2024 11:46AM
End Date:	03/29/2024 11:59PM
Day Supply:	4
Priority:	Routine
Frequency:	Twice a Day
May Use Own Supply:	No
Self Administered:	No
Consent Required:	No
Stock Medication:	No
Rationale:	Rationale 1
Dispense Brand:	No
Potency Units:	
Max Quantity Allowed in 24 hours:	2
Dispense Quantity:	16.00

Author: Chaitali Patil

36. Core Bugs # 127313: Quick Orders: Comment Box Missing for lab order even though order comments was added in Order setup.

Release Type: Fix | **Priority:** High

Navigation Path 1: Go to search -- Orders (Admin) -- Click on 'New' -- select order type as a 'Lab' -- under 'Option' section select 'Radio Button' for - 'Order Comment' = 'Yes' and for 'Quick Order' = 'Yes' - fill required field -- click on 'save'.

Navigation Path 2: Perform 'Client search' -- Go search -- Quick Order (Client) -- Click on 'New' -- search for (Navigation Path 1) order.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. In the 'Quick Order' screen, the 'comments box' was not displayed for a lab order, even though the settings within the Order Setup screen was set to 'Yes' for Order Comments.

With this release, the above-mentioned issue has been resolved. Now, in the 'Quick Order' screen comments box is displaying for a lab order, when the settings within the Order Setup screen set to 'Yes' for 'Order Comments'.

Author: Chaitali Patil

37. Core Bugs # 127481: Order Sets not working.

Release Type: Fix | **Priority:** Medium

Navigation Path 1: Go search - Orders (Administration) - Click on 'New' – Select 'Order Type' - (Like Lab, Nursing, and Radiology etc.) – give the 'Order Name' like 100 or more characters – fill all required field - Click on 'Save'.

Navigation Path 2: Go search – 'Orders Sets (Administration) – Click on 'New' – Create one 'Order Set' with above (Navigation Path 1) order – Save.

Navigation Path 3: Perform 'Client search' - Go search – 'Client Orders (Client) – Click on 'New' – Navigate to 'Order Set' tab - and search for the above (Navigation Path 2) Order Set.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When the users tried to search for the 'Order Set', the details of that 'Order Set' was not populating into the 'Client order' screen under the 'Order Set' tab and also error log was getting logged into the errorlog table. (This was specifically used to happen when the 'Order Name' has 100 or more characters)

With this release, the above-mentioned issue has been resolved. Now, if the 'Order Name' has 100 or more characters and when user tries to search for that 'Order Set', the details of that 'Order Set' are populating into the 'Order Set' tab of the 'Client Order' screen.

Client Progress Notes

Reference No	Task No	Description
38	Core Bugs # 126751	Orders completed using the Client orders rather than the Quick Orders do not display in the Medical Progress note.

Author: Shivakanth Moger

38. Core Bugs # 126751: Orders completed using the Client orders rather than the Quick Orders do not display in the Medical Progress note.

Release Type: Fix | **Priority:** Urgent

Prerequisite:

1. Create an Order (not quick order).
2. Client Order is completed.

Navigation Path 1: 'Client' search -- 'Medical Progress Note' -- Click on the 'New' icon -- Select the 'Template' radio button -- Select a template name from the pop-up -- Click on the 'Ok' button – 'Medical Progress Note' document.

Navigation Path 2: 'Client' search -- 'Medical Progress Note' -- Click on the 'New' icon -- Select the 'Template' radio button -- Select a template name from the pop-up -- Click on the 'Ok' button -- click on 'Create Vaccine Order' tag -- 'Client Order details' screen -- Select any 'Lab Orders/Additional Orders/Radiology Orders/Procedures Orders' -- Enter the required fields -- Insert -- save and sign.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Medical Progress Note', when the user added any orders (Lab/Additional/Radiology/Procedures) through the 'Create Vaccine Order' tag, the added orders were not displayed in the 'Place Orders' tag.

With this Release, the above-mentioned issue has been resolved. Now, in the Client 'Medical Progress Note', the orders added through the 'Create Vaccine Order' tag data are displaying in the 'Place Orders' tag and also displaying 'Medical Progress Note' PDF.

Client Statement

Reference No	Task No	Description
39	EII # 126701	Add Billing Zip Code to client statements.

Author: Namratha Nagaraj

39. EII # 126701: Add Billing Zip Code to client statements.

Release Type: Change | **Priority:** Urgent

Navigation Path: 'My Office' - 'Client Accounts' - Click on check box across any Client - Click on 'Generate Statement' icon—Pop up will be opened—Enter required details--Click on 'OK' button -'Client Statement Printing' pop up will be opened.

Functionality 'Before' and 'After' release:

Purpose: The Client Statements are missing the Billing Zip Code. Staff are not able to simply process the payment the client has mailed in.

With this release, the "Billing Zip Code" line has been implemented in the Client Statement as shown in the below screenshot.

Balance due on 4/26/2024

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
*Prior Balance							\$0.00	\$0.00
07/12/2021	Dementia 10.00	Admin	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00
Totals:							\$0.00	\$15.00

*Prior Balance – Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.

Please return the bottom portion of this bill with your payment.

Total Due from Client: \$15.00
Please make checks payable to: po ADDRESS
Please remit payments to: 111 W. J. [REDACTED] 54495-2705
If you have any questions regarding your statement please call: 8017436164

Client Name: Retest 5 1092
Client ID: 1210
Statement Date: 03/27/2024
Balance due on 4/26/2024

Visa Mastercard Discover

Card Member Name: _____

CVC/CVV Security Code: _____

Card Number: _____

Expiration Date: _____

Billing Zip Code: _____

Payment Amount: _____

Authorizing Signature: _____

Comments:

CM Authorizations

Reference No	Task No	Description
40	Core Bugs # 127467	The CM Client Authorization is not created when signing an ISP-MCO document.

Author: Renuka Gunasekaran

40. Core Bugs # 127467: The CM Client Authorization is not created when signing an ISP-MCO document.

Release Type: Fix | **Priority:** High

Prerequisite:

- Add insurer id in SystemConfigurations table under CareManagementInsurerId column.
- The configuration key 'CreateAuthWhenAddingInterventions' is set to 'Yes'.

Navigation Path 1: 'Administration' -- 'Authorization Codes' -- 'Authorization Code Details' screen -- Add 'Code' and 'Display As' -- Map Procedure Code under 'Associated Procedure Code' and Map billing code under 'Care Management' sections.

Navigation Path 2: 'Client' -- 'Individual Service Plan-MCO' document -- Fill all required fields in 'General', 'Needs', 'Goals/Objectives', 'Diagnosis', and 'Supports/Treatment Program' -- Select valid Provider and Authorization Codes under 'Intervention' tab -- click on 'Sign'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user signed an ISP-MCO document with the Intervention which had valid provider and authorization codes, the CM Client Authorization was not created.

With this release, the above-mentioned issue has been resolved. Now, the CM client authorization is created after signing the ISP-MCO document with the Intervention which has valid provider and authorization codes.

Data model changes:

Column AuthorizationId included in DocumentCMIndividualServicePlanPrescribedServices table.

Column TPProcedureId included in DocumentCMIndividualServicePlanPrescribedServices table.

Coverage

Reference No	Task No	Description
41	Core Bugs # 126945	able to add the same coverage plans twice with the same Insured ID.

Author: Shivakanth Moger

41. Core Bugs # 126945: able to add the same coverage plans twice with the same Insured ID.

Release Type: Fix | **Priority:** High

Navigation Path: 'Client' search – 'Coverage' screen – New – 'Client Plans' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Client Plans' screen, the user was able to add the same coverage plans twice with the same Insured ID.

With this release, the above-mentioned issue has been resolved. Now, the user is not able to add the same coverage plan twice with the same insurance ID.

Note: The code optimization is done to store the ErrorLog entry in the errorlog table for further analysis.

CQM

Reference No	Task No	Description
42	Core Bugs # 127526	PHQ9 and Encounters Not Being Recognized in the DEP-REM-6 Measure.

Author: Boovendiran Chinnuswamy

42. Core Bugs # 127526: PHQ9 and Encounters Not Being Recognized in the DEP-REM-6 Measure.

Release Type: Fix | **Priority:** Medium

Prerequisite: Client has a PHQ9 document, which is signed.

Navigation Path: 'My Office' – 'CQM Solutions' – 'CQM Solutions' application - Queued Report - Click on 'Create Report' – 'Queue A Report' screen - Select CQM Update year as 'CCBHC_2017' and Measure as 'CCBHC DEP-REM-6 (3311) - Depression Remission at Six Months' - Click on 'Queue Report' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The PHQ9 and Encounter Assessment details were not displayed in the report.

With this release, the above-mentioned issue is resolved. Now, the PHQ9 and Encounter Assessment details are displayed in the report.

Dashboard

Reference No	Task No	Description
43	Core Bugs # 127091	Dashboard: ErrorLog logged in the 'ErrorLog' table when trying to navigate to any other screens after scrolling down in the 'Dashboard' screen.
44	Core Bugs # 127533	Patient Portal: Outline box is displayed in the 'Dashboard' screen.

Author: Kiran Tigarimath

43. Core Bugs # 127091: Dashboard: ErrorLog logged in the 'ErrorLog' table when trying to navigate to any other screens after scrolling down in the 'Dashboard' screen.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'My Office' - 'Dashboard'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The following error message was logged in the 'ErrorLog' table when the user attempted to navigate to other screens after scrolling down in the 'Dashboard' screen.

Error Message: "ErrorMessage: JavaScript Error - PageName: 3, MethodName: ScreenName: Dashboard, ErrorSeverity: abort, ErrorMessage:"

With this release, the above-mentioned issue has been resolved. Now, the user can navigate to any other screens after scrolling down in the Dashboard without encountering an error message in the 'ErrorLog' table.

Author: Kiran Tigarimath

44. Core Bugs # 127533: Patient Portal: Outline box is displayed in the 'Dashboard' screen.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'Login to Patient Portal' - 'My Dashboard' Screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a patient portal user logged in, there was an outline box displayed at the right side of the 'Dashboard' screen. Because of this, the user was unable to access the links of the widgets which were displayed behind the box.

With this release, the above-mentioned issue has been resolved. Now, when a patient portal user is logged in, the outline text box is not displayed in the Dashboard screen and the patient portal user is able to access any links of the widgets in the 'Dashboard' screen.

DFA Editor

Reference No	Task No	Description
45	EII # 125295	Stored Procedure parameter usage for DFA item types.

Author: Rakesh Naganagoda

45. EII # 125295: Stored Procedure parameter usage for DFA item types.

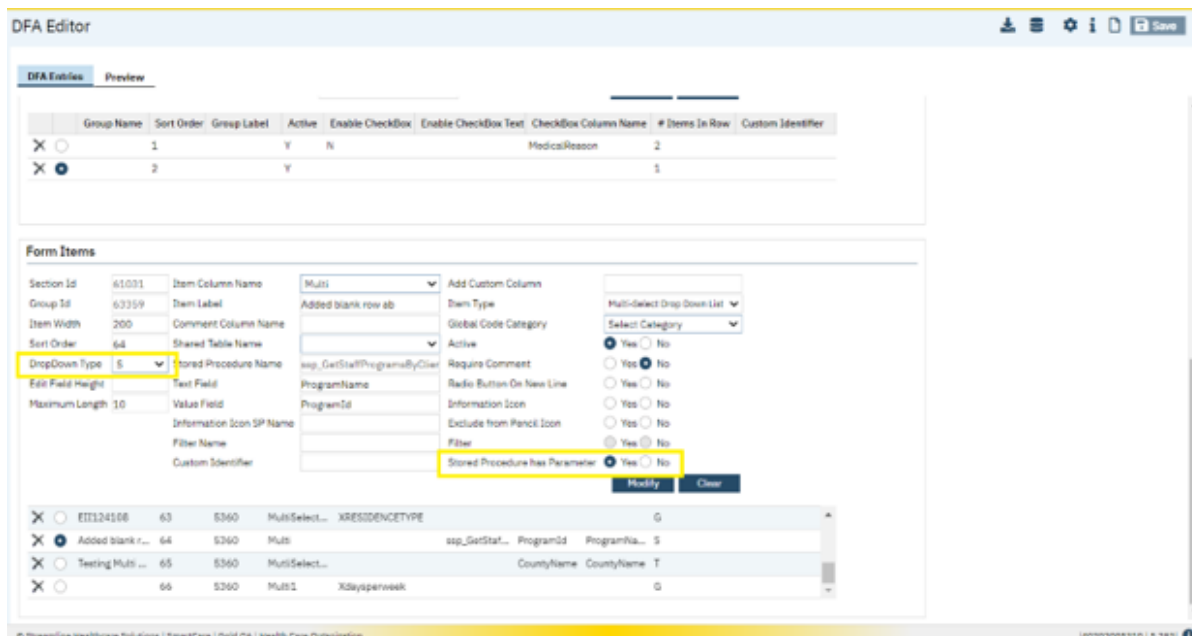
Release Type: Change | **Priority:** Urgent

Navigation Path: Administration - 'Forms' -- Forms List page – click on Form Name Hyperlink – 'DFA Editor' screen – 'Form Items' section – select 'Item Type' (Drop Down List or Multi-Select Drop Down List) – Select 'DropDown Type' As 'S' – Select 'Yes' radio Button for 'Stored Procedure Has Parameter'.

Functionality 'Before' and 'After' release:

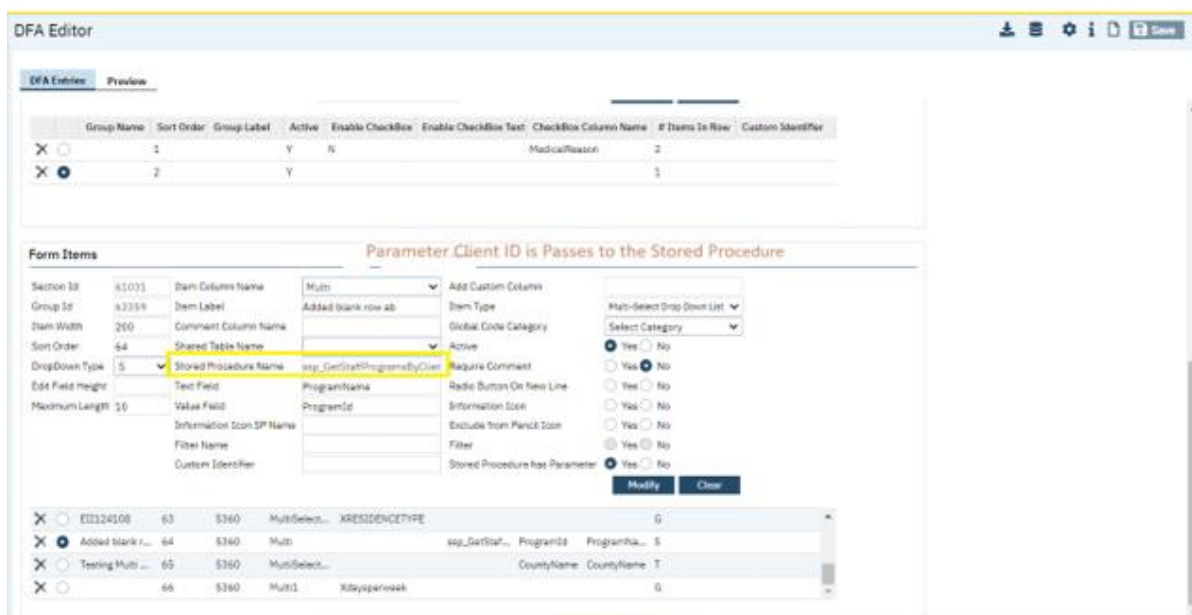
Purpose: Ability to specify parameters (ClientId and StaffId) passed to stored procedures associated with any item type.

With this release, along with PrimaryKeyId , ClientId & StaffId are enabled as a parameters in the Stored Procedure to fetch the data and bind to Dropdown when the 'Stored Procedure Has Parameter' field is set to 'Yes' and 'DropDown Type' as 'S'.

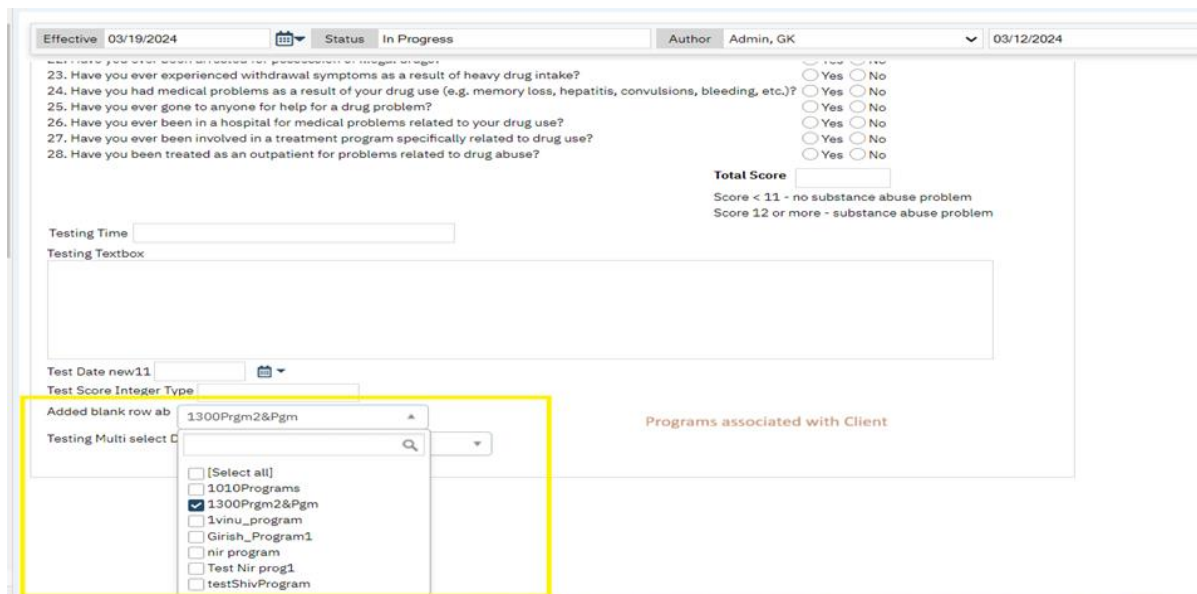


The screenshot shows the DFA Editor interface. The 'Form Items' section is expanded, showing a list of items. The 'DropDown Type' is set to 'S'. The 'Stored Procedure Name' is 'ssp_GetStaffProgramByClient'. The 'Stored Procedure Has Parameter' field is set to 'Yes'.

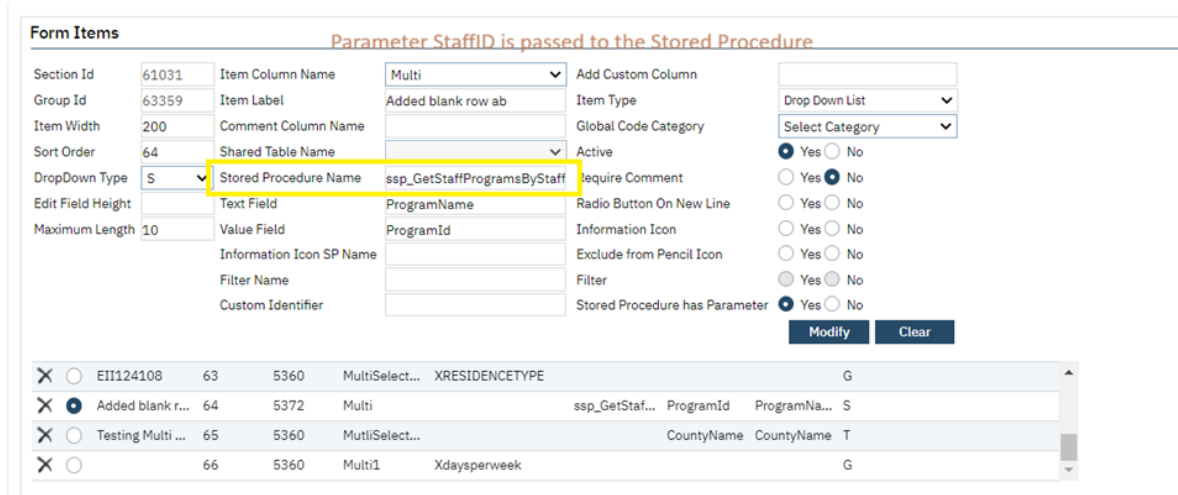
- When Parameter **ClientId** is passed to the Stored Procedure and the '**Stored Procedure Has Parameter**' field is set to 'Yes' and 'DropDown Type' as 'S' then, the programs associated with Client will be displayed in the created fields drop down.



The screenshot shows the DFA Editor interface. The 'Form Items' section is expanded, showing a list of items. The 'DropDown Type' is set to 'S'. The 'Stored Procedure Name' is 'ssp_GetStaffProgramByClient'. The 'Stored Procedure Has Parameter' field is set to 'Yes'. A note above the form items states 'Parameter Client ID is Passes to the Stored Procedure'.



- When Parameter **StaffId** is passed to the Stored Procedure and the '**Stored Procedure Has Parameter**' field is set to 'Yes' and 'Drop Down Type' as 'S' then, the programs associated with Staff will be displayed in the created fields drop down.



Section Id	Group Id	Item Width	Sort Order	Drop Down Type	Edit Field Height	Maximum Length	Item Column Name	Item Label	Comment Column Name	Shared Table Name	Stored Procedure Name	Program Name	Program Id	Information Icon SP Name	Filter Name	Custom Identifier	Item Type	Global Code Category	Active	Require Comment	Radio Button On New Line	Information Icon	Exclude from Pencil Icon	Filter	Stored Procedure has Parameter
61031	63359	200	64	S		10	Multi	Added blank row ab			ssp_GetStaffProgramsByStaff	ProgramName	ProgramId					Drop Down List	Select Category	Yes	Yes	Yes	Yes	Yes	Yes
							MultiSelect...	XRESIDENCETYPE																	
							Multi	Added blank r...			ssp_GetStaf...	ProgramId	ProgramNa...												
							MultiSelect...	Testing Multi ...				CountyName	CountyName												
							Multi1	Xdaysperweek																	

The screenshot shows a software interface for document codes. On the left, there is a list of document codes with columns for 'Effective', 'Status', 'In Progress', 'Author', and 'Admin, GK'. A yellow box highlights the 'Create Copy' icon in the toolbar. On the right, there is a list of programs associated with the selected code, including 'Program 6242', 'Program 6399', 'Program Add-on', 'Program Behavioral', 'Program DD', 'Program Gold Ask', 'Program I', 'Program HMO', 'Program P', 'PROGRAM TEST', 'Program TIS', 'Program Training', 'ProgramMadhu', 'Program_O3', 'Program_O2', 'Program_O3', 'Program_O4', 'Program_LIVE_3', 'Program_CS5', 'Program_F33', and 'Program_F33'. The 'Create Copy' icon is located in the toolbar at the bottom of the screen.

Document Codes

Reference No	Task No	Description
46	EII # 126894	Implementing the new 'Create Copy' icon in the 'Document Codes Detail' screen toolbar.

Author: Akshay Vishwanath

46. EII # 126894: Implementing the new 'Create Copy' icon in the 'Document Codes Detail' screen toolbar.

Release Type: Change | **Priority:** On Fire

Navigation Path: 'Administration' – Go Search 'Document Code' – select any 'Document/Service Note' – 'Document Codes Detail' screen – click on the 'Create Copy' icon from the 'Document' toolbar.

Functionality 'Before' and 'After' release:

Purpose: To provide an option to create a copy of the existing document in the 'Document Codes Detail' screen.

With this release, the following changes have been implemented in the 'Document Codes Detail' screen toolbar.

1. A new 'Create Copy' icon has been implemented in the 'Document Codes Detail' screen toolbar.
2. On clicking this 'Create Copy' icon, it will create a copy of the same document with ALL fields as it is with the Document Codes Detail =>General tab=>Details section=>Document Name as '<Document Name>'.
3. It allows the user to edit all values.

Document Codes Details screen:

Document Codes Detail

General

Create Copy

Details

Document Name	C-SSRS Adult Assessment	Document Type	Native	Service Note	<input type="radio"/> Yes <input type="radio"/> No
View Document URL	RDLDocumentCSSRSAdultAssessments	Image Format Type		Active	<input checked="" type="radio"/> Yes <input type="radio"/> No
View Document RDL	RDLDocumentCSSRSAdultAssessments	Initialization Process		Requires Signature	<input checked="" type="radio"/> Yes <input type="radio"/> No
Table List	DocumentCSSRSAdultAssessments,DocumentCS	Form Collection		Only Available Online	<input type="radio"/> Yes <input checked="" type="radio"/> No
Document URL		Meta Data Form		Patient Consent	<input type="radio"/> Yes <input type="radio"/> No
Image Folder		Review Form		View Only Document	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> ROI		<input type="checkbox"/> Consent Document		Default Healthcare Decision Maker	<input type="radio"/> Yes <input type="radio"/> No
To Be Initialized	<input type="radio"/> Yes <input type="radio"/> No	Diagnosis Document	<input type="radio"/> Yes <input checked="" type="radio"/> No	Recreate PDF On Client Signature	<input type="radio"/> Yes <input checked="" type="radio"/> No
Requires Licensed Signature	<input type="radio"/> Yes <input type="radio"/> No	Multiple Credentials	<input type="radio"/> Yes <input type="radio"/> No	Medication Reconciliation Document	<input type="radio"/> Yes <input type="radio"/> No
Sign Date as Effective Date	<input type="radio"/> Yes <input type="radio"/> No	Allow Document Share	<input type="radio"/> Yes <input type="radio"/> No	Add Client As Co-Signer	<input type="radio"/> Yes <input type="radio"/> No
Default Guardian	<input type="radio"/> Yes <input type="radio"/> No	Editable After Signature	<input checked="" type="radio"/> Yes <input type="radio"/> No	Add Default Staff Co-Signer	<input type="radio"/> Yes <input type="radio"/> No
Need 5 Columns	<input type="radio"/> Yes <input type="radio"/> No	Allow Editing By NonAuthors	<input type="radio"/> Yes <input type="radio"/> No	Family History Document	<input type="radio"/> Yes <input type="radio"/> No
DSMV	<input type="radio"/> Yes <input checked="" type="radio"/> No	Exclude From Batch Signing	<input type="radio"/> Yes <input type="radio"/> No	CoSigner RDL	<input type="radio"/> Yes <input type="radio"/> No
Days Document Editable After Effective Date		Mobile	<input type="radio"/> Yes <input type="radio"/> No	Regenerate RDL On CoSignature	<input type="radio"/> Yes <input checked="" type="radio"/> No
AllowPortalUserAsAuthor	<input type="radio"/> Yes <input checked="" type="radio"/> No	Disclosure Print Order		Disclosure Print Order By Effective date	<input type="radio"/> Ascending <input type="radio"/> Descending
Third Party Authorization Document	<input type="radio"/> Yes <input type="radio"/> No	Clinical Note Type		Enable Document Acknowledgement	<input type="radio"/> Yes <input type="radio"/> No
Default Staff To Acknowledge		Default Role To Acknowledge		Allow Document Creation for Inactive Clients	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Exclude from CDAG rule		Show Alias Name On PDF		Show Encounter Form	<input type="radio"/> Yes <input type="radio"/> No

Stored Procedure

Once after clicking on the 'Create Copy' icon, a new copy of the document will be created, and 'Create Copy' icon will be disabled, and the 'Save' button will be enabled. Once the user saves the 'Copy Document' the 'Create Copy' icon gets enabled.

Document Codes Detail

General

Save

Details

Document Name	C-SSRS Adult Assessment	Document Type	Native	Service Note	<input type="radio"/> Yes <input type="radio"/> No
View Document URL	RDLDocumentCSSRSAdultAssessments	Image Format Type		Active	<input checked="" type="radio"/> Yes <input type="radio"/> No
View Document RDL	RDLDocumentCSSRSAdultAssessments	Initialization Process		Requires Signature	<input checked="" type="radio"/> Yes <input type="radio"/> No
Table List	DocumentCSSRSAdultAssessments,DocumentCS	Form Collection		Only Available Online	<input type="radio"/> Yes <input checked="" type="radio"/> No
Document URL		Meta Data Form		Patient Consent	<input type="radio"/> Yes <input type="radio"/> No
Image Folder		Review Form		View Only Document	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> ROI		<input type="checkbox"/> Consent Document		Default Healthcare Decision Maker	<input type="radio"/> Yes <input type="radio"/> No
To Be Initialized	<input type="radio"/> Yes <input type="radio"/> No	Diagnosis Document	<input type="radio"/> Yes <input checked="" type="radio"/> No	Recreate PDF On Client Signature	<input type="radio"/> Yes <input checked="" type="radio"/> No
Requires Licensed Signature	<input type="radio"/> Yes <input type="radio"/> No	Multiple Credentials	<input type="radio"/> Yes <input type="radio"/> No	Medication Reconciliation Document	<input type="radio"/> Yes <input type="radio"/> No
Sign Date as Effective Date	<input type="radio"/> Yes <input type="radio"/> No	Allow Document Share	<input type="radio"/> Yes <input type="radio"/> No	Add Client As Co-Signer	<input type="radio"/> Yes <input type="radio"/> No
Default Guardian	<input type="radio"/> Yes <input type="radio"/> No	Editable After Signature	<input checked="" type="radio"/> Yes <input type="radio"/> No	Add Default Staff Co-Signer	<input type="radio"/> Yes <input type="radio"/> No
Need 5 Columns	<input type="radio"/> Yes <input type="radio"/> No	Allow Editing By NonAuthors	<input type="radio"/> Yes <input type="radio"/> No	Family History Document	<input type="radio"/> Yes <input type="radio"/> No
DSMV	<input type="radio"/> Yes <input checked="" type="radio"/> No	Exclude From Batch Signing	<input type="radio"/> Yes <input type="radio"/> No	CoSigner RDL	<input type="radio"/> Yes <input type="radio"/> No
Days Document Editable After Effective Date		Mobile	<input type="radio"/> Yes <input type="radio"/> No	Regenerate RDL On CoSignature	<input type="radio"/> Yes <input checked="" type="radio"/> No
AllowPortalUserAsAuthor	<input type="radio"/> Yes <input checked="" type="radio"/> No	Disclosure Print Order		Disclosure Print Order By Effective date	<input type="radio"/> Ascending <input type="radio"/> Descending
Third Party Authorization Document	<input type="radio"/> Yes <input type="radio"/> No	Clinical Note Type		Enable Document Acknowledgement	<input type="radio"/> Yes <input type="radio"/> No
Default Staff To Acknowledge		Default Role To Acknowledge		Allow Document Creation for Inactive Clients	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Exclude from CDAG rule		Show Alias Name On PDF		Show Encounter Form	<input type="radio"/> Yes <input type="radio"/> No

Stored Procedure

Note: It will work with similar existing functionality as a 'Copy Service' in 'Service Details'.

Document Framework

Reference No	Task No	Description
47	EII # 126934	An Alert notification is implemented for the Author/Clinician when CoSigner (other Clinician) declines to sign the Document.

Author: Sunil Belagali

47. EII # 126934: An Alert notification is implemented for the Author/Clinician when CoSigner (other Clinician) declines to sign the Document.

Release Type: Change | **Priority:** Urgent

Prerequisite: System Configuration key "ShowSignatureDeclinePopup" is set to 'Yes'.

Navigation Path 1: Login to SmartCare application as Clinician1(Staff 1) – Client – Documents – Create any new Document – Sign – Add other Clinician 2 (Staff 2) as CoSigner.

Navigation Path 2: Login to SmartCare application as Clinician 2(Staff2) – My Documents – Select the assigned Document to CoSign – Click on 'Decline' – 'Decline to Sign' Pop-up - Provide the Reason (if any) – Click on 'Ok'

Navigation Path 3: Again, login back as Clinician1(Staff1) – Navigate to 'Alerts' screen or 'New Alerts/Messages' widget in the Dashboard Screen – Observe the Alert from the System mentioning the Subject.

Functionality 'Before' and 'After' release:

Purpose: The original author will now receive an alert if the Co-Signer has declined to sign the document. On receiving the alert, the author will be prompted to make corrections.

With this release, the Alert notification is implemented which sends the alert notification to the Author/Clinician, when the Co-Signer declines to sign the document. This Alert notification can be observed in the 'Alerts' screen as well as in the 'New Alerts/Messages' widget of the Dashboard Screen.

Note: If the System Configuration key "ShowSignatureDeclinePopup" is set to 'No', the popup will not show up for the user to provide the declined reason. In this case, alerts will not have the details of the declined reason.

ScreenShot 1: Alert Notification is displaying in the 'Alerts' screen

SmartCare R6 Non-Multitenant

SmartCare

Alerts (1)

Custom Date From 03/26/2024 To 04/05/2024 All Type Select Client Apply Filter

Type	Received	Clients	Subject	Follow Up	Reference
Documents	04/01/2024	Test_Sunil	Santosh Huggi declined...		PHQ9

Delete Checked Forward Delete

Details

Type Received Follow Up

ScreenShot 2: Format of 'Alert Content/ Subject'

SmartCare R6 Non-Multitenant

Alerts (1)

Custom Date From 03/26/2024 To 04/05/2024 All Type Select Client Apply Filter

Type	Received	Clients	Subject	Follow Up	Reference
Documents	04/01/2024	Test_Sunil	Santosh Huggi declined		PHQ9

Santosh Huggi declined to sign the PHQ9 for Sunil Test

[Staff person's name who declined] declined to sign the [Document/Service Note Name] for [Client Name]

Delete Checked Forward Delete

Details

Type Received Follow Up

To Client Reference

ScreenShot 3: Format of the Alert Message details when clicked on Subject hyperlink.

The screenshot shows the 'Alerts (1)' widget in the SmartCare dashboard. The alert is for a document received on 04/01/2024 from 'Test_Sunil' with the subject 'Santosh Huggi declined...'. A green arrow points to the 'Click on Subject' link. Below the alert, the 'Details' section shows the document type as 'Documents', received on 04/01/2024, and the client as 'Test_Sunil'. The subject line is highlighted: 'Santosh Huggi declined to sign the PHQ9 for Sunil Test on 04/01/2024 for the following reason: ttt'. A green text box below explains the placeholder text: '[Staff person's name who declined] declined to sign the [Document/Service Note Name] for [Client Name] on [Declined Date] for the following reason [declined popup reason dropdown selection. If 'Other', then include the text description as well].'

ScreenShot 4: Alert notification displaying in the 'New Alerts/Messages' Widget in the Dashboard

The screenshot shows the 'Dashboard' view in the SmartCare application. The 'New Alerts/Messages' widget displays a table with one alert:

From	Received	Subject	Client
System	04/01/2024	Santosh Huggi declined to...	Test, Sunil

Below this, the 'Tracking Widget' is visible, showing filters for 'Workgroup' (All Workgroups), 'Assigned' (Sunil), and 'Tracking Protocol' (All Flags). It also includes a table for 'Flags Tracked' with columns for 'Due in 90-61 Days', 'Due in 60-31 Days', 'Due in 30 Days or Less', and 'Overdue'.

Documents Validations

Reference No	Task No	Description
48	Core Bugs # 126974	DFA Validations: Getting an error while clicking on 'Validate' icon or 'Sign' button in the Service Note.

Author: Sithara Ponnath

48. Core Bugs # 126974: DFA Validations: Getting an error while clicking on 'Validate' icon or 'Sign' button in the Service Note.

Release Type: Fix | **Priority:** Medium

Navigation Path 1: 'Administration'-- 'Document Validations' screen -- Click on 'New' icon to create a validation for any 'Document/Service Note' -- Select a value from the 'Document Code' dropdown under 'General' section -- Enter a value in the field 'Tab' -- Select 'Table and Column' field values -- Enter the validation message in the 'Message' textbox -- Select the 'Condition' dropdown value as 'Or' under the 'Builder' section -- Select 'Table, Column and Action' field values -- Click on 'Insert' button.

Navigation Path 2: 'Client' -- 'Services/Notes' -- Click on 'New' icon -- Enter required data -- Click on 'Validate' icon/ 'Sign' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to attach the validations for a Service Note from 'Document Validations' screen and clicked on 'Validate icon /Sign' button in the Service Note, the error message was displayed. The validation message did not display due to the validation logic saving extra parenthesis when created it from the 'Document Validations' screen.

Error Message: 'Saved successfully. Error occurred while loading the screen. Please reopen the screen again.'

With this release, the above-mentioned issue has been resolved. Now, the validation logic will not display extra parenthesis when created the logic from the 'Document Validations' screen. The 'Validate' icon/ 'Sign' button works fine in the "Service Note", when the user attaches the validations for a Service Note from 'Document Validations' screen.

Documents

Reference No	Task No	Description
49	EII # 125151	Implementing a 'PHQ-2' document with required field validations.
50	EII # 126290	Registration Document (core) Overwriting Client Episode Registration Date if Client Already has Open Episode.
51	EII # 127153	Content Changes to ASAM document.
52	EII # 125379	Implementation of 'Modified Mini Screen' document.
53	EII # 127081	Implementation of 'Brief Addiction Monitor' document.
54	Core Bugs # 127472	'Add' click is not working in 'Attach/Review Documents' popup in Disclosure/Request screen for documents with document having apostrophe (') symbol.
55	Core Bugs # 127241	Care Plan document: When the 'No Diagnosis' is checked/unchecked, the Order # is not reset to 1.
56	Core Bugs # 127352	NOMs Answers are cleared when 'Clinical Discharge' is selected.
57	Core Bugs # 127440	Nursing Admission Assessment (C) page: The Document name in the Title/Header is displayed as "Nursing Assessment" instead of "Nursing Admission" in the PDF.
58	Core Bugs # 127351	Dropdowns loading issue and system processing for long periods of time when clicking on dropdowns in the 'Life Event Details' screen.
59	Core Bugs # 125804	'Release of Information' document: 'Ampersands (&)' special characters not displaying correctly in PDF.
60	Core Bugs # 127309	Client Viewing Error.

Author: Akshay Vishwanath

49. EII # 125151: Implementing a 'PHQ-2' document with required field validations.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Change | **Priority:** On Fire

Navigation Path: Client – Go Search - 'PHQ-2' document.

Functionality 'Before' and 'After' release:

Purpose: This implementation is done for Primary Care as part of a preliminary Assessment.

With this release, a new 'PHQ-2' document has been implemented with the required field validations as mentioned below.

PHQ-2:

In the 'PHQ-2' screen, the below mentioned tabs and fields with its dropdown lists will be displayed: PHQ-2 document contain a tab namely - '**PHQ-2**'

i) 'PHQ-2' Section: The below mentioned fields will be displayed.

- **Performed at*:** This is a Date control field. A text box is displayed next to the Date Control field and it is a time control field
- **Now:** This is a button. When the staff clicks on this button the Date and time for the "Performed At*" will be updated with the current date and time.
- **Over the last two weeks, how often have you been bothered by any of the following problems? – Label**

1. Little interest or pleasure in doing things - This is a dropdown field and it will bind the values from Global Code Category "PHQ9ASEVERITY"

2. Feeling down, depressed, or hopeless -This is a dropdown field and it will

bind the values from Global Code Category "PHQ9ASEVERITY"

- **Instructions – Label**
- **Clinic personnel will follow standard scoring to calculate score based on responses. If the client/patient scores a "2" or higher, proceed to do a PHQ-9 assessment – Label.**
- **'Total Score' field: – The total score will be displayed based on the dropdown values selected in the section of PHQ-2.**

It will be the Sum of the points for the questions "1. Little interest or pleasure in doing things" and "2. Feeling down, depressed, or hopeless" selected from the dropdown values the dropdown values.

This is an auto calculated field and a non-editable field.

Screenshot UI:

PHQ-2

Effective 12/08/2023 Status New Author r, Ramu 11/29/2023 Sign

PHQ-2

Performed At* 12/08/2023 11:08 AM Now

Over the last two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things 1 = Several Days

2. Feeling down, depressed, or hopeless 2 = More than half the days

Instructions
Clinic personnel will follow standard scoring to calculate score based on responses. If the client/patient scores a "2" or higher, proceed to do a PHQ-9 assessment

Total Score: 3

When the user tries to 'validate' or 'Sign' the document without entering any of the required fields, the below validations will be displayed:

Validation screenshot:

Validations

PHQ-2 - Over the last weeks-Little interest/pleasure in doing things is required

PHQ-2 - Over the last two weeks-Feeling down, depressed, or hopeless is required

Once after entering all the required fields in the document, the user can sign the document, and the PDF will be generated.

PDF Screenshots:

PHQ-2

Effective 12/08/2023 Status Signed Author r, Ramu 11/29/2023

Document

PdfBytesHandler.axd 1 / 1 88%

Client Name: Eli 720 Test 2
Client ID: 1339 Page 1 of 1

Streamline
Healthcare Solutions, L.L.C.

PHQ-2

Client Information

Client Name: Test 2, Eli 720	Client ID: 1339
DOB: 02/28/2000	Effective Date: 12/08/2023

PHQ-2

Performed Date: 12/08/2023
Performed Time: 11:08 AM

Over the last two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things	1 = Several Days
2. Feeling down, depressed, or hopeless	1 = Several Days

Instructions:
Clinic personnel will follow standard scoring to calculate score based on responses. If the client/patient scores a "2" or higher, proceed to do a PHQ-9 assessment

Total Score : 2

Data Model Changes: Added PHQ2Documents table.

Author: Akshay Vishwanath

50. EII # 126290: Registration Document (core) Overwriting Client Episode Registration Date if Client Already has Open Episode.

Release Type: Change | **Priority:** Urgent

Navigation Path: Client – Registration Document

Functionality 'Before' and 'After' release:

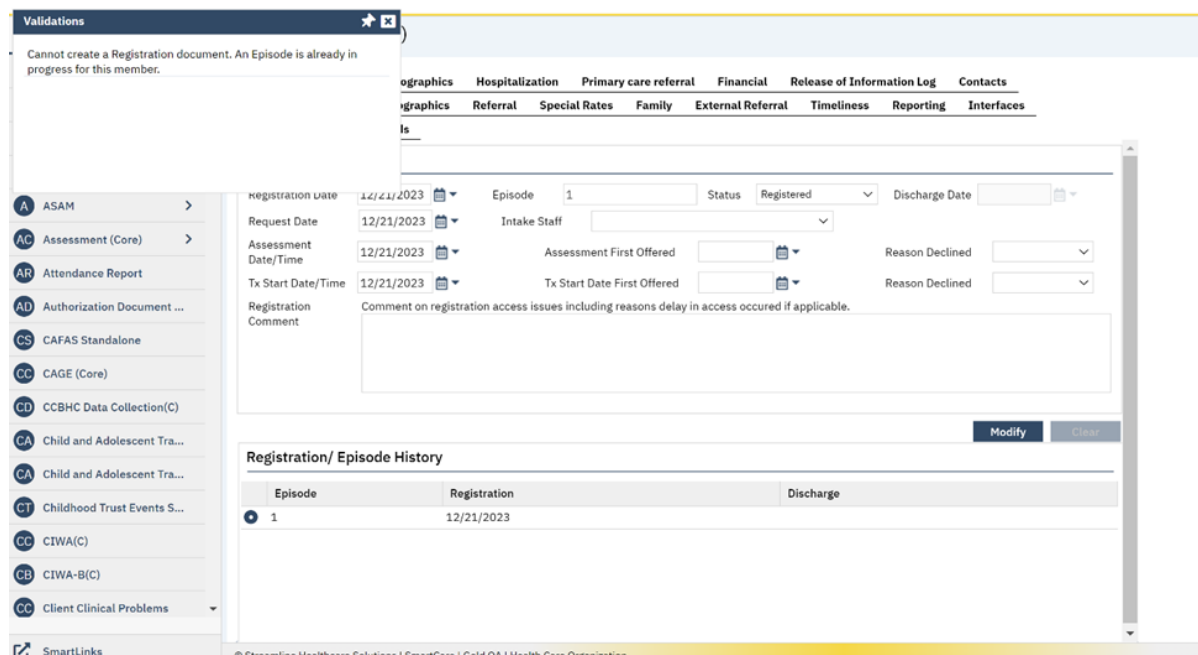
Before this release, here was a behavior. When there was an open episode for a client created through the Client information screen, the user was able to sign the 'Registration' document and it was Overwriting Client Episode Registration Date.

With this release, the below mentioned validation will be displayed for the following scenarios.

Scenario1: If a client has an open episode and when the user tries to open the Registration document, the following validation message will be displayed.

Validation message: 'Cannot create a Registration document. An Episode is already in progress for this member.'

Screenshot 1:



Validations

Cannot create a Registration document. An Episode is already in progress for this member.

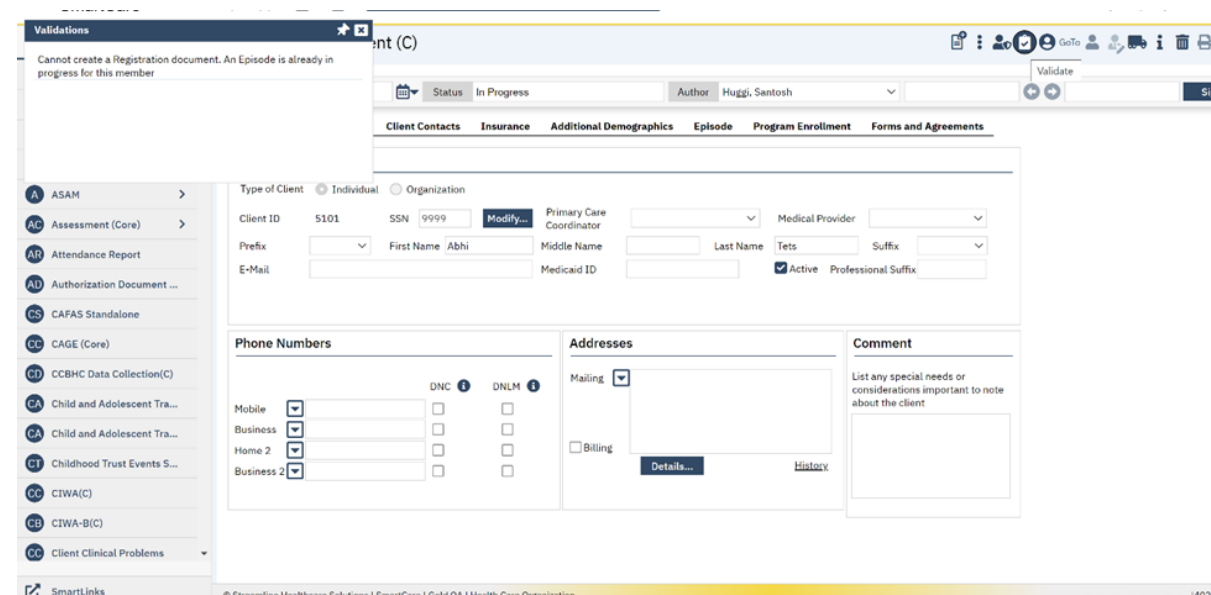
Registration/ Episode History

Episode	Registration	Discharge
1	12/21/2023	

Scenario 2: If Client has a 'Registration' document that is in 'In progress' status and an episode is created through 'Client Information' screen, and when the user tries to sign the Registration document, the following validation message will be displayed.

Validation message: 'Cannot create a Registration document. An Episode is already in progress for this member.'

Screenshot 2:



Validations

Cannot create a Registration document. An Episode is already in progress for this member.

Client Information (C)

Status: In Progress | Author: Huggi, Santosh

Client Contacts | Insurance | Additional Demographics | Episode | Program Enrollment | Forms and Agreements

Type of Client: ☒ Individual ☐ Organization

Client ID: S101 | SSN: 9999 | Primary Care Coordinator: [Dropdown] | Medical Provider: [Dropdown]

Prefix: [Dropdown] | First Name: Abhi | Middle Name: [Dropdown] | Last Name: Tets | Suffix: [Dropdown]

E-Mail: [Text] | Medicaid ID: [Text] | ☒ Active | Professional Suffix: [Text]

Phone Numbers

	DNC	DNLM
Mobile	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>
Home 2	<input type="checkbox"/>	<input type="checkbox"/>
Business 2	<input type="checkbox"/>	<input type="checkbox"/>

Addresses

Mailing: ☒ | Billing: ☐ | Details... | History

Comment

List any special needs or considerations important to note about the client

Scenario 3: When the user tries to Validate/Sign the edited 'Registration' document, the following validation message will be displayed.

Validation message: 'Cannot create a Registration document. An Episode is already in progress for this member.'

Screenshot 3:

The screenshot shows the 'Registration Document (C)' form in the SmartCare application. A validation message is displayed: 'Cannot create a Registration document. An Episode is already in progress for this member'. The form includes fields for Effective date (12/21/2023), Status (In Progress), Author (Huggi, Santosh), and a list of Other Versions. The Signed By field shows Santosh Huggi, MASTERS OF SOCIAL WORK ON 12/21/2023 (1). The form also has tabs for Patient Contacts, Insurance, Additional Demographics, Episode, Program Enrollment, and Forms and Agreements. The bottom section includes Phone Numbers, Addresses, and a Comment field.

Author: Praveen Gangadhara

51. EII # 127153: Content Changes to ASAM document.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Change | **Priority:** High

Navigation Path: Client – Documents – 'ASAM' document.

Functionality 'Before' and 'After' release:

Purpose: To Correct the wrong content in ASAM document.

Before this release, here was the behavior. In the 'ASAM' document, the below mentioned level and content was displayed.

a) In the 'General' section of all the tabs, the 'Level' dropdown field was 'Level 3.3'.

b) 'Dimension 2' tab: In 'Dimension 2: Biomedical Conditions and Complications' section, field name was 'None or stable, or receiving concurrent medical monitoring (Level 3.7)'.

ASAM-2701

Effective 04/04/2024 Status New Author Test, Praveen

Dimension 1 **Dimension 2** Dimension 3 Dimension 4 Dimension 5 Dimension 6 Final Determination

Dimension 2: Biomedical Conditions and Complications

- ☐ None or very stable (Level 0.5)
- ☐ None or manageable with outpatient medical monitoring (OTP Level 1)
- ☐ None or very stable, or the patient receiving concurrent medical monitoring (Level 1)
- ☐ None or not a distraction from treatment. Such problems are manageable at Level 2.1 (Level 2.1)
- ☐ None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5 (Level 2.5)
- ☐ None or stable, or the patient is receiving concurrent medical monitoring (Level 3.1)
- ☐ None or stable, or receiving concurrent medical treatment (Level 3.3)
- ☐ None or stable, or receiving concurrent medical monitoring (level 3.5)
- ☒ None or stable, or receiving concurrent medical monitoring (Level 3.7)
- ☐ Requires 24-hour medical and nursing care in a hospital (Level 4)

c) 'Dimension 3' tab: In 'Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications' section, field name was 'Inability to control impulses or unstable and dangerous signs/symptoms require stabilization and a 24-hour setting (Level 3.5)'.

ASAM-2701

Effective 04/04/2024 Status New Author Test, Praveen

Dimension 1 Dimension 2 **Dimension 3** Dimension 4 Dimension 5 Dimension 6 Final Determination

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

- ☐ None or very stable (Level 0.5)
- ☐ None or manageable in an outpatient structured environment (OPT Level 1)
- ☐ None or very stable, or the patient is receiving concurrent mental health monitoring (Level 1)
- ☐ Mild severity, with the potential to distract from recovery; needs monitoring (Level 2.1)
- ☐ Mild to moderate severity, with potential to distract from recovery; needs stabilization (Level 2.5)
- ☐ None or minimal; not distracting from recovery (Level 3.1)
- ☐ Mild to moderate severity; needs structure to focus on recovery (Level 3.3)
- ☒ Inability to control impulses or unstable and dangerous signs/symptoms require stabilization and a 24-hour setting (Level 3.5)
- ☐ Moderate severity; needs a 24-hour structured setting (Level 3.7)
- ☐ Requires 24-hours psychiatric care and concomitant addiction treatment (Level 4)

d) 'Dimension 4' tab, 'Dimension 4: Readiness to Change' section, field name was 'Requires 24-hours psychiatric care and concomitant addiction treatment (Level 4)'.

ASAM-2701

Effective 04/04/2024

Status New

Author Test, Praveen

Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6
Final Determination

Dimension 4: Readiness to Change

- ☐ Willing to explore how current alcohol, tobacco, other drug or medication and/or high risk behaviors may affect personal goals (Level 0.5)
- ☐ Ready to change the negative effects of opioid use, but not ready for total abstinence from illicit prescription or non-prescription drug use (OTP Level 1)
- ☐ Ready for recovery but needs motivation and monitoring strategies to strengthen readiness; or needs ongoing monitoring and disease management; or high severity in this dimension but no in other dimensions (Level 1)
- ☐ Has variable engagement in treatment, ambivalence, or lack of awareness of the substance use or mental health problem, and requires a structured program several times a week (Level 2.1)
- ☐ Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services (Level 2.5)
- ☐ Open to recovery, but needs a structured environment to maintain therapeutic gains (Level 3.1)
- ☐ Has little awareness and needs interventions available only in Level 3.3 to stay in treatment (Level 3.3)
- ☐ Has marked difficulty with, or opposition to, treatment, with dangerous consequences (Level 3.5)
- ☐ Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies available in a 24 hour structured setting (Level 3.7)
- ☐ Requires 24-hours psychiatric care and concomitant addiction treatment (Level 4)

With this release, the 'Level' dropdown in all the tabs and the content are modified in 'ASAM' document.

a) In the 'General' section of all the tabs, the 'Level' dropdown value is modified as 'Adult Only - Level 3.3'.

b) 'Dimension 2' tab: 'Dimension 2: Biomedical Conditions and Complications' section, the field name is modified as 'Requires 24-hour medical monitoring but not intensive treatment (Level 3.7)'. When user selected, Level dropdown will populate with Level 3.7.

ASAM-2701

Effective 04/04/2024

Status New

Author Test, Praveen

Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6
Final Determination

Dimension 2: Biomedical Conditions and Complications

- ☐ None or very stable (Level 0.5)
- ☐ None or manageable with outpatient medical monitoring (OTP Level 1)
- ☐ None or very stable, or the patient receiving concurrent medical monitoring (Level 1)
- ☐ None or not a distraction from treatment. Such problems are manageable at Level 2.1 (Level 2.1)
- ☐ None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5 (Level 2.5)
- ☐ None or stable, or the patient is receiving concurrent medical monitoring (Level 3.1)
- ☐ None or stable, or receiving concurrent medical treatment (Level 3.3)
- ☐ None or stable, or receiving concurrent medical monitoring (Level 3.5)
- ☐ Requires 24-hour medical monitoring but not intensive treatment (Level 3.7)
- ☐ Requires 24-hour medical and nursing care in a hospital (Level 4)

c) 'Dimension 3' tab: In 'Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications' section, field name is modified as 'Demonstrates repeated inability to control impulses or unstable and dangerous signs/symptoms require stabilization or 24-hour setting for other functional deficits (Level 3.5)'. When the user selected, Level dropdown will populate with Level 3.5.

ASAM-2701

Effective 04/04/2024 Status New Author Test, Praveen

Dimension 1 Dimension 2 **Dimension 3** Dimension 4 Dimension 5 Dimension 6 Final Determination

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

- ☐ None or very stable (Level 0.5)
- ☐ None or manageable in an outpatient structured environment (OPT Level 1)
- ☐ None or very stable, or the patient is receiving concurrent mental health monitoring (Level 1)
- ☐ Mild severity, with the potential to distract from recovery; needs monitoring (Level 2.1)
- ☐ Mild to moderate severity, with potential to distract from recovery; needs stabilization (Level 2.5)
- ☐ None or minimal; not distracting from recovery (Level 3.1)
- ☐ Mild to moderate severity; needs structure to focus on recovery (Level 3.3)
- ☐ **Demonstrates repeated inability to control impulses or unstable and dangerous signs/symptoms require stabilization or 24-hour setting for other functional deficits (Level 3.5)**
- ☐ Moderate severity; needs a 24-hour structured setting (Level 3.7)
- ☐ Requires 24-hours psychiatric care and concomitant addiction treatment (Level 4)

d) 'Dimension 4' tab: In 'Dimension 4: Readiness to Change' section, field name is modified as 'Problems in this dimension do not qualify the person for Level 4 services (Level 4)'. When the user selected, Level dropdown will populate with Level 4.

ASAM-2701

Effective 04/04/2024 Status New Author Test, Praveen

Dimension 1 Dimension 2 Dimension 3 **Dimension 4** Dimension 5 Dimension 6 Final Determination

Dimension 4: Readiness to Change

- ☐ Willing to explore how current alcohol, tobacco, other drug or medication and/or high risk behaviors may affect personal goals (Level 0.5)
- ☐ Ready to change the negative effects of opioid use, but not ready for total abstinence from illicit prescription or non-prescription drug use (OTP Level 1)
- ☐ Ready for recovery but needs motivation and monitoring strategies to strengthen readiness; or needs ongoing monitoring and disease management; or high severity in this dimension but no in other dimensions (Level 1)
- ☐ Has variable engagement in treatment, ambivalence, or lack of awareness of the substance use or mental health problem, and requires a structured program several times a week (Level 2.1)
- ☐ Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services (Level 2.5)
- ☐ Open to recovery, but needs a structured environment to maintain therapeutic gains (Level 3.1)
- ☐ Has little awareness and needs interventions available only in Level 3.3 to stay in treatment (Level 3.3)
- ☐ Has marked difficulty with, or opposition to, treatment, with dangerous consequences (Level 3.5)
- ☐ Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies available in a 24 hour structured setting (Level 3.7)
- ☐ **Problems in this dimension do not qualify the person for Level 4 services (Level 4)**

Author: Ramya Nagaraj

52. EII # 125379: Implementation of 'Modified Mini Screen' document.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

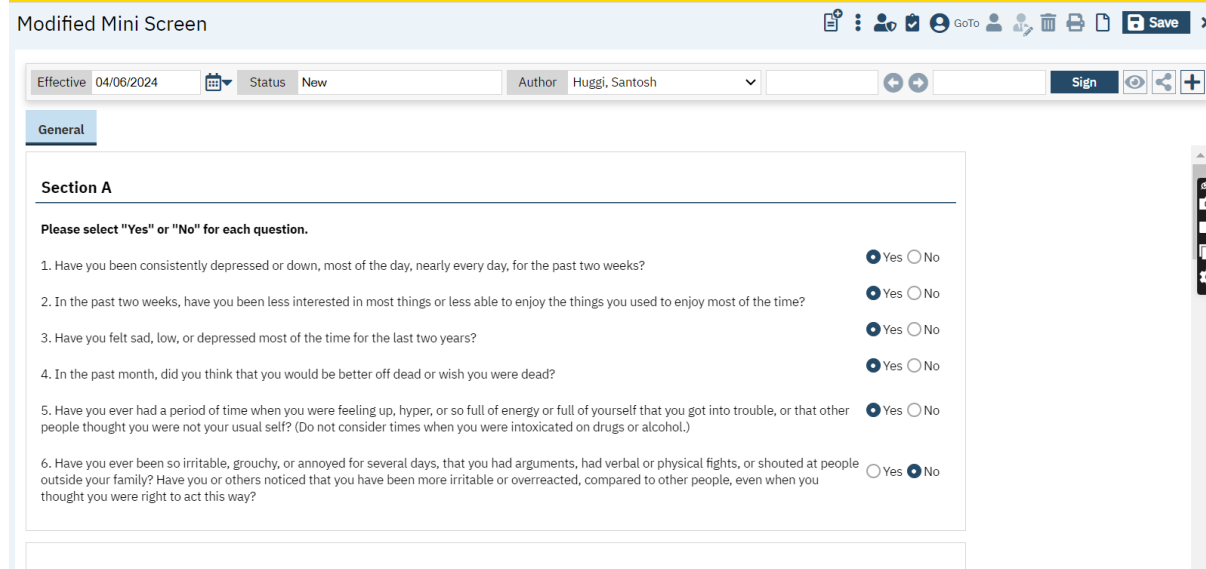
Release Type: New Functionality | **Priority:** Urgent

Navigation Path: 'Client' -- 'Modified Mini Screen' document.

Functionality 'Before' and 'After' release:

Purpose: The Modified Mini Screen document is implemented to meet mental health regulations.

With this enhancement, a new DFA document named 'Modified Mini Screen' is implemented. This document has one tab named 'General' with below sections and fields having 'Yes' and 'No' radio buttons options.



Section A: Please select "Yes" or "No" for each question.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?
3. Have you felt sad, low, or depressed most of the time for the last two years?
4. In the past month, did you think that you would be better off dead or wish you were dead?
5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)
6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?

Section B: Please select "Yes" or "No" for each question.

Modified Mini Screen

Effective 04/06/2024 Status New Author Huggi, Santosh Sign

General

Section B

Please select "Yes" or "No" for each question.

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is "yes," circle "yes"; otherwise circle "no.") ☒ Yes ☐ No

8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: being in a crowd, standing in a line, being alone away from home or alone at home, crossing a bridge, traveling in a bus, train, or car? ☒ Yes ☐ No

9. Have you worried excessively or been anxious about several things over the past six months? (If you answer "no" to this question, answer "no" to Question 10 and proceed to Question 11.) ☒ Yes ☐ No

10. Are these worries present most days? ☒ Yes ☐ No

11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: speaking in public, eating in public or with others, writing while someone watches, being in social situations. ☒ Yes ☐ No

12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing? Examples: being afraid that you would act on some impulse that would be really shocking, worrying a lot about being dirty, contaminated, or having germs, worrying a lot about contaminating others, or that you would harm someone even though you didn't want to, having fears or superstitions that you would be responsible for things going wrong, being obsessed with sexual thoughts, images, or impulses, hoarding or collecting lots of things, having religious obsessions. ☒ Yes ☐ No

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7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is "yes," circle "yes"; otherwise circle "no").
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: being in a crowd, standing in a line, being alone away from home or alone at home, crossing a bridge, traveling in a bus, train, or car?
9. Have you worried excessively or been anxious about several things over the past six months? (If you answer "no" to this question, answer "no" to Question 10 and proceed to Question 11.)
10. Are these worries present most days?
11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: speaking in public, eating in public or with others, writing while someone watches, being in social situations.
12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing? Examples: being afraid that you would act on some impulse that would be really shocking, worrying a lot about being dirty, contaminated, or having germs, worrying a lot about contaminating others, or that you would harm someone even though you didn't want to, having fears or superstitions that you would be responsible for things going wrong, being obsessed with sexual thoughts, images, or impulses, hoarding or collecting lots of things, having religious obsessions.
13. In the past month, did you do something repeatedly without being able to resist doing it? Examples: washing or cleaning excessively, counting or checking things over and over, repeating, collecting, or arranging things, other superstitious rituals.
14. Have you ever experienced, witnessed, or had to deal with an extremely traumatic event that

included actual or threatened death or serious injury to you or someone else? Examples: serious accidents, sexual or physical assault, terrorist attack, being held hostage, kidnapping, fire, discovering a body, sudden death of someone close to you, war, natural disaster.

15. Have you re-experienced the awful event in a distressing way in the past month? Examples: dreams, intense recollections, flashbacks, physical reactions.

Section C: Please select "Yes" or "No" for each question.

Modified Mini Screen

GoTo
Save

Effective 04/06/2024
Status New
Author Huggi, Santosh
Sign

General

Section C

Please select "Yes" or "No" for each question.

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? ☐ Yes ☐ No
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? ☐ Yes ☐ No
18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed? ☐ Yes ☐ No
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you? ☐ Yes ☐ No
20. Have your relatives or friends ever considered any of your beliefs strange or unusual? ☐ Yes ☐ No
21. Have you ever heard things other people couldn't hear, such as voices? ☐ Yes ☐ No
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see? ☐ Yes ☒ No

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?
18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind . that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you?
20. Have your relatives or friends ever considered any of your beliefs strange or unusual?
21. Have you ever heard things other people couldn't hear, such as voices?
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?

'Scoring Information' Section: Document also contains 'Scoring Information' section which consists of disabled textbox fields. These fields display score values based on the options selected in Section A, Section B and Section C.

Modified Mini Screen

Effective 04/06/2024

Status New

Author Huggi, Santosh

Sign

Save

General

21. Have you ever heard things other people couldn't hear, such as voices?

☐ Yes
 ☒ No

22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?

☐ Yes
 ☒ No

Scoring Information

Number of "Yes" responses to Section A.

5

Number of "Yes" responses to Section B.

8

Number of "Yes" responses to Section C.

4

Total Number of "Yes" responses from Sections A, B, and C.

17

Did individual respond "Yes" to Question 4?

Yes

Did individual respond "Yes" to Question 14 and Question 15?

No

1. Number of "Yes" responses to Section A.

- For each of the "Yes" answers in Section A, this field will take the score as 1.
- For each of the "No" answer in Section A, this field will take the score as 0.
- It calculates the sum of "Yes" responses from question 1-6 and displays the total score in this field.

2. Number of "Yes" responses to Section B.

- For each of the "Yes" answer in Section B, this field will take the score as 1.
- For each of the "No" answers in Section B, this field will take the score as 0.
- It calculates the sum of "Yes" responses from question 7-15 and displays the total score in this field.

3. Number of "Yes" responses to Section C.

- For each of the "Yes" answers in Section C, this field will take the score as 1.
- For each of the "No" answers in Section C, this field will take the score as 0.
- It calculates the sum of "Yes" responses from question 16-22 and displays the total score in this field.

4. Total Number of "Yes" responses from Sections A, B, and C.

- For each of the "Yes" answers in Section A, Section B and Section C, this field will take the score as 1.
- For each of the "No" answers in Section A, Section B and Section C, this field will take the score as 0.
- It calculates the sum of "Yes" responses from question 1 to 22 and displays the total score in this field.

5. Did individual respond "Yes" to Question 4?

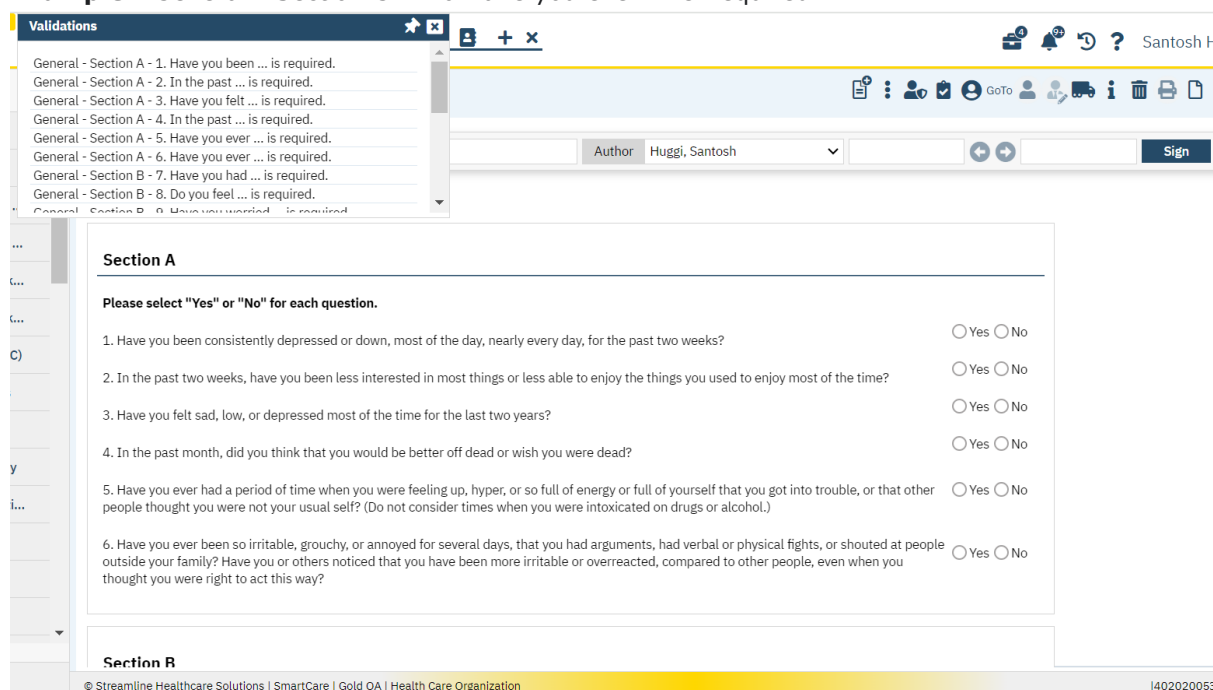
- This field will be initialized with Yes or No value based on the response indicated on Question 4.

6. Did individual respond "Yes" to Question 14 and Question 15?

- This field will be initialized to Yes if Yes response is indicated on Question 14 AND 15. **or**
- This field will be initialized to No if No response is indicated on Question 14 OR 15.
- Both Question 14 and 15 must be answered Yes for this field to initialize as Yes.

Standard validation: All the fields in Section A, Section B and Section C are mandatory fields. Standard validation for required fields will be displayed in the format below. Validation message contains the first three words of the field name since the name is lengthy.

Example: "General - Section C - 1.6 Have you ever ... is Required"



The screenshot displays the Streamline Healthcare Solutions interface. On the left, a 'Validations' panel lists various validation messages, including 'General - Section A - 1. Have you been ... is required.' and 'General - Section B - 1.6 Have you ever ... is Required'. The main form area is titled 'Section A' and contains a list of six questions, each with 'Yes' and 'No' radio button options. The questions are:

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?
3. Have you felt sad, low, or depressed most of the time for the last two years?
4. In the past month, did you think that you would be better off dead or wish you were dead?
5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)
6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?

Below Section A is 'Section B'. The footer of the interface shows the copyright notice: '© Streamline Healthcare Solutions | SmartCare | Gold QA | Health Care Organization' and the ID '1402020053'.

Below is the screenshot of document PDF post signature:

Modified Mini Screen

Effective04/06/2024

StatusSigned

AuthorHuggi, Santosh

Sign

Document

1 / 3

100%

+

+

PDFBytesHandler.axd

Page 1 of 3

Client Name: C_Fluent Q Test

Medicaid: NA

ClientID: 6208

Modified Mini Screen

Client Information

Client Name:

Test, C_Fluent

Client ID:

6208

DOB:

01/16/1994

Effective Date:

04/06/2024

Section A

Please select "Yes" or "No" for each question.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?

Yes

2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?

Modified Mini Screen



Effective 04/06/2024 Status Signed Author Huggi, Santosh

Document

PdfBytesHandler.axd

1 / 3 100%

6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?

No

Section B

Please select "Yes" or "No" for each question.

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is "yes," circle "yes"; otherwise circle "no.")

Yes

8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: being in a crowd, standing in a line, being alone away from home or alone at home, crossing a bridge, traveling in a bus, train, or car?

Yes

9. Have you needed assistance to help you deal with these things over the past six months? (If you answer "yes" to this

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Document

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2 / 3 100%

Section C

Please select "Yes" or "No" for each question.

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?

Yes

17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?

Yes

18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?

Yes

19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you?

Yes

20. Have your relatives or friends ever considered any of your beliefs strange or unusual?

Yes

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Effective 04/06/2024 Status Signed Author Huggi, Santosh

Document

PDFBytesHandler.axd 2 / 3 100%

Scoring Information

Number of "Yes" responses to Section A.
4

Number of "Yes" responses to Section B.
4

Number of "Yes" responses to Section C.
7

Page 2 Printed on: 04/06/2024

Data Model Changes: Added new table 'DocumentModifiedMiniScreens'.

Author: Praveen Gangadhara

53. EII # 127081: Implementation of 'Brief Addiction Monitor' document.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Change | **Priority:** Urgent

Navigation Path: Client – Documents – 'Brief Addiction Monitor' documents.

Functionality 'Before' and 'After' release:

With this release, a new 'Brief Addiction Monitor' document is implemented, and 'Brief Addiction Monitor' is displayed with the following sections.

The General section is displayed with the below mentioned fields:

- Assessment Type: This is displayed with 'Initial' and 'Update' radio buttons.
- Method of Administration: This is a drop down field and the values displayed in the dropdown are 'Clinician Interview', 'Self-Report', Phone.

Note: Based on the 'Assessment Type' radio button selection, The 'BAM – Initial' section and 'BAM – Update' section will display.

When the user selects the 'Assessment Type' field as 'Initial', then the 'BAM – Initial' section will display in the 'Question' and 'Answer' table format. The below are the list of Questions with answers:

1. 'In the past 30 days, how would you say your physical health has been?' : This is a dropdown field and displayed with below mentioned values:

- Excellent
- Very Good
- Good
- Fair
- Poor

2. 'In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?': This is a drop-down field and displayed with below mentioned values:

- 0
- 1-3
- 4-8
- 9-15
- 16-30

3. 'In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?': This is a dropdown field and displayed with below mentioned values:

- 0
- 1-3
- 4-8
- 9-15
- 16-30

4. 'In the past 30 days, how many days did you drink ANY alcohol?' : This is a as dropdown field and displayed with below mentioned values :

- 0
- 1-3
- 4-8
- 9-15
- 16-30

5. 'In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? (One drink is considered one shot of hard liquor (1.5 oz) or 12 -ounce can/bottle of beer or 5 oz glass of wine):' This is a drop-down field and displayed with below mentioned values:

- 0
- 1-3
- 4-8
- 9-15
- 16-30

6. 'In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?' : This is a dropdown field and displayed with below mentioned values :

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7. 'In the past 30 days, how many days did you use:' This is a label displayed with below options:

A. 'Marijuana' : This is a drop-down field and displayed with values such as '0', '1-3', '4-8', '9-15' and '16-30'.

B. 'Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?': This is a dropdown field and displayed with values such as '0', '1-3', '4-8', '9-15' and '16-30'.

C. 'Cocaine/Crack?': This is a dropdown field and displayed with values such as '0', '1-3', '4-8', '9-15' and '16-30'.

D. 'Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?': This is a dropdown field and displayed with values such as '0', '1-3', '4-8', '9-15' and '16-30'.

E. 'Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, OxyContin, oxy, codeine, Tylenol 2,3,4, Percocet, Vicodin, Fentanyl)?': This is a dropdown field and displayed with values such as '0', '1-3', '4-8', '9-15' and '16-30'.

F. 'Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?': This is a drop-down field and displayed with values such as '0', '1-3', '4-8', '9-15' and '16-30'.

G. 'Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?': This is a dropdown field and displayed with values such as '0', '1-3', '4-8', '9-15' and '16-30'.

8. 'In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?': This is a drop-down field and displayed with below mentioned values:

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

9. 'How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days' : This is a dropdown field and displayed with below mentioned values :

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

10. 'In the past 30 days, how many days did you attend self-help meeting like AA or NA to support your recovery?' : This is a dropdown field with and displayed with below mentioned values :

- 0
- 1-3
- 4-8
- 9-15
- 16-30

11. 'In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?': This is a dropdown field and displayed with below mentioned values:

- 0
- 1-3

- 4-8
- 9-15
- 16-30

12. 'Does your religion or spirituality help support your recovery?': This is a dropdown field and displayed with below mentioned values:

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

13. 'In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?': This is a dropdown field and displayed with values below mentioned values:

- 0
- 1-3
- 4-8
- 9-15
- 16-30

14. 'Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?': This is displayed with radio button values 'Yes' and 'No' options.

15. 'In the past 30 days, how much have you been bothered by arguments or problems getting along with any family member or friends?': This is a drop-down field and displayed with below mentioned with values:

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

16. 'In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?': This is a dropdown field and displayed with below mentioned with values :

- 0
- 1-3
- 4-8
- 9-15
- 16-30

17. 'How satisfied are you with your progress toward achieving your recovery goals?': This is as drop-down field and displayed with below mentioned values:

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Brief Addiction Monitor

Effective 04/07/2024



Status New

Author Admin, Praveen

General

General

Assessment Type



Initial



Update

Method of Administration



BAM - Initial

Question	Answer
1. In the past 30 days, how would you say your physical health has been?	<input type="text"/>
2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?	<input type="text"/>
3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?	<input type="text"/>
4. In the past 30 days, how many days did you drink ANY alcohol?	<input type="text"/>
5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? (One drink is considered one shot of hard liquor (1.5 oz) or 12 -ounce can/bottle of beer or 5 oz glass of wine)	<input type="text"/>
6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?	<input type="text"/>
7. In the past 30 days, how many days did you use:	
A. Marijuana	<input type="text"/>
B. Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?	<input type="text"/>
C. Cocaine/Crack?	<input type="text"/>
D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?	<input type="text"/>
E. Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, OxyContin, oxy, codeine, Tylenol 2,3,4, Percocet, Vicodin, Fentanyl)?	<input type="text"/>
F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?	<input type="text"/>
G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?	<input type="text"/>
8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?	<input type="text"/>

Brief Addiction Monitor

Effective 04/07/2024
Status New
Author Admin, Praveen
03/22/2024

General

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?	
9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days	
10. In the past 30 days, how many days did you attend self-help meeting like AA or NA to support your recovery?	
11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?	
12. Does your religion or spirituality help support your recovery?	
13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?	
14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?	<input type="radio"/> Yes <input type="radio"/> No
15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family member or friends?	
16. In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?	
17. How satisfied are you with your progress toward achieving your recovery goals?	

Total Score
USE Score
RISK Score
PROTECTIVE Score

When the user selects the 'Assessment Type' field as 'Update', then the 'BAM -Update' section will display 'Question' and 'Answers' table format. The below are the list of Questions with answers:

1. 'Since the last time you have completed this form, how would you say your physical health has been?' : This is a dropdown field and displayed with below mentioned values:

- Excellent
- Very Good
- Good
- Fair
- Poor

2. 'Since the last time you have completed this form, how many nights did you have trouble falling asleep or staying asleep?' : This is a text box field with maximum scoring as '1-30' only.

3. 'Since the last time you have completed this form, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?' : This is a text box field with maximum scoring as '1-30' only.

4. 'Since the last time you have completed this form, how many days did you drink ANY alcohol?' : This is a text box field with maximum scoring as '1-30' only.

5. 'Since the last time you have completed this form, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? (One drink is considered one shot of hard liquor (1.5 oz) or 12 - ounce can/bottle of beer or 5 oz glass of wine)' : This is a text box field with maximum scoring as '1-30' only.

6. 'Since the last time you have completed this form, how many days did you use any illegal/street drugs or abuse any prescription medications?' : This is a text box field with maximum scoring as '1-30' only.

7. 'Since the last time you have completed this form, how many days did you use:' This is displayed with below mentioned options:

- A. 'Marijuana': This is a text box field with maximum scoring as '1-30' only.
- B. 'Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?': This is a text box field with maximum scoring as '1-30' only.
- C. 'Cocaine/Crack?': This is a text box field with maximum scoring as '1-30' only.
- 'D. 'Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?': This is a text box field with maximum scoring as '1-30' only.
- E. 'Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, OxyContin, oxy, codeine, Tylenol 2,3,4, Percocet, Vicodin, Fentanyl)?': This is a text box field with maximum scoring as '1-30' only.
- F. 'Inhalants(glues/adhesives, nail polish remover, paint thinner, etc.)?': This is a text box field with maximum scoring as '1-30' only.
- G. 'Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?': This is a text box field with maximum scoring as '1-30' only.
8. 'Since the last time you have completed this form, how much were you bothered by cravings or urges to drink alcohol or use drugs?': This is a dropdown field and displayed with below mentioned values:
- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely
9. 'How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?': This is a dropdown field and displayed with below mentioned values:
- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely
10. 'Since the last time you have completed this form, how many days did you attend self-help meeting like AA or NA to support your recovery?': This is a as text box field with maximum scoring as '1-30' only.
11. 'Since the last time you have completed this form, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?': This is a text box field with maximum scoring as '1-30' only.
12. 'Does your religion or spirituality help support your recovery?': This is a drop-down field and displayed below mentioned values:
- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely
13. 'Since the last time you have completed this form, how many days did you spend much of the time at work, school, or doing volunteer work?': This is a text box field with maximum scoring as '1-30' only.

14. 'Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?' : This is a radio button field displayed with 'Yes' and 'No' options.

15. 'Since the last time you have completed this form, how much have you been bothered by arguments or problems getting along with any family member or friends?' : This is a drop-down field and displayed with below mentioned values:

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

16. 'Since the last time you have completed this form, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?' : This is a text box field with maximum scoring as '1-30' only.

17. 'How satisfied are you with your progress toward achieving your recovery goals?' : This is a drop-down field and displayed with below mentioned values:

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Scoring fields are 'Total Score', 'USE Score', 'RISK Score' and 'PROTECTIVE Score' as auto update (non-editable) fields. Based on the answer's selection in the particular section (BAM – Initial/BAM –Update) scores will update.

Brief Addiction Monitor

Effective 04/07/2024



Status New

Author Admin, Praveen

General

General

Assessment Type ☐ Initial ☒ Update Method of Administration

BAM - Update

Question	Answer
1. Since the last time you have completed this form, how would you say your physical health has been?	<input type="text"/>
2. Since the last time you have completed this form, how many nights did you have trouble falling asleep or staying asleep?	<input type="text"/>
3. Since the last time you have completed this form, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?	<input type="text"/>
4. Since the last time you have completed this form, how many days did you drink ANY alcohol?	<input type="text"/>
5. Since the last time you have completed this form, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? (One drink is considered one shot of hard liquor (1.5 oz) or 12 -ounce can/bottle of beer or 5 oz glass of wine)	<input type="text"/>
6. Since the last time you have completed this form, how many days did you use any illegal/street drugs or abuse any prescription medications?	<input type="text"/>
7. Since the last time you have completed this form, how many days did you use:	
A. Marijuana	<input type="text"/>
B. Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?	<input type="text"/>
C. Cocaine/Crack?	<input type="text"/>
D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?	<input type="text"/>
E. Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, OxyContin, oxy, codeine, Tylenol 2,3,4, Percocet, Vicodin, Fentanyl)?	<input type="text"/>
F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?	<input type="text"/>
G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?	<input type="text"/>
8. Since the last time you have completed this form, how much were you bothered by cravings or urges to drink alcohol or use drugs?	<input type="text"/>

Brief Addiction Monitor



Effective 04/07/2024



Status New

Author Admin, Praveen

03/22/2024



General

8. Since the last time you have completed this form, how much were you bothered by cravings or urges to drink alcohol or use drugs?	<input type="text"/>
9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days	<input type="text"/>
10. Since the last time you have completed this form, how many days did you attend self-help meeting like AA or NA to support your recovery?	<input type="text"/>
11. Since the last time you have completed this form, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?	<input type="text"/>
12. Does your religion or spirituality help support your recovery?	<input type="text"/>
13. Since the last time you have completed this form, how many days did you spend much of the time at work, school, or doing volunteer work?	<input type="text"/>
14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?	<input type="radio"/> Yes <input type="radio"/> No
15. Since the last time you have completed this form, how much have you been bothered by arguments or problems getting along with any family member or friends?	<input type="text"/>
16. Since the last time you have completed this form, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?	<input type="text"/>
17. How satisfied are you with your progress toward achieving your recovery goals?	<input type="text"/>
Total Score <input type="text"/>	USE Score <input type="text"/>
RISK Score <input type="text"/>	PROTECTIVE Score <input type="text"/>

Validations for each section as follows:

BAM-Initial:
Validations


General - General – Method of Administration is required
General - BAM Initial – Question 1 is required
General - BAM Initial – Question 2 is required
General - BAM Initial – Question 3 is required
General - BAM Initial – Question 4 is required
General - BAM Initial – Question 6 is required
General - BAM Initial – Question 8 is required
General - BAM Initial – Question 9 is required
General - BAM Initial – Question 10 is required
General - BAM Initial – Question 11 is required
General - BAM Initial – Question 12 is required
General - BAM Initial – Question 13 is required
General - BAM Initial – Question 14 is required
General - BAM Initial – Question 15 is required
General - BAM Initial – Question 16 is required
General - BAM Initial – Question 17 is required

BAM-Update:

Validations



General - BAM Update – Question 1 is required
General - BAM Update – Question 2 is required
General - BAM Update – Question 3 is required
General - BAM Update – Question 4 is required
General - BAM Update – Question 6 is required
General - BAM Update – Question 8 is required
General - BAM Update – Question 9 is required
General - BAM Update – Question 10 is required
General - BAM Update – Question 11 is required
General - BAM Update – Question 12 is required
General - BAM Update – Question 13 is required
General - BAM Update – Question 14 is required
General - BAM Update – Question 15 is required
General - BAM Update – Question 16 is required
General - BAM Update – Question 17 is required

Data Model Changes: Added 'DocumentBriefAddictionMonitors' table.

Author: Akshay Vishwanath

54. Core Bugs # 127472: 'Add' click is not working in 'Attach/Review Documents' popup in Disclosure/Request screen for documents with document having apostrophe (') symbol.

Release Type: Fix | **Priority:** High

Navigation Path: Client'– 'Disclosure/Request Details'- click on 'Attach/Review Items Disclosed'- Click on 'Add' for document having apostrophe symbol.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to click on the 'Add' button in the 'Attach/Review Document' popup, the user was unable to add a document having an apostrophe (') symbol in the document name .

With this release, the above-mentioned issue has been resolved. Now, the user is able to add a document having an apostrophe symbol in the document name in the 'Attach/Review Document' popup.

Author: Akshay Vishwanath

55. Core Bugs # 127241: Care Plan document: When the 'No Diagnosis' is checked/unchecked, the Order # is not reset to 1.

Release Type: Fix | **Priority:** Medium

Prerequisite: The 'Diagnosis code' is present in the 'Diagnosis' Tab of the 'AuMHC - Care Plan document'.

Navigation Path: 'Client' search - 'AuMHC' - 'Care Plan document' - 'Diagnosis' Tab.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Diagnosis' tab, when the user checked the 'No Diagnosis' checkbox and then unchecked the checkbox, the Order was not reset to '1'.

With this release, the above-mentioned issue has been resolved. Now, the order is reset to '1' when the user checks the 'No Diagnosis' checkbox and then unchecks the checkbox.

Author: Praveen Gangadhara

56. Core Bugs # 127352: NOMs Answers are cleared when 'Clinical Discharge' is selected.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Fix | **Priority:** Medium

Navigation Path: Client - Documents - 'National Outcome Measures (NOMs)' --- Fill all mandatory details --- select 'Clinical Discharge' --- observe 'Behavioral Health Diagnosis' section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'National Outcome Measures (NOMs)' document, when the user selected the 'Clinical Discharge' radio button option, the previously entered answers were cleared in the 'Behavioral Health Diagnosis' section.

With this release, the above-mentioned issue has been resolved. Now, previously entered answers are retained in the 'Behavioral Health Diagnosis' section when the user selects the 'Clinical Discharge' radio button option in the 'National Outcome Measures (NOMs)' document.

Author: Praveen Gangadhara

57. Core Bugs # 127440: Nursing Admission Assessment (C) page: The Document name in the Title/Header is displayed as "Nursing Assessment" instead of "Nursing Admission" in the PDF.

DISCLAIMER: The document is only available to those customers who have purchased an annual subscription. It is a premium add-on to SmartCare and not included in SmartCare Base Subscription. If you are interested in learning more about this document, please contact your account manager.

Release Type: Fix | **Priority:** Medium

Navigation Path 1: 'Administration' menu -- 'Document Codes' -- 'Document Codes' list page -- search the Document Name as 'Nursing Assessment' document -- Modify the 'Document Name' -- click on 'Save'.

Navigation Path 2: 'Client' search -- 'Documents' -- Click on 'New' icon -- Fill the required fields -- 'Sign/View' 'Nursing Admission Assessment(C)' document.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user modified the title of the Document as "Nursing Admission Assessment" in the respective 'Document Codes' screen, then in the PDF, the Document name in the 'Title/Header' was displayed as 'Nursing Assessment' instead of 'Nursing Admission'.

With this release, the above-mentioned issue has been resolved. Now, in the PDF, the Document name in the 'Title/Header' is displayed as 'Nursing Admission' instead of 'Nursing Assessment'.

Author: Rakesh Naganagoda

58. Core Bugs # 127351: Dropdowns loading issue and system processing for long periods of time when clicking on dropdowns in the 'Life Event Details' screen.

Release Type: Fix | **Priority:** High

Navigation Path: Client -- 'Life Event Details' screen -- Click on the dropdowns.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Life Event Details' screen, when the user clicked on dropdowns, there was a slowness in the loading of the dropdown values and the system processing for long periods of time.

With this release, the above-mentioned issue has been resolved. Now, the dropdown values are loading quickly when the user clicks on dropdowns in the 'Life Event Details' screen.

Author: Praveen Gangadhara

59. Core Bugs # 125804: 'Release of Information' document: 'Ampersands (&)' special characters not displaying correctly in PDF.

Release Type: Fix | **Priority:** High

Navigation Path: Client -- Documents -- 'Release of information' document -- Fill all mandatory details with special character 'Ampersands (&)'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user entered special character "&" (ampersand) in 'Release of Information' document, the PDF view of document was displayed as '&';.

With this release, the above-mentioned issue has been resolved. Now in 'Release of Information' document, when the user enters a special character 'Ampersands (&)', this special character- 'Ampersands (&)' -is displayed correctly in PDF view of document.

Author: Kiran Tigarimath

60. Core Bugs # 127309: Client Viewing Error.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'My Office' -- 'My Documents' Screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user tried to view any Documents even when the permission is granted to roles/permissions under 'Staff Details' screen, the below-mentioned red error message was displayed.

Error: 'You are not authorized to view the screen (61796 - Client Viewing)

With this release, the above-mentioned issue has been resolved, Now the user is able to view any documents without any red message.

Dynamic Forms (DFA)

Reference No	Task No	Description
61	EII # 124018	Multi-select drop down Item Type.

Author: Sunil Belagali

61. EII # 124018: Multi-select drop down Item Type.

Release Type: Change | **Priority:** On fire

Navigation Path 1: Login to SmartCare application -- 'Forms' list page -- Click on any Form hyper link -- DFA Editor.

Navigation Path 2: DFA Editor -- Form Section -- Form Section Groups -- Form Items.

Functionality 'Before' and 'After' release:

With this release, the following changes are added in DFA Editor:

1. In DFA Editor Screen, for Drop Down type - 'G,S,T', only 'Drop Down List' and 'Multi-Select Drop Down List' item Type values are allowed, the rest of the values will be grayed out.

The screenshot displays the SmartCare DFA Editor interface. The top header shows the SmartCare logo and a 'Gold QA' status indicator. The sidebar on the left contains navigation links for various modules. The main content area is titled 'DFA Editor' and features a 'DFA Entries' tab. Below this tab, the 'Form Items' section is visible, containing a table with columns for Section Id, Group Id, Item Width, Sort Order, Drop Down Type, Edit Field Height, and Maximum Length. A dropdown menu is open for the 'Drop Down Type' field, showing a list of options including 'Select', 'Anchor', 'Button', 'CheckBox', 'Currency', 'Date', 'Email', 'Drop Down List', 'Image', 'Label', 'Money', 'Multi-Select Drop Down List', 'Phone', 'RadioButton', 'SSN Number', 'TextBox', and 'Time'. The 'Drop Down List' option is highlighted. Below the table, there is a list of form items with columns for selection, ID, name, and type. The 'Emp Type' item is selected.

Section Id	Group Id	Item Width	Sort Order	Drop Down Type	Edit Field Height	Maximum Length
90438	93350	200	8	G		

Item Column Name	Item Label	Comment Column Name	Shared Table Name	Stored Procedure Name	Text Field	Value Field	Information Icon SP Name	Filter Name	Custom Identifier
Emp	Emp Type								

Item Type	Global Code Category	Active	Require Comment	Radio Button On New Line	Information Icon	Exclude from Pencil Icon	Filter	Stored Procedure has Parameter

MultiDropDown	County NAmE	Emp Type	SP MDD
5	6	8	9

MultiDD	XSMOKINGSTATUS	CountyName	CountyName	T

SP	CodeName	S

- Added a new 'Item Type' in the Form Items section 'Multi-Select Drop Down List'.

DFA Editor

DFA Entries

Preview

Form Items

Section Id	60619	Item Column Name	MultiSelectDD	Add Custom Column	
Group Id	61645	Item Label	Testing MultiSelect Dropdown	Item Type	Select
Item Width	200	Comment Column Name		Global Code Category	Select
Sort Order	3	Shared Table Name		Active	Anchor
DropDown Type	S	Stored Procedure Name		Require Comment	Button
Edit Field Height		Text Field		Radio Button On New Line	CheckBox
Maximum Length	500	Value Field		Information Icon	Currency
		Information Icon SP Name		Exclude from Pencil Icon	Date
		Filter Name		Filter	Decimal
		Custom Identifier		Stored Procedure has Parameter	Drop Down List
					Integer
					Label
					Money
					MultiLine TextBox
					Multi-Select Drop Down List
					Phone
					RadioButton
					SSN Number
					TextBox
					Time

X		2	5363	Medication...	
X		3	5360	MultiSelect... XEDUCATIONALLEV...	
X		4	5360	MultiDDCo...	

CountyFIPS CountyName T

3. Multi Select DropDown in DFA preview.

DFA Editor

DFA Entries **Preview**

to delay treatment would jeopardize the patient's health status.

Medication Review Note:

Testing MultiSelect Dropdown for 'G'

Testing Multi DD for 'T'

- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25+
- ☐ 0
- ☐ Preschool/Nursery/Head St
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade

4. Multi Select Drop Down List in Screen

Effective 03/27/2024 Status In Progress Author 03/27/2024

to delay treatment would jeopardize the patient's health status.

Medication Review Note:

test

Testing MultiSelect Dropdown for 'G'

11 of 30 selected

Testing MultiDD for 'S'

5 of 241 selected

Testing Multi DD for 'T'

4 of 3140 selected

- ☐ [Select all]
- ☒ Abbeville
- ☐ Acadia
- ☒ Accomack
- ☐ Ada
- ☐ Adair
- ☐ Adair
- ☐ Adair
- ☐ Adair
- ☒ Adams

Electronic Remittance

Reference No	Task No	Description
62	Core Bugs # 127110	835 electronic remittance file throwing error when processed without Service Segment.

Author: Yashas Kyadalappa

62. Core Bugs # 127110: 835 electronic remittance file throwing error when processed without Service Segment.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'My Office' -- 'My Services' -- 'Payments/Adjustments' -- 'Payments/Adjustments' list page -- Click on the 'Electronic Remittance' icon -- 'Electronic Remittance' pop-up -- Click on the 'Import File ID' -- 'Electronic Remittance File Details' pop-up -- Click on 'Process File' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. While processing the 835 electronic remittance file, which did not have a (SVC line) Service segment, the system was throwing the below mentioned error.

Error: "ClaimLineItem NULL does not exist in the system or ClaimId 21783 is incorrect".

With this release, the above-mentioned issue has been resolved. Now, above mentioned error won't be displayed while processing the 835 electronic remittance file without (SVC line) Service Segment.

Expected Payments/Adjustments

Reference No	Task No	Description
63	Core Bugs # 127293	Payment Category (Unposted Payments - Deferred Revenue) - GL Debit/Credit is not correct.

Author: Roopa Hemanna

63. Core Bugs # 127293: Payment Category (Unposted Payments - Deferred Revenue) - GL Debit/Credit is not correct.

Release Type: Fix | **Priority:** Medium

Pre-requisite:

1. Set Config Key "TGLTrackAndReportUnappliedPayments" to "YES".

2. Create a Payment Category with Account String via Table Editor 'PaymentCategories' table.

Path: 'Administration' – 'Table Editor' screen – select 'Payment Categories' from Table drop down field – click on 'Execute' button – enter 'Deferred Revenue' in 'CategoryName' column – enter data in 'AccountString' – click on 'Save' – click on 'Execute' button.

3. Collect a payment, but do not post the payment against a service by following the below path:

Path: 'Administration' – 'Payments/Adjustments' screen – click on hyperlink of 'Date Received' – 'Payment/Adjustment Details' pop-up window – apply 'Payment' – select 'Deferred Revenue' from Payment Categories' drop down field -- click on 'Update' button.

Navigation Path: 'My Office' -- 'General Ledger Summary Report' -- select 'Open Accounting Periods' -- click on 'View Report' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The SmartCare feature for G/L tracking of deferred revenue using Payment Categories, was documenting a general ledger entry with the debit and credit amounts reversed.

With this release, the above-mentioned issue has been resolved. Now, the SmartCare feature for G/L tracking of deferred revenue using Payment Categories, documents a correct general ledger entry with a Debit to Cash and a Credit to Accounts Receivable.

External Collections

Reference No	Task No	Description
64	EII # 124838	Need a change to a system stored procedure (ssp).

Author: Namratha Nagaraj

64. EII # 124838: Need a change to a system stored procedure (ssp).

Release Type: Change | **Priority:** High

Navigation Path: NA

Functionality 'Before' and 'After' release:

With this release, a Custom Hook scsp_SCCreateExternalCollections has been added inside the scsp_SCCreateExternalCollections if it exists.

Data Model Change:

'CreateExternalCollectionsSP' column has been added in 'CollectionAgencies' table.

Note: The custom hook will work only for those customers who are having a customization logic in their environment.

Flag Types

Reference No	Task No	Description
65	Core Bugs # 127276	Flag Types: Error message is displayed when modifying the Primary driven FlagType records.

Author: Renuka Gunasekaran

65. Core Bugs # 127276: Flag Types: Error message is displayed when modifying the Primary driven FlagType records.

Note: This functionality is implemented for a specific customer. If you have Primary and County type of setup and would like to use these functionalities, please get in touch with Streamline Support.

Release Type: Fix | **Priority:** Medium

Prerequisite:

1. The System configuration key 'SetMultitenantSystemPrimaryInstance' is set to 'No'.
2. System configuration key "DisplayCDAGSectionInStaffDetails" value is set to 'Yes'.
3. The System configuration key 'EnableClinicalDataAccessGrouping' value is set to 'Yes'.

Navigation Path: 'Administration' - 'Flag Types' - Select existing Flag Type - Flag Type details -Modify any values like (Default level, Never Pop up, etc.,) - Save.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to modify the Primary driven Flag Type record in the Flag Type details screen, the below mentioned error message was displayed.

Error message: Type of value has a mismatch with column typeCouldn't store in BitmapImage Column. Expected type is Byte[[]].

With this release, the above-mentioned issue is resolved. Now, the users are able to modify the Primary Driven Record in the Flag type Details screen without any error message.

Flow Sheet

Reference No	Task No	Description
66	EII # 125053	Implemented Primary Care OBGYN template in the Flow Sheet.
67	EII # 126606	A new field 'Number of Children Birthed' has been added to the New Entry Flow Sheet.
68	Core Bugs # 127444	Getting an error when accessing Flow Sheet.
69	Core Bugs #126869	OBGYN Flowsheet: The weeks and the days are not displayed in the Gestational age field.
70	Core Bugs # 127452	'Preventative Care and Screening' FlowSheet: duplicate fields are displayed.

Author: Suganya Sivakumar

66. EII # 125053: Implemented Primary Care OBGYN template in the Flow Sheet.

Release Type: New Functionality | **Priority:** On Fire

Navigation Path: Perform Client Search --- Select Client --- Navigate to Flow Sheet --- Client --- Flow Sheet List Page --- In Vital History tab --- Select Primary Care OBGYN --- From Add Flow Sheet dropdown filter --- Click on New Icon --- New Entry Flow Sheet Detail page --- Enter all required fields in Primary Care OBGYN section --- Click on Save Icon.

Functionality 'Before' and 'After' release:

Purpose: The fetus's gestation age is an important information to providers to work efficiently and effectively within the primary care module. This will help them make sure that the medication given to them will not harm the fetus and is risk free.

With this release, the below template has been implemented in the Flow Sheet screen.

Primary Care OBGYN template:

Search, Star, Home, User, Test, Suganya (1737), ? + x

Flow Sheet

Vital History | **Graphs**

Primary Care OBGYN | Custom Dates | Start Date: 11/15/2023 | End Date: 12/08/2023 | Apply Filter

11/22/2023 08:36 PM
Entered By: Sivakumar...

Date Of Concept...								
Gestational age								
Fundal Height	11							
Fetal Heart Rat...	11							
Movement	6							
Preterm Labor S...	test							
Dilation	192							
Effacement	123							
Systolic	102							
Diastolic	88							
Weight	55							

The below mentioned sections will be displayed in **Primary Care OBGYN Flow Sheet template**:

- Date/Time
- Primary Care OBGYN

Search, Star, Home, User, Test, Suganya (1737), ? + x | Suganya Sivakumar | ?

New Entry Flow Sheet

Save x

Date/Time

Select Date: 12/08/2023 | Enter Time: 02:03 PM

Primary Care OBGYN

Date Of Conception: 09/13/2023 | Gestational age: 12 weeks and 2 days

Fundal Height	10	Cm	Fetal Heart Rate	77
Movement	right		Preterm Labor Signs/Development	test
Dilation	5		Effacement	66 %
Systolic	103		Diastolic	78
Weight	6.3	lb		

Date/Time section:

The below mentioned fields are displayed:

1. **Select Date:** This is a Date Control field.
2. **Enter Time:** This is time entry field.

Primary Care OBGYN section:

The below mentioned fields are displayed:

1. **"Date Of Conception"**: This is a Date Control mandatory field.

A Validation message will pop up if the Date Of Conception date is not selected.

Validation Message: Primary Care OBGYN - Date Of Conception - field is required.

2. **Gestational Age:** This is a Varchar text box field. When the Date is Entered in the "Date Of Conception" date field the (## Weeks and ## days) will be calculated with respect to the date and it will be displayed in the Gestational Age textbox field. The Number of days is rounded Off to the nearest day. Gestational (## Weeks and ## days)

The screenshot shows the 'New Entry Flow Sheet' for a Primary Care OBGYN. The form is titled 'Test, Suganya (1737)' and includes a 'Date/Time' section with 'Select Date' (12/08/2023) and 'Enter Time' (02:03 PM). Below this is the 'Primary Care OBGYN' section, which contains a 'Date Of Conception' field. A validation message is displayed: 'Primary Care OBGYN - Date Of Conception - field is required.' The form also includes fields for 'Fundal Height' (10 Cm), 'Movement' (right), 'Dilation' (5), 'Systolic' (103), 'Weight' (6.3 lb), 'Fetal Heart Rate' (77), 'Preterm Labor Signs/Development' (test), 'Effacement' (66 %), and 'Diastolic' (78).

3. **Fundal Height** – It is a Textbox field that accepts Numeric values that display the unit "cm" next to the Height field.

4. **Fetal Heart Rate** – It is a Textbox field that accepts Numeric values.

5. **Movement** – It is a Textbox field that accepts Char values.

6. **Preterm Labor Signs/Development** – It is a Textbox field that accepts Char values.

7. **Dilation** – It is a Textbox field that accepts Numeric values.

8. **Effacement** – It is a Textbox field that accepts Numeric values that display the unit "%" next to the Effacement.

9. **Systolic** – It is a Textbox field that accepts Numeric Values.

10. **Diastolic** – It is a Textbox field that accepts Numeric Values.

11. **Weight** – It is a Textbox field that accepts Numeric values that display the unit "lb" next to the Weight.

- Once after Primary Care OBGYN Flow Sheet is saved. The Pregnancy Indicator Flag will be displayed next to the Client Name and on hover, this will display the Note Information of the Flag.

Pregnancy Indicator: Client is pregnant. Gestational Age:## weeks and # #days

Test, Suganya (1737) ? + x

Pregnancy Indicator: Client is pregnant. Gestational Age: 24 weeks and 2 days

Flow Sheet

Vital History Graphs

Primary Care OBGYN Custom Dates Start Date End Date 12/21/2023 Apply Filter

12/21/2023 02:05 PM	12/08/2023 02:03 PM	11/22/2023 08:36 PM					
Entered By: Sivakumar...	Entered By: Sivakumar...	Entered By: Sivakumar...					
Date Of Concept... 07/04/20...	09/13/20...						

Author: Niroop Hassan

67. EII # 126606: A new field 'Number of Children Birthed' has been added to the New Entry Flow Sheet.

Release Type: New Functionality | **Priority:** Medium

Navigation Path 1: 'Client' - 'Flow Sheet' - 'Flow Sheet' page - Click on 'New' icon - 'Client Templates' popup - Select 'Pregnancy Outcome' from the dropdown and click on 'OK' button - 'New Entry Flow Sheet' detail page - Verify the Number of Children Birthed- Enter required fields and click on 'Save' icon.

Navigation Path 2: 'Client' - 'Client Flags' - 'Client Flags' list page.

Navigation Path 3: 'My Office' - 'Client Flags' - 'Client Flags' list page - Filter for required staff data and click on 'Apply Filter' button.

Functionality 'Before' and 'After' release:

Purpose: The flag is to alert the users when there is a flow sheet indicating multiple births, but the number of flow sheets present does not match.

With this release, the 'Number of Children Birthed' field is implemented in the 'Pregnancy Outcome' section under the New Entry Flow Sheet screen to track the number of children birthed.

New Entry Flow Sheet

Date/Time

Select Date

12/21/2023

▼

Enter Time

07:22 PM

Pregnancy Outcome

Number of Children Birthed

Outcome of Pregnancy

▼

Date of Delivery

▼

Weight of Baby

lb

Length of Baby

In

Ethnicity of Baby

▼

Race of Baby

▼

Patient Details

Delivered by Provider

☐ Patient HIV Positive during Pregnancy

▼

☐ Delivered by Other Agency Provider

1. The below Validation message will be displayed if the user tried to save the screen without entering values in the 'Number of Children Birthed' field. It accepts only numeric values.

Validation Message: 'Pregnancy Outcome - Number of Children Birthed is required.'

New Entry Flow Sheet

Validations

Pregnancy Outcome - Number of Children Birthed is required.

Date/Time

Select Date

12/21/2023

▼

Enter Time

07:22 PM

Pregnancy Outcome

Number of Children Birthed

Outcome of Pregnancy

Live birth ▼

Date of Delivery

12/21/2023

▼

Weight of Baby

12.00

lb

Length of Baby

12.00

In

Ethnicity of Baby

Central Americano ▼

Race of Baby

Alaskan Native ▼

Patient Details

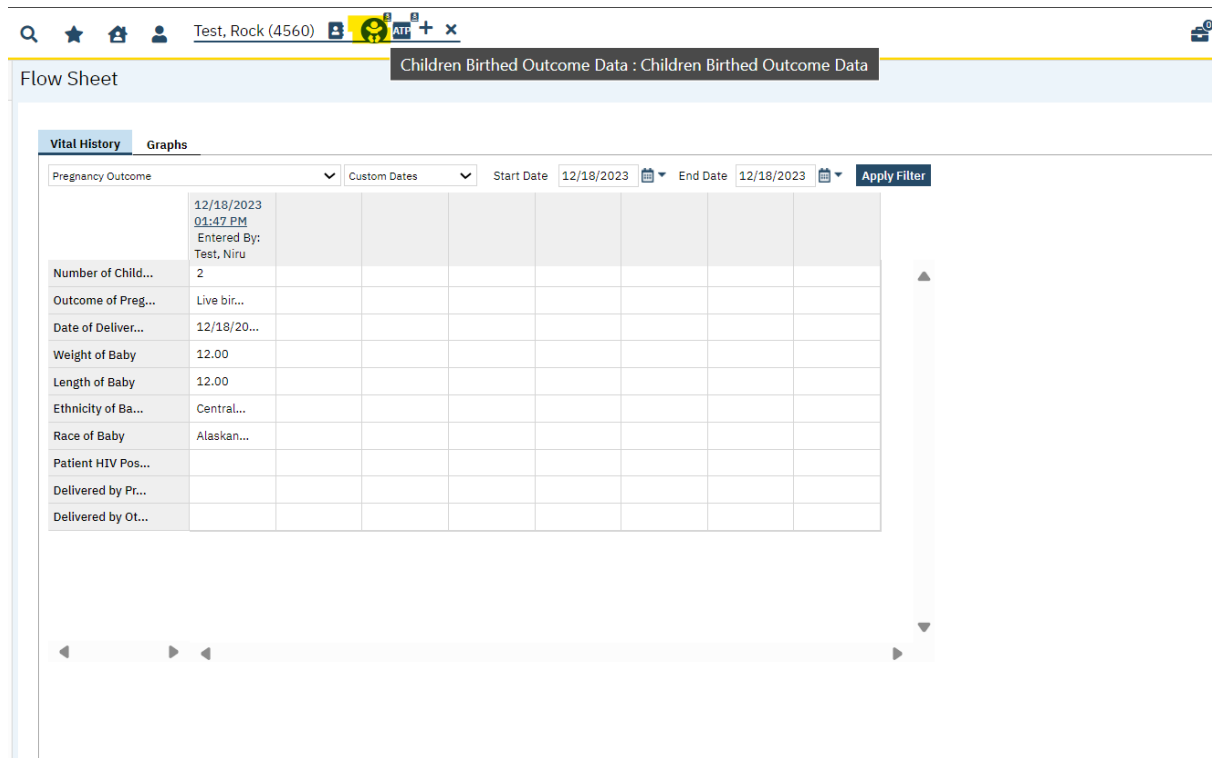
Delivered by Provider

☐ Patient HIV Positive during Pregnancy

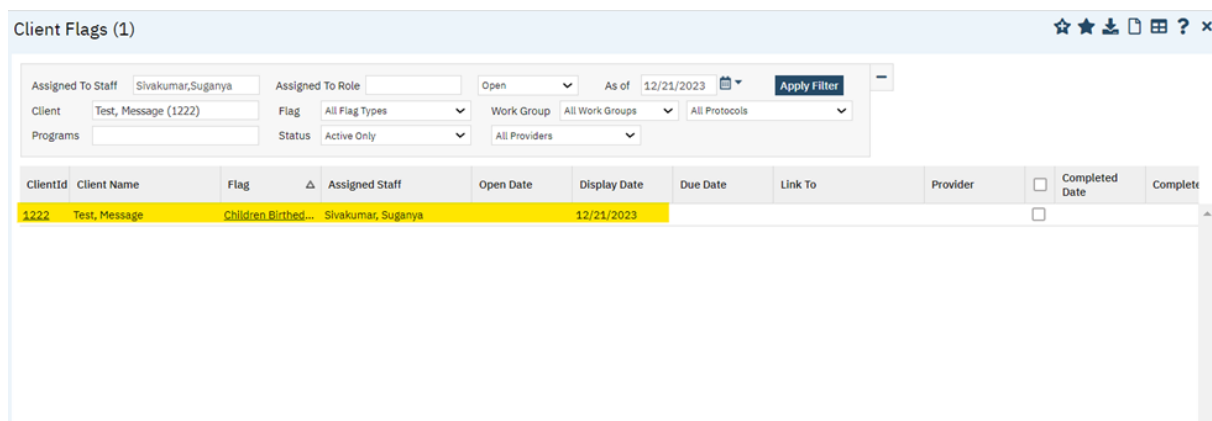
▼

☐ Delivered by Other Agency Provider

3. A flag will be created when the Number of Children Birthed does not match the number of Flow Sheets created for the client on the same day after the Nightly Job is executed.



4. The created flag will be assigned to the staff who creates the flow sheet with the Number of Children birthed information.



5. A flag will be removed when the Number of Children Birthed matches the number of Flow Sheets in the client record for a day after the Nightly Job is executed.

Search ★ Home User Test, Message (1222) + x

Flow Sheet

Vital History Graphs

Pregnancy Outcome ▼ Last one year ▼ Start Date 12/21/2022 End Date 12/21/2023 Apply Filter

	12/21/2023 08:00 PM Entered By: Sivakumar...	12/21/2023 07:47 PM Entered By: Sivakumar...						
Number of Child...	2	2						
Outcome of Preg...	Live bir...	Live bir...						
Date of Deliver...	12/21/20...	12/21/20...						
Weight of Baby	12.00	12.00						
Length of Baby	21.00	21.00						
Ethnicity of Ba...	Central...	Central...						
Race of Baby	Alaskan...	Alaskan...						
Patient HIV Pos...								
Delivered by Pr...								
Delivered by Ot...								

Author: Niroop Hassan

68. Core Bugs # 127444: Getting an error when accessing Flow Sheet.

Release Type: Fix | **Priority:** Urgent

Navigation Path: 'Client' – 'Flow Sheet'.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When the user tried to open the 'Flow Sheet', the below mentioned red error message was displayed.

Error Message: 'system.outofmemoryexception'.

With this release, the above-mentioned issue has been resolved. Now, the user can open the 'Flow Sheet' without an error.

Author: Suganya Sivakumar

69. Core Bugs # 126869: OBGYN Flowsheet: The weeks and the days are not displayed in the Gestational age field.

Release Type: Fix | **Priority:** Medium

Navigation Path: Client -- Flow Sheet -- 'Flow Sheet' List Page -- 'Vital History' tab -- Select Primary Care OBGYN -- From Add Flow Sheet dropdown filter -- Click on New Icon -- New Entry Flow Sheet page -- Enter all required fields in Primary Care OBGYN section -- Click on Save Icon.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Primary Care OBGYN' of 'New Entry Flow Sheet' screen, when the user entered the value in the Date of Conception field, the system calculated the weeks and the days in the same field (Date of Conception field) instead of the Gestational age field.

With this release, the above-mentioned issue has been resolved. Now, when the user enters the value in the Date of Conception field, the system calculates the weeks and the days in the Gestational age field correctly.

Author: Niroop Hassan

70. Core Bugs # 127452: 'Preventative Care and Screening' FlowSheet : duplicate fields are displayed.

Release Type: Fix | **Priority:** Medium

Navigation Path: Client -- 'Flow Sheet' -- Select 'Preventative Care and Screening' from 'Add Flow Sheet' dropdown and click on 'New' icon -- 'New Entry Flow Sheet' page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user opened the 'Preventative Care and Screening' Flowsheet, the below mentioned fields were duplicated in the New Entry Flow Sheet screen.

- 'Breast Cancer Screening Complete' checkbox.
- 'Breast Cancer Screening Type' dropdown.
- 'Comments' textbox.

With this release, the above-mentioned issue has been resolved. Now, the 'Preventative Care and Screening' Flowsheet is not displayed with duplicate fields in the New Entry Flow Sheet screen.

Global Codes

Reference No	Task No	Description
71	Core Bugs # 127245	Script for another task created a duplicate globalcode for ChargeErrorTypeProgram.

Author: Rinki Kumari

71. Core Bugs # 127245: Script for another task created a duplicate globalcode for ChargeErrortypeProgram.

Release Type: Fix | **Priority:** Urgent

Prerequisite: Global codes needs are created by following the **Path:** Global codes (Administration) --category- ChargeErrorType--code Name "Program may not provide the services"-Apply filter.

Navigation Path: Go search -- Global codes.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The duplicate global code was created with same category ('CHARGEERRORTYPE') and code Name ('Program may not provide services to this plan').

With this release, the above issue has been resolved. The user is not seeing the duplicate global codes with same codename, category and active status.

Goal Plan

Reference No	Task No	Description
72	Core Bugs # 127578	Goal Plan: An red error is displayed when the 'Order Comment' length is more than 250 characters under the 'Activity' section.

Author: Harika Rajendran

72. Core Bugs # 127578: Goal Plan: An red error is displayed when the 'Order Comment' length is more than 250 characters under the 'Activity' section.

Release Type: Fix | **Priority:** High

Navigation Path: 'Client' search – 'Goal Plan' Screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Goal Plan' Screen, when the 'Order Comment' length was more than 250 characters under the 'Activity' section, and below red error was displayed.

Red Error: "8152*****String or binary data would be truncated.*****ssp_PostUpdateDocumentGoalPlan*****101*****16*****30"

With this release, the above-mentioned issue has been fixed. Now, the above red error was not displayed, and the user can enter unlimited characters in the 'Order Comment' field of 'Activity' section of the 'Goal Plan' Screen.

Group Service

Reference No	Task No	Description
73	Core Bugs # 127348	Staff sees a re-occurring weekly notes on their To-Do list when they shouldn't be.
74	Core Bugs # 127182	Duplicate Group Services/Notes are created when the user signs the 'Group Services Note'.
75	Core Bugs # 127504	Group Services: when the user adds back the same client from 'Add Client from Rooster' after erroring out the group service, the warning message was still displayed.
76	Core Bugs # 127315	Group Service Details: changing Status of all the Clients using the 'Set All' button for Status, then the Start, End, and Time Out for each client was changed.
77	Core Bugs # 127543	The associated documents are not deleted when the client is deleted from the Recurrence Group Service.
78	Core Bugs # 127585	Navigation To Client Note on Group Service Detail is resulting in error.

Author: Aishwarya Bommaklar

73. Core Bugs # 127348: Staff sees a re-occurring weekly notes on their To-Do list when they shouldn't be.

Release type: Fix | **Priority:** High

Navigation Path 1: My Office – Groups quick link – Click on Group Name hyperlink – Click on Schedule tab – Click on New Group Service button – Enter Date of Service Click on Select button – Enter all the required fields – Click on Save icon –Click on Recurrence icon – Select the Recurrence Pattern and enter the Date Range – Click on Create Immediately checkbox – Click on Ok button.

Navigation Path 2: My Office – Group Services quick link – Select the above Group Service – Click on Group Name hyperlink – Click on Edit Recurrence icon – End the Recurrence before the End Date – Click on Create Immediately check box – Click on OK button.

Navigation Path 3: Client -- Documents list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user changed/deleted the recurrence services scheduled for a future date, the document associated with those services was still displayed in the Client Documents list page with To Do status.

With this release, the above-mentioned issue is resolved, and the documents associated with the deleted recurrence services will also get deleted and will not be displayed the below Client Documents list page.

Author: Suganya Sivakumar

74. Core Bugs # 127182: Duplicate Group Services/Notes are created when the user signs the 'Group Services Note'.

Release Type: Fix | **Priority:** High

Navigation Path 1: My office --- 'Groups' --- 'Groups' List page --- Click on 'New' Icon --- 'Group Details' page - -- Enter all the required fields --- Click on 'Save' button --- Navigate to 'Schedule' tab --- Click on 'New Group Service' button --- 'Group Service Clients' popup --- Select 'Date of Service and Clients' --- Click on 'Select' button.

Navigation Path 2: Navigate to the 'Group Service Detail' Screen --- Enter all the required fields --- Click on the 'Save' Button --- Navigate to the 'Note' tab --- Click on the 'Sign' Button --- 'Signature' popup displays --- 'PDF' generated.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. A duplicate 'Group Services/Notes' was created when the user signed the 'Group Services Note'.

With this release, the above-mentioned issue has been resolved. Now, there are no more duplicate 'Group Services' getting created in the 'Group Services Note'.

Author: Niroop Hassan

75. Core Bugs # 127504: Group Services: when the user adds back the same client from 'Add Client from Rooster' after erroring out the group service, the warning message was still displayed.

Release Type: Fix | **Priority:** High

Navigation Path: 'My Office' - 'Groups' - 'Groups' list page - Click on 'New' icon - 'Group Details' page - Enter required data - Click on 'Save' icon - Click on 'Schedule' tab - Click on 'New Group Services' button - 'Group Service Client' popup - Enter and select required data and click on 'Select' button - 'Group Service Detail' page - Get the warning message by saving the page without entering the required data - Select 'Error' from the 'Status' dropdown and click on 'Save' icon - Click on 'Add Client from Rooster' icon - 'Group Service Client Popup' - Select the same client and click on 'Select' button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user added back the client from 'Add Client from Rooster' after erroring out the group service, the warning message was still displayed in the 'Warnings and Errors' tab.

With this release, the above-mentioned issue has been resolved. Now, the warning message is not displayed when the user adds back the client from 'Add Client from Rooster' after erroring the group service.

Author: Aishwarya Bommaklar

76. Core Bugs # 127315: Group Service Details: changing Status of all the Clients using the 'Set All' button for Status, then the Start, End, and Time Out for each client was changed.

Release Type: Fix | **Priority:** Medium

Prerequisite: Sign the group note with clients having differing TimeIn/TimeOut.

Navigation Path: Open group note through Staff Calendar – Click 'Copy' – Change 'Status' from "Scheduled" to "Show" – Click "Set All" – Check time for other members.

Functionality 'Before' and 'After' release:

Before the release, here was the behavior. In the Group Service Details screen, when the user Copied a Group Service that had clients with different Time In/Time Out, and clicked 'Set All' for the Status, then the Start, End, and Time Out for each client, was changed based on the Duration and Time In.

With this release, the above-mentioned issue has been resolved. Now, when the user attempts to Copy Group Service that has clients with different Time In/Time Out, and clicking 'Set All' for the Status, then the Start, End, and Time Out for each client is not changing based on the Duration and Time In.

Author: Aishwarya Bommaklar

77. Core Bugs # 127543: The associated documents are not deleted when the client is deleted from the Recurrence Group Service.

Release Type: Fix | **Priority:** Medium

Navigation Path 1: My Office -- Groups -- Click on Group name hyperlink -- Group Details -- Click on 'Schedule' tab -- Click on 'New Group Service' button -- 'Group Service Client Popup' -- Enter 'Date of Service' and Click on 'Select' button -- Enter all the required fields -- Click on Save icon -- Click on Recurrence icon -- Select the Recurrence Pattern and enter the Date Range -- Click on Create Immediately checkbox -- Click on Ok button.

Navigation Path 2: My Office -- Groups -- Select Group (created in Navigation path 1) -- Click on Group Name hyperlink -- delete the client from the Clients section -- Click on OK button in the Confirmation Message pop up -- Click on Save icon -- Select the Recurrence from the Group Service Recurrence Scheduler pop up -- Click on OK.

Navigation Path 3: Client -- Documents -- Documents list page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user deleted the Client from the future recurrence groups, the associated Services were deleted, but the associated documents were not deleted and still displaying with To Do status in the Documents list page.

With this release, the above-mentioned issue has been resolved. Now, when the client is deleted from the Recurrence Group Service, the associated documents are also deleted.

Author: Suganya Sivakumar

78. Core Bugs # 127585: Navigation To Client Note on Group Service Detail is resulting in error.

Release Type: Fix | **Priority:** High

Navigation Path: 'My Office' – 'Groups' – Groups List page – Click on 'New' icon – Fill the required details on the 'Group Details' screen and Save – Click on 'Schedule' button – Click on 'New Group Service' button and create group – Fill the required details on 'Group Service Details' screen and click on the 'Note' tab – Fill the required details on 'Group Note' and click on 'Client Note' tab – click on the Client ID hyperlink.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Group Service Details screen, under the Client Note tab of the Note tab, when the user clicked on the Client ID near the Client Name in the list, the below mentioned errors were displayed:

1. When Client Dashboard is set as Client Page Preference in My Preferences screen, then the system gets Session out and redirected the user to the Login screen.
2. When Client Summary is set as Client Page Preference in My Preferences screen, then 'Object reference not set to an instance of an object' was displayed.

With this release, the above-mentioned issue has been resolved. Now, in the Group Service Details screen, under the Client Note tab of the Note tab, when the user clicks on the Client ID near the Client Name in the list, the above-mentioned error messages are not displaying and the appropriate screen is opening.

Inquiries (C)

Reference No	Task No	Description
79	Core Bugs # 127272	Inquiry Screen: Slowness observed when user tries to open Inquiry list screen.

Author: Ramya Nagaraj

79. Core Bugs # 127272: Inquiry Screen: Slowness observed when user tries to open Inquiry list screen.

Release Type: Fix | **Priority:** Medium

Prerequisite: There are few unsaved changes for Inquiry details screen.

Navigation Path: 'My Office' -- 'Inquiries' -- 'Inquiries' list screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When there were unsaved changes for the Inquiry Details screen, the system was taking more time to load the 'Inquiries' list screen.

With this release, the above-mentioned issue has been resolved. Now there is no slowness when the user opens the 'Inquiries' list screen when there are unsaved changes in Inquiry details screen.

Inquiries

Reference No	Task No	Description
80	Core Bugs # 127353	The page become unresponsive when trying to select the 'Assigned To' and 'Information Gathered By' drop down values in the Inquiry details page.

Author: Savitha Siddaraju

80. Core Bugs # 127353: The page become unresponsive when trying to select the 'Assigned To' and 'Information Gathered By' drop down values in the Inquiry details page.

Release Type: Fix | **Priority:** Urgent

Navigation Path 1: 'My Office' – 'Inquiries' – 'Inquiries' list page – Click on 'New' icon - 'Inquiries Details' screen – 'Inquiry Handled by' section - 'Assigned To' and 'Information Gathered By' dropdown.

Navigation Path 2: Administration – User Role Setup – Staff/Users – select required staff and click on 'Staff Name' hyperlink - Staff Details – 'Roles/ Permission' tab – 'Permissions' section – Select Permission Type as 'StaffAccessRules' – click on 'Apply Filter'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In 'Inquiries Details' screen, under 'Inquiry Handled by' section, the 'Assigned To' and 'Information Gathered By' dropdowns were listed with all the staff and if the system had large number of qualifying staff values, then it was causing the page to freeze while selecting the dropdown values.

With this release, the above-mentioned issue has been resolved. Now, in 'Inquiries Details' screen, to limit the data loaded in dropdowns, the below mentioned permission type is applied to display the staffs in 'Assigned To' and 'Information Gathered By' drop downs.

Permission Type: StaffAccessRules

Permission Item:

1. AllStaff
2. LimitedStaff

a) If the logged in staff has "LimitedStaff" Access Rule, then the staff drop down displays the staff who is associated with any of the Program that the logged in staff is also associated with.

b) If the logged in staff has "AllStaff" Access Rule, then the existing functionality is retained which is to display all the staff in the drop down.

c) If the logged in staff has both "LimitedStaff" and "AllStaff" Access Rule, then "AllStaff" takes Precedence.

Insurers

Reference No	Task No	Description
82	Core Bugs # 127465	Cannot add DFA Custom Fields to Insurer Details screen.

Author: Renuka Gunasekaran

82. Core Bugs # 127465: Cannot add DFA Custom Fields to Insurer Details screen.

Release Type: Fix | **Priority:** Medium

Navigation Path 1: 'Administration' -- 'Screens' -- Select 'Insurer Details' screen -- Select custom field option from 'Form' drop down.

Navigation Path 2: 'Administration' -- 'Insurers' -- Select 'Insurer' -- 'Insurer Details' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user tried to add DFA Custom Fields to the Insurer Details screen, the below mentioned red error was displayed.

Error: Unable to cast object of type 'System.Web.UI.HtmlControls.HtmlInputHidden' to type 'Telerik.Web.UI.RadTabStrip'

With this release, the above-mentioned issue is resolved. Now, the user can add DFA custom fields for Insurer details screen without any error and can open Insurer details screen from insurers list page.

Interface

Reference No	Task No	Description
83	EII # 127157	Implementation to generate ADT/SIU outbound Messages
84	Core Bugs # 125952	Error displaying in CAFAS document

Author: Jagadeesh Raju

83. EII # 127157: Implementation to generate ADT/SIU outbound Messages.

Release Type: New Functionality | **Priority:** Urgent

Navigation Path 1: Client -- Program Assignments – click on new icon -- Program Assignment Details -- Enter all the required details – Click on Save.

Navigation Path 2: Client -- Client information -- Enter all the required details – Click on Save.

Navigation Path 3: Client -- Services – create new Service with Schedule status –click on Save.

Navigation Path 4: Client -- Services -- Open Scheduled service/existing client service -- Reschedule the Services by changing into future date – Click on Save.

Navigation Path 5: Client -- Services -- Open Scheduled service/existing client service -- Change status to 'Cancel' – Click on Save.

Navigation Path 6: My Office -- Staff Calendar -- Click on the time interval to schedule service -- New Entry Type='New Service Entry' -- create New Service with Schedule status – Click on Save.

Navigation Path 7: My Office -- Staff Calendar -- Click on the time interval existing scheduled service -- Click on Reschedule ICON from right side top Menu -- New Entry Type= Reschedule status(select Cancel Reason) – Click on OK.

Navigation Path 8: My Office -- Staff Calendar -- Click on the time interval existing scheduled service -> Click on Reschedule ICON from right side top Menu -- New Entry Type= Reschedule status (select Cancel Reason) – Click on OK -- Modify Date/time for reschedule the service – Click on Save.

Navigation Path 9: My Office -- Reception/Front Desk -- Click on 'Create Primary Care Visit' ICON from right side top Menu -- New Service Fill details with Schedule status – Click on Save.

Navigation Path 10: My Office -- Reception/Front Desk -- Click on 'Enter Service' ICON from right side top Menu -- New Service fill details with Schedule status – Save.

Navigation Path 11: Client -- Service Note -- New Service with Schedule Status – Click on Save.

Navigation Path 12: Client -- Service Note --- Open Scheduled service/existing client service -- Reschedule the Services by changing into future date – Click on Save.

Navigation Path 13: Client -- Service Note -- Open Scheduled service/existing client service -- Modify the Services by Changing status to 'Show' – Click on Save.

Navigation Path 14: Client -- Service Note -- Open Scheduled service/existing client service -- Change status to 'Cancel' – click on Save.

Navigation Path 15: Administration -- Messages Interface -- Messages Interface Detail.

Functionality 'Before' and 'After' release:

With this release, the Outbound HL7 messages will be generated on the message interface screen under administration tab, when;

- The user enrolls a client in any program, discharges a client from any enrolled program, and updates the client demographic(s) information.
- A user schedules a service, reschedules a service, and cancels the service from the Staff Calendar screen.
- A user schedules a service, reschedules a service, and cancels the service from the Reception/Front Desk screen.
- The user saves the client service details with status as scheduled for New Primary Care Service Entry, reschedule a service, and cancel the service from the Staff Calendar screen.

Author: Munish Sood

84. Core Bugs # 125952: Error displaying in CAFAS document.

Release Type: Fix | **Priority:** High

Navigation Path: Open Client – open New CAFAS document – click on Go to Online CAFAS or Import CAFAS Scores.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. In the CAFAS document, the below errors were displayed when the user clicked on:

Go to Online CAFAS:

Error message: Requested client is not found in the system.

Import CAFAS Scores:

Error message: Unable to find CAFAS for the current client, please goto online CAFAS.

With this release, the above issue is fixed. Now, In the CAFAS document, error messages are not displaying when the user clicks on **Go to Online CAFAS** or **Import CAFAS Scores** button.

Key Phrases

Reference No	Task No	Description
85	Core Bugs # 127320	To Allow Key Phrases to be CDAG-compliant via the implementation of a SQL hook.
86	Core Bugs # 127350	User was unable to click on 'Favorite Phrases' button.

Author: Rakesh Naganagoda

85. Core Bugs # 127320: To Allow Key Phrases to be CDAG-compliant via the implementation of a SQL hook.

Note: This functionality is implemented for a specific customer. If you have Primary and County type of setup and would like to use these functionalities, please get in touch with Streamline Support.

Release Type: Fix | **Priority:** Urgent

Prerequisite:

1. Set System configuration key "DisplayCDAGSectionInStaffDetails" is set to 'Yes'.
2. Set the System Configuration Key 'EnableClinicalDataAccessGrouping' to 'YES'.

Navigation Path: NA

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. There was no custom SQL hook to call the 'ssp_SCGetUseKeyPhrases'

With this release, required changes have been implemented in the 'ssp_SCGetUseKeyPhrases' to call an SQL hook related to KeyPhrases functionality.

Note: This implementation will work for the customer environments who are using custom logic.

Author: Sunil Belagali

86. Core Bugs # 127350: User was unable to click on 'Favorite Phrases' button.

Release Type: Fix | **Priority:** High

Navigation Path: Login to SmartCare application – Select the 'Client' – Navigate to any Services/Notes or Documents – Click on 3 dots in the tooltip – Hover the mouse over 'Favorite Phrases'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In 'Services/Note' or 'Documents' screen, the tooltip was appearing wherever the user moved the mouse icon in 'Favorite Phrases' button and that was causing difficulty to click on 'Favorite Phrases' button.

With this release, the above-mentioned issue has been resolved. Now, in 'Services/Note' or 'Documents' screen, the tooltip is kept stationary and will not appear wherever the user moves mouse icon in 'Favorite Phrases' button. Thus, the user can click on 'Favorite Phrases' button easily.

Lab Results Review

Reference No	Task No	Description
87	Core Bugs # 127201	The Values of lab result is displayed in red text only when Flag is associated with 'H' or 'L'.

Author: Lakshmi Kumarappan

87. Core Bugs # 127201: The Values of lab result is displayed in red text only when Flag is associated with 'H' or 'L'.

Release Type: Fix | **Priority:** High

Navigation Path: Client -- Lab Results Review screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Lab Results Review screen, when the Flag was associated with 'High' or 'Low', the 'Value' of the lab result was not displayed in red text. The 'Value' of the lab result was displayed in red text only when the Flag was associated with 'H' or 'L'.

With this release, the above-mentioned issue has been resolved. Now, the 'Value' of lab results is displayed in red text when the Flag is associated with 'H' or 'High' or 'L' or 'Low' in the Lab Results Review screen.

Ledger Entry

Reference No	Task No	Description
88	Core Bugs # 127239	'Ledger Entries' screen: The Financial activities were displayed from the 'Oldest' entry to the 'Newest' entry in the 'Financial Activity' grid of the 'Ledger Entries' screen.

Author: Yashas Kydalappa

88. Core Bugs # 127239: 'Ledger Entries' screen: The Financial activities were displayed from the 'Oldest' entry to the 'Newest' entry in the 'Financial Activity' grid of the 'Ledger Entries' screen.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'Client' search -- 'Finance' -- 'Services' -- 'Services' list page – click on the 'DOS' hyperlink – 'Service Detail' screen – click on the 'Charge' hyperlink -- 'Ledger Entries' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The 'Financial Activities' were displayed from the 'Oldest' entry to the 'Newest' entry in the 'Financial Activity' grid of the 'Ledger Entries' screen. Additionally, there was some random sorting taking place when the user navigated to the 'Ledger entries' screen without any user input.

With this release, the above-mentioned issue has been resolved. The 'Financial Activities' are now sorted from 'Newest' to 'Oldest' in the 'Financial Activity' grid when the users navigate to the 'Ledger Entries' screen. Moreover, the users can also modify the sort order by clicking on the column headers in the grid.

Manage Authorizations

Reference No	Task No	Description
89	Core Bugs # 127363	Error message is displayed in the database when trying to execute the SSP_SCDeleteStaffScreenFiltersData.

Author: Lakshmi kumarappan

89. Core Bugs # 127363: Error message is displayed in the database when trying to execute the SSP_SCDeleteStaffScreenFiltersData.

Release Type: Fix | **Priority:** High

Navigation Path: Client– select a client – 'Documents(client)' list page – click on 'Apply filter' button- Logout-Go to database –Execute the below mentioned query.

Execute: Select * from Staffscreenfilters where createdby='staffname'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The following issues were observed:

- 1.Red error was displayed in the database when the user executed the SSP_SCDeleteStaffScreenFiltersData.
2. After Navigating to the Document list page, if the user logged out of SmartCare application, then the record was not deleted in the Staffscreenfilters table.

With this release, the above-mentioned issue has been resolved. Now,

1. Error message is not displayed when executing the SSP_SCDeleteStaffScreenFiltersData.
2. After Navigating to the Document list page, if the user logs out of SmartCare application, then the record gets deleted in the Staffscreenfilters table now.

Manage Claims

Reference No	Task No	Description
90	Core Bugs # 127331	Issue with Claim Review.
91	Core Bugs # 127489	Claimline denied with the adjudication rule 'No rate can be found for this claim line', the system incorrectly added the denial reason.

Author: Renuka Gunasekaran

90. Core Bugs # 127331: Issue with Claim Review.

Release Type: Fix | **Priority:** Medium

Prerequisites: Map 'Third Party EOB' plan with the client by following the **path**:

'Administration' -- Plans' -- 'New -- Plan Details --'Care Management' tab -- select 'Third Party Plan Considered for EOB' -- Save -- 'Client Plans and Time Spans' -- 'New' -- 'Client Plans' -- Select Third party plan -- Save -- Enter 'Start date', 'End Date', 'COB' -- Add.

Navigation Path: 'My Office' -- 'Claims' -- Select Claim Type 'I/P/PP/PI' -- Select 'Client' --'Claim Entry Screen' - -'claim Details screen' -- 'Select Action' --'Adjudicate'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. 'Waiting for EOB ' adjudication rule was not displayed even though the client was mapped with the 'Third Party EOB' plan and without 'Third Party EOB Information' in claim entry screen. The claim was approved, instead of 'Pend' for Awaiting Third Party EOB.

With this release, the above-mentioned issue is resolved. Now the claim line will be 'Pend' with the adjudication reason as 'Waiting for EOB', when the client is mapped with the 'Third Party EOB' plan and without 'Third Party EOB Information' in claim entry screen.

Author: Renuka Gunasekaran**91. Core Bugs # 127489: Claimline denied with the adjudication rule 'No rate can be found for this claim line', the system incorrectly added the denial reason.****Release Type:** Fix | **Priority:** High**Navigation Path:** 'Client' - 'Claim Lines ' - 'Claim Entry screen' - Add contract rate which is not mapped with provider contract - 'Claim Line Details screen' - 'Select Action' - 'Adjudicate'.**Functionality Before and after:**

Before this release, here was the behavior. When a Claimline was denied with the adjudication rule 'No rate can be found for this claim line' (2541), the system incorrectly added the denial reason 2583 (Claim line's approved amount is over budget) to the list of denial reasons, even though it was not the cause of the denial. This issue occurred when the customer had CoveragePlanClaimBudgets set up and the approved amount was not over the budget.

With this release, the above-mentioned issue has been resolved. When a Claimline is denied with the adjudication rule 'No rate can be found for this claim line', the system will not incorrectly add a denial reason (Claim line's approved amount is over budget). The claimline will be denied with 'Claim line's approved amount is over budget' only when the approved amount is over the budget.

MAR

Reference No	Task No	Description
92	EII # 125082	Instruction text of prescriber for each medication to always be visible in the Client MAR and Group MAR.

Author: Abhishek Naik**92. EII: 125082: Instruction text of prescriber for each medication to always be visible in the Client MAR and Group MAR.****Release Type:** Change | **Priority:** Urgent

Prerequisite: Create a client order by adding Instruction Text and Note to Pharmacy from Order Details in the SmartCare or Rx Application.

Navigation Path 1: select 'Client' – search for 'Client MAR' screen.

Navigation Path 2: Search 'Group MAR' screen.

Functionality 'Before' and 'After' release:

Purpose: To display the medication instruction text/comment of prescriber for each medication on the MAR.

With this release, the changes below are implemented in the Client MAR and Group MAR screens:

1. Client MAR:

- Instruction Text and Note to Pharmacy label names are added under Order name column.
- 'Instruction text' and 'Note to Pharmacy' characters are limited to 50. Also, on hover complete text will be visible.
- Text Bubble icon is removed under the Order name column.

Client MAR

Shift Type: Default
Select shift: 03/22 (08:00 to 15:00)
Order Status: All Statuses

From:
Display: All
Sort by: Alphabetical

To:
All Orders

Apply Filter

OVERDUE
ALLERGY
DOB 03/30/1965

Order Name	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00
Sig: Oral 4 each Once Rationale: Rationale 1 Instruction Text: Hello, everyone! This is the LONGEST TEXT EVER!... Note to Pharmacy:								
DOLOGEN 650-2 mg (DOLOGEN)						13:00		
Sig: Oral 3 each Five times per day (5) Instruction Text: Hello, everyone! This is the LONGEST TEXT EVER!... Note to Pharmacy: Hello, everyone! This is the LONGEST TEXT EVER!...								

2. Group MAR:

- Instruction Text and Note to Pharmacy label names will be displayed when the user mouse hovers on the Medication name.
- Text Bubble icon is removed from the medication header.

Group MAR (2)

Date: 03/22/2024 Time: 19:00 Program: All Programs Unit: All Units Apply Filter

Order Type: All Order Types Status: All Statuses Display: All Meds

Test client	(DOLOGEN)	(Adderall)	(Adderall)	MSM/Glucosamine	Lab Drawdown	Lab Drawdown	Adderall
Sig: Oral 3 each 5 Times per Day							
Instruction Text: Hello, everyone! This is the LONGEST TEXT EVER! I was inspired by the various other "longest texts ever" on the internet, and I wanted to make my own. So here it is! This is going to be a WORLD RECORD! This is actually my third attempt at doing this.							
Note to Pharmacy: Hello, everyone! This is the LONGEST TEXT EVER! I was inspired by the various other "longest texts ever" on the internet, and I wanted to make my own. So here it is! This is going to be a WORLD RECORD! This is actually my third attempt at doing this.							
Side Effects (DOLOGEN): Dizziness, drowsiness, constipation, stomach upset, blurred vision, or dry mouth/nose/throat may occur. If any of these effects last or get worse, tell your doctor or pharmacist promptly.							

Client Placement History
FC Client Summary
JCCA Psychiatric Note
Referral Detail
Referral Detail
My Client Activities
Discharge Support P
My Office
Client
Program
Utilization Management
Administration
Provider
Activity Tracker Report

Medical Progress Note

Reference No	Task No	Description
93	EII # 126756	Custom hook has been added to the Medical Progress Note PDF.
94	Core Bugs # 126888	The Order Referrals tag gives a red 'SQL' error, requiring you to save the 'Medical Progress Note' before navigating to the Client Orders screen.

Author: Lakshmi Kumarappan

93. EII # 126756: Custom hook has been added to the Medical Progress Note PDF.

Release Type: Change | **Priority:** Urgent

Navigation Path: NA

Functionality 'Before' and 'After' release:

With this release, a custom hook has been added in the PCProgressNotes and RDLCoreSubReportCustomerLogoWithParam PDF.

Note: This implementation will work for the customer environments who are using the custom logic.

Author: Chaitali Patil

94. Core Bugs # 126888: The Order Referrals tag gives a red 'SQL' error, requiring you to save the 'Medical Progress Note' before navigating to the Client Orders screen.

Release Type: Fix | **Priority:** High

Navigation Path: 'Client' search - 'Go Search' - 'Medical Progress Note' - Click on 'New icon' - Select 'Template' - click on 'client Order' hyperlink - and verify without getting error 'Client Orders' screen displays.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the 'Medical Progress Note' was in 'New' status and when the user tried to navigate to the 'Client Order' screen, then an SQL error was displayed.

With this release, the above-mentioned issue has been fixed. Now, the user can navigate to the 'Client Order' screen without any SQL error being displayed, when 'Medical Progress Note' is in 'New' status.

Note: The SQL error is displaying, only when the 'Medical Progress Note' is in 'New' status.

My Caseload

Reference No	Task No	Description
95	Core Bugs # 127514	My Caseload screen shows red error.

Author: Niroop Hassan

95. Core Bugs # 127514: My Caseload screen shows red error.

Release Type: Fix | **Priority:** High

Navigation Path: My Caseload (My Office).

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When the user tried to open the My Caseload screen, the below red error message was displayed.

Error Message: "String or binary data would be truncated."

With this release, the above-mentioned issue has been resolved. Now the user can access the My Caseload screen without any issue.

My Preferences

Reference No	Task No	Description
96	EII # 125180	Implementing the changes for notifying staff of his/her "Primary Care Appointments".
97	Core Bugs # 127520	My Preferences: The 'Smartview' icon appearing and disappearing on 'Save' button.

Author: Veena Santosh

96. EII: 125180: Implementing the changes for notifying staff of his/her "Primary Care Appointments"

Release Type: Change | **Priority:** Urgent

Navigation Path 1: Administration – Recodes – Recodes List page – Select 'SetStatusForPrimaryCareAppointments' value in the 'All Recode Categories' dropdown field – click on Apply Filter – Click on 'SetStatusForPrimaryCareAppointments' hyperlink – 'Recode Detail' screen – enter required details – click on Insert – click on Save.

Navigation Path 2: My Office -- 'My Preferences' screen -- "Check In Notification Preferences" tab.

Functionality 'Before' and 'After' release:

Purpose: To send one notification to the nursing staff when the front desk switches the client from scheduled to checked in, and then another notification to be sent to the primary care provider when the nurse changes the client's status from checked in to "exam room" or a different status that customers come up with.

With this release, a new Recode Code category "SetStatusForPrimaryCareAppointments" is implemented, and the changes have been implemented in the 'Check In Notification Preferences' tab of 'My Preferences' screen.

1. **"SetStatusForPrimaryCareAppointments" Recode:** This Recode is used to set up the statuses for Primary Care Status(s) Dropdown. Whatever statuses setup in the recode, those statuses will appear in the Primary Care Status(s) Dropdown. The values of this Recode is pulled from the Global Code (PCAPPOINTMENTSTATUS) used for the Status Dropdown of the "New Primary Care Entry" Pop up of "My Calendar" screen.

Example : Exam Room, Scheduled, Checked In

Recode Detail

Recodes

Category

Category Code: SetStatusForPrimaryCareAppo Category Name: SetStatusForPrimaryCareAppointments

Mapping Entity: GlobalCodes.GlobalCodeId Description: This Recode is used to set up the statuses for Primary Care Status(s) Dropdown. What ever statuses setup in the recode, those statuses will appear in the Primary Care Status(s) Dropdown. The values of this Recode is pulled from the Global Code(PCAPPOINTMENTSTATUS) used for the Status Dropdown of the "New Primary Care Entry" Pop up of "My Calendar" screen.

Recode Details

Code Name: Checked In

Start Date: 11/15/2023 End Date:

Character Code Id: Integer Code Id: 8037

Recode List

	Code Name	From Date	To Date	Character Code Id	Integer Code Id
X	Checked In	11/15/2023			8037
X	Exam Room	11/15/2023			8038
X	Druidstar Finishes	11/01/2023	11/28/2024		8040

2. A new Checkbox "Notify me of my Primary Care Appointments" and new multiselect dropdown "Primary Care Status(s)" are implemented in 'Check In Notification Preferences' tab of 'My Preferences' screen.

- **"Notify me of my Primary Care Appointments" check box:** When this checkbox is checked and saved, the corresponding Staff will be notified of their Primary Care Appointments.

My Preferences

General **Check In Notification Preferences**

Notification Settings

☐ Notify me of my services ☒ **Notify me of my Primary Care Appointments**

- **"Primary Care Status(s)" multiselect dropdown:** the User can select one or more than one status from the Dropdown.

My Preferences

General **Check In Notification Preferences**

Notification Settings

☐ Notify me of my services ☒ Notify me of my Primary Care Appointments

Notification Setup

Day(s) of the week ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su ☐ Active

Program(s)... Procedure(s)...

Staff... Location(s)...

Primary Care Status(s)

☐ [Select all]
☐ Scheduled
☐ Checked In
☐ Exam Room
☐ Provider Start
☐ Provider Finishes

Insert Clear

Notification List

Day(s) of the week	Programs	Procedures	Locations	Status	Primary Care Status(s)
No data to display					

a) The values of the Dropdown will be set up from the Recode category "SetStatusForPrimaryCareAppointments". The values of this Recode is pulled from the Global Code (PCAPPOINTMENTSTATUS) used for the Status Dropdown of the "New Primary Care Entry" Pop up of "My Calendar" screen.

b) If the user checks the check box "Notify me of my Primary care Appointments" and does not select any "Primary care Status", then below mentioned validation message will be displayed.

Validation Message: "At least one Primary Care Status is required"

My Preferences ⚙️ ⓘ ⬇️ Save

✖ At least one Primary Care Status is required

General **Check In Notification Preferences**

Notification Settings

☒ Notify me of my services ☒ Notify me of my Primary Care Appointments

Notification Setup

Day(s) of the week ☒ M ☒ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su ☒ Active

Program(s)... **Procedure(s)...**

Staff... **Location(s)...**

Primary Care Status(s)

Insert **Clear**

Notification List

	Day(s) of the week	Staff	Programs	Procedures	Locations	Status	Primary Care Status(s)
No data to display							

c) If the user does not check the check box "Notify me of my Primary care Appointments" but selects any "Primary care Status", then the below validation message will be displayed.

Validation message: "Notify me of my Primary Care Appointments should be checked for any Primary Care Status".

My Preferences

✖ Notify me of my Primary Care Appointments should be checked for any Primary Care Status

General **Check In Notification Preferences**

Notification Settings

☐ Notify me of my services ☐ Notify me of my Primary Care Appointments

Notification Setup

Day(s) of the week ☒ M ☒ T ☒ W ☒ Th ☒ F ☒ Sa ☒ Su ☒ Active

Program(s)... **Procedure(s)...**

Staff... **Location(s)...**

Primary Care Status(s)

Modify **Clear**

Notification List

	Day(s) of the week	Staff	Programs	Procedures	Locations	Status	Primary Care Status(s)
✖ <input type="radio"/>	T,W,Th				ALL	Active	ALL
✖ <input checked="" type="radio"/>	M,T,W,Th,F,Sa,Su	ALL	ALL	ALL	ALL	Active	ALL

- If the check box "Notify me of my Primary care Appointments" is not checked and in the "Primary Care Status(s)" dropdown no status is selected, then it will work as per existing functionality.
- The validation messages will be present in the ApplicationMessages table.

- Once all the required fields in this 'Check In Notification Preferences' tab are filled and the Insert button is clicked, the details will be listed in the Notification List section. Once the "Save" button is clicked, the Notification Preferences will be set up and saved.
- The statuses selected in "Primary Care Status(s)" Dropdown will be displayed in "Primary Care Status(s)" column of "Notification List" section on click of "Insert" button.
- In "Notification List" section, if any of the records has value for the "Primary Care Status(s)" column and the "Notify me of my Primary care Appointments" Checkbox is unchecked, then below mentioned validation message will be displayed on saving 'My Preference' screen.

Validation Message: "Notify me of my Primary Care Appointments should be checked for any Primary Care Status".

My Preferences

✖ Notify me of my Primary Care Appointments should be checked for any Primary Care Status

General **Check In Notification Preferences**

Notification Settings

☐ Notify me of my services ☐ Notify me of my Primary Care Appointments

Notification Setup

Day(s) of the week ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su ☐ Active

Program(s)... Procedure(s)...

Staff... Location(s)...

Primary Care Status(s) ▼

Insert **Clear**

Notification List

	Day(s) of the week	Staff	Programs	Procedures	Locations	Status	Primary Care Status(s)
✖	T,W,Th				ALL	Active	ALL
✖	M,T,W,Th,F,Sa,Su	ALL	ALL	ALL	ALL	Active	ALL

Data Model Changes:

- Column NotifyMeOfMyPrimaryCareAppointments included in StaffPreferences table.
- Added StaffNotificationPrimaryCareStatuses table.

Author: Kiran Tigarimath

97. Core Bugs # 127520: My Preferences: The 'Smartview' icon appearing and disappearing on 'Save' button.

Release Type: Fix | **Priority:** Medium

Navigation Path: 'My Office' - 'My Preferences' Screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to save the details in the 'My Preferences' screen, the 'SmartView' icon appeared and disappeared.

With this release, the above-mentioned issue has been resolved. Now, the 'SmartView' icon will not be displayed when the user clicks on the save button in the 'My Preferences' screen.

Order Set

Reference No	Task No	Description
98	Core Bugs # 127274	Order Set Role clearing.

Author: Chaitali Patil

98. Core Bugs # 127274: Order Set Role clearing

Release Type: Fix | **Priority:** Medium

Navigation Path 1: Go to search - Orders (Admin) -- Click on 'New' – Select 'Order Type' as – 'Activity' – fill all required field - Click on 'Save'.

Navigation Path 2: Go search – 'Orders Sets (Admin) – Click on 'New' – Create one 'Order Set' with above (Navigation Path 1) order.

Navigation Path 3: Perform 'Client search' - Go search – 'Client Orders (Client) – Click on 'New' – Navigate to 'Order Set' tab - and search for the above (Navigation Path 2) Order Set – Select 'Order' form 'Order Set' – Select 'Role' OR 'Staff' - fill all required field – Click on 'Insert'- Select 'Radio Button' for same order from 'Order List' – and verify Selected 'Role' OR 'Staff' is displayed as it is .

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. When the user selected already inserted 'Order' for modification, the "Role" and "Staff " that was added on the 'Order Set' tab of the 'Client Order' Screen was disappearing.

With this release, the above-mentioned issue has been resolved. Now when the user selects already inserted 'Order' for modification, the "Role" and "Staff " that was added on the 'Order Set' tab of the 'Client Order' Screen is retaining.

Orders

Reference No	Task No	Description
99	EII # 127099	The Observation field within the Lab Results tab of the Client Order Details screen has been converted from a "Searchable Text Box" to a "Dropdown."
100	EII # 126889	Implementation of "Diagnosis Required" option for Consults, Procedures and Radiology Order Types

Author: Abhishek Naik

99. EII # 127099: The Observation field within the Lab Results tab of the Client Order Details screen has been converted from a "Searchable Text Box" to a "Dropdown."

Release Type: Change | **Priority:** Urgent

Prerequisite: Sign the Lab/Radiology order.

Navigation Path 1: 'Client' – 'Client Orders' screen – 'Lab' order – Click 'Name' hyperlink – 'Lab Results' tab – Observation dropdown.

Navigation Path 2: 'Client' – 'Client Orders' screen – 'Radiology' order – Click 'Name' hyperlink – 'Lab Results' tab – Observation dropdown.

Functionality 'Before' and 'After' release:

With this release, the Observation searchable textbox is changed to a single select dropdown for the Order Types Lab and Radiology.

Client Order Details

Order Entry Details

Ordered By

TestQA, Santosh

Ordering Physician

TestQA, Santosh

Order Mode

Electronic

Order Status

Active

Onsite Specimen Collection

☐

Read back and verified

☐

Specimen Collected

☐

Collection Date

Order

Lab Results

Attachments

Review

Result #2

Result Date

03/15/2024

10:49AM

Observations

Observation

HEP A IGM

HEP B IGM CORE AB

HEP B SURFACE AG

HEP C ANTIBODY

Lab Observations

Lab Observations long Namesssssssssssssssss

Status

Value

Flag

Analysis Date

Insert

Clear

Obs	Range	Status	Observation Date	Analysis Date	Reference Lab
HEP B		D			

Comment:

Lab

Lab Name and Address

Lab Phone Number

Lab Medical Director

Author: Abhishek Naik

100. EII # 126889: Implementation of "Diagnosis Required" option for Consults, Procedures and Radiology Order Types.

Release Type: Change | **Priority:** Urgent

Navigation Path 1: Go Search -- 'Orders (Administration)' -- Order type 'Consults' -- Orders Details -- 'Options' section.

Navigation Path 2: Go Search -- 'Orders (Administration)' --Order type 'Radiology' -- Orders Details -- 'Options' section.

Navigation Path 3: Go Search -- 'Orders (Administration)' --Order type 'Procedures' -- Orders Details -- 'Options' section.

Functionality 'Before' and 'After' release:

Purpose: Need the ability to add 'Diagnosis Required' to other order types. When sending orders to outside facilities, this is a requirement.

With this release, the below changes are implemented in Order Details screen for Consults, Procedures and Radiology Order Types:

1. New option "Diagnosis Required" is added with Yes and No radio button options.
2. The users will be able to add the diagnosis in the Order Sets for the Order Types 'Consults', 'Radiology' and 'Procedures'.
3. Standard validation message will be displayed if the Client order is created without adding the diagnosis.

Order Details

Order Details

Priorities

Priorities

Add

	Default	Priority
X	<input checked="" type="radio"/>	Routine
X	<input type="radio"/>	Emergency
X	<input type="radio"/>	STAT

Schedules

Schedules

Add

	Default	Schedule
X	<input checked="" type="radio"/>	Other
X	<input type="radio"/>	Now + Scheduled

Frequencies

Frequencies

Add

New

	Default	Display Name	Frequencies	Dispense Times
X	<input checked="" type="radio"/>	testShivtesting	QID	1:00AM, 2:00AM, ...

Options

Order can be completed	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Order can be pended	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Order rationale	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Order Comments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Whiteboard Observations	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Diagnosis Required	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Billable	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Glossary of System Configuration Keys, Global Codes, Recodes

System Configuration Keys

[4. 'SetOrgModeToNotifyClientAboutAppointment'](#)

[6. "DisplayCDAGSectionInStaffDetails"](#)

[6. 'EnableClinicalDataAccessGrouping'](#)

[28. "DisplayCDAGSectionInStaffDetails"](#)

[28. 'EnableClinicalDataAccessGrouping'](#)

[32. 'MARShowDiscontinueMedsFromPastXDays'](#)

[33. "GenerateReqforPaperBasedLabOrder"](#)

[40. 'CreateAuthWhenAddingInterventions'](#)

[47. "ShowSignatureDeclinePopup"](#)

[63. "TGLTrackAndReportUnappliedPayments"](#)

[65. 'SetMultitenantSystemPrimaryInstance'](#)

[65. "DisplayCDAGSectionInStaffDetails"](#)

[65. 'EnableClinicalDataAccessGrouping'](#)

[85. DisplayCDAGSectionInStaffDetails](#)

[85. 'EnableClinicalDataAccessGrouping'](#)

Global Codes

[2.HL7EVENTTYPE](#)

[17.ProblemInjuryType](#)

[20.Degree](#)

[20.CHARGECLAIMSACTION](#)

[29. 'LIVINGARRANGEMENT'](#)

[29. 'UDSSplPopulations'](#)

[30.'LIVINGARRANGEMENT'](#)

[49.PHQ9ASEVERITY](#)

[71.'CHARGEERRORTYPE'](#)

[96.PCAPPOINTMENTSTATUS](#)

Recodes

[2.'ExcludeEventTypeFromADTMessages'](#)

[14.'FQHC59ModifierPlans'](#)

[16.SendEOBInfoAtPlanLevelPlans](#)

[18.'FQHCSecondaryAdjustmentCodes'](#)

[19. 'FQHCPlans'](#)

[33.'GenerateReqForOrderType'](#)

[96.'SetStatusForPrimaryCareAppointments'](#)

Data Model Changes:

[19. Column "PrimaryCareEncounter " included in the 'CoveragePlanClaimBundlingCriteria' table.](#)

[29. Added 'UDSClientReportingHistory' table.](#)

[40. Column AuthorizationId included in DocumentCMIndividualServicePlanPrescribedServices table.](#)

[40. Column TPProcedureId included in DocumentCMIndividualServicePlanPrescribedServices table.](#)

[49. Added PHQ2Documents table](#)

[52. Added 'DocumentModifiedMiniScreens' table.](#)

[53. Added 'DocumentBriefAddictionMonitors' table.](#)

[64. 'CreateExternalCollectionsSP' column has been added in 'CollectionAgencies' table.](#)

[96. Column NotifyMeOfMyPrimaryCareAppointments included in StaffPreferences table.](#)

[96. Added StaffNotificationPrimaryCareStatuses table.](#)