RELEASE NOTES: 04/15/2024. (Part -2)
Monthly Service Pack – SC.CORE.6.0_1.20.000.2403.009

Executive Summary:

1. ~~The field value of "Complexity of Problem" is displayed along with the other details for the problems selected in the Medical Progress Note. This is for for audit and documentation review purposes. (EII #126627)~~

2. ~~Updated the Appointments for Today Widget - PC Appointment links to allow staff who are providing primary care and BH services, a way to see all appointments from one widget and ability to access documentation with one click. (EII #123900).~~

3. The colour changes have been implemented in the Lab Results Review screen to show lab results in colour based on normal or abnormal results. (EII # 126840)

4. ~~The changes have been implemented in the 'New Primary Care Entry' pop-up to notify, once the patient is ready to be seen by the doctor. (EII # 126101)~~

5. An 'After Visit Summary' report has been implemented to gather details of the Client after Visit for the selected date. (EII # 124587)

6. Added a new 'View Patient Detail Report' sub report on several reports to list the population based on specific characters. (EII # 126161)

7. Implemented the 'UDS Table 6B Quality of Care Measures' – Section K to include both section K20 and K20a measures. (EII # 126713)

8. Implementation of the 'UDS Table 6B Details - Section G Report' to see the full list of clients eligible for this section. (EII # 126328)

9. The 'Order rationale' radio button has been added in the Options section of Order Details screen for the Lab orders to display the 'Order Defaults' section in the Order Details screen. (EII # 126838)

10. Implementation of 'Summary of Medication Inventory on Hand' Report To identify the MAT medication inventory that is on hand. (EII # 124360)

11. Implementation of Recode category SetScreensToHideModeOfDelivery is done to hide the Mode of Delivery field. (EII # 125460)

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Abbreviation: **EII - Engineering Improvement Initiatives**

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TASKS SUMMARY – 'CHANGE' RELATED (34)

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102	EII # 126875	Plan Details: Added a 'Remove unreferenced billing diagnosis for professional claims' checkbox option that can be used to remove unreferenced Dx codes from P-claims.	Plans
103	EII # 127143	Billing Rules - Backend Changes	Plans
104	EII # 127100	Billing Rules - Frontend changes	Plans
105	EII # 127062	The CCBHC billing changes are implemented in the Plans and Procedure code details screens.	Plans
~~107~~	~~EII #125141~~	~~To implement PHQ-2 tag in the Medical Progress Note.~~	~~Primary Care~~
~~108~~	~~EII #126627~~	~~Implementation to add the field value of "Complexity of Problems" to the list of other details to be displayed along with the other details about the problem selected in Medical Progress Note~~	~~Primary Care~~
~~109~~	~~EII #123900~~	~~Appointments for Today Widget: Change Primary Care Links~~	~~Primary Care~~
~~110~~	~~EII #126282~~	~~Changes are implemented to create a Service when the 'Medication Order' for client is signed.~~	~~Primary Care~~
111	EII #126840	Implementation to change the color based on normal or abnormal results.	Primary Care
~~112~~	~~EII #126101~~	~~PC: A notification is displayed for the staff when there's a notification set up made in the 'My Preference' screen.~~	~~Primary Care~~
113	EII #126276	Primary Care: Implementation of the 'ProgressNoteDocumentVersionId' value in the database when the 'Client Order/Quick Orders' are created from 'Medical Progress Note'.	Primary Care
118	EII # 126838	The Rationale default option is implemented for the Lab Orders.	Quick Orders
120	EII # 124587	Implementation of 'After Visit Summary' report	Reports
121	EII # 124360	MAT: Implementation of 'Summary of Medication Inventory on Hand' Report.	Reports
122	EII # 126320	Implementing the 'UDS Table 6b Section C Report'.	Reports
123	EII # 126161	UDS reports: Added a new 'View Patient Detail Report' sub report.	Reports
124	EII # 126322	Implementation of Detail Report for Section D in UDS Table 6b Quality of Care Measures report	Reports
125	EII # 126324	Implementing the 'UDS Table 6b Section E Report'	Reports
126	EII # 126326	Implemented the 'UDS Table 6b Section F Report'	Reports
127	EII # 126339	Implementation of Detail Report for Section A and B in UDS Table 6B Quality of Care Measures report	Reports
128	EII # 126715	Implementing the 'UDS Table 6b Section H Report'	Reports
129	EII # 126601	Implementing the 'UDS Table 6b Section M Report'	Reports
130	EII # 126328	Implementation of the 'UDS Table 6B Details - Section G Report'.	Reports
131	EII # 126694	Implemented the 'UDS Table 6b Section L Reports – Lines 21 and 21a'.	Reports
132	EII # 126603	Implemented the 'UDS Table 6B Details - Section I Report'.	Reports
133	EII # 125577	UDS Report: Implementing the Filter section and Inclusion of Logic.	Reports

134	EII # 126605	Implementation of the 'UDS Table 6B Details -Section J Report'	Reports
135	EII # 126713	Implementing the 'UDS Table 6B Quality of Care Measures' – Section K.	Reports
143	Core Bugs # 127126	FQHC UDS Table 7 Report Issue with Updated design requirements.	Reports
147	EII # 126171	Rx: Diagnosis Codes - Modify CDAG logic to consider ClientProgramID instead of ProgramID	Rx Application
155	EII # 126895	Implementing the new 'Create Copy' icon in the 'Screen Detail' screen toolbar.	Screens
157	EII # 126315	To remove the validation on changing the procedure code when the Procedure Code is not mapped with any Note type	Services
168	EII # 126162	Document/Service Note: Changes in the 'View Message' Popup.	Smartcare Improvements
~~172~~	~~EII # 124198~~	~~Implementation to take the telehealth URL from the Resource screen, and update in telehealth screen~~	~~Telehealth~~

TASKS SUMMARY – 'NEW FUNCTIONALITY' RELATED (1)

Sl. No	Task No	Summary	Module Name
156	EII # 125460	Implementation of Recode category SetScreensToHideModeOfDelivery to hide the Mode of Delivery field.	Services

TASKS SUMMARY – 'DEFECT FIXES' (46)

Sl. No	Task No	Summary	Module Name
101	Core Bugs # 127109	Opencharges table was not being updated with the balance amount	Payments/Adjustments
106	Core Bugs # 127329	Plan details : Page unresponsive message is displayed when saving the records.	Plans
~~114~~	~~Core Bugs # 126800~~	~~Order types not creating services for Primary care programs~~	~~Primary Care~~
~~115~~	~~Core Bugs # 127170~~	~~Primary Care - After Visit Summary Issues~~	~~Primary Care~~
~~116~~	~~Core Bugs # 127306~~	~~Primary Care Appointments: cannot filter appointments list page~~	~~Primary Care~~
117	Core Bugs # 127355	'Program Assignment Details' screen : Discharged Program details are not getting recorded.	Program Assignments
119	Core Bugs # 127479	show/check-in notification popup not appearing for staff	Reception
136	Core Bugs # 126978	Issues in 'UDS Table 4 Selected Patient Characteristics' report – Table 4.	Reports
137	Core Bugs # 127055	FQHC UDS Table 6 Report: FQHC measure Value Set code was checking the billing codes associated with the procedure	Reports
138	Core Bugs # 127073	Count issue in the UDS Table 3A Patients by Age and Sex report	Reports

139	Core Bugs # 127078	UDS Table 5 Staffing and Utilization -- Staff count was not displaying for the services having Mode Of Delivery field value selected.	Reports
140	Core Bugs # 126842	Duplicate UDS reports	Reports
141	Core Bugs # 127074	Issues on displaying the data for Race, Ethnicity, Gender identity, Sexual Orientation in the 'UDS Table 3B Demographic Characteristics' report	Reports
142	Core Bugs # 127125	Updating the Federal Poverty Level Guidelines in SmartCare	Reports
144	Core Bugs # 127177	Detail report displaying the client details only if the program enrolled date is within the reporting year.	Reports
145	Core Bugs # 127281	FQHC UDS Table 6B Report – Main report and detail report count was not matched.	Reports
146	Core Bugs # 127446	Blank 835 Imported File Listing report.	Reports
148	Core Bugs # 127045	When a user clicks on the 'Real-Time Med History' button for new medication history information under the 'Medication History' tab, 'Missing a Medication History Document' is displayed.	Rx Application
149	Core Bugs # 127090	RX: Rx script was not sent to pharmacy with no reason given.	Rx Application
150	Core Bugs # 127285	Rx – Queued Order Page: Issues with prescribing medication.	Rx Application
151	Core Bugs # 127532	Potency Dropdown for Haloperidol Decanoate medication is not working	Rx Application
152	Core Bugs # 127557	Added 'Ampule' option in the Unit dropdown.	Rx Application
153	Core Bugs # 127361	Scanning, Scanned Medical Records list pages : The page gets freeze due to a large amount of data being loaded in the 'All scanning staff' drop down.	Scanning
154	Core Bugs # 127354	Favorite Popup on Reports: The labels for new favorites on a report were invisible(white)	Screen Type Framework
158	Core Bugs # 125575	Duplicate services were created once the bed changes are applied.	Services
159	Core Bugs # 127277	Services: Clinician was changed for the future services as well instead retaining the original Clinician when the user changes Clinician for one of the recurrence services	Services
160	Core Bugs # 127367	The completed recurring services are deleted when the clinician/staff changes the schedule.	Services
161	Core Bugs # 127469	Services screen: The status drop down values are not displayed in the sort order.	Services
162	Core Bugs # 127475	Services: Validation message is not updated when the label name changed from Hotkey.	Services
163	Core Bugs # 126847	IP Psych Note is not showing program in signed PDF	Services/Notes
164	Core Bugs # 127314	Psychiatric Note: The 'Fund of Knowledge' radio button selections are switched from one another in the MSE sub-tab.	Services/Notes
165	Core Bugs # 127330	Psychiatric Note: Child&Adolescent tab incorrectly populating for an adult client	Services/Notes
166	Core Bugs # 127333	Greater than/less than symbols are replaced by HTML entities on the PDF of documents.	Services/Notes
167	Core Bugs # 127534	Batch Service Entry Not Working	Services/Notes

169	Core Bugs # 124981	Performance issue in loading the page wherever selecting the staff from the staff drop downs.	SmartCare Improvements
170	Core Bugs # 127301	'Processing' icon issue while clicking on 'Number Of Times Rescheduled' hyperlink in the 'Reception/Front Desk' list page.	SmartCare Improvements
171	Core Bugs # 127466	Error when trying to access the documents in Team Scheduling and My Documents screen	Team Scheduling
~~173~~	~~Core Bugs # 126972~~	~~Telehealth: The Telehealth Meeting Details are not deleting when the user cancels or reschedules the Services from the 'Reception' screen.~~	~~Telehealth~~
~~174~~	~~Core Bugs # 127295~~	~~The Telehealth Zoom provider Password is not getting generated and it is not displayed in the telehealth Setup pop-up.~~	~~Telehealth~~
~~175~~	~~Core Bugs # 127451~~	~~The data in the TeleHealthCredentials table were not encrypted on deleting Telehealth Provider Credentials~~	~~Telehealth~~
176	Core Bugs # 127456	Treatment Team Details: Cannot add treatment team member staff with the same role and start date as an inactive treatment team member staff due to a validation error message.	Treatment Team
177	Core Bugs # 127221	The user is not getting 2FA during login	Two/Multi Factor Authentication
178	Core Bugs # 127356	Supervisee Primary Caseload Widget Mismatch	Widgets
179	Core Bugs # 127441	Dashboard: Widget is not displayed with global Code information.	Widgets
180	Core Bugs # 127454	Supervisee Primary Caseload widget: Filter not working	Widgets
181	Core Bugs # 127568	Dashboard: Contacts/Flags Widget Timing Out.	Widgets

Functionality-wise Task Details:

Payments/Adjustments

Reference No	Task No	Description
101	Core Bugs # 127109	Opencharges table was not being updated with the balance amount

Author: Namratha Nagaraj

101. Core Bugs # 127109: Opencharges table was not being updated with the balance amount

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

Prerequisite: Payment/Adjustment is completed to the service and 835 file is posted.

Navigation Path: Connect to SQL select * from opencharges .

Functionality 'Before' and 'After' Release:

Before this release, here was the behaviour. Opencharges table was not being updated with the balance amount.

With this release, the above-mentioned issue has been resolved. Opencharges table is being updated with the balance amount.

Plans

Reference No	Task No	Description
102	EII # 126875	Plan Details: Added a 'Remove unreferenced billing diagnosis for professional claims' checkbox option that can be used to remove unreferenced Dx codes from P-claims.
103	EII # 127143	Billing Rules - Backend Changes
104	EII # 127100	Billing Rules - Frontend changes
105	EII # 127062	The CCBHC billing changes are implemented in the Plans and Procedure code details screens.
106	Core Bugs # 127329	Plan details: Page unresponsive message is displayed when saving the records.

Author: Rinki Kumari

102. EII # 126875: Plan Details: Added a 'Remove unreferenced billing diagnosis for professional claims' checkbox option that can be used to remove unreferenced Dx codes from P-claims.

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

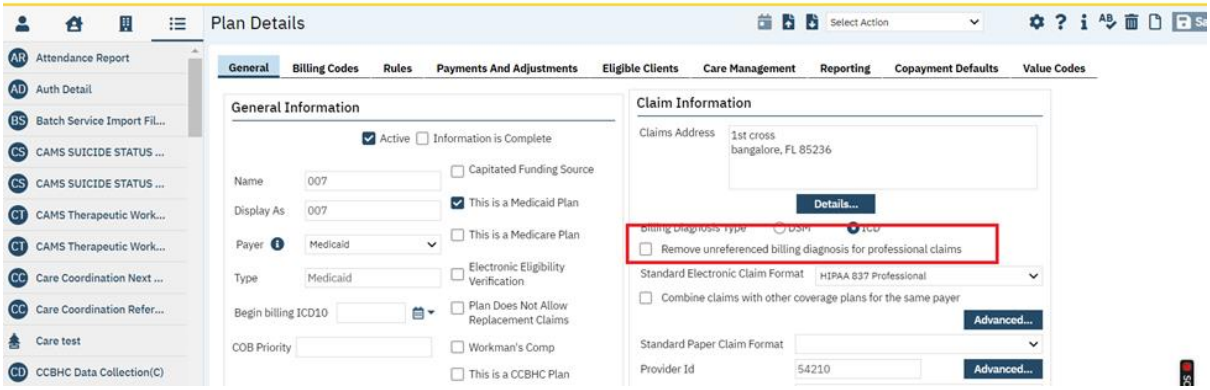
Navigation Path: 'Administration' – 'Plans' – 'Plan Details' screen – 'Claim information' section- Add 'Remove unreferenced billing diagnosis for professional claims' checkbox.

Functionality 'Before' and 'After' Release:

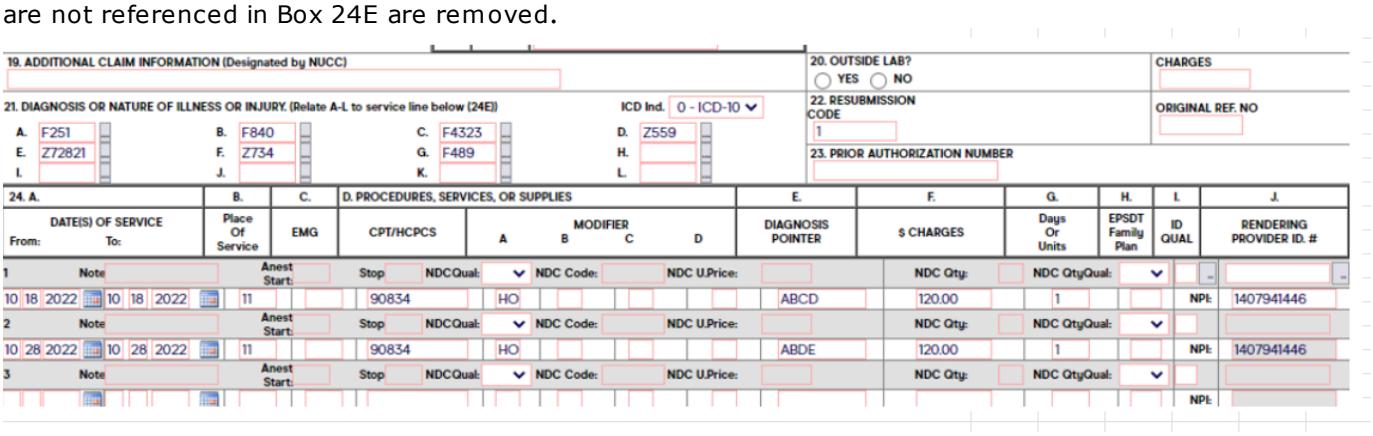
Purpose: The checkbox 'Remove unreferenced billing diagnosis for professional claims' is added To remove unreferenced Dx codes from P-claims.

With this release, the below changes are implemented in the 'General' tab of the 'Plan Details' screen.

The '**Remove unreferenced billing diagnosis for professional claims**' checkbox has been added in the 'Claim information' section of the 'General' tab under the 'Plan Details' screen.



While billing for any Coverage Plan where this option is selected, the diagnosis codes in Box 21 of the claim that are not referenced in Box 24E are removed.



Data Model Changes: "ClaimRemoveUnreferencedBillingDiagnosis" column is added in the 'CoveragePlans' table.

Author: Debanjith Das

103. EII # 127143: Billing Rules - Backend Changes

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

Navigation Path 1: 'Administration' – Plans – Select an existing plan and navigate to 'Rules' tab.

Navigation Path 2: In the 'Rules' -- add 'Only these degrees may provide billable services for these codes-includes attending' rule.

Navigation Path 3: Create a service and complete the service.

Navigation Path 4: 'Charge Details' screen and execute the 'Ready to Bill' nightly billing job.

Functionality 'Before' and 'After' release:

The 'Start Date' and 'End Date' fields have been added to the below Plan rule:

Plan Rule: **"Only these degrees may provide billable services for these codes-includes attending"**

With this release, a new logic has been implemented in the 'Ready to Bill' nightly job to use the newly added 'Start Date' and 'End Date' fields to determine when to apply the rules and when not to apply.

Data Model Changes:

- Column **"AllowStartAndEndDates"** added in Table **"CoveragePlanRuleTypes".**

Author: Debanjith Das

104. EII # 127100: Billing Rules - Frontend changes

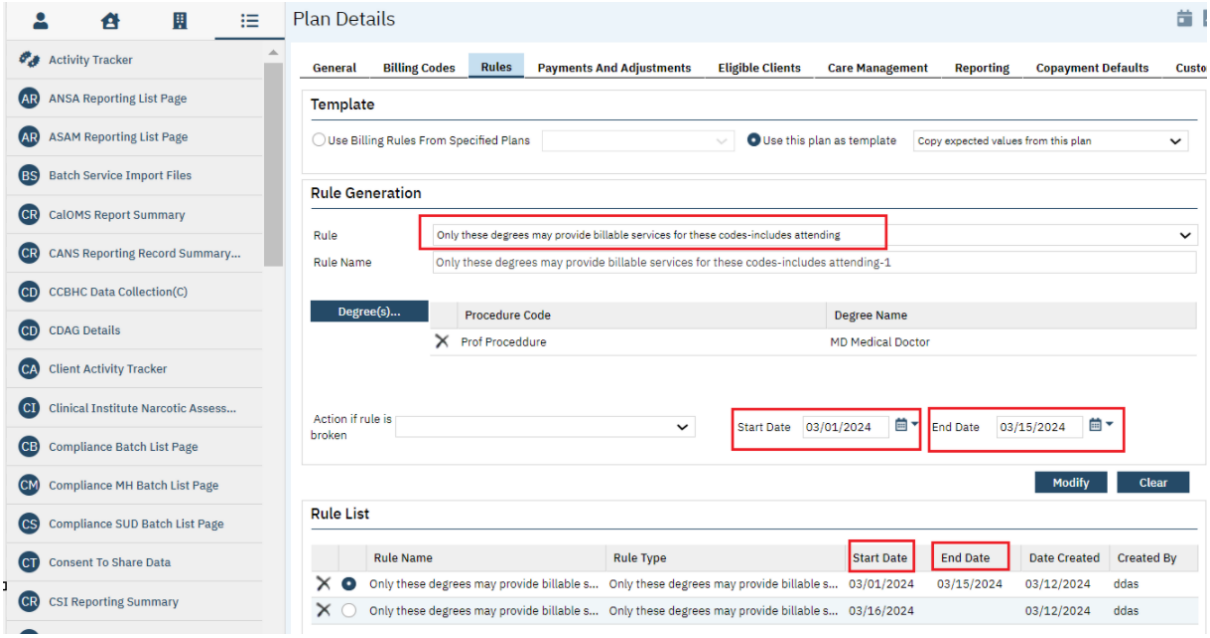
Release Type: Change **| Priority:** Urgent

Navigation Path 1: 'Administration' -- Plans -- Select an existing plan and navigate to 'Rules' tab.

Navigation Path 2: In the 'Rules' - - add 'Only these degrees may provide billable services for these codes-includes attending' rule.

Functionality 'Before' and 'After' release:

With this release, the 'Start Date' and 'End Date' fields are added to the below Plan rule:
Plan Rule: **"Only these degrees may provide billable services for these codes-includes attending"**



In the CoveragePlanRuleTypes table, a new column 'AllowStartAndEndDates' has been added.

- If the value in this column is set to 'Y', it will display the Start Date and End Date fields in the Rules tab of 'Plan Details' screen.
- The Start Date and 'End Date' fields will have Date Control response options, upon clicking, system opens the calendar view allowing the user to select the dates.

- On inserting, it will display the Start Date and End Date that was inserted into the grid.

The below Duplicate Rule Validations have been added whenever Start and End Dates are displayed (CoveragePlanRuleTypes.AllowStartAndEndDates = Y) for the below scenarios:

1. If one particular Plan Rule is entered and has No Start Date and End Dates and user tries to make another entry for the same Rule with No start and end dates, the below validation message will be displayed:

   Validation: This Coverage Plan Rule already exists and overlaps with the dates, please review and update.

2. If one particular Plan Rule has no start and end dates and user tries to make another entry for the same Rule with Start and End dates, the below validation message will be displayed:

   Validation: This Coverage Plan Rule already exists and overlaps with the dates, please review and update.

3. If one particular Plan Rule is entered and has a Start Date and an End date and user tries to make another entry for the same rule with completely different Date range: It will be allowed and there will be no validation.

4. If one particular Plan Rule is entered and has a Start Date and an End Date and user tries to make another entry for the same Rule where part of the date range overlaps with the existing entry, the below validation message will be displayed:

   Validation: This Coverage Plan Rule already exists and overlaps with the dates, please review and update.

Data Model Changes:

- Column **"AllowStartAndEndDates"** added in Table **"CoveragePlanRuleTypes".**

Author: Yashas Kydalappa

105. EII # 127062: The CCBHC billing changes are implemented in the Plans and Procedure code details screens.

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

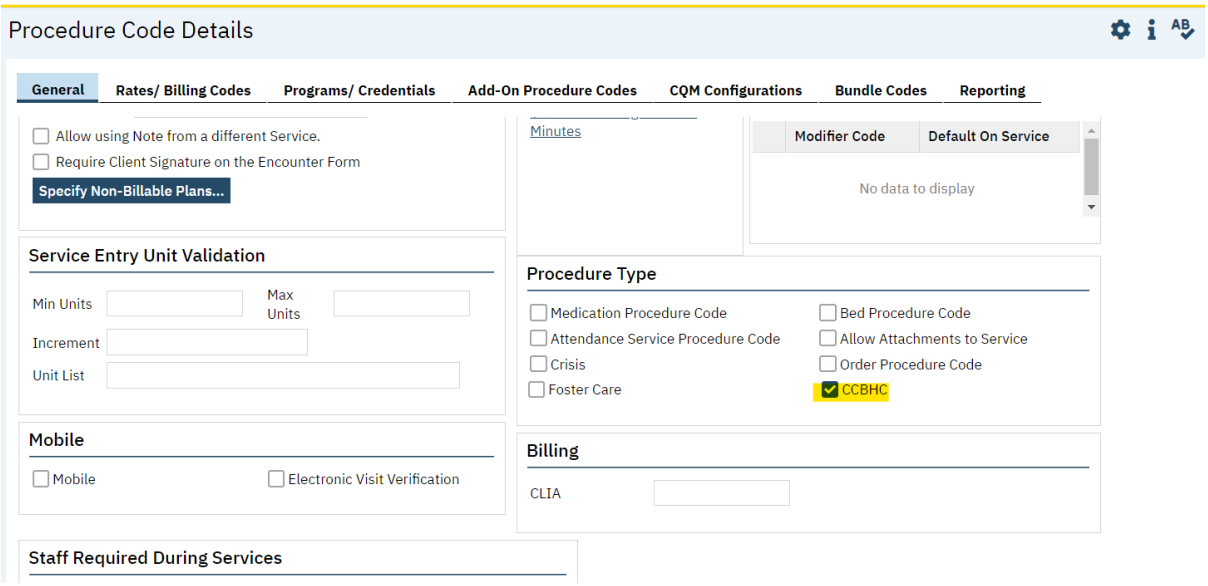
Navigation Path 1: 'Administration'-'Billing setup' 'Procedure/Rates' - 'Procedure/Rates' list Page - click on Procedure name hyperlink or new button - 'Procedure Code Details' screen - 'General' tab - 'Procedure Type' section - verify the 'CCBHC' checkbox.

Navigation Path 2: Administration' - 'Billing setup' - 'Plans' -- 'Plans' list Page - click on Plan name hyperlink or new button --'Plan Details' screen - 'General' tab - 'General Information' section -Verify the 'This is a CCBHC Plan' checkbox.

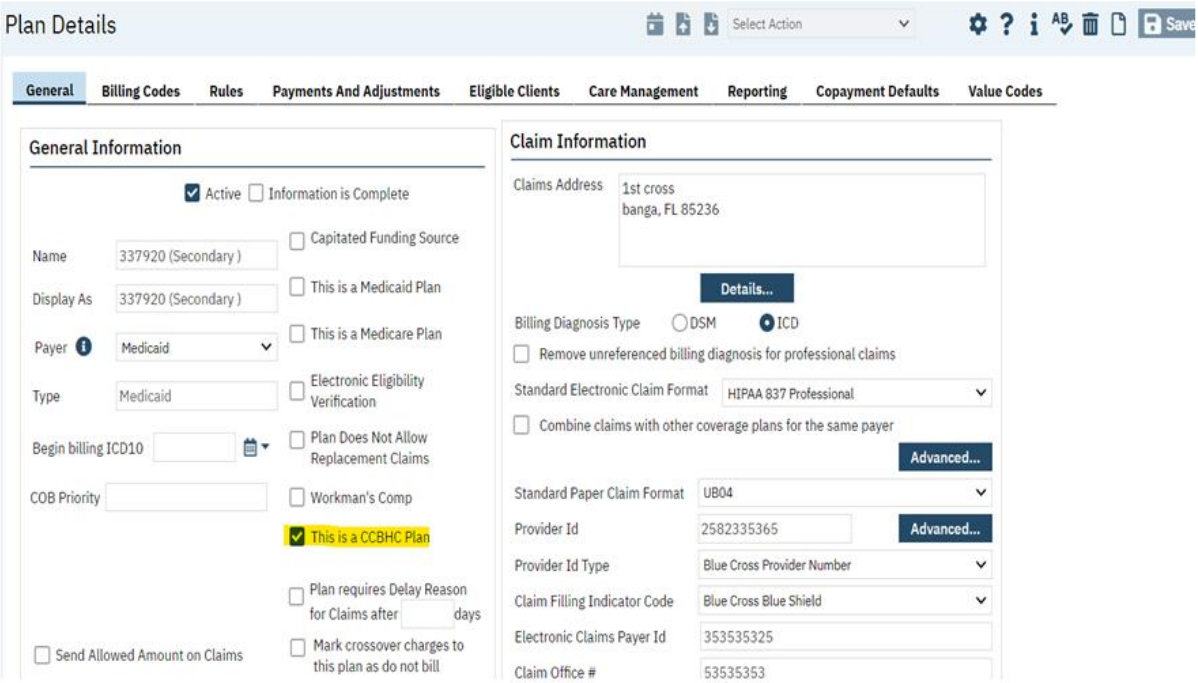
Functionality 'Before' and 'After' release:

With the release, the following checkboxes are implemented.

1. The 'CCBHC' checkbox is added in the 'Procedure Type' section under General tab of Procedure Code Details screen.



2. The checkbox 'This is a CCBHC Plan' is added in the 'General Information' under the General tab of the Plan Details screen.



Data Model Changes:

1.Column **'CCBHCPlan'** is added in Table **'CoveragePlans'.**
2.Column **'CCBHCBundle'** is added in Table 'ProcedureCodes'

Author: Namratha nagaraj

106. Core Bugs # 127329: Plan details: Page unresponsive message is displayed when saving the records.

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

Navigation Path: Go search - Plan (Administration) -Click on Plan name (Hyperlink) -Plan Detail page- Rules tab- Select the Rule as 'Only these Degrees provide billable services for these codes-Includes attending' -click on 'Degree(s)...button - Select Procedure codes from the Procedure grid and Select Degrees from the Degrees grid Link codes and Degree(s) pop up- Click on Insert - Click on Save-Click on Close - Click on Insert from Rule list grid-Click on save in the Plan details.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to insert a set of procedure and Degrees to the rule 'Only these Degrees provide billable services for these codes-Includes attending' and tried to save the modified record in the Rules tab, the page became unresponsive. With this, the user was not able to save the records in the Plan Details page.

With this release, the above-mentioned issue is resolved. Now, when the user adds a set of procedures and Degrees to the rule 'Only these Degrees provide billable services for these codes-Includes attending', on saving, the page is loading fine without any issues in the Plans Details page.

Primary Care

Reference No	Task No	Description
~~107~~	~~EII #125141~~	~~To implement PHQ-2 tag in the Medical Progress Note.~~
~~108~~	~~EII #126627~~	~~Implementation to add the field value of "Complexity of Problems" to the list of other details to be displayed along with the other details about the problem selected in Medical Progress Note.~~
~~109~~	~~EII #123900~~	~~Appointments for Today Widget: Change Primary Care Links.~~
~~110~~	~~EII #126282~~	~~Changes are implemented to create a Service when the 'Medication Order' for client is signed.~~
111	EII #126840	Implementation to change the color based on normal or abnormal results.
~~112~~	~~EII #126101~~	~~PC: A notification is displayed for the staff when there's a notification set up made in the 'My Preference' screen.~~
113	EII #126276	Primary Care: Implementation of the 'ProgressNoteDocumentVersionId' value in the database when the 'Client Order/Quick Orders' are created from 'Medical Progress Note'.
~~114~~	~~Core Bugs # 126800~~	~~Order types not creating services for Primary care programs.~~
~~115~~	~~Core Bugs # 127170~~	~~Primary Care - After Visit Summary Issues.~~
~~116~~	~~Core Bugs # 127306~~	~~Primary Care Appointments: cannot filter appointments list page.~~

~~**Author:** Lakshmi Kumarappa~~

~~107. EII #125141: To implement PHQ-2 tag in the Medical Progress Note.~~

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

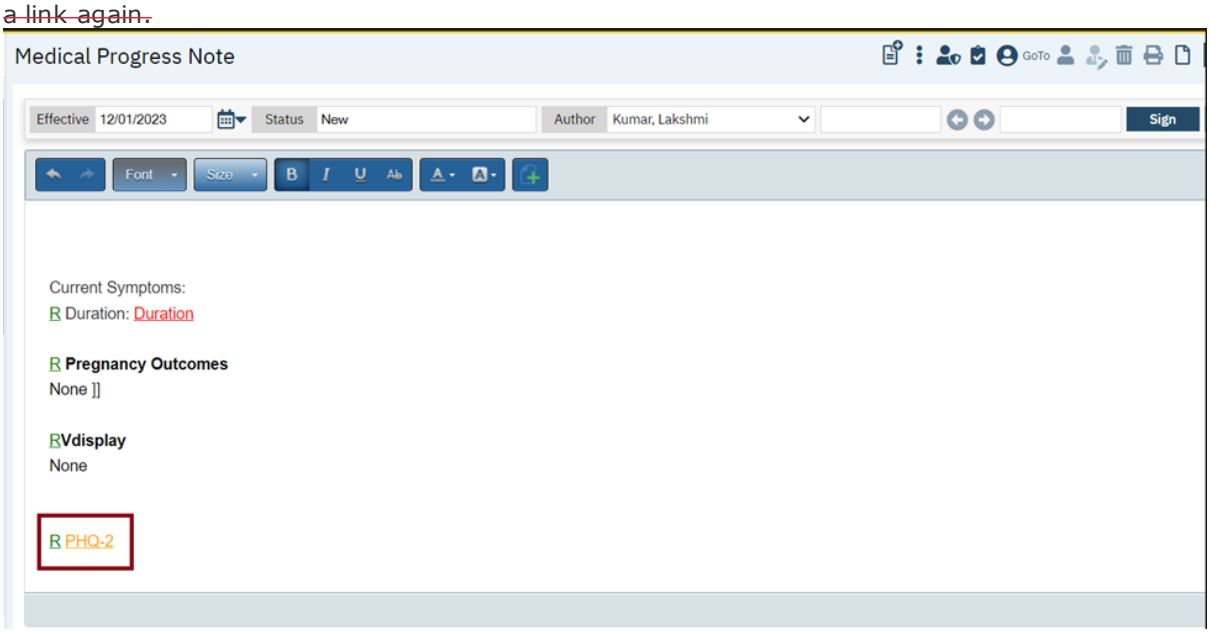
~~**Navigation Path:** 'Client'– 'Medical Progress Note' screen – 'New' icon – Select Template from Select Template dropdown– Click 'PHQ-2' tag.~~

~~**Functionality 'Before' and 'After' release:**~~

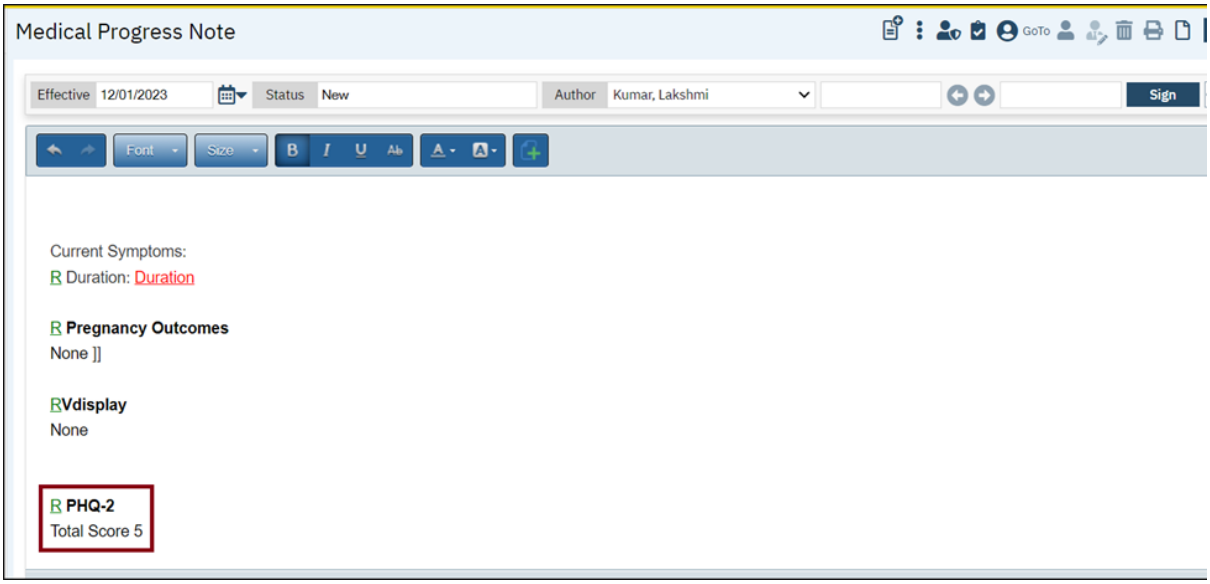
~~**Purpose:** The PHQ-2 System tag is implemented so that the PHQ-2 document data can be reviewed by the providers. Seeing the results of the PHQ-2 would indicate to the providers if they need to complete the full PHQ-9 for the patient.~~

~~With this release, the following changes have been implemented in the Medical Progress Note.~~

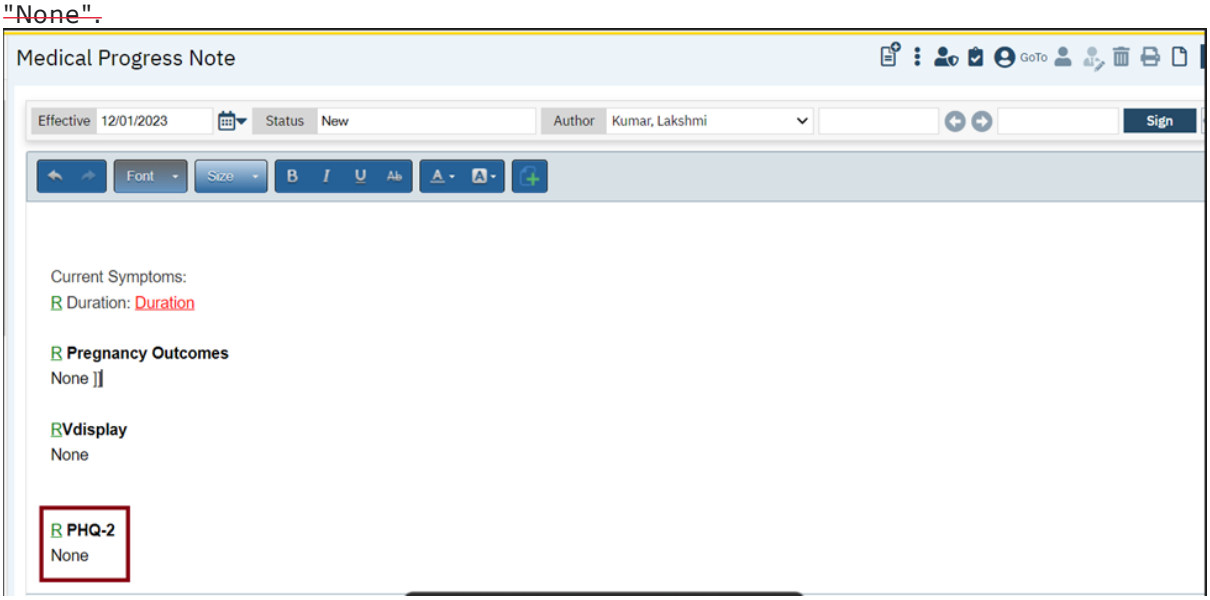
~~1. When the user clicks on the "R" beside PHQ-2 tag, the score will be removed and the "PHQ-2" will display as a link again.~~



~~2. When the staff clicks on "PHQ-2" link, it will populate the "Total Score" field with the score from the "PHQ-2" document.~~



~~3. If the client does not have any "PHQ-2" document filled previously, it will populate the "Total Score" value as "None".~~



~~4. The total score will be pulled from the latest "PHQ-2" document signed by the staff.~~

~~**Author:** Sithara Ponnath~~

~~108. EII #126627: Implementation to add the field value of "Complexity of Problems" to the list of other details to be displayed along with the other details about the problem selected in Medical Progress Note.~~

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

~~**Navigation Path:** 'Client'– Select a client from 'Client Search' pop-up --- Go Search – 'Medical Progress Note' – Select '2021 - SOAP' template or any 'Template' from the pop-up and click on 'Ok' button – Click on the tag 'Order Problem List' – Add a 'Diagnosis' from the 'Select Problem' pop-up – Click on Ok button --- Click on 'Save/Sign' button.~~

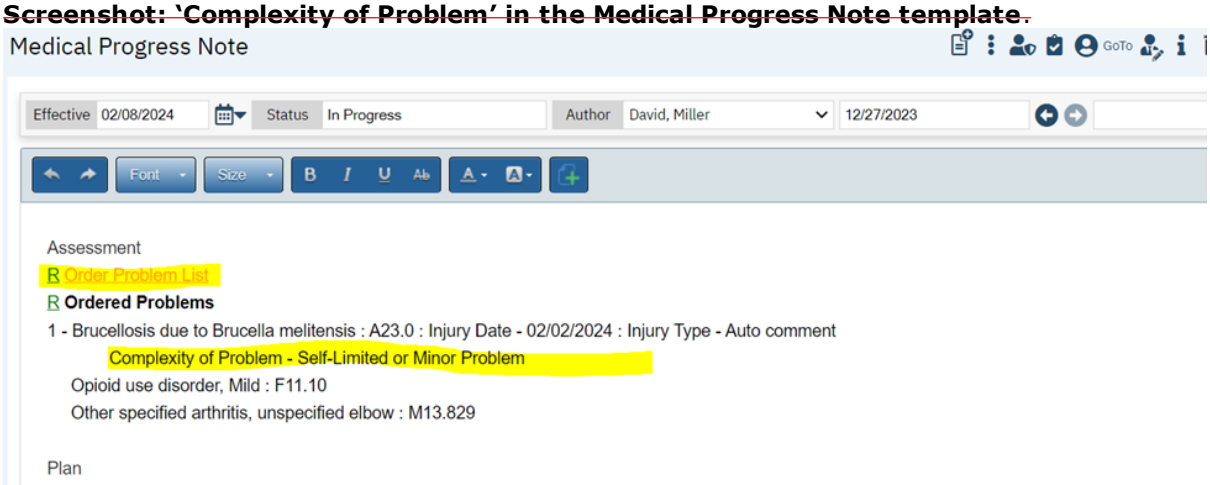
~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** The 'Complexity of Problem' required to be entered into the SOAP Note and then displayed on the PDF for audit and documentation review purposes.~~

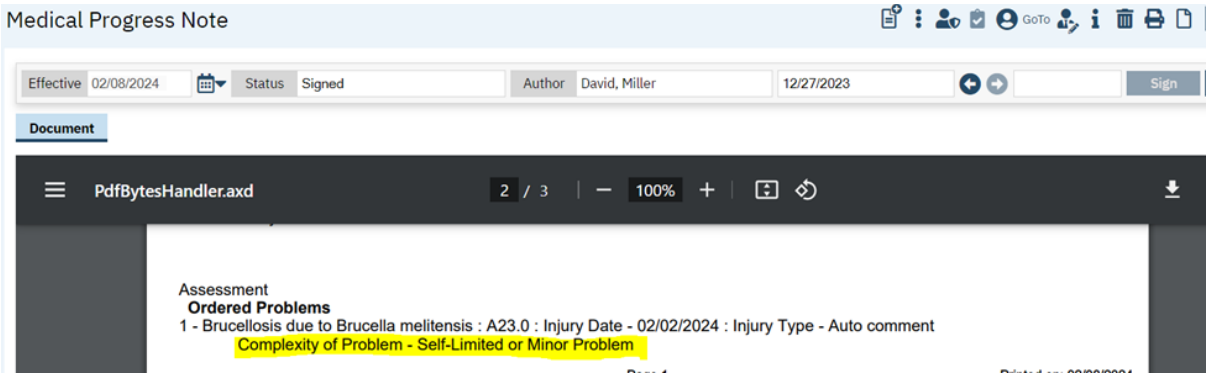
~~With this release, the functionality to display the 'Complexity of Problem' in the next line with a proper indent under the 'Order Problem List' tag of a template and in the signed Medical Progress Note PDF has been implemented.~~

- ~~On clicking on the Order Problem List link, Select Problem pop up will be displayed. The value selected in the "Complexity of the Problem" dropdown will be displayed in the Order Problem List tag.~~
- ~~If no value is selected for the "Complexity of the Problem" dropdown, then a blank row will be displayed.~~

~~**Screenshot: 'Complexity of Problem' in the Medical Progress Note template.**~~



~~**Screenshot: 'Complexity of Problem' in the signed PDF of Medical Progress Note**~~



Author: Abhishek Naik

109. EII #123900: Appointments for Today Widget: Change Primary Care Links.

Release Type: Change **| Priority:** Medium

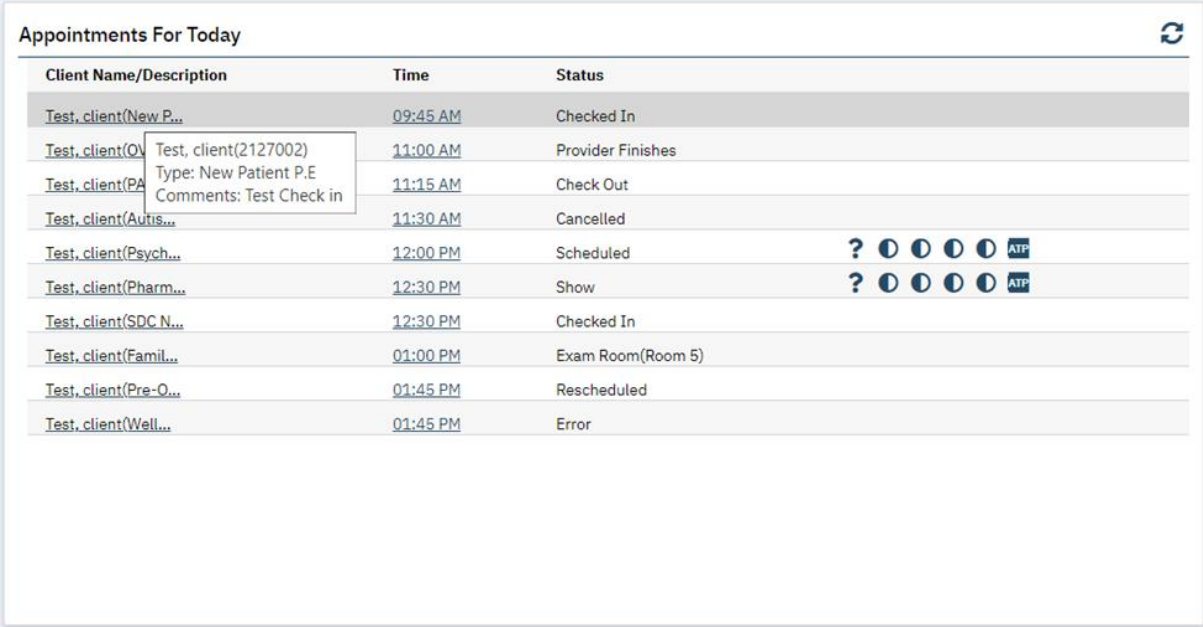
Navigation Path 1: Select 'Client' -- 'Staff Calendar (My Office)' –Create a 'Primary Care Appointment'.

Navigation Path 2: Search 'Dashboard (My Office)' – 'Appointments for Today' widget.

Functionality 'Before' and 'After' release:

Purpose: To allow staff who are providing primary care and BH services a way to see all appointments from one widget and the ability to access documentation with one click.

With this release, the following changes have been implemented for the Primary Care Appointments in the 'Appointments for Today' widget.



1. **Client Name/Description**:
   - The hyperlink will be displayed in Client Name (Appointment Type) format.
   - On clicking the hyperlink, the user will be navigated to **PC Client Summary Screen** (Client Summary Primary Care).
   - On Hovering on the hyperlink, details will be displayed in the below format.

   Client Name (Client ID)
   Type: Appointment Type
   Comments: The comments added from Primary Care Appointment pop-up will be displayed.

2. **Time**: This is a hyperlink. On clicking on hyperlink, 'Template' pop-up will be displayed, and the user can select the template. If the PC Appointment is already linked to a progress note template, then on selection of the hyperlink, the respective progress note will be displayed.

3. **Status:**

   - The Status of the Primary Care Appointment will be displayed.
   - If the status value is 'Exam Room' drop down on the PC Appointment scheduling pop up, then 'Exam Room' value will be displayed next to the status in the below Format:
     Ex: Exam Room (Room 5)

Author: Madhu Basavaraju

110. EII #126282: Changes are implemented to create a Service when the 'Medication Order' for client is signed.

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

Prerequisite:

1. On Order Details (Admin) for Medication order Type, the Procedure Code (Proc1) is entered, and 'Billable', 'Add Order to MAR'= 'Yes'.

2. Medication 'Client Order' is signed.

3. Medication Order is administered in 'Client MAR'.

4. Primary Care appointment with schedule date is same as the effective date of the Client Order.

5. For the Service record to be created the 'Procedure code' in the order set up is associated to the Program that is linked to the Clients bed OR to the selected Program on Client orders.

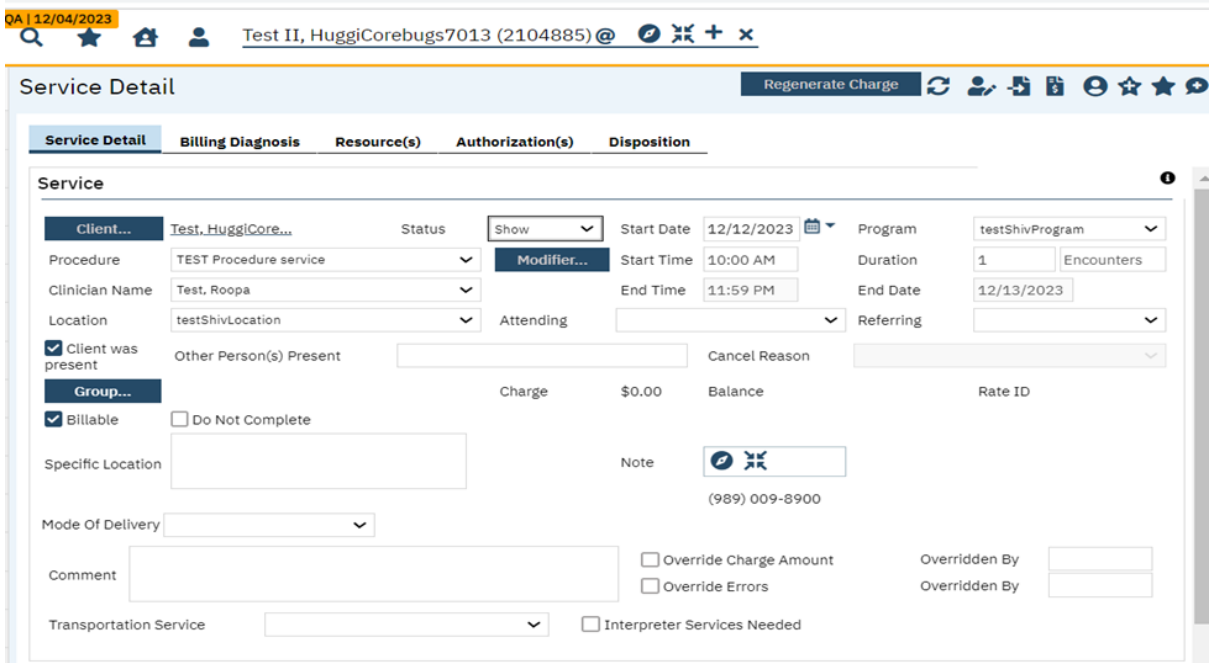
Navigation Path: 'Client'– Services – Service Details.

Functionality 'Before' and 'After' release:

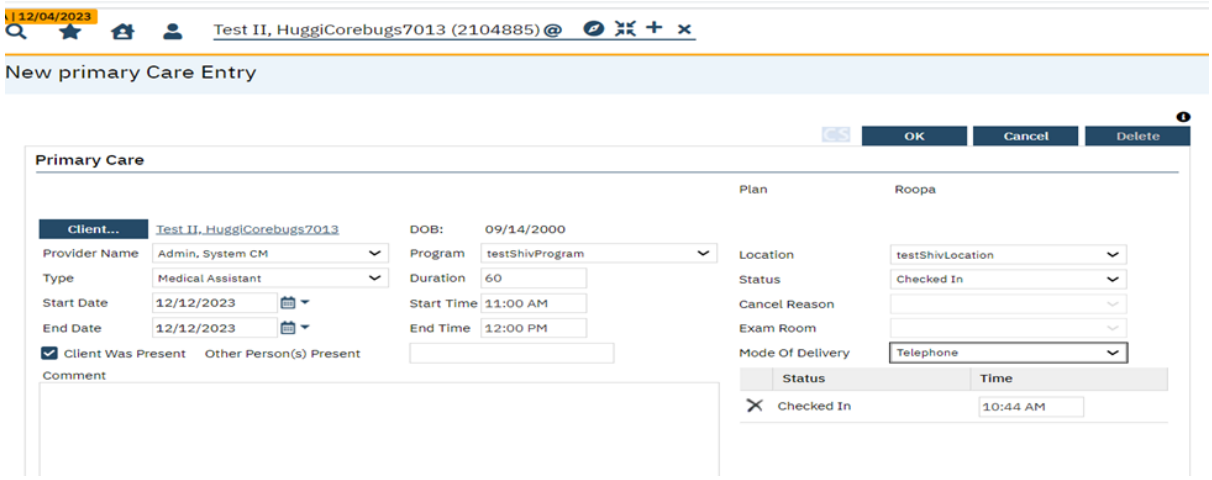
With this release, the below implementation has been done.

When the Medication 'Client Order' is signed,

- If the order is 'Add to MAR' = 'Yes' and Billable = 'Yes', then a Service is created for each medication administration on the MAR, only when the Medication is administered.



- ~~If Add to MAR = 'No' and Billable = 'Yes', then the Program/Location from the Primary Care appointment where the scheduled date is same as the effective date of Client Order, then a service is created once the client order is signed.~~



Note: ~~If 'EnableClinicalDataAccessGrouping' system configuration Key (CDAG) is marked as 'Yes', then the diagnosis from latest diagnosis document with matching program, will be initialized in Diagnosis tab. 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.~~

Author: Lakshmi Kumarappan

111. EII #126840: Implementation to change the color based on normal or abnormal results.

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

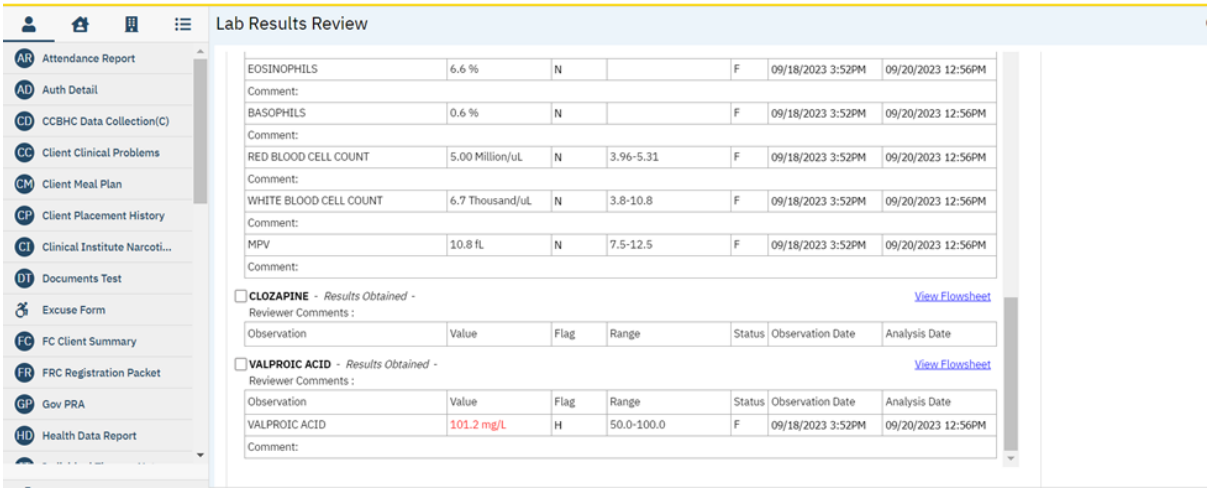
Navigation Path: 'Client' -- Lab Results Review screen.

Purpose: To show lab results in color based on normal or abnormal results. This visual cue will assist the providers in their monitoring efforts and help them plan appropriate plans of care.

Functionality 'Before' and 'After' release:

With this release, the following changes have been implemented in the Lab Results Review,

- When the Flag is associated with H or L, consider it as abnormal and displays the 'Value' of the lab results in Red text.
- When the Flag is associated with N, consider it as normal and displays the Value of lab results in Black text.



~~**Author:** Sithara Ponnath~~

~~112. EII #126101: PC: A notification is displayed for the staff when there's a notification set up made in the 'My Preference' screen.~~

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

~~**Prerequisite:**~~

~~**Recodes:** Set status in the **'SetStatusForPrimaryCareAppointments'** Recode Category.~~

~~This Recode is used to set up the statuses for the Primary Care Status(s) Dropdown. Whatever statuses are set up in the recode, those statuses will appear in the Primary Care Status(s) Dropdown.~~

~~The values of this Recode are pulled from the Global Code Category ('PCAPPOINTMENTSTATUS') used for the Status Dropdown of the 'New Primary Care Entry' pop-up of the 'My Calendar' screen.~~

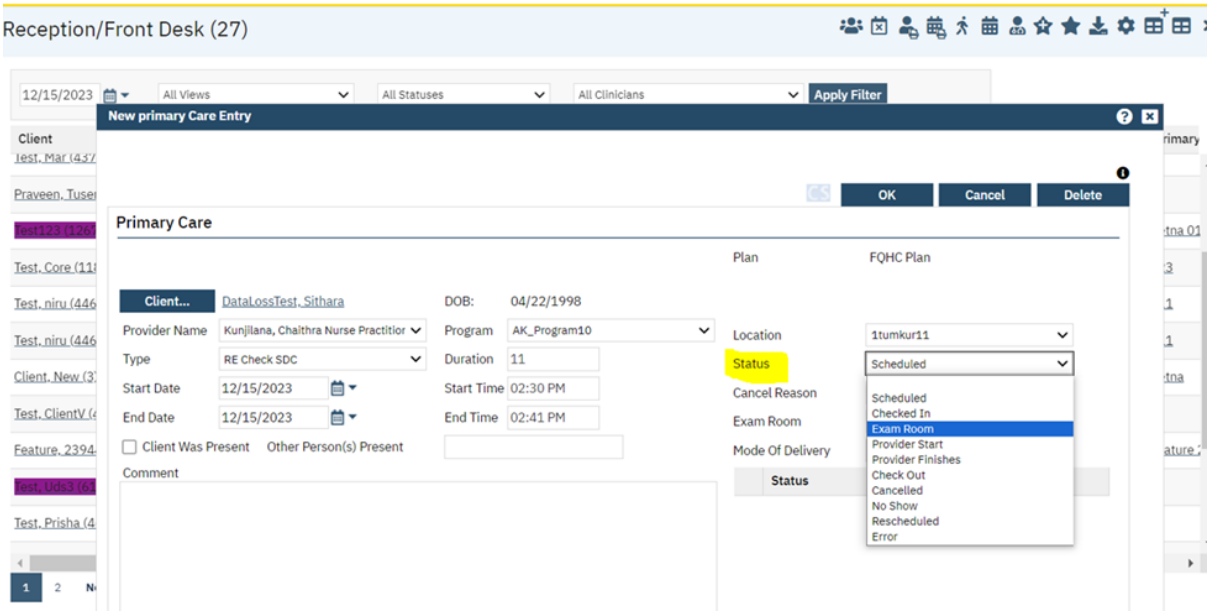
~~**Status Example :**~~

~~-Exam Room,~~

~~- Scheduled,~~

~~- Checked In.~~

~~**Screenshot of status in the Primary Care Entry Pop-Up**~~



~~**Navigation Path 1:** 'My Office' – 'My Preference' screen – 'Check In Notification Preferences' tab - Select the checkbox 'Notify me of my Primary Care Appointments' under 'Notification Settings' section – Create a notification set up by entering required data such as Staff, Program(s)/Procedure(s) and Primary Care Status(s) – Click on 'Insert' button – Click on 'Save' button.~~

~~**Navigation Path 2:** 'My Office' – 'My Calendar' screen – Click on a date – Select 'New Primary Care Entry' radio button from the pop-up and then click the 'Ok' button – Enter required data such as 'Provider Name' and 'Status' – Click on 'Ok' button.~~

~~**Navigation Path 3:** 'My Office' - 'Reception/Front Desk' screen – Search for the created Primary Care Appointment – Click on the 'Status' hyperlink – Change the status from the 'New Primary Care Entry' pop-up – Click on the 'Ok' button.~~

~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** The nurses will provide a service prior to the doctor and the doctor only needs to be notified once the patient is ready to be seen by the doctor.~~

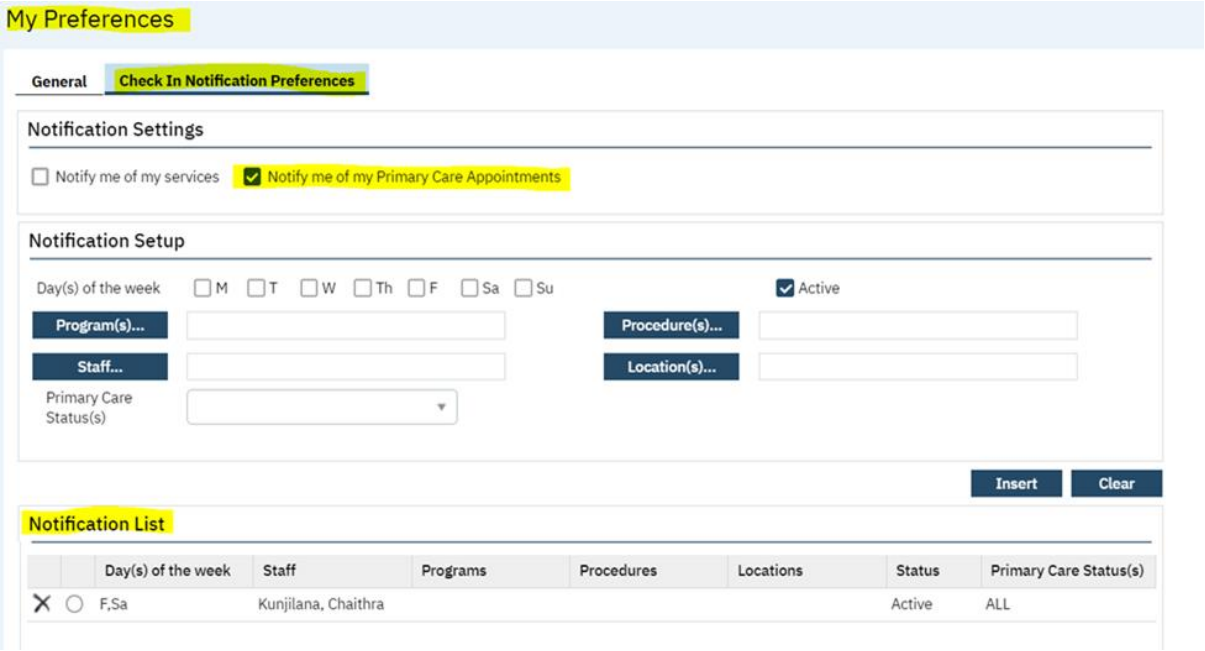
~~With this release, the following changes have been implemented in the 'New Primary Care Entry' pop-up.~~

- ~~When the client appointment status is changed from the 'Reception/Front Desk', then for that respective staff, a notification will be sent if:~~

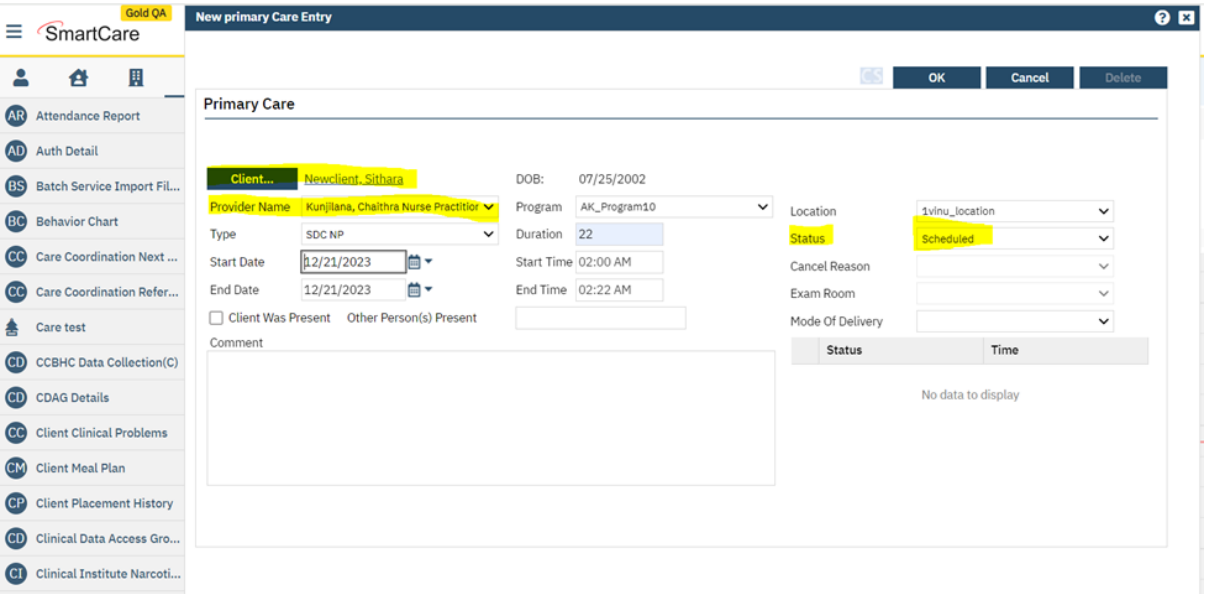
- ~~The status(s) selected in the 'status' dropdown under the 'New Primary Care Entry' pop-up matches with the status for which setup has been done in the 'My Preferences' screen and~~
- ~~The 'Provider Name' selected in this screen matches with the staff selected in the 'My Preferences' screen.~~

- ~~The notification will not be sent to the staff if an appointment is saved with some status, but the 'Notification Setup' has not been done for the respective staff in the 'My Preferences' screen.~~

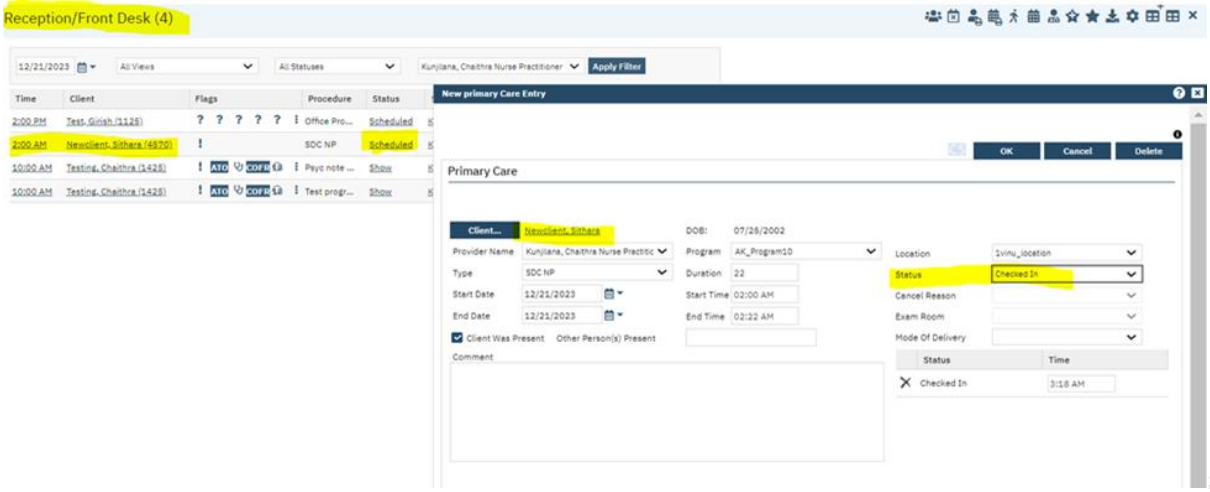
~~Screenshot 1: Notification Set Up in the 'My Preferences' screen.~~



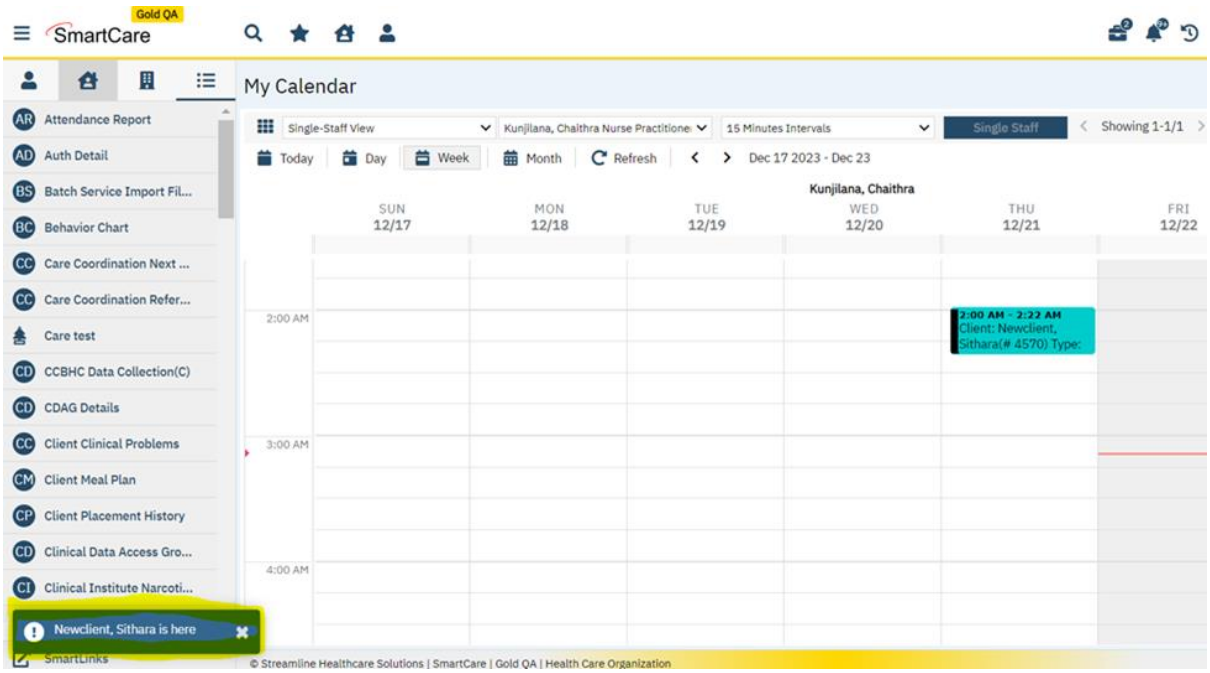
~~Screenshot 2: An appointment is scheduled for a client from the 'My Calendar' Screen.~~



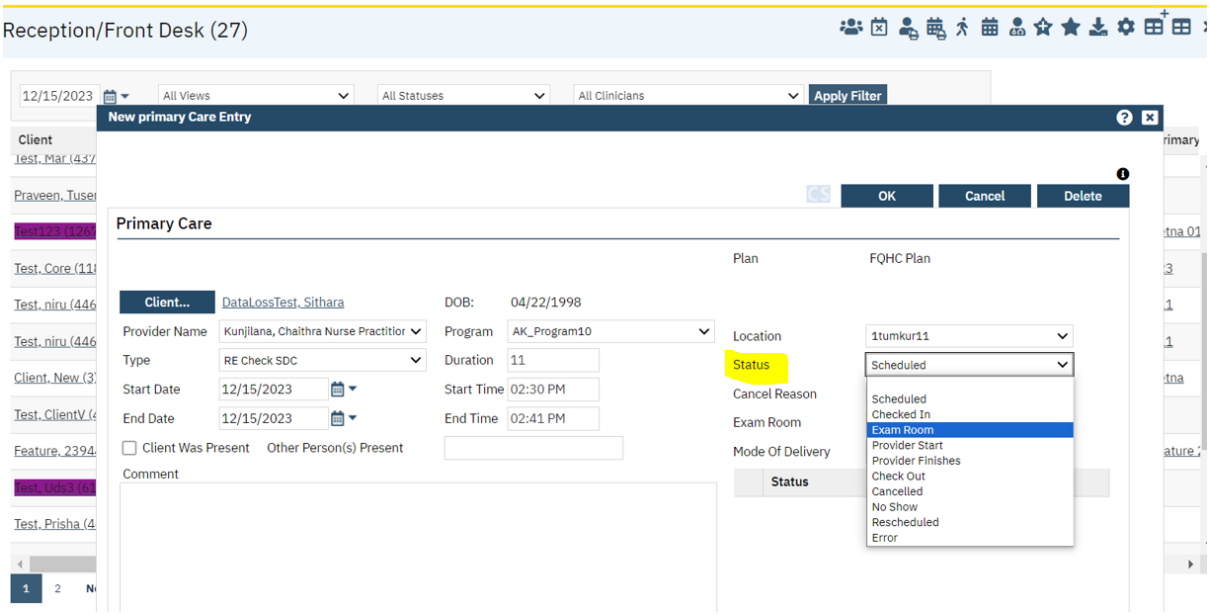
~~Screenshot 3: Primary Care Appointment status is changed from the 'Front Desk' screen.~~



Screenshot 4: The notification is displayed for the staff.



Recode Category:



Note: ~~If this **'SetStatusForPrimaryCareAppointments'** Recode Category has been end-dated by specifying the 'FromDate' and 'ToDate', it will be considered as 'Inactive'.~~

Author: Chaitali Patil

113. EII #126276: Primary Care: Implementation of the 'ProgressNoteDocumentVersionId' value in the database when the 'Client Order/Quick Orders' are created from 'Medical Progress Note'.

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

Prerequisite:

- Create an 'Admin Order' (Like Medication, Procedure, Lab, Nursing, etc.) through the **Path:** Go search - Orders(Admin) - Click on the 'New' icon - Select 'Order Type' - fill the required field - Click on 'Save'.
- Create a 'Quick Order' through the **Path:**

  Go search - Orders(Admin) - Click on the 'New' icon - Select 'Order Type' - select the Radio button for Quick Order as 'Yes' under the Option section - fill the required field - Click on 'Save'.

Navigation Path 1: 'Client' search - 'Go Search' – 'My Calendar' (My Office) – Create a 'New Primary care Entry'.

Navigation Path 2: 'Client' search - Go search 'PC Client summary' (Client) – Click on 'Quick Note status' under the 'Visit' Section – Select 'Template' – Click on 'Ok' – 'Medical Progress Note' screen will display' - Click on 'Client Order' hyperlink – 'Client Order' screen will open – search for the – 'Order' – fill 'required field' – Click on 'Insert' – Click on 'Save' – login into 'SQL Server' – Perform 'queries' – and check in the 'ProgressNoteDocumentVersionId' column' – 'ProgressNoteDocumentVersionId' will be displayed.

Navigation Path 3: 'Client' search - Go search 'PC Client summary' (Client) – Click on 'Quick Note status' under the 'Visit' Section – Select 'Template' – Click on 'Ok' – 'Medical Progress Note' screen will display – Click on 'Place Order' hyperlink – 'Client Order' popup will open – search for the 'Quick Order' – fill required field – Click on 'Add

Order' – Click on 'Save & Close' – Sign the 'Medical Progress Note' - login into 'SQL' Server' – Perform 'queries' – and check in the 'ProgressNoteDocumentVersionId' column' – 'ProgressNoteDocumentVersionId' will be displayed.

Functionality 'Before' and 'After' release:

Purpose: To store the 'ProgressNoteDocumentVersionId' value in the database when the 'Client Order/Quick Orders' are created from 'Medical Progress Note'.

With this release, the below-mentioned functionality has been implemented to add 'ProgressNoteDocumentVersionId' in the database when 'Client Order/Quick Orders' are created from 'Medical Progress Note'.

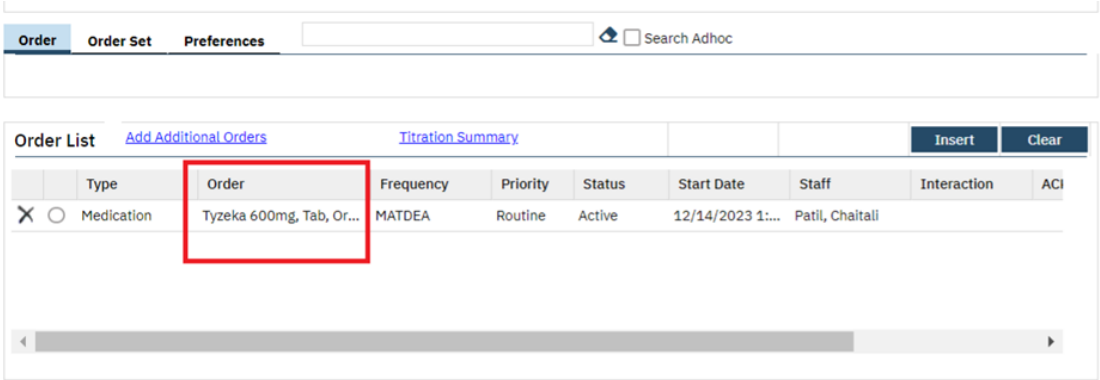
- When the 'Client Orders' are created from 'Medical Progress Note' then after saving the 'Client Order', the 'ProgressNoteDocumentVersionId' is stored in the database. When the user runs the SQL query, the 5-digit integer value of the 'ProgressNoteDocumentVersionId' will be displayed in the 'ProgressNoteDocumentVersionId' column.

- When 'Quick Orders' are created from 'Medical Progress Note', then after signing the 'Medical Progress Note', the 'ProgressNoteDocumentVersionId' is stored in the database. When the user runs the SQL query, the 5-digit integer value of the 'ProgressNoteDocumentVersionId' will be displayed in the 'ProgressNoteDocumentVersionId' column.

Screenshot:

1. When the 'Client orders' are created from 'Medical Progress Note' , then after saving the 'Client Order' the 'ProgressNoteDocumentVersionId' is stored in the database.

Client Order Inserted through the 'Medical Progress Note'



In the Database:

SQLQuery1.sql - BL...SCNET\cpatil (169))*

```
select top 1* from ClientOrders where ClientId = 5028 order by ClientOrderId desc
```

100 %

Results | Messages

	keHome	ExceptionReason	SplitDose1	SplitDose2	PhaseLevelOfCare	SpecimenCollected	SpecimenCollectionDate	ProgressNoteDocumentVersionId
1		11131941	2.00	1.00	11131949	NULL	NULL	86451

2. When **'Quick Orders'** are created from 'Medical Progress Note', then after signing the 'Medical Progress Note', the 'ProgressNoteDocumentVersionId' is stored in the database.

Quick Order Inserted through the 'Medical Progress Note'

Client Orders

Client Orders

Search Order | Clinic/Location: | Diagnosis: | Add Diagnosis

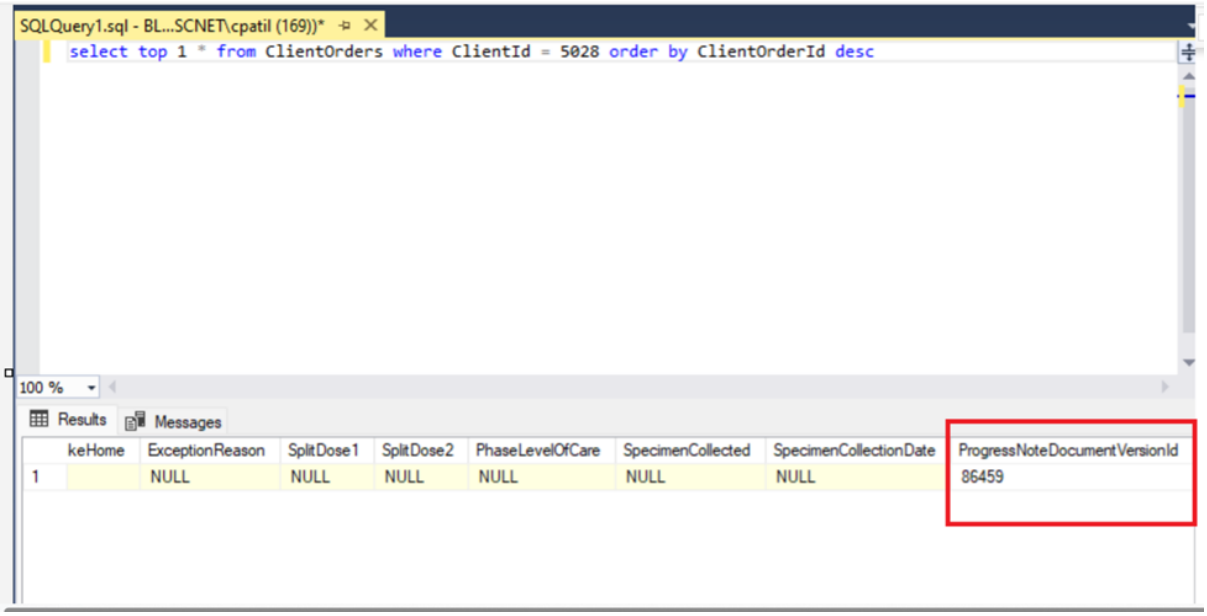
Frequency: | Labs: | Ordering Physician: Patil, Chaitali | Send to Lab

Start: | End: | Add Order

	Order Name	Labs	Frequency	Start Date	Diagnosis	Clinic/Location
X	MTB COMPLEX AND RIF...	Quest - STL	test 1234	12/14/2023 6:54 PM	F32.0-Major depressive disorder, Sin...	AHN location

Save & Close | Cancel

In the Database:



Note: When the 'Client orders' and 'Quick orders' are not created from the 'Medical Progress Note', then 'ProgressNoteDocumentVersionId' will not be stored in the database.

Example: When the 'Client Order' is created directly from the 'Client Order' (Client) screen, then the 'ProgressNoteDocumentVersionId' will not be stored in the database, and will be stored as a 'Null' value in the 'ProgressNoteDocumentVersionId' column.

Data Model Change:

The Column **'ProgressNoteDocumentVersionId'** has been added **to the 'ClientOrders' table.**
The data Type of Column **'ProgressNoteDocumentVersionId' in** the table **'ClientOrders'** has been newly added as **an Integer.**

~~**Author:** Madhu Basavaraju~~

~~114.Core Bugs # 126800: Order types not creating services for Primary care programs.~~

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

~~**Prerequisite 1:** In Order Details (Admin) Procedure Code is entered, and 'Billable 'is set to Yes.~~

~~**Path:** (To Create a Procedure Code): Admin' -- 'Procedure/Rates' list page -- New -- 'Procedure Code Details' screen -- Enter the Procedure name -- Select 'Entered As' Days/ Encounters /Hours/Injections/Items/mg/Units -- Select 'Order Procedure Code' under 'Procedure Type' section -- Enter required fields -- save.~~

~~**Path:** (To set a procedure Code as Billable): 'Admin' -- 'Orders' -- New -- 'Order Details' screen --Select Order Type as 'Medication'– Search and select 'Procedure Code'(added in Navigation Path 1) -- 'Options' Section -- Select 'Billable', 'Add Order to MAR' as Yes -- Enter all required fields -- save.~~

~~**Prerequisite 2:** Primary Care appointment with scheduled date = same as effective date as Client Order.~~

Path: 'Client' -- 'My Calendar' -- Click on 'Click to Create New Primary Care Entry' icon in the tool bar -- 'New Primary Care Entry' Popup -- Enter all the required details -- OK.

Path: 'Client' -- 'PC Client Summary' -- Visits -- Click on 'Quick Note Status' -- 'Select Template' from 'Select Template' popup -- OK -- Medical Progress Note' screen -- Click on 'Order Referrals' hyperlink -- 'Client Order' details screen -- Search and select 'Medication Order' created in (Prerequisite 1) -- Enter required fields -- Insert -- save -- Sign.

Navigation Path: 'Client' -- Services --Service Details.

Functionality 'Before' and 'After 'release:

Before this release, here was the behaviour. When a staff signed a Client order, if there was no bed assigned, then the Service was not created as the fields "Location" and "Place of Service" were initialized from Client bed.

With this Release, the above issue is resolved. When a Client Order is signed and if there is no bed assigned to the Client, the Service will be created by using the Location from the last created Services/appointment.

Author: Sithara Ponnath

115.Core Bugs # 127170: Primary Care - After Visit Summary Issues.

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

Navigation Path 1: 'Client'-- Select a client from 'Client Search' pop-up --- Go Search -- 'Medical Progress Note' -- Select a 'Template' from the pop-up and click on 'Ok' button -- Observe the 'Chief Complaint' field --- Click on 'Save/Sign' button.

Navigation Path 2: 'My Office' -- 'My Calendar' screen -- Click on a date -- Select 'New Primary Care Entry' radio button from the pop-up and then click 'Ok' button -- Select a 'Provider' --- Select any 'Status' such as 'Scheduled', 'Check Out' and 'Exam Room' --- Enter other required data -- Click on 'Ok' button.

Navigation Path 3: 'Client' -- 'After Visit Summary' report -- Select a 'Report Date' -- Click on 'View Report'.

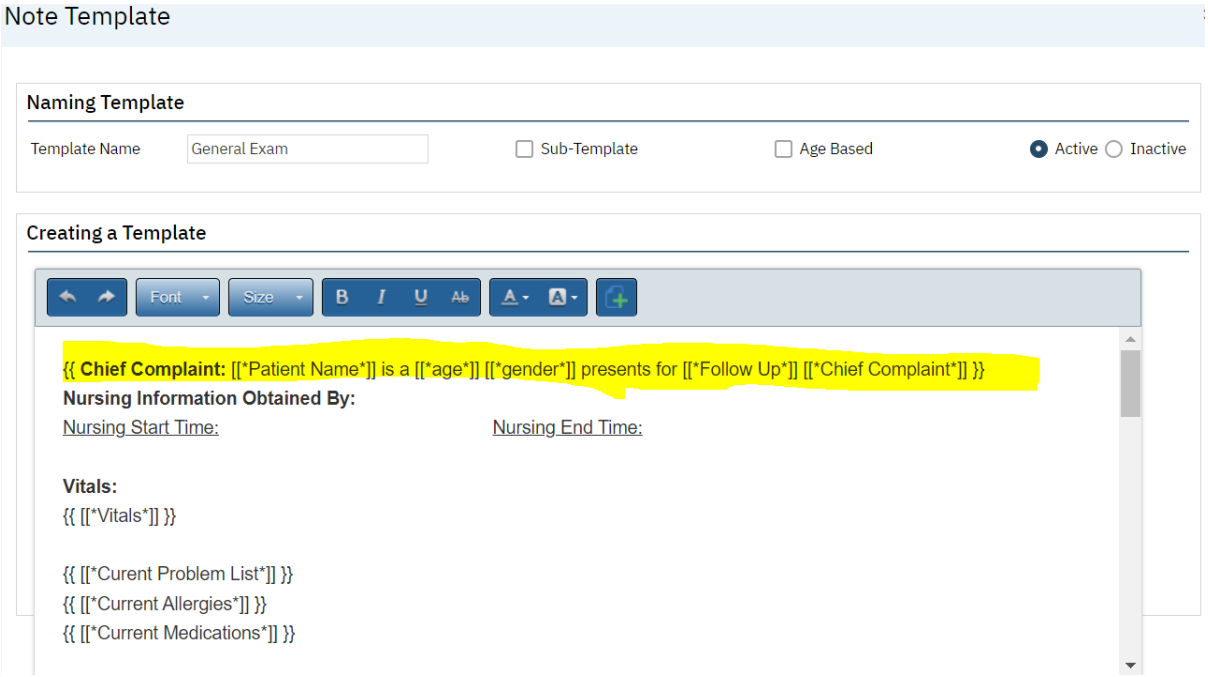
Functionality 'Before' and 'After' release:

Before this release, the below issues were encountered in the 'After Visit Summary' report.

- The 'Reason For Visit' field in the 'After Visit Summary' report was initialized from the 'Chief Complaint' field of 'Medical Progress Note' only if the 'Chief Complaint' field in the template had 'Age' and 'Gender' parameters.
- The 'Reason for Visit' field in the 'After Visit Summary' report was initialized from 'Chief Complaint' field of 'Medical Progress Note' even though the Medical Progress Note was in 'In-Progress' status.
- The 'Reason for Visit' field was initializing from 'Chief Complaint' field of Medical Progress Notes even if the created respective 'Medical Progress Note' had been deleted.
- The 'Provider' field in the 'After Visit Summary' report was displaying for the created 'Primary care Appointments' only if the appointment was in 'Scheduled' status and not for other statuses.

With this release, the above-mentioned issues have been resolved and now,

- The 'Reason For Visit' field data in the 'After Visit Summary' report will initialize from 'Chief Complaint' field of 'Medical Progress Note' by checking the 'Chief Complaint' format.



- ~~The 'Reason for Visit' field data in the 'After Visit Summary' report will be initialized from 'Chief Complaint' field of 'Medical Progress Note' only if the 'Medical Progress Note' is in 'Signed' status.~~
- ~~The 'Reason for Visit' data will not display in the 'After Visit Summary' if the created respective 'Medical Progress Note' has been deleted.~~
- ~~The 'Provider' field data in the 'After Visit Summary' report will be displayed for the created 'Primary care Appointments' of any status.~~

~~**Author:** Abhishek Naik~~

~~116.Core Bugs # 127306: Primary Care Appointments: cannot filter appointments list page.~~

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

~~**Navigation Path:** 'My Office' -- 'Primary Care Appointments' list page -- Click on Apply filter button.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behavior. When the user clicked on Apply filter button on modifying the 'From' and 'To date, the below red error message was displaying due to the performance issue.~~

~~**Error Message:** Error occurred while loading the list screen. Please contact the system administrator.~~

~~With this release, the above-mentioned issue has been resolved. Now, the performance is improved by optimizing the code.~~

Program Assignments

Reference No	Task No	Description
117	Core Bugs # 127355	'Program Assignment Details' screen : Discharged Program details are not getting recorded.

Author: Veena Santosh

117.Core Bugs # 127355: 'Program Assignment Details' screen : Discharged Program details are not getting recorded.

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

Navigation Path: Client' - 'Programs' - 'Program Assignment Details' screen.
Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. After signing the 'Agency/Program Discharge' document, the discharged programs details were not recorded in the 'History' section of the 'Program Assignment Details' screen.

With this release, the above-mentioned issue has been resolved. Now the program details are recorded in the 'History' section of the 'Program Assignment Details' screen after signing the 'Agency/Program Discharge' document.

Quick Orders

Reference No	Task No	Description
118	EII # 126838	The Rationale default option is implemented for the Lab Orders.

Author: Varsha Patil

118. EII # 126838: The Rationale default option is implemented for the Lab Orders.

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

Navigation Path 1: 'Administration' – 'Orders' – 'Order Details'- Options section- Order Rationale radio button.

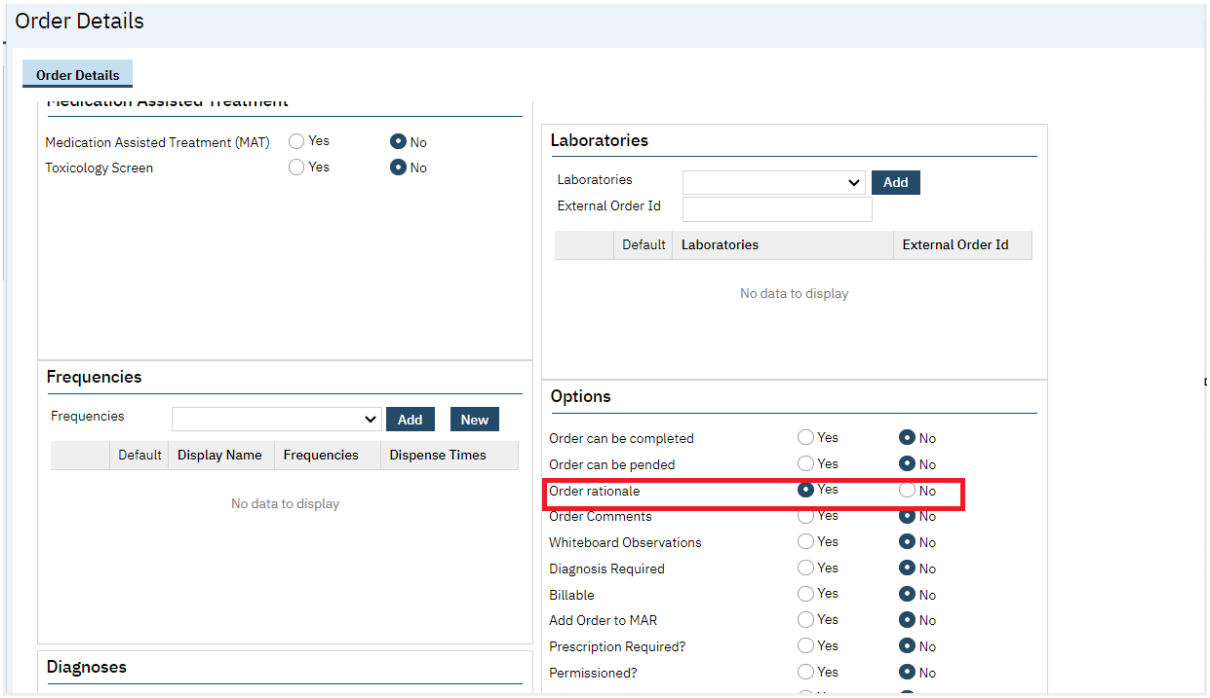
Navigation Path 2: 'Administration' – 'Orders Sets' – 'Order Sets Details' – Select 'Set Default' checkbox for selected order.

Navigation Path 3: 'Client' – 'Quick Order'– New button-Enter all the required fields-Sign

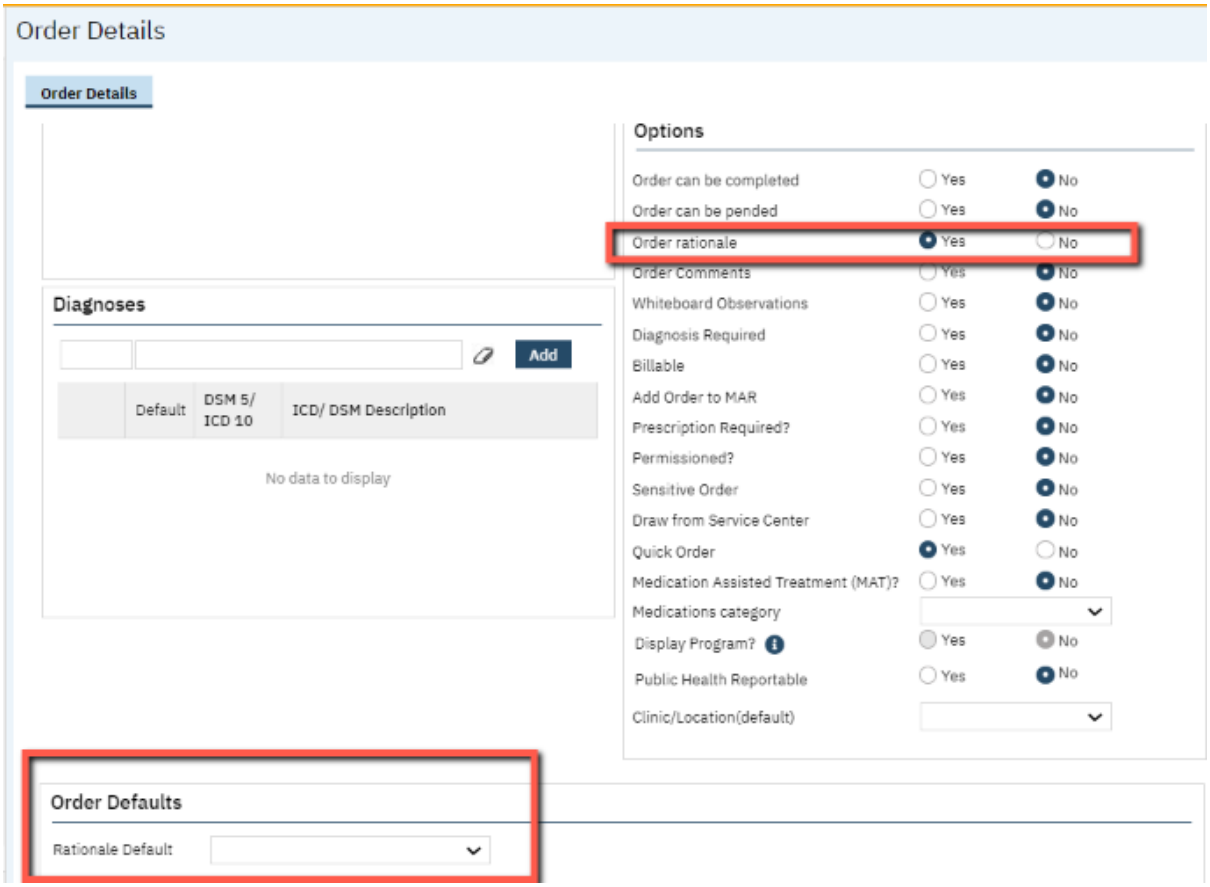
Functionality 'Before' and 'After' release:

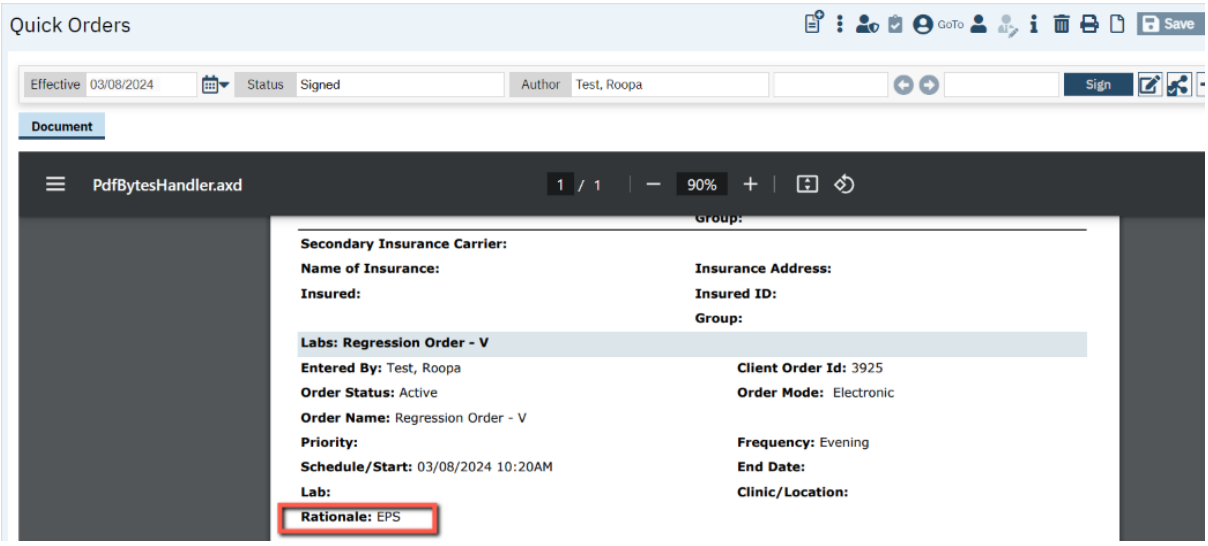
Purpose: Currently the LabCorp set up requires the rationale to be sent. Having default options would speed up the process for providers when they are creating their orders.

With this release, the 'Order rationale' radio button has been added in the Options section of Order Details screen for the Lab orders. The 'Order rationale' radio button is displayed with 'Yes' and 'No' options.



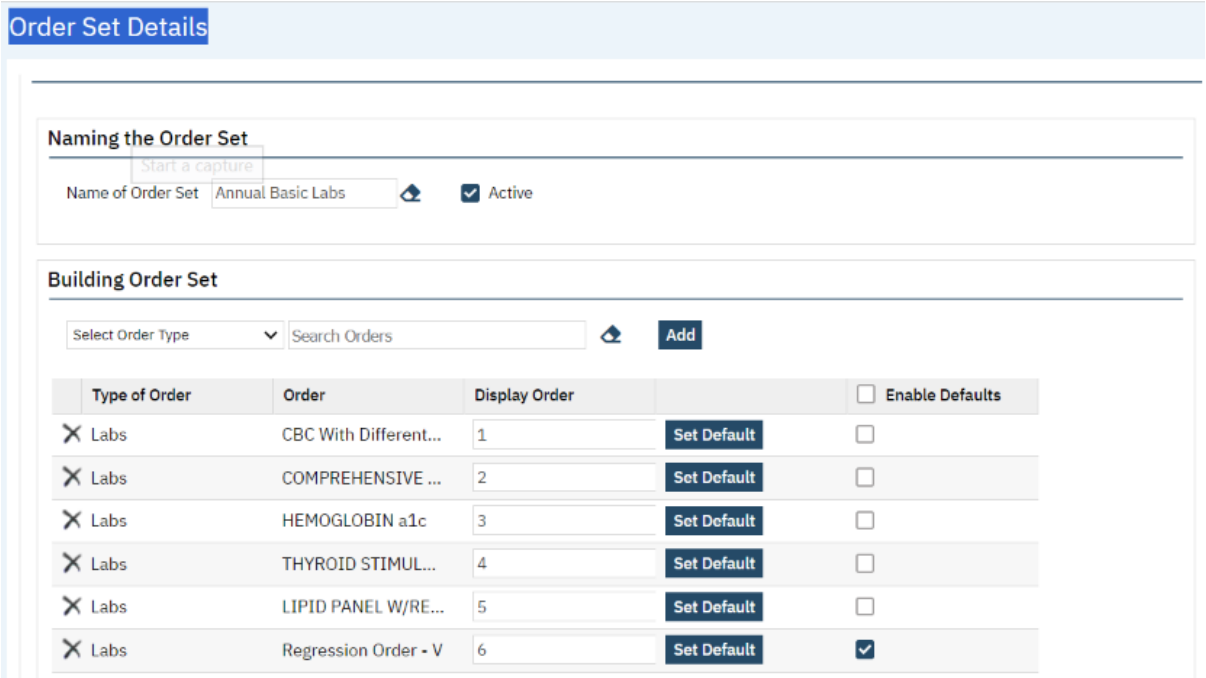
1. **The 'Order rationale' radio button is selected as 'Yes'** : This will display the 'Order Defaults' section in the Order Details screen and this section is displayed with the 'Rationale Default' drop down field, the values are binding from Global Code Category 'XORDERRATIONALE'.
2. When the Quick order is signed, the 'Rationale' dropdown value will be displayed in the PDF.





3. **The 'Order rationale' radio button is selected as 'No'** : The section 'Order Defaults' will not be displayed and the 'Rationale' field will not display in the 'Quick Order' PDF document.

4. The users can also set a default rationale value from the Order Sets page. Upon signing a 'Quick Order' for the Order Set, the default rationale value set in 'Order Sets' will display in the PDF of the 'Quick Order' document.



Reception

Reference No	Task No	Description
119	Core Bugs # 127479	show/check-in notification popup not appearing for staff.

Author: Niroop Hassan

119. Core Bugs # 127479: show/check-in notification popup not appearing for staff.

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

Prerequisite:

1. 'DisplayInstantMessageAsAlert' System configuration key is set to 'Y'.

2. 'EnableSoundWhenStaffReceiveAppointmentNotification' System configuration key is set to 'No'.

Navigation Path: 'My Office' – 'Reception' – 'Reception' list page – 'Click on required Service 'scheduled' status hyperlink – 'Change Status' popup – Select 'Show' and click on 'Change' button.

Functionality 'Before' and 'After' Release:

Before this release, here was the behaviour. When the user changed the status from 'scheduled' to 'show' in reception page, Check-in notification alert popup was displayed when the configuration key 'DisplayInstantMessageAsAlert' is set to 'Y' and the configuration Key 'EnableSoundWhenStaffReceiveAppointmentNotification' was set to 'Yes'.

With this release, the above-mentioned issue has been resolved. Now when the status is changed from 'scheduled' to 'show' in reception page, Check-in notification alert popup will get displayed when 'DisplayInstantMessageAsAlert' configuration key is set to 'Y'. This happens irrespective of 'EnableSoundWhenStaffReceiveAppointmentNotification' configuration key value.

Reports

Reference No	Task No	Description
120	EII # 124587	Implementation of 'After Visit Summary' report.
121	EII # 124360	MAT: Implementation of 'Summary of Medication Inventory on Hand' Report.
122	EII # 126320	Implementing the 'UDS Table 6b Section C Report'.
123	EII # 126161	UDS reports: Added a new 'View Patient Detail Report' sub report.
124	EII # 126322	Implementation of Detail Report for Section D in UDS Table 6b Quality of Care Measures report
125	EII # 126324	Implementing the 'UDS Table 6b Section E Report'
126	EII # 126326	Implemented the 'UDS Table 6b Section F Report'
127	EII # 126339	Implementation of Detail Report for Section A and B in UDS Table 6B Quality of Care Measures report
128	EII # 126715	Implementing the 'UDS Table 6b Section H Report'
129	EII # 126601	Implementing the 'UDS Table 6b Section M Report'
130	EII # 126328	Implementation of the 'UDS Table 6B Details - Section G Report'.
131	EII # 126694	Implemented the 'UDS Table 6b Section L Reports – Lines 21 and 21a'.
132	EII # 126603	Implemented the 'UDS Table 6B Details - Section I Report'.

133	EII # 125577	UDS Report: Implementing the Filter section and Inclusion of Logic.
134	EII # 126605	Implementation of the 'UDS Table 6B Details -Section J Report'
135	EII # 126713	Implementing the 'UDS Table 6B Quality of Care Measures' – Section K.
136	Core Bugs # 126978	Issues in 'UDS Table 4 Selected Patient Characteristics' report – Table 4.
137	Core Bugs # 127055	FQHC UDS Table 6 Report: FQHC measure Value Set code was checking the billing codes associated with the procedure
138	Core Bugs # 127073	Count issue in the UDS Table 3A Patients by Age and Sex report
139	Core Bugs # 127078	UDS Table 5 Staffing and Utilization -- Staff count was not displaying for the services having Mode Of Delivery field value selected.
140	Core Bugs # 126842	Duplicate UDS reports
141	Core Bugs # 127074	Issues on displaying the data for Race, Ethnicity, Gender identity, Sexual Orientation in the 'UDS Table 3B Demographic Characteristics' report
142	Core Bugs # 127125	Updating the Federal Poverty Level Guidelines in SmartCare
143	Core Bugs # 127126	FQHC UDS Table 7 Report Issue with Updated design requirements.
144	Core Bugs # 127177	Detail report displaying the client details only if the program enrolled date is within the reporting year.
145	Core Bugs # 127281	FQHC UDS Table 6B Report – Main report and detail report count was not matched.
146	Core Bugs # 127446	Blank 835 Imported File Listing report.

Author: Varsha Patil

120.EII # 124587: Implementation of 'After Visit Summary' report

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

Navigation Path: 'Client' – 'After Visit Summary' – Enter 'Report Date' – select 'Save As PDF' – Click on View Report.

Functionality 'Before' and 'After' release:
With this release, an 'After Visit Summary' report has been implemented to gather details of the Client After Visit Summary for the selected date. The report has the following Filters, Headers, Sub headers and Labels.
Filters:

Report Date 12/21/2023 Save As PDF No

1 of 2 ? Find | Next

After Visit Summary

Report Run On: 12/21/2023 07:09:56 PM

Visit Date: 12/21/2023

Patient Information:

Client	DOB	Age	Sex
Test, ClientV (4318)	05/01/2000	23 Years	Female

No Reason for Visit

1. **Report Date:** It is a Date control, pulls data for After Visit Summary Report on this selected date.
2. **Save As PDF:** it is a dropdown, default setting is NO. When this is selected Yes, Saves the Client Record as PDF.

Headers:

Report Date 12/7/2023 Save As PDF No

1 of 2 ? Find | Next

After Visit Summary

1st cross, Bangalore, FL 85263

Report Run On: 04/15/2024 11:25:28 AM

Visit Date: 12/07/2023

Patient Information:

Client	DOB	Age	Sex
Test, ClientV (4318)	05/01/2000	23 Years	Female

No Reason for Visit

Vitals:

Temperature	Pulse	Respirations	Blood Pressure	O2 Sat	Pain	Height	Weight
20.0F	1bpm		1/1		2	50In	30lb

Provider:

Provider Name
David, Miller
David, Miller

Problems:

Problem ID	Problem Name	Start Date	End Date
M13.829	Other specified arthritis, unspecified elbow	11/20/2023	11/28/2023
F11.10	Opioid use disorder, Mild	07/28/2023	

1. Report Name: Displays Report Name as After Visit Summary.
2. Address: Displays Location Address from the appointment that occurred on the date the report is run.
3. Report Run On: Displays the Date and Time when the report was run/pulled/executed.

Sub headers and Labels:

Visit Date: 12/19/2023

Patient Information:

Client	DOB	Age	Sex
Test, ClientV (4318)	05/01/2000	23 Years	Female

Reason for Visit:	
	This 23 year old Female presents with a history of acute bronchitis.Hardcoded Text
	Test V
	This 23 year old Female presents with a history of chest pain.
	This 23 year old Female presents with a history of acute bronchitis. V

Visit Date: Displays Date selected from filter in the format MM/DD/YYYY.
Patient Information

- **Client:** Displays client's LastName and FirstName.
- **DOB:** Pulls client's date of birth from Client Information.
- **Age:** Pulls client's age from Client Information.
- **Sex:** Pulls client's sex from Client Information.

Reason for Visit

- Displays chief complaint from Progress Note that matches Date on filter.
- If more than one progress Note on that date, it lists one after the other.

Vitals:

Vitals:

Temperature	Pulse	Respirations	Blood Pressure	O2 Sat	Pain	Height	Weight
5.5F	3bpm	3	12/12	12		2.13In	1.12lb

Provider:

Provider Name
David, Miller

Problems:

Problem ID	Problem Name	Start Date	End Date
M13.829	Other specified arthritis, unspecified elbow	11/20/2023	11/28/2023
F11.10	Opioid use disorder, Mild	07/28/2023	
A23.0	Brucellosis due to Brucella melitensis	11/28/2023	11/30/2023

Labs:

Observation	Value	Flag	Range	Status	Observation Date	Analysis Date
1,3 Dichlorobenzene, Serum				W		
1,3 Dichlorobenzene, Serum	1s@	2d#		S	12/16/2023 10:20AM	12/14/2023 10:20AM

The values will be pulled from the Meaningful Use Vitals Flow sheet for the below mentioned columns. If values are not present, they are displayed as blank on the report.

- Temperature
- Pulse
- Respirations
- Blood Pressure
- O2 Sat
- Pain
- Height
- Weight

Provider:

Provider Name: Pulls the Provider Name from Appointment that matches the date field of the report parameters.

Problems:

- **Problem ID:** Displays all DSM 5/ICD 10 field values from the Client Problems.
- **Problem Name:** Displays all ICD/DSM Description field values from client Problems.
- **Start Date:** Displays all Start Date field values from Client Problems.
- **End Date:** Displays all End Date field values from Client Problems.

Labs:

- **Observation:** Pulls all Observation values from Lab Result Review List for corresponding selected Client From 6 months prior to selected filter date, To selected filter date.
- **Value:** Pulls all Value values from Lab Result Review List for corresponding selected Client From 6 months prior to selected filter date, To selected filter date.
- **Flag:** Pulls all Flag values from Lab Result Review List for corresponding selected Client From 6 months prior to selected filter date, To selected filter date.
- **Range:** Pulls all Range values from Lab Result Review List for corresponding selected Client From 6 months prior to selected filter date, To selected filter date.
- **Status:** Pulls all Status values from Lab Result Review List for corresponding selected Client From 6 months prior to selected filter date, To selected filter date.
- **Observation Date:** Pulls all Ordered Date values from Lab Result Review List for corresponding selected Client From 6 months prior to selected filter date, To selected filter date.
- **Analysis Date:** Pulls all Analysis Date values from Lab Result Review List for corresponding selected Client From 6 months prior to selected filter date, To selected filter date. If there is no data, it displays N/A.

Orders:

Orders:	
Order Name	**Date Ordered**
1,3 Dichlorobenzene, Serum	12/13/2023
N,N DIMETHYLFORMAMIDE (DMF) EXPOSURE, URINE	12/04/2023
1,3 Dichlorobenzene, Serum	12/04/2023

- **Order Name:** Displays the name of the Order.
- **Date Ordered:** Displays the Date of the Order.

Immunizations/Vaccines:

Immunizations/Vaccines:	
Name	**Administration Date**
H influenza type B (HiB)	04/04/2023
Pentacel	08/24/2023

- **Vaccine Name:** Pulls all the Vaccine Name values from Immunizations list for client, which are within 1 year of the Date of the report.
- **Administration Date:** Displays the date when the vaccine was administered.

Allergies:

Allergies:
Active Allergies
Arestin
Water Babies Spf 30
water chestnut
watermelon

- **Active Allergies:** Pulls all Active Allergies for client From RX, as of selected filter date.

Plan:

Plan:				
New Medications	**Start**	**End**	**Pharmacy Name**	**Pharmacy Address**
methadone 5 mg/5 mL oral solution Oral 1 mg Daily	12/16/2023	12/18/2023	Printed	
methionine 110 mg-inos 83 mg-choline 240 mg-B comp-liver 86 mg capsule Oral 3 each Daily	12/16/2023	12/17/2023	WALGREENS DRUG STORE - Arlington and W. Main St., Kalamazoo #3053	1722 W. Main St., Kalamazoo, MI, 4.90063e+008
Current Medications	**Start**	**End**	**Pharmacy Name**	**Pharmacy Address**
Medi-First Anti-Fungal 1 % Topical Packet Top 1 Application Daily	11/29/2023	12/07/2023	Battle Field Medication Pharmacy	24 Respected Street, NearField, IL, 76877
Medicated Foot Powder (menthol) 1 % Top 1 Application Daily	11/29/2023	11/29/2023	Printed	

Discontinued Medications	Start	End
daptomycin 500 mg intravenous solution IV 0 Daily	11/29/2023	11/29/2023

Self-Reported Medications	Start	End
Zolinza 100 mg capsule Oral 0 each	11/29/2023	

- **New Medications:** Displays Medication Description and sig for new medication order.
- **Start Date:** Displays Start Date of new medication order.
- **End Date:** Displays End Date of new medication order.
- **Pharmacy Name:** Displays Pharmacy Name where new medication order was sent for corresponding selected Client and Date from RX. If this is a print script, then displays 'Printed Script'.
- **Pharmacy Address:** Displays Pharmacy Address where new medication order was sent for corresponding selected Client and Date from RX. If this is a print script, then displays 'Printed Script'.
- **Current Medication List:** Displays Medication Description and sig for all active medications at time of selected Date in filter from RX.

- **Start Date:** Displays Start Date of new medication order.
- **End Date:** Displays Start Date of new medication order.
- **Pharmacy Name:** Displays Pharmacy Name where new medication order was sent for corresponding selected Client and Date from RX.
- **Pharmacy Address:** Displays Pharmacy Address where new medication order was sent for corresponding selected Client and Date from RX.
- **Discontinued Medications:** Displays Medication Description and sig for all medications that are discontinued on selected Date.
- **Start Date:** Displays Start Date of medication order that is discontinued on filtered date for selected Client from RX.
- **End Date:** Displays End Date of medication Order that is discontinued on filtered date for selected Client.
- **Self-Reported Medications:** Displays Medication Description and sig for all Added medications that were active on selected Date from RX.
- **Start Date:** Displays Start Date for all Added medications that are active on selected Date from RX.
- **End Date:** Displays End Date for all Added medications that are active on selected Date from RX.

Next Visit Information:

Next Visit Information:				
Date	**Time**	**Appointment Type**	**Location**	**Staff**
12/20/2023	11:15:00	Scheduled	America	Malipatil, Manjunath

- **Date:** Displays Date of next Scheduled Appointment for client for a program.
- **Time:** Displays Time of next Scheduled Appointment for client for a program.
- **Appointment Type:** Displays Time of Appointment for client for a program.
- **Location:** Displays Location of next Scheduled Appointment for client for a program.
- **Staff:** Displays Staff Name assigned for next Scheduled Appointment for client for appointment.

Author: Chaitali Patil / Madhu Basavaraju

121.EII # 124360: MAT: Implementation of 'Summary of Medication Inventory on Hand' Report.

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

Prerequisite: The medication is dispensed through the **below paths**:
1: 'Administration' -- 'Orders' -- 'Orders' list page -- New -- 'Order Details' screen -- Select 'Medication' Order Type -- Enter the required fields -- Medication Assisted Treatment section -- Select Medication Assisted Treatment (MAT) & Machine Connection Required &Take Home Allowed 'Options' as Yes -- Save.

2: My Office -- 'Medication/Lot/Bottle' list page -- New -- 'Medication/Lot/Bottle Details' screen - - Enter the required fields -- Insert -- Save.

3: My Office -- 'MAT Dispenser' list page -- New -- 'MAT Dispenser Detail' screen -- 'General' tab -- Enter the required fields -- Insert -- Save.

4: 'Client' -- 'Client Orders' -- 'Client Orders' list page -- New -- 'Client Order details' screen -- Select the Order created in Navigation Path 1 -- Enter the required fields -- Insert -- Save and sign.

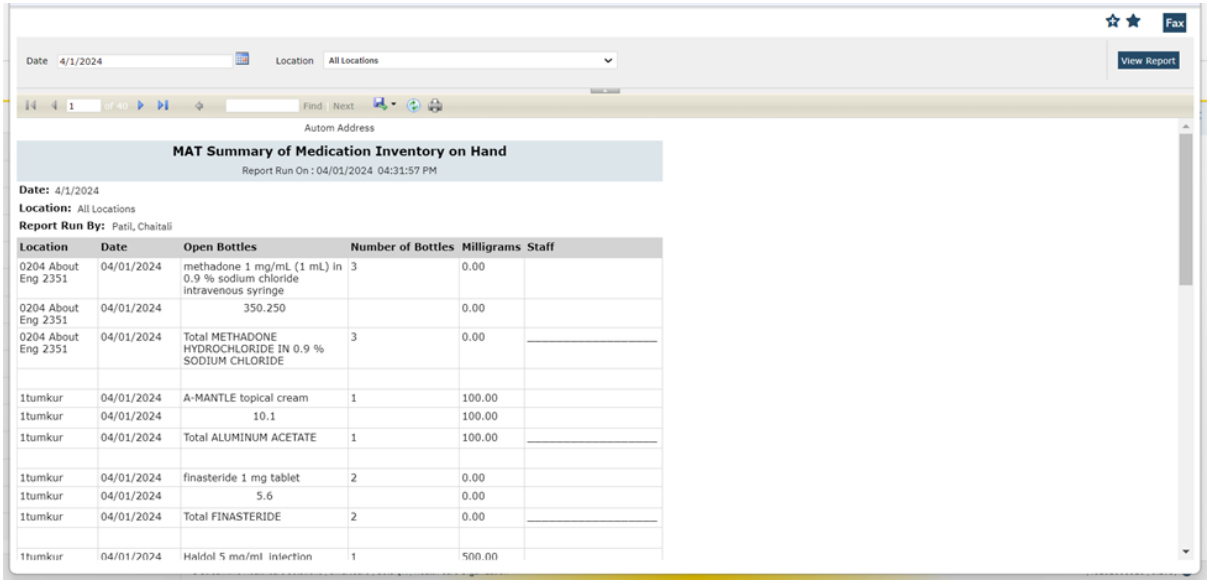
5: 'My Office' -- 'MAT Management' list page -- Connect to Machine/Inventory -- Click on 'Dispense' icon for the 'Client' Medication to be dispensed -- 'MAT Management Details' screen -- Sign -- Click on 'Take Home/Dispense' Icon.

Navigation Path: My Office -- MAT Summary of Medication Inventory on Hand -- Select required fields -- Click on 'View Report'.

Purpose: To identify the MAT medication inventory that is on hand.

Functionality 'Before' and 'After' release:
With this release, a new 'MAT Summary of Medication Inventory on Hand' Report has been implemented with the below-mentioned sections and fields:

1. Filter section
2. Header
3. Sub Header
4. Grid



1. **Filter Section:** This section consists of the below-mentioned fields:
   - **Date:** This is a date control field that is mandatory and is set to initialize with the current date (Today's Date).
   - **Location:** This is a Location field that is mandatory and is set to initialize with All Locations (Default Value), and that location is 'Customer's Location of MAT medication bottle'.

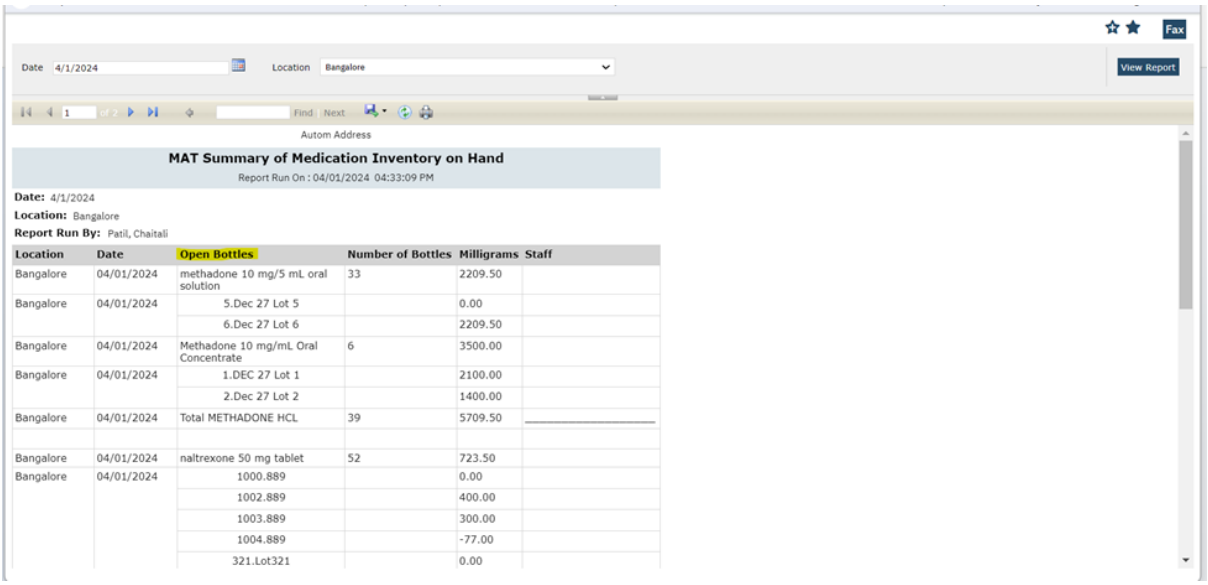
2. **Header Section**: This section consists of the below-mentioned fields:

   - **Address:** This field will display the 'Agency Address' and this field will be displayed on every page of report.
   - **Report Name:** The report name will appear as ' MAT Summary of Medication Inventory on Hand ' in this field and this field will be displayed on every page of report.
   - **Report Run On:** This field will display the 'Date' and 'Time' in MM/DD/YYYY HH:MM:SS AM/PM format when the report is executed. This field will be displayed on every page of the report.

3. **Sub-header Section:** This section consists of the below-mentioned fields:

    - **Date:** This field will display the 'Date' that is selected from the filter and this field will be displayed on every page of the report.
    - **Location:** This field will display the 'Location' that is selected from the filter and this field will be displayed on every page of the report.
    - **Report Run By:** This field will display the name of the Staff who is logged into the SC application and generates the report, and this field will display on every page of the report.

4. **Grid Section:** This section consists of the below-mentioned columns:



Date 4/1/2024 Location Bangalore View Report

Autom Address

MAT Summary of Medication Inventory on Hand

Report Run On : 04/01/2024 04:33:09 PM

Date: 4/1/2024
Location: Bangalore
Report Run By: Patil, Chaitali

Location	Date	Open Bottles	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	methadone 10 mg/5 mL oral solution	33	2209.50	
Bangalore	04/01/2024	5.Dec 27 Lot 5		0.00	
		6.Dec 27 Lot 6		2209.50	
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	6	3500.00	
Bangalore	04/01/2024	1.DEC 27 Lot 1		2100.00	
		2.Dec 27 Lot 2		1400.00	
Bangalore	04/01/2024	Total METHADONE HCL	39	5709.50	
Bangalore	04/01/2024	naltrexone 50 mg tablet	52	723.50	
Bangalore	04/01/2024	1000.889		0.00	
		1002.889		400.00	
		1003.889		300.00	
		1004.889		-77.00	
		321.Lot321		0.00	

- **Location:** This Location column will display the name of Location that Bottle of MAT medication is listed in Inventory at. And this will Continue to display Grid Column Header on every page of Report that contains 'Open Bottles' data.
- **Date:** This field will display the 'Date' that is selected from the filter for each row of the data, in MM/DD/YYYY format. And this will Continue to display Grid Column Header on every page of Report that contains 'Open Bottles' data.
- **Open Bottles:** This field will display all Open bottles (Open bottle = Any transaction apart from Receiving (Dispense, Transfer To/From, and an Adjustment)) Of MAT medication bottles that have been connected to the machine/Inventory. and this will be Continue to display Grid Column Header on every page of Report that contains 'Open Bottles' data. This will Itemize the open bottles of MAT medications that are listed in the system by Medication Description, then by Bottle ID. Includes all MAT medications and Sorts alphabetically and is grouped by Generic Name of medication ("METHADONE HCL" and "NALTREXONE HCL").

Date 4/1/2024 Location Bangalore

1 of 2 Find | Next

Autom Address

MAT Summary of Medication Inventory on Hand

Report Run On : 04/15/2024 10:53:56 AM

Date: 4/1/2024

Location: Bangalore

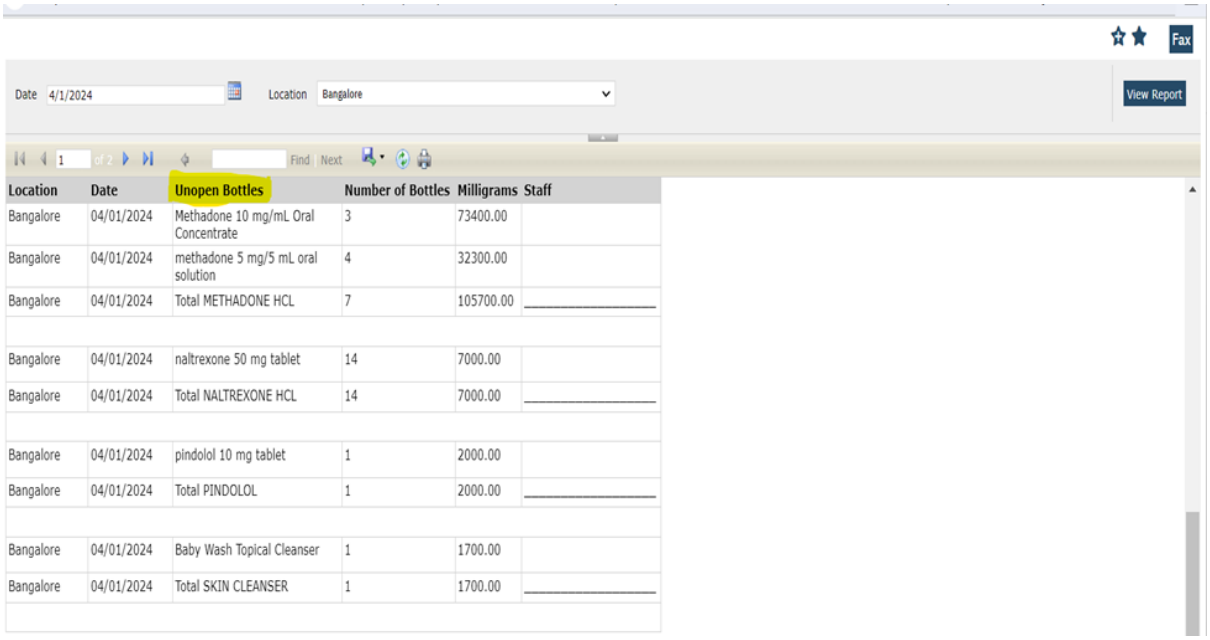
Report Run By: Patil, Chaitali

Location	Date	Open Bottles	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	methadone 10 mg/5 mL oral solution	33	2209.50	
Bangalore	04/01/2024	5.Dec 27 Lot 5		0.00	
		6.Dec 27 Lot 6		2209.50	
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	6	3500.00	
Bangalore	04/01/2024	1.DEC 27 Lot 1		2100.00	
		2.Dec 27 Lot 2		1400.00	
Bangalore	04/01/2024	Total METHADONE HCL	39	5709.50	

- **Medication:** This will display for all medications in Inventory with Generic Name ("METHADONE HCL" and "NALTREXONE HCL") With "Open Bottle" status, and displays Medication Description (Example: Methadone 10 mg/ml Oral Concentrate) and (methadone 10 mg/5 mL oral solution).
- **Bottle ID:** This will display the Open Bottles by Bottle ID under the corresponding Medication Description. Both Bottle Number and Lot Number will be displayed in the Format of 'Bottle/Box #.Lot #' and both numbers will be displayed in the same field with a "." separating.
- **Total Medication Type:** In this for each Generic Name with an Open Bottle, displays ("Total METHADONE HCL" and "Total NALTREXONE HCL") under corresponding Medication Description.

- **Number of Bottles:** This field will display the number of Open Bottles that are identified for each MedicationDescription and the Total number of Open Bottles for each GenericName grouping (" METHADONE HCL" and "NALTREXONE HCL"). And this field will continue to display Grid Column Header on every page of Report that contains 'Open Bottles' data.
- **Milligrams:** This field will display the number of milligrams for combined Open Bottle MedicationDescription rows and each individual Open Bottle ID row. This will Sum the Total of milligrams per GenericName grouping. This field will continue to display Grid Column Header on every page of Report that contains 'Open Bottles' data.
- **Staff:** This field will display for all "Total Medication Type" rows, a black line that is bottom aligned for staff to initial. This field will continue to display Grid Column Header on every page of Report that contains 'Open Bottles' data.

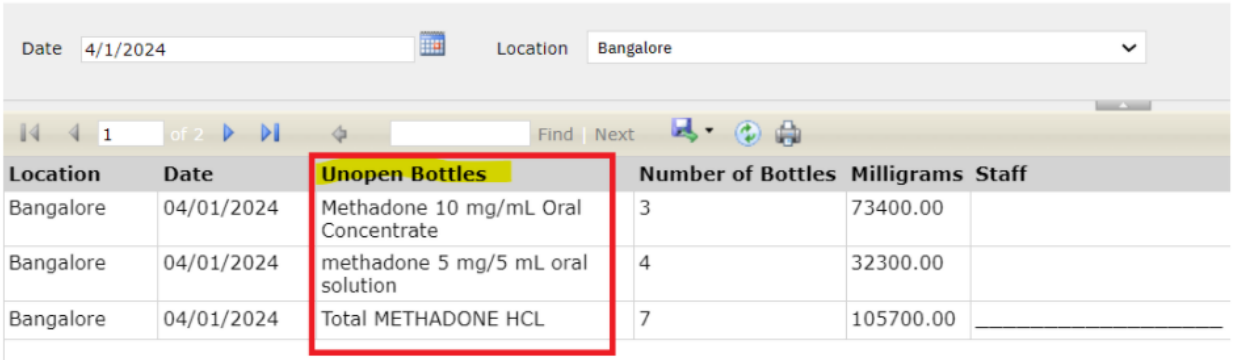
Unopen bottles:



Date 4/1/2024 Location Bangalore View Report

Location	Date	Unopen Bottles	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	3	73400.00	
Bangalore	04/01/2024	methadone 5 mg/5 mL oral solution	4	32300.00	
Bangalore	04/01/2024	Total METHADONE HCL	7	105700.00	
Bangalore	04/01/2024	naltrexone 50 mg tablet	14	7000.00	
Bangalore	04/01/2024	Total NALTREXONE HCL	14	7000.00	
Bangalore	04/01/2024	pindolol 10 mg tablet	1	2000.00	
Bangalore	04/01/2024	Total PINDOLOL	1	2000.00	
Bangalore	04/01/2024	Baby Wash Topical Cleanser	1	1700.00	
Bangalore	04/01/2024	Total SKIN CLEANSER	1	1700.00	

- **Location:** This Location column will display the name of the Location that Bottle ID is listed. And this will Continue to display Grid Column Header on every page of Report that contains 'Unopen Bottles' data.
- **Date:** This field will display the 'Date' that is selected from the filter for each row of the data, in this MM/DD/YYYY format. And this will Continue to display Grid Column Header on every page of Report that contains 'Unopen Bottles' data.
- **Unopen Bottles:** This field will display Unopen Bottles that are MAT medication bottles that have not been connected to a Machine (have been received in inventory and have not been used). The Unopen Bottles of MAT medications that are listed in the system by MedicationDescription. Includes all MAT medications. Sort alphabetically and group by GenericName of medication ("METHADONE HCL", "NALTREXONE HCL", "PINDOLOL", and "SKIN CLEANSER"). And this will Continue to display Grid Column Header on every page of Report that contains 'Unopen Bottles' data.



Date 4/1/2024 Location Bangalore

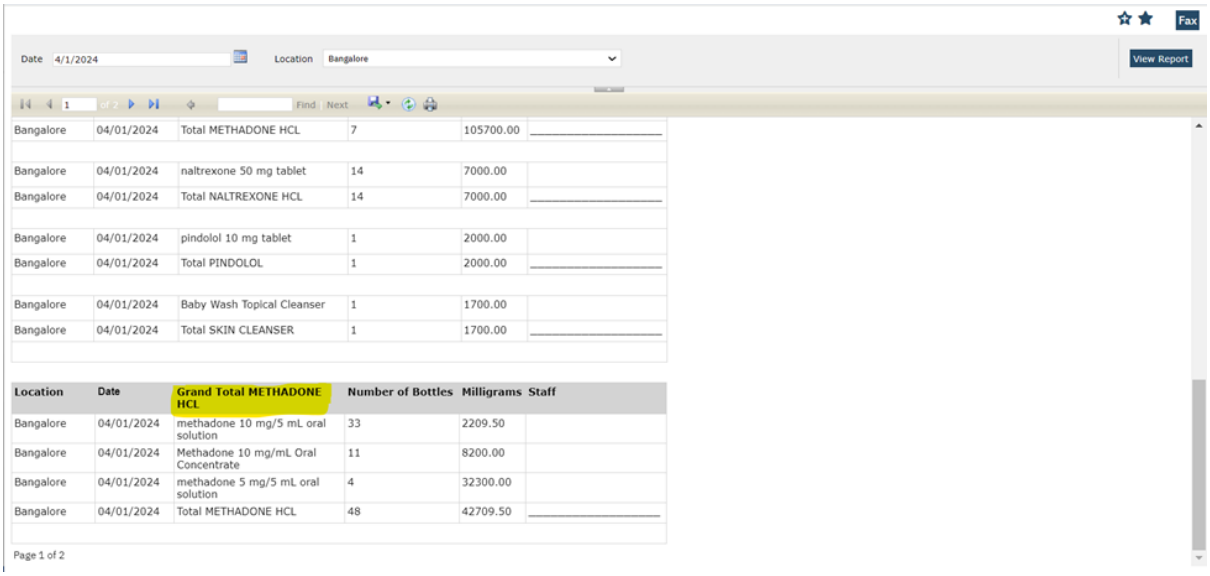
Location	Date	Unopen Bottles	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	3	73400.00	
Bangalore	04/01/2024	methadone 5 mg/5 mL oral solution	4	32300.00	
Bangalore	04/01/2024	Total METHADONE HCL	7	105700.00	

- **Medication:** In This field for all MAT medications with "Unopen Bottle" status, displays Medication Description. Sort alphabetically by Generic Name of medication ("METHADONE HCL", "NALTREXONE HCL", "PINDOLOL", and "SKIN CLEANSER").
- **Total Medication Type:** For each MAT Medication Type (Generic Name = "METHADONE HCL", "NALTREXONE HCL", "PINDOLOL", and "SKIN CLEANSER") with an Unopen Bottle, this will contain

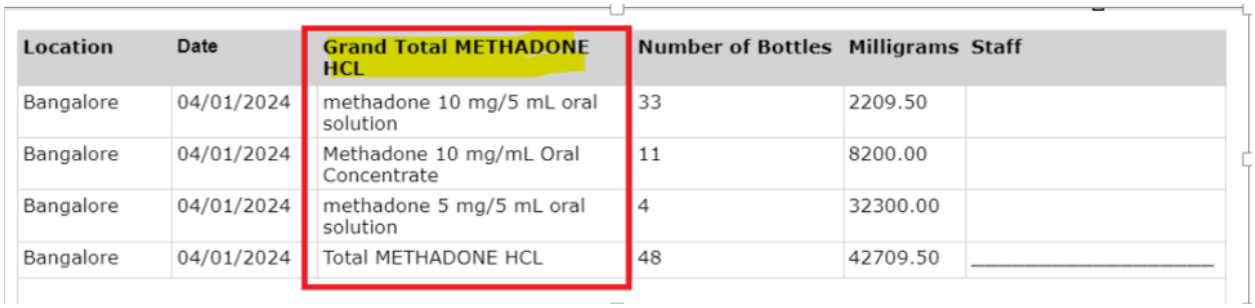
Location, Date, Total Number of Unopen Bottles, Total Number of Milligrams of Unopen Bottles, and black line for staff to initial.

- **Number of Bottles**: This column will Display number of Unopen Bottles that are identified for each MedicationDescription and the Total number of Unopen Bottles for each GenericName grouping ("METHADONE HCL", "NALTREXONE HCL", "PINDOLOL", and "SKIN CLEANSER"). And this will Continue to display Grid Column Header on every page of Report that contains 'Unopen Bottles' data.
- **Milligrams:** As of Timestamp, for each Unopen Bottle listed/pulled in the report, this will display the associated milligrams that are in each bottle and the Totals per Medication Type ("METHADONE HCL", "NALTREXONE HCL", "PINDOLOL", and "SKIN CLEANSER"). And this will Continue to display Grid Column Header on every page of Report that contains 'Unopen Bottles' data.
- **Staff:** This field will display a black line in this column end that is bottom-aligned for staff to initial. And this will Continue to display Grid Column Header on every page of Report that contains 'Unopen Bottles' data.

Grand Total METHADONE HCL:



- **Location:** This Location column will display the name of Location that Bottle of MAT medication is listed in Inventory at. And this will Continue to display the Grid Column Header on every page of Report that contains 'Grand Total Methadone HCL' data.
- **Date:** This field will display the 'Date' that is selected from the filter for each row of the data, in this MM/DD/YYYY format. And this will continue to display Grid Column Header on every page of Report that contains 'Grand Total Methadone HCL' data.
- **Grand Total METHADONE HCL:** This column will display the MAT Medication Type by Medication Description, and Total for Generic Name for all Open and Unopen Bottles of MAT Medications at Location listed. And this will Continue to display Grid Column Header on every page of the Report that contains 'Grand Total Methadone HCL' data.



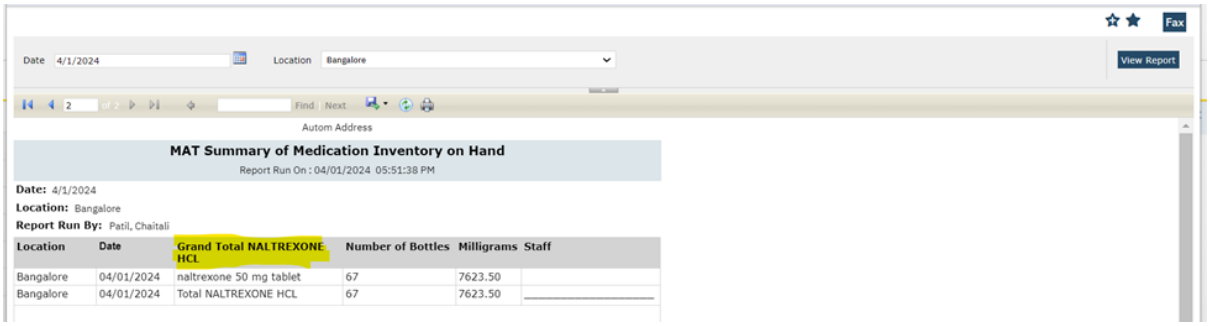
Location	Date	Grand Total METHADONE HCL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	methadone 10 mg/5 mL oral solution	33	2209.50	
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	11	8200.00	
Bangalore	04/01/2024	methadone 5 mg/5 mL oral solution	4	32300.00	
Bangalore	04/01/2024	Total METHADONE HCL	48	42709.50	

- **Methadone HCL Medication:** This will display Medication Description for all GenericName "METHADONE HCL" medications with Open and Unopen bottles. Lists each MedicationDescription in line item.

- **Total METHADONE HCL:** This will display the Total Number of combined Open Bottles and Unopen Bottles for Generic Name "METHADONE HCL", Total Number of Milligrams of combined Open Bottles and Unopen Bottles for Generic Name "METHADONE HCL", and black line for staff to initial.

- **Number of Bottles:** In this column will display the number of combined Open Bottles and Unopen Bottles that are identified for each MAT Medication Description and the Total number of Open and Unopen Bottles for each Generic Name. And this will continue to display Grid Column Header on every page of Report that contains 'Grand Total Methadone HCL' data.
- **Milligrams:** This column will display for each Medication Description listed/pulled in the report, the associated milligrams that are currently in the combined Open Bottles and Unopen Bottles. **Note:** ML will be converted to MG. And this will continue to display Grid Column Header on every page of Report that contains 'Grand Total Methadone HCL' data.
- **Staff:** This field will display a black line in this column end that is bottom-aligned for staff to initial. And this will continue to display Grid Column Header on every page of Report that contains 'Grand Total Methadone HCL' data.

Grand Total NALTREXONE HCL:



- **Location:** This Location column will display the name of Location that Bottle of MAT medication is listed in Inventory at. And this will continue to display Grid Column Header on every page of Report that contains Grand Total NALTREXONE HCL ' data.
- **Date:** This field will display the 'Date' that is selected from the filter for each row of the data, in this MM/DD/YYYY format. And this will continue to display Grid Column Header on every page of Report that contains 'Grand Total NALTREXONE HCL' data.
- **Grand Total NALTREXONE HCL:** This field will display the MAT Medication Type by MedicationDescription, and Total for GenericName for all Open and Unopen Bottles of MAT Medications at Location listed. And this will continue to display Grid Column Header on every page of Report that contains "Grand Total NALTREXONE HCL" data.

Autom Address

MAT Summary of Medication Inventory on Hand

Report Run On : 04/15/2024 10:53:56 AM

Date: 4/1/2024

Location: Bangalore

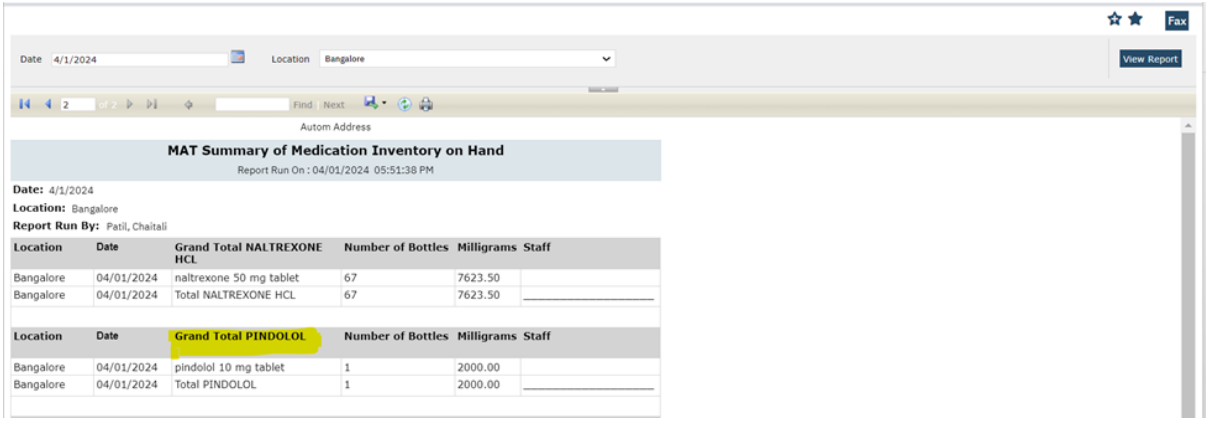
Report Run By: Patil, Chaitali

Location	Date	Grand Total NALTREXONE HCL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	naltrexone 50 mg tablet	67	7623.50	
Bangalore	04/01/2024	Total NALTREXONE HCL	67	7623.50	

- **Naltrexone Medication:** In this field will display for all MAT medications in Inventory, with Unopen Bottle and Open Bottle status: Displays MedicationDescription and Totals of: Number of Open and Unopen bottles and Milligrams at the time the report is pulled. List each MedicationDescription in line item.
- **Total NALTREXONE HCL:** In this field will display the Total Number of combined Open Bottles and Unopen Bottles for each GenericName, Total Number of Milligrams of combined Open Bottles and Unopen Bottles for each MedicationDescription, and black line for staff to initial.

- **Number of Bottles:** This field will display the number of combined Open Bottles and Unopen Bottles that are identified for each MAT MedicationDescription and the Total number of Open and Unopen Bottles for each GenericName. And this will Continue to display the Grid Column Header on every page of Report that contains "Grand Total NALTREXONE HCL" data.
- **Milligrams:** This field will display for each Medication Name and Strength listed/pulled in the report, the associated milligrams that are currently in the combined Open Bottles and Unopen Bottles. And this will continue to display Grid Column Header on every page of Report that contains "Grand Total NALTREXONE HCL" data.
- **Staff:** This field will display a black line in column end that is bottom-aligned Displays this line for the Total rows only. And this will Continue to display Grid Column Header on every page of Report that contains "Grand Total NALTREXONE HCL" data.

Grand Total PINDOLOL:



Location	Date	Grand Total NALTREXONE HCL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	naltrexone 50 mg tablet	67	7623.50	
Bangalore	04/01/2024	Total NALTREXONE HCL	67	7623.50	

Location	Date	Grand Total PINDOLOL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	pindolol 10 mg tablet	1	2000.00	
Bangalore	04/01/2024	Total PINDOLOL	1	2000.00	

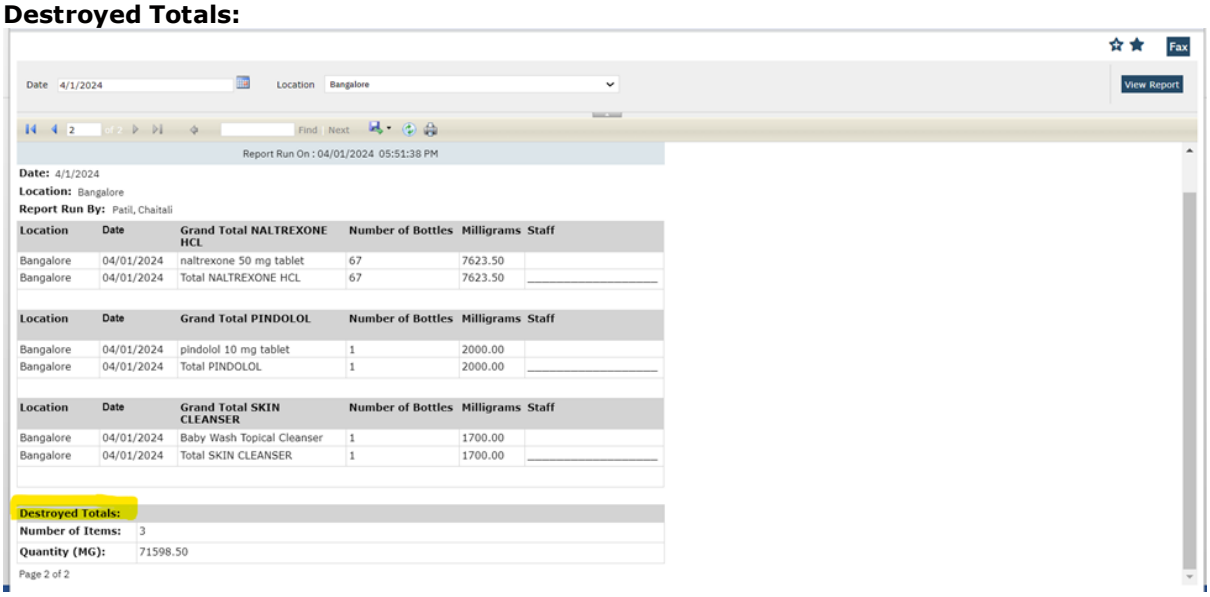
- **Location:** This Location column will display the name of Location that Bottle of MAT medication is listed in Inventory at. And this will continue to display Grid Column Header on every page of Report that contains 'Grand Total PINDOLOL'data.
- **Date:** This field will display the 'Date' that is selected from the filter for each row of the data, in this MM/DD/YYYY format. And this will Continue to display Grid Column Header on every page of Report that contains 'Grand Total PINDOLOL'data.
- **Grand Total PINDOLOL:** This field will display all bottles in the Inventory of GenericName "PINDOLOL"medications by MedicationDescription. Displays "Total PINDOLOL" (GenericName) as the last row of this header. And this will be Continue to display Grid Column Header on every page of the Report that contains 'Grand Total PINDOLOL' data.

Location	Date	Grand Total PINDOLOL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	pindolol 10 mg tablet	1	2000.00	
Bangalore	04/01/2024	Total PINDOLOL	1	2000.00	_____

- **PINDOLOL Medication:** This column will display MedicationDescription for all GenericName "PINDOLOL" medications with Open and Unopen bottles. Lists each MedicationDescription in line item.
- **Total PINDOLOL:** This column will display the Total Number of combined Open Bottles and Unopen Bottles for GenericName, Total Number of Milligrams of combined Open Bottles and Unopen Bottles for each MedicationDescription, and black line for staff to initial.

- **Number of Bottles:** This field will display the number of combined Open and Unopen Bottles that are identified for each MedicationDescription that has GenericName "PINDOLOL". And this will Continue to display Grid Column Header on every page of Report that contains 'Grand Total PINDOLOL' data.
- **Milligrams:** This field will display the number of milligrams in combined Open and Unopen bottles that are identified for each MedicationDescription that has GenericName "PINDOLOL", And this will be Continue to display Grid Column Header on every page of Report that contains 'Grand Total PINDOLOL' data.
- **Staff:** This field will display a black line in the column end that is bottom-aligned. Displays this line for the Total rows only. And this will continue to display Grid Column Header on every page of Report that contains 'Grand Total PINDOLOL' data.

Destroyed Totals:



- **Destroyed Totals:** This is the column header for an additional section of report data. This is the last column header row of the report.
- **Number of Items:** This field will display List number of destroyed items on-running To Date. Destroyed items are TRANSACTIONTYPE = Adjustment, MEDTRANSACTIONREASON = Destroy, located in Medication Inventory Transaction Detail screen.
- **Quantity (MG):** This field will display Total amount of milligrams for all destroyed items on-running To Date. This is the total sum Quantity for all TRANSACTIONTYPE = Adjustment, MEDTRANSACTIONREASON = Destroy, located in Medication Inventory Transaction Detail screen. If Quantity is ML amount, Converts to MG.x

Example:

Methadone Liquid
Strength: 10mg/mL, Conc, Oral
Amount Destroyed: 5mL
Convert to MG: 50mg
(10mg/mL x 5mL = 50mg
Medication Strength x Quantity ML Destroyed = Quantity Mg Destroyed
(10mg/mL x 5mL = 50mg)
Additional Format examples:
10mg/5mL: (10mg = 5mL); (20mg = 10mL)
5mg/5mL: (5mg = 5mL); (10mg = 10mL)
10mg/mL: (10mg = 1mL); (20mg = 2mL)

PDF Screenshots:

Open Bottles:

Autom Address

MAT Summary of Medication Inventory on Hand

Report Run On : 04/01/2024 05:51:38 PM

Date: 4/1/2024
Location: Bangalore
Report Run By: Patil, Chaitali

Location	Date	Open Bottles	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	methadone 10 mg/5 mL oral solution	33	2209.50	
Bangalore	04/01/2024	5.Dec 27 Lot 5		0.00	
		6.Dec 27 Lot 6		2209.50	
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	6	3500.00	
Bangalore	04/01/2024	1.DEC 27 Lot 1		2100.00	
		2.Dec 27 Lot 2		1400.00	
Bangalore	04/01/2024	Total METHADONE HCL	39	5709.50	
Bangalore	04/01/2024	naltrexone 50 mg tablet	52	723.50	
Bangalore	04/01/2024	1000.889		0.00	
		1002.889		400.00	
		1003.889		300.00	
		1004.889		-77.00	
		321.Lot321		0.00	
		990.889		28.00	
		991.889		72.50	
		995.889		0.00	
Bangalore	04/01/2024	Total NALTREXONE HCL	52	723.50	

Unopen Bottles:

Location	Date	Unopen Bottles	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	3	73400.00	
Bangalore	04/01/2024	methadone 5 mg/5 mL oral solution	4	32300.00	
Bangalore	04/01/2024	Total METHADONE HCL	7	105700.00	_____
Bangalore	04/01/2024	naltrexone 50 mg tablet	14	7000.00	
Bangalore	04/01/2024	Total NALTREXONE HCL	14	7000.00	_____
Bangalore	04/01/2024	pindolol 10 mg tablet	1	2000.00	
Bangalore	04/01/2024	Total PINDOLOL	1	2000.00	_____
Bangalore	04/01/2024	Baby Wash Topical Cleanser	1	1700.00	

Page 1 of 2

Grand Total METHADONE HCL, Grand Total NALTREXONE HCL and, Grand Total PINDOLOL

Autom Address

MAT Summary of Medication Inventory on Hand

Report Run On : 04/01/2024 05:51:38 PM

Date: 4/1/2024
Location: Bangalore
Report Run By: Patil, Chaitali

Location	Date	Unopen Bottles	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	Total SKIN CLEANSER	1	1700.00	_____

Location	Date	Grand Total METHADONE HCL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	methadone 10 mg/5 mL oral solution	33	2209.50	
Bangalore	04/01/2024	Methadone 10 mg/mL Oral Concentrate	11	8200.00	
Bangalore	04/01/2024	methadone 5 mg/5 mL oral solution	4	32300.00	
Bangalore	04/01/2024	Total METHADONE HCL	48	42709.50	_____

Location	Date	Grand Total NALTREXONE HCL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	naltrexone 50 mg tablet	67	7623.50	
Bangalore	04/01/2024	Total NALTREXONE HCL	67	7623.50	_____

Location	Date	Grand Total PINDOLOL	Number of Bottles	Milligrams	Staff
Bangalore	04/01/2024	pindolol 10 mg tablet	1	2000.00	
Bangalore	04/01/2024	Total PINDOLOL	1	2000.00	_____

Destroyed Totals:

Destroyed Totals:	
Number of Items:	3
Quantity (MG):	71598.50

Author: Boovendiran Chinnusamy

122. EII # 126320: Implementing the 'UDS Table 6b Section C Report'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details' – 'Section C'.

Functionality 'Before' and 'After' release:

Purpose: Ability to see specific information for each section of Table 6B, the ability to see the full list of clients eligible for the section of Table 6B as well as the data used to calculate Numerator.

With this release, the View Patient 'Detail Report' is added to the **UDS Table 6b Quality of Care Measures** Report.

UDS Table 6b Quality of Care Measures Report.

Reporting CY 2023 Grant type by Plan Universal

Grant Type By Client Info Universal

1 of 2 ? Find | Next

7	First Trimester	0	0
8	Second Trimester	0	1
9	Third Trimester	1	1

Section C -- Childhood Immunization Status Detail Report

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	Measure: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	1	1	0

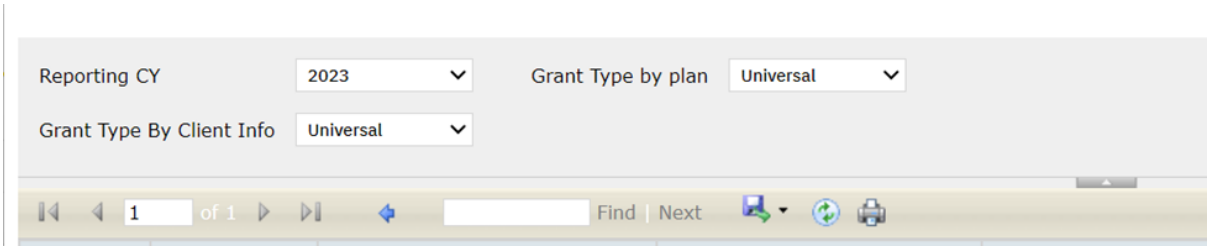
Detail Report:

- This is a hyperlink, on clicking the hyperlink will redirect to the detail report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
- This report can be accessible directly as a stand-alone from the link 'UDS Table 6B Details – Section C'.

Filter section:

The filter section has the following fields:

- The **Reporting CY :** This is a Drop Down field.
- **Grant type by Plan:** This is a Dropdown which has the dropdown values as below:
    a. Universal
    b. MHC
    c. HCH
    d. PHPC
- **Grant Type By Client Info:** This is a Dropdown which has the dropdown values as below:
    a. Universal
    b. MHC
    c. HCH
    d. PHPC



Ref Image 2

Reporting CY:

1. This is a dropdown field and it will display the default year based on the most recent values available. This dropdown and will bind the values from 'XReporYearUDSForFQHC' global code category and the values will be displayed in descending order.

2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in all the above reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions, Date of service which was chosen in the reporting CY, and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the drop down has values (Universal, MHC, HCH, and PHPC) having default value as 'Universal', If the Selected filter type is 'Universal', it will display the data of clients with all grant type and it will also displays data of clients without a plan.

2. If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2. All Included Clients will be shown as 'Universal'.
3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Check box fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client information – Reporting – Check box fields.
6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

Title 1: UDS Table 6B Details- Section C—Childhood Immunization Status

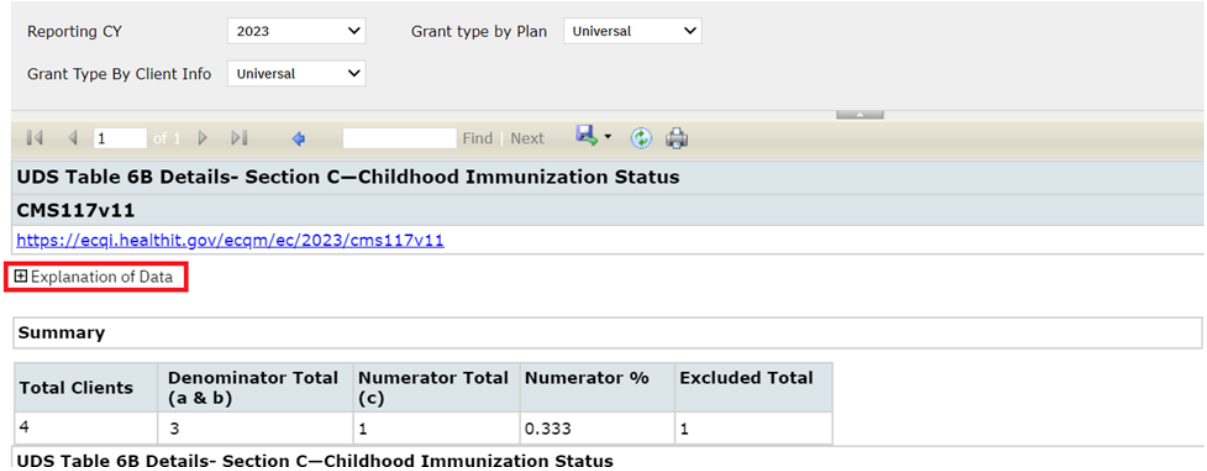
Title 2: CMS117v11

Title 3 -hyperlink: https://ecqi.healthit.gov/ecqm/ec/2023/cms117v11 -

This is a hyperlink and clicking on this will redirect to the above-mentioned link or select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data:

It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information (Ref Image 4).



Ref Image 3

Explanation of Data

Explanation of Data	
Initial Population	All Clients meeting filter criteria who are 2 years of age on any day during the measurement period selected.
Denominator	Clients who's age is 2 years on any day during the selected reporting period and are not excluded
Numerator	To meet numerator requirements client must have the following immunizations entered into their immunization history, these must be present before 2nd birthday: diphtheria, tetanus and acellular pertussis (DTaP); -- At least 4 DtaP immunizations, Must have different dates of service, Does not count a vaccination administered <= 42 days after birth polio (IPV), -- At least 3 IPV immunizations, Must have different dates of service, Does not count a vaccination administered <= 42 days after birth. measles mumps rubella (MMR); -- At least one MMR Immunization, Vaccine - Received on or between the child's first and second birthdays H influenza type B (Hib); -- At least three HiB vaccinations, with different dates of service <= child's 2nd birthday. Does not count a vaccination administered prior to 42 days after birth. hepatitis B (Hep B); -- at least 3 immunizations with different dates of service chicken pox (VZV); -- at least 1 immunization with a date of service on or between the child's first and second birthdays pneumococcal conjugate (PCV); --at least 4 immunizations, Must have different dates of service, Does not count a vaccination administered prior to 42 days after birth

Ref Image 4

1. **Initial Population:** All Clients meeting filter criteria who are 2 years of age on any day during the measurement period selected.

2. **Denominator:** The Clients who's age is 2 years on any day during the selected reporting period and are not excluded.

3. **Numerator:** To meet numerator requirements client must have the following immunizations entered into their immunization history, these must be present before 2nd birthday:

   diphtheria, tetanus, and acellular pertussis (DTaP); -- At least 4 DtaP immunizations, Must have different dates of service, Does not count a vaccination administered <= 42 days after birth.

   polio (IPV), -- At least 3 IPV immunizations, Must have different dates of service, Does not count a vaccination administered <= 42 days after birth.

   measles mumps rubella (MMR); -- At least one MMR Immunization, Vaccine - Received on or between the child's first and second birthdays.

   H influenza type B (Hib); -- At least three HiB vaccinations, with different dates of service <= child's 2nd birthday. Does not count a vaccination administered prior to 42 days after birth.

   hepatitis B (Hep B); -- At least 3 immunizations with different dates of service.

   chicken pox (VZV); -- At least 1 immunization with a date of service on or between the child's first and second birthdays.

   pneumococcal conjugate (PCV); --At least 4 immunizations, Must have different dates of service, Does not count a vaccination administered prior to 42 days after birth.

   hepatitis A (Hep A); -- At least 1 immunization with date of service on or between the child's first and second birthdays.

rotavirus (RV); -- At least 3 administrations of RotaTeq vaccine for Rotavirus, if Rotarix® (RV1) vaccination is also added to 'SmartCare' contact support to ensure setup is correct for UDS report.

influenza (flu) vaccines; --At least 2 immunizations with different dates of service on or before the child's second birthday. Does not count a vaccination administered prior to 6 months (180 days) after birth.

Vaccine global codes must be set up with appropriate external code 1 values for accurate counts.

4. **Exclusions:** Immunization record is entered with a contraindication listed, the client has HIV Diagnosis, or the client has a Hospice Care Flag.

Summary:

The below-mentioned columns will be displayed in the summary section:

1. **Total Clients:** This Column will display the total clients who are 2 years of age on any day during the selected reporting year.
2. **Denominator Total (a & b):** This Column will display the total clients who meet the denominator=Y and Excluded = N as per the above explanation of data (Ref Image 4).
3. **Numerator Total (c):** This Column will display the total clients who meet Numerator = Y as per the above explanation of data (Ref Image 4).
4. **Numerator %:** This Column will display the percentage (Numerator Total (c) / Denominator Total (a & b)).
5. **Excluded Total:** This Column will display the total clients who meet Excluded = Y as per the above explanation of data (Ref Image 4).

Section Label: Section Label displayed as **'UDS Table 6B Details- Section C—Childhood Immunization Status'.**

Grid Section:

The below-mentioned columns will be displayed in the grid section.

1. **ClientID:** This Column will display the ClientID.
2. **Client Name:** This Column will display the Client's Last name and First name.
3. **Birth Date:** This Column will display the Client's Date of birth.
4. **Age:** This Column will display the Client's Age.
5. **Meets Denominator:** This Column will display the value 1=Y if the client's age is 2 years on any day during the selected reporting period 1/1 to 12/31 and Excluded = N or it will be displayed as 0= N.
6. **Meets Numerator:** This Column will display the value as 1= Y, if Meets Denominator = 1(Y) and Excluded = N, Numerator= 1(Y) when Vaccine status = Vaccine – Received or Vaccine – Received Elsewhere and there are the following counts for each Vaccine Type entered into Immunizations and its administered date time should be less than or equal to 2nd birthday.

- 4 Immunizations with Vaccine 'diphtheria, tetanus and acellular pertussis (DTaP)' Global codes external code 1 value is 1 and it will not consider the vaccination that was done less than or equal to 42 days after the date of birth.
- 3 Immunizations with Vaccine 'Polio (IPV)' Global codes external code 1 value is 2 and it will not consider the vaccination that was done less than or equal to 42 days after the date of birth.
- 1 Immunization with Vaccine 'Measles mumps rubella (MMR)' Global codes external code 1 value is 3 and the vaccination is done between the child's first and second birthday.

- 3 Immunizations with Vaccine 'H influenza type B (Hib)' Global codes external code 1 value is 4 and it will not consider the vaccination that was done prior to 42 days after the date of birth.
- 3 Immunizations with Vaccine 'Hepatitis B (Hep B)' Global codes external code 1 value is 5 and the vaccination is done with different dates of service <= child's 2nd birthday.
- 1 Immunization with Vaccine 'Chickenpox (VZV)' Global codes external code 1 value is 6 and the vaccination is done between the child's first and second birthday.
- 4 Immunizations with Vaccine 'Pneumococcal conjugate (PCV)' Global codes external code 1 value is 7 and it will not consider the vaccination that was done prior to 42 days after the date of birth.
- 1 Immunization with Vaccine 'Hepatitis A (Hep A)' Global codes external code 1 value is 8 and the vaccination is done between the child's first and second birthday.
- 3 Immunizations with Vaccine 'Rotavirus (RV)' Global codes external code 1 value is 9 and Global codes code is 'RotaTeq' Or >=2 Immunizations (1 Immunization with Vaccine 'Rotavirus (RV)' with Global codes external code 1 value is 9 and Global codes code is 'Rotarix' and 1 Immunization can be any vaccine with Global codes external code 1 value is 9).
- 2 Immunizations with Vaccine 'Influenza (flu)' Global codes external code 1 value is 10 and it will not consider the vaccination that was done Prior to 6 months (180 days) after the date of birth.

If it does not match the above conditions, it will be displayed as 0=N.

Note: The report will get the data to meet Numerator based on the setup done on above mentioned Global Codes External Code 1 value only, it is not based on the Vaccine name.

7. **Missing:** This Column will display a List of vaccination Names with a count that was required to meet the Numerator with comma separated.
8. **Excluded:** This Column will display value as 1=Y, if Immunization with Vaccine Status – Contraindication or Diagnosis - HIV = B20 or Patients who have a client flag created with the name 'Hospice care'.
9. **Exclusion Reason:** This Column will display the exclusion reason if 'Excluded due to contraindication' – Immunization it will be displayed with the date of Immunization record with contraindication or it will display 'Excluded due to HIV Diagnosis' or 'Excluded due to Hospice Care flag' based on the matching condition on Excluded value.

Reporting CY 2023 Grant type by Plan Universal

Grant Type By Client Info Universal

1 of 1 Find Next

Total Clients	Denominator Total (a & b)	Numerator Total (c)	Numerator %	Excluded Total
4	3	1	0.333	1

UDS Table 6B Details- Section C—Childhood Immunization Status

ClientID	Client Name	Age	Meets Denominator	Meets Numerator	Missing Immunizations	Excluded	Exclusion Reason
5011	UDS 6b Report Check, Boo	2	1	1		0	
5021	UDS 6 B Report, Boo	2	0	0	Missing diphtheria, tetanus and acellular pertussis (DTaP) - 4 are required,Missing Polio (IPV) - 3 are required,Missing Measles, mumps and rubella (MMR) - 1 is required,H influenza type B (HiB) - 3 are required,Hepatitis B (Hep B) - 3 are required,Chicken pox (VZV) - 1 is required,Pneumococcal conjugate (PCV) - 4 are required,Hepatitis A (Hep A) - 1 is required,Rotavirus (RV) - 3 are required,Influenza (flu) - 2 are required	1	Excluded due to HIV Diagnosis

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Author: Boovendiran Chinnusamy

123. EII # 126161: UDS reports: Added a new 'View Patient Detail Report' sub report.

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

Navigation Path 1: 'My Office – 'UDS Table 3A Patients by Age and Sex' report.

Navigation Path 2: 'My Office – 'UDS Table 3b Demographic Characteristics' report.

Navigation Path 3: 'My Office – 'UDS Table 4 Selected Patient Characteristics' report.

Navigation Path 4: 'My Office – 'UDS Table 6A Selected Diagnoses and Services Rendered' report.

Navigation Path 5: 'My Office – 'UDS Table 6b Quality of Care Measures' report.

Navigation Path 6: 'My Office – 'UDS Table 7 Health Outcomes and Disparities' report.

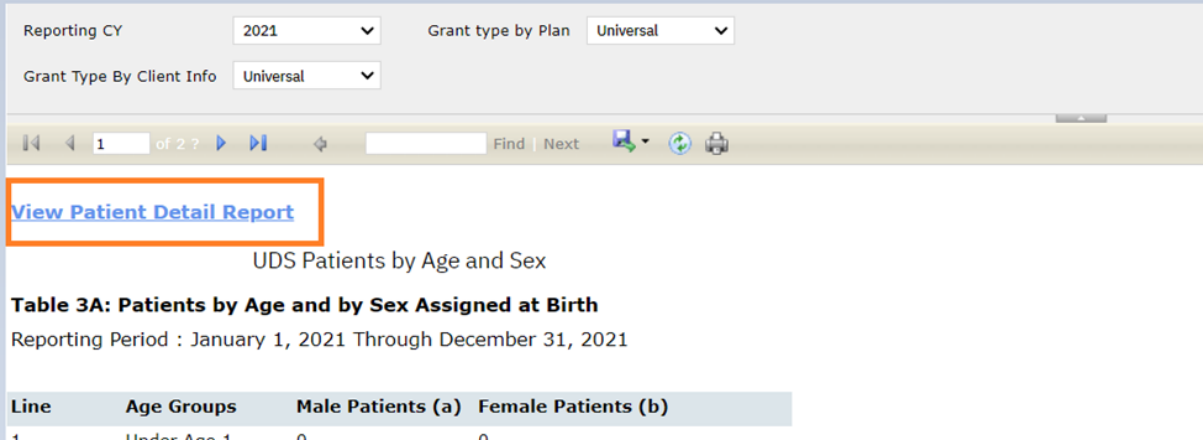
Navigation Path 7: 'My Office – 'UDS Table Patients by Zip Code' report.

Functionality 'Before' and 'After' release:

With this release, 'View Patient Detail Report' is added in the below Reports to list the patient population.

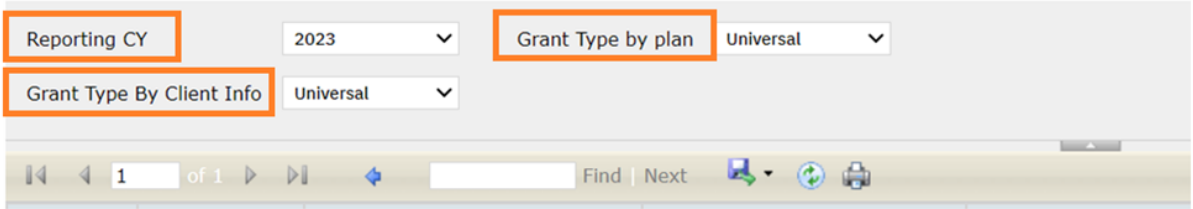
- UDS Table 3A Patients by Age and Sex
- UDS Table 3b Demographic Characteristics
- UDS Table 4 Selected Patient Characteristics

- UDS Table 6A Selected Diagnoses and Services Rendered
- UDS Table 6b Quality of Care Measures
- UDS Table 7 Health Outcomes and Disparities
- UDS Table Patients by Zip Code



View Patient Detail Report:

- This is a Hyperlink, clicking on this will redirect to the detail page with current Filters (Reporting CY, Grant type by Plan and Grant type by Client Info) selected on the Main report.



Filter Section:
Reporting CY:

1. This is a dropdown field, and it will display the default year based on the most recent values available. This dropdown and will bind the values from XReporYearUDSForFQHC global code category and the values will be displayed in descending order.
2. When the Procedure code ID is mapped to the Integer Code Id of this below recode category, it will not display the client details in all above reports.
   - UDSScreeningProcedures
   - UDSGroupVisitsProcedures
   - UDSDispenseMedsProcedures
   - UDSHealthCheckProcedure
   - UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions, Date of service which was chosen in the reporting CY and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Checkbox is Selected).

Grant type by Plan:

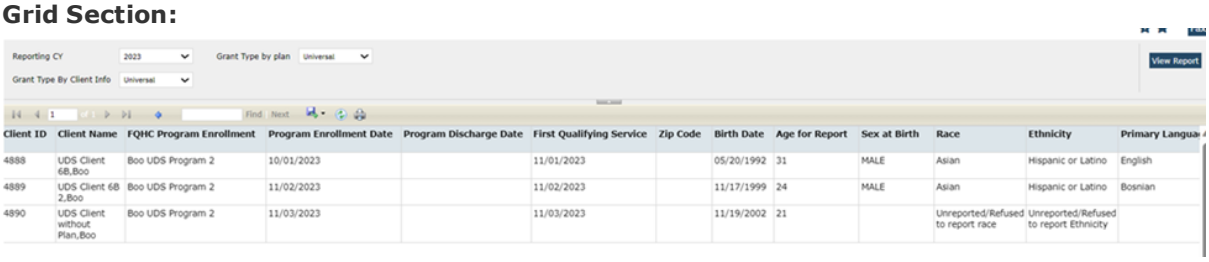
1. The Filter field name was changed from 'Grant type' to 'Grant type by Plan' and the drop down has values (Universal, MHC, HCH and PHPC) having default value as 'Universal', If Selected filter type as 'Universal' it will show the data of clients with all grant type and it will also show data of clients without a plan.

2. If Selected filter type as MHC or HCH or PHPC it will show the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2. All Included Clients will be shown as 'Universal'.
3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Check box fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client information – Reporting – Check box fields.
6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Grid Section:

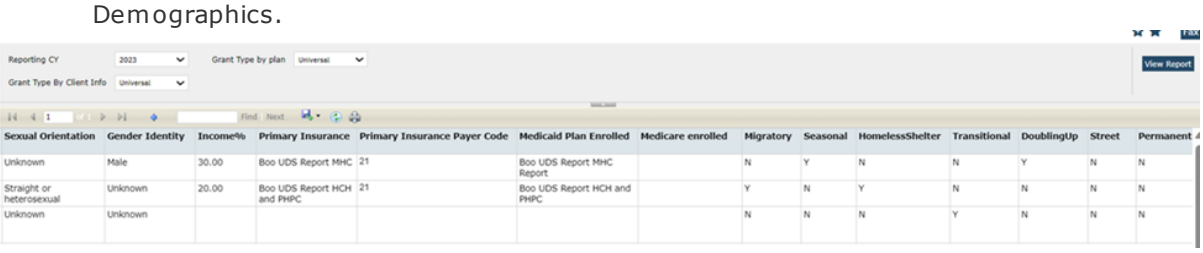


Client ID	Client Name	FQHC Program Enrollment	Program Enrollment Date	Program Discharge Date	First Qualifying Service	Zip Code	Birth Date	Age for Report	Sex at Birth	Race	Ethnicity	Primary Langua
4888	UDS Client 6B,Boo	Boo UDS Program 2	10/01/2023		11/01/2023		05/20/1992	31	MALE	Asian	Hispanic or Latino	English
4889	UDS Client 6B 2,Boo	Boo UDS Program 2	11/02/2023		11/02/2023		11/17/1999	24	MALE	Asian	Hispanic or Latino	Bosnian
4890	UDS Client without Plan,Boo	Boo UDS Program 2	11/03/2023		11/03/2023		11/19/2002	21		Unreported/Refused to report race	Unreported/Refused to report Ethnicity	

1. **Client ID:** This Column will display the Client Id based on sorting.
2. **Client Name:** This Column will display the Client's Last name, First name.
3. **FQHC Program Enrollment**: This Column will display programs which were enrolled for that client in a filtered Year. It will display programs, only if program – Reporting – FQHC Reporting Check box is selected. If Multiple programs was enrolled it will be displayed with comma delimited.
4. **Program Enrollment Date**: This Column will display Enrolled dates which were enrolled for that client in a filtered Year. It will display Program enrollment date, only if enrolled program – Reporting – FQHC Reporting Check box is selected. If Multiple enrollment date was there means it will be displayed with comma delimited.
5. **Program Discharge Date**: This Column will display Discharge dates and If having Multiple discharge date means it will be displayed with comma delimited. It will display as blank if there is no discharge happen.
6. **First Qualifying Service:** This Column will display the First service of that year that was not in a recode category of non-qualifying service.
7. **Zip Code:** This Column will display zip code, provided in the client information.
8. **Birth Date:** This Column will display date of birth in format MM/DD/YYYY from the client information - Demographics.
9. **Age for Report:** This Column will display the age of client as on December 31 of the selected reporting year from the client information - Demographics.
10. **Sex at Birth:** This Column will display Male/Female, if not having any value it will display blank from the client information.
11. **Race:** This Column will display the race of the client from the client information, it will display the value only if its related global code has a value on External Code 2. It will display as 'More than

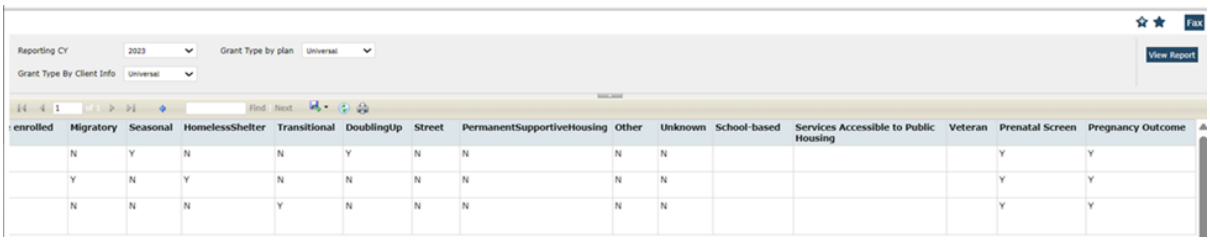
one race' if has 2 or more races. It will display as 'Unreported/Refused to report race' if not selected any race or if selected the value as 'Client declined to provide'.

12. **Ethnicity:** This Column will display the ethnicity of the client from the client information, it will display the value only if its related global code has a value on External Code 2. It will display as 'More than one Ethnicity' if has 2 or more ethnicities. It will display as 'Unreported/Refused to report ethnicity' if not selected any ethnicity or if selected the value as 'Client declined to provide'.
13. **Primary Language:** This Column will display the Primary language from the client information – Demographics.



Sexual Orientation	Gender Identity	Income%	Primary Insurance	Primary Insurance Payer Code	Medicaid Plan Enrolled	Medicare enrolled	Migratory	Seasonal	HomelessShelter	Transitional	DoublingUp	Street	Permanent
Unknown	Male	30.00	Boo UDS Report MHC	21	Boo UDS Report MHC Report		N	Y	N	N	Y	N	N
Straight or heterosexual	Unknown	20.00	Boo UDS Report HCH and PHPC	21	Boo UDS Report HCH and PHPC		Y	N	Y	N	N	N	N
Unknown	Unknown						N	N	N	Y	N	N	N

14. **Sexual Orientation**: This Column will display the Sexual orientation of the client from the client information, it will display the value only if its related global code has a value on External Code 2. It will display as 'Unknown' if not selected.
15. **Gender Identity:** This Column will display the Gender Identity of the client from the client information.
16. **Income%:** This Column will display the Income% based on the Annual house income and # in the Household with related to Sliding fee scale.
17. **Primary Insurance:** This Column will display the primary insurance based on the client coverage of its COB order is 1.
18. **Primary Insurance Payer Code:** This Column will display the Payer code from the Plan – Reporting tab – CCBHC Payer code drop down selected value.
19. **Medicaid Plan Enrolled:** This Column will display the active plan name during the reporting year based on the below condition Plan – Reporting – CCBHC Payer code dropdown selected value if starts with 2.
20. **Medicare enrolled:** This Column will display the active plan name during the reporting year based on the condition Plan – Reporting – CCBHC Payer code dropdown selected value if starts with 1.
21. **Migratory:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Migratory, it will display as Y. if not selected it will display as N.
22. **Seasonal:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Seasonal, it will display as Y. if not selected it will display as N.
23. **Homeless Shelter:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Homeless shelter, it will display as Y. if not selected it will display as N.
24. **Transitional:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Transitional, it will display as Y. if not selected it will display as N.
25. **Doubling Up:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Doubling Up, it will display as Y. if not selected it will display as N.
26. **Street:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Street, it will display as Y. if not selected it will display as N.
27. **Permanent Supportive Housing:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Premanent Supportive Housing, it will display as Y. if not selected it will display as N.



28. **Other:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Other, it will display as Y. if not selected it will display as N.
29. **Unknown:** This Column will display the value as Y/N. If the Check box selected in Client information – UDS reporting – Unknown, it will display as Y. if not selected it will display as N.
30. **School-based:** For Now, this column will display as blank.
31. **Services Accessible to Public Housing:** For Now, this column will display as blank.
32. **Veteran:** This Column will display the value as Y/N. based on the value selected on client information – Demographics. It will display as blank if not selected any value.
33. **Prenatal Screen:** This Column will display the value as Y/N. If Flow Sheet - Prenatal Screen is completed during reporting year or previous year, then it will display as Y. If Not Completed it will display as N.
34. **Pregnancy Outcome:** This Column will display the value as Y/N. If FlowSheet - Pregnancy Outcome is completed, then it will display as Y. If Not Completed it will display as N.

Author: Boovendiran Chinnusamy

124. EII # 126322: Implementation of Detail Report for Section D in UDS Table 6b Quality of Care Measures report

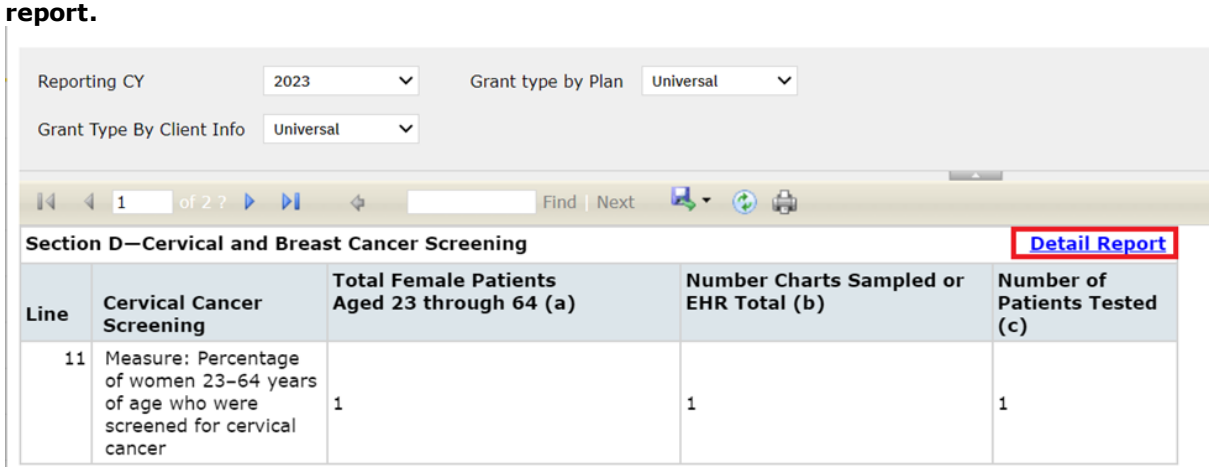
Release Type: Change | **Priority:** On Fire

Navigation Path 1: Go Search -- 'UDS Table 6B Quality of Care Measures' (My Office) – Section D – Cervical and Breast Cancer Screening – click on Detail Report hyperlink

Navigation Path 2: 'My Office'– 'UDS Table 6B Details' – Section D' – Cervical and Breast Cancer Screening'.

Functionality 'Before' and 'After' release:

With this release, Detail Report is implemented for Section D in **UDS Table 6D Quality of Care Measures report.**



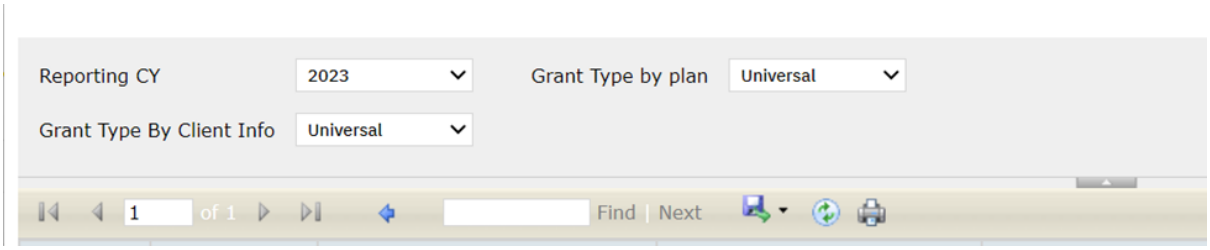
Detail Report:

- This is a hyperlink, clicking on this will redirect to the detail report page with current Filters (Reporting CY, Grant Type by plan, and Grant Type By Client Info) selected on the Main report.
- This report can be accessible directly as a stand-alone from the quicklink 'UDS Table 6B Details – Section D - Cervical and Breast Cancer Screening'.

Filter section:
The filter section has the following fields:

- Reporting CY
- Grant Type by plan
- Grant Type By Client Info

  a. Universal
  b. MHC
  c. HCH
  d. PHPC



Reporting CY:

1. This is a dropdown field and it will display the default year based on the most recent values available. This dropdown and will bind the values from XReporYearUDSForFQHC global code category and the values will be displayed in descending order
2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in the report.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions,

Date of service which was chosen in the reporting CY and
Serviced Program (Program Details – Reporting – 'FQHC Reporting' Checkbox is Selected).

Grant Type by plan:

1. The Filter field name is changed from 'Grant type' to 'Grant Type by plan' and the drop down has values (Universal, MHC, HCH, and PHPC) having default value as 'Universal', If the Selected filter type is 'Universal', it will display the data of clients with all grant type and it will also display data of clients without a plan.
2. If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

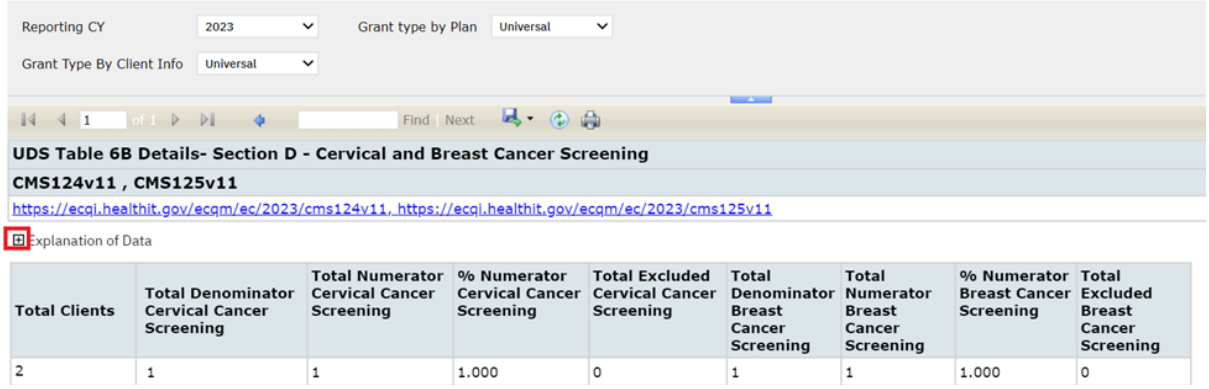
Grant Type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2. All Included Clients will be shown as 'Universal'.
3. If the Selected filter in the 'Grant Type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client Information' – Reporting – Checkbox fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as Homeless Shelter or Transitional or Doubling Up or Street or Permanent Supportive Housing or Other or Unknown in Client information – Reporting – Checkbox fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'Permanent Supportive Housing' in the Client Information – Reporting – Checkbox fields.
6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:
The below-mentioned titles will be displayed in the section:
Title 1: UDS Table 6B Details- Section D - Cervical and Breast Cancer Screening
Title 2: CMS124v11, CMS125v11
Title3: https://ecqi.healthit.gov/ecqm/ec/2023/cms124v11,

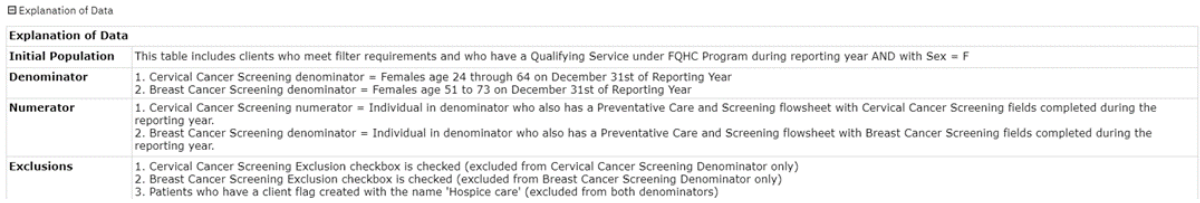
https://ecqi.healthit.gov/ecqm/ec/2023/cms125v11

This is a hyperlink and clicking on this will redirect to the above-mentioned link or select the Link by right-clicking on it and open link in a new tab.



Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
2	1	1	1.000	0	1	1	1.000	0

Explanation of Data:
It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.



Explanation of Data

Explanation of Data	
Initial Population	This table includes clients who meet filter requirements and who have a Qualifying Service under FQHC Program during reporting year AND with Sex = F
Denominator	1. Cervical Cancer Screening denominator = Females age 24 through 64 on December 31st of Reporting Year 2. Breast Cancer Screening denominator = Females age 51 to 73 on December 31st of Reporting Year
Numerator	1. Cervical Cancer Screening numerator = Individual in denominator who also has a Preventative Care and Screening flowsheet with Cervical Cancer Screening fields completed during the reporting year. 2. Breast Cancer Screening denominator = Individual in denominator who also has a Preventative Care and Screening flowsheet with Breast Cancer Screening fields completed during the reporting year.
Exclusions	1. Cervical Cancer Screening Exclusion checkbox is checked (excluded from Cervical Cancer Screening Denominator only) 2. Breast Cancer Screening Exclusion checkbox is checked (excluded from Breast Cancer Screening Denominator only) 3. Patients who have a client flag created with the name 'Hospice care' (excluded from both denominators)

1. **Initial Population:** This table includes clients who meet filter requirements and who have a Qualifying Service under FQHC Program during reporting year AND with Sex = F
2. **Denominator:**

1. Cervical Cancer Screening denominator = Females age 24 through 64 on December 31st of Reporting Year.
2. Breast Cancer Screening denominator = Females age 51 to 73 on December 31st of Reporting Year

3. **Numerator:**

1. Cervical Cancer Screening numerator = Individual in denominator who also has a Preventative Care and Screening flowsheet with Cervical Cancer Screening fields completed during the reporting year.
2. Breast Cancer Screening denominator = Individual in denominator who also has a Preventative Care and Screening flowsheet with Breast Cancer Screening fields completed during the reporting year.

4. Exclusions:

1. Cervical Cancer Screening Exclusion checkbox is checked (excluded from Cervical Cancer Screening Denominator only)
2. Breast Cancer Screening Exclusion checkbox is checked (excluded from Breast Cancer Screening Denominator only)
3. Patients who have a client flag created with the name 'Hospice care' (excluded from both denominators)

Summary:

The below-mentioned columns will be displayed in the summary section:

1. **Total Clients:** This Column will display the total Female clients with qualifying service under FQHC program and whose age is between 24 to 73 years of any day during the selected reporting year.
2. **Total Denominator Cervical Cancer Screening:** This Column will display the total clients who meet the denominator Cervical Cancer Screening=1(Y)and Excluded Cervical Cancer Screening = N as per the above explanation of data.
3. **Total Numerator Cervical Cancer Screening:** This Column will display the total clients who meet Numerator Cervical Cancer Screening = 1(Y) as per the above explanation of data.
4. **% Numerator Cervical Cancer Screening**: This Column will display the percentage (Numerator Cervical Cancer Screening Total / Denominator Cervical Cancer Screening Total).
5. **Total Excluded Cervical Cancer Screening:** This Column will display the total clients who meet Excluded Cervical Cancer Screening = 1(Y) as per the above explanation of data.
6. **Total Denominator Breast Cancer Screening:** This Column will display the total clients who meet the denominator Breast Cancer Screening=1(Y) and Excluded Breast Cancer Screening = N as per the above explanation of data.
7. **Total Numerator Breast Cancer Screening:** This Column will display the total clients who meet Numerator Breast Cancer Screening = 1(Y) as per the above explanation of data.
8. **% Numerator Breast Cancer Screening:** This Column will display the percentage (Numerator Breast Cancer Screening Total / Denominator Breast Cancer Screening Total)
9. **Total Excluded Breast Cancer Screening:** This Column will display the total clients who meet Excluded Breast Cancer Screening = 1(Y)as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section D— Cervical and Breast Cancer Screening'.

1. **ClientID:** This Column will display the ClientID.
2. **Client Name:** This Column will display the Client's Last name and First name.
3. **Age:** This Column will display the Client's Age.
4. **Sex:** This Column will display the Client's Sex and it will display only Female Clients.
5. **Meets Denominator Cervical Cancer Screening:** This Column will display the value 1 if the client's age is between 24 to 64 years on any day during the selected reporting period 1/1 to 12/31 and Excluded Cervical Cancer Screening = N or it will be displayed as 0 .
6. **Meets Numerator Cervical Cancer Screening:** This Column will display the value as 1 if the Meets denominator Cervical Cancer Screening = Y and has the flow sheet (Preventative Care and Screening) completed within the reporting period and should match the below conditions

   - Cervical Cancer Screening Complete checkbox is checked.
   - Cervical Cancer Screening Date is during the reporting period.
   - Cervical Cancer Results has any dropdown value selected.

   If Multiple flow sheets are available on the reporting year it will take the most recent flow sheet that matches above conditions, if not matching any of these conditions it will be displayed as 0.
7. **Cervical Cancer Screening Date:** This Column will display the Cervical Cancer Screening Date If Numerator Cervical Cancer Screening = Y.

8. Excluded Cervical Cancer Screening: This Column will display the value as 1 if Cervical Cancer Screening Exclusion checkbox is checked and Patients who have a client flag created with the name 'Hospice care' or it will be displayed as 0

9. Exclusion Reason Cervical Cancer Screening: This Column will display the Exclusion Reason based on the exclusion condition 'Exclusion indicated on Flowsheet' and 'Excluded due to Hospice Care flag'.

10. Meets Denominator Breast Cancer Screening: This Column will display the value 1 if the client's age is between 51 to 73 years on any day during the selected reporting period 1/1 to 12/31 and Excluded Breast Cancer Screening = N or it will be displayed as 0.

11. Meets Numerator Breast Cancer Screening: This Column will display the value as 1 if the Meets denominator Breast Cancer Screening = Y and has the flow sheet (Preventative Care and Screening) completed within the reporting period and should match the below conditions

- Breast Cancer Screening Complete checkbox is checked.
- Breast Cancer Screening Date is during the reporting period.
- Breast Cancer Screening type is selected as 'Mammogram'.
- Breast Cancer Results has any dropdown value selected.

If Multiple flow sheets are available on the reporting year it will take the most recent flow sheet that matches above conditions, if not matching any of these conditions it will be displayed as 0.

12. Breast Cancer Screening Date: This Column will display the Breast Cancer Screening Date If Numerator Breast Cancer Screening = Y.

13. Excluded Breast Cancer Screening: This Column will display the value as 1 if Breast Cancer Screening Exclusion checkbox is checked and Patients who have a client flag created with the name 'Hospice care' or it will be displayed 0.

14. Exclusion Reason Breast Cancer Screening: This Column will display the Exclusion Reason based the exclusion condition 'Exclusion indicated on Flowsheet' and 'Excluded due to Hospice Care flag'.

Reporting CY 2023 Grant type by Plan Universal

Grant Type By Client Info Universal

	2. Breast Cancer Screening denominator = Females age 51 to 73 on December 31st of Reporting Year
Numerator	1. Cervical Cancer Screening numerator = Individual in denominator who also has a Preventative Care and Screening flowsheet with Cervical Cancer Screening fields completed during the reporting year. 2. Breast Cancer Screening denominator = Individual in denominator who also has a Preventative Care and Screening flowsheet with Breast Cancer Screening fields completed during the reporting year.
Exclusions	1. Cervical Cancer Screening Exclusion checkbox is checked (excluded from Cervical Cancer Screening Denominator only) 2. Breast Cancer Screening Exclusion checkbox is checked (excluded from Breast Cancer Screening Denominator only) 3. Patients who have a client flag created with the name 'Hospice care' (excluded from both denominators)

Total Clients	Total Denominator Cervical Cancer Screening	Total Numerator Cervical Cancer Screening	% Numerator Cervical Cancer Screening	Total Excluded Cervical Cancer Screening	Total Denominator Breast Cancer Screening	Total Numerator Breast Cancer Screening	% Numerator Breast Cancer Screening	Total Excluded Breast Cancer Screening
2	1	1	1.000	0	1	1	1.000	0

UDS Table 6B Details Section D - Cervical and Breast Cancer Screening

ClientID	Client Name	Age	Sex	Meets Denominator Cervical Cancer Screening	Meets Numerator Cervical Cancer Screening	Cervical Cancer Screening Date	Excluded Cervical Cancer Screening	Exclusion Reason Cervical Cancer Screening	Meets Denominator Breast Cancer Screening	Meets Numerator Breast Cancer Screening	Breast Cancer Screening Date	Excluded Breast Cancer Screening	Exclusion Reason Breast Cancer Screening
5064	6B Section A and B, Boo Ages 25-44	31	F	1	1	11/02/2023	0						
5065	6B Section A and B, Boo Ages 45 and over	71	F						1	1	10/02/2023	0	

Author: Boovendiran Chinnusamy

125. EII # 126324: Implementing the 'UDS Table 6b Section E Report'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section E'.

Functionality 'Before' and 'After' release:

With this release, 'Detail Report' hyperlink is added to UDS Table 6B Quality of Care Measures Report.

UDS Table 6b Quality of Care Measures

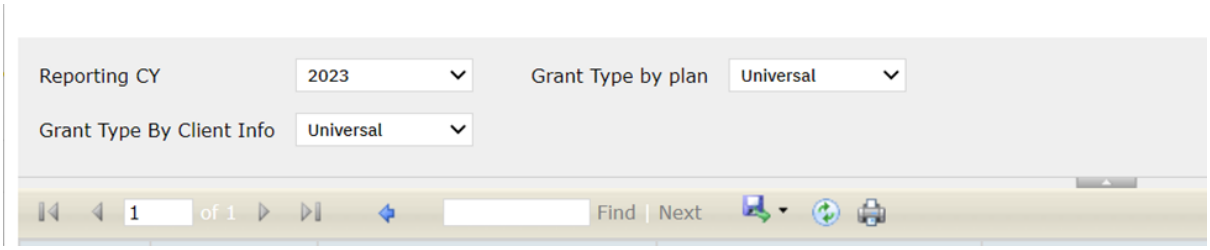
Section E—Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents				
				Detail Report
Line	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents**	**Total Patients Aged 3 through 16 (a)**	**Number Charts Sampled or EHR Total (b)**	**Number of Patients with Counseling and BMI Documented (c)**
12	Measure: Percentage of patients 3–16 years of age with a BMI percentile and counseling on nutrition and physical activity documented	3	3	0

Detail Report:

1. This is a hyperlink, on click this will redirect user to the detail report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
2. This report can be accessed directly as a stand-alone from the quicklink 'UDS Table 6B Details – Section E'.

Filter section:
The filter section has the following fields:

1. **Reporting CY :** Dropdown :
2. **Grant type by Plan:** Dropdown
3. **Grant Type By Client Info**: Dropdown:
   a. Universal
   b. MHC
   c. HCH
   d. PHPC



Reporting CY:

1. This displays the default year based on the most recent values available.
2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it does not display the client details in all the mentioned reports.
   - UDSScreeningProcedures
   - UDSGroupVisitsProcedures
   - UDSDispenseMedsProcedures
   - UDSHealthCheckProcedure
   - UDSWICServicesProcedure
3. The count of clients are displayed based on the below conditions, Date of service which was chosen in the reporting CY and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the drop down has values : Universal, MHC, HCH and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', this will display the data of clients with all grant type and will also displays data of clients without a plan.
2. If the Selected filter type is MHC or HCH orPHPC, this displays the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2. All Included Clients will be displayed as 'Universal'.
3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Check box fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client information – Reporting – Check box fields.

6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

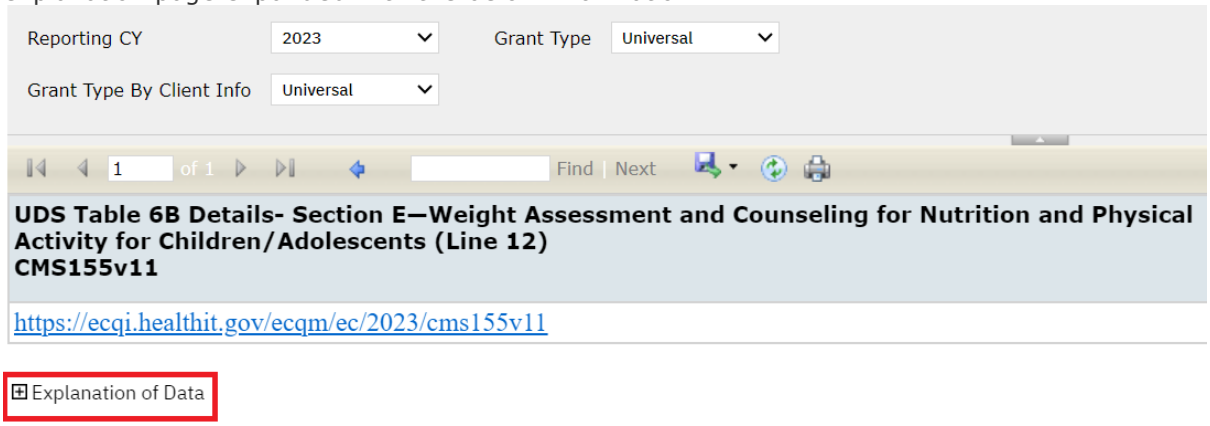
Title:

The below-mentioned titles will be displayed in the section:

Title 1: UDS Table 6B Details- Section E—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Line 12)

Title 2: CMS155v11

Title3: https://ecqi.healthit.gov/ecqm/ec/2023/cms155v11
This is a hyperlink and on click this will redirect user to the above-mentioned link or user can select the Link by right-clicking on it and selecting the open link in a new tab.
Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.



Explanation of Data

UDS Table 6B Details - Section - Cervical and Breast Cancer Screening	
Explanation of Data	
Initial Population	This table includes clients who meet filter requirements and who have a Qualifying Service under FQHC Program during reporting year AND Aged 3 through 16 on December 31st of Reporting period and who had one outpatient medical visit during the reporting year.
Denominator	The denominator only includes those Clients in the initial population who have a qualifying "medical" encounter during measurement period, as defined by CMS 155v11 guidance (see link above).
Numerator	The numerator includes those clients in denominator who also have a vitals flowsheet completed where the following is true: 1.BMI recorded in the flowsheet 2. Flowsheet > BMI intervention > Exercise/Physical Activity Counseling checkbox is checked OR Flowsheet > BMI intervention > Nutrition Counseling checkbox is checked
Exclusions	Clients are excluded from the denominator when there is a diagnosis of pregnancy that is entered/active during the measurement period, if exclusion was indicated on the vitals flowsheet or if they have a hospice flag active during the measurement period.

Summary:

Reporting CY 2023 Grant Type Universal

Grant Type By Client Info Universal

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	Flowsheet > BMI intervention > Nutrition Counseling checkbox is checked
Exclusions	Clients are excluded from the denominator when there is a diagnosis of pregnancy that is entered/active during the measurement period, if exclusion was indicated on the vitals flowsheet or if they have a hospice flag active during the measurement period.

Summary				
Total Clients	**Total Denominator**	**Total Numerator**	**% Numerator**	**Total Excluded**
4	3	1	33.00%	1

Section E - Weight Assessment and counseling for Nutrition and Physical activity of children and Adolescents								
ClientID	**Client Name**	**Age**	**Meets Denominator**	**CMS155 Encounter Date**	**Meets Numerator**	**BMI Intervention Date**	**Excluded**	**Exclusion Reason**
5057	6B Section E, Boo	4	1	6/1/2023	1	12/29/2023	0	
5061	6B Section A and B, Boo less than 15	5	1	5/18/2023	0		0	
5092	Section E 2, Boo	13	0		0		1	Exclusion indicated on Flowsheet,Excluded due to Hospice Care flag,Diagnosis Exclusion Reason found-O10.019,10/27/2023
5109	Section M 1, Boo	7	1	10/2/2023	0		0	

The below-mentioned columns will be displayed in the summary section:

1. **Total Clients:** This Column will display the total clients who age is between 3 to 16 years of any day during the selected reporting year.
2. **Total Denominator:** This Column will display the total clients who meet the denominator=Y and Excluded = N as per the above explanation of data.
3. **Total Numerator:** This Column will display the total clients who meet Numerator = Y as per the above explanation of data.
4. **% Numerator:** This Column will display the percentage (Numerator Total / Denominator Total) in percentage.
5. **Total Excluded:** This Column will display the total clients who meet Excluded = Y as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section E'.

1. **ClientID:** This Column will display the ClientID.
2. **Client Name:** This Column will display the Client's Last name and First name.
3. **Age:** This Column will display the Client's Age.
4. **Meets Denominator:** This Column will display the value 1 if the client's age is between 24 to 64 years on any day during the selected reporting period 1/1 to 12/31 and Excluded = N and Qualifying medical

service during the reporting year (Qualifying medical service = Client Serviced Procedure code which was mapped for the Billing code matches the code in FQHCUDSMeasureValueSet table with CMS ID – 155 and Value Set OID any of the below

- Encounter Inpatient (2.16.840.1.113883.3.666.5.307)
- Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
- Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
- Preventive Care Services Group Counselling (2.16.840.1.113883.3.464.1003. 101.12.1027)
- Preventive Care Services Individual Counselling (2.16.840.1.113883.3.464.1003.101.12. 1026)
- Preventive Care Services, Initial Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.1 2. 1022)
- Preventive Care, Established Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12. 1024)
- Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)
- If it does not match the above criteria, it will be displayed as 0.

5. **CMS155 Encounter Date:** This Column will display the recent service date based on the 'Meets Denominator' matches the value as 1.
6. **Meets Numerator:** This Column will display the value as 1 if the Meets denominator = Y and has the flow sheet (Meaningful Use/Vitals) completed within the reporting period and should match the below conditions

- BMI Value should be recorded.
- Flow sheet – BMI Intervention - Exercise/Physical Activity Counselling checkbox checked or Flowsheet - BMI intervention - Nutrition Counselling checkbox checked.
- If Multiple flow sheets are available on the reporting year it will take the flow sheet that matches above conditions, if not matching any of these conditions it will be displayed as 0.

7. **BMI Intervention Date:** This Column will display the recent flow sheet created date based on the qualified 'Meets Numerator' matches the value as 1.
8. **Excluded:** This Column will display the value as 1, if diagnosis document was available with diagnosis code matches the code in FQHCUDSMeasureValueSet table with CMS ID – 155 and value set OID is '2.16.840.1.113883.3.526.3.378' or Patients who have a client flag created with the name 'Hospice care' or Height/Weight not obtained field in Vitals flowsheet is selected as 'Client is pregnant' or Height/Weight not obtained field in Vitals flowsheet is selected as 'Client is receiving palliative care'.
9. **Exclusion Reason:** This Column will display the Exclusion Reason based the exclusion condition, 'Diagnosis Exclusion Reason found with diagnosis code and date of diagnosis' and 'Exclusion indicated on Flowsheet' and 'Excluded due to Hospice Care flag'.

Author: Boovendiran Chinnusamy

126. EII # 126326: Implemented the 'UDS Table 6b Section F Report'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section F'.

Functionality 'Before' and 'After' release:

With this release, hyperlink 'Detail Report' is added to the below Report:

UDS Table 6b Quality of Care Measures

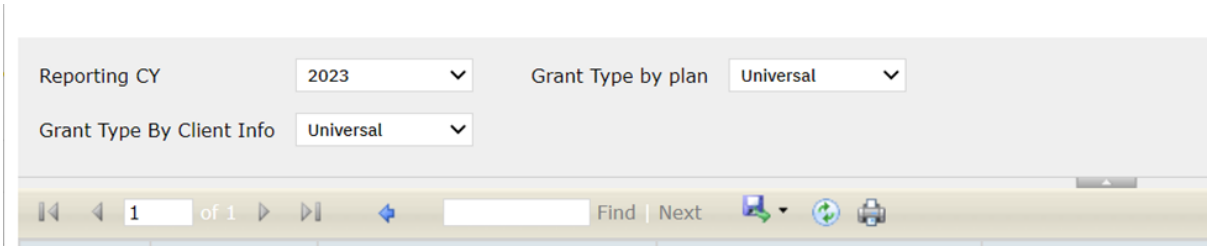
Section F—Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan				
				Detail Report
Line	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan**	**Total Patients Aged 18 and Older (a)**	**Number Charts Sampled or EHR Total (b)**	**Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)**
13	Measure: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	2	2	0

Detail Report:

- This is a hyperlink, clicking on this will redirect the user to the detail report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
- This report can be accessible directly as a stand-alone from the quicklink 'UDS Table 6B Details – Section F'.

Filter section:
The filter section has the following fields:

- Reporting CY
- Grant type by Plan
- Grant Type By Client Info
  a. Universal
  b. MHC
  c. HCH
  d. PHPC



Reporting CY:

1. This displays the default year based on the most recent values available.
2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it does not display the client details in all the mentioned reports.
   - UDSScreeningProcedures
   - UDSGroupVisitsProcedures
   - UDSDispenseMedsProcedures
   - UDSHealthCheckProcedure
   - UDSWICServicesProcedure

3. The count of clients are displayed based on the below conditions, Date of service which was chosen in the reporting CY and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the drop down has values : Universal, MHC, HCH and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', this will display the data of clients with all grant type and will also displays data of clients without a plan.
2. If the Selected filter type is MHC or HCH or PHPC, this displays the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2. All Included Clients will be displayed as 'Universal'.
3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Check box fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client information – Reporting – Check box fields.
6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

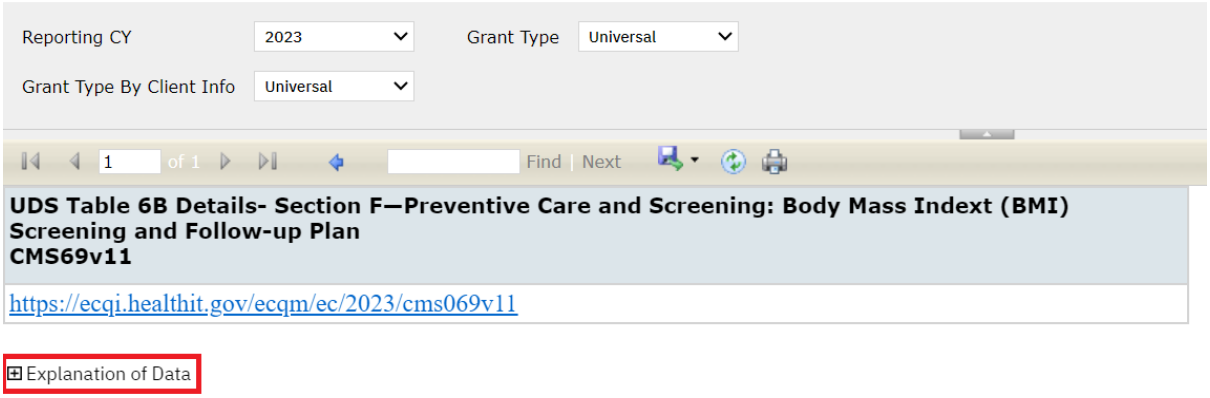
Title 1: UDS Table 6B Details- Section F—Preventive Care and Screening: Body Mass Indext (BMI) Screening and Follow-up Plan

Title 2: CMS69v11

Title3: https://ecqi.healthit.gov/ecqm/ec/2023/cms069v11

This is a hyperlink and clicking on this will redirect to the above-mentioned link or select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data:



UDS Table 6B Details- Section F—Preventive Care and Screening: Body Mass Indext (BMI) Screening and Follow-up Plan	
Explanation of Data	
Initial Population	This table includes clients who meet filter requirements and who have a Qualifying Service under FQHC Program during reporting year AND is >17 years of age on December 31st of reporting period and who had at least one qualifying encounter during the reporting year.
Denominator	The denominator only includes those Clients in the initial population who have a qualifying Encounter to Evaluate BMI" (From Value Set "Encounter to Evaluate BMI (2.16.840.1.113883.3.600.1.1751)") during measurement period, as defined by CMS 69v11 guidance (see link above).
Numerator	The numerator includes those clients in denominator who also have a vitals flowsheet completed where the following is true: 1. BMI recorded in the flowsheet 2. Flowsheet > BMI intervention > Exercise/Physical Activity Counseling checkbox is checked OR Flowsheet > BMI intervention > Nutrition Counseling checkbox is checked
Exclusions	Clients are excluded from the denominator when there is a diagnosis of pregnancy that is entered/active during the measurement period, if exclusion was indicated on the vitals flowsheet or if they have a hospice flag active during the measurement period.

It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.

Summary:

The below-mentioned columns will be displayed in the summary section:

Reporting CY 2023 Grant Type Universal

Grant Type By Client Info Universal

1 of 1 Find | Next

entered/active during the measurement period, if exclusion was indicated on the vitals flowsheet or if they have a hospice flag active during the measurement period.

Summary				
Total Clients	**Total Denominator**	**Total Numerator**	**% Numerator**	**Total Excluded**
5	2	1	50.00 %	3

UDS Table 6B Details- Section F—Preventive Care and Screening: Body Mass Indext (BMI) Screening and Follow-up Plan

ClientID	Client Name	Birth Date	Age	Meets Denominator	CMS69 Encounter Date	Meets Numerator	BMI Intervention Date	Excluded	Exclusion Reason
5063	6B Section A and B, Boo Ages 20-24	12/9/2002	21	0		0		1	Diagnosis Exclusion Reason found-O00.101,10/01/2023,Excluded due to Hospice Care flag,Exclusion indicated on Flowsheet
5064	6B Section A and B, Boo Ages 25-44	5/20/1992	31	0		0		1	Exclusion indicated on Flowsheet
5065	6B Section A and B, Boo Ages 45 and over	12/12/1952	71	1	11/1/2023	1	12/29/2023	0	
5104	Section F 1, Boo	12/7/2005	18	0		0		1	Diagnosis Exclusion Reason found-O00.101,11/28/2023,
5132	Section J, Boo	12/14/1956	67	1	12/1/2023	0		0	

1. **Total Clients:** This Column will display the total clients who age is greater than 17 years of any day during the selected reporting year.
2. **Total Denominator:** This Column will display the total clients who meet the denominator=Y and Excluded = N as per the above explanation of data.
3. **Total Numerator:** This Column will display the total clients who meet Numerator = Y as per the above explanation of data.
4. **% Numerator:** This Column will display the percentage (Numerator Total / Denominator Total) in percentage.
5. **Total Excluded:** This Column will display the total clients who meet Excluded = Y as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details- Section F—Preventive Care and Screening: Body Mass Indext (BMI) Screening and Follow-up Plan'.

1. **ClientID:** This Column will display the ClientID.
2. **Client Name:** This Column will display the Client's Last name and First name.
3. **Age:** This Column will display the Client's Age.
4. **Birth Date:** This Column will display the clients' date of birth.
5. **Meets Denominator:** This Column will display the value 1 if the client's age is greater than 17 years on any day during the selected reporting period 1/1 to 12/31 and Excluded = N and Qualifying medical service during the reporting year (Qualifying medical service = Client Serviced Procedure code which was mapped for the Billing code matches the code in FQHCUDSMeasureValueSet table with CMS ID – 69v11 and Value Set OID '2.16.840.1.113883.3.600.1.1751' and if it not match the above criteria, it will be displayed as 0.
6. **CMS69 Encounter Date:** This Column will display the recent service date based on the 'Meets Denominator' matches the value as 1.
7. **Meets Numerator:** This Column will display the value as 1 if the Meets denominator = Y and has the flow sheet (Meaningful Use/Vitals) completed within the reporting period and should match the below conditions.
   - BMI Value should be recorded.
   - Flow sheet – BMI Intervention - Exercise/Physical Activity Counseling checkbox checked or Flowsheet - BMI intervention - Nutrition Counseling checkbox checked.

   If multiple flow sheets are available on the reporting year it will take the flow sheet that matches above conditions, if not matching any of these conditions it will be displayed as 0.

8. **BMI Intervention Date:** This Column will display the recent flow sheet created date based on the qualified 'Meets Numerator' matches the value as 1.
9. **Excluded:** This Column will display the value as 1, if diagnosis document was available with diagnosis code matches the code in FQHCUDSMeasureValueSet table with value set OID is '2.16.840.1.113883.3.600.1.1623' and on the same day of service done with (service = Client Serviced Procedure code which was mapped for the Billing code matches the code in FQHCUDSMeasureValueSet table with CMS ID – 69v11 and Value Set OID '2.16.840.1.113883.3.600.1.1751') or Patients who have a client flag created with the name 'Hospice care' or Height/Weight not obtained field in Vitals flowsheet is selected as 'Client is pregnant' or Height/Weight not obtained field in Vitals flowsheet is selected as 'Client is receiving palliative care'.
10. **Exclusion Reason:** This Column will display the Exclusion Reason based the exclusion condition, 'Diagnosis Exclusion Reason found with diagnosis code and date of diagnosis' and 'Exclusion indicated on Flowsheet' and 'Excluded due to Hospice Care flag' as per mentioned sequence.

Author: Boovendiran Chinnusamy

127. EII # 126339: Implementation of Detail Report for Section A and B in UDS Table 6B Quality of Care Measures report

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report – click on Detail Report hyperlink in Section A and B

Navigation Path 2: Go Search -- UDS Table 6B Details – Section A and B (My Office)

Functionality 'Before' and 'After' release:

With this release, Detail Report is implemented for Section A and B in **UDS Table 6B Quality of Care Measures report:**

Reporting CY 2023 Grant type by Plan Universal

Grant Type By Client Info Universal

1 of 3 Find | Next

Table 6B:Quality of Care Measures

Reporting Period: 1 January, 2023 through December 31, 2023

Detail Report

Section A --Age Categories for Penalty Care Patients: Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patient(s)
1	Less than 15 years	2
2	Ages 15-19	1
3	Ages 20-24	1
4	Ages 25-44	0
5	Ages 45 and over	0
6	**Total Patients**	4

Section B -- Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Centre (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester	0	0
8	Second Trimester	0	0
9	Third Trimester	1	2

Detail Report:

- This is a hyperlink, clicking on this will redirect to the detail report page with current Filters (Reporting CY, Grant type by Plan, and Grant Type By Client Info) selected on the Main report.
- This report is accessible directly as a stand-alone from the quicklink 'UDS Table 6B Details – Section A and B.

Filter section:

The filter section has the following fields:

- Reporting CY
- Grant Type by plan
- Grant Type By Client Info

a. Universal
b. MHC
c. HCH
d. PHPC

Reporting CY 2023 Grant Type by plan Universal

Grant Type By Client Info Universal

1 of 1 Find | Next

Reporting CY:

1. This is a dropdown field and it will display the default year based on the most recent values available. This dropdown and will bind the values from XReporYearUDSForFQHC global code category and the values will be displayed in descending order
2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in the report.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions,

Date of service which was chosen in the reporting CY and
Serviced Program (Program Details – Reporting – 'FQHC Reporting' Checkbox is Selected).

Grant Type by plan:

1. The Filter field name is changed from 'Grant type' to 'Grant Type by plan' and the drop down has values (Universal, MHC, HCH, and PHPC) having default value as 'Universal', If the Selected filter type is 'Universal', it will display the data of clients with all grant type and it will also display data of clients without a plan.
2. If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant Type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2. All Included Clients will be shown as 'Universal'
3. If the Selected filter in the 'Grant Type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client Information' – Reporting – Checkbox fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Checkbox fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client Information – Reporting – Checkbox fields.
6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Summary:

Section A—Age Categories for Prenatal Patients: Demographic Characteristics of Prenatal Care Patients

The below-mentioned fields will be displayed in the summary section:

1. **Less than 15 Years:** This Field will display the total number of clients who are less than 15 years of age in the selected reporting year.

2. **Ages 15-19:** This Field will display the total number of clients who are 15 to 19 years of age in the selected reporting year.
3. **Ages 20-24:** This Field will display the total number of clients who are 20 to 24 years of age in the selected reporting year.
4. **Ages 25-44:** This Field will display the total number of clients who are 25 to 44 years of age in the selected reporting year.
5. **Ages 45 and Over:** This Field will display the total number of clients who are greater than or Equal to 45 years of age in the selected reporting year.
6. **Total Patients (Sum of Lines 1-5):** This Field will display Total Clients, the sum of rows from (1 to 5).

Section B—Early Entry into Prenatal Care

The below-mentioned Sections will be displayed in the summary section:

1. **First Trimester:** This Section has below 2 fields.

   · **Patients Having First Visit with Health Center (a)** - This Field will display the total number of clients based on the value Selected for the field Trimester as 'First Trimester' and 'Began With Another Provider' check box is not selected on Flow Sheet – Prenatal Care.

   · **Patients Having First Visit with Another Provider (b)** - This Field will display the total number of clients based on the value Selected for the field Trimester as 'First Trimester' and 'Began With Another Provider' check box is selected on Flow Sheet – Prenatal Care.

2. **Second Trimester:** This Section has below 2 fields.

   · **Patients Having First Visit with Health Center (a)** - This Field will display the total number of clients based on the value Selected for the field Trimester as 'Second Trimester' and 'Began With Another Provider' check box is not selected on Flow Sheet – Prenatal Care.

   · **Patients Having First Visit with Another Provider (b)** - This Field will display the total number of clients based on the value Selected for the field Trimester as 'Second Trimester' and 'Began With Another Provider' checkbox is selected on Flow Sheet – Prenatal Care.

3. **Third Trimester:** This Section has below 2 fields.

   · **Patients Having First Visit with Health Center (a)** - This Field will display the total number of clients based on the value Selected for the field Trimester as 'Third Trimester' and 'Began With Another Provider' check box is not selected on Flow Sheet – Prenatal Care.

   · **Patients Having First Visit with Another Provider (b)** - This Field will display the total number of clients based on the value Selected for the field Trimester as 'Third Trimester' and 'Began With Another Provider' checkbox is selected on Flow Sheet – Prenatal Care.

Reporting CY 2023 Grant type by Plan Universal

Grant Type By Client Info Universal

1 of 1 Find | Next

Section A—Age Categories for Prenatal Patients: Demographic Characteristics of Prenatal Care Patients	
Less than 15 years	1
Ages 15-19	1
Ages 20-24	1
Ages 25-44	1
Ages 45 and over	0
Total Patients (Sum of Lines 1-5)	4

Section B—Early Entry into Prenatal Care	
First Trimester	
Patients Having First Visit with Health Center (a)	1
Patients Having First Visit with Another Provider (b)	2
Second Trimester	
Patients Having First Visit with Health Center (a)	0
Patients Having First Visit with Another Provider (b)	0
Third Trimester	
Patients Having First Visit with Health Center (a)	1
Patients Having First Visit with Another Provider (b)	0

Grid Section:

The below-mentioned columns will be displayed in the grid section.

1. **ClientID:** This Column will display the ClientID with prenatal care flowsheet within reporting period or previous year.
2. **Client Name:** This Column will display the Client's Last name and First name.
3. **Age:** This Column will display the Client's Age as of reporting year
4. **Sex:** This Column will display the Client's Sex and it will display Female Clients only.
5. **Prenatal Flow Sheet Date:** This Column will display the Flow sheet created date for Prenatal Care within reporting period or 12 months prior to reporting period.
6. **Trimester:** This Column will display the value selected for field Trimester in Flow Sheet – 'Prenatal Care'.
7. **Began With Another Provider:** This Column will display value as 'Y' if Check box is selected for the field 'Began With Another Provider' and if not selected it will display as 'N' in Flow Sheet – 'Prenatal Care'.

ClientID	Client Name	Age	Sex	Prenatal Flow Sheet Date	Trimester	Began With Another Provider
5061	6B Section A and B,Boo less than 15	5	F	5/16/2023	First Trimester	Y
5062	6B Section A and B,Boo Ages 15-19	17	F	5/17/2023	Third Trimester	N
5063	6B Section A and B,Boo Ages 20-24	21	F	5/1/2023	First Trimester	Y
5064	6B Section A and B,Boo Ages 25-44	31	F	9/14/2022	First Trimester	N

Author: Boovendiran Chinnusamy

128. EII # 126715: Implementing the 'UDS Table 6b Section H Report'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section H'.

Functionality 'Before' and 'After' release:

Purpose: Ability to see specific information for each section of Table 6B, the ability to see the full list of clients eligible for Section H of Table 6B as well as the data used to calculate the Numerator and Denominator.

With this release, the 'Detail Report' hyperlink is added in the **'UDS Table 6B Quality of Care Measures'** Report.

UDS Table 6b Quality of Care Measures

Section H—Statin Therapy for the Prevention and Treatment of Cardiovascular Disease				Detail Report
Line	**Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**	**Total Patients Aged 21 and Older at High Risk of Cardiovascular Events (a)**	**Number Charts Sampled or EHR Total (b)**	**Number of Patients Prescribed or On Statin Therapy (c)**
17a	Measure: Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	2	2	2

Ref Image 1

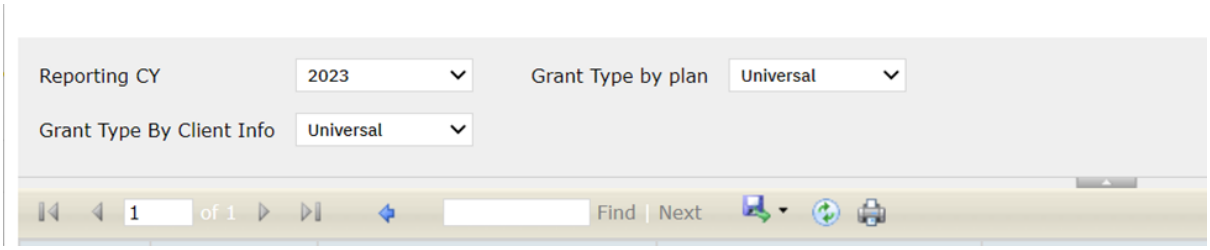
Detail Report:

- This is a hyperlink, on clicking the hyperlink, this will redirect the user to the Detail Report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
- This report can be accessed directly as a stand-alone from the Report 'UDS Table 6B Details – Section H'.

Filter section:

The filter section has the following fields:

- **Reporting CY:** This is a Drodown.
- **Grant type by Plan:** This is a Dropdown. it contains the below filter values.
    - Universal
    - MHC
    - HCH
    - PHPC
- **Grant Type By Client Info:** This is a Dropdown, it contains the below filter values.
    - Universal
    - MHC
    - HCH
    - PHPC



Ref Image 2

Reporting CY:

1. This is a dropdown field and it will display the default year based on the most recent values available. This dropdown and will bind the values from 'XReporYearUDSForFQHC' global code category and the values will be displayed in descending order.

2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in all the above reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions, Date of service which is chosen in the reporting CY, and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the drop down has values: Universal, MHC, HCH, and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', it will display the data of clients with all grant type and it will also display data of clients without a plan.

2. If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. The **Grant type by Client Info** is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'. All Included Clients will be displayed as 'Universal'

2. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.

3. If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Check box fields.

4. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client information – Reporting – Check box fields.

5. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.

6. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

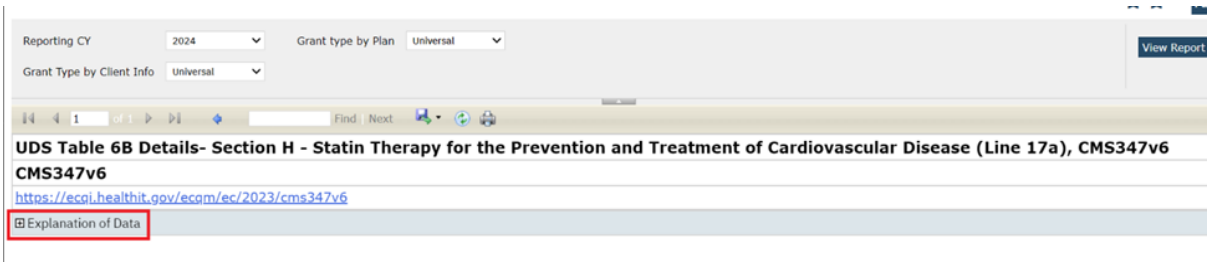
Title 1: UDS Table 6B Details- Section H - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Line 17a), CMS347v6

Title 2: CMS347v6

Title3- hyperlink: https://ecqi.healthit.gov/ecqm/ec/2023/cms347v6

This is a hyperlink and clicking on the hyperlink will redirect the user to the link mentioned above or the user can select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information (Ref Image 4).



Ref Image 3

Explanation of Data	
Measure Description	Measure Description Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: • All patients who have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure, or • Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or • Patients 40 through 75 years of age with a diagnosis of diabetes
Initial Population	All FQHC Clients meeting FQHC Qualifying Encounter and Filter Criteria
Denominator	A client is included in the denominator when they have one of the following have a Flowsheet >Template Name: Preventative Care and Screening> Cardiovascular Disease completed during measurement period where checkbox field 'Is patient high risk for cardiovascular events' is marked yes. An active diagnosis of clinical ASCVD or ever had an ASCVD procedure. - From Client Diagnosis and Services Are aged >= 20 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. - From Client Orders, Flow sheets and diagnosis. Are aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes. - From client diagnosis
Numerator	When a client in Denominator and were actively using or who received an order (prescription) for statin therapy at any time during the measurement period they qualify for the numerator. - Data used to satisfy numerator comes from medications or flowsheet.
Exclusions	Clients will be excluded from the denominator when either the flowsheet indicates an exclusion or there is a diagnosis of rhabdomyolysis at any time during the measurement period. - Data is from flow sheets and client diagnosis.

Ref Image 4

Summary:

Reporting CY: 2024 Grant type by Plan: Universal
Grant Type by Client Info: Universal

Summary

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
17	7	2	28.57%	1

UDS Table 6B Details- Section H - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Line 17a),CMS347v6

ClientID	Client Name	Birth Date	Age	Meets Denominator	Denominator Inclusion Reason	Meets Numerator	Numerator Inclusion Reason	Numerator Inclusion Date	Excluded	Exclusion Reason
6135	Section G 1, Boo	01/11/1992	31	0		0			1	Exclusion indicated on Flowsheet, Exclusion due to Diagnosis
6139	Section K, Boo	08/10/1976	47	1	Population 3: Diabetes Diagnosis	1	Flowsheet	01/09/2024	0	
6140	Section H 2, Boo	01/01/1992	32	1	Population 2: High LDL/Family history of hypercholesterolemia	0			0	
6144	Test table C, Pitta I	11/03/2001	22	1	Population 1: ASCVD	0			0	
6145	Test, Uds1	08/18/1996	27	1	FlowSheet	0			0	
6147	Test, Uds2	08/17/1996	27	0		0			0	
6148	Test, Uds3	04/08/2021	2	0		0			0	
6150	Test, Uds5	08/17/1996	27	0		0			0	
6152	Section H 1, Boo	01/01/2002	22	1	Population 2: High LDL/Family history of hypercholesterolemia	1	Statin Medication	01/03/2024	0	
6154	Test, Uds6	03/04/2000	23	0		0			0	

Ref Image 5

The below-mentioned columns will be displayed in the summary section:

1. **Total Clients:** This Column will display the total clients on the selected reporting year.
2. **Total Denominator:** This Column will display the total clients who meet the denominator=1(Y) and Excluded = N as per the above **Explanation of data (refer Ref Image 3)**.
3. **Total Numerator:** This Column will display the total clients who meet Numerator = 1(Y) as per the above explanation of data.
4. **% Numerator**: This Column will display the percentage (Numerator Total / Denominator Total) in percentage.
5. **Total Excluded:** This Column will display the total clients who meet Excluded = 1(Y) as per the above explanation of data.

Section Label: Section label displayed as **'UDS Table 6B Details- Section H - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Line 17a), CMS347v6'**

Grid Section:

The below-mentioned columns will be displayed in the grid section:

1. **ClientID:** This Column will display the 'ClientID'.
2. **Client Name:** This Column will display the Client's Last name and First name.
1. **Birth Date:** This Column will display the Client's Date of Birth.

2. **Age:** This Column will display the Client's Age.

3. **Meets Denominator:** This Column will display the value 1 based on any of the below Sequential conditions,

   a. Initial population inclusion criteria and Service during the selected reporting year and Excluded = N and flow sheet (Preventative Care and Screening) - Cardiovascular Disease Section – 'Is patient high risk for cardiovascular events' Check box is selected.

   b. **Population 1:** If the diagnosis document was available with the diagnosis code that matches the code in the 'FQHCUDSMeasureValueSet' table with the value set OID any of the below.

      I. 2.16.840.1.113883.3.526.3.403 (Diagnosis: Myocardial Infarction" using "Myocardial Infarction)

      II. 2.16.840.1.113762.1.4.1047.44 (Diagnosis: Cerebrovascular Disease Stroke or TIA" using "Cerebrovascular Disease Stroke or TIA)

      III. 2.16.840.1.113762.1.4.1047.21 (Diagnosis: Atherosclerosis and Peripheral Arterial Disease" using "Atherosclerosis and Peripheral Arterial Disease)

      IV. 2.16.840.1.113762.1.4.1047.46 (Diagnosis: Ischemic Heart Disease or Other Related Diagnoses using ischemic heart disease or Other Related Diagnoses)

      V. 2.16.840.1.113762.1.4.1047.47 (Diagnosis: Stable and Unstable Angina" using "Stable and Unstable Angina).

      VI. OR Service within a reporting period where (Qualifying service = Client Serviced Procedure code with a Billing code matches the code in FQHCUDSMeasureValueSet table with any of the below Value Set OID

      VII. 2.16.840.1.113883.3.666.5.694 (Procedure, Performed: CABG Surgeries using CABG Surgeries)

      VIII. 2.16.840.1.113762.1.4.1138.566 (Procedure, Performed: CABG, PCI Procedure using CABG, PCI Procedure)

      IX. 2.16.840.1.113883.3.117.1.7.1.204 (Procedure, Performed: Carotid Intervention using Carotid Intervention)

3. 2.16.840.1.113762.1.4.1045.67 (Procedure, Performed: PCI using PCI)

   c. **Population 2:** The client's Age is greater than or equal to 20 on the selected reporting year and the LOINC Code of Order or LOINC Code of the associated Health Data Template or LOINC Code of the associated health data element or Order Procedure Code matches the code in the 'FQHCUDSMeasureValueSet' table with the value set OID is '2.16.840.1.113883.3.526.3.1573' and Result value for the order is >=190 'mg/dL'. Or the client has a "Hypercholesterolemia Diagnosis" diagnosis document is available with a diagnosis code that matches the code in the 'FQHCUDSMeasureValueSet' table with the value set OID '2.16.840.1.113762.1.4.1047.100'.

   d. Population 3: The client's Age is greater than or equal to 40 and less than or equal to 75 on the selected reporting year and has the diabetes diagnosis document is available with the diagnosis code matches the code in the 'FQHCUDSMeasureValueSet' table with the value set OID '2.16.840.1.113883.3.464.1003.103.12.1001'.

If it does not match the above criteria, it will be displayed as 0=N.

4. **Denominator Inclusion Reason:** This Column will display the reason for the denominator Inclusion value as 'Flowsheet' or 'Population 1: ASCVD' or 'Population 2: High LDL/Family history of hypercholesterolemia' or 'Population 3: Diabetes Diagnosis' based on the Denominator meets criteria.

5. **Meets Numerator:** This Column will display the value as 1 if the Meets denominator = 1(Y) and Qualified with any of the below conditions:

a. Has the flow sheet (Preventative Care and Screening) where Cardiovascular Disease Section and Checkbox of field 'Was patient prescribed Statin Therapy' is selected.

OR

b. The client has medication with an active date within the selected measurement year where the medication's RXNORM value (Medicationnameid) matches the code in the FQHCUDSMeasureValueSet table with any of the below Value Set OID

1. 2.16.840.1.113883.3.526.3.1572 (Medication, Active: High-Intensity Statin Therapy using High-Intensity Statin Therapy)
2. 2.16.840.1.113883.3.526.3.1574 (Medication, Active: Low-Intensity Statin Therapy using Low-Intensity Statin Therapy)
3. 2.16.840.1.113883.3.526.3.1575 (Medication, Active: Moderate Intensity Statin Therapy using Moderate Intensity Statin Therapy)

If it does not match any of these conditions, it will be displayed as 0=N.

6. **Numerator Inclusion Reason:** This Column will display the reason for the Numerator Inclusion value

as 'Flowsheet' or 'Statin Medication' based on whether the Numerator meets the criteria.

7. **Numerator Inclusion Date:** This Column will display the date (MM/DD/YYYY format) of the most recently created flow sheet or prescription of Statin Medication that was qualified for Meets Numerator=1(Y).

8. **Excluded:** This Column will display the value as 1=Y based on any of the below conditions:

a. Flow sheet (Preventative Care and Screening) - Cardiovascular Disease Section – 'Cardiovascular Disease Exclusion' Check box is selected.

OR

b. If a diagnosis document was available during the measurement period with a diagnosis code that matches the code in the 'FQHCUDSMeasureValueSet' table with the value set OID any of the below.

i. 2.16.840.1.113762.1.4.1047.73 (Diagnosis: Breastfeeding using Breastfeeding)

ii.2.16.840.1.113762.1.4.1047.102 (Diagnosis: Rhabdomyolysis using Rhabdomyolysis)

If it does not match any of these conditions, it will be displayed as 0= N.

9. **Exclusion Reason:** This Column will display the Exclusion Reason based on the exclusion condition, 'Exclusion indicated on Flowsheet ' or 'Exclusion due to Diagnosis' based on the excluded condition.

Author: Boovendiran Chinnusamy

129. EII # 126601: Implementing the 'UDS Table 6b Section M Report'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section M'.

Functionality 'Before' and 'After' release:

With this release, 'Detail Report' hyperlink is added to UDS Table 6B Quality of Care Measures Report.

UDS Table 6b Quality of Care Measures

Section M—Dental Sealants for Children between 6–9 Years | Detail Report

Line	Dental Sealants for Children between 6–9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22	Measure: Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar	0	0	0

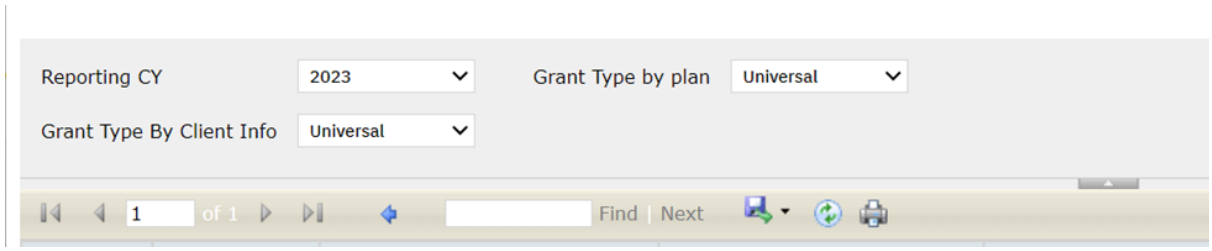
Detail Report:

1. This is a hyperlink, on click this will redirect the user to detail report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
2. This report can be accessed directly as a stand-alone from the quick link 'UDS Table 6B Details – Section M'.

Filter section:

The filter section has the following fields:

- Reporting CY
- Grant type by Plan
- Grant Type By Client Info
    a. Universal
    b. MHC
    c. HCH
    d. PHPC



Reporting CY:

1. This displays the default year based on the most recent values available.
2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it does not display the client details in all the mentioned reports.

    - UDSScreeningProcedures
    - UDSGroupVisitsProcedures
    - UDSDispenseMedsProcedures
    - UDSHealthCheckProcedure
    - UDSWICServicesProcedure

3. The count of clients are displayed based on the below conditions, Date of service which was chosen in the reporting CY and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the drop down has values : Universal, MHC, HCH, and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', this will display the data of clients with all grant type and will also displays data of clients without a plan.
2. If the Selected filter type is MHC or HCH or PHPC, this displays the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2. All Included Clients will be displayed as 'Universal'.
3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Check box fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client information – Reporting – Check box fields.
6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

Title 1: UDS Table 6B Details- Section M - Dental Sealants for Children between 6–9 Years

Title 2: CMS277v0

Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.

Reporting CY 2024 Grant type by Plan Universal

Grant Type By Client Info Universal

1 of 1 Find | Next

UDS Table 6B Details - Section M - Dental Sealants for Children between 6–9 Years

CMS277v0

⊞ Explanation of Data

⊟ Explanation of Data

Explanation of Data	
Initial Population	All Clients meeting filter criteria and who are between the ages of 6 and 9 on the first day of the measurment period.
Denominator	All Clients meeting filter criteria who are between the ages of 6 and 9 on the first day of the measurement period and have a reported dental service.
Numerator	All Clients from the denominator who received a Sealant on a permanent first moloar tooth durnig the measurement period.
Exceptions	All clients from the denominator where it is reported that the first permanent molars are non-sealable.

Summary:

The below-mentioned columns will be displayed in the summary section:

Reporting CY 2024 Grant type by Plan Universal

Grant Type By Client Info Universal

1 of 1 Find | Next

UDS Table 6B Details - Section M - Dental Sealants for Children between 6–9 Years

CMS277v0

⊞ Explanation of Data

Summary				
Total Clients	**Denominator Total (a & b)**	**Numerator Total (c)**	**Numerator %**	**Exception Total**
1	0	0	0	0

UDS Table 6B Details - Section M - Dental Sealants for Children between 6-9						
ClientID	**Client Name**	**Birth Date**	**Age**	**Meets Denominator**	**Meets Numerator**	**Exception**
6140	Section H 2,Boo	1/13/2016	8	0	0	0

1. **Total Clients:** This Column will display the total clients whose age is between 6 to 9 years of any day during the selected reporting year.
2. **Total Denominator:** This Column will display the total clients who meets the denominator=Y and Exception = N as per the above explanation of data.
3. **Total Numerator:** This Column will display the total clients who meets Numerator = Y as per the above explanation of data.
4. **% Numerator:** This Column will display the percentage (Numerator Total / Denominator Total) in percentage.
5. **Total Exception:** This Column will display the total clients who meets Exception = Y as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section M'.

1. **ClientID:** This Column displays the ClientID.
2. **Client Name:** This Column displays the Client's Last name and First name.
3. **Birth Date:** This Column displays the Client's Date of Birth.
4. **Age:** This Column displays the Client's Age.
5. **Meets Denominator:** This Column displays the value 1 if the client's age is between 6 to 9 on the first during the selected reporting period 1/1 to 12/31 and Excluded = N and client has a data in UDSReportingHL7Links which was created within the reported period. And If client's age is not between 6 to 9 on the first during the selected reporting period 1/1 to 12/31 and client doesn't have a data in UDSReportingHL7Links created within the reported period it displays as 0.
6. **Meets Numerator:** This Column displays the value 1 if the client's age is between 6 to 9 on the first during the selected reporting period 1/1 to 12/31 and Excluded = N and client has a Dentrix HL7 File data in UDSReportingHL7Links which was created with in the reported period. And If client's age is not between 6 to 9 on the first during the selected reporting period 1/1 to 12/31 and client doesn't have a Dentrix HL7 File data in UDSReportingHL7Links created within the reported period it will be displayed as 0.
7. **Exception:** This Column displays the value 1 who meet the denominator criteria where it is reported that the first permanent molars are non-sealable in the HL7 from UDSReportingHL7Links and it will be displayed as 0 who do not meet the denominator criteria and where it is not reported that the first permanent molars are non-sealable in the HL7.

Author: Boovendiran Chinnusamy

130. EII # 126328: Implementation of the 'UDS Table 6B Details - Section G Report'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' -- 'UDS Table 6B Details – Section G'.

Purpose: To see specific information for each section of Table 6B, ability to see the full list of clients eligible for this section of Table 6B as well as the data used to calculate Numerator

Functionality 'Before' and 'After' release:

With this release, the 'Detail Report' is implemented for Section G in UDS Table 6B Quality of Care Measures Report.

UDS Table 6B Quality of Care Measures:

Section G—Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention				Detail Report
Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a	Measure: Percentage of patients aged 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months, and (2) if identified to be a tobacco user	0	0	0

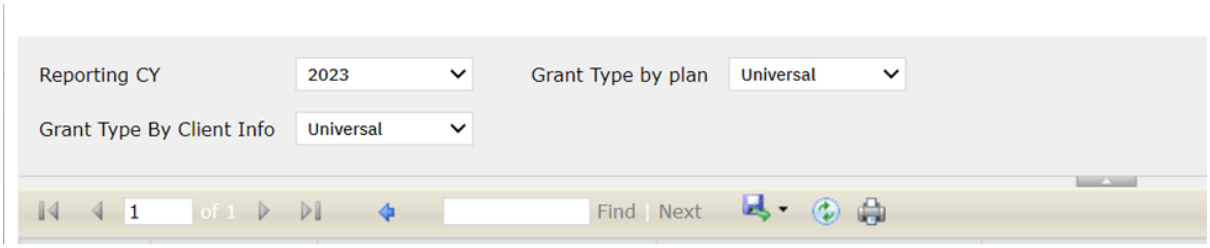
Detail Report:

- This is a hyperlink, on click this will redirect user to the detail report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
- This report can be accessed directly as a stand-alone from the quicklink 'UDS Table 6B Details – Section G'.

Filter section:
The filter section has the following fields:

- Reporting CY
- Grant type by Plan
- Grant Type By Client Info

a.Universal
b. MHC
c.HCH
d. PHPC



Reporting CY:
1. This is a dropdown field, and it will display the default year based on the most recent values available. This dropdown and will bind the values from XReporYearUDSForFQHC global code category and the values will be displayed in descending order.

2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in all the above reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions, Date of service which was chosen in the Reporting CY and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Checkbox is Selected).
Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the drop down has values (Universal, MHC, HCH, and PHPC) having default value as 'Universal'.

- If the Selected filter type is 'Universal', it will display the data of clients with all grant types and it will also display data of clients without a plan.
- If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.

2. All Included Clients will be displayed as 'Universal'.
3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Checkbox fields.
4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as Homeless Shelter or Transitional or Doubling Up or Street or Permanent Supportive Housing or Other or Unknown in Client information – Reporting – Checkbox fields.
5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'Permanent Supportive Housing' in the Client information – Reporting – Checkbox fields.
6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.
7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

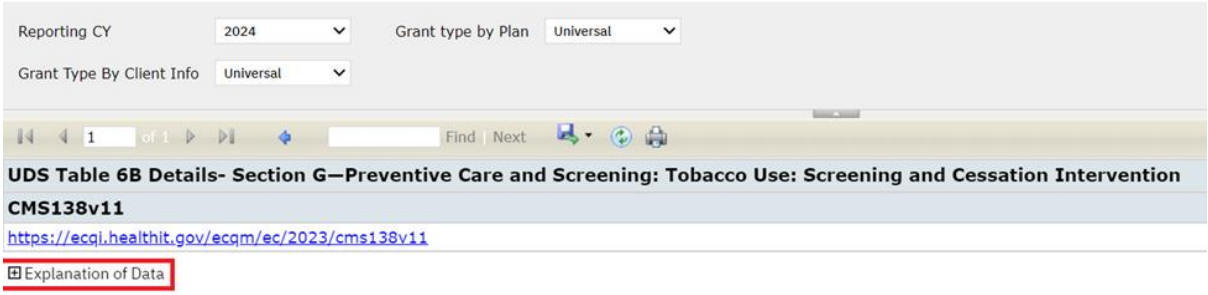
The below-mentioned titles will be displayed in the section:

Title 1: UDS Table 6B Details- Section G—Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Title 2: CMS138v11

Title3: https://ecqi.healthit.gov/ecqm/ec/2023/cms138v11

This is a hyperlink and clicking on the hyperlink will redirect the user to the link mentioned above or the user can select the Link by right-clicking on it and selecting the open link in a new tab.



Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.

Explanation of Data

Measure Description	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user
Initial Population	This table includes clients who meet filter requirements and who have a Qualifying Service under FQHC Program during reporting year and are 18 years old or older on 12/31 of the measurement period.
Denominator	The denominator only includes those Clients in the initial population who have a qualifying encounter(s) during measurement period, as defined by CMS 138v11 guidance (see link above). This is based on the Billing code of the client's completed services during the reporting period.
Numerator	The numerator includes those clients in denominator who also have a vitals flowsheet completed and the "Smoking Status" dropdown completed. If client answers that they are a smoker then either a checkbox in the Tobacco Use Intervention section of the flowsheet must be checked or they must have been prescribed a tobacco cessation medication within the measurement period or 6 months prior.
Exclusions	Clients are excluded from the denominator when they have a hospice flag active during the measurement period.

Summary:

Reporting CY 2024 Grant type by Plan Universal

Grant Type By Client Info Universal

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
16	6	2	33.30%	2

UDS Table 6B Details- Section G—Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

ClientID	Client Name	Birth Date	Age	Meets Denominator	Qualifying Encounter Date(s)	Meets Numerator	Tobacco Use Intervention Date	Excluded	Exclusion Reason
6135	Section G 1, Boo	01/11/1992	32	1	01/03/2024,01/02/2024	1	12/12/2023	0	
6139	Section K, Boo	08/10/1976	48	1	01/02/2024	1	10/10/2023	0	
6140	Section H 2, Boo	01/01/1992	32	0		0		1	Excluded due to Hospice Care flag
6144	Test table C, Pitta I	11/03/2001	23	0		0		0	
6145	Test, Uds1	08/18/1996	28	0		0		0	
6147	Test, Uds2	08/17/1996	28	0		0		0	
6150	Test, Uds5	08/17/1996	28	0		0		0	
6152	Section H 1, Boo	01/01/2002	22	1	01/03/2024	0		0	

The below-mentioned columns will be displayed in the summary section:

1. **Total Clients:** This Column will display the total clients whose age are 18 years and older of any day during the selected reporting year.
2. **Total Denominator:** This Column will display the total clients who meet the denominator=Y and Excluded = N as per the above explanation of data.
3. **Total Numerator:** This Column will display the total clients who meet Numerator = Y as per the above explanation of data.
4. **% Numerator**: This Column will display the percentage (Numerator Total / Denominator Total) in percentage.
5. **Total Excluded:** This Column will display the total clients who meet Excluded = Y as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section G'.

1. **ClientID:** This Column will display the ClientID.
2. **Client Name:** This Column will display the Client's Last name and First name.
3. **Birth Date:** This Column will display the Client's Date of Birth.
4. **Age:** This Column will display the age of Client if the age is greater than or equal to 18 years.
5. **Meets Denominator:**

- This Column will display the value 1, if the client's age is 18 years and older on any day during the selected reporting period 1/1 to 12/31.
- Excluded = N and Qualifying medical service during the reporting year with any of the below conditions a or b.

a. One Preventive Care Visit Service within a reporting period where Qualifying service = Client Serviced Procedure code with a Billing code 99429 or 99024 or Billing code matches the code in FQHCUDSMeasureValueSet table with any of the below Value Set OID

- 2.16.840.1.113883.3.526.3.1240 (valueset Annual Wellness Visit)
- 2.16.840.1.113883.3.464.1003.101.12.1025 (valueset Preventive Care Services Established Office Visit, 18 and Up)
- 2.16.840.1.113883.3.464.1003.101.12.1027 (valueset Preventive Care Services Group Counseling)
- 2.16.840.1.113883.3.464.1003.101.12.1026 (valueset Preventive Care Services Individual Counseling)
- 2.16.840.1.113883.3.464.1003.1006 (valueset Nutrition Services)
- 2.16.840.1.113883.3.464.1003.101.12.1023 (valueset Preventive Care Services Initial Office Visit, 18 and Up)

b. Two Qualifying Visit Service within a reporting period where Qualifying service = Client Serviced Procedure code with a Billing code 96158 or 96156 or Billing code matches the code in FQHCUDSMeasureValueSet table with any of the below Value Set OID

- 2.16.840.1.113883.3.464.1003.101.12.1016 (valueset Home Healthcare Services)
- 2.16.840.1.113883.3.526.3.1011 (valueset Occupational Therapy Evaluation)
- 2.16.840.1.113883.3.464.1003.101.12.1001 (valueset Office Visit)
- 2.16.840.1.113883.3.526.3.1285 (valueset Ophthalmological Services)
- 2.16.840.1.113883.3.526.3.1022 (valueset Physical Therapy Evaluation)
- 2.16.840.1.113883.3.526.3.1492 (valueset Psych Visit Diagnostic Evaluation)
- 2.16.840.1.113883.3.526.3.1496 (valueset Psych Visit Psychotherapy)
- 2.16.840.1.113883.3.526.3.1141 (valueset Psychoanalysis)
- 2.16.840.1.113883.3.526.3.1530 (valueset Speech and Hearing Evaluation)
- 2.16.840.1.113883.3.464.1003.101.12.1080 (valueset Telephone Visits)
- 2.16.840.1.113883.3.464.1003.101.12.1089(valueset Online Assessments)

If it does not match the above criteria, it will be displayed as 0.

6. Qualifying Encounter Date: This Column will display the recent service date based on the 'Meets Denominator' that matches the value as 1. If having multiple dates it will be displayed with comma separated.

7. Meets Numerator: This Column will display the value as 1, if the Meets denominator = Y and Qualified with any of the below conditions:

a. If, the flow sheet (Meaningful Use/Vitals) completed within the reporting period or prior to 6 months on reporting year and should match the conditions where Smoking Status –> Smoking Status having any value selected other than Former Smoker or Never Smoker and Tobacco Use Intervention >Tobacco Use Cessation Counseling or Tobacco Use Pharmacotherapy Check box is selected.

b. If, Flow sheet (Meaningful Use/Vitals) completed within the reporting period or prior to 6 months on reporting year and Smoking Status –> Smoking Status having any value selected and Client has a prescription in Rx (ClientMedications) where the Medication (MedicationNameID) is mapped to Recode 'FDAApprovedTobaccoMedications' AND MedicationStartDate is during the reporting period or during 6 months prior to start of reporting period.

c. If, Flow sheet (Meaningful Use/Vitals) completed within the reporting period or prior to 6 months on reporting year and Smoking Status –> Smoking Status selected the value as Former Smoker or Never Smoker.

If it does not match any of these conditions, it will be displayed as 0.

8. Tobacco Use Intervention Date: This Column will display the recent flow sheet created date based on the qualified 'Meets Numerator' that matches the value as 1.

9. Excluded: This Column will display the value as 1, if Patients who have a client flag created with the name 'Hospice care' or it will be displayed as 0.

10. Exclusion Reason: This Column will display the Exclusion Reason based on the exclusion condition, 'Excluded due to Hospice Care flag'.

Data Model Changes: Added FQHCUDSMeasureValueSet table.

Author: Boovendiran Chinnusamy

131. EII # 126694: Implemented the 'UDS Table 6b Section L Reports – Lines 21 and 21a'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section L Line 21'.

1.UDS Table 6b Section L Report – Line 21.

Functionality 'Before' and 'After' release:

With this release, the 'Detail Report' hyperlink is added to UDS Table 6B Quality of Care Measures Report. With this release, Detail Report is implemented for Section

UDS Table 6b Quality of Care Measures.

Section L—Depression Measures				Detail Report
Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	Measure: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	16	16	0

Detail Report:

- This is a hyperlink, clicking on this it will redirect to the detail Report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.

- This report can be accessed directly as a stand-alone from the Report 'UDS Table 6B Details – Section L Line 21'.

Filter section:

The filter section has the following fields:

- Reporting CY
- Grant Type by plan
- Grant Type By Client Info
  a. Universal
  b. MHC
  c. HCH
  d. PHPC

Reporting CY 2024 Grant type by Plan Universal

Grant Type By Client Info Universal

Reporting CY:

1. This is a drop down field and it will display the default year based on the most recent values available. This dropdown will bind the values from XReporYearUDSForFQHC global code category and the values will be displayed in descending order.

2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in all the above reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions, Date of service which is chosen in the reporting CY, and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Checkbox is Selected).

Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to '**Grant type by Plan'** and the drop down has the values: Universal, MHC, HCH, and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', it will display the data of clients with all grant type and it will also display data of clients without a plan.

2. If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. The **Grant type by Client Info** is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.

2.All Included Clients will be displayed as 'Universal'.

3.If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Checkbox fields.

4.If the Selected filter is 'HCH', it will display the Clients based on the category selection as HomelessShelter or Transitional or DoublingUp or Street or PermanentSupportiveHousing or Other or Unknown in Client information – Reporting – Checkbox fields.

5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'PermanentSupportiveHousing' in the Client information – Reporting – Checkbox fields.

6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.

7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

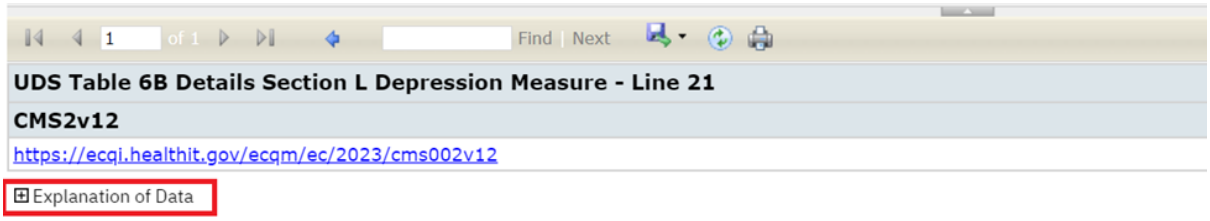
Title 1: UDS Table 6B Details Section L Depression Measure - Line 21

Title 2: CMS2v12

Title3: https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12

This is a hyperlink and clicking on the hyperlink will redirect the user to the link mentioned above or the user can select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.



Explanation of Data

Measure Description	Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit.
Initial Population	All patients aged 12 years and older at the beginning of the measurement period.
Denominator	All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period without a preexisting diagnosis of depression or bipolar disorder.
Numerator	Patients screened for depression on the date of a qualifying encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter
Exclusions	Patients who have ever been diagnosed with depression or with bipolar disorder at any time prior to the first qualifying encounter during the measurement period.

Summary:

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
5	2	2	100.00%	1

ClientID	Client Name	Birth Date	Age	Meets Denominator	Meets Numerator	Depression Screening	Depression Screening Date	Qualifying Encounter	Qualifying Encounter Date	Followup to Screen	Followup Date	Excluded	Exclusion Reason	Diagnosis	Diagnosis Start Date
6271	Section L 21, Boo	01/18/2007	17	0	0							1	"Prior Diagnosis of Depression or Bipolar Disorder found prior to first qualifying encounter for depression screening."	F30.10,F30.12	01/03/2024
6272	Section L 21 2, Boo	01/10/2007	17	1	1	PHQ9	01/06/2024			Screening Checkbox	01/06/2024	0			
6277	UDS Report L 21, Boo	01/01/2010	14	1	1	PHQ-A	01/01/2024	59618	01/05/2024	Encounter with followup	01/05/2024	0			
6282	Section J, New Changes	11/03/1968	55	0	0							0			
6294	Section I, New Changes	11/03/1988	35	0	0							0			

The below-mentioned columns will be displayed in the summary section:

1.**Total Clients:** This column will display the total clients age greater than or equal to 12 years on the selected reporting year.

2.**Total Denominator:** This column will display the total clients who meet the denominator=Y and Excluded = N as per the above explanation of data.

3. **Total Numerator:** This Column will display the total clients who meet Numerator = 1(Y) as per the above explanation of data.

4. **% Numerator**: This column will display the percentage (Numerator Total / Denominator Total) in percentage.

5.**Total Excluded:** This column will display the total clients who meet Excluded = 1(Y)as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section L Line 21'.

1. **ClientID:** This column will display the ClientID.

2. **Client Name:** This column will display the Client's Last name and First name.

3. **Birth Date:** This column will display the Client's Date of Birth.

4. **Age:** This column will display the Client's Age.

5. **Meets Denominator:** This column displays the values either 0=N or 1=Y. When the column displays the value 1=Y based on the below mentioned conditions,

a. Client is in FQHC filter meeting criteria and Excluded = 0 and client age is greater than or equal to 12 years on the reporting year.

b. Qualifying Encounter during the reporting year (Qualifying Encounter= Client Serviced Procedure code which was mapped for the Billing code matches the code in FQHCUDSMeasureValueSet table with Value Set OID any of the below,

- Encounter to Screen for Depression (2.16.840.1.113883.3.600.1916)
- Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022)
- Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)

C. No diagnosis document was available for bipolar/depression less than the encounter date with diagnosis code matches the code in FQHCUDSMeasureValueSet table with value set OID any of the below.

- Bipolar Diagnosis (2.16.840.1.113883.3.600.450)
  OR
- Depression Diagnosis (2.16.840.1.113883.3.600.145)

If it does not match the above criteria, it will be displayed as 0=N.

6. **Meets Numerator:** This column displays the values either 0=N or 1=Y and it will display the value as 1 if the Client Meets denominator = Y and Qualified with the below conditions,

a. Client has an age appropriate depression screening document up to 14 days before effective date of qualifying encounter,

- Age 12 – 16 has depression screening document PHQ9-A and CCBHC Data Collection Document with total score less than 9 or PHQ2 total score less than 2 which was considered as Negative depression or depression screening document PHQ9-A and CCBHC Data Collection Document with total score greater than or equal to 9 or PHQ2 total score greater than 2 which was considered as Positive depression.
- Age 17 has depression screening document PHQ9-A and PHQ-9 and CCBHC Data Collection Document with total score less than 9 or PHQ2 total score less than 2 which was considered as Negative depression or depression screening document PHQ9-A and PHQ-9 and CCBHC Data Collection Document with total score greater than or equal to 9 or PHQ2 total score greater than 2 which was considered as Positive depression.
- Age 18 and above has depression screening document PHQ-9 and CCBHC Data Collection Document with total score less than 9 or PHQ2 total score less than 2 which was considered as Negative depression or depression screening document PHQ-9 and CCBHC Data Collection Document with total score greater than or equal to 9 or PHQ2 total score greater than 2 which was considered as Positive depression.

b. Positive depression screening (have date greater than or equal to date of depression screen and up to 2 days after date of qualifying encounter date): follow up documentation, depression medication or Procedure with CQM configuration for depression follow up.

1. Follow Up documentation:

- In documentCCBHCdatacollectionforms one of the following fields in not having value or No AdditionalEvalForDepressionPerformed,ReferralForDepressionOrdered, DepressionMedicationOrdered, SuicideRiskAssessmentPerformed, CCBHCOtherIntervention.
- In PHQ9 Document or PHQ9A Documents one of the following fields in not having value or No AdditionalEvalForDepressionPerformed,ReferralForDepressionOrdered,DepressionMedicationOrdered, SuicideRiskAssessmentPerformed, PharmacologicalIntervention, OtherInterventions.

2. Depression Medication:

Has medication with RXSTART date that is equal to effective date of Depression Screening Document or up to 2 days after qualifying encounter effective date where medication has RXNORM code that is found in FQHCUDSMeasureValueSet table where Measure Value OID Adult Depression Medications (2.16.840.1.113883.3.526.3.1566) for age greater than 17 or Adolescent Depression Medications (2.16.840.1.113883.3.526.3.1567) for Age 12-17.

3. Procedure with CQM configuration for depression follow up:

Service exists on date of positive depression screen or up to 2 days after qualifying encounter where the service's procedure is configured in CQM Configurations with concept that matches the FQHCUDSMeasureValueSet table value set OIDs Adult Depression (2.16.840.1.113883.3.526.3.1568) for Age greater than 17 or Adolescent Depression (2.16.840.1.113883.3.526.3.1569) for Age 12-17.

If it does not match any of these conditions, it will be displayed as 0.

7.Depression Screening: This column will display the type of screening used (PHQ9, PHQ9A, CCBHC Data Collection).

8.Depression Screening Date: This column will display the effective date of screening.

9.Qualifying Encounter: This column will display the billing code of the Qualifying service encounter that meets the denominator.

10.Qualifying Encounter Date: This column will display the date of qualifying encounter in the MM/DD/YYYY format.

11. Follow-up to Screen: This column will display the value based on the matching follow up found in the client record (Screening Checkbox, Medication Prescribed, Encounter with Follow Up).

- If checkbox in CCHBC Data Collection if selected Screening any checkbox selected from additional questions except for 'Did Client refuse assessment or was it contraindicated?'
- If Medication is prescribed where RXNORM meets criteria = Medication Prescribed
- If Service associated with Procedure/CQM Setup for concept code matching followup= Encounter with Follow up.

12.Followup Date: This column will display the date of document/Medication/Encounter based on the matching condition for Follow-up to screen.

13.Excluded: : This column displays the values either 0=N or 1=Y and it will display the value as 1 based on the below conditions,

a. If the diagnosis document was available during the measurement period of the diagnosis document date less than first qualifying encounter with diagnosis code matches the code in FQHCUDSMeasureValueSet table with value set OID any of the below.

i. 2.16.840.1.113883.3.600.450 (Bipolar Diagnosis) OR

ii. 2.16.840.1.113883.3.600.145 (Depression Diagnosis)

If it does not match any of these conditions, it will be displayed as 0.

14.Exclusion Reason: This column will display the Exclusion Reason based on the exclusion condition, "Prior Diagnosis of Depression or Bipolar Disorder found prior to first qualifying encounter for depression screening" based on the excluded condition.

15.Diagnosis: This column will display the diagnosis code based on the diagnosis code matches,when excluded =1.

16.Diagnosis Start Date: This column will display the effective date of the Diagnosis document in MM/DD/YYYY format.

2.UDS Table 6b Section L Report – Line 21 a

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section L Line 21 a'.

Functionality 'Before' and 'After' release:

With this release, the 'Detail Report' hyperlink is added to UDS Table 6B Quality of Care Measures Report.

UDS Table 6b Quality of Care Measures

				Detail Report
Line	**Depression Remission at Twelve Months**	**Total Patients Aged 12 and Older with Major Depression or Dysthymia (a)**	**Number Charts Sampled or EHR Total (b)**	**Number of Patients who Reached Remission (c)**
21a	Measure: Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	0	0	0

Detail Report:

- This is a hyperlink, clicking on this it will redirect to the detail Report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.

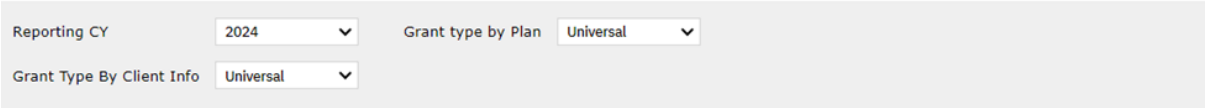
  ● This report can be accessed directly as a stand-alone from the Report 'UDS Table 6B Details – Section L Line 21 a'.

Filter section:

The filter section has the following fields:

- Reporting CY
- Grant Type by plan
- Grant Type By Client Info
  a. Universal
  b. MHC

c. HCH
d. PHPC



Reporting CY:

1. This is a drop down field and it will display the default year based on the most recent values available. This dropdown will bind the values from XReporYearUDSForFQHCglobal code category and the values will be displayed in descending order.

2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in all the above reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3.It will display the count of clients based on the below conditions, Date of service which is chosen in the reporting CY, and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1.The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the drop down has values: Universal, MHC, HCH, and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', it will display the data of clients with all grant type and it will also display data of clients without a plan.

2.If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. The **Grant type by Client Info** is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.

2. All Included Clients will be displayed as 'Universal'.

3.If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Checkbox fields.

4.If the Selected filter is 'HCH', it will display the Clients based on the category selection as Homeless Shelter or Transitional or Doubling Up or Street or Permanent Supportive Housing or Other or Unknown in Client information – Reporting – Checkbox fields.

5.If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'Permanent Supportive Housing' in the Client information – Reporting – Checkbox fields.

6.If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.

7.If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

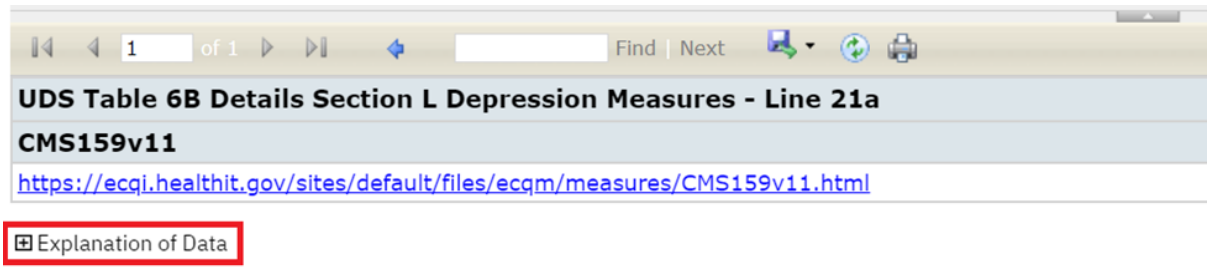
The below-mentioned titles will be displayed in the section:

Title 1: UDS Table 6B Details Section L Depression Measures - Line 21a.
Title 2: CMS159v11

Title3: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS159v11.html

This is a hyperlink and clicking on the hyperlink will redirect the user to the link mentioned above or the user can select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.



Explanation of Data

Measure Description	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.
Initial Population	All patients aged 12 years and older
Denominator	The Index period for CMS 159v11 as reported for 2023 is 11/1/2021 to 10/31/2022 Patients age 12 or older with 1. a PHQ-9 or PHQ-9-A score greater than nine 2. followed within 7 days by a qualifying encounter (see billing codes specified by CMS159 measure guidance in this measure value set: 2.16.840.1.113762.1.4.1080.5, https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1080.5/expansion/Latest) 3. encounter has a billing diagnosis or there is a diagnosis document in client record where diagnosis is for dysthymia or depression Patients may be assessed using PHQ-9 or PHQ-9M on the same date or up to 7 days prior to the encounter (index event).
Numerator	Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by the most recent twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five.
Exclusions	1: Patients who died any time prior to the end of the measure assessment period 2: Patients who have hospice flag anytime during denominator or numerator measurement periods 3: Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia or psychotic disorder or a diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period.

Summary:

Summary

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
4	1	1	100	1

UDS Table 6B Details Section L Depression Measures

ClientID	Client Name	Birth Date	Age	Meets Denominator	Meets Numerator	Index Depression Assessment	Depression Assessment Date	Depression Encounter Date	12 Month Depression Assessment	12 Month Depression Assessment Score	12 Month Depression Assessment Date	Excluded
5063	6B Section A and B, Boo Ages 20-24	12/09/2002	20	0	0							1
5132	Section J, Boo	12/14/1956	66	0	0							0
6135	Section G 1, Boo	01/13/2005	17	1	1	PHQ9	01/05/2023	01/10/2023	PHQ-A	4	01/22/2024	0
6213	Section L 21 a, Boo	01/09/1992	30	0	0							0

The below-mentioned columns will be displayed in the summary section:

1.**Total Clients:** This Column will display the total clients age greater than or equal to 12 years on the selected reporting year.

2.**Total Denominator:** This Column will display the total clients who meet the denominator=Y and Excluded = N as per the above explanation of data.

3. **Total Numerator:** This Column will display the total clients who meet Numerator = Y as per the above explanation of data.

4. **% Numerator**: This Column will display the percentage (Numerator Total / Denominator Total) in percentage.

5. **Total Excluded:** This Column will display the total clients who meet Excluded = Y as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section L Line 21a'.

1. **ClientID:** This Column will display the ClientID.

2. **Client Name:** This Column will display the Client's Last name and First name.

3. **Birth Date:** This Column will display the Client's Date of Birth.

4. **Age:** This column will display the Client's Age.

5. Meets Denominator: This column displays the values either 0=N or 1=Y. When the column displays the value 1=Y based on the below mentioned conditions,

a. Client is in FQHC Filter meeting criteria and Excluded is 0=N and client age is greater than or equal to 12 years in the reporting year.

b. Client has an age appropriate depression screening document with reporting year (-14 months to Reporting year -2 months) and qualifying encounter to 7 days of depression assessment date

- Age 12 – 16 has depression screening document PHQ9-A and CCBHC Data Collection Document with total score greater than 9.
- Age 17 has depression screening document PHQ9-A and PHQ-9 and CCBHC Data Collection Document with total score greater than 9.
- Age 18 and above has depression screening document PHQ-9 and CCBHC Data Collection Document with total score greater than 9.

c. Qualifying medical service during the reporting year (Qualifying medical service = Client Serviced Procedure code which was mapped for the Billing code matches the code in FQHCUDSMeasureValueSet table with and Value Set OID is (2.16.840.1.113762.1.4.1080.5).

d. Diagnosis document was available for bipolar/depression less than the encounter date with diagnosis code matches the code in FQHCUDSMeasureValueSet table with value set OID any of the below.

- 2.16.840.1.113883.3.67.1.101.1.254
- 2.16.840.113883.3.67.1.101.3.2444

If it does not match the above criteria, it will be displayed as 0.

6.Meets Numerator: This column will display the value as 1 if the Meets denominator = 1 and Client has a depression assessment (PHQ9, PHQ9A or CCBHC Data Collection Document) with score less than 5 and effective date 12 months (+/- 60) days after the date of index depression assessment and if it does not match any of these conditions, it will be displayed as 0.

7.Index Depression Assessment: This column will display the depression assessment type of screening used (PHQ9, PHQ9A, CCBHC Data Collection)and it will only show when client meets Denominator=1

8.Depression Assessment Date: This column will display the effective date of depression assessment screening and it will only show when client meets Denominator=1

9.Depression Encounter Date: This column will display the date of the depression assessment(must be on or up to 7 days after index depression assessment date).

10.12 Month Depression Assessment: This column will the document type based on the below conditions,

- If Meets Numerator = 1, show 1st Depression assessment document type where score is less than 5 within numerator measurement window (12 months +/- 60 days) after index depression assessment
- If Meets Numerator = 0, show 1st Depression assessment document type where score is any value within numerator measurement window (12 months +/- 60 days) after index depression assessment
- If no depression assessment is found within numerator measurement window (12 months +/- 60 days) after index depression assessment, leave blank.

11.12 Month Depression Assessment Score: This column will display the score of the document based on the condition which satisfies the '12 Month Depression Assessment'.

12.12 Month Depression Assessment Date: This Column will display the date of depression assessment based on the condition which satisfies the '12 Month Depression Assessment'.

13.Excluded: This column displays the values either 0=N or 1=Y. When the column displays the value 1=Y based on the below mentioned conditions,

a. Patients who died any time prior to the end of the measure assessment period Client Information – Client Demographics – Deceased.

b. Patients who have a client flag created with the name 'Hospice care'

c. If diagnosis document was available during the measurement period of diagnosis document date less than first qualifying encounter with diagnosis code matches the code in FQHCUDSMeasureValueSet table with value set OID any of the below.

i. Bipolar Diagnosis - 2.16.840.1.113883.3.67.1.101.1.128

ii. Personality Disorder Emotionally Labile-2.16.840.1.113883.3.67.1.101.1.246

iii. Pervasive Developmental Disorder-2.16.840.1.113883.3.464.1003.105.12.1152

iv. Schizophrenia or Psychotic Disorder-2.16.840.1.113883.3.464.1003.105.12.1104

If it does not match any of these conditions, it will be displayed as 0.

14.Exclusion Reason: This column will display the Exclusion Reason based on the exclusion condition mentioned below,
1."Patient Died prior to end of assessment period.",
2."Patient has hospice flag.",
3."Patient has a diagnosis that excludes them from this measure."

Author: Boovendiran Chinnusamy

132. EII # 126603: Implemented the 'UDS Table 6B Details - Section I Report'.

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

Navigation Path 1: 'My Office'– 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office'– 'UDS Table 6B Details -Section I'.

Functionality 'Before' and 'After' release:

With this release, the 'Detail Report' hyperlink is added to UDS Table 6B Quality of Care Measures Report.

UDS Table 6b Quality of Care Measures

Section I—Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet				Detail Report
Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18	Measure: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	1	1	2

Detail Report:

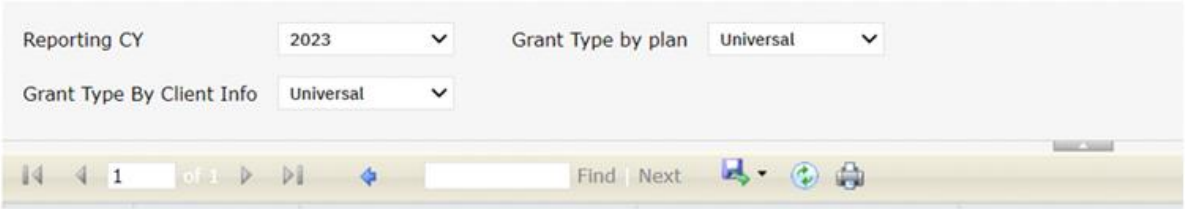
- This is a hyperlink,clicking on this will redirect the user to detail report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
- This report can be accessed directly as a stand-alone from Quicklink 'UDS Table 6B Details – Section I'.

Filter section:

The filter section has the following fields:

- Reporting CY
- Grant Type by plan
- Grant Type By Client Info
    a. Universal

b. MHC
c. HCH
d. PHPC



Reporting CY:

1.This is a drop down field and it will display the default year based on the most recent values available. This dropdown will bind the values from XReporYearUDSForFQHCglobal code category and the values will be displayed in descending order.

2.When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it does not display the client details in all the mentioned reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3.The count of clients are displayed based on the below conditions, Date of service which was chosen in the reporting CY and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1.The 'Grant type by Plan' drop down has values : Universal, MHC, HCH, and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', this will display the data of clients with all grant type and will also displays data of clients without a plan.

2.If the Selected filter type is MHC or HCH or PHPC, this displays the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.

2.All Included Clients will be displayed as 'Universal'.

3.If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.

4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as Homeless Shelter or Transitional or Doubling Up or Street or Permanent Supportive Housing or Other or Unknown in Client information – Reporting – Check box fields.

5.If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'Permanent Supportive Housing' in the Client information – Reporting – Check box fields.

6.If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.

7.If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

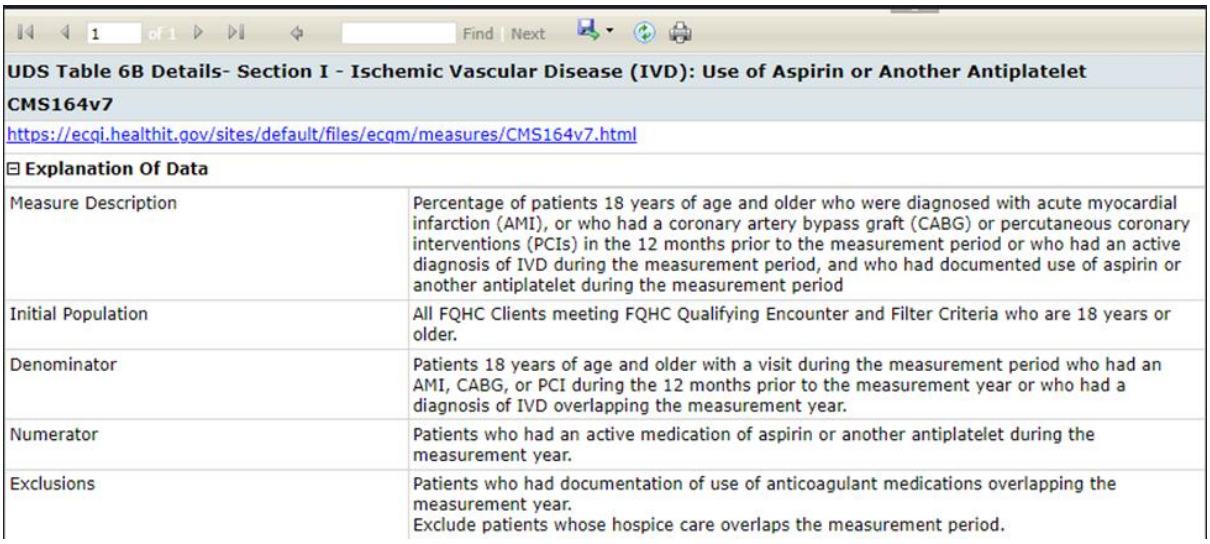
Title 1: UDS Table 6B Details- Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Title 2: CMS164v7

Title 3 : https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html

This is a hyperlink and on click this will redirect the user to the above-mentioned link or user can select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.



UDS Table 6B Details- Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	
CMS164v7	
https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html	
Explanation Of Data	
Measure Description	Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period
Initial Population	All FQHC Clients meeting FQHC Qualifying Encounter and Filter Criteria who are 18 years or older.
Denominator	Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year.
Numerator	Patients who had an active medication of aspirin or another antiplatelet during the measurement year.
Exclusions	Patients who had documentation of use of anticoagulant medications overlapping the measurement year. Exclude patients whose hospice care overlaps the measurement period.

Summary:

UDS Table 6B Details- Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

CMS164v7

https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html

⊞ Explanation Of Data

Summary

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
15	3	2	66.67%	3

UDS Table 6B Details- Section I - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

ClientID	Client Name	Birth Date	Age	Meets Denominator	Denominator Inclusion Reason	Denominator Inclusion Date	Meets Numerator	Numerator Inclusion Reason	Numerator Inclusion Date	Excluded	Exclusion Reason
6135	Section G 1, Boo	01/11/1992	32	0			0			0	
6139	Section K, Boo	08/10/1976	48	0			0			0	
6144	Test table C, Pitta I	11/03/2001	23	1	Population 1: Diagnosis AMI or IVD	01/03/2024	1	Aspirin	01/01/2024	0	
6145	Test, Uds1	08/18/1996	28	0			0			0	
6147	Test, Uds2	08/17/1996	28	0			0			0	

The below-mentioned columns will be displayed in the summary section:

1.**Total Clients:** This column will display the total clients whose age 18 years or older during the selected reporting year.

2.**Total Denominator:** This column will display the total clients who meets the denominator=1(Y).

3.**Total Numerator:** This column will display the total clients who meets Numerator =1(Y) as per the above explanation of data.

4.**% Numerator**: This column will display the percentage (Numerator Total / Denominator Total) in percentage.

5.**Total Excluded:** This column will display the total clients who meets where Excluded = 1 (Y) as per the above explanation of data.

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section I'.

1.**ClientID:** This column displays the ClientID.

2.**Client Name:** This column displays the Client's Last name and First name.

3.**Birth Date:** This column displays the Client's Date of Birth.

4.**Age:** This column displays the Client's Age.

5.**Meets Denominator:** This column displays the values either 0=N or 1=Y.

When the column displays the value 1=Y based on the below mentioned conditions,
a)If the client's age is 18 years or older during the reporting period AND Client has Diagnosis active during 12 months prior to selected measurement year where diagnosis code = "Code" in FQHCUDSMeasureValueSet table value set OID 2.16.840.1.113883.3.464.1003.104.12.1001 or 2.16.840.1.113883.3.464.1003.104.12.1003

(OR)

b) If the client's age is 18 years or older during the reporting period and having a service where the billing code = "Code" in FQHCUDSMeasureValueSet of value set OID:Coronary Artery Bypass Graft 2.16.840.1.113883.3.464.1003.104.12.1002 (OR) Percutaneous Coronary Interventions 2.16.840.1.113883.3.464.1003.104.12.1010.

Denominator Inclusion Reason:This column Displays the reason for qualified service for the denominator,if Meets Denominator = 1(Y).

Denominator Inclusion Date: This column displays the Date of the qualifying diagnosis or procedure, if Meets Denominator = 1(Y).

Meets Numerator: This column displays the value 1(Y) If the client's age is 18 years or older during the reporting period AND Client has medication with active date within the selected measurement year where medication's RXNORM value = FQHCUDSMeasureValueSet Table "Code" where the "Measure Value Set OID" number is 2.16.840.1.113883.3.464.1003.196.12.1211.

Numerator Inclusion Reason: This column Displays the medication name matching the RXNORM code which qualified for the client numerator, if Meets Numerator = 1(Y).

Numerator Inclusion Date: This Column displays the date of prescription for the qualified numerator.

Excluded: This column displays the value 1(Y) for the clients who had documentation of use of anticoagulant medications overlapping for the measurement year.

Exclusion Reason: This column displays the text matching reason based "Excluded due to medication - Anticoagulant." OR "Excluded due to hospice flag."which is qualified for the Excluded.

Data Model Changes: Added **FQHCUDSMeasureValueSet** table.

Author: Ravindra Pitta

133. EII # 125577: UDS Report: Implementing the Filter section and Inclusion of Logic.

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

Navigation Path 1: 'My Office' – Go search 'UDS Table 3A Patients by Age and Sex' – Filter section.

Navigation Path 2: 'My Office' – Go search 'UDS Table 3b Demographic Characteristics' – Filter section.

Navigation Path 3: 'My Office' – Go search 'UDS Table 4 Selected Patient Characteristics' – Filter section.

Navigation Path 4: 'My Office' – Go search 'UDS Table 5 Staffing and Utilization' – Filter section.

Navigation Path 5: 'My Office' – Go search 'UDS Table 6A Selected Diagnoses and Services Rendered' – Filter section.

Navigation Path 6: 'My Office' – Go search 'UDS Table 6b Quality of Care Measures' – Filter section.

Navigation Path 7: 'My Office' – Go search 'UDS Table 7 Health Outcomes and Disparities' – Filter section.

Navigation Path 8: 'My Office' – Go search 'UDS Table Patients by Zip Code' – Filter section.

Functionality 'Before' and 'After' release:

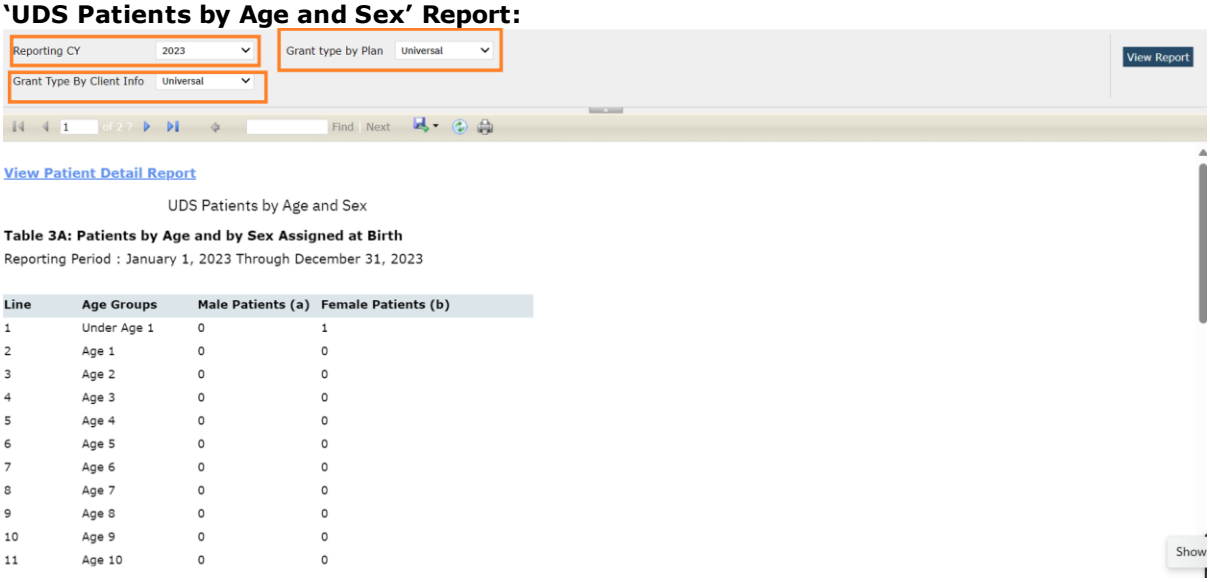
Purpose: To include a logic based on services received, for the 'Universal' filters section to generate the Grant report option based on 'Client Information' fields.

With this release, in the following Reports, the filter section is modified and a logic has been implemented.

- UDS Table 3A Patients by Age and Sex
- UDS Table 3b Demographic Characteristics
- UDS Table 4 Selected Patient Characteristics
- UDS Table 5 Staffing and Utilization
- UDS Table 6A Selected Diagnoses and Services Rendered
- UDS Table 6b Quality of Care Measures
- UDS Table 7 Health Outcomes and Disparities
- UDS Table Patients by Zip Code

Filter section:

'UDS Patients by Age and Sex' Report:



Line	Age Groups	Male Patients (a)	Female Patients (b)
1	Under Age 1	0	1
2	Age 1	0	0
3	Age 2	0	0
4	Age 3	0	0
5	Age 4	0	0
6	Age 5	0	0
7	Age 6	0	0
8	Age 7	0	0
9	Age 8	0	0
10	Age 9	0	0
11	Age 10	0	0

1. **Reporting CY-** This is a dropdown.

2. **'Grant type by Plan' dropdown:** This dropdown has the filter values as below:

    a. Universal
    b. MHC
    c. HCH
    d. PHPC

3. **'Grant type by Client Info' dropdown:** This dropdown has filter values as below:

    a. Universal
    b. MHC
    c. HCH
    d. PHPC

In the Filter section the below Modifications are done:

1. 'Reporting CY' dropdown:

1. This is a dropdown field and it will display the default year based on the most recent values available. This dropdown and will bind the values from 'XReporYearUDSForFQHC' global code category and the values will be displayed in descending order.

2. The below 5 Recode categories have been implemented in order to exclude the Clients who is Serviced in a certain procedure code ID in all of the above reports, when the Procedure code ID is mapped to the Integer Code ID of this recode category, it will not display the client details in all above reports.

Recode Categories:

1. UDSScreeningProcedures
2. UDSGroupVisitsProcedures
3. UDSDispenseMedsProcedures
4. UDSHealthCheckProcedure
5. UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions, Date of service which was chosen in the 'Reporting CY 'and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected) and Serviced Procedure code id not included in any of the above recode categories Integer Code Id.

2. 'Grant type by Plan' dropdown:

1. The Filter field name is renamed from 'Grant type' to 'Grant type by Plan' and the drop down has values (Universal, MHC, HCH, and PHPC) having default value as 'Universal', If the Selected filter type as 'Universal', it will display the data of clients with all grant type and it will also display the data of clients without a plan.

2. If the Selected filter type is **'MHC'** or **'HCH'** or **'PHPC'**, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

3. '**Grant type by Client Info' dropdown:**

1. This Grant type by Client Info' is a Dropdown field and the dropdown has filter values (Universal, MHC, HCH, PHPC) and has a default value as 'Universal'.

2. All Included Clients will be shown as 'Universal'

3. If the Selected filter in the 'Grant type by Client Info' dropdown is **'MHC'**, it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.

4. If the Selected filter is **'HCH'**, it will display the Clients based on the category selection as Homeless Shelter or Transitional or Doubling Up or Street or Permanent Supportive Housing or Other or Unknown in Client information – Reporting – Check box fields.

5. If the Selected filter is **'PHPC'**, it will display the Clients based on the category selection as 'Permanent Supportive Housing' in the Client information – Reporting – Check box fields.

6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.

7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

134. EII # 126605: Implementation of the 'UDS Table 6B Details -Section J Report'.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details – Section J'.

Functionality 'Before' and 'After' release:

With this release, the 'Detail Report' hyperlink is added to UDS Table 6B Quality of Care Measures Report.

UDS Table 6b Quality of Care Measures

Section J—Colorectal Cancer Screening | Detail Report

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 74 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer(c)
19	Measure: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer	4	4	0

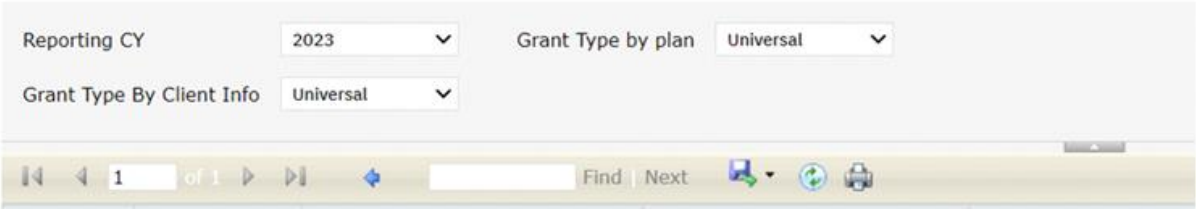
Detail Report:

- This is a hyperlink, clicking on this will redirect the user to the detailed report page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
- This report can be accessed directly as a stand-alone from the quicklink 'UDS Table 6B Details – Section J'.

Filter section:

The filter section has the following fields:

- Reporting CY
- Grant Type by plan
- Grant Type By Client Info
  a. Universal
  b. MHC
  c. HCH
  d. PHPC



Reporting CY:

1.This is a drop down field and it will display the default year based on the most recent values available. This dropdown will bind the values from XReporYearUDSForFQHCglobal code category and the values will be displayed in descending order.

2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it does not display the client details in all the mentioned reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3.The count of clients are displayed based on the below conditions, Date of service which was chosen in the reporting CY and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1.The 'Grant type by Plan' drop down has values : Universal, MHC, HCH, and PHPC, having default value as 'Universal', If the Selected filter type is 'Universal', this will display the data of clients with all grant type and will also displays data of clients without a plan.

2.If the Selected filter type is MHC or HCH or PHPC, this displays the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1.This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.
2.All Included Clients will be displayed as 'Universal'.

3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Checkbox fields.

4. If the Selected filter is 'HCH', it will display the Clients based on the category selection as Homeless Shelter or Transitional or Doubling Up or Street or Permanent Supportive Housing or Other or Unknown in Client information – Reporting – Checkbox fields.

5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'Permanent Supportive Housing' in the Client information – Reporting – Checkbox fields.

6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.

7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

Title 1: UDS Table 6B Details - Section J - Colorectal Cancer Screening

Title 2: CMS130v11

Title 3 : https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11

This is a hyperlink and clicking on this will redirect the user to the above-mentioned link or user can select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data: It will be displayed default in collapse, clicking on the (+) Plus Symbol will get the explanation page expanded with the below information.

Reporting CY 2024 Grant type by Plan Universal View Report

Grant Type By Client Info Universal

Find Next

UDS Table 6B Details - Section J - Colorectal Cancer Screening

CMS130v11

https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11

⊞ Explanation of Data

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
5	4	3	75.00%	2

⊟ Explanation of Data

Measure Description	Percentage of adults 46 to 75 years of age (on or after December 31 of reporting year) who had appropriate screening for colorectal cancer
Initial Population	Patients Aged 46 through 75 on Dec 31 of reporting period
Denominator	In initial population and had qualifying service during reporting period. (See CMS 130v11 measure guide for qualifying visit list) Service billing codes are used to determine whether it is a qualifying service. Client's with exclusion reasons are removed from the denominator.
Numerator	When a client in Denominator has one of the following in their record: 1. A preventative care and screening flow sheet with the Colorectal Screening section completed 2. An order with an associated LOINC code (either the health data template or the associated health data element) matching the list of qualifying screening codes (See measure guide for more information) OR Order's associated procedure code matches a qualifying procedure for colorectal screening. 3. Client has a service with billing code that matches a qualifying procedure for colorectal screening. they will qualify for the numerator of this measure.
Exclusions	Clients will be excluded from the denominator when either the Colorectal Cancer Screening Exclusion checkbox is checked on the Preventative Care and Screening flow sheet or client has a Hospice flag during reporting year.

Summary:

Reporting CY 2024 Grant type by Plan Universal View Report

Grant Type By Client Info Universal

Find Next

UDS Table 6B Details - Section J - Colorectal Cancer Screening

CMS130v11

https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11

⊞ Explanation of Data

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
5	4	3	75.00%	2

UDS Table 6B Details - Section J - Colorectal Cancer Screening

ClientID	Client Name	Birth Date	Age	Meets Denominator	Qualifying Encounter Date	Meets Numerator	Colorectal Cancer Screen Type	Colorectal Cancer Screen Date	Excluded	Exclusion Reason
6139	Section K, Boo	8/10/1976 12:00:00 AM	48	0		0			0	
6168	Test Section J, Pitta	11/3/1968 12:00:00 AM	56	1	01/01/2024	1	Order	01/06/2024	1	Exclusion indicated on Flowsheet
6173	Test Section J1, Pitta	12/31/1949 12:00:00 AM	75	1	01/02/2024	1	Order	01/05/2024	0	
6175	Test Table, Section J Num	11/3/1978 12:00:00 AM	46	1	01/01/2024	1	Service	01/06/2024	1	Excluded due to Hospice Care flag
6183	Test Section I, Excluded med	11/3/1968 12:00:00 AM	56	1	01/01/2024	0			0	

The below-mentioned columns will be displayed in the summary section:

1.Total Clients: This column will display the total clients whose age is between 46 to 75 years on Dec 31 of the reporting period.

2.Total Denominator: This Column will display the total clients who meets the denominator= 1(Y)

3.Total Numerator: This Column will display the total clients who meets Numerator = 1(Y)

4.% Numerator: This Column will display the percentage (Numerator Total / Denominator Total) in percentage.

5.Total Excluded: This Column will display the total clients who meets Exception = 1(Y)

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details Section J.

1.ClientID: This column displays the ClientID.

2.Client Name: This column displays the Client's Last name and First name.

3.Birth Date: This column displays the Client's Date of Birth.

4.Age: This column displays the Client's age from 46 through 75 on Dec 31 of the reporting period.

5.Meets Denominator: This column displays the value 1(Y) if the client's age is between 46 to 75 on the during the selected reporting period 1/1 to 12/31 AND had qualifying service during the reporting period.

6.Qualifying Encounter Date: This column displays the Date of 'Qualifying Service' for client qualified for Denominator=1(Y).

7.Meets Numerator: This column displays the value 1 (Y) if the client's age is between 46 to 75 on the during the selected reporting period 1/1 to 12/31 and if client satisfy any of the below criteria's:

a) Preventative Care and Screening Flow sheet with date occurring within the reporting period exists where:

1. Colorectal Cancer Screening Complete checkbox = checked AND

2. Colorectal Cancer Screening Type = any of the dropdown option selected

3. Colorectal Cancer Screening Outcome = any dropdown option selected (this is optional).

(OR)

b) Client Order exists with Date during selected reporting period where

LOINC Code of Order OR

LOINC Code of the associated Health Data Template OR

LOINC Code of the associated health data element OR

Order Procedure Code

= FQHCUDSMeasureValueSet Table> category "Code" AND where the FQHCUDSMeasureValueSet Table>"Value Set OID" category = any of the following

2.16.840.1.113883.3.464.1003.108.12.1038

2.16.840.1.113883.3.464.1003.108.12.1020

2.16.840.1.113883.3.464.1003.108.12.1039

2.16.840.1.113883.3.464.1003.198.12.1011

2.16.840.1.113883.3.464.1003.198.12.1010

(OR)

c)Client has a service during reporting period where billing code = FQHCUDSMeasureValueSet Table> category "Code" AND where the FQHCUDSMeasureValueSet Table>"Value Set OID" category = any of the following

2.16.840.1.113883.3.464.1003.108.12.1020

2.16.840.1.113883.3.464.1003.198.12.1010

8.Colorectal Cancer Screen Type: This column displays the data type values (Flow sheet, Order, Service) used to satisfy the numerator. If Numerator = 1(Y).

9.Colorectal Cancer Screen Date: This column displays the Date of most recent flowsheet, order or procedure that qualified client for numerator = 1 (Y).

10.Excluded: This column displays the values either 0=N or 1=Y. When the column displays the value 1=Y based on the below mentioned conditions,
1. Colorectal Cancer Screening Exclusion checkbox is checked = "Exclusion checkbox selected on flow sheet."

2. Patients who have a client flag created with the name 'Hospice care' = "Excluded due to Hospice Care Flag."

If it does not match the above criteria, it will be displayed as 0=N.

11.Exclusion Reason: This column displays the exclusion reason based on the "Exclusion indicated on Flowsheet" or "Excluded due to Hospice Care flag" which is qualified for the reason.

Data Model Changes: Added FQHCUDSMeasureValueSet table.

Author: Santhosh Krishnegowda

135. EII # 126713: Implementing the 'UDS Table 6B Quality of Care Measures' – Section K.

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

Navigation Path 1: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Navigation Path 2: 'My Office' – 'UDS Table 6B Details' – 'Section K'

Functionality 'Before' and 'After' release:

Purpose: This is for a report that will produce the output of the Numerator and Denominator as well as supporting data for the UDS report of Table B Section K. This includes both section K20 and K20a measures.

With this release, the 'Detail Report' hyperlink is added to the **'UDS Table 6b Quality of Care Measures'** Report.

A new Category Code **'HIVTreatmentProcedures'** is added to the **'RecodeCategories'** Table.

UDS Table 6b Quality of Care Measures

Reporting CY 2024 Grant type by Plan Universal

Grant Type By Client Info Universal

2 of 3 ? Find | Next

Section K—HIV Measures Detail Report

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Seen Within 30 Days of First Diagnosis of HIV (c)
20	Measure: Percentage of patients whose first-ever HIV diagnosis was made by health center staff between December 1 of the prior year and November 30 of the measurement year and who were seen for follow-up treatment within 30 days of that first-ever diagnosis	0	0	0

Ref Image 1

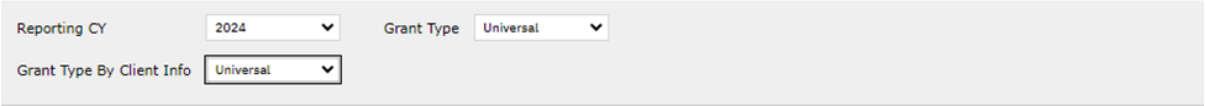
Detail Report:

- This is a hyperlink, clicking on this hyperlink will redirect to the 'Detail Report' page with current Filters (Reporting CY, Grant type by Plan, and Grant type by Client Info) selected on the Main report.
- This report can be accessible directly as a stand-alone from the quicklink 'UDS Table 6B Details – Section K'.

Filter section:

The filter section has the following fields:

- The **Reporting CY :** This is a Dropdown.
- **Grant type by Plan:** This is a Dropdown, which has dropdown values as below:
  a. Universal
  b. MHC
  c. HCH
  d. PHPC
- **Grant Type By Client Info:** This is a Dropdown, which has dropdown values as below:
  a. Universal
  b. MHC
  c. HCH
  d. PHPC



Ref Image 2

Reporting CY:

1. This is a dropdown field and it will display the default year based on the most recent values available. This dropdown and will bind the values from XReporYearUDSForFQHC global code category and the values will be displayed in descending order.

2. When the 'Procedure code ID' is mapped to the 'Integer Code ID' of this below recode category, it will not display the client details in all the above reports.

- UDSScreeningProcedures
- UDSGroupVisitsProcedures
- UDSDispenseMedsProcedures
- UDSHealthCheckProcedure
- UDSWICServicesProcedure

3. It will display the count of clients based on the below conditions, Date of service which is chosen in the reporting CY, and Serviced Program (Program Details – Reporting – 'FQHC Reporting' Check box is Selected).

Grant type by Plan:

1. The Filter field name is changed from 'Grant type' to 'Grant type by Plan' and the dropdown has values (Universal, MHC, HCH, and PHPC) having default value as 'Universal', If the Selected filter type is 'Universal', it will display the data of clients with all grant type and it will also display data of clients without a plan.

2. If the Selected filter type is MHC or HCH or PHPC, it will display the data of clients based on the client coverage plans (Plan – Reporting – UDS Reporting – FQHC Grant Type) value selected.

Grant type by Client Info:

1. This is a Drop-down filter field with values (Universal, MHC, HCH, PHPC) and having a default value as 'Universal'.

2. All Included Clients will be shown as 'Universal.'

3. If the Selected filter in the 'Grant type by Client Info' dropdown is 'MHC', it will display the clients based on the category selection as 'Migratory' or 'Seasonal' in the 'Client information' – Reporting – Check box fields.

4. If the Selected filter in the Grant type by Client Info dropdown is 'HCH', it will display the Clients based on the category selection as Homeless Shelter or Transitional or Doubling Up or Street or Permanent Supportive Housing or Other or Unknown in Client information – Reporting – Check box fields.

5. If the Selected filter is 'PHPC', it will display the Clients based on the category selection as 'Permanent Supportive Housing' in the Client information – Reporting – Check box fields.

6. If the Client has multiple Grant type checkboxes selected and if they qualify for multiple grant reports, it will display in each grant report they qualified.

7. If the Client has two or more Grant type checkboxes selected, for the same grant report type, it will display in each grant report only once.

Title:

The below-mentioned titles will be displayed in the section:

Title 1: UDS Table 6B Details Section K HIV Measures

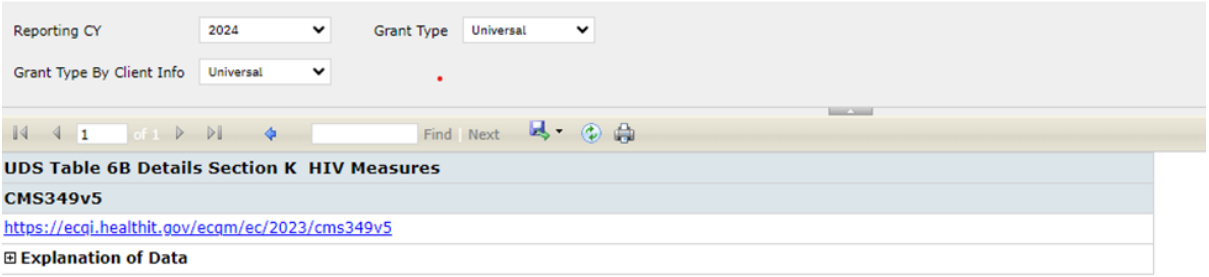
Title 2: CMS349v5

Title 3 – hyperlink: https://ecqi.healthit.gov/ecqm/ec/2023/cms349v5

This is a hyperlink and clicking on the hyperlink, will redirect to the above-mentioned link or select the Link by right-clicking on it and selecting the open link in a new tab.

Explanation of Data:

It will be displayed default in collapse, clicking on the (+) Plus Symbol (Ref Image 3) will get the explanation page expanded with the below information (Ref Image 4).



Ref Image 3

Explanation of Data	
Measure Description	Measure 1 (no eCQM) Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis. Measure 2 (CMS349v5) Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV)
Initial Population	All clients with Qualifying FQHC encounter that meet filter criteria.
Denominator	Measure 1 (no eCQM) Denominator = clients with a new diagnosis of HIV during reporting period. Measure 2 (CMS349v5) patients aged 15-65 at the start of the measurement period
Numerator	Measure 1 (no eCQM) Numerator = clients in denominator 1 who began treatment for HIV within 30 days of first diagnosis. Measure 2 (CMS349v5) Numerator = clients in denominator 2 who were tested for HIV
Exclusions	Measure 2 (CMS349v5) Numerator = clients with HIV diagnosis on record that is prior to HIV test

Ref Image 4

1. **Measure Description**: Measure 1 (no eCQM) Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.

   Measure 2 (CMS349v5) Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV).

2. **Initial Population:** All clients with Qualifying FQHC encounters that meet filter criteria.

3. **Denominator:** Measure 1 (no eCQM) Denominator = clients with a new diagnosis of HIV during the reporting period.

   Measure 2 (CMS349v5) patients aged 15-65 at the start of the measurement period.

4. **Numerator:** Measure 1 (no eCQM) Numerator = clients in denominator 1 who began treatment for HIV within 30 days of first diagnosis.

   Measure 2 (CMS349v5) Numerator = clients in denominator 2 who were tested for.

5. **Exclusions:** Measure 2 (CMS349v5) Numerator = clients with HIV diagnosis on record that is prior to HIV test.

Summary:

The below-mentioned columns will be displayed in the summary section:

1. **Total Clients:** Sum the total number of clients included. (clients with Qualifying Service under the FQHC Program during the reporting year and meeting Grant filter criteria, if selected).

2. **Total Denominator:** Sum the total number of clients where Meets Denominator= 1 (Y).

3. **Total Numerator:** Sum the total number of clients where Meets Numerator = 1 (Y).

4. **Numerator %:** Numerator total / Denominator total - as a percent.

5. **Total Excluded:** Sum total number of clients where Excluded = 1 (Y).

Section Label: The section Label is displayed as **'UDS Table 6B Details Section K HIV Measures.**

Grid Section:

The below-mentioned columns will be displayed in the grid section with the section label 'UDS Table 6B Details-Section K—Childhood Immunization Status'.

1. **ClientID:** This Column will display the 'ClientID'.

2. **Client Name:** This Column will display the Client's Last name and First name.

3. **Birth Date:** This Column will display the Client's Date of birth.

4. **Age:** This Column will display the Client's Age on Dec 31st of the reporting year.

5. **Meets Denominator line 20:** This Column will display the value 1=Y if the client has 'HIV diagnosis' in the reporting period and no previous HIV diagnosis or it will be displayed as 0=N.

6. **Diagnosis:** This column will display the Client's first occurring HIV Diagnosis code.

7. **Diagnosis Start Date:** This column will display the Date of the Client's first HIV Diagnosis in the format MM/DD/YYYY.

8. **Meets Numerator line 20:** This Column will display the value as 1=Y if Meets Denominator line 20 = 1 and If the client has a qualifying follow-up service <= 30 days after the date of HIV Diagnosis start date.

Qualifying Service = Procedure mapped to new Recode Category HIVTreatmentProcedures

OR

If Client information>external referral> has a referral where

Reason for Referral 1 or

Reason for Referral 2 or

Reason for Referral 3

= "HIV Treatment"

AND

Appointment Date is 30 days or less after the Date of the HIV Diagnosis Date

AND

The appointment was attended by the client.

9. **HIV Follow-Up Service:** This Column will follow up procedure name If Meets Numerator line 20 = 1. It will list the first service created within 30 Days of First Diagnosis of HIV.

10. **HIV Follow-Up Service Date:** This Column will follow up service date If Meets Numerator line 20 = 1.

11. **Meets Denominator line 20a:** This Column will display 1=Y if the client's age is 15 to 65 years on Dec 31st of the reporting period, else display 0=N.

12. **Meets Numerator line 20a:** This column will display 1=Y when

    Meets Denominator line 20a= 1 AND

    The client has an Order where the Date is within the selected reporting year

    AND where

    LOINC Code of Order OR

    LOINC Code of the associated Health Data Template OR

    LOINC Code of the associated health data element OR

    Order Procedure Code

    Is a "Human Immunodeficiency Virus (HIV) Laboratory Test Codes (Ab and Ag)

    Code of order = Code in the FQHCUDSMeasureValueSet table and "Value Set OID" = 2.16.840.1.113762.1.4.1056.50.

13. **Order:** This column will display the Order Name of the Order found matching HIV Test Value Set when Meets Numerator line 20a=1.

14. **Order Date:** This column will display the Show Order Date of the Order found matching HIV Test Value Set when Meets Numerator line 20a=1.

15. **Excluded CMS349v5:** This column will display 1=Y If the client has been diagnosed for HIV a with Start Date prior to HIV Test Order Date, else display 0=N.

16. **Exclusion CMS349v5 Reason:** This will display 'Exclusion due to prior HIV diagnosis' when 'Excluded CMS349v5' is 1.

Reporting CY 2024 Grant Type Universal

Grant Type By Client Info Universal

Summary

Total Clients	Total Denominator	Total Numerator	% Numerator	Total Excluded
15	6	2	0.33%	3

UDS Table 6B Details Section K HIV Measures

ClientID	Client Name	Birth Date	Age	Meets Denominator line 20	Diagnosis	Diagnosis Start Date	Meets Numerator line 20	HIV Follow Up Service	HIV Follow Up Service Date	Meets Denominator line 20a	Meets Numerator line 20a	Order	Order Date	Excluded CMS349v5	Exclusion CMS349v5 Reason
6139	Section K, Boo	08/10/1976	48	1	B97.35	1/2/2024	0			1	0			0	
6140	Section H 2, Boo	01/01/1992	32	1	B20	1/2/2024	0			1	0			1	Exclusion due to prior HIV diagnosis
6145	Test, Uds1	08/18/1996	28	1	B20	1/2/2024	1	Followup_Procedure	1/4/2024	1	1	HIV 1 GENOTYPE (RTI, PI, INTEGRASE INHIBITORS)	1/4/2024	1	Exclusion due to prior HIV diagnosis
6148	Test, Uds3	04/08/2021	3	0	B20	1/9/2024	0			0	0			0	
6150	Test, Uds5	08/17/1996	28	1	O98.719	1/2/2024	0			1	0			0	
6154	Test, Uds6	03/04/2000	24	1	B20	1/3/2024	0			1	1	HIV 1 RAPID TEST	1/5/2024	1	Exclusion due to prior HIV diagnosis
6182	Test, UDSfinal	08/23/1996	28	1	O98.711	1/9/2024	1	Followup_Procedure	1/9/2024	1	1	AAAAA HIV TEST	1/9/2024	0	

Author: Boovendiran Chinnusamy

136.Core Bugs # 126978: Issues in 'UDS Table 4 Selected Patient Characteristics' report – Table 4.

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

Navigation Path 1: 'My Office' – 'UDS Table 4 Selected Patient Characteristics' report.

Navigation Path 2: 'Client' search – 'Client Information(C)' – 'Demographics' tab.

Functionality 'Before' and 'After' release:

Before this release, the below issues were observed:

1. In the 'Demographics' tab of 'Client information', the **'# of Dependents'** field was used for referring to the 'Sliding fee scale'.
2. The 'Income as Percent of Poverty Guideline' Percentage in the report was calculated like ('Poverty Fee Scale – Income' / 'Annual Household Income').

With this release, the above-mentioned issue is resolved. now,

1. In the 'Demographics' tab of 'Client information', the **'# in Household'** field is used for referring to the 'Sliding fee scale'.

2. The 'Income as Percent of Poverty Guideline' Percentage in the report is calculated like ('Annual Household Income' / 'Poverty Fee Scale – Income').

Author: Boovendiran Chinnusamy

137.Core Bugs # 127055: FQHC UDS Table 6 Report: FQHC measure Value Set code was checking the billing codes associated with the procedure.

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

Navigation Path 1: 'My Office' – 'UDS table 6B Details – Section E' report.

Navigation Path 2: 'My Office' – 'UDS table 6B Details – Section F' report.

Navigation Path 3: 'My Office' – 'UDS table 6B Details – Section G' report.

Navigation Path 4: 'My Office' – 'UDS table 6B Details – Section I' report.

Navigation Path 5: 'My Office' – 'UDS table 6B Details – Section J' report.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. The FQHC measure Value Set code was checking the billing codes associated with the procedure.

With this release, the above mentioned issue has been resolved. Now, the FQHC measure Value Set code is checking the standard billing code on Procedure rates associated with the procedure.

Author: Boovendiran Chinnusamy

138.Core Bugs # 127073: Count issue in the UDS Table 3A Patients by Age and Sex report.

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

Navigation Path: 'My Office' – 'UDS Table 3A Patients by Age and Sex' report – 'Male Patients' column – 'Female Patients'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. If the Client sex was Male and Female of the same Age Groups, the 'UDS Table 3A Patients by Age and Sex' report was showing all the counts of clients in the Female Patients column only.

With this release, the above-mentioned issue has been resolved. Now, the 'UDS Table 3A Patients by Age and Sex' report is showing the respective count of clients in both 'Male Patients' and 'Female Patients' columns even if they are in the same Age Groups.

Author: Ravindra Pitta

139.Core Bugs # 127078: UDS Table 5 Staffing and Utilization -- Staff count was not displaying for the services having Mode Of Delivery field value selected.

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

Prerequisite:

1. Staff has a Major Service Category selected through the **path:**

   Staff Details -- Reporting -- Major Service Category.

2. Staff has a signed Service Note with Mode Of Delivery field value selected through the **Path:**

   Staff Details – Select Mode of Delivery value.

Navigation Path: My Office - - My Reports -- UDS Table 5 Staffing and Utilization.
Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The UDS Table 5 Staffing and Utilization report was not capturing the details of the staff count for the services having Mode Of Delivery field value selected.

With this release, the above-mentioned issue has been resolved. The UDS Table 5 Staffing and Utilization report is capturing the details of the staff count for the services having Mode Of Delivery field value selected.

Author: Boovinderan Chinnuswamy

140.Core Bugs # 126842: Duplicate UDS reports

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

Navigation Path: 'My Office' – 'My Reports' -- Search for UDS reports.

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. Same UDS Reports were displayed Multiple times.
With this release, the above mentioned issue has been fixed. Now, the UDS Reports are displaying only once.

Author: Boovendiran Chinnusamy

141.Core Bugs # 127074: Issues on displaying the data for Race, Ethnicity, Gender identity, Sexual Orientation in the 'UDS Table 3B Demographic Characteristics' report.

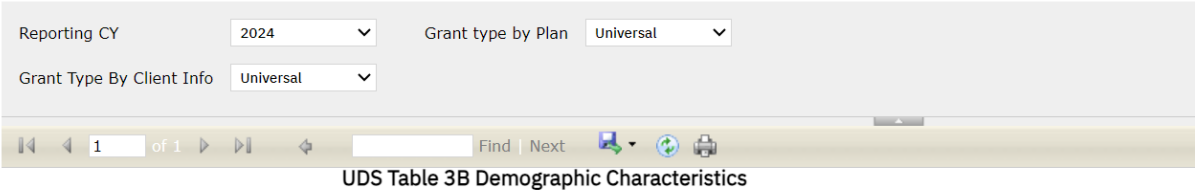
Release Type: Fix **| Priority:** High

Navigation Path: 'My Office' -- 'UDS Table 3B Demographic Characteristics' report.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In 'UDS Table 3B Demographic Characteristics' report , Values for Race, Ethnicity, Gender identity, Sexual Orientation were checked with 'Code name' in Code Details section of Global Codes Details screen to display the data in the report.

With this release, values for Race, Ethnicity, Gender identity, Sexual Orientation are checked with global codes – Code Details -- External Code 2 value to display the data in the report.



UDS Table 3B Demographic Characteristics

Reporting Period : January 1, 2024 Through December 31, 2024

Patients by Race and Hispanic or Latino/a Ethnicity					
Line	**Patients by Race**	**Hispanic or Latino/a (a)**	**Non - Hispanic or Latino/a (b)**	**Unreported/Refused to Report Ethnicity (c)**	**Total (d) (Sum Columns a+b+c)**
1	Asian	0	0	0	0
2a	Native Hawaiian	0	0	0	0
2b	Other Pacific Islander	0	0	0	0
2	**Total Native Hawaiian/Other Pacific Islander**	0	0	0	0
3	Black/African American	0	0	0	0
4	American Indian/Alaska Native	0	0	0	0
5	White	0	0	0	0
6	More than one race	0	1	0	1
7	Unreported/Refused to report race	0	0	32	32
8	**Total Patients**	0	1	32	33

Below are Global code categories and its external code 2 values,

1. Race: Global code category 'Race' with the external code 2 value

- **Asian:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Race' and the selected value having a value on 'Global code - external code 2' as '7'.
- **Native Hawaiian:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Race' and the selected value having a value on 'Global code - external code 2' as '8'.
- **Other Pacific Islander:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Race' and the selected value having a value on 'Global code - external code 2' as '8'.
- **Black/African American:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Race' and the selected value having a value on 'Global code - external code 2' as '11'.

- **American Indian/Alaska Native:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Race' and the selected value having a value on 'Global code - external code 2' as '12'.
- **White:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Race' and the selected value having a value on 'Global code - external code 2' as '13'.
- **More than one race:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Race' and the selected value having a value on 'Global code - external code 2' as '0'.
- **Unreported/Refused to report race:** This Field will display the count of the client if not selected any value for the field 'Client Information – Demographics – Race' or it will display the count if selected the value as 'Race' for the field 'Client Information – Demographics – Client declined to provide'.

2. Ethnicity: Global code category 'ETHNICITY' with the external code 2 value

- **Hispanic or Latino/a (a):** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Ethnicity' and the selected value having a value on 'Global code - external code 2' as '4'.
- **Non - Hispanic or Latino/a (b):** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Ethnicity' and the selected value having a value on 'Global code - external code 2' as '6'.
- **Unreported/Refused to Report Ethnicity©:** This Field will display the count of the client if not selected any value for the field 'Client Information – Demographics – Ethnicity' or it will display the count if selected the value as 'Ethnicity' for the field 'Client Information – Demographics – Client declined to provide'.

3. Sexual Orientation: Global code category 'SEXUALORIENTATION' with the external code 2 value

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	0
14	Heterosexual (or straight)	0
15	Bisexual	0
16	Something else	0
17	Don't know	1
18	Chose not to disclose	1
18a	Unknown	31
19	**Total Patients**	33

- **Lesbian or Gay:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Sexual Orientation' and the selected value having a value on 'Global code - external code 2' as '1'.
- **Heterosexual (or straight):** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Sexual Orientation' and the selected value having a value on 'Global code - external code 2' as '2'.
- **Bisexual:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Sexual Orientation' and the selected value having a value on 'Global code - external code 2' as '3'.

- **Something else:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Sexual Orientation' and the selected value having a value on 'Global code - external code 2' as '4'.
- **Don't know:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Sexual Orientation' and the selected value having a value on 'Global code - external code 2' as '5'.
- **Chose not to disclose:** This Field will display the count if selected the value as 'Sexual Orientation' for the field 'Client Information – Demographics – Client declined to provide'.
- **Unknown:** This Field will display the count of the client if not selected any value for the field 'Client Information – Demographics – Sexual Orientation'.

4. Gender Identity: Global code category 'GENDERIDENTITY' with the external code 2 value

Line	Patients by Gender Identity	Number (a)
20	Male	8
21	Female	1
22	Transgender Man/Transgender Male	0
23	Transgender Woman/Transgender Female	0
24	Other	0
25	Chose not to disclose	1
25a	Unknown	23
26	**Total Patients**	33

- **Male:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Gender Identity' and the selected value having a value on 'Global code - external code 2' as '1'.
- **Female:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Gender Identity' and the selected value having a value on 'Global code - external code 2' as '2'.
- **Transgender Man/Transgender Male:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Gender Identity' and the selected value having a value on 'Global code - external code 2' as '3'.
- **Transgender Woman/Transgender Female:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Gender Identity' and the selected value having a value on 'Global code - external code 2' as '4'.
- **Other:** This Field will display the count of the client based on the value selected for the field 'Client Information – Demographics – Gender Identity' and the selected value having a value on 'Global code - external code 2' as '5'.
- **Chose not to disclose:** This Field will display the count if selected the value as 'Gender Identity' for the field 'Client Information – Demographics – Client declined to provide'.
- **Unknown:** This Field will display the count of the client if not selected any value for the field 'Client Information – Demographics – Gender Identity'.

142.Core Bugs # 127125: Updating the Federal Poverty Level Guidelines in SmartCare.

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

Navigation Path: 'My Office' – 'UDS table 4 Selected Patient Characteristics' report.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The 'UDS table 4 Selected Patient Characteristics' report did not show the accurate data.

With this release, the above-mentioned issue has been resolved. Now, the following data is updated to show accurate data in the 'UDS table 4 Selected Patient Characteristics' report.

1. Federal Poverty Guidelines are updated for the year 2023 and 2024 in the 'FederalPovertyScales' table.

Reporting Year - 2023	
PersonsInFamily	**Income in Dollar**
1	14580
2	19720
3	24860
4	30000
5	35140
6	40280
7	45420
8	50560
9	55700

Reporting Year - 2024	
PersonsInFamily	**Income in Dollar**
1	15060
2	20440
3	25820
4	31200
5	36580
6	41960
7	47340
8	52720
9	58100

10	60840		10	63480
11	65980		11	68860
12	71120		12	74240
13	76260		13	79620
14	81400		14	85000
15	86540		15	90380
16	91680		16	95760
17	96820		17	101140
18	101960		18	106520
19	107100		19	111900
20	112240		20	117280
21	117380		21	122660
22	122520		22	128040
23	127660		23	133420
24	132800		24	138800
25	137940		25	144180

2. A column 'ReportingYear' is added to the table 'FederalPovertyScales'.

3. Logic is changed to display the 'Number of patients' for field 'Income as Percent of Poverty Guideline' based on the 'FederalPovertyScales' reporting year.

Data Model Changes:

Column 'ReportingYear' included in 'FederalPovertyScales' Table.

Author: Boovendiran Chinnusamy

143.Core Bugs # 127126: FQHC UDS Table 7 Report Issue with Updated design requirements.

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

Navigation Path: 'My Office'– 'UDS Table 7 Health Outcomes and Disparities' report.

Functionality 'Before' and 'After' release:

With this release, the below mentioned changes are done to UDS Table 7 Health Outcomes and Disparities' report.

UDS Table 7 Health Outcomes and Disparities

For Sections A, B and C the global codes code name is changed to the below mentioned External code 2, data on the respective Ethnicity and Race will be displayed as per the below set up done on the global codes – External Code 2 value.

Unreported/Chose Not to Disclose Race and Ethnicity – This section will display the clients counts if no value is selected for Race or Ethnicity fields in the Client Information screen OR either Race and Ethnicity check box is checked under 'Client declined to provide' in Client Information OR if the value selected for field Client Information – Race and Ethnicity doesn't match with above mentioned Global codes external code 2 value.

Ethnicity	External Code 2
Mexican, Mexican American, Chicano/a	1
Puerto Rican	2
Cuban	3
Another Hispanic, Latino/a, or Spanish Origin	4
Not Hispanic, Latino/a, or Spanish Origin	6

Race	External Code 2
Asian Indian	1
Chinese	2
Filipino	3
Japanese	4
Korean	5
Vietnamese	6
Other Asian	7
Native Hawaiian	8
Other Pacific Islander	8
Guamanian or Chamorro	9
Samoan	10
Black/African American	11
American Indian/Alaska Native	12
White	13
More Than One Race	0
Unreported/Chose Not to Disclose Race	14

Section A: Deliveries and Birth Weight

Reporting CY 2024 Grant type by Plan Universal

Grant Type By Client Info Universal

1 of 2 ? Find | Next

Section A: Deliveries and Birth Weight		
Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	2
2	Deliveries Performed by Health Center's Providers	2

Line	Race and Ethnicity	Prenatal Care Patients who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Mexican, Mexican American, Chicano/a					
1a1m	Asian Indian	0	0	0	0
1a2m	Chinese	0	0	0	0
1a3m	Filipino	0	0	0	0
1a4m	Japanese	0	0	0	0
1a5m	Korean	0	0	0	0

- **HIV-Positive Pregnant Patients –** This column will display the number of patients if the checkbox is checked for 'Patient HIV Positive during pregnancy' for Pregnancy Outcome attribute in the Flowsheet with flow sheet entry date during the reporting year and client has a diagnosis in DSM 5 Diagnosis OR Problems List for ICD10 Code = B20 where Diagnosis date is less than or equal to Date of Delivery on Pregnancy Outcome Flow Sheet.

- **Deliveries Performed by Health Center's Providers -** This column will display the number of patients if value is not selected for 'Delivered by Provider' field and 'Delivered by Other Agency Provider' check box is not checked for Pregnancy Outcome attribute in the Flowsheet

- **Prenatal Care Patients who Delivered During the Year (1a) –** This column will display the count of clients based on the below conditions

1. Flow Sheet – Prenatal care – date is within the reporting year or within 10 months prior to the reporting year.

2. Flow Sheet – Pregnancy Outcome – if the value selected for Outcome of Pregnancy field is either 'Live birth' or 'Still birth' and Date of Delivery is within the reporting period.

3. Ethnicity and race will be considered from the client Information.

4. Clients is included in the FQHC population and meet the filter requirements.

- **Live Births: < 1500 grams (1b), Live Births : 1500 - 2499 grams (1c), Live Births : > 2500 grams (1d) –** This column will display the count of clients based on the below conditions

1. Flow Sheet – Prenatal care – date is within the reporting year or within 10 months prior to the reporting year.

2. Flow Sheet – Pregnancy Outcome – if the value selected for Outcome of Pregnancy field is 'Live birth' and Date of Delivery is within the reporting period.

3. Ethnicity and race will be considered from the flow sheet - Pregnancy outcome – 'Ethnicity of Baby' and 'Race of Baby' and if not available in flow sheet means it will consider from client Information.

4. Flow sheet – Pregnancy Outcome – Field 'Weight of Baby' the value entered in this field will be converted from pounds to grams and display the clients count in matching columns.

Section B: Controlling High Blood Pressure

Section B: Controlling High Blood Pressure				
Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Number of Records Reviewed (2b)	Patients with Hypertension Controlled (2c)
Mexican, Mexican American, Chicano/a				
1a1m	Asian Indian	0	0	0
1a2m	Chinese	0	0	0
1a3m	Filipino	0	0	0
1a4m	Japanese	0	0	0
1a5m	Korean	0	0	0
1a6m	Vietnamese	0	0	0

- **Total Patients 18 through 85 Years of Age with Hypertension (2a) –** This column will display the count of clients based on the below conditions,

1. Client's age is between 18 and 85.

2. Client is included in the UDS reporting.

3. Client has diagnosis document or service diagnosis with diagnosis ICD10 code as I10.

4. Excluded clients should not be displayed.

- **Number of Records Reviewed (2b) -** This column will display the count of clients based on the below conditions,

1. Client's age is between 18 and 85.

2. Client is included in the UDS reporting.

3. Client has diagnosis document or service diagnosis with diagnosis ICD10 code as I10.

4. Excluded clients will be displayed.

- **Patients with Hypertension Controlled (2c) -** This column will display the count of clients based on the below conditions,

1. Client should be satisfied with the condition mentioned in section 2a.

2. Excluded clients should not be displayed.

3. Flow sheet – Meaningful Use/Vitals – Field 'Systolic' has value less than 140 and 'Diastolic' should have value less than 90 with same health record date.

- **Below are the Exclusion condition for Section B**

Client will be excluded if any of the below conditions match:

1. Client has a completed service during the reporting year Qualifying medical service = Client Serviced Procedure Billing code matches the code in the FQHCUDSMeasureValueSet table with any of the Value Set OID - 2.16.840.1.113883.3.464.1003.109.12.1014 (ESRD Services) or 2.16.840.1.113883.3.464.1003.101.12.1090 or 2.16.840.1.113883.3.464.1003.198.12.1135.

2. If Client has a diagnosis document with diagnosis code matching the code in FQHCUDSMeasureValueSet table of Value Set OID is "Diagnosis: Chronic Kidney Disease, Stage 5" using "Chronic Kidney Disease, Stage 5 (2.16.840.1.113883.3.526.3.1002)" or "Diagnosis: Encounter for palliative care" using "Encounter for palliative care (ICD10CM Code Z51.5)" or "Diagnosis: End Stage Renal Disease" using "End Stage Renal Disease (2.16.840.1.113883.3.526.3.353)" or "Diagnosis: Essential Hypertension" using "Essential Hypertension (2.16.840.1.113883.3.464.1003.104.12.1011)" or "Diagnosis: Frailty Diagnosis" using "Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)" or "Diagnosis: Kidney Transplant Recipient" using "Kidney Transplant Recipient (2.16.840.1.113883.3.464.1003.109.12.1029)" or "Diagnosis: Pregnancy" using "Pregnancy (2.16.840.1.113883.3.526.3.378)"

3. Client has Hospice flag active during the measurement period.

Section C: Diabetes: Hemoglobin A1c Poor Control

Section C: Diabetes: Hemoglobin A1c Poor Control				
Line	**Race and Ethnicity**	**Total Patients 18 through 75 Years of Age with Diabetes (3a)**	**Number of Records Reviewed (3b)**	**Patients with Hba1c > 9.0% or No Test During Year (3f)**
Mexican, Mexican American, Chicano/a				
1a1m	Asian Indian	0	0	0
1a2m	Chinese	0	0	0
1a3m	Filipino	0	0	0
1a4m	Japanese	0	0	0
1a5m	Korean	0	0	0
1a6m	Vietnamese	0	0	0
1a7m	Other Asian	0	0	0
1b1m	Other Pacific Islander	0	0	0

Total Patients 18 through 75 Years of Age with Diabetes (3a) - This column will display the count of clients based on the below conditions,

1. Client's age is between 18 and 74.

2. Excluded clients is not displayed.

3. Clients are included in the UDS reporting.

4. Client has diagnosis document or service diagnosis with diagnosis codes with below starting codes E08 to E13 and not considering the code O24.41 of value set OID - 2.16.840.1.113883.3.464.1003.103.12.1001

5. Client has a completed service during the reporting year Qualifying medical service = Client Serviced Procedure Billing code matches the code in FQHCUDSMeasureValueSet table with any of the Value Set OID - 2.16.840.1.113883.3.526.3.1240 or 2.16.840.1.113883.3.464.1003.101.12.1016 or 2.16.840.1.113883.3.464.1003.1006 or 2.16.840.1.113883.3.464.1003.101.12.1001 or 2.16.840.1.113883.3.464.1003.101.12.1025 or 2.16.840.1.113883.3.464.1003.101.12.1023 or 2.16.840.1.113883.3.464.1003.101.12.1080.

Number of Records Reviewed (3b) - This column will display the count of clients based on the below conditions,

1. Client's age is between 18 and 74.

2. Excluded clients should also be displayed.

3. Clients are included in the UDS reporting.

4. Client should have diagnosis document or service diagnosis with diagnosis codes with below starting codes E08 to E13 and not considering the code O24.41 of value set OID - 2.16.840.1.113883.3.464.1003.103.12.1001

5. Client has a completed service during the reporting year Qualifying medical service = Client Serviced Procedure Billing code matches the code in FQHCUDSMeasureValueSet table with any of the Value Set OID - 2.16.840.1.113883.3.526.3.1240 or 2.16.840.1.113883.3.464.1003.101.12.1016 or 2.16.840.1.113883.3.464.1003.1006 or 2.16.840.1.113883.3.464.1003.101.12.1001 or 2.16.840.1.113883.3.464.1003.101.12.1025 or 2.16.840.1.113883.3.464.1003.101.12.1023 or 2.16.840.1.113883.3.464.1003.101.12.1080.

Patients with Hba1c > 9.0% or No Test During Year (3f) - This column will display the count of clients based on the below conditions,

1. Client is satisfied with the condition mentioned in section 3a.

2. Excluded clients is not displayed.

3. Most Recent order result or flow sheet – 'HEMOGLOBIN A1c' should have an associated LOINC codes 17856-6 or 4548-4 or 4549-2 as matching to the value set IOD - 2.16.840.1.113883.3.464.1003.198.12.1013 having value of attribute greater than 9 .

Below are the Exclusion condition for Section C :

Client will be excluded if any of the below conditions matches:

1. Client has a service during the reporting year Qualifying medical service = Client Serviced Procedure Billing code matches the code in FQHCUDSMeasureValueSet table with any of the Value Set OID - 2.16.840.1.113883.3.526.3.1584 or OID 2.16.840.1.113883.3.464.1003.1003 or 2.16.840.1.113883.3.464.1003.101.12.1090.

2. Client has Hospice flag active during the measurement period.

Author: Akshay Vishwanath

144.Core Bugs # 127177: Detail report displaying the client details only if the program enrolled date is within the reporting year.

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

Navigation Path 1: 'My Office – 'UDS Table 3A Patients by Age and Sex' report - 'View Patient detail report' hyperlink.

Navigation Path 2: 'My Office – 'UDS Table 3b Demographic Characteristics' report - 'View Patient detail report' hyperlink.

Navigation Path 3: 'My Office – 'UDS Table 4 Selected Patient Characteristics' - 'View Patient detail report' hyperlink.

Navigation Path 4: 'My Office – 'UDS Table 6A Selected Diagnoses and Services Rendered' - 'View Patient detail report' hyperlink.

Navigation Path 5: 'My Office – 'UDS Table 6b Quality of Care Measures' - 'View Patient detail report' hyperlink.

Navigation Path 6: 'My Office – 'UDS Table 7 Health Outcomes and Disparities' - 'View Patient detail report' hyperlink.

Navigation Path 7: 'My Office – 'UDS Table Patients by Zip Code' – 'View Patient detail report' hyperlink.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the report details screen, for the reports mentioned in the above path was displaying the client details only if the program enrolled date was within the reporting year.

With this release, the above-mentioned issue has been resolved. Now, the report details screen is displaying the client details if program enrolled date is not within the reporting year also.

Author: Boovendiran Chinnuswamy

145.Core Bugs # 127281: FQHC UDS Table 6B Report – Main report and detail report count was not matched.

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

Navigation Path: 'My Office' – 'UDS Table 6B Quality of Care Measures' report.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'UDS Table 6B Quality of Care Measures' report, the Client's count shown in the main report was not matching with the detail report.

With this release, the above-mentioned issue has been resolved. Now, the Client's count in the main report is matching with the detail report.

Author: Roopa Hemanna

146.Core Bugs # 127446: Blank 835 Imported File Listing report.

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

Navigation Path: My Office – search the report 'ER File List New' – 'Report View' window - Select date range 'Import From Date' and 'Import To Date' – click on 'View Report' button – 'Imported File Listing' grid section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The user was receiving a blank 835 Imported File Listing report with the following columns blank "Check Number/TRN ID, Check Amount, Total Provider Adjustment, SC Payment Amount". Additionally, these listings were displayed with a "Y" indicating that they were processed. However, when verified against the client ledger, there was no activity for posting denials and/or payments, indicating that the file was not posted/processed correctly.

With this release, the above-mentioned issue has been resolved. Now, an Error column is added to the report for posting denials and/or payments, indicating that the file is not being posted/processed correctly when verified against the client ledger. Additionally, the users can see the data being displayed for the processed records in the following columns "Check Number/TRN ID, Check Amount, Total Provider Adjustment, SC Payment Amount" in the 835 Imported File Listing report.

Rx Application

Reference No	Task No	Description
147	EII # 126171	Rx: Diagnosis Codes - Modify CDAG logic to consider ClientProgramID instead of ProgramID.
148	Core Bugs # 127045	When a user clicks on the 'Real-Time Med History' button for new medication history information under the 'Medication History' tab, 'Missing a Medication History Document' is displayed.
149	Core Bugs # 127090	RX: Rx script was not sent to pharmacy with no reason given.
150	Core Bugs # 127285	Rx – Queued Order Page: Issues with prescribing medication.
151	Core Bugs # 127532	Potency Dropdown for Haloperidol Decanoate medication is not working
152	Core Bugs # 127557	Added 'Ampule' option in the Unit dropdown.

Author: Rajgopal Yajurvedi

147. EII # 126171: Rx: Diagnosis Codes - Modify CDAG logic to consider ClientProgramID instead of ProgramID.

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: Change| **Priority:** Urgent

Prerequisite:

1. System configuration key 'DisplayCDAGSectionInStaffDetails' is set to 'Yes'.

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

3. Client has a signed diagnosis document via below **path:**

   Login to SmartCare Application - 'Client' – Select Diagnosis documents - New - Select a Program (E.g. Program 1) in the program selection pop up - Diagnosis Document page - Search & Select the Diagnosis codes - Insert - Click 'Sign' button - Sign the Document.

Navigation Path: Login to SmartCare Application - 'Client' – 'Medication Management Rx' link – Rx Application – 'Patient Summary' screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Diagnosis Codes data initialization relied on the 'ProgramId' value for program identification, exhibiting consistent behavior.

With this release, the logic has been modified to consider the 'ClientProgramId' value. Now, for the below listed pages, the diagnosis codes will initialize from the signed diagnosis document with the same Program, as the one selected from the program selection popup on the current document, based on 'ClientProgramId' column value in the 'Documents' table.

Pages:

- Patient Summary
- New Medication Order
- Re-Order Medication Order
- Change Medication Order
- Add Medication
- Adjust Dosage/Schedule
- Client Current Medication Report.

Author: Rajgopal Yajurvedi

148.Core Bugs # 127045: When a user clicks on the 'Real-Time Med History' button for new medication history information under the 'Medication History' tab, 'Missing a Medication History Document' is displayed.

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

Navigation Path: Login to SmartCare Application - 'Client' – 'Medication Management Rx' – Rx Application – 'Patient Summary' screen – 'Medication History' Tab – Click on 'Real-Time Med History' button - 'Real Time Medication History' popup – Click 'Yes' – 'Processing the Medication History. Please wait'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Rx Application, whenever a user clicked on the 'Real-Time Med History' button for new medication history information under the 'Medication History' tab, a 'Missing a Medication History Document' was displayed.

With this release, the above-mentioned issue has been fixed. Now, when a user clicks on the 'Real-Time Med History' button for new medication history information, then the below message will display for approximately 20 minutes while the latest medication history information is being fetched.

Message: 'Processing the Medication History. Please wait.'

If the 'Medication History' is not processed for the latest request, then a below message will be displayed.

Message: 'No Data Found'

On the other hand, if the 'Medication History' is processed for the latest request, then the 'Medication History Information' will be displayed under the 'Medication History' tab.

Author: Manjunath Malipatil

149.Core Bugs # 127090: RX: Rx script was not sent to pharmacy with no reason given.

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

Prerequisite: Controlled Medications with Electronic Method is Queued for Prescriber's approval in the Queued order screen.

Navigation Path 1: Login to SmartCare Application – Medication Management (My Office)—Start Page (Rx Application) – Click on Queued Order Button – Select a control medication – click on Ready to Sign check box – Click on Approve Button – A notification is sent to the EPCS registered device – Approve the Request in the HID Approve App in the mobile Phone – Enter the Password—Click on Sign Button.

Navigation Path 2: Login to SmartCare Application -- Select a client -- Medication Management (Client) -- Patient Summary Screen (Rx Application)--Click on Start Page -- Click on Queued Order Button – Select a control medication – click on Ready to Sign check box – Click on Approve Button – A notification is sent to the EPCS registered device – Approve the Request in the HID Approve App in the mobile Phone – Enter the Password—Click on Sign Button.

Functionality 'Before' and 'After' release:

Before this release, here was the release. When the user approved the Controlled Medication with Electronic method in the Order Approval Screen (Queued Order Screen), the medication details were not inserted in the below tables:

- ClientMedicationScriptActivities
- SureScriptsOutgoingMessages

And the message was not being sent to the Pharmacy for dispense.

With this release, the above-mentioned issue has been resolved. Now, when the Controlled Medications are approved in the Queued Order approval screen, the medication details are inserted into the ClientMedicationScriptActivities and SureScriptsOutgoingMessages tables in the database and medications are being sent to the Pharmacy for the dispense successfully.

Author: Rajgopal Yajurvedi

150.Core Bugs # 127285: Rx – Queued Order Page: Issues with prescribing medication.

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

Prerequisite: Queued Order is placed through the below **Path:**

Login to 'SmartCare' Application - 'Client' search – 'Medication Management Rx' – 'Rx' Application – 'Patient Summary' screen – 'New Order' button – 'New Medication Order' Page - Select the 'Controlled Drug' with starting three letters – Fill all required fields – Select the 'Pharmacy(EPCS)'– click on 'Insert' button – click on 'Queued Order' button – 'Patient Summary' page.

Navigation Path: Login to 'SmartCare' Application - 'My Office' – 'Medication Management' – 'Rx' Application – 'Start Page' screen – 'Queued Order' button – 'Order Approval' Page - Select the above 'Controlled Drug order' radio button – Click 'Adjust Dosage/Schedule' button– 'Adjust Dosage/Schedule' page – Select 'Medication' – 'Modify the order' – click on 'Modify' button – 'Modified medication' inserted – Click 'Save Adjustment' button – 'Prescribe' page – click 'Update Order' - 'Order Approval' Page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The below-mentioned issues were observed in the 'Queued Order' page.

- When the user adjusted the electronically queued (prescribed) controlled medication in the 'Adjust Dosage/Schedule' page and then navigated to the 'Prescribe' page and clicked on the 'Update Order' button, the user was unable to adjust and update the order due to a below validation message that appeared.

  Validation Message: "Two Factor Authentication Required. Please try again!!"

- When the user adjusted and updated an electronically queued (prescribed) controlled medication with an interaction level of 1, unable to approve and sign (prescribe) the medication. After making the medication adjustment, the below validation message was displayed, preventing the user from completing the approval and sign process.

  Validation Message: "Medication with Interaction Level 1 Cannot be Approved."

With this release, the above-mentioned issue has been resolved. Now, in the 'Queued Order' page:

- When the user adjusts or updates the electronically prescribed controlled medication with an interaction level 1, then the user will be able to modify and update the order without any validation message being displayed.

- The users can approve and sign (prescribe) medication without any validation message being displayed.

Author: Manjunath Malipatil

151.Core Bugs # 127532: Potency Dropdown for Haloperidol Decanoate medication is not working.

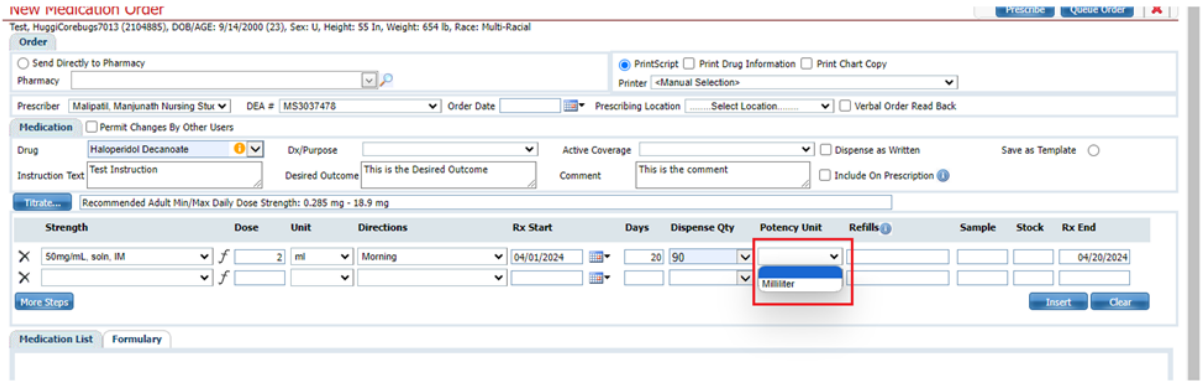
Release Type: Fix | Priority: High

Navigation Path: Login to SmartCare Application—Select a client – Medication Management (Client)—Patient Summary Screen (RX Application)—Click on New order Button – In New Order Medication Screen select Haloperidol Decanoate medication – Check the Potency Unit Drop Down.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user selected Haloperidol Decanoate Medication in the New Medication Order screen for prescribing, the Potency Unit Drop down did not have any response option for selection.

With this release, the above-mentioned issue has been resolved. When the user selects Haloperidol Decanoate Medication for Prescribing in the New Medication Order screen, the Potency Unit Drop down has '**Milliliter'** response option for selection.



Author: Rajgopal Yajurvedi

152.Core Bugs # 127557: Added 'Ampule' option in the Unit dropdown.

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

Navigation Path: 'Client' -- 'Medication Management Rx' -- Rx Application -- 'Patient Summary' screen – 'New Order' button -- 'New Medication Order' Page -- Select the Drug (inhaler and nebulization) with starting three letters – Select Unit and Fill all required fields -- Select the EPCS Pharmacy -- click on 'Insert' button -- click on 'Queue Order' button -- 'Patient Summary' page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'New Medication Order' page, when the user was selected Inhaler and Nebulization type of medication, in the Unit dropdown, only 'Puff' option was displayed for prescription.

With this release, the above issue has been resolved. Now, 'Ampule' option is added in the Unit dropdown for prescribing Inhaler and Nebulization type of medication and the user can prescribe the above medication with 'Ampule' unit.

Scanning

Reference No	Task No	Description
153	Core Bugs # 127361	Scanning, Scanned Medical Records list pages: The page gets freeze due to a large amount of data being loaded in the 'All scanning staff' drop down.

Author: Santosh Huggi

153.Core Bugs # 127361: Scanning, Scanned Medical Records list pages: The page gets freeze due to a large amount of data being loaded in the 'All scanning staff' drop down.

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

Navigation Path 1: 'Client'– 'Scanning' – 'Scanning' list screen-Select staff from the 'All Scanning Staff' dropdown.

Navigation Path 2: 'My Office' – 'Scanned Medical Records'– 'Scanned Medical Records' list screen -Select staff from the 'All Scanning Staff' dropdown.

Navigation Path 3: 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 'Scanning' and 'Scanned Medical Records' list pages, under the filter section, the "All Scanning Staff" dropdown was listed with all the staff and if the system had a 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 the 'Scanning' and 'Scanned Medical Records' list pages, to limit the data loaded in the staff dropdowns, the below mentioned permission type is applied to display the values in the 'All Scanning Staff' dropdown.

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 retain the existing functionality 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.

Note: For the logged-in staff, in the 'Staff/Users' – 'General' tab, 'Access Rights' section, if the 'Allow Access To All Scanned Documents' checkbox is checked, then all the staff names will be loaded in ' All Scanning Staff' dropdowns under 'Scanning' and 'Scanned Medical Records' list pages regardless of the above 'StaffAccessRules' permission setting.

Screen Type Framework

Reference No	Task No	Description
154	Core Bugs # 127354	Favorite Popup on Reports: The labels for new favorites on a report were invisible(white)

Author: Sunil Belagali

154.Core Bugs # 127354: Favorite Popup on Reports: The labels for new favorites on a report were invisible(white).

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

Navigation Path: Login to 'SmartCare' application – 'Client' search – 'Reports' – 'Reports' list page - click on any 'Report' hyperlink– 'Report View' - Click on 'New Favorite' icon – 'Favorite' Popup.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the 'Reports' screen, when a user created a new favorite, the labels for new favorites on a report were invisible(white color) and was only seen after highlighting.

With this release, the above-mentioned issue has been resolved. Now, when a user creates new favorites on a 'Reports', the user can see the labels for new favorites properly without having to highlight them.

Screens

Reference No	Task No	Description
155	EII # 126895	Implementing the new 'Create Copy' icon in the 'Screen Detail' screen toolbar.

Author: Akshay Vishwanath

155.EII # 126895: Implementing the new 'Create Copy' icon in the 'Screen Detail' screen toolbar.

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

Navigation Path: 'Administration' – Go Search - Screens – select any 'Screen' – 'Screen Detail' screen – click on the 'Create Copy' icon from the 'Screen' toolbar.

Functionality 'Before' and 'After' release:

Purpose: To create a new copy of the screen, a 'Create Copy option' in the 'Screen Detail' screen.

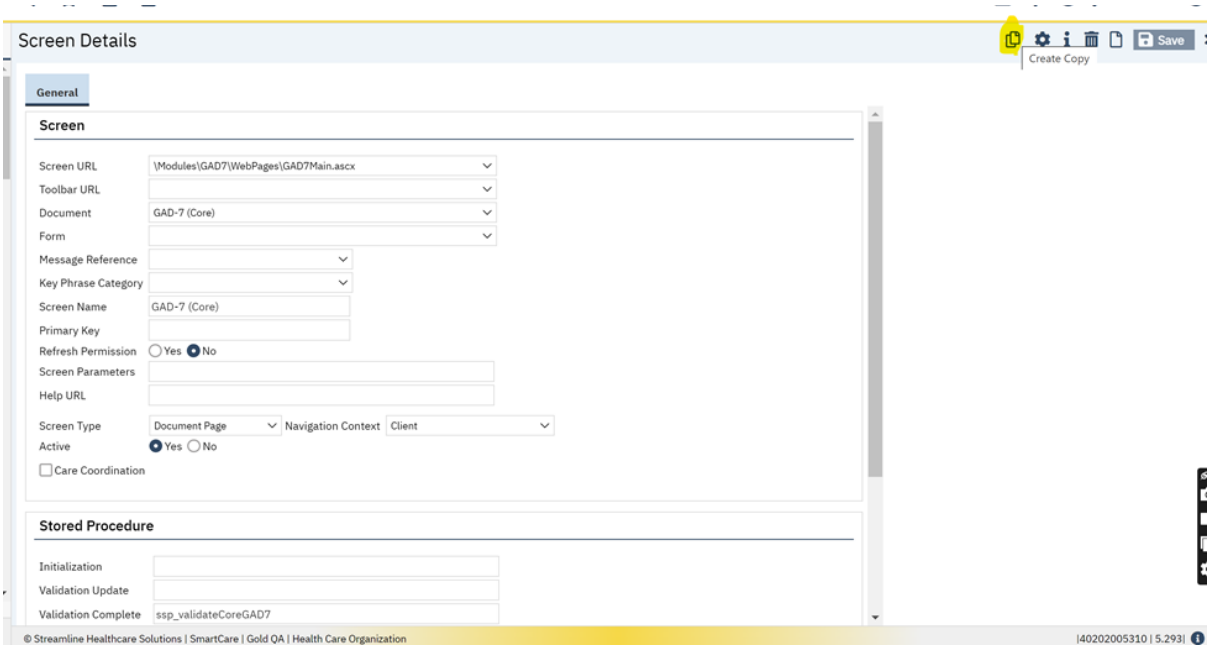
With this release, the following changes have been implemented in the 'Screen Detail' screen toolbar.

1. A new 'Create Copy' icon has been implemented in the 'Screen Detail' screen toolbar.

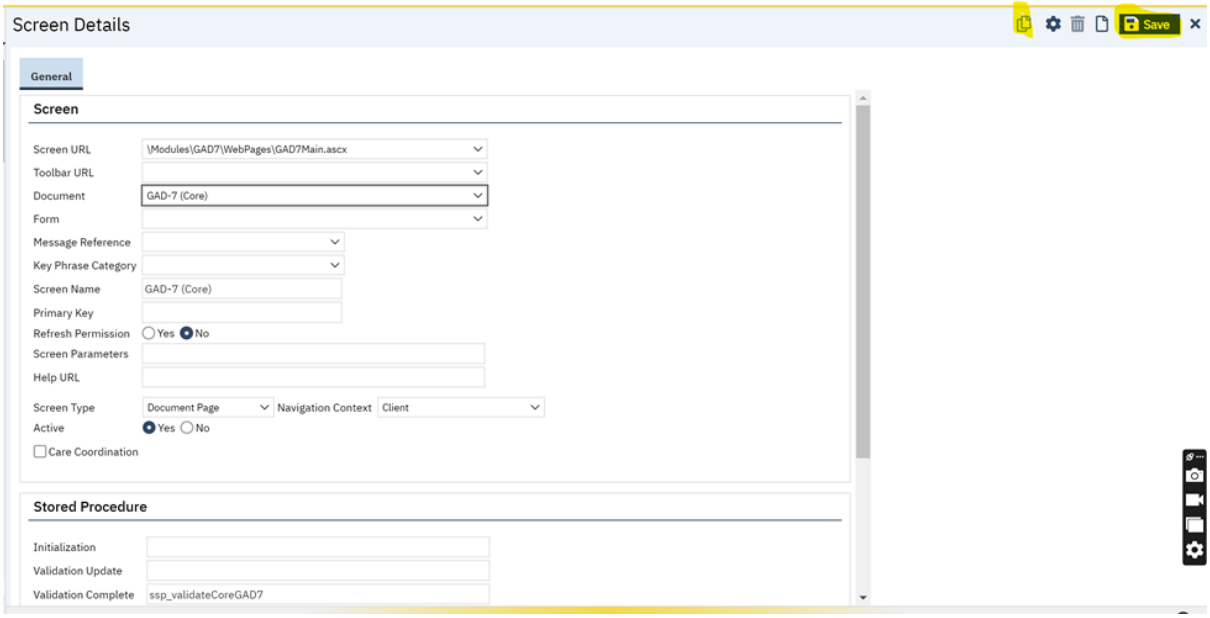
2. Hover as 'Create Copy', On clicking this 'Create Copy' icon, it will create a copy of the same Screen with ALL fields as it is with the Screen Detail =>General tab=>Details section=>Screen Name as '<Screen Name>'.

3. It allows the user to edit all values.

Screen Details screen:



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



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

Services

Reference No	Task No	Description
156	EII # 125460	Implementation of Recode category SetScreensToHideModeOfDelivery to hide the Mode of Delivery field
157	EII # 126315	To remove the validation on changing the procedure code when the Procedure Code is not mapped with any Note type
158	Core Bugs # 125575	Duplicate services were created once the bed changes are applied.
159	Core Bugs # 127277	Services: Clinician was changed for the future services as well instead retaining the original Clinician when the user changes Clinician for one of the recurrence services
160	Core Bugs # 127367	The completed recurring services are deleted when the clinician/staff changes the schedule.
161	Core Bugs # 127469	Services screen: The status drop down values are not displayed in the sort order.
162	Core Bugs # 127475	Services: Validation message is not updated when the label name changed from Hotkey.

Author: Suganya Sivakumar

156. EII # 125460: Implementation of Recode category SetScreensToHideModeOfDelivery to hide the Mode of Delivery field.

Release Type: New Functionality | **Priority:** Urgent

Prerequisite:

1. The configuration Key 'ShowCoreModeOfDeliveryField' is set to Yes.

2. The Recode Category 'SetScreensToHideModeOfDelivery' is mapped with the Screen IDs.

Navigation Path 1: Administration -- Recodes -- Select 'SetScreensToHideModeOfDelivery' recode code – 'Recode Detail' screen -- Enter Code Name -- Enter Integer Code Id – click on Insert and Save buttons.

Navigation Path 2: Administration – 'Procedure/Rates' -- Click on New icon -- Procedure Detail Screen -- General tab – 'Mode of Delivery' Section – Check 'Mode of Delivery is required on Services' -- Enter all the required Fields -- Click on Save.

Navigation Path 3: Client -- Services -- Click on New icon -- 'Service Detail' Page -- Enter all the required fields -- Select the Program, Procedure, and Location -- Mode of Delivery dropdown field -- Click on Save.

Navigation Path 4: Client -- Services/Notes – 'Service/Note' List Page -- Click on New Icon -- 'Service Note' detail page -- Select Prog/Proc/Loc values -- Mode of Delivery dropdown field -- Enter all the required information -- Click on Save -- Sign the Service Note.

Navigation Path 5: My Office -- Groups -- Groups List page -- Click on New Icon – 'Group Details' page -- Mode of Delivery dropdown field -- 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 6: My Office -- Group Services – click on new icon -- Group Service Detail Screen -- Enter all the required fields in Service Tab -- Under the Service Information section -- Mode of Delivery dropdown field -- Click on Save Button -- Navigate to Note tab --Click on Sign Button -- Signature popup displays -- PDF generated.

Navigation Path 7: Administration -- Plans -- Plans List Page -- Click on Plan Name hyperlink – 'Plan Details' screen -- Navigate to 'Billing Diagnosis' tab -- Mode of Delivery dropdown field -- Click on Add Billing Code -- Plan Billing Code Popup -- Mode of Delivery Button -- Navigate to Payments and Adjustments tab -- Mode of Delivery Button.

Navigation Path 8: Administration -- Place of Services Override – 'Place of Services Overrides' list Page -- Click on Place of Service hyperlink – 'Place of Services Override Details' page -- General tab – 'Place of Service' section -- Mode of Delivery button.

Functionality 'Before' and 'After' release:

With this release, a new recode category 'SetScreensToHideModeOfDelivery' has been implemented. The Mode of Delivery fields can be shown/hidden based on the Recode Category "SetScreensToHideModeOfDelivery". When the existing configuration key "ShowCoreModeOfDeliveryField" = Yes and when Screen IDs are added to this new recode, the Mode of Delivery field will not be shown in the screens that are mapped.

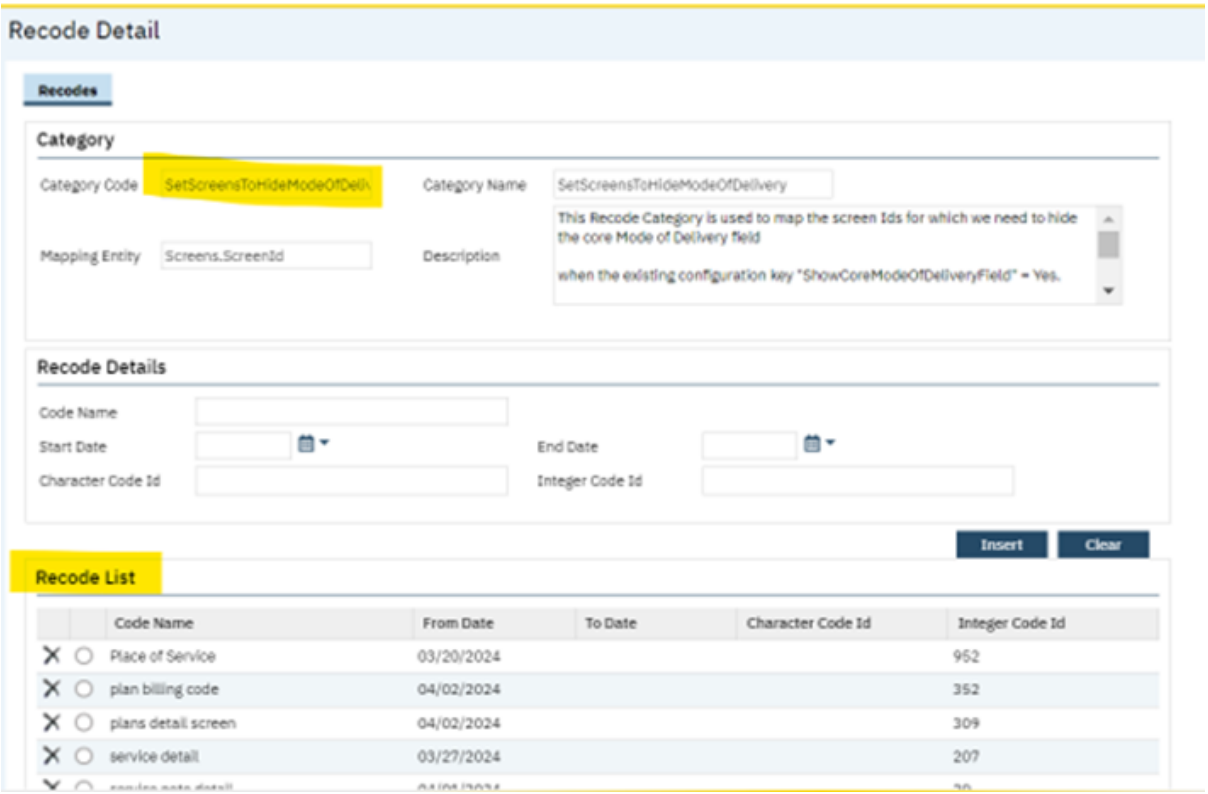
Recode Details:

Recode Category: SetScreensToHideModeOfDelivery

Description: This Recode Category is used to map the screen Ids for which we need to hide the core Mode of Delivery field when the existing configuration key "ShowCoreModeOfDeliveryField" = Yes.

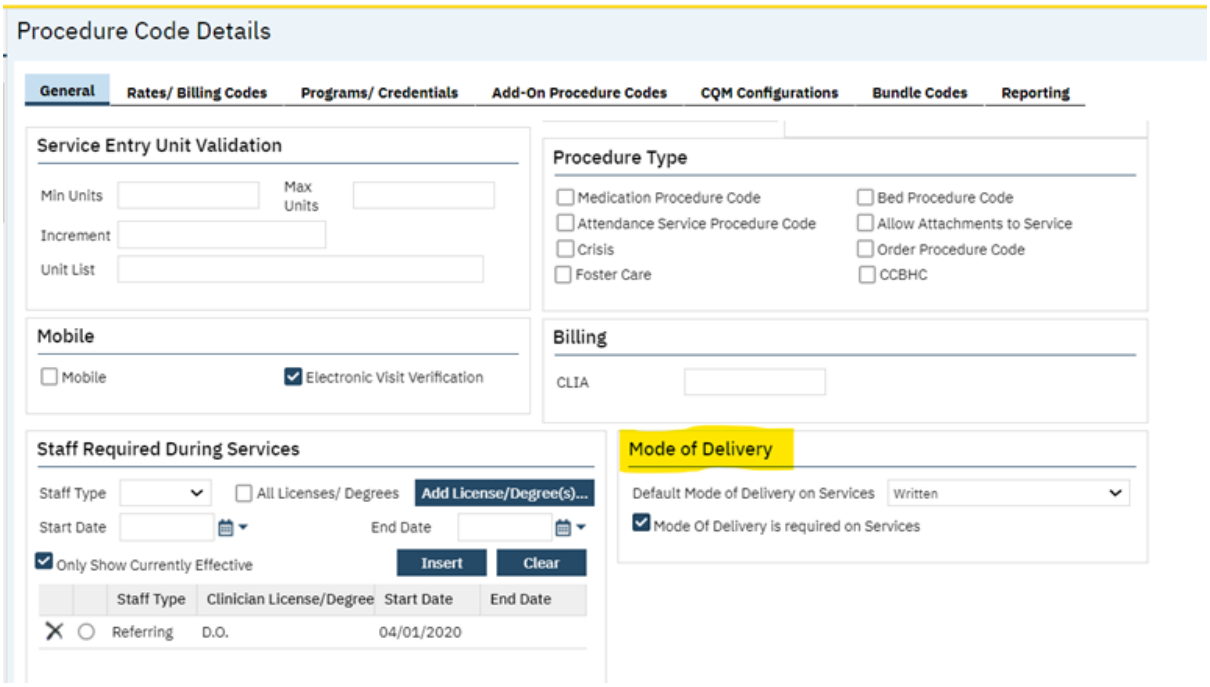
Note: This is applicable only to the screens in which the Mode of Delivery field is shown/hidden based on the existing configuration key "ShowCoreModeOfDeliveryField".

Screenshot for Mode of Delivery field's screen IDs are mapped with the Recode Category "SetScreensToHideModeOfDelivery":



The Mode of Delivery fields are hidden from the following screens.

1. **Procedure/Rates:** The Mode of Delivery fields in Procedure Code Details screen.



The Mode of Delivery field is hidden in the Procedure Code Details screen.

Procedure Code Details

General | Rates/ Billing Codes | Programs/ Credentials | Add-On Procedure Codes | CQM Configurations | Bundle Codes | Reporting

Specify Non-Billable Plans...

Service Entry Unit Validation

Min Units | Max Units
Increment
Unit List

Procedure Type

- Medication Procedure Code
- Attendance Service Procedure Code
- Crisis
- Foster Care
- Bed Procedure Code
- Allow Attachments to Service
- Order Procedure Code
- CCBHC

Mobile

- Mobile
- Electronic Visit Verification

Billing

CLIA

Staff Required During Services

Staff Type | All Licenses/ Degrees | Add License/Degree(s)...
Start Date | End Date
Only Show Currently Effective | Insert | Clear

		Staff Type	Clinician License/Degree	Start Date	End Date
X	○	Referring	D.O.	04/01/2020	

2: Service Detail screen: The Mode of Delivery fields in Service Detail screen.

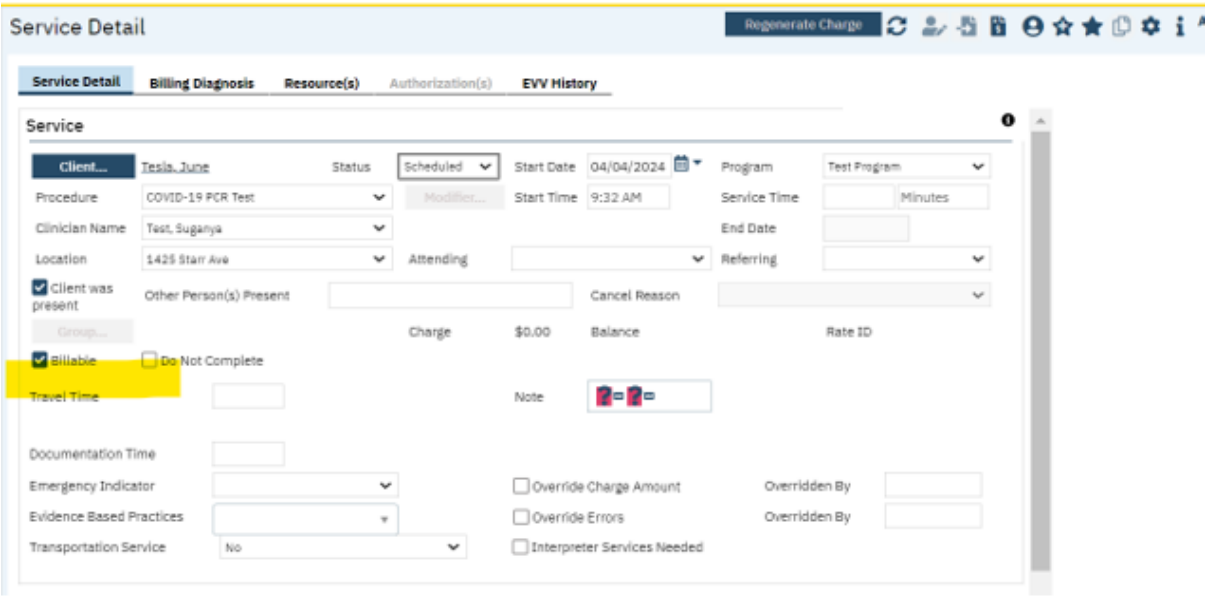
Service Detail | Regenerate Charge

Service Detail | Billing Diagnosis | Resource(s) | Authorization(s) | EVV History

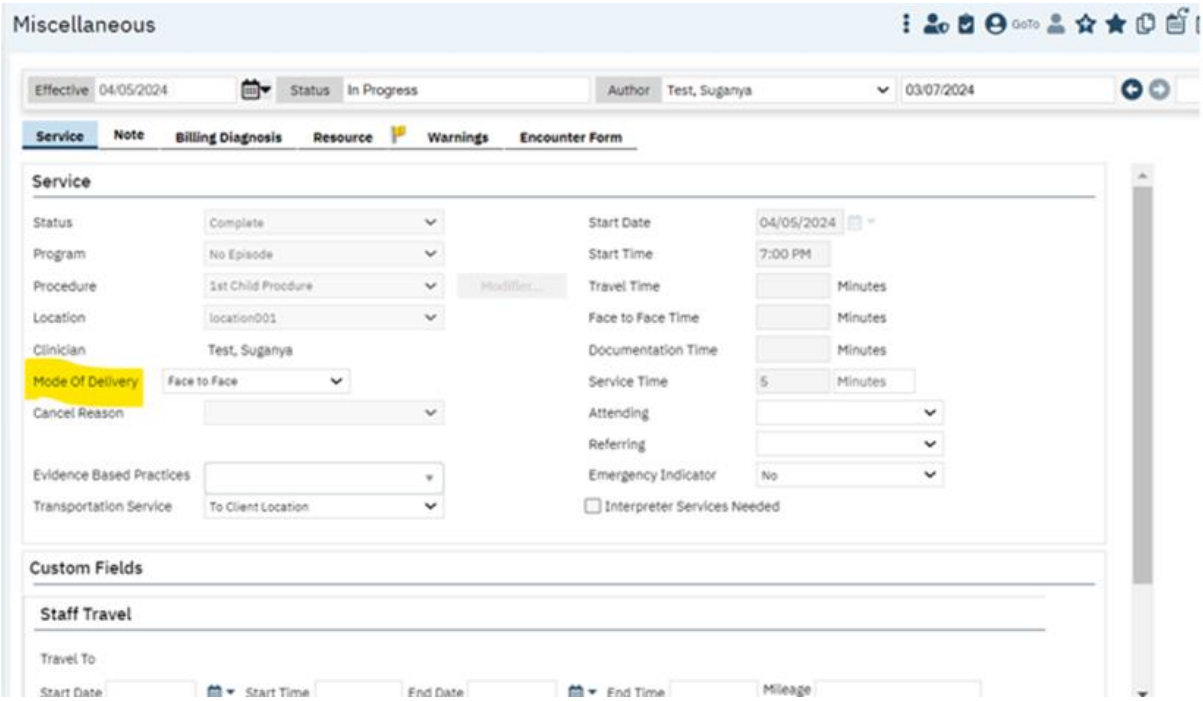
Service

Client... | Tesla, June | Status | Scheduled | Start Date | 04/04/2024 | Program | Test Program
Client is not enrolled in this program.
Procedure | COVID-19 PCR Test | Modifier... | Start Time | Service Time | 0.00 | Minutes
Clinician Name | Test, Suganya | End Date
Location | 1425 Starr Ave | Attending | Referring
Client was present | Other Person(s) Present | Cancel Reason
Group... | Charge | $0.00 | Balance | Rate ID
Billable | Do Not Complete
Mode Of Delivery
Travel Time | Note

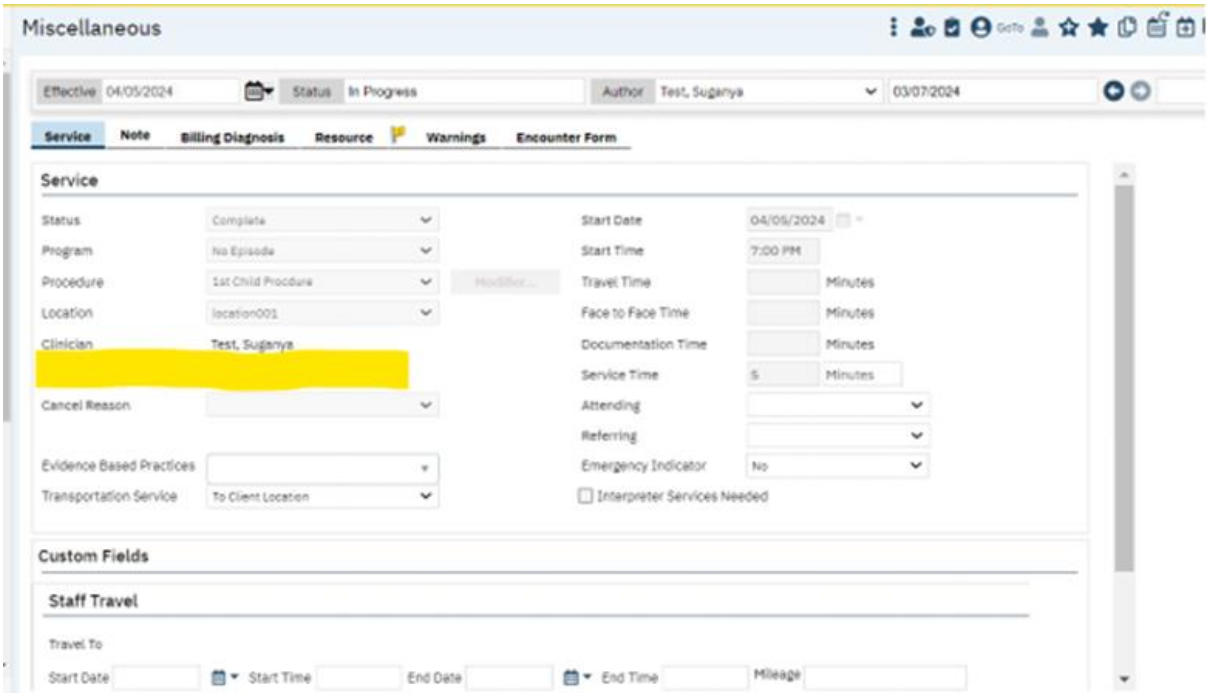
The Mode of Delivery field is hidden in the Service Detail screen.



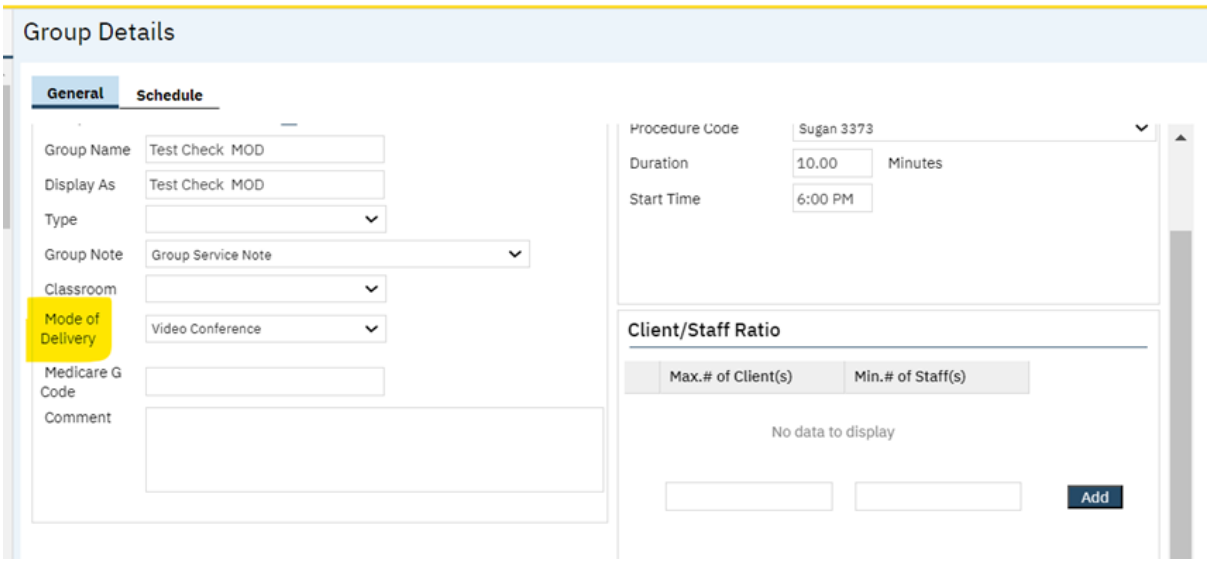
3. Services/Notes Detail screen: The Mode of Delivery field in Service/Note Detail screen.



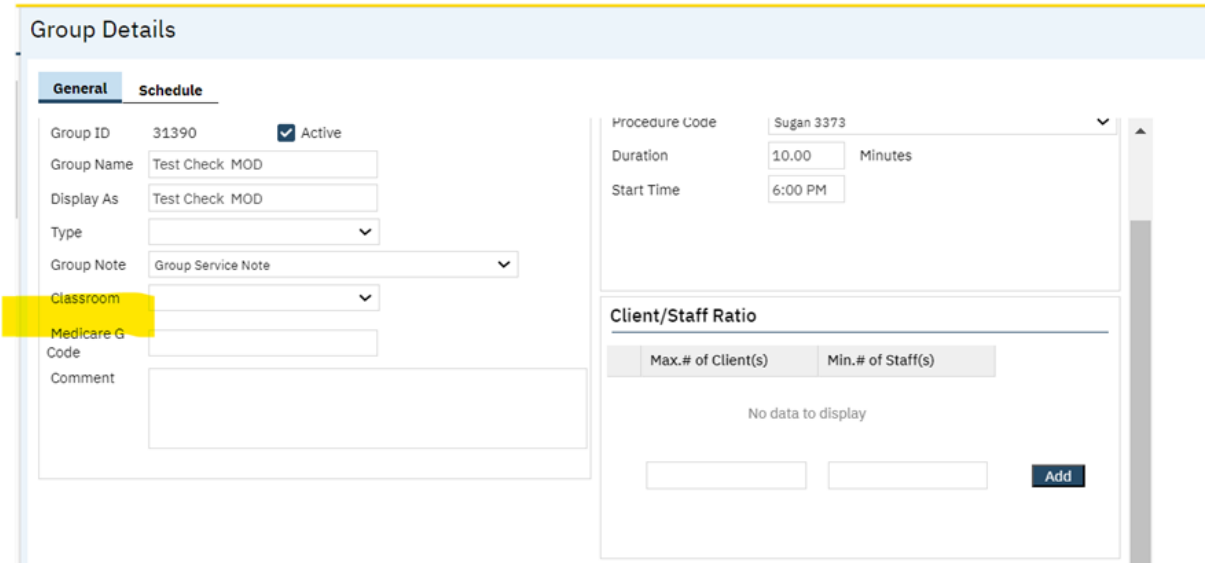
The Mode of Delivery field is hidden in the Service/Note Detail screen.



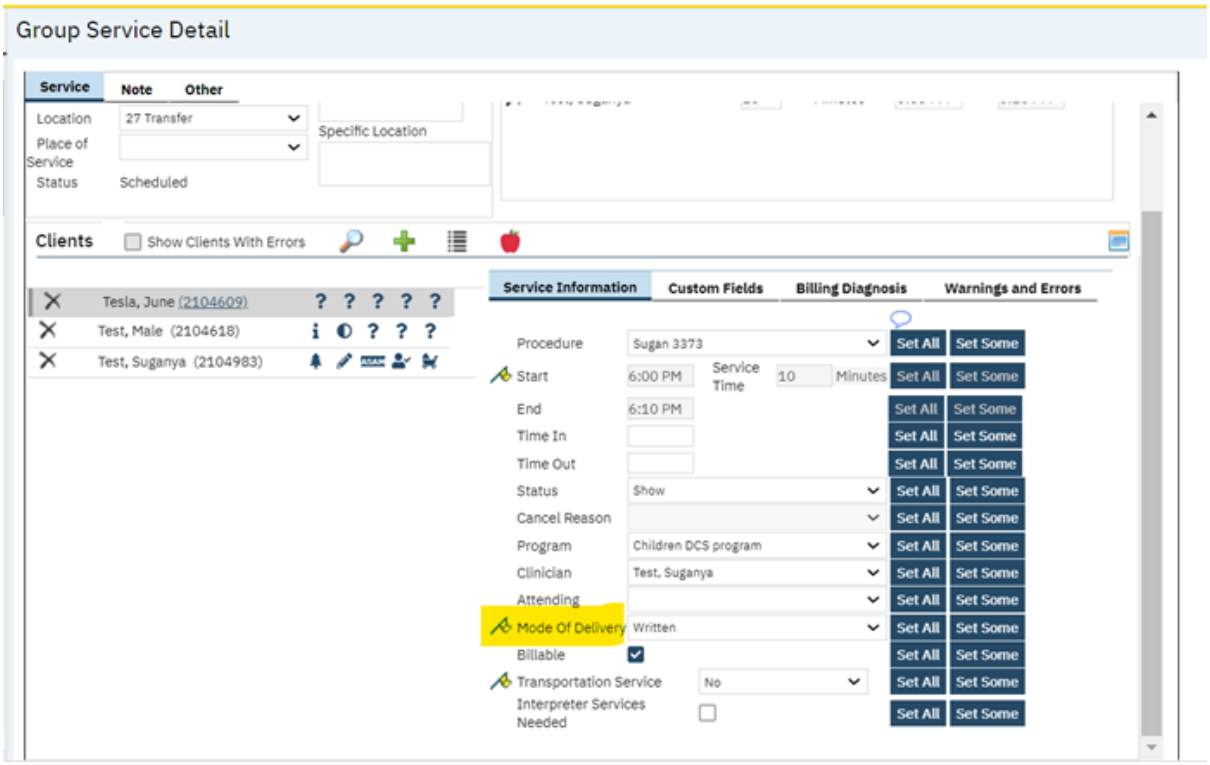
4. **Group Details Screen:** Mode of Delivery fields in the Group Detail screen.



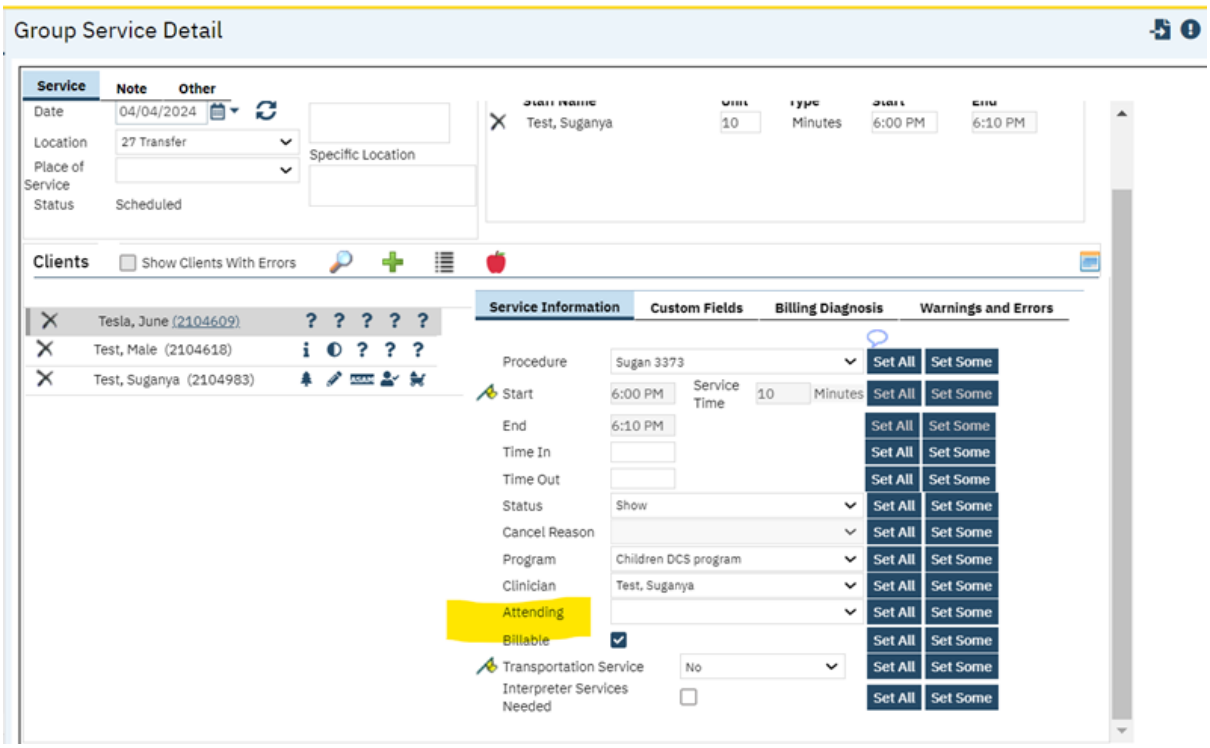
The Mode of Delivery field is hidden in the Group Detail screen.



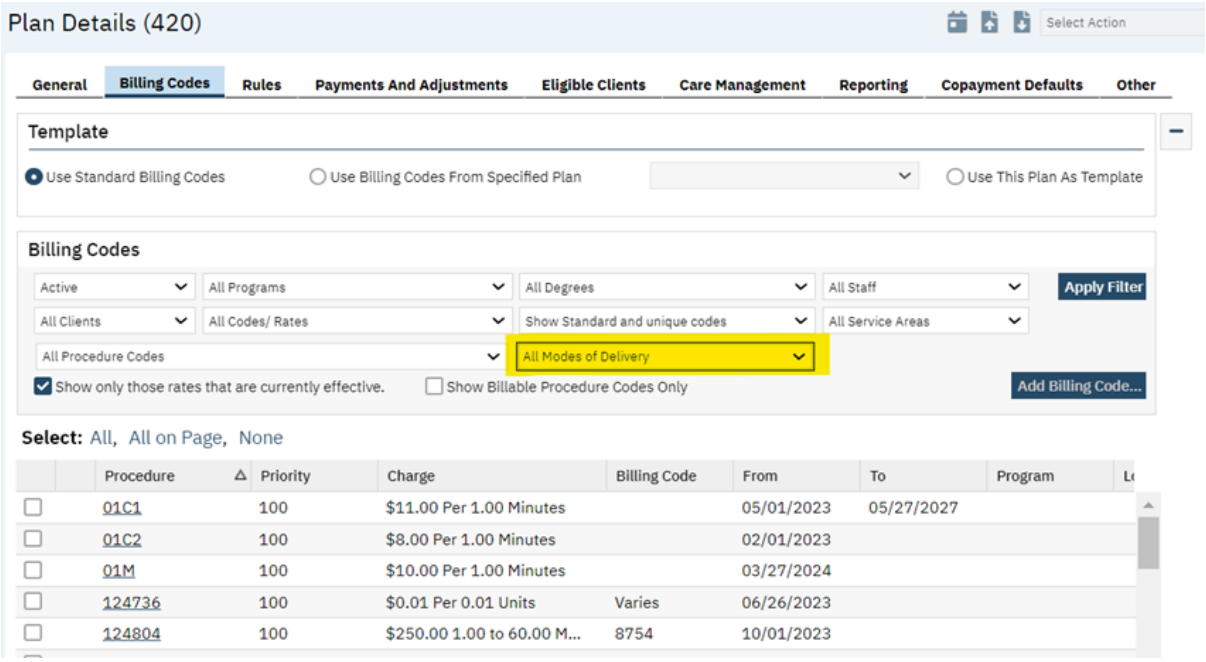
5. Group Service Detail screen: The Mode of Delivery fields in the Group Service Detail screen.



The Mode of Delivery field is hidden in the Group Detail screen.



6. Plans Detail screen: The Mode of Delivery fields in the Plan Details screen under Billing Code Tab.



The Mode of Delivery field is hidden in the Plan details screen under the Billing Code Tab.

Plan Details (420)

Select Action

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

Template

Use Standard Billing Codes | Use Billing Codes From Specified Plan | Use This Plan As Template

Billing Codes

Active | All Programs | All Degrees | All Staff | Apply Filter

All Clients | All Codes/ Rates | Show Standard and unique codes | All Service Areas

All Procedure Codes

Show only those rates that are currently effective. | Show Billable Procedure Codes Only | Add Billing Code...

Select: All, All on Page, None

Procedure	Priority	Charge	Billing Code	From	To	Program
01C1	100	$11.00 Per 1.00 Minutes		05/01/2023	05/27/2027	
01C2	100	$8.00 Per 1.00 Minutes		02/01/2023		
01M	100	$10.00 Per 1.00 Minutes		03/27/2024		
124736	100	$0.01 Per 0.01 Units	Varies	06/26/2023		
124804	100	$250.00 1.00 to 60.00 M...	8754	10/01/2023		
124919	100	$100.00 1.00 to 60.00 M...	8965	07/01/2023		
124919 (Add)	100	$150.00 1.00 to 60.00 M...	55632	07/01/2023		

Screenshot for Mode of Delivery fields in the Plan Details screen under Payments and Adjustments tab.

Plan Details

Select Action

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

Template

Use From Specified Plan | Use This Plan as a Template | Copy expected values from this plan

Auto Adjustment: On Charge Creation | On Claim Creation | Adjustment Code

Payments and Adjustments

Pay ID | Billing Codes | Revenue Code | From 04/04/2024 | To

Expected Payment | % | Allowed Amount | % | Priority 100

Program(s)... | Location(s)... | Degree(s)...

Staff... | Client... | Service Area(s)...

Client Present | Client Not Present | N/A | Place Of Service... | Procedure(s)...

Adjustment Code | Mode of Delivery...

Show only Expected Payments and Allowed Amounts that are currently effective | Copy Rate | Insert | Clear

Billing Code	Payment/Allowed	From	To	Program	Procedure	Location

The Mode of Delivery field is hidden in the Plan details screen under Payments and Adjustments tab.

Plan Details

Select Action

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

Template

Use From Specified Plan

Use This Plan as a Template

Copy expected values from this plan

Auto Adjustment: On Charge Creation On Claim Creation

Adjustment Code

Payments and Adjustments

Pay ID | Billing Codes | Revenue Code | From 04/04/2024 | To

Expected Payment | % | Allowed Amount | % | Priority 100

Program(s)... | Location(s)... | Degree(s)...

Staff... | Client... | Service Area(s)...

Client Present | Client Not Present | N/A | Place Of Service... | Procedure(s)...

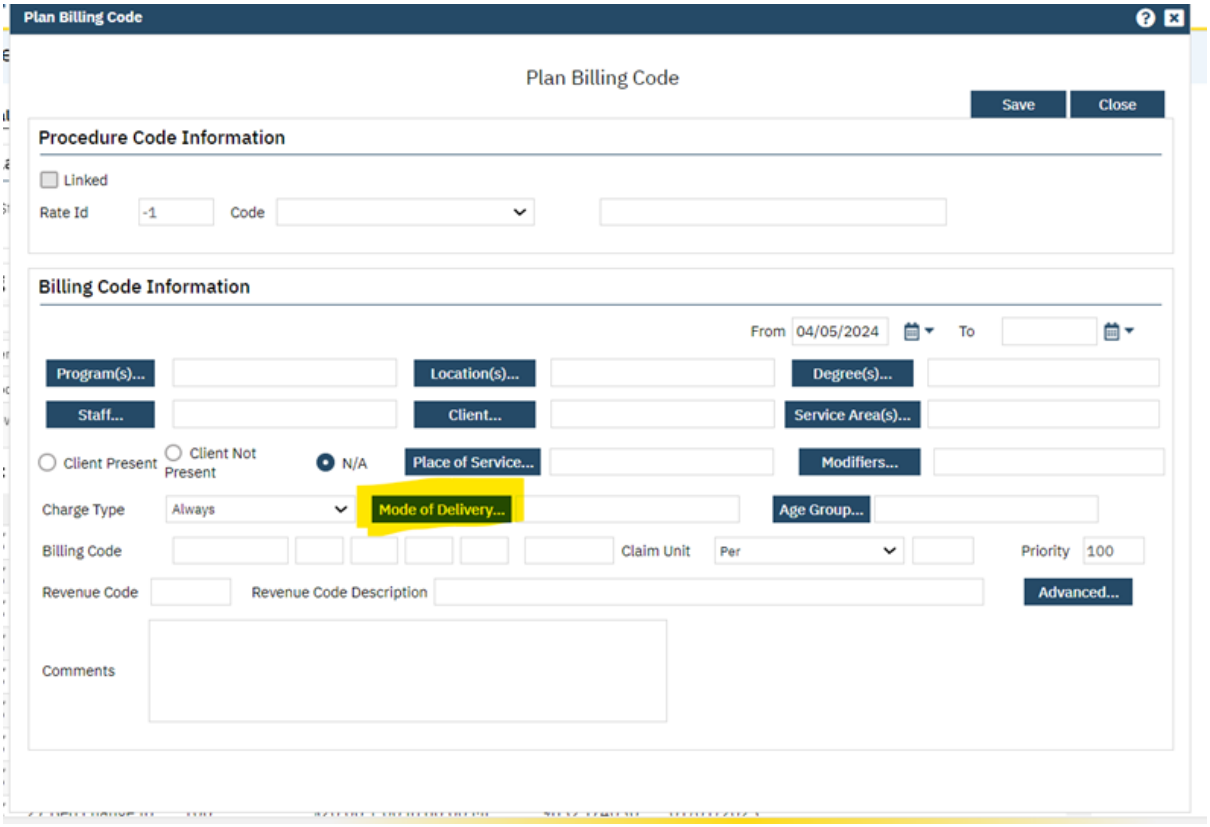
Adjustment Code

Show only Expected Payments and Allowed Amounts that are currently effective

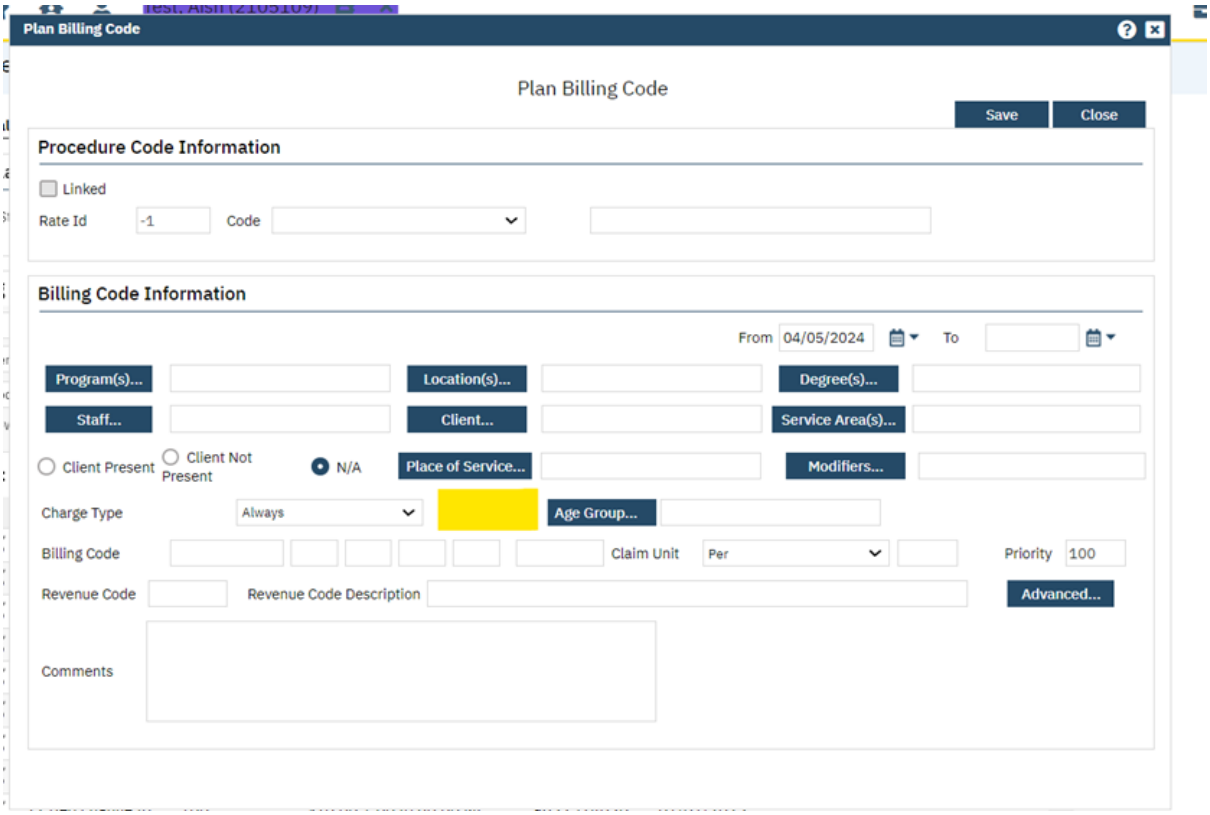
Copy Rate | Insert | Clear

Billing Code	Payment/Allowed	From	To	Program	Procedure	Location

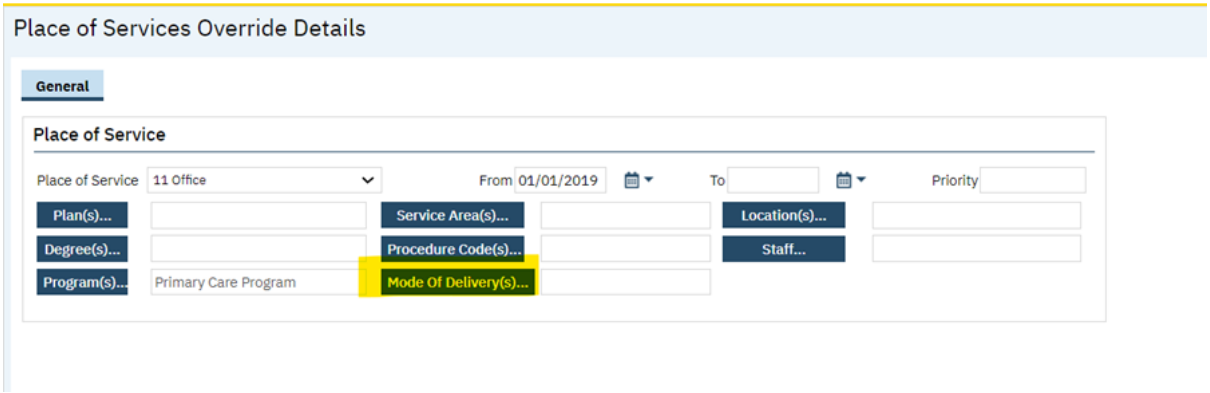
The Mode of Delivery fields in the Plan details screen under Billing Code Tab in the Plan Billing Code Popup:



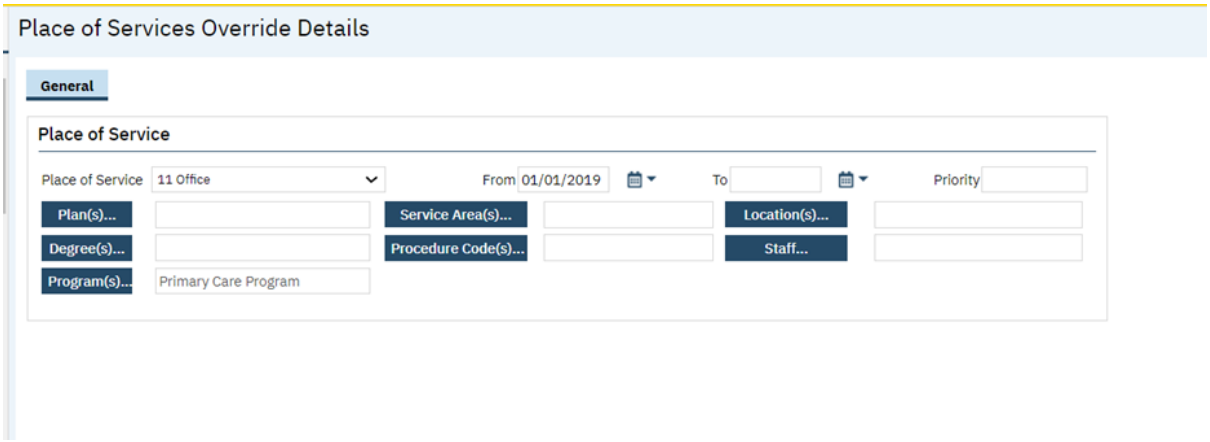
The Mode of Delivery field is hidden in the Plan details screen under the Billing Code Tab in the Plan Billing Code Popup



7. Place of Services Override Details Screen: The Mode of Delivery fields in the Place of Services Override Details Screen.



The Mode of Delivery field is hidden in the Place of Services Override Details Screen.



Author: Aishwarya Bommaklar

157.EII # 126315: To remove the validation on changing the procedure code when the Procedure Code is not mapped with any Note type.

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

Navigation Path 1: Client – Medical Progress Note – Click on New icon – Select the Template from the pop up – Click on OK - Click on Sign icon – Select the Override Procedure Code in EM Sign Note pop up– Click on Ok.

Navigation Path 2: My Office – Services – Select the above Service created by the Medical Progress Note – Select Error, Copy and Move Note from Select Actions drop down – Click "Yes" from the pop up.

Navigation Path 3: Client – Services – Select the Service New Service created by the Error, Copy and Move Service – Click on DOS hyperlink – Click on Override Service Detail icon – Change the Procedure code and Select the Procedure code which is not mapped with any Note Type – Click on Save icon.

Functionality 'Before' and 'After' release:

With this release, in the Service Details screen, when the user changes the Procedure Code and Selects the Procedure code which is not mapped with any Note Type, the below validation message is removed.

Validation Message: "You can not set a Procedure code which is associated with a different Associated Note Id"

Now, SmartCare allows to change the Procedure Code which is not mapped with any Note type.

Author: Sahana Gururaja

158.Core Bugs # 125575: Duplicate services were created once the bed changes are applied.

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

Prerequisite 1: Select the below-mentioned check box in the program details screen., through the below-mentioned **path:**

Go search -Programs (Administration)—Click on the required program name hyperlink-- In the 'categories' section- click on the 'Inpatient Program' checkbox 'Automatic Attendance For Bed Assignment' check box and 'Create Service for Same Day Admit and Discharge' check box -- Click on Save button.

Prerequisite 2: Create inpatient visits for the above program, using the below-mentioned **path:**

Client Search - Go search – 'Bed board' (My Office) – 'Admit' to Client in 'Bed board'.

Note: Ensure that the "ssp_SCCreateServicesBedAssignments" job is executed.

The job will create bed service entries for a client.

Prerequisite 3: Navigate back to the 'Bed Board' screen of a client and apply the required actions such as 'Bed Change' or 'Transfer' Add the required details and save the screen.

Prerequisite 4: Re-execute the "ssp_SCCreateServicesBedAssignments" job.

Navigation Path: Go Search-Services (Client).

Functionality 'Before' and 'After' release:

Before this release, here was the behaviour. The "ssp_SCCreateServicesBedAssignments" job was creating a duplicate bed service entry for a client when the changes were applied in the bed board screen.

With this release, the above-mentioned issue has been resolved. Now, the duplicate service entries are not created for a client whenever the bed changes are applied. The"ssp_SCCreateServicesBedAssignments" job will error out the old services and will create a new service with 'Show' status, according to the bed change details.

Author: Aishwarya Bommaklar

159.Core Bugs # 127277: Services: Clinician was changed for the future services as well instead retaining the original Clinician when the user changes Clinician for one of the recurrence services.

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

Navigation Path 1: Client – Services list page – Click on New icon – Enter all the required details – Click on Save icon – Click on Make Recurring icon – Enter the details – Select Create Immediately checkbox – Click on OK button.

Navigation Path 2: Client – Services list page – Select one of the above recurrence service and click on DOS hyperlink – Change the Clinician – Click on Save icon.

Navigation Path 3: Client – Services list page – Select one of the above recurrence service and click on DOS hyperlink – Click on Edit Recurrence icon – Extend the end date and Select Create Immediately checkbox – Click on OK button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user changed Clinician for one of the recurrence services

and extended the End date, Service Clinician was changed for the future services as well instead of retaining the original Clinician. In the Calendar and Reception screens also, the future services were displayed under the new Staff.

With this release, the above-mentioned issue is resolved. Now, for only one of the Recurrence services the Clinician is changed and the Clinician for future Services will retain the original Clinician.

Author: Madhu Basavaraju

160.Core Bugs # 127367: The completed recurring services are deleted when the clinician/staff changes the schedule.

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

Navigation Path: Go search -Services (Client) -Click on New- Enter all the fields -Save- Click on Make Recurring icon - Recurring service pop up opens enter the start date and End date range - Select weekly radio button for every Thursday on recurrence pattern then click on 'Ok'.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the Clinicians/Staff ended the recurrence services before the planned end date, the completed services were deleted in that date range.

With this release, the above-mentioned issue is resolved. Now, when the clinicians/staff ends the recurrence services before the planned end date, then the completed services are not deleted in that date range and it is deleting the services of 'Show', 'Schedule' statuses.

Author: Aishwarya Bommaklar

161.Core Bugs # 127469: Services screen: The status drop down values are not displayed in the sort order.

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

Navigation Path 1: Administration – Global Codes – Select 'SERVICESTATUS' – Click on Category hyperlink – Select the radio button beside the Code ID – Change the Sort Order – Click on Modify button – Click on Save icon.

Navigation Path 2: Client – Services screen – Click on New icon – Select Status drop down.

Navigation Path 3: Client – Services/Notes screen – Click on New icon – Select Status drop down.

Navigation Path 4: My Office– Group Services screen – Click on Date of Service hyperlink – Select Status drop down in Group Service detail screen.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Status dropdown values in the Service Detail screen were not displayed in the sort order specified in the Global code category 'SERVICESTATUS'.

With this release, the above-mentioned issue is resolved. Now, the Status dropdown values are displayed based on the sorting order specified in the Global Code category 'SERVICESTATUS'.

Author: Aishwarya Bommaklar

162.Core Bugs # 127475: Services: Validation message is not updated when the label name changed from Hotkey.

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

Navigation Path 1: Client – Services screen – Click on New icon – Edit the label name using the Hot Key 'Ctrl+Alt+L' for Total Duration field – Click on Save icon without entering the value for Total Duration.

Navigation Path 2: Client – Services/Notes screen – Click on New icon – Edit the label name using the Hot Key 'Ctrl+Alt+L' for Total Duration field - Click on Save icon without entering the value for Total Duration.

Navigation Path 3: My Office – Group Services screen – Click on Date of Service hyperlink – Edit the label name using the Hot Key 'Ctrl+Alt+L' for Total Duration field - Click on Save icon without entering the value for Total Duration.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user changed the label name using the Hot Key ('Ctrl+Alt+L') for Total Duration field, then the validation message was not updated as per the new label name.

With this release, the above-mentioned issue is resolved. Now, when the user changes the label name using the Hot key(('Ctrl+Alt+L'), then the validation message is updated as per the new label name.

Services/Notes

Reference No	Task No	Description
163	Core Bugs # 126847	IP Psych Note is not showing program in signed PDF.
164	Core Bugs # 127314	Psychiatric Note: The 'Fund of Knowledge' radio button selections are switched from one another in the MSE sub-tab.
165	Core Bugs # 127330	Psychiatric Note: Child&Adolescent tab incorrectly populating for an adult client.
166	Core Bugs # 127333	Greater than/less than symbols are replaced by HTML entities on the PDF of documents.
167	Core Bugs # 127534	Batch Service Entry Not Working.

Author: Praveen Gangadhara

163. Core Bugs # 126847: IP Psych Note is not showing program in signed PDF.

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

Navigation Path: Client – Services /Notes (Client) - enter Program, procedure and Location and other details – Sign the service note.

Functionality 'Before' and 'After' release:
Before this release, here was the behavior. In 'IP Psychiatric Note' service note, when the user signed the service note, the 'Program' name was not displaying in the PDF.

With this release, the above-mentioned issue has been resolved. Now in 'IP Psychiatric Note' service note, when the user signs the service note, the 'Program' name is displayed in the PDF.

Author: Kiran yogendra

164. Core Bugs # 127314: Psychiatric Note: The 'Fund of Knowledge' radio button selections are switched from one another in the MSE sub-tab.

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

Navigation Path: Client Search -Select Client - Select Services/Notes- Service/Note List Page - Click on new icon - Service Note detail page-Select Psychiatric Procedure from the procedure drop down- Enter all the required information -Click on Save -Click on Note tab-Click on MSE sub-tab- Fund of Knowledge section.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user selected the 'Fund of Knowledge WNL for development level' radio button in the 'Fund of Knowledge' section and then clicked any of the checkboxes in the 'As evidenced by age appropriate' section, then the system was automatically switched to the '"Assessed" radio button in the Fund of Knowledge section under the 'MSE' tab of Psych Note.

With this release, the above-mentioned issue is resolved. Now, when a user selects 'Fund of Knowledge WNL for development level' radio button in the 'Fund of Knowledge section' under the 'MSE' tab of Psych Note, and then clicks any of the checkboxes in the 'As evidenced by age appropriate' section, the system is not switching to the "Assessed" radio button in the 'Fund of Knowledge' section.

Author: Manjunath Mallipatil

165. Core Bugs # 127330: Psychiatric Note: Child&Adolescent tab incorrectly populating for an adult client.

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

Navigation Path: Login to Smart Care Application -- Select a client (Adult Client) -- Services/Notes (Client) -- Click on New Button -- Enter all the details in the service Notes screen -- Select a procedure which is associated with Psychiatric Note -- Click ON Note Tab -- Click on Medical Decision-Making Sub tab -- Navigate to Plan

Section -- Enter the details in the plan section -- Click on save button.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When a user added data in the fields of the Plan Section in the Medical Decision-Making tab of Psychiatric Note and saved the note, the Child & Adolescent tab was enabled for the adult client.

With this release, the above-mentioned issue has been fixed, Now when a user adds data in the fields of the Plan Section in the Medical Decision-Making tab of Psychiatric Note and saves the note, the Child & Adolescent tab will not be enabled for the adult client.

Author: Kiran Yogendra

166. Core Bugs # 127333: Greater than/less than symbols are replaced by HTML entities on the PDF of documents.

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

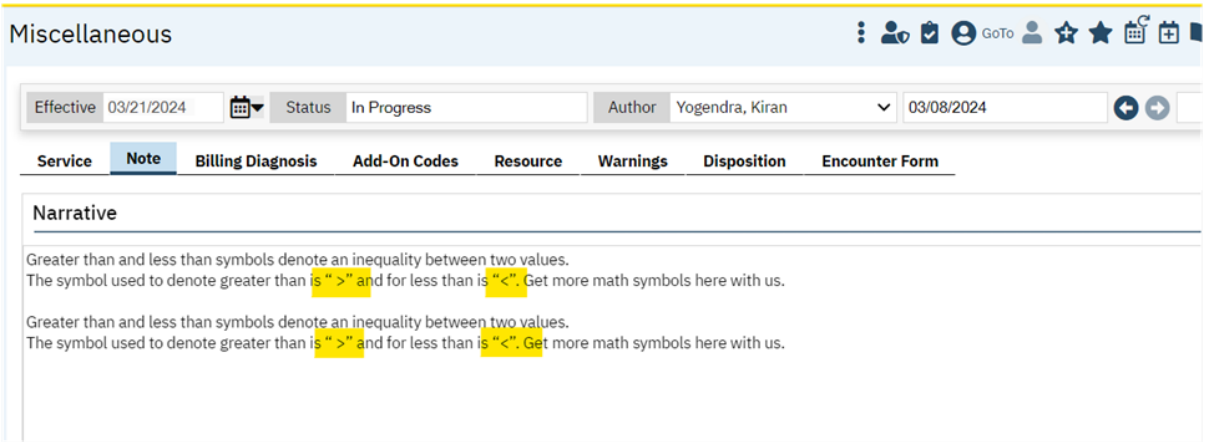
Navigation Path: Open a Client - Go to the 'Clinical Documents' – Go to the 'Services/Notes' sub – Create New - Select the Procedure related to the 'Miscellaneous' Note – Enter the required values in the 'Service' tab – Click on the 'Note' tab – Enter some data in 'Narrative' section – Click on Save button – Click on 'View' icon.

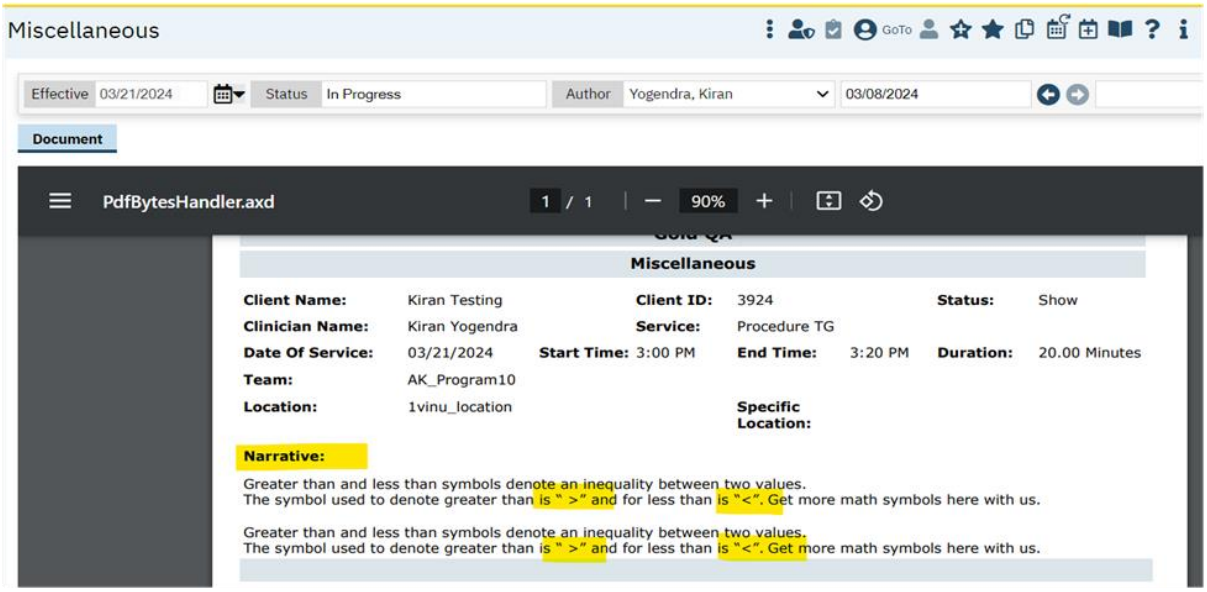
Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The data entered with greater than (>)/less than (<) symbols in the 'Narrative' section of the Note tab in Miscellaneous service note, are displayed as their HTML entities (>/<) on the PDF.

With this release, the above-mentioned issue has been resolved. Now, the 'Narrative' section data with greater than (>)/less than (<) symbols are displayed as it is on the View/Signed PDF.

Screenshot for reference:





Author: Kiran Yogendra

167. Core Bugs # 127534: Batch Service Entry Not Working.

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

Navigation Path: Go search **-**Batch Service Entry– Select a Date – Select a Program – Apply filter – Select the Client checkbox - Input all the details – Click on Save.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to create a Service on the 'Batch Service Entry' screen, the user faced slowness in loading the page and ended in timeout altogether or eventually threw one of the following errors:

Error Messages:

1. Error occurred during dataset merge process at server side, please contact system administrator for further assistance.

2. Object reference not set to an instance of an object.

3. Exception of type 'System.OutOfMemoryException' was thrown.

With this release, the above-mentioned issue has been resolved. Now, the users can create a Service from the Batch Service Entry screen without any errors being displayed and no slowness observed.

SmartCare Improvements

Reference No	Task No	Description
168	EII # 126162	Document/Service Note: Changes in the 'View Message' Popup.
169	Core Bugs # 124981	Performance issue in loading the page wherever selecting the staff from the staff drop downs.
170	Core Bugs # 127301	'Processing' icon issue while clicking on 'Number Of Times Rescheduled' hyperlink in the 'Reception/Front Desk' list page.

Author: Akshay Vishwanath

168. EII # 126162: Document/Service Note: Changes in the 'View Message' Popup.

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

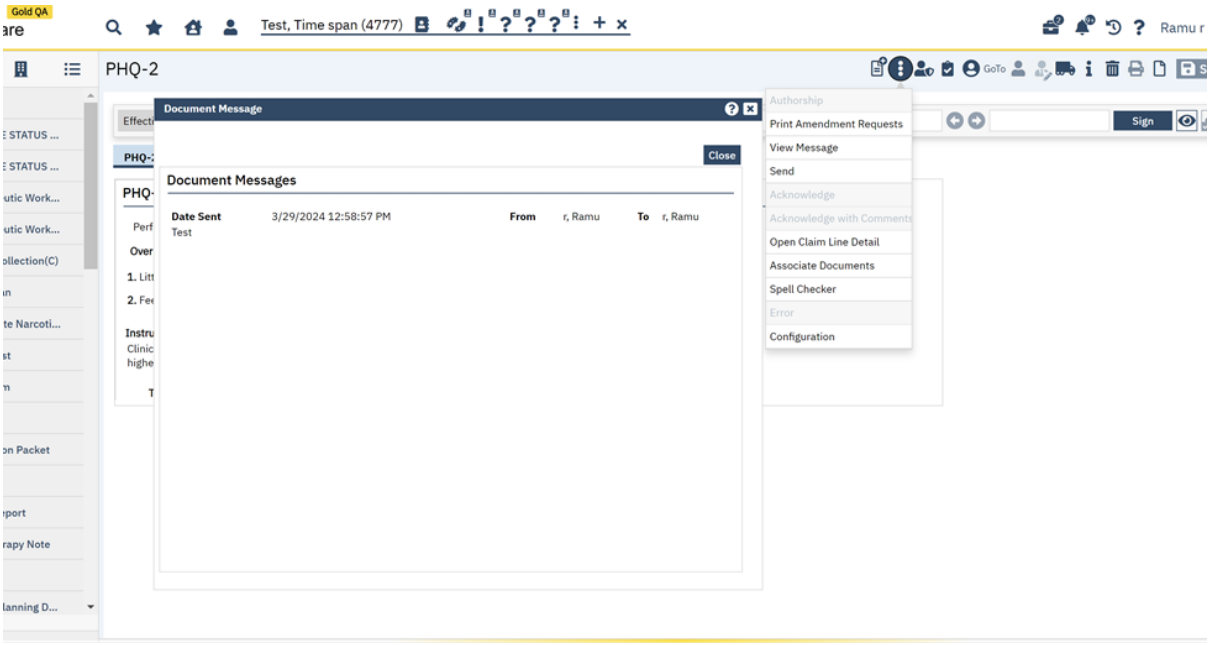
Navigation Path: 'Client' – 'Document/Service Note' – click on three dots from the toolbar – click on 'View message' – 'Document Message' popup appears.

Functionality 'Before' and 'After' release:

Purpose: To Allow the View Message document popup to remain open and the document author to make changes on a document in the background, similar to how the Validation popup works in SmartCare currently.

With this release, in any 'Document/Service Note', when the user clicks on the 'View Message' option, the 'Document Message' popup will open and the user can edit the 'Document Details' even when the 'Document Message' Popup is present.

Screenshot:



Author: Sunil Belagali

169. Core Bugs # 124981: Performance issue in loading the page wherever selecting the staff from the staff drop downs.

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

Prerequisites: Staff exists with StaffAccessRule configuration as "LimitedStaff".

Navigation Path 1: 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' – Grant only 'Limited Staff' Permission Item – Save.

Navigation Path 2: Login to SmartCare Application with the required staff name from (Navigation Path 1)– Navigate to any screen that has 'Clinician' dropdown (Ex: Program Assignments, Patient Lists/Reminders, Reception/Front Desk & etc).

Functionality 'Before' and 'After' release:
Before this release here was the behavior. For the Staff who had only "LimitedStaff" StaffAccessRule permission, then the user selected the staff in any of the screens that had staff dropdowns, there was a latency issue in loading the page and with the staff dropdowns.

With this release, the above-mentioned issue has been resolved. Now, for the Staff who has only "LimitedStaff" StaffAccessRule permission, then the user selects the staff in any of the screens that have staff dropdowns, the page and the staff dropdowns are loading fine without any issues.

Author: Niroop Hassan

170. Core Bugs # 127301: 'Processing' icon issue while clicking on 'Number Of Times Rescheduled' hyperlink in the 'Reception/Front Desk' list page.

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

Navigation Path: 'My Office' -- 'Reception/Front Desk' -- 'Reception/Front Desk' list page -- Click on 'Number Of Times Rescheduled' hyperlink.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. The 'Reception/Front Desk' list page, when the user clicked on 'Number Of Times Rescheduled' hyperlink, a giant 'Processing' icon appeared before navigating to the next screen.

With this release, the above-mentioned issue has been resolved. Now, when the user clicks on 'Number Of Times Rescheduled' hyperlink in the 'Reception/Front Desk' list page, the default 'Processing' icon is displayed before navigating to the next screen.

Team Scheduling

Reference No	Task No	Description
171	Core Bugs # 127466	Error when trying to access the documents in Team Scheduling and My Documents screen.

Author: Kiran Yogendra

171. Core Bugs # 127466: Error when trying to access the documents in Team Scheduling and My Documents screen.

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

Navigation Path1: My Office – Team Scheduling.

Navigation Path2: My Office – My Documents.

Functionality 'Before' and 'After' release:

Before the release, here was the behavior. When the user tried to access the clients' documents from Team Scheduling and My Documents list page, the below error message was displayed.

Error message: Object cannot be cast from DBNull to other types.

With this release, the above-mentioned issue has been resolved. Now, when the user tries to access the clients' documents from the Team Scheduling and My Documents list page, an error message is not displaying and are able to access the documents successfully.

Telehealth

Reference No	Task No	Description
~~172~~	~~EII # 124198~~	~~Implementation to take the telehealth URL from the Resource screen, and update in telehealth screen.~~
~~173~~	~~Core Bugs # 126972~~	~~Telehealth: The Telehealth Meeting Details are not deleting when the user cancels or reschedules the Services from the 'Reception' screen.~~
~~174~~	~~Core Bugs # 127295~~	~~The Telehealth Zoom provider Password is not getting generated and it is not displayed in the telehealth Setup pop-up.~~
~~175~~	~~Core Bugs # 127451~~	~~The data in the TeleHealthCredentials table were not encrypted on deleting Telehealth Provider Credentials~~

Author: Manjunath Malipatil

~~172. EII # 124198: Implementation to take the telehealth URL from the Resource screen, and update in telehealth screen.~~

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

~~**Prerequisite:**~~

1. ~~The value of the System configuration key 'ShowTelehealthVideoIcon' is set to 'Yes' through the **path:**~~

   ~~Login to SmartCare Application -- Configuration keys (Administration)-- Select 'ShowTelehealthVideoIcon' -- set the Value of the Key as 'Yes' in the Configuration Key Details screen -- Click on Save Button.~~

2. ~~The value of the System configuration key 'SetDefaultTelehealthMeetingProvider' is set to 'Manual' through the **path:**~~

   ~~Login to SmartCare Application -- Configuration keys (Administration)-- Select 'SetDefaultTelehealthMeetingProvider' -- set the Value of the Key as 'Manual' in the Configuration Key Details screen -- Click on Save Button.~~

~~**Navigation Path 1:** Login to SmartCare Application – Recodes (Administration)—select the 'ShowVideoConferenceURLForResourceTypes' recode category – In Recode Details screen add the recode – click on insert button – click on save button.~~

~~**Navigation Path 2:** Login to SmartCare Application – Resources (Administration)— Select the resource – In resources details screen --- add the meeting URL in the Video Conference URL – Click on Save button.~~

~~**Navigation Path 3:** Login to SmartCare Application – Select a Client – Services (Client) – In Services list screen -- Click on New Button – Enter all the details in the service details screen General section – Click on Resources tab – Click on Add New Hyperlink – Select a Resource Type and select the Resources – click on save button – click on Telehealth video icon – Check the Telehealth Set up pop.~~

~~**Functionality 'Before' and 'After' release:**~~

~~**Purpose:** This is a Process improvement and to reduce errors when scheduling Telehealth services.~~

~~**Note:** **This implementation will work for the customer environments who are using custom logic.**~~

~~With this release, a new Recode category called 'ShowVideoConferenceURLForResourceTypes' is added. The Mapping entity for the recodes under this category is the Global code ids of the global codes under the global code category 'RESOURCETYPE'.~~

~~**Recode Category Details:**~~

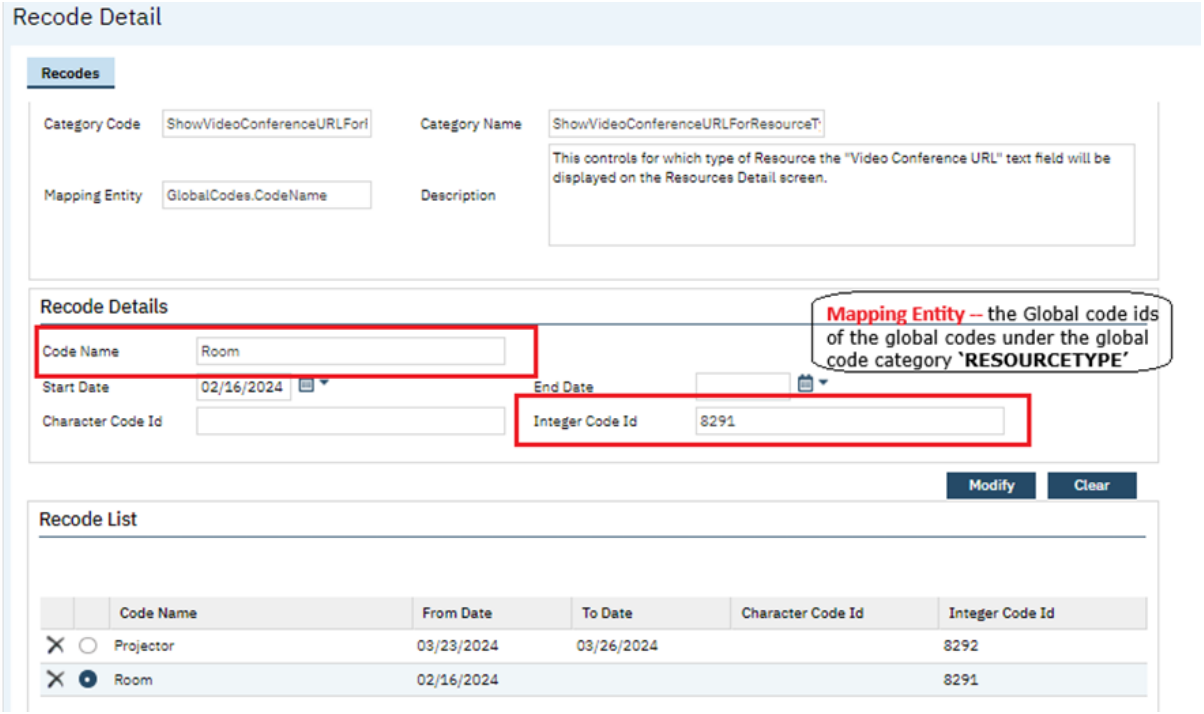
~~**CategoryCode/CategoryName:** ShowVideoConferenceURLForResourceTypes~~

~~**Description:** This controls for which type of Resource the "Video Conference URL" text field will be displayed on the Resources Detail screen.~~

~~**MappingEntity:** **GlobalCodes.CodeName**~~

~~**RecodeType:** DOMAIN (8401)~~

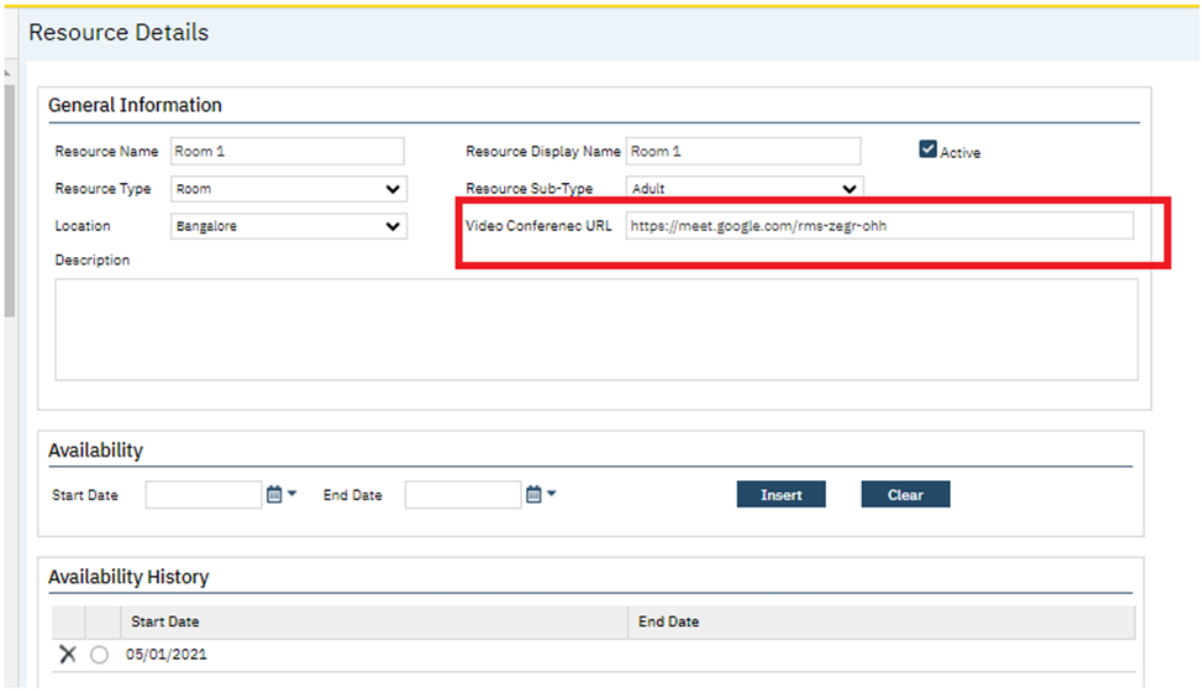
~~**RangeType:** N/A~~



~~**Note:** If this Recode has been end dated by specifying the From Date and To Date, it is considered as Inactive.~~

~~When the user adds the recode under this category a text field named 'Video Conference URL', this~~

~~will be displayed in the Resources Details screen for the type of Resource added.~~

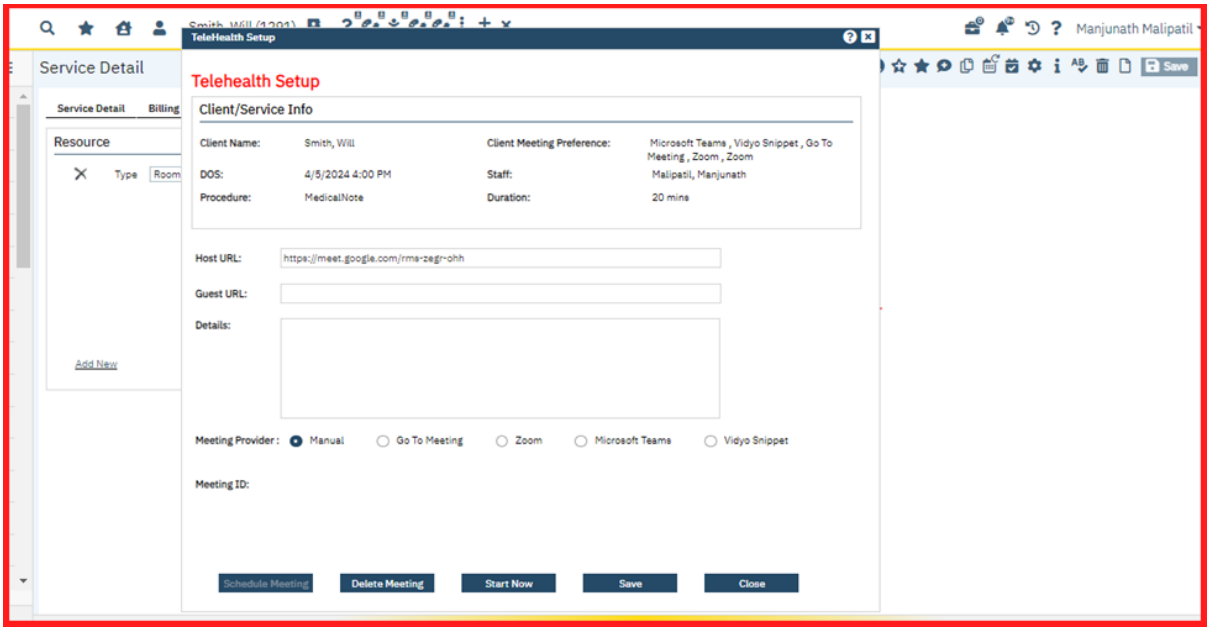


~~This Text field is controlled via a Recode "ShowVideoConferenceURLForResourceTypes". The user can add any type of meeting URL in this text Field.~~

When a service is created and saved, and resources are added to the service, the system will check for the resources type and the Video Conference URL field. When the user Creates the telehealth meeting, the following initialization will happen.

1) The "Host URL" field is initialized with the content of the 'Video Conference URL' field associated with that Resource.

2) The "Guest URL" will be kept blank.



Note: The host URL will only be initialized when the default Meeting Provider is set to Manual. If the default Meeting Provider is other Than Manual, the Host URL will not be initialized.

Data Model Changes:

VideoConferenceURL column is added with data type varchar(100) in Resources table.

Author: Manjunath Malipatil

173. Core Bugs # 126972: Telehealth: The Telehealth Meeting Details are not deleting when the user cancels or reschedules the Services from the 'Reception' screen.

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

Navigation Path 1: Login to 'SmartCare' Application – 'Client' search – Select a client – Services (Client) – 'Services' Screen – Click on 'New' icon – Enter all the details in the 'Service Details' screen – Click on 'Save' button – Click on 'Telehealth' icon – 'Telehealth Setup' popup will appear -- Enter the meeting details – 'Save' – click on 'Close' icon – Click on 'Reschedule' icon in the 'Service Details' screen – Click on 'Time Slot' when the service needs to be rescheduled – In the Popup Select 'Reschedule' radio button and provide the 'Cancel' reason – Click on 'OK' Button – In 'Service Details' screen provide the details and click on 'Save' button —'Navigate to 'My Services (My Office)' screen – Check the 'telehealth column'.

Navigation Path 2: Login to 'SmartCare' Application – 'Client' search – Select a client – 'Services' (Client)' – 'Services' Screen – Click on 'New' icon – Enter all the details in the 'Service Details' screen – Click on 'Save' button – Click on 'Telehealth' icon – 'Telehealth Setup' popup will appear -- Enter the meeting details – 'Save' – click on 'Close' icon – Navigate to 'Reception/Front desk' screen -- click on the scheduled hyperlink for the above 'Service Entry' -- In 'Change Status' Popup -- select 'Status' as 'Cancel' and select the 'Cancel' reason – Click on 'Change' Button-- Navigate to 'My Services (My Office)' screen – Check the Telehealth column.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The Telehealth Meeting Details were not deleted for the service in the following scenarios.

1. When the user canceled the Service from the 'Reception' Screen, the Telehealth meeting details were not deleted.

2. When the user rescheduled the Service from the 'Reception' screen, the Telehealth meeting details were not deleted.

With this release, the above-mentioned issue has been fixed. Now, the Telehealth meeting details are deleted when the user cancels or reschedules the Services from the 'Reception' screen without any issues.

Author: Manjunath Malipatil

174. Core Bugs # 127295: The Telehealth Zoom provider Password is not getting generated and it is not displayed in the telehealth Setup pop-up.

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

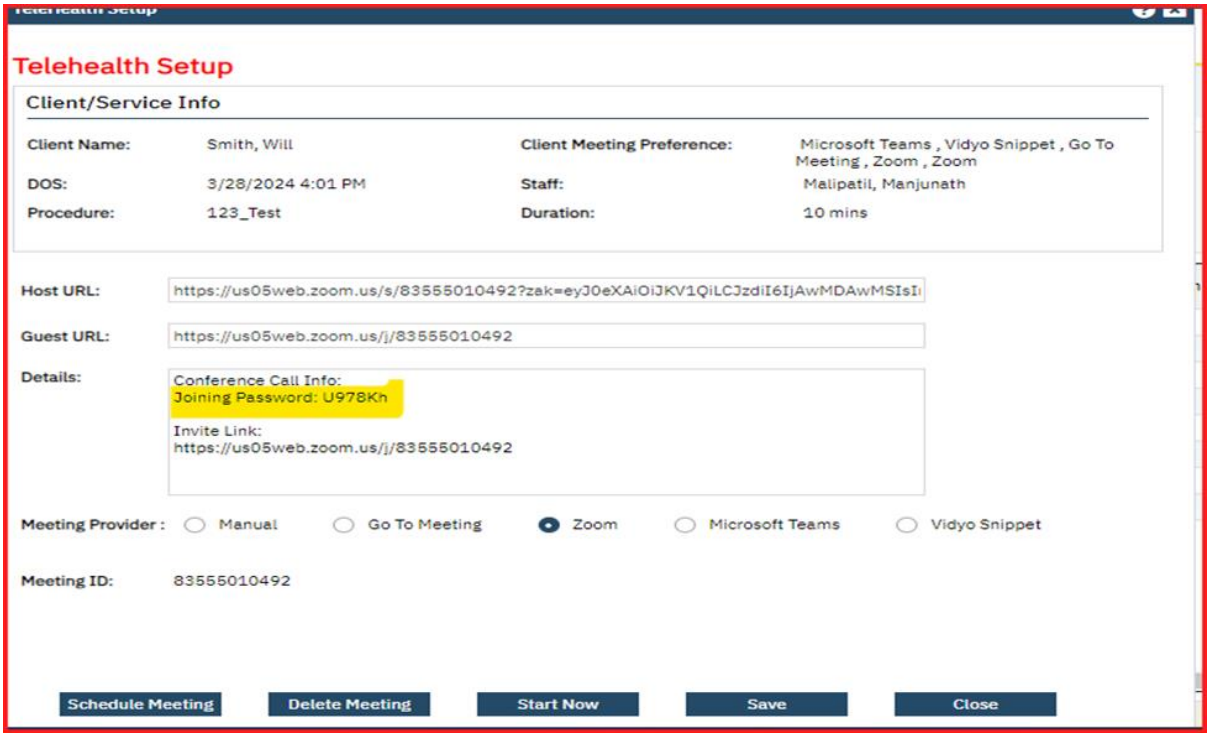
Prerequisite: The Value of the System configuration key 'ShowTelehealthVideoIcon' is set to 'Yes'.

Navigation Path: Login to SmartCare Application—Select a client – Services (Client)—Click on New Button – Enter all the details in the service details screen – Click on Save Button—Click on Schedule Telehealth meeting icon – Telehealth Setup pop-up – Create the Telehealth meeting with Zoom Provider – Check for the joining Password.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the telehealth Service was created with Zoom Provider, the 'Joining Password' was not getting generated and it was not displayed in the details field of the telehealth Setup pop-up.

With this release, the above-mentioned issue is resolved. Now, when the telehealth service is created with Zoom Provider, the 'Joining Password' is generated, and it is displaying in the details field of the telehealth Setup pop-up.



~~**Author:** Manjunath Malipatil~~

~~175. Core Bugs # 127451: The data in the TeleHealthCredentials table were not encrypted on deleting Telehealth Provider Credentials.~~

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

~~**Navigation Path:** Login to SmartCare Application – Telehealth Provider Credentials – Click on Provider name Hyperlink – In Telehealth Credentials screen click on Delete Button –Click on 'Yes' in the Confirmation Message pop up- check the TeleHealthCredentials table in the database.~~

~~**Functionality 'Before' and 'After' release:**~~

~~Before this release, here was the behavior. When the user deleted the Telehealth Provider Credentials details, the data in the TeleHealthCredentials table were not encrypted.~~

~~With this release, the above-mentioned issue has been resolved. Now, when the Telehealth Provider Credentials details are deleted, the data in the TeleHealthCredentials table is encrypted.~~

Treatment Team

Reference No	Task No	Description
176	Core Bugs # 127456	Treatment Team Details: Cannot add treatment team member staff with the same role and start date as an inactive treatment team member staff due to a validation error message.

Author: Akshay Vishwanath

176. Core Bugs # 127456: Treatment Team Details: Cannot add treatment team member staff with the same role and start date as an inactive treatment team member staff due to a validation error message.

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

Prerequisite: A treatment team member type staff is assigned to a client with inactive status through the **Path:**

'Client' search – 'Treatment Team'- 'Treatment Team Member' type Staff- Uncheck 'Active' checkbox - 'Save'.

Navigation Path: 'Client' search – 'Treatment Team'- 'Treatment team Details' screen– 'Treatment Team Member' type 'Staff'(select the same staff as 'Prerequisite').

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. When the user tried to add Treatment Team member staff with the same role and start date as inactive Treatment Team member staff, the below validation message was displayed.

Validation message: "The role is already assigned for these dates."

With this release, the above-mentioned issue has been resolved. Now, the user can add Treatment Team member staff with the same role and start date as inactive treatment team member staff without any validation being displayed.

Two/Multi Factor Authentication

Reference No	Task No	Description
177	Core Bugs # 127221	The user is not getting 2FA during login.

Author: Sunil Belagali

177. Core Bugs # 127221: The user is not getting 2FA during login.

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

Prerequisite: The System configuration key 'EnableMobileTFA' is set to Yes.

Navigation Path: Login page -- 'TFA' (Two Factor Authentication) pop-up -- Click on 'Do not have access to Device?' hyperlink -- Security Question pop-up -- Enter the 2FA sent in mail -- Click on Submit.

Functionality 'Before' and 'After' Release:

Before this release, here was the behavior. The user was not getting 2FA during SmartCare application login when the value of 'LastTFATimeStamp' in the 'StaffPreferences' table was null, and cookies were stored for the user browser.

With this release, the above-mentioned issue has been resolved. Now, the user is getting 2FA during login even when the value of 'LastTFATimeStamp' in the staffpreferences table is null and cookies are stored for the user browser.'

Widgets

Reference No	Task No	Description
178	Core Bugs # 127356	Supervisee Primary Caseload Widget Mismatch.
179	Core Bugs # 127441	Dashboard: Widget is not displayed with global Code information.
180	Core Bugs # 127454	Supervisee Primary Caseload widget: Filter not working.
181	Core Bugs # 127568	Dashboard: Contacts/Flags Widget Timing Out.

Author: Suganya Sivakumar

178. Core Bugs # 127356: Supervisee Primary Caseload Widget Mismatch.

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

Navigation Path: My Office --- Dashboard --- Search for Supervisee Primary Caseload widget --- In the Supervisee Primary Caseload widget --- Click on Values in the 'Not Seen in 3 Months' column hyperlink --- Redirect to My Caseload List page.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Supervisee Primary Caseload widget under the 'Not Seen in 3 Months' column, count was not matching with the count on the My Caseload list page and also the Timeout message appeared on the widget.

With this release, the above-mentioned issue has been resolved. Now, in the 'Not Seen in 3 Months' column count matches with the count on the My Caseload list page and the Timeout Message does not appear in the Supervisee Primary Caseload widget.

Author: Kiran Tigarimath

179. Core Bugs # 127441: Dashboard: Widget is not displayed with global Code information.

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

Navigation Path: Go search - Dashboard (My Office).

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Dashboard screen, the widget was displayed with the Global Code ID, instead of the Global code information.

With this release, the above-mentioned issue has been resolved. Now, in the Dashboard screen, the widget is displayed with the Global code information.

Author: Suganya Sivakaumar

180. Core Bugs # 127454: Supervisee Primary Caseload widget: Filter not working.

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

Navigation Path: My Office --- Dashboard--- Search for Supervisee Primary Caseload widget --- Click on All Supervisee Staff filter dropdown --- Filter by a Staff Name.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. In the Supervisee Primary Caseload widget, the user selected the Staff name from the All Supervisee Staff filter dropdown. The widget displayed the list for All Supervisee Staff, instead of the selected staff.

With this release, the above-mentioned issue has been fixed. Now, in the Supervisee Primary Caseload widget when the user selects the Staff name from the All Supervisee Staff filter dropdown, the widget displays the list according to the selected Staff in the filter.

Author: Girish Jayanna

181. Core Bugs # 127568: Dashboard: Contacts/Flags Widget Timing Out.

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

Navigation Path: Login -- Dashboard -- 'Contact/Flags' Widget.

Functionality 'Before' and 'After' release:

Before this release, here was the behavior. The "Timeout Expired" error message was displayed in the 'Contact/Flags' widget.

With this release, the above mentioned issue is fixed and the data will now appear in the 'Contact/Flags' widget.

Glossary of System Configuration Keys, Global Codes, Recodes

System Configuration Keys

119. 'DisplayInstantMessageAsAlert'

119. 'EnableSoundWhenStaffReceiveAppointmentNotification'

147.'DisplayCDAGSectionInStaffDetails'

147. 'EnableClinicalDataAccessGrouping'

156. 'ShowCoreModeOfDeliveryField'

172. 'ShowTelehealthVideoIcon'

172. 'SetDefaultTelehealthMeetingProvider'

174. 'ShowTelehealthVideoIcon'

177. 'EnableMobileTFA'

Global Codes

112.PCAPPOINTMENTSTATUS'

118.XORDERRATIONALE'

122.XReporYearUDSForFQHC'

123.XReporYearUDSForFQHC'

124.XReporYearUDSForFQHC

127.XReporYearUDSForFQHC

128.XReporYearUDSForFQHC

130.XReporYearUDSForFQHC

131.XReporYearUDSForFQHC

132.XReporYearUDSForFQHC

133.XReporYearUDSForFQHC

134.XReporYearUDSForFQHC

135.XReporYearUDSForFQHC

141.Race'

141.ETHNICITY'

141.SEXUALORIENTATION'

141.GENDERIDENTITY'

161.SERVICESTATUS'

172.RESOURCETYPE'

Recodes

112.'SetStatusForPrimaryCareAppointments'

122.UDSScreeningProcedures

122.UDSGroupVisitsProcedures

122.UDSDispenseMedsProcedures

122.UDSHealthCheckProcedure

122.UDSWICServicesProcedure

123.UDSScreeningProcedures

123.UDSGroupVisitsProcedures

123.UDSDispenseMedsProcedures

123.UDSHealthCheckProcedure

123.UDSWICServicesProcedure

124.UDSScreeningProcedures

124.UDSGroupVisitsProcedures

124.UDSDispenseMedsProcedures

124.UDSHealthCheckProcedure

124.UDSWICServicesProcedure

125.UDSScreeningProcedures

125.UDSGroupVisitsProcedures

125.UDSDispenseMedsProcedures

125.UDSHealthCheckProcedure

125.UDSWICServicesProcedure

126.UDSScreeningProcedures

126.UDSGroupVisitsProcedures

126.UDSDispenseMedsProcedures

126.UDSHealthCheckProcedure

126.UDSWICServicesProcedure

127.UDSScreeningProcedures

127.UDSGroupVisitsProcedures

127.UDSDispenseMedsProcedures

127.UDSHealthCheckProcedure

127.UDSWICServicesProcedure

128.UDSScreeningProcedures

128.UDSGroupVisitsProcedures

128.UDSDispenseMedsProcedures

128.UDSHealthCheckProcedure

128.UDSWICServicesProcedure

129.UDSScreeningProcedures

129.UDSGroupVisitsProcedures

129.UDSDispenseMedsProcedures

129.UDSHealthCheckProcedure

129.UDSWICServicesProcedure

130.UDSScreeningProcedures

130.UDSGroupVisitsProcedures

130.UDSDispenseMedsProcedures

130.UDSHealthCheckProcedure

130.UDSWICServicesProcedure

131.UDSScreeningProcedures

131.UDSGroupVisitsProcedures

131.UDSDispenseMedsProcedures

131.UDSHealthCheckProcedure

131.UDSWICServicesProcedure

132.UDSScreeningProcedures

132.UDSGroupVisitsProcedures

132.UDSDispenseMedsProcedures

132.UDSHealthCheckProcedure

132.UDSWICServicesProcedure

133.UDSScreeningProcedures

133.UDSGroupVisitsProcedures

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133.UDSHealthCheckProcedure

133.UDSWICServicesProcedure

134.UDSScreeningProcedures

134.UDSGroupVisitsProcedures

134.UDSDispenseMedsProcedures

134.UDSHealthCheckProcedure

134.UDSWICServicesProcedure

135.'HIVTreatmentProcedures'

156.'SetScreensToHideModeOfDelivery'

172.'ShowVideoConferenceURLForResourceTypes'

Data Model Changes:

102. "ClaimRemoveUnreferencedBillingDiagnosis" column is added in the 'CoveragePlans' table.

103. Column "AllowStartAndEndDates" added in Table "CoveragePlanRuleTypes".

104. Column "AllowStartAndEndDates" added in Table "CoveragePlanRuleTypes".

105. Column 'CCBHCPlan' is added in Table 'CoveragePlans'.

105. Column 'CCBHCBundle' is added in Table 'ProcedureCodes'

113. The Column 'ProgressNoteDocumentVersionId' has been added to the 'ClientOrders' table.

113. The data Type of Column 'ProgressNoteDocumentVersionId' in the table 'ClientOrders' has been newly added as a Integer.

130. Added **FQHCUDSMeasureValueSet** table.

132. Added **FQHCUDSMeasureValueSet** table.

134. Added FQHCUDSMeasureValueSet table.

142. Column 'ReportingYear' included in 'FederalPovertyScales' Table.

172. VideoConferenceURL column is added with data type varchar(100) in Resources table